Outline Curriculum for Training Programmes to prepare Allied Health Professionals as Supplementary Prescribers

This document identifies the key areas a curriculum will need to cover.
Some of the critical issues that Allied Health Professionals will need to address are set out in the introduction and background.

The introduction of supplementary prescribing by chiropodists/podiatrists, physiotherapists and radiographers will be subject to Parliamentary approval to amendments to medicines legislation and NHS regulations, which are not expected before early in 2005

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1 INTRODUCTION AND BACKGROUND

1.1 Background

Supplementary prescribing has its basis in the recommendations of the final report of the Review of Prescribing, Supply and Administration of Medicines, which recommended that two types of prescriber[1] should be recognised:

- "*the independent prescriber who would be responsible for the assessment of patients with undiagnosed conditions and for decisions about the clinical management required, including prescribing."*

- "*the dependent prescriber who would be responsible for the continuing care of patients who have been clinically assessed by an independent prescriber. This continuing care might include prescribing, which would usually be informed by clinical guidelines and be consistent with individual treatment plans, or continuing established treatments by issuing repeat prescriptions, with the authority to adjust the dose or dosage form according to the patients' needs. The Review recommended that there should be provision for regular clinical review by the assessing clinician.* ***(Note: the previous term Dependent Prescriber is now referred to as a Supplementary Prescriber)."***

The *NHS Plan*[2] for England emphasised the need to organise and deliver services around the needs of patients, their families and carers:

"The new approach will shatter the old demarcations which have held back staff and slowed down care. NHS employers will be required to empower appropriately qualified nurses, midwives and therapists to undertake a wider range of clinical tasks including the right to make and receive referrals, admit and discharge patients, order investigations and diagnostic tests, run clinics and prescribe drugs……"

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 made such a step possible from April 2003. Ministers have now agreed that supplementary prescribing responsibilities should be extended to radiographers, physiotherapists, chiropodists/podiatrists and optometrists, subject to the outcome of Department of Health (DH) and Medicines and Healthcare products Regulatory Agency (MHRA) consultation on supplementary prescribing by these groups[3].

A detailed summary of the policy context and the legal framework can be found in *Supplementary Prescribing A resource to help healthcare professionals to understand the framework and opportunities*[4] published by the National Prescribing Centre (NPC).

1.2 What is supplementary prescribing?

The working definition of supplementary prescribing[1] is:

"….a voluntary partnership between an independent prescriber (a doctor or dentist) and a supplementary prescriber to implement an agreed patient-specific Clinical Management Plan with the patient's agreement".

1.3 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, 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.

1.4 Underpinning Principles of the Outline Curriculum

1.4.1 Patient safety is paramount.

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

1.4.3 The extensive work already carried out by the NPC to develop competency frameworks for prescribing nurses, pharmacists, optometrists and Allied Health Professionals (AHPs) (initially chiropodists/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.

1.4.4 This outline curriculum framework currently focuses on supplementary prescribing by Chiropodists/Podiatrists, Physiotherapists and Radiographers - but it is intended that it will be used by other AHPs should prescribing responsibilities be extended to others.

1.4.5 The development of an outline curriculum to prepare AHPs as supplementary prescribers does not mean that all AHPs are necessarily to be trained as supplementary prescribers (Ref: Entry Requirements Paragraphs 2.1 – 2.5)

1.4.6 The development of an outline curriculum to prepare AHPs as supplementary prescribers does not require that AHPs are necessarily to be trained separately from other professions. The decision on how a course will be delivered (i.e. as an AHP only programme or as a wider multiprofessional programme, currently including nurses and/or pharmacists) will be determined locally.

1.4.7 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.

1.4.8 The training programme is at post-registration level. The baseline for the programme is judged to be at Level 3 to develop safe supplementary prescribers working within the legal framework. If offered by a Higher Education Institution at Masters Level the course will still need to be able to map to the minima required for Level 3.

1.4.9 For each profession, both the theoretical and the learning in practice components of the training 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.

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

1.5 Current Knowledge Base/Professional Context

The relevant knowledge and expertise of chiropodists/podiatrists, physiotherapists and radiographers entering a training 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[5] chiropodists/podiatrists, physiotherapists and radiographers have been able to sell, supply or administer medicines as named individuals under Patient Group Directions.

1.5.1 Chiropodists/Podiatrists

In 1972, exemptions to the Medicines Act (1968) enabled podiatrists to obtain and administer local analgesics (LA) in the course of their professional practice. Approved podiatrists have LA rights identified on their registration certificate issued by the Health Professions Council (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).

Separately certificated courses and examinations leading to both the above are included in all undergraduate podiatry programmes[6]. Postgraduate courses are also available for practitioners to update or gain these qualifications[7,8]. 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 involved in surgical practice or the conservative management of the high-risk foot.

1.5.2 Physiotherapists

As part of their pre-registration courses[9] all physiotherapists will have:

- significant subjective assessment and interviewing skills and be used to applying these in a range of settings.
- well developed 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.

1.5.3 Radiographers

Diagnostic Radiographers

As part of their pre-registration courses[10] 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.

Therapeutic Radiographers

As part of their pre-registration courses[10] 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.

1.6 Professional Codes of Ethics and Standards

1.6.1 Health Professions Council

The regulatory body for AHPs included in this outline curriculum is the HPC. The HPC has produced the following standards, which cover the practice of AHPs.

- Standards of Conduct, Performance and Ethics[11]
- Standards of Education & Training[12]
- Standards of Proficiency – Chiropodists and Podiatrists[13]
- Standards of Proficiency – Physiotherapists[13]
- Standards of Proficiency – Radiographers[13]

1.6.2 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[14], Chartered Society of Physiotherapy[15, 16], Society of Radiographers[17].

1.7 Registration and Continuing Professional Development

A joint formal consultation by DH and MHRA on proposals to extend supplementary prescribing to Chiropodists/Podiatrists, Physiotherapists and Radiographers began in May 2004. Subject to the outcome of the consultation it is hoped that supplementary prescribing will be introduced for these professions from early 2005.

1.7.2 It is a legal requirement that, to practise, Allied Health Professionals (who are subject to statutory regulation) must be registered with the Health Professions Council (HPC).

1.7.1 If it is agreed that a Chiropodist/Podiatrist, Physiotherapist or Radiographer can practise as a supplementary prescriber, the registrant must have successfully completed a programme of study approved by the HPC and been issued with appropriate certification.

1.7.4 The Prescription Only Medicines Order made under the Medicines Act will require that the register of the HPC for these registrants be annotated to indicate that the registrant is competent to practise as a supplementary prescriber.

1.7.5 As with all registrants of the HPC, to remain on the annotated register 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.

1.7.6 From 2005, registrants will also have to meet the requirements of the Standards for Continuing Professional Development (CPD) of the HPC. This will be a self-declaration that they have kept up-to-date with practice within their current context and scope of practice. This will be subject to periodic audit requiring the registrant to submit evidence of their CPD to the HPC for scrutiny to support their claim.

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2 ENTRY REQUIREMENTS

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

- The legal requirement to be registered to practise as 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
- 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.

All entrants to the programme must meet the following requirements:

2.1 Be registered with the Health Professions Council in one of the relevant Allied Health Professions

And

2.2 Be professionally practising in an environment where there is an identified need for the individual to regularly use supplementary prescribing

And

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

And

2.4 Have an approved medical practitioner, normally recognised by the employing/Health Service commissioning organisation a) as having experience in a relevant field of practice, b) training and experience in the supervision, support and assessment of trainees, c) who has agreed to;

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

And

2.5 Have normally at least 3 years relevant post-qualification experience.

2.6 Programme providers must ensure through pre-programme assessment or from clear documented evidence that candidates have appropriate background knowledge and experience and are able to study at academic level 3.

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3 AIM AND OBJECTIVE OF THE PROGRAMME

3.1 Aim – to develop the knowledge and skills required by an allied health professional to practice as a supplementary prescriber meeting the standards set by the Health Professions Council for entry on the Register as supplementary prescribers.

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

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4. LEARNING OUTCOMES

By the end of the training programme participants will be able to:

4.1 Demonstrate effective partnership working with Independent Prescriber(s), patient(s) and the wider care team.

4.2 Develop and document a clinical management plan (CMP) within the context of a prescribing partnership.

4.3 Demonstrate effective consultation/assessment [(a)] skills including the following:

4.3.1 Ability to communicate effectively with patients[(b)] and carers.

4.3.2 Ability to conduct a relevant physical assessment/examination of patients with those conditions for which they may prescribe.

4.3.3 The process of effective clinical decision-making.

4.3.4 How to assess patients' needs for medicines, taking account of their wishes, values, ethnicity and the choices they may wish to make in their treatment.

4.4 Understand the way medicines work in relation to the disease process (pharmacodynamics and pharmacokinetics).

4.5 Demonstrate the ability to monitor response to medicines and modify treatment or refer the patient as appropriate.

4.6 Identify sources of information, advice and decision support, eg *Prodigy* in primary care settings, and explain how they will use them in prescribing practice taking into account evidence based practice and national / local guidelines.

4.7 Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.

NOTES
(a) Wherever the term consultation is used in the document it refers to consultation/assessment as some professions use the term 'assessment' rather than 'consultation' as overarching terminology meaning the total of communication/physical assessment/decision making.

(b) 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.

4.8 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.

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

4.10 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.
- ability to access the CMP

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5 INDICATIVE CONTENT

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 CMP 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.

5.1.7 How to understand and recognise personal limitations.

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.

5.3 Prescribing in a Team Context

5.3.1 The role and functions of other team members

5.3.2 The professional relationship between independent prescriber (a doctor or dentist) and supplementary prescriber and those responsible for dispensing

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 within the team.

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

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

5.3.8 An overview of prescribing budgets.

5.4 General Principles and Application of Pharmacology and Therapeutics.

5.4.1 Principles of pharmacokinetics[(c)] and drug handling – absorption, distribution, metabolism and excretion of drugs.

5.4.2 Pharmacodynamics[(d)].

5.4.3 Changes in physiology and drug response, for example in the older person, young people, the effect of pregnancy and on women who are breast-feeding and the issues raised by ethnic origin.

5.4.4 Adverse drug reactions, interactions with drugs (including over-the-counter (OTC) products, prescription-only medicines (POMs), Complementary Medicines) and interactions with other diseases

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

5.4.6 Selection of drug regimen

NOTES
(c) Pharmacokinetics: the study of the accumulation of drugs within the body, including the routes and mechanisms of absorption and excretion, the rate at which a drug'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 drug.

(d) Pharmacodynamics: the study of how a drug acts on a living organism, including the pharmacologic response observed relative to the concentration of the drug at an active site in the organism.

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 against the objectives of the clinical management plan

5.5.4 Working knowledge of any monitoring equipment used within the context of the clinical management plan

5.5.5 Identifying and reporting adverse drug reactions

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

5.6.1 Principles of evidence-based prescribing

5.6.2 Knowledge of national and local guidelines, protocols, policies, decision support systems and formularies – including rationale for, adherence to and deviation from such guidance

5.6.3 Reflective practice and continuing professional development – role of self and organisation

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

5.6.5 Risk assessment and risk management

5.6.6 Analysis and learning from medication errors and near misses

5.7 Legal, Policy, Professional and Ethical Aspects

5.7.1 Policy context for prescribing

5.7.2 Professional judgement in the context of HPC Standards of Conduct, Performance and Ethics

5.7.3 Legal Basis for prescribing, supply and administration of medicines

5.7.4 Legal and regulatory aspects of controlled drugs and the practical application of these

5.7.5 Legal implications of advice to self medicate including the use of complementary therapy and OTC medicines

5.7.6 Medicines regulatory framework including Marketing Authorisation, the use of unlicensed medicines and "off-label" use.

5.7.7 Application of the law in practice, professional judgement, liability and indemnity.

5.7.8 Maintenance of professional knowledge and competence in relation to the conditions for which the allied health professional may prescribe.

5.7.9 Individual accountability and responsibility as a supplementary prescriber.

5.7.10 Accountability and responsibility to the employer or commissioning organisation.

5.7.11 Issues relating to consent.

5.7.12 Writing prescriptions in a range of settings.

5.7.13 Prescription pad security and procedures when pads are lost or stolen.

5.7.14 Record keeping, documentation and professional responsibility

5.7.15 Confidentiality, Caldicott and Data Protection

5.7.16 IT developments and their impact on prescribing including electronic patient records, e-prescribing

5.7.16 Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of reporting and 'whistle blowing' procedures

5.8 Prescribing in the Public Health Context

5.8.1 Duty to patients[(b)] and society

5.8.2 Public health issues and policies, particularly the use of antimicrobials and resistance to them.

5.8.3 Inappropriate prescribing, over and under-prescribing.

5.8.4 Inappropriate use of medicines including misuse, under and over-use

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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, tutorials etc.

They will also demonstrate how theory underpins practice

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 become familiar with the 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 supplementary prescribers to ensure they have an appropriate level of knowledge commensurate with their supplementary prescribing responsibilities.

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

6.5 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.

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

- 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 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 a Supplementary Prescriber.

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

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

6.9 The role of the designated registered medical practitioner in assessing/verifying the clinical learning outcomes relating to the period of 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 AHPs as supplementary prescribers.[15]

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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 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 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.

7.5 Assessment strategies must be designed to confirm that the AHP is a safe and effective 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.

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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. 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 programmes for allied health professionals and supplementary prescribers from other disciplines provides opportunity to consider shared learning experiences

8.1.3 The programmes for allied health professionals 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 an individual allied health professional should be sufficiently long to enable the allied health professional 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**.

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ANNEX 1

A. Membership of Allied Health Professional Supplementary Prescribing Steering Group

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