Council, 6 July 2016

Outcomes of the consultation on draft standards for the use of exemptions by orthoptists to sell, supply and administer medicines

Executive summary and recommendations

Introduction

Legislative amendments which came into effect on 1 April 2016 introduced exemptions to enable orthoptists who are appropriately trained to sell, supply and administer certain prescription only medicines without the usual need for a prescription.

We produced standards for the use of exemptions by orthoptists alongside these developments. In future, the HCPC will approve post-registration programmes delivering relevant training and annotate the Register entries of orthoptists who are qualified to use the exemptions.

The Executive ran a public consultation between 8 March and 3 May 2016 on the draft standards for the use of exemptions by orthoptists to sell, supply and administer medicines. We have now analysed the 57 responses received.

The attached document provides a summary of the consultation responses, the main themes arising and the decisions we are proposing as a result. At its meeting in June 2016, the Education and Training Committee agreed these and recommended them to the Council.

Decision

The Council is invited to discuss and agree the text of the consultation analysis document and the standards for the use of exemptions by orthoptists, subject to minor editing amendments and formal legal scrutiny.

Background information

- Education and Training Committee, 4 June 2015. Consultation on draft standards for the use of exemptions by orthoptists to sell, supply and administer medicines. http://www.hcpc-uk.org/assets/documents/10004BCFEnc07-Consultationonstandardsfortheuseofexemptionsbyorthoptiststosellsupplyandadministermedicines.pdf

- Education and Training Committee, 5 March 2015. Extension of prescribing rights and use of exemptions from medicines legislation. http://www.hcpc-uk.org/assets/documents/10004AC5Enc07-Extensionofprescribingrightsanduseofexemptionsfrommedicineslegislation.pdf

Other background: see paper.

Resource implications

The resource implications are associated with publishing the standards; assessing new training programmes; and delivering a major project to enable annotation of orthoptists' entries on the Register. These have been accounted for in departmental and major project planning for 2016/17.

Financial implications

The financial implications include the cost of publishing the standards; assessing new training programmes; and delivering a major project to enable annotation of orthoptists' entries on the Register. These have been accounted for in budgetary planning for 2016/17.

Appendices

Appendix 1: Standards for the use of exemptions by orthoptists to sell, supply and administer medicines (following consultation)

Date of paper

22 June 2016

Outcomes of the consultation on draft standards for the use of exemptions by orthoptists to sell, supply and administer medicines

Analysis of responses to the consultation, and our decisions as a result

Contents

1. Introduction

About the consultation

1.1 We consulted between 8 March and 3 May 2016 on proposed draft standards for the use of exemptions by orthoptists to sell, supply and administer medicines.

1.2 These standards were developed alongside the introduction of legislative exemptions for orthoptists to be able to sell, supply and/or administer certain prescription only medicines throughout the United Kingdom without the need for a prescription[1].

1.3 In future we will annotate the HCPC Register entries of orthoptists who are qualified to use the exemptions and will approve programmes delivering relevant training. The development of standards allows us to set out what is necessary for safe and effective practice by orthoptists who sell, supply or administer medicines via exemptions.

1.4 In consulting on the proposed standards, we asked our stakeholders to consider whether they were clear, appropriate, comprehensive and set at the necessary level. We have used the responses we received to help us decide if any further amendments are needed.

About us

1.5 We are a regulator and were set up to protect the public. To do this, we keep a Register of health and care professionals who meet our standards for their professional skills and behaviour. Individuals on our Register are called 'registrants'.

1.6 We currently regulate 16 professions:

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists

[1] See The Human Medicines (Amendment) Regulations 2016

- Radiographers
- Social workers in England
- Speech and language therapists

Developing the standards

1.7 The standards are divided into two parts:

- The first part contains standards for education providers delivering training for orthoptists in using exemptions to sell, supply and administer medicines. This part sets out the systems and processes that we expect an education provider to have in place in order to ensure that a student is capable of using exemptions safely and effectively upon completion of the programme.
- The second part sets out the skills, knowledge and understanding that orthoptists will need to demonstrate in order to use exemptions safely and effectively in their practice.

1.8 We used the following to inform development of the standards:

- our standards of education and training (SETs)[2], which set out requirements for education providers delivering pre-registration training across all HCPC-regulated professions;
- our standards of proficiency for orthoptists, which set out the knowledge, skills and understanding expected of orthoptists at entry to the Register;
- our standards for prescribing; and
- the learning outcomes contained in the draft outline curriculum framework developed by the British and Irish Orthoptic Society (BIOS) for education providers who will deliver relevant training[3].

1.9 In addition, we sought feedback from BIOS and from education providers who have expressed the intention to develop new training programmes for orthoptists on the use of exemptions. Conversations with these stakeholders have been useful in developing standards that are appropriate and realistic, given the likely format of training programmes and envisaged use of exemptions by orthoptists in the future.

How we will use the new standards

1.10 In order to use the exemptions, an orthoptist will need to have completed an approved post-registration training course and be 'annotated' (or marked) on the HCPC Register. Education providers have indicated that this training is likely to comprise a theory component as well as a practice-based component within the orthoptist's own workplace. Training on the use of exemptions to

[2] All HCPC standards can be found on our website: http://www.hcpc-uk.org/aboutregistration/standards
[3] The 'Outline Curriculum Framework for Education Programmes to prepare Orthoptists to use exemptions' can be found on the BIOS website: https://orthoptics.org.uk/Exemptions-&-Consultation

sell, supply and administer medicines is not currently a part of pre-registration orthoptist education and training.

1.11 Once they have been finalised and published, we will use these standards when we approve and subsequently monitor the relevant training programmes. We will visit the programmes to assess them against the standards, as part of our rigorous approval process. A programme which does not meet one or more of the standards would have conditions attached to its approval; and if these conditions were not met, this would lead to approval being refused. Approved programmes will be monitored on an on-going basis against the standards. A programme which did not continue to meet them would have their on-going approval withdrawn.

1.12 As the second part of the standards sets out the knowledge, understanding and skills required for orthoptists to be able to use exemptions safely and effectively, we will take these into account (alongside our other standards) in the future when we consider concerns raised about the competence of an orthoptist who sells, supplies or administers medicines to patients using exemptions.

About this document

1.13 This document summarises the responses we received to the consultation. The results of this consultation have been used to consider further amendments to the standards for the use of exemptions by orthoptists to sell, supply and administer medicines.

1.14 The remainder of this document is divided into the following sections.

- **Section 2** explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
- **Section 3** summarises key themes from the comments we received in response to the consultation.
- **Section 4** outlines the comments we received in relation to specific questions within the consultation.
- **Section 5** outlines our responses to the comments we received and our decisions as a result.
- **Section 6** lists the organisations which responded to the consultation.
- **Appendix 1** lists the standards following consultation.

2. Analysing your responses

2.1 Now that the consultation has ended, we have analysed all the responses we received. Whilst we cannot include all of the responses in this document, a summary of responses can be found in sections 3 and 4.

Method of recording and analysis

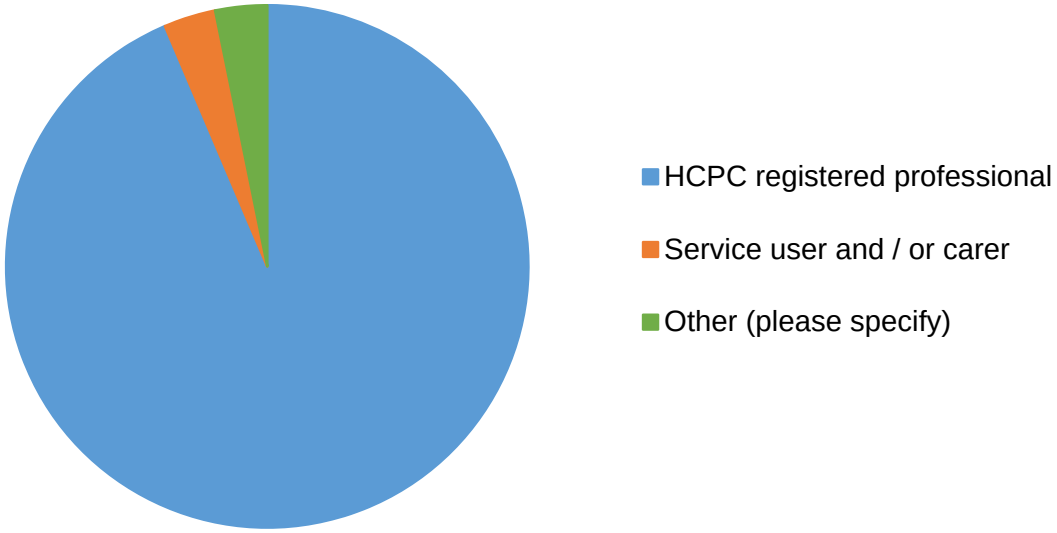
2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. ‘yes’, ‘no’, ‘partly’, or ‘don’t know’). Where we received responses by email or by letter, we recorded each of those in a similar manner.

2.3 When deciding what information to include in this document, we assessed the frequency of the comments made and identified themes. This document summarises the common themes across all responses, and indicates the frequency of arguments and comments made by respondents.

Statistics

2.4 We received 57 responses to the consultation. 31 (54.4%) responses were received from individuals and 26 (45.6%) from organisations. Of the 31 individual responses, 29 (93.5 %) were from HCPC registered professionals.

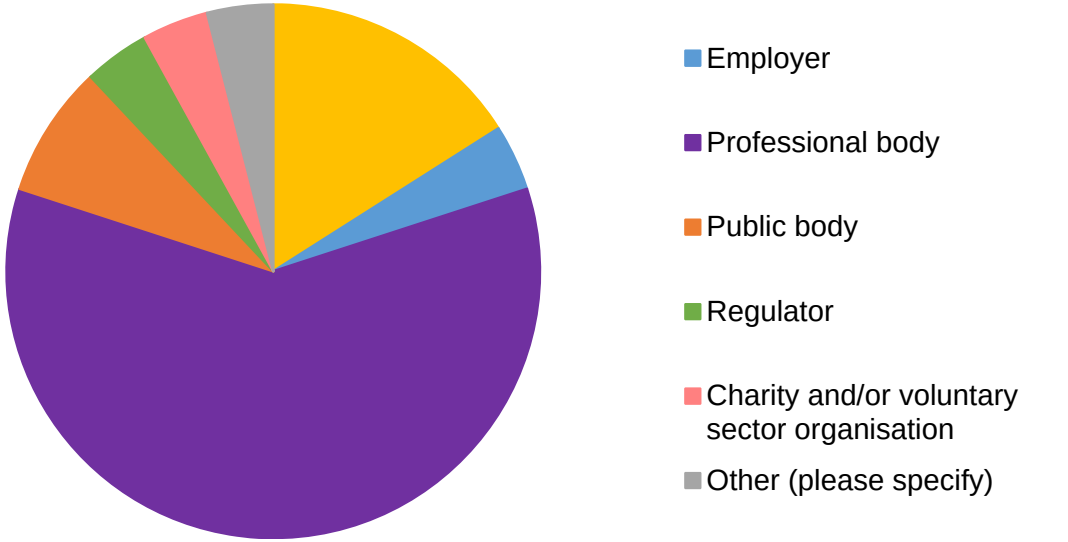
2.5 The breakdown of respondents and of responses to each question is shown in the graphs and tables which follow.



Graph 1 – Breakdown of individual responses

Respondents were asked to select the category that best described themselves.

The individual who selected ‘Other’ specified that they were a student.



Graph 2 – Breakdown of organisation responses

Respondents were asked to select the category that best described their organisation.

The respondent who selected ‘Other’ was representing a managers’ forum.

Table 1 – Breakdown of responses to each question

Question	Yes	No	Partly	Don't know
Q1: Do you think the standards are set at the level necessary for safe and effective sale, supply and administration of medicines via exemptions?	54 (94.7%)	0 (0.0%)	2 (3.5%)	1 (1.8%)
Q2: Do you think the standards relating to practice placements (D1-D11) are appropriate?	48 (88.9%)	1 (1.9%)	4 (7.4%)	1 (1.9%)
Q3: Do you think any additional standards are necessary?	2 (3.7%)	48 (88.9%)	0 (0.0%)	4 (7.4%)
Q4: Do you think there are any standards which should be reworded or removed?	2 (3.7%)	49 (90.7%)	2 (3.7%)	1 (1.9%)
Q5: Do you have any comments about the language used in the standards?	4 (7.4%)	50 (92.6%)	N/A	N/A
Q6: Do you have any other comments on the standards?	8 (14.8%)	46 (85.2%)	N/A	N/A

Table 2 – Breakdown of responses by respondent type

	Individuals				Organisations			
	Yes	No	Partly	Don't know	Yes	No	Partly	Don't know
Q1	29 (93.5%)	0 (0.0%)	1 (3.2%)	1 (3.2%)	25 (96.2%)	0 (0.0%)	1 (3.8%)	0 (0.0%)
Q2	25 (83.3%)	1 (3.3%)	3 (10.0%)	1 (3.3%)	23 (95.8%)	0 (0.0%)	1 (4.2%)	0 (0.0%)
Q3	1 (3.3%)	25 (83.3%)	0 (0.0%)	4 (13.3%)	1 (4.2%)	23 (95.8%)	0 (0.0%)	0 (0.0%)
Q4	1 (3.3%)	27 (90.0%)	1 (3.3%)	1 (3.3%)	1 (4.2%)	22 (91.7%)	1 (4.2%)	0 (0.0%)
Q5	0 (0%)	30 (100%)	N/A	N/A	4 (16.7%)	20 (83.3%)	N/A	N/A
Q6	2 (6.9%)	27 (93.1%)	N/A	N/A	6 (24.0%)	19 (76.0%)	N/A	N/A

NB:

- Percentages in the tables above have been rounded to the nearest whole number and therefore may not add up to 100% in every instance.
- Questions 5 and 6 invited a 'yes' or 'no' response only (without the options of 'partly' or 'don't know').

3. General themes

3.1 Respondents to the consultation were overwhelmingly in support of the draft standards, and there were a relatively small number of comments provided. This section highlights some of the themes emerging from those comments.

Benefits and risks of the exemptions

3.2 Although it was not the subject of the consultation, we received a number of comments expressing support for the recent legislative change introducing amendments. A small number of respondents described the consequential benefits this entitlement would bring to the orthoptist profession, as well as improvements to services and patients. One respondent further suggested that a quick progression to prescribing for orthoptists would be required to make the maximum impact on improving patient care.

3.3 At the same time, one respondent, representing a regulatory oversight body, called attention to the potential additional risks to public safety which may come about as a result of the use of exemptions by orthoptists, suggesting that this represented a significant change in their scope of practice. This respondent also noted that there had not been an assessment of these risks and the wider implications of the introduction of the exemptions in the consultation document.

Practice placements

3.4 There were a small number of comments relating to the proposed standards on practice placements (standards D1-D11).

3.5 Most of these sought further clarity about requirements relating to the practice element of the relevant training programmes. For example, one respondent favoured stipulation in the standards of a minimum requirement for the amount of time to be spent in practice placements to ensure achievement of the learning outcomes. A small number of other respondents indicated that further clarification was needed about who the practice placement educators would be.

3.6 Meanwhile, one respondent advocated removal of the practice placement standards altogether, stating that placements would not be necessary as the orthoptists would already be qualified and in practice, and also because of the practical difficulties, such as finding clinic cover while an orthoptist is on placement.

4. Comments in response to specific questions

4.1 This section summarises comments made in response to specific questions within the consultation document. The majority of responses were made without additional comments.

Question 1: Do you think the standards are set at the level necessary for safe and effective sale, supply and administration of medicines via exemptions?

4.2 Respondents overwhelmingly (94.7%) replied ‘yes’ to this question; although two respondents said ‘partly, and one said ‘don’t know’.

4.3 A relatively small number of respondents provided additional comments, which were all supportive of the draft standards. These included that the standards were clear, appropriate and understandable both for those undertaking the training and those monitoring it.

4.4 Other comments included the following:

- A respondent representing a professional body expressed confidence that the standards were set at the correct level, based on the fact that they were a result of collaborative working between the HCPC and BIOS.
- A respondent representing a pharmacists’ professional body also commented that training programmes should be regularly monitored and evaluated.
- One registrant noted that the standards might actually be more stringent than was strictly necessary given orthoptists’ current role, but that this was a positive thing.

Question 2: Do you think the standards relating to practice placements (D1-D11) are appropriate?

4.5 The vast majority (88.9%) of respondents agreed that standards D1-D11 relating to practice placements were appropriate.

4.6 There were a few additional comments provided. One respondent, representing a central NHS body, stated that the standards (in particular, standard D2) needed to stipulate a minimum amount of time that must be spent in practice placements in order to ensure achievement of the learning outcomes. The respondent suggested that coming to a decision about what the minimum amount of time should be would require engagement with other professions who are currently able to undertake training in the use of medicines exemptions.

4.7 One respondent stated that clarification was needed on who the initial practice placement educators would be for approved programmes. Another suggested that there would be little scope for direct supervision of orthoptists in hospital by doctors due to service demands.

4.8 We received one response from a registrant who did not think standards D1-D11 were appropriate or necessary, stating that as all orthoptists undertaking the training programme would already be qualified and in practice, a placement would seem unnecessary. This individual also made reference to the practical issues involved – such as finding clinic cover while an orthoptist is on placement – and expressed support for the training to involve a case portfolio completed during practice instead.

Question 3: Do you think any additional standards are necessary?

4.9 The vast majority (88.9%) of respondents did not think that additional standards were necessary. There were a small number of comments provided by those who responded 'no' to this question. These included that the standards were appropriate and met the needs of the professional body.

4.10 However, two respondents said they did think additional standards were necessary. Suggested additional standards included the following:

- Be able to put clinical governance arrangements, including clinical audit arrangements in place;
- Be able to safely transport and store medicines;
- Be able to plan appropriate development for themselves;
- Understand cultural and religious differences in relation to medicines;
- Adhere to an evidence-based protocol for atropine penalisation.

Question 4: Do you think there are any standards which should be reworded or removed?

4.11 Nearly all (90.7%) respondents replied 'no' to this question; however two respondents said 'yes' and two said 'partly'.

4.12 One of the respondents who answered 'partly' suggested that the standards needed to stipulate a minimum amount of time for practice placements. The other stated that extra time spent on placement may not be required, as a lot of orthoptists already work closely with ophthalmologists and optometrists who prescribe medicines.

4.13 Of the respondents who answered 'yes', one suggested that all of the standards on practice placements (D1-D11) should be removed and replaced with standards for 'on-the-job training'. The other stated that orthoptists would not need to make drug calculations in the same way that nurses do, and so the relevant standard (12) could be removed.

Question 5: Do you have any comments about the language used in the standards?

4.14 A small number of respondents had comments about the language used in the standards. All of these comments were positive in nature; they referred to the language in the standards as 'unambiguous', 'clear' and 'concise'.

4.15 One respondent, representing higher education institutions, suggested that it would be helpful to include a glossary of some of the terms used in the standards.

Question 6: Do you have any other comments on the standards?

4.16 Eight respondents (14.8%) had additional comments on the standards; the vast majority did not.

4.17 Among the comments which were provided, most related to the recent legislative amendment which introduced exemptions for orthoptists and to the general trajectory of the profession, rather than to the draft standards themselves. For example, a few respondents stated that the introduction of medicines exemptions for orthoptists was a welcome development and would result in significant improvements in patient care and the delivery of a better, more efficient service.

4.18 Another respondent, representing an NHS Trust, suggested that the introduction of exemptions for orthoptists should allow for a quick progression to prescribing, which was needed in order to make a maximum impact on improving patient care.

4.19 In addition, a small number of respondents commented on the value of having the standards in place. One respondent, representing a pharmacists' professional network, welcomed the standards as a way of ensuring that orthoptists who sell, supply or administer medicines using the exemptions would have to demonstrate in-depth knowledge of pharmacodynamics, pharmacokinetics, pharmacology, interactions, therapeutics and legal aspects of the medicines for which they have direct responsibility.

4.20 Meanwhile, a regulatory body expressed support for the standards and the HCPC's future role in annotating the Register, given that the introduction of the exemptions represents a 'significant change to the scope of practice' of orthoptists and could create new risks to the public. However, this respondent also noted that there was no specific assessment of these potential public safety risks, nor any mention of the wider implications of the exemptions in the consultation document, such as new considerations for fitness to practise panellists, were a concern to arise about an orthoptist's use of medicines.

4.21 One respondent, a medical professional body, was supportive of the standards but questioned whether there would be safeguards in place to ensure that orthoptists are aware of their duty of care and trained to be able to manage patients independently once they have received the medicines (unless they are referred to a doctor).

4.22 Finally, one registrant advocated for the delivery of training on the use of these medicines to all students on undergraduate orthoptist programmes to ensure a good working knowledge from the outset; then, a student could either undertake the additional training course on use of exemptions while at university, or later after qualification.

5. Our decisions

5.1 We have considered all of the responses we received to this consultation. As stated above, the overwhelming majority of respondents agreed that the draft standards were appropriate and few provided further comments.

5.2 In this section we have set out our responses to some of the comments received, as well as our decision regarding further changes to the standards.

Additional standards

5.3 As mentioned above, there were a small number of additional standards proposed by respondents. We have considered these in light of the fact that the standards are designed to set out the threshold level of skills necessary to sell, supply or administer the medicines included in the exemptions, and therefore are not intended to highlight good practice or to cover all aspects of an orthoptist's role.

5.4 In addition, we believe that some of the additional standards proposed by respondents are already addressed in other HCPC standards. For example, the standards of proficiency for orthoptists include requirements relating to awareness and understanding of the impact of culture and diversity on practice (standard 5). Similarly, the HCPC standards for continuing professional development set out requirements for appropriate professional development activities.

Further detail in the standards

5.5 There were a small number of responses received seeking additional clarity or detail in the standards, specifically on the minimum length required for practice placements and who was expected to take on the role of 'practice placement educators'.

5.6 Consistent with the approach that we take in setting standards across all of the professions we regulate, the standards for the use of exemptions by orthoptists have been designed to be flexible and focused on outcomes. Therefore, we do not wish to prescribe the required minimum length for practice placements; the expectation is rather that the length of the practice placement must be appropriate to and sufficient for successful delivery of the standards and learning outcomes.

5.7 Similarly, the standards do not specify who the 'practice placement educator' must be. This term has been used in a generic way to indicate the person who assumes oversight of the orthoptist's participation in the practice placement. There is no requirement for this person to be a medical practitioner, and – where the practice placement takes place in the orthoptist's workplace – this may be their normal line manager or supervisor, or another appropriate individual.

5.8 We believe that this approach will enable education providers to develop programmes which are feasible and proportionate, while also meeting the standards and delivering the necessary learning outcomes.

Format of 'practice placements'

5.9 Although only one respondent recommended removal of the standards on practice placement, we feel it is important to address those comments as they appear to have been based on a misunderstanding of the expectations set out in the standards and the background information provided in the consultation document.

5.10 Prior to consultation, we engaged extensively with key stakeholders, including BIOS and orthoptic education providers, on the expected format of programmes which will be developed to provide training on using the exemptions. These stakeholders have indicated that the practice-based component of those training programmes would most likely be undertaken within the orthoptist's own workplace, and may involve the completion of a logbook and reflective diary to demonstrate the required knowledge, understanding and skills.

5.11 We recognise that the term 'practice placement' is most frequently used to mean a period of practical or clinical learning which often takes place in a separate location or setting from the rest of the programme. It is not envisaged that the training programmes would include this sort of 'placement'; rather, we expect that practice-based learning would take place alongside an orthoptist's normal work, and therefore there would be no need for replacement staff to cover the orthoptist's role. However, we would not exclude a programme which considered it appropriate to include placements in the more traditional sense. We have retained the term 'practice placement' for consistency with the other standards we set for education providers, including our standards for prescribing.

Assessment of risks

5.12 One respondent raised a concern about the fact that the consultation document did not cover the wider implications of the exemptions for orthoptists or directly deal with the potential public safety risks which may arise specifically as a result of orthoptists being able to sell, supply and administer medicines.

5.13 We have not undertaken a formal risk or impact assessment relating to the exemptions, because the decision to introduce the exemptions was taken by government, not by the HCPC. NHS England, alongside the Department of Health and the devolved administrations, ran a public consultation between February and April 2015 on the proposal to introduce the exemptions[4]. As part of that process, an impact assessment was produced, including consideration

[4] Documents relating to the consultation can be found here: https://www.england.nhs.uk/ourwork/qual-clin-lead/ahp/med-project/orthoptists/

of the costs, benefits and risks of the introduction of the use of exemptions by orthoptists. Additionally, any perceived risks to patients and the public were thoroughly explored and discussed by the Commission on Human Medicines, who then made a recommendation regarding the introduction of the exemptions to the responsible minister.

5.14 Although the perceived additional risks to the public were not substantial, we have produced these standards precisely as a way of reducing risks to the public; that is, by ensuring that orthoptists who use the exemptions receive appropriate training and are able to use them in their practice safely and effectively.

Further changes to the standards

5.15 We have not made any further changes to the standards as a result of this consultation. We made this decision based on the overwhelming support for the standards by respondents.

5.16 Based on some of the comments received we will include a glossary to provide explanation of some of the technical terms used in the standards, as well as concepts where helpful, e.g. ‘practice placement’ and ‘practice placement educator’. We will also consider whether to use the introductory text accompanying the standards to further clarify our expectations in respect of the practice-based element of the training programmes

5.17 The standards following consultation are shown in Appendix 1.

Next steps

5.18 We expect to publish the standards for the use of exemptions by orthoptists in the autumn of 2016. Once they are published, relevant programmes will be able to apply to us for approval.

5.19 The point at which programmes will be available for orthoptists who wish to be able to use the exemptions in their practice will depend on when and how many programmes come forward to seek approval and are subsequently approved. The approval process takes approximately nine months.

Review of the standards of education and training

5.20 The HCPC standards of education and training (SETs) and supporting guidance are currently under review, and we expect to publish revised standards and guidance in 2017. At that time we will review the requirements for education providers contained within the standards for the use of exemptions by orthoptists (parts A through E), in light of any future amendments that are made to the SETs and supporting guidance.

5.21 We will aim to maintain consistency in terms of the expectations placed on education and training providers (whether in relation to pre- or post-

registration programmes); but will make a careful assessment of whether there are areas in which the respective requirements should rightly differ.

6. List of respondents

6.1 The organisations which responded to the consultation are listed below:

British Association of Prosthetists and Orthotists
British and Irish Orthoptic Society (BIOS) [2 separate responses]
BIOS Education Committee
BIOS E-Health Special Interest Group
BIOS Medicines Special Interest Group
BIOS Neuro-Orthoptics Special Interest Group
BIOS Northern Region
BIOS Professional Development Committee
BIOS Southern Region
BIOS Vision Screening Special Interest Group
British Dietetic Association
College of Optometrists
Council of Deans of Health
Glasgow Caledonian University
Guild of Healthcare Pharmacists
Hull and East Yorkshire Hospitals NHS Trust
King's College Hospital Orthoptic Department
NHS England
Northern Ireland Orthoptic Managers' Forum
Professional Standards Authority for Health and Social Care
Royal College of Ophthalmologists
Royal Pharmaceutical Society
Society and College of Radiographers
University of Sheffield

Appendix 1: Standards for the use of exemptions by orthoptists to sell, supply and administer medicines

The standards following consultation are shown below. They remain subject to legal scrutiny and may be subject to minor editing amendments prior to publication.

Standards for education providers

Admissions	
A.1	The admissions procedures must give both the applicant and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.
A.2	The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards.
A.3	The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms.
A.4	The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and students[5], together with an indication of how these will be implemented and monitored.

Programme management and resources	
B.1	The programme must have a secure place in the education provider's business plan.
B.2	The programme must be effectively managed.
B.3	The programme must have regular monitoring and evaluation systems in place.
B.4	There must be a named person who has overall professional responsibility for the programme who must be appropriately qualified and experienced and, unless other arrangements are agreed, be on the relevant part of the Register.
B.5	There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in place to deliver an effective programme.
B.6	Subject areas must be taught by staff with relevant specialist expertise and knowledge.
B.7	A programme for staff development must be in place to ensure continuing professional and research development.
B.8	The resources to support student learning in all settings must be effectively used.

[5] Throughout this document, 'students' means registered orthoptists completing a training programme in the use of exemptions.

B.9	The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme.
B.10	The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff.
B.11	There must be adequate and accessible facilities to support the welfare and wellbeing of students in all settings.
B.12	There must be a system of academic and pastoral student support in place.
B.13	There must be a student complaints process in place.
B.14	Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place.
B.15	Service users and carers must be involved in the programme.

Curriculum	
C.1	The learning outcomes must ensure that those who successfully complete the programme meet the standards for orthoptists using exemptions in legislation for the sale, supply and administration of medicines.
C.2	The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.
C.3	Integration of theory and practice must be central to the curriculum.
C.4	The curriculum must remain relevant to current practice.
C.5	The curriculum must make sure that students understand the implications of the HCPC's standards of conduct, performance and ethics on their use of exemptions in legislation for the sale, supply and administration of medicines.
C.6	The delivery of the programme must support and develop autonomous and reflective thinking.
C.7	The delivery of the programme must encourage evidence-based practice.
C.8	The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.
C.9	When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately addressed.

Practice placements	
D.1	Practice placements must be integral to the programme.
D.2	The length of time spent in practice placements must be appropriate to support the delivery of the programme and the achievement of the learning outcomes.

D.3	The practice placements must provide a safe and supportive environment.
D.4	The education provider must maintain a thorough and effective system for approving and monitoring all practice placements.
D.5	There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in the practice placements.
D.6	Practice placement educators must have relevant knowledge, skills and experience.
D.7	Practice placement educators must be appropriately registered, unless other arrangements are agreed.
D.8	There must be regular and effective collaboration between the education provider and the practice placement provider.
D.9	Students and practice placement educators must be fully prepared for the practice placement environment, which will include information about an understanding of: – the learning outcomes to be achieved; – the timings and the duration of any practice experience and associated records to be maintained; – expectations of professional conduct; – the professional standards which students must meet; – the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and – communication and lines of responsibility.
D.10	Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct.
D.11	A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place throughout practice placements.

Assessment	
E.1	The assessment strategy and design must ensure that the student who successfully completes the programme has met the standards for orthoptists using exemptions in legislation for the sale, supply and administration of medicines.
E.2	All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured.
E.3	Professional standards must be integral to the assessment procedures in both the education setting and practice placement setting.
E.4	Assessment methods must be employed that measure the learning outcomes.

E.5	The measurement of student performance must be objective and ensure safe and effective use of exemptions in legislation for the sale, supply and administration of medicines.
E.6	There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.
E.7	Assessment regulations must clearly specify requirements for student progression and achievement within the programme.
E.8	Assessment regulations, or other relevant policies, must clearly specify requirements for approved programmes being the only programmes which contain any reference to an HCPC protected title or part of the Register in their named award.
E.9	Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students.
E.10	Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must be appropriately experienced and qualified and, unless other arrangements are agreed, be from the relevant part of the HCPC Register.

Standards for orthoptists using exemptions in legislation for the sale, supply and administration of medicines

Orthoptists must:	
1	Understand pharmacodynamics, pharmacokinetics, pharmacology and therapeutics relevant to medicines use within their professional scope of practice and how these may be altered by certain characteristics
2	Understand the legal context relevant to the use of exemptions in legislation for the sale, supply and administration of medicines, as well as current local and national policy and guidance concerning medicines use
3	Understand the differences between the sale, supply and administration of medicines using exemptions, other supply / administration mechanisms and prescribing mechanisms
4	Understand the various pharmacological and non-pharmacological approaches to disease management relevant to their practice and the risks and benefits of each option
5	Understand the importance of shared decision-making with service users to encourage self-care and adherence with medicines advice
6	Be able to make a decision about whether to sell, supply or administer medicines using exemptions, based on a relevant examination, assessment and history taking
7	Be able to undertake a thorough, sensitive and detailed patient medical history, including an appropriate medication history
8	Be able to communicate information about medicines clearly with service users and others involved in their care

9	Be able to evaluate each potential treatment option with respect to an individual service user, taking into account relevant factors, the service user's circumstances, co-morbidities and other medicines taken
10	Be able to topically administer medicines as appropriate within their professional scope of practice
11	Be able to demonstrate safe use of medicines
12	Be able to undertake drug calculations accurately
13	Be able to monitor response to medicines and modify or cease treatment as appropriate within their professional scope of practice, including referral to another professional
14	Be able to identify adverse medicine reactions, interactions with other medicines and diseases and to take appropriate action
15	Be able to recognise different types of medication error and respond appropriately
16	Understand antimicrobial resistance and the roles of infection prevention and control