Since May 2005 changes to the legislative framework have enabled chiropodists/podiatrists, physiotherapists and radiographers to train as supplementary prescribers.

The introduction of independent prescribing by podiatrists and physiotherapists will be subject to Parliamentary approval to amendments to medicines legislation and NHS regulations.
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Annex 1
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Draft Outline Curriculum Framework for Education Programmes to prepare physiotherapists and podiatrists as independent/supplementary prescribers and to prepare radiographers as supplementary prescribers (July 2011)
1 INTRODUCTION AND BACKGROUND

1.1 Introduction

The outline curriculum to prepare physiotherapists, podiatrists\(^1\) as independent/supplementary prescribers and radiographers as supplementary prescribers has been developed from the *Outline curriculum for training programmes to prepare allied health professional supplementary prescribers*\(^2\) published on the Department of Health website in June 2004. The changes and additions reflect experience with the education and practice of physiotherapist, podiatrist and radiographer supplementary prescribers and also the significant differences associated with practice as an independent prescriber.

The outline curriculum reflects the experience of other non-medical prescribers – nurses, pharmacists and optometrists. It continues the alignment with nurse and pharmacist training programmes and supports commissioning of multiprofessional non-medical prescribing training\(^3\).

A separate curriculum framework has been developed to prepare physiotherapist and podiatrist supplementary prescribers as independent prescribers.

1.2 Background

Physiotherapists, podiatrists and radiographers have been able to train as supplementary prescribers since May 2005. A 12 week public consultation on proposals to introduce independent prescribing by physiotherapists and podiatrists took place during autumn 2011.

This draft outline curriculum framework was prepared to support the public consultation by providing information on education programmes to train physiotherapists and podiatrists as independent/supplementary prescribers.

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 HPC against the standards that it sets. Education programmes cover both supplementary and independent prescribing with individuals who successfully complete an approved programme and are able to apply for annotations on the relevant HPC register as independent and/or supplementary prescribers.

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\(^1\) Throughout the document the term podiatrist has been used in respect of chiropodists and podiatrists which are the two protected titles used by those registered with the Health Professions Council.


\(^3\) Draft Outline Curriculum Framework for Education Programmes to prepare physiotherapists and podiatrists as independent/supplementary prescribers and to prepare radiographers as supplementary prescribers (July 2011)
1.3  Context
Non-medical prescribing supports the achievement of ambitions set out in *Equality and Excellence: Liberating the NHS* and provides mechanisms to ensure that services can be delivered via new roles and new ways of working to improve clinical outcomes for patients:\(^4\):

- 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 reablement, 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

The proposals to extend independent prescribing rights to physiotherapists and podiatrists fits well with the report of the Future Forum and the Government Response to the report.

Independent prescribing by physiotherapists and podiatrists 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 physiotherapists and podiatrists clinical leaders to innovate to inform commissioning decisions.

1.4  Legal Framework
A legal framework may be provided in three ways – statute law, case law and the requirement of the UK to follow European Union Directives and Regulations.

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\(^4\) It is recognised that the terms patient/client/user/customer may be used in different settings. The term “patient” is used throughout the document and encompasses all these terms.
The following is a summary of the statute law in place in respect of supplementary prescribing. On 4 May 2001, Ministers announced the Government’s intention to take steps to introduce supplementary prescribing following the enactment of the Health and Social Care Bill. Ministers subsequently decided that the greatest initial benefit to the NHS and to patients treated within the NHS, would be achieved through the introduction of supplementary prescribing by nurses and pharmacists.

Amendments to the Prescription Only Medicines (Human Use) Order 1997 (the POM Order) and NHS Regulations introduced supplementary prescribing by nurses and pharmacists from April 2003. Further amendments to the POM Order extended the definition of supplementary prescriber to include chiropodists/podiatrists, physiotherapists and radiographers from May 2005.

Nurse and pharmacist Independent Prescribing was introduced on 1 May 2006. This allows nurses and pharmacists to prescribe any licensed medicine for any medical condition that a nurse or pharmacist prescriber is competent to treat.

Further information on the current legislation can be found at http://www.legislation.gov.uk

1.5 AHP Prescribing and Medicines Supply Mechanisms Scoping Project

An allied health professions (AHPs) prescribing and medicines supply mechanisms scoping project was set up 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.

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. It is a legal requirement to ensure that the public are consulted on proposed changes to medicines regulation.
1.6 Engagement Exercise
The Medicines and Healthcare products Regulatory Agency recommended that a two-stage process be followed, in line with Better Regulations:
   Stage 1 – Engagement of partners in the development of formal proposals
   Stage 2 – Formal statutory public consultation to meet the statutory requirement for a public consultation prior to consideration by the Commission on Human Medicines.

An engagement exercise was undertaken September – November 2010. The vast majority of responses supported independent prescribing by physiotherapists and podiatrists and approval was given for preparation for a public consultation.

Independent prescribing by physiotherapists and podiatrists requires changes to the legislative framework. The Commission on Human Medicines will consider the responses to a public consultation in preparing their recommendations to Ministers in respect of legislative changes.

1.7 What is independent prescribing?
The Department of Health’s working definition\(^6\) of independent prescribing is prescribing by a practitioner (e.g. doctor, dentist, nurse, pharmacist) 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 used is ‘appropriate practitioner’.

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 ongoing monitoring. The independent prescriber is responsible and accountable for at least 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.

1.8 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 and to make it easier for patients to get access to the medicines that they need. Independent Prescribing is an important part of developing their roles in delivering frontline care and patient-centred services.

1.9  **What is supplementary prescribing?**

Supplementary prescribing is a voluntary partnership between a registered medical practitioner (a doctor or dentist) and a supplementary prescriber to implement an agreed patient-specific Clinical Management Plan (CMP) with the patient’s agreement.

1.10  **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).

Over time, independent prescribing and supplementary prescribing is also likely to reduce doctors’ workloads, freeing up their time to concentrate on patients with more complicated conditions and on more complex treatments.

1.11  **Medicines Supply and Administration mechanisms**

Patient Group Directions (PGDs) for supply and administration of medicines are available to all AHPs with the exception of art, music and drama therapists. Exemptions are used by podiatrists and all the professions can supply and administer medicines under Patient Specific Directions (PSDs). Further details can be found in Medicines Matters.8

1.12  **Underpinning Framework of the Outline Curricula**

1.12.1 The regulatory body for AHPs is the Health Professions Council (HPC). HPC has produced standards which cover the practice of AHPs: See paragraph 1.14.1 below.

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

1.12.3 The extensive work carried out by the National Prescribing Centre (NPC) to develop competency frameworks for prescribing nurses, pharmacists, optometrists, podiatrists, physiotherapists and radiographers, as well as health professionals supplying and administering medicines under Patient Group Directions (PGDs) shows that the core competences needed by these groups are very similar. NPC will begin developing a single generic competency framework for all prescribers from July 2011.

1.12.4 The development of an outline curriculum to prepare physiotherapists, podiatrists and radiographers as independent prescribers and/or supplementary prescribers does not mean that all members of these

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8 ibid
professions are necessarily to be trained as prescribers (Ref: Entry Requirements Paragraphs 2.1).

1.12.5 The development of an outline curriculum to prepare physiotherapists, podiatrists and radiographers as independent and/or supplementary prescribers does not require that they are necessarily to be trained separately from other professions. The decision on how an education programme will be delivered is determined locally. All current training programmes for independent and/or supplementary prescribers are delivered as multiprofessional education programmes.

1.12.6 Multiprofessional 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.

1.12.7 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.

1.12.8 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.

1.12.9 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.

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

1.13 Current Knowledge Base/Professional Context

The relevant knowledge and expertise of 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 programme participants’ range of background expertise, experience and skills and will be expected to confirm their competence in prescribing through appropriate assessment strategies. Since August 2000\(^9\) podiatrists, physiotherapists and radiographers have been able to sell, supply or administer medicines as named individuals under Patient Group Directions.

1.13.1 Podiatrists

In 1980, exemptions to the Medicines Act (1968) enabled podiatrists to obtain and administer local analgesics (LA) in the course of their professional practice. Access and administration rights were extended to certain parenterally administered local anaesthetic prescription only medicines under the Prescription Only Medicines (Human Use) Order 1980 (SI No. 1921), for podiatrists attaining the certificate of competence in local anaesthesia recognised by the Chiropodists Board of the Council for Professions Supplementary to Medicine (now the Health Professions Council). Approved podiatrists have LA rights identified on their registration certificate issued by HPC.

In addition, podiatrists may now also hold a certificate of competence in the use of other specified medicines and are able to obtain and supply these to patients in the course of their professional practice. These rights were granted under the Medicines (Pharmacy and General Sale – Exemption) Amendment Order 1998 (1998 Statutory Instrument 107) and the POM Order (1998 Statutory Instruments 108).

In 2006 podiatrists were granted further exemptions under The Medicines for Human Use (Administration and Sale or Supply) (Miscellaneous Amendments) Order 2006 (SI No. 2807), to include a range of antibiotics and further parenteral local anaesthetics, alongside a range of further Prescription Only Medicines (POM) and (P) only medicines. No further education and training requirement is associated with this extension, which recognises the A&S POM certification (as annotated on the HPC register) as sufficient.

Separately certificated courses and examinations leading to both the above are included in all undergraduate podiatry programmes. Postgraduate courses are also available for practitioners to update or gain these qualifications.

All courses contain elements of general and specific pharmacology and include pharmacokinetics, pharmacodynamics, adverse drug reactions and drug interactions, drug dependency and abuse and a knowledge of the law.

Members of the Society of Chiropodists and Podiatrists in possession of the above certificates, are obliged to undertake periodic continuing professional development in both Local Anaesthesia and Pharmacology for Podiatrists, Access and Supply.

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 careers.

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work. These are particularly relevant where podiatrists are involved in surgical practice or the conservative management of the high-risk foot.

1.13.2 Physiotherapists

As part of their pre-registration courses\(^\text{13}\) all physiotherapists will have:

- subjective assessment and interviewing skills and be used to applying these in a range of settings
- objective assessment and handling skills and have applied these in a range of settings and with a variety of different pathologies
- good clinical reasoning skills and applied these in a range of settings
- good decision making skills related to a range of clinical settings
- an understanding of pathologies of a range of conditions
- good reflective practice skills both theoretical and applied - most physiotherapy courses use reflective practice as a learning tool across all levels
- experience of critically evaluating literature - this skill is developed across all levels but physiotherapists may demonstrate differing levels of ability particularly where they have come from a diploma background
- 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 interrelationship between drug therapy and physiotherapy intervention

At a postgraduate level some physiotherapists may:

- have undertaken education in order to use injection therapy to manage, for example, musculoskeletal injuries
- have experiential knowledge of a range of medicines related to their area of expertise

1.13.3 Radiographers

Diagnostic Radiographers

As part of their pre-registration courses\(^\text{14}\) Diagnostic Radiographers will have a thorough and detailed knowledge and understanding of:

- The pharmacology of medicines commonly encountered within imaging settings with a particular emphasis on contrast agents, associated medicines and pharmaceuticals
- The methods of administration of medicines


\(^{14}\) College of Radiographers (2008), Learning and Development Framework for Clinical Imaging and Oncology [http://www.sor.org](http://www.sor.org)
Therapeutic Radiographers

As part of their pre-registration courses Therapeutic Radiographers will have a thorough and detailed knowledge and understanding of:

- The pharmacology of medicines commonly used in the relief of symptoms commonly encountered within the oncology setting, cytotoxic drugs, hormonal agents, imaging contrast agents and radiopharmaceuticals
- The methods of administration of medicines

Advanced and Consultant Practitioners in Diagnostic and Therapeutic Radiography

Where applicable to their particular area of practice, need to possess advanced knowledge and understanding to enable them to supply, administer and prescribe medicines within the legal framework

1.14 Professional Codes of Ethics and Standards

Health Professions Council (HPC)

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

- Standards for Continuing Professional Development
- Standards of Conduct, Performance and Ethics
- Standards of Proficiency – Chiropodists and Podiatrists
- Standards of Proficiency – Physiotherapists
- Standards of Proficiency – Radiographers

HPC also produced standards that apply to education providers in respect of education and training of AHPs:

- Standards of Education & Training

Professional Bodies

1.14.2 It may also be useful to refer programme participants to Codes of Ethics and Professional Conduct issued by professional bodies such as the Society of Chiropodists and Podiatrists, Chartered Society of Physiotherapy, Institute of Chiropodists and Podiatrists, Society of Radiographers.

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15 Health Professions Council (2009), Standards for Continuing Professional Development, London, HPC http://www.hpc-uk.org
16 Health Professions Council (2008), Standards of Conduct, Performance and Ethics, London, HPC http://www.hpc-uk.org
18 Health Professions Council (2009), Standards of Education and Training, London, HPC http://www.hpc-uk.org
21 Institute of Chiropodists and Podiatrists http://www.feetforlife.org
22 Society of Radiographers
1.14.3 Draft *Practice Guidance* has been prepared by the Chartered Society of Physiotherapy and the Society of Chiropodists and Podiatrists together with the Institute of Chiropodists and Podiatrists. The draft practice guidance documents are included in the supporting documents to the public consultation.

1.15 Registration and Continuing Professional Development

1.15.1 Allied Health Professionals are subject to statutory regulation and must be registered with the Health Professions Council (HPC).

1.15.2 The Prescription Only Medicines Order (POM) made under the Medicines Act will require that the register of the HPC for these registrants be annotated to indicate that the registrant, having successfully completed a HPC approved programme of preparation, is competent to practise as an Independent and/or Supplementary Prescriber.

1.15.3 As with all registrants of the HPC, to remain on the annotated register, independent prescribers and/or supplementary prescribers will have to demonstrate that they continue to meet the Standards of Proficiency for safe and effective practice of their profession. Item 6 of the Council’s Standards of Conduct, Performance and Ethics requires that registrants only practise in those fields in which they have appropriate education, training and experience. This involves a self-declaration on renewal of their registration.

1.15.4 From 2006, registrants have had to meet the requirements of the Standards for Continuing Professional Development (CPD) of the HPC. This is a self-declaration that they have kept up-to-date with practice within their current context and scope of practice. This is subject to periodic audit requiring the registrant to submit evidence of their CPD to the HPC for scrutiny to support their claim.

1.15.5 HPC provide examples of a range of activities that can be used as part of CPD [http://www.hpc-uk.org/registrants/cpd/activities/](http://www.hpc-uk.org/registrants/cpd/activities/).

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21 Institute of Chiropodists and Podiatrists (2011), *Code of Ethics*, IOCP, Southport

http://www.iocp.org.uk

22 Society of Radiographers (2008), *Statement of Professional Conduct*, SoR, London,

http://www.sor.org
2 ENTRY REQUIREMENTS

2.1 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 an allied health professional
- 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

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

b) Be professionally practising in an environment where there is an identified need for the individual to regularly use independent/supplementary prescribing (physiotherapists and podiatrists) or supplementary prescribing (radiographers)

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

d) 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

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

f) 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
2.2 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 Criminal Records Bureau check) to enable the registrant to prescribe once they are qualified to do so.

2.3 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

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

2.5 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 – to develop the knowledge and skills required by an allied health professional to practice as a independent and/or supplementary prescriber meeting the standards set by the HPC for entry on the Register as an independent and/or supplementary prescriber.

3.2 Objective – AHP independent and/or supplementary prescribers will be able to demonstrate how they will prescribe safely, effectively and competently.

3.3 Annex 1 illustrates the differences between education programmes for radiographers to train as supplementary prescribers and education programmes for physiotherapists and podiatrists to train as independent/supplementary prescribers.
4 LEARNING OUTCOMES

A = Communication
A1 Demonstrate effective partnership working and communication skills with other prescriber(s), patient(s), carer(s) and the wider care team in respect of independent and/or supplementary prescribing to ensure patient safety.
A2 Building on pre-registration training the ability to communicate effectively with patients, including sharing information and listening skills to support compliance and self-care.

B = Assessment
B3 Ability to assess patients’ needs for medicines, taking account of their wishes, values, ethnicity and the choices they may wish to make in their treatment.
B4 Ability to conduct a relevant physical assessment/examination and undertake a thorough history to inform diagnosis of patients with those conditions for which they may prescribe.
B5 Ability to undertake a medication history that includes over the counter, alternative and complementary health therapies. Knowing when and how to refer/consult/seek guidance from another member of the health care team.
B6 Demonstrate the ability to monitor response to medicines and modify treatment, including stopping medicines prescribed by others, or refer the patient as appropriate.

C = Supplementary and Independent Prescribing
C7 Develop and document a Clinical Management Plan (CMP) within the context of a supplementary prescribing partnership.
C8 The process of effective clinical decision-making in the context of supplementary prescribing.
C9 The process of effective clinical decision-making in the context of independent prescribing.
C10 Knowing when to prescribe, not to prescribe, referral for treatment including non-pharmaceutical treatment and discontinuation of medicines.
C11 Demonstrate a reflective approach to continuing professional development of supplementary prescribing practice.
C12 Demonstrate a reflective approach to continuing professional development of independent prescribing practice.
C13 Supplementary prescribe, safely, appropriately and cost effectively including numeracy and drug calculations.
C14 Independently prescribe, safely, appropriately and cost-effectively including numeracy and drug calculations.

C15 The ability to identify, distinguish and demonstrate the unique attributes of supplementary prescribing.

C16 The ability to identify, distinguish and demonstrate the unique attributes of independent prescribing.

D = Understanding of how medicines work

D17 Understand the way medicines work in relation to the disease process (pharmacodynamics\(^{23}\) and pharmacokinetics\(^{24}\)) and also interaction with other medicines and treatments.

D18 Identify sources of information, advice and decision support, eg Clinical Knowledge Summaries [http://www.cks.nhs.uk](http://www.cks.nhs.uk), and explain how they will use them in prescribing practice taking into account evidence based practice and national/local guidelines.

E = Wider recognition of changes/influences on prescribing practice

E19 Understand the influences that can affect supplementary prescribing practice and demonstrate your understanding by managing your prescribing practice in an ethical way, being careful to recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels and show appreciation of the public health issues related to medicines use.

E20 Understand the influences that can affect independent prescribing practice and demonstrate your understanding by managing your prescribing practice in an ethical way, being careful to recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels and show appreciation of the public health issues related to medicines use.

F = Legal understanding & Role relationship to prescribing

F21 Demonstrate an understanding of the legal and professional framework for accountability and responsibility in relation to supplementary prescribing and demonstrate how the law relates to supplementary prescribing practice.

F22 Demonstrate an understanding of the legal and professional framework for accountability and responsibility in relation to independent prescribing.

\(^{23}\) Pharmacodynamics: the study of how a medicine acts on a living organism, including the pharmacologic response observed relative to the concentration of the medicine at an active site in the organism.

\(^{24}\) Pharmacokinetics: the study of the accumulation of medicines within the body, including the routes and mechanisms of absorption and excretion, the rate at which a medicine’s action begins and the duration of the effect, the biotransformation of the substance in the body, and the effects and routes of excretion of the metabolites of the medicine.
prescribing and demonstrate how the law relates to independent prescribing practice.

F23 Demonstrate an understanding of the differences between supplementary and independent prescribing.

F24 Demonstrate an understanding of the differences between non-medical prescribing mechanisms and supply/administration of medicines mechanisms.

F25 Demonstrate an understanding of the law as it pertains to the relevant profession, with regard to prescribing, supply and administration of medicines including controlled drugs\(^{25}\), mixing of medicines\(^ {26}\) and the use of unlicensed products.

F26 Demonstrate an understanding of roles and responsibilities in respect of prescribing including the recommendations of the Fourth Report of the Shipman Inquiry\(^ {27}\) on controlled drugs and any other relevant reports such as the report of the Airedale Inquiry\(^ {28}\).

F27 Management of change – understanding the impact of supplementary prescribing in the context of understanding roles and relationships of self and others involved in prescribing, supplying and administering medicines and new roles and new ways of working for service transformation, including impact of changes in area/scope of practice.

F28 Management of change – understanding the impact of independent prescribing in the context of understanding roles and relationships of self and others involved in prescribing, supplying and administering medicines and new roles and new ways of working for service transformation, including impact of changes in area/scope of practice.

G = Record keeping

G29 Demonstrate an understanding of the importance of record keeping in the context of medicines management including:
- sharing prescribing information with the primary/main record holder
- accurate recording in patients’ notes
- the reporting of near misses
- adverse reactions


\(^{26}\) National Prescribing Centre (2010) Mixing of medicines prior to administration in clinical practice – responding to legislative changes. Supporting guidance for Healthcare Providers, Practitioners and Commissioners, Liverpool, NPC


5 INDIкатive CONTENT

In the context of prescribing, the following areas of work should all be addressed to meet the learning outcomes for this programme of study.

5.1 Consultation and Decision-Making
5.1.1 When and how to apply the range of models of consultation.
5.1.2 Strategies to develop accurate and effective communication and consultation with professionals, patients and their carers.
5.1.3 How to build and maintain an effective relationship with patients and carers taking into account their values and beliefs.
5.1.4 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.
5.1.5 How to develop and document a written CMP for supplementary prescribing including referral to the independent prescriber and other professionals.
5.1.6 How to apply the principles of diagnosis and the concept of a working diagnosis in relation to a prescribing decision to ensure patient safety.
5.1.7 How to understand and recognise personal limitations including the limits to personal scope of practice and working autonomously.
5.1.8 Prescribe, not to prescribe, alter current prescriptions, non-drug treatment or referral for treatment.
5.1.9 Numeracy and drug calculations.

5.2 The Psychology of Prescribing and influencing Factors
5.2.1 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.
5.2.2 The external influences, at individual, local and national levels.
5.2.3 Personal attitudes and their influences on prescribing practice.
5.2.4 Concordance as opposed to compliance.

5.3 Prescribing in a Team Context
5.3.1 The role and functions of other team members including effective communication and team working with other prescribers and members of the health care team.
5.3.2 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.
5.3.3 The responsibility of the Supplementary Prescriber in the development and the delivery of the CMP.
5.3.4 The importance of communicating prescribing decisions with all those involved in a patient’s care including the GP.

5.3.5 Interpretation of documentation including medical records, clinical notes and electronic health records.

5.3.6 How to manage the interface between multiple prescribers, and recognise the potential conflict and how that might be managed?

5.3.7 An overview of the financial considerations of prescribing including national and local policy/guidance/governance.

5.4 General Principles and Application of Pharmacology and Therapeutics

5.4.1 Principles of pharmacokinetics and drug handling – absorption, distribution, metabolism and excretion of drugs.

5.4.2 Pharmacodynamics – how a medicine acts on a living organism.

5.4.3 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.

5.4.4 Impact of co-morbidity and other treatments on prescribing and patient management.

5.4.5 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.

5.4.6 Selection of drug regimen.

5.5 Principles and methods of patient monitoring

5.5.1 Methods for monitoring the patient including interpretation and responding to patient reporting, physical examinations and laboratory investigations.

5.5.2 Relevant physical examination skills.

5.5.3 Assessing responses to treatment, including against the objectives of the clinical management plan.

5.5.4 Working knowledge of any monitoring equipment used in the context of prescribing.

5.5.5 Identifying and reporting unexpected and adverse drug reactions.

5.6 Evidence-based Practice and Clinical Governance in relation to Independent and/or Supplementary Prescribing

5.6.1 Principles of evidence-based prescribing practice.

5.6.2 The responsibility of a supplementary prescriber in the development, delivery and review of a patient-specific written clinical management plan.
5.6.3 Negotiating support/training for prescribing role.

5.6.4 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.

5.6.5 Reflective practice/peer review, clinical supervision, critical appraisal skills and continuing professional development – role of self and organisation.

5.6.6 Auditing, monitoring and evaluating prescribing systems and practice including the use of outcome measures.

5.6.7 Risk assessment and risk management safe storage, handling and disposal.

5.6.8 Analysis and learning from medication errors and near misses.

5.6.9 Clinical supervision, reflective practice/peer review, critical appraisal skills.

5.7 Legal, Policy, Professional, Regulatory and Ethical Aspects

5.7.1 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
  - 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
  - Writing prescriptions in a range of settings including private prescriptions

5.7.2 Regulation of Individuals
  - Professional judgement in the context of HPC Standards of Conduct, Performance and Ethics and professional body practice guidance (see 1.12)
  - Application of the law in practice, professional judgement, liability and indemnity
• 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
• Accountability and responsibility to the employer or commissioning organisation in the context of prescribing
• Record keeping, documentation and professional responsibility

5.7.3 Regulation of services and activities
• Yellow Card reporting to the Committee of Safety on Medicines (CSM) and reporting patient/client safety incidents to the National Patient Safety Agency (NPSA)
• Prescribing in the context of the local health economy
• Budgetary constraints at local and national level
• 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
• Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of reporting and ‘whistle blowing’ procedures
• Issues relating to consent including informed consent, with particular reference to client groups in learning disability, mental health, children, critically ill people and emergency situations
• Management of change, including impact of changes in area/scope of practice

5.8 Prescribing in the Public Health Context
5.8.1 Duty to patients and society.
5.8.2 Patient access to health care and medicines.
5.8.3 Use of medicines in populations and in the context of health priorities.
5.8.4 Public health issues and policies, particularly the use of antimicrobials and resistance to them.
5.8.5 Inappropriate prescribing, over and under-prescribing.
5.8.6 Inappropriate use of medicines including misuse, under and over-use.
5.8.7 Safe transporting, storage and disposal of medicines.
6. TEACHING, LEARNING AND SUPPORT STRATEGIES

Teaching and learning strategies should be designed to allow students to demonstrate that they are familiar with the clinical conditions for which they may prescribe and their treatment, e.g. through the use of case presentations, seminars and tutorials etc. They will also demonstrate how theory underpins practice.

Programme delivery may be achieved through a variety of strategies e.g. face to face instruction, distance learning or directed private study. Learning strategies and assessment methods must be appropriate for the material being taught and the learning outcome that is being assessed.

Teaching and learning strategies should recognise:

6.1 The background knowledge and experience of allied health professionals in aspects of medicines relevant to scope of practice, working with patients and the law relating to practice, recognising that these will vary between individuals/professional groups.

6.2 The requirement for an allied health professional to be familiar with the medicines used with specified conditions for which they may prescribe and that some individual directed study may be necessary to achieve this.

6.3 The value added to learning by the need for additional self-directed study, group work and multi-disciplinary learning experiences with other trainee independent-supplementary prescribers to ensure they have an appropriate level of knowledge commensurate with their independent prescribing/supplementary prescribing responsibilities.

6.4 Where demand is sufficient, an Approved Education Institution (AEI) may undertake to run additional modules in diagnostics for specialist areas of practice, alongside the educational preparation for prescribing and to ensure competence in specific specialist areas. This is a matter for commissioners of education programmes and employers.

6.5 The value of case studies and significant event analysis in the learning process.

6.6 The need to encourage development of critical thinking skills and reflective practice and the means to accessing appropriate CPD and maintenance of CPD records – such as maintaining a CPD portfolio.
Learning in Practice

6.7 The period of Learning in Practice should ensure that each AHP can demonstrate:

- clinical competence in the use of medicines for the specified condition(s) for which the AHP intends to prescribe
- competence in the relevant physical examination of patients with those conditions for which they may prescribe
- ability to monitor and assess the responses of patients to treatment against the objectives in the clinical management plan (CMP) and ability to make relevant changes to medication within the parameters detailed within the CMP
- appropriate clinical decision-making
- effective communication with the patient, the Independent Prescriber and the wider care team
- appropriate record-keeping
- ability to document their learning as an Independent and/or Supplementary Prescriber to deliver improved outcomes, in a manner that supports CPD and continuing registration and annotation

6.8 The sponsoring organisation e.g. a primary care organisation or NHS Trust and the education provider, have a shared responsibility to ensure that the designated medical practitioner who provides supervision, support and shadowing opportunities for the student, is familiar with the requirements of the education programme and the need to achieve the learning outcomes.

6.9 The education provider must support the designated registered medical practitioner with a suitable framework (competence framework) to assess Learning in Practice.

6.10 The requirements for supervised learning in practice for nurses and midwives are detailed on the DH website and may be helpful to those developing programmes to train physiotherapists and podiatrists as independent/supplementary prescribers and radiographers as supplementary prescribers. The National Prescribing Centre also has a guide to help healthcare organisations identify individuals who may be suited to the role of designated medical practitioner (DMP) and help doctors prepare for and carry out the role of DMP.

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   http://www.dh.gov.uk/PolicyAndGuidance/MedicinesPharmacyAndIndustry/Prescriptions/NursingPrescribingArticle/fs/en?CONTENT_ID=4068219&chk=aVMgDZ

30 National Prescribing Centre (2005) Training non-medical prescribers in practice, Liverpool, NPC.


7. ASSESSMENT STRATEGIES

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

7.2 Assessment strategy should ensure that all the learning outcomes for the Independent Prescribing and/or supplementary prescribing programme are able to be tested, both theory and practice.

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

7.4 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 in their area of practice.

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

7.6 Completion of the programme and confirmation of an award must be conditional on satisfactory completion of the practice experience. Poor performance in this element must not be compensated by other elements of the assessment.

7.7 A written final examination of a blend of short answer questions and MCQs. This examination will assess the students' pharmacological knowledge and its application to practice. Students must achieve a minimum 80% pass.

7.8 Numerical assessment within the context of prescribing practice – students must achieve a 100% pass.

7.9 Programme learning outcomes and associated assessment strategies must be designed to confirm that the physiotherapist, podiatrist or radiographer is a safe and effective independent prescriber and/or 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.
8. LENGTH OF PROGRAMME

8.1 The duration of the theoretical programme is expected to be at least **26 days**, normally over a period of three to six months and no longer than a period of twelve months. The programme will be expected to contain a range of delivery methods, for example flexibility offered by blended learning delivery. In finalising programme requirements for this curriculum, the following factors will be taken into account.

8.1.1 The views of education providers on a realistic programme to deliver the curriculum normally over a period of three to six months to achieve the learning outcomes.

8.1.2 The compatibility of education programmes for physiotherapist, podiatrist and radiographer independent and/or supplementary prescribers from other disciplines provides opportunity to consider shared learning experiences.

8.1.3 The education programmes for physiotherapists, podiatrists and radiographers should contain an element of additional directed private study on the defined conditions and medicines for which they will be expected to prescribe treatments.

8.2 The period of learning in practice for a physiotherapist, podiatrist or radiographer should be sufficiently long to enable the individual to demonstrate competence in the skills of supplementary prescribing practice and should be a minimum of **12 days**.

8.3 The length of the programme is expected to be at least **26 days** for the theoretical component and at least **12 days** for the learning-in-practice programme – a total of at least **38 days**.

8.4 In order to maintain currency of knowledge, normally no more than one **year** may elapse between the participant’s completion of the theoretical element of the programme and the commencement of their clinical placement.
9. **ANNOTATION**

9.1 Programme providers will inform HPC of physiotherapists, podiatrists and radiographers who have successfully completed an approved programme. Once the HPC 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.

9.2 Registrants and employers are encouraged to check their registration on the HPC website: [www.hpcheck.org](http://www.hpcheck.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 HPC website is updated regularly and is the easiest way of confirming that a physiotherapist, podiatrist or radiographer has the necessary annotation(s).

9.3 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 radiographer has the appropriate qualifications in order to act as an independent and/or supplementary prescriber.

9.4 Physiotherapists, podiatrists or radiographers cannot practise as an independent and/or supplementary prescriber without successfully completing a programme and then having their entry on the Register annotated.
### ANNEX 1

Table 1: Summary of the differences between IP/SP and SP training programmes

<table>
<thead>
<tr>
<th>Learning Outcomes</th>
<th>Reference</th>
<th>Radiographer Supplementary Prescriber</th>
<th>Physiotherapist/Podiatrist Independent Prescriber and Supplementary Prescriber</th>
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<tbody>
<tr>
<td><strong>A – Communication</strong></td>
<td>A1</td>
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<td><strong>B - Assessment</strong></td>
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<td><strong>C – Supplementary &amp; Independent Prescribers</strong></td>
<td>C7</td>
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<td>C8</td>
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<td><strong>D – Understanding of how medicines work</strong></td>
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<td>D18</td>
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<td><strong>E – Wider recognition of changes/influences on prescribing practice</strong></td>
<td>E19</td>
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<td>E20</td>
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<td><strong>F – Legal understanding &amp; Role relationships to prescribing</strong></td>
<td>F21</td>
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<td><strong>G – Record-keeping</strong></td>
<td>G29</td>
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</table>
A. Membership of Allied Health Professionals Medicines Project Board
Dr Alan Borthwick – Allied Health Professions Federation
Anne Thyer – Medicines and Healthcare Regulatory Agency (until end March 2011)
Anne Ryan – Medicines and Healthcare Regulatory Agency (from April 2011)
Charlotte Urwin – Health Professions Council
Dr Jane Brown – National Prescribing Centre
Conrad Jones – The Society of Chiropodists and Podiatrists
Gillian Arr-Jones – Care Quality Commission
Gul Root – Department of Health
Karen Middleton – Department of Health
Dr Mark Williamson – Department of Health
Prof Mary Lovegrove – UK Council of Deans of Health
Pip White – Chartered Society of Physiotherapy
Shelagh Morris – Department of Health
Dr David Gerrett – National Patient Safety Agency
Prof John Lawrenson – College of Optometrists
Gail Flemming – SHA Non-Medical Prescribing Leads Group
Bill Davidson – Service User Representative
John Wright – Department of Health
Michael Fanning – Department of Health
Mr Martin Harvey – The institute of Chiropodists and Podiatrists
David Canham – Department of Health
Laura Weatherill – Department of Health
Jo Wilkinson – Department of Health

B. Membership of Allied Health professionals Medicines Project Education Workgroup
Shelagh Morris – Department of Health
Alex Hill – Department of Health
Dr Alan Borthwick – Allied Health Professions Federation
Pip White – Chartered Society of Physiotherapy
Dr David Gerrett – National Patient Safety Agency
Charlotte Urwin – Health Professions Council
Matthew Fitzpatrick – The Society of Chiropodists and Podiatrists
Prof Mary Lovegrove – UK Council of Deans of Health
Dr Jane Brown – National Prescribing Centre
Bill Davidson – Service User Representative
Fiona Culley – Nursing & Midwifery Council
Dr Mark Williamson – Department of Health
Osama Ammar – Health Professions Council
Judith Barbaro-Brown – The Institute of Chiropodists and Podiatrists
Prof John Lawrenson – College of Optometrists
Louise Stuart MBE – NMP Group NHS – Manchester
Gail Flemming – SHA Non-Medical Prescribing Leads Group
Dr Bill Beeby – British Medical Association
Christina Freeman – The Society & College of Radiographers
Ranjit Soor – Department of Health (Ambulance Policy Team)
Linda Kennaugh – General Optical Council
Sally Brown – Department of Health