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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1. INTRODUCTION AND BACKGROUND

1.1 Introduction

The conversion programme outline curriculum framework to prepare allied health professional independent prescribers has been developed from the Outline curriculum for training programmes to prepare allied health professional supplementary prescribers 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.

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

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

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 has been prepared to support the public consultation by providing information on education programmes to prepare physiotherapist and podiatrist supplementary prescribers as independent prescribers.

The outline curriculum is a framework for the development of programmes offering training in independent prescribing by education providers. Conversion programmes will be subject to approval and monitoring by the HPC against the standards that it sets. Individuals who successfully complete

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2 The Royal Pharmaceutical Society of Great Britain and the Nursing and Midwifery Council have very generously shared their work on conversion programmes for supplementary prescribers within their professions to train as independent prescribers.
an approved programme have an annotation on the relevant HPC register as independent prescribers.

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:

- 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.

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3 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.
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.

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](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 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.

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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\(^5\) 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 Other prescribing, supply and administration of medicines mechanisms

Supplementary prescribing is the other non-medical prescribing mechanism. There are a range of mechanisms for the supply and administration of medicines – exemptions, Patient Group Directions (PGDs) and Patient Specific Directions. Further details can be found in Medicines Matters.6

1.10 Underpinning Framework of the Outline Curricula

1.10.1 The regulatory body for AHPs is the Health Professions Council (HPC). HPC has produced standards which cover the practice of AHPs: See paragraph 1.13.1 below.

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

1.10.3 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.

1.10.4 The development of an outline curriculum to prepare physiotherapists and podiatrists as independent prescribers does not mean that all members of these professions are necessarily to be trained as prescribers (Ref: Entry Requirements Paragraphs 2.1).

1.10.5 The development of an outline curriculum to prepare physiotherapists and podiatrists as independent 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 education programmes for independent and/or supplementary prescribers are delivered as multiprofessional education programmes.

1.10.6 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.

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1.10.7 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.

1.10.8 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 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.

1.10.9 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.

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

1.11 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 2007 podiatrists, physiotherapists and radiographers have been able to sell, supply or administer medicines as named individuals under Patient Group Directions.

1.11.1 Podiatrists

In 1980, exemptions to the Medicines Act (1968) enabled podiatrists to obtain and administer local anaesthetics (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.

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8 Parenterally - taken into the body or administered in a manner other than through the digestive tract, as by intravenous or intramuscular injection.
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 work. These are particularly relevant where podiatrists are undertaking foot surgery or the conservative management of the high-risk foot.

1.11.2 Physiotherapists

As part of their pre-registration courses 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
DRAFT

- 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 conditions
- have experiential knowledge of a range of medicines related to their area of expertise

1.12 Professional Codes of Ethics and Standards

Health Professions Council (HPC)

1.12.1 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 produce standards that apply to education providers in respect of education and training of AHPs:
- Standards of Education & Training

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13 Health Professions Council (2009), Standards for Continuing Professional Development, London, HPC [http://www.hpc-uk.org](http://www.hpc-uk.org)
14 Health Professions Council (2008), Standards of Conduct, Performance and Ethics, London, HPC [http://www.hpc-uk.org](http://www.hpc-uk.org)
16 Health Professions Council (2009), Standards of Education and Training, London, HPC [http://www.hpc-uk.org](http://www.hpc-uk.org)
Professional Bodies

1.12.2 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\(^\text{17}\), Chartered Society of Physiotherapy\(^\text{18}\), Institute of Chiropodists and Podiatrists\(^\text{19}\).

1.12.3 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.

1.13 Registration and Continuing Professional Development

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

1.13.2 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.

1.13.3 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.

1.13.4 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.

1.13.5 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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2. ENTRY REQUIREMENTS

2.1 All entrants to the programme must meet the following requirements:

- a) Be registered with the HPC on either the physiotherapist or podiatrist register and currently annotated on the relevant HPC register as a supplementary prescriber AND

- b) Currently practicing as a supplementary prescriber for the past six months prior to the start of the conversion programme* AND

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

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

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

- f) Have an approved medical practitioner, normally recognised by the employer/commissioning organisation as having:
  a) experience in the relevant field of practice
  b) training and experience in the supervision, support and assessment of trainees, and
  c) has agreed to;
    - Provide the student with opportunities to develop competences in independent prescribing
    - Supervise, support and assess the student during their clinical placement AND

- g) Be able to demonstrate how they reflect on their own performance and take responsibility for their own CPD including development of networks for support, reflection and learning

*If changes to legislation are made to allow physiotherapists and podiatrists to train as independent prescribers, those physiotherapists and podiatrists on a supplementary prescribing training programme at the time of the changes may include the training programme within the six months period. All other entry requirements still apply.
3. AIM OF THE CONVERSION PROGRAMME

3.1 Aim – To enable AHP supplementary prescribers to practise and develop as independent prescribers and to meet the standards set by the HPC.

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

3.3 The learning outcomes and indicative content in sections 4 & 5 focus on the demonstration of competences as an independent prescriber. They should form the basis for a conversion course.
4. LEARNING OUTCOMES

Following completion of a programme of study incorporating both theoretical and learning in practice elements, AHP independent prescribers will be able to demonstrate all the following learning outcomes in the context of non-medical prescribing:

R = Communication

R1 Demonstrate effective partnership working and communication skills with other prescriber(s), patient(s), carer’s and the wider care team in respect of independent prescribing to ensure patient safety.

R2 Building on pre-registration training the ability to communicate effectively with patients and carers and including sharing information and listening skills to support compliance and self-care.

S = Assessment

S3 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.

S4 Ability to conduct a relevant physical assessment/examination and undertake a thorough history (including medication history and current medication (including over-the-counter, alternative and complementary health therapies) to inform diagnosis of patients with those conditions for which they may prescribe independently and make a diagnosis including the process of effective clinical decision-making. Knowing when and how to refer/consult/seek guidance from another member of the health care team.

S5 Demonstrate the ability to monitor response to medicines and modify treatment, including stopping medicines prescribed by others, or refer the patient as appropriate.

T = Independent Prescribing

T6 The process of effective prescribing decision-making in the context of independent prescribing, knowing when to prescribe, not to prescribe, referral for treatment including non-pharmaceutical treatment and discontinuation of medicines.

T7 Demonstrate a reflective approach to continuing professional development of independent prescribing practice.

T8 Independently prescribe, safely, appropriately and cost effectively including numeracy and drug calculations.

U = Understanding of how medicines work

U9 Independent prescribers have access to a wider range of medicines and need to demonstrate an understanding of the way medicines work in relation to the disease process (pharmacodynamics and pharmacokinetics).
U10 Identify sources of information, advice and decision support, eg Clinical Knowledge Summaries 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.

V = Wider recognition of changes/influences on prescribing practice

V11 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.

W = Legal understanding & Role relationship to prescribing

W12 Demonstrate an understanding of the legal and professional framework for accountability and responsibility in relation to Independent Prescribing and demonstrate how the law relates to Independent Prescribing practice.

W13 Demonstrate an understanding of the differences between supplementary and independent prescribing.

W14 Demonstrate an understanding of the differences between non-medical prescribing mechanisms and supply/administration of medicines mechanisms.

W15 Demonstrate an understanding of other legal prescribing mechanisms in the context of independent prescribing eg mixing of medicines 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.

W16 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 also new roles and new ways of working for service transformation, including impact of changes in area/scope of practice.

X = Record keeping

X18 Demonstrate an understanding of the importance of record keeping in the context of medicines management including:

- accurate recording in patients’ notes
- the reporting of near misses
- adverse reactions
- the ability to access the primary record
5. INDICATIVE CONTENT

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

- Autonomous working and autonomous prescribing decision making within professional competence to ensure patient safety
- Understanding own scope of practice including prescribing practice
- Accurate assessment, history taking and effective communication and consultation with patients and their parents/carers
- Effective communication and team working with other prescribers and members of the health care team
- Formulating a working diagnosis to assist prescribing decisions
- Development of a treatment plan, including lifestyle and public health advice
- Confirmation of diagnosis/differential diagnosis – further examination, investigation and referral for diagnosis
- Clinical examination skills relevant to the condition(s) for which the AHP intends to prescribe
- Detailed pharmacology of medicines including pharmacokinetics and pharmacodynamics, particularly those medicines relating to the conditions for which the AHP will prescribe
- Recognition and responding to common signs and symptoms that are indicative of clinical problems or prescribing actions
- Professional competence, autonomy and accountability of independent and supplementary prescribing practice
- Application of the law in practice, professional judgment and responsibility liability and indemnity, associated with independent prescribing
- The law applied to the prescribing, dispensing and administration of controlled drugs and appropriate counselling of patients
- Demonstrate 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
- Numeracy and drug calculations

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6. TEACHING, LEARNING AND SUPPORT STRATEGIES

Conversion programmes should be taught at least at first degree Level 6. If offered by a Higher Education Institution at Masters level 7 the conversion programme will still need to map to the minima required for Level 6.

Strategies for teaching and learning will need to recognise that while programmes that train AHP supplementary prescribers will have covered the full supplementary prescribing curriculum, there will be variations in student learning and background experience, particularly in a detailed understanding of the pharmacology of medicines and how to deal with co-morbidities.

Programme delivery may be achieved through a range of strategies selected according to conversion programme participants prior learning and experience, for example, face to face instruction, distance learning, directed private study or evidence of achievement of learning outcomes confirmed in a portfolio.

Teaching and learning strategies must reflect:

- formal confirmation of clinical competence in the specified condition(s) for which the AHP intends to independently prescribe is an essential part of the programme
- that AHPs may have detailed pharmacology of medicines in their pre-registration training

Learning in Practice

All must complete a period of learning in practice supervised by a designated medical practitioner who may be the independent prescriber who works with the student in a supplementary prescribing partnership.

6.1 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 and ability to make relevant changes to medication
- 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 Prescriber to deliver improved outcomes, in a manner that supports CPD and continuing registration and annotation
6.2 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.

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

6.4 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 prescribers\(^\text{22}\). The National Prescribing Centre also has a guide\(^\text{23}\) 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.


\(^{23}\) National Prescribing Centre (2005) Training non-medical prescribers in practice, Liverpool, NPC.
7. ASSESSMENT STRATEGIES

7.1 Assessment should confirm that the AHP has achieved the additional learning outcomes for independent prescribing listed in this curriculum.

7.2 Assessment must provide confirmation of the AHP’s clinical competence in the area(s) for which they intend to independently prescribe, including detailed pharmacology of medicines.

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

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

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

7.6 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.

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

7.8 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.

7.9 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.

7.10 Programmes learning outcomes and associated assessment strategies must be designed to confirm that the AHP is a safe and effective Independent 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

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

9. ANNOTATION

Programme providers will inform HPC of physiotherapists and podiatrists who have successfully completed an approved conversion 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 has been made.

Registrants and employers are encouraged to check their registration on the HPC website: 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 or podiatrist has the necessary annotations.

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

Physiotherapists and podiatrists cannot practise as an independent and/or supplementary prescriber without successfully completing an education programme(s) and then having their entry on the Register annotated.
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