
Education and Training Committee – 13 September 2012

Criteria and allocation of Visitor Partners to independent prescribing approval and monitoring work

Executive summary and recommendations

Introduction

At present, chiropodists / podiatrists, physiotherapists and radiographers can become supplementary prescribers, if they complete the appropriate training and have their entry on the Register annotated.

The Department of Health announced on 24 July 2012 that legislation will be amended to extend independent prescribing rights to appropriately trained chiropodists / podiatrists and physiotherapists.

Background

Supplementary and independent prescribing

Supplementary prescribing is a voluntary prescribing partnership between the independent prescriber (such as a doctor, dentist, specifically trained nurse, or pharmacist) and supplementary prescriber, to implement an agreed patient-specific clinical management plan (CMP), with the patient's agreement.

Following agreement of the CMP, the supplementary prescriber may prescribe any medicine for the patient that is referred to in the plan, until the next review by the independent prescriber. There is no formulary for supplementary prescribing. In addition, the prescriber can manage any medical condition through a CMP. However, the supplementary prescriber cannot prescribe a medicine which is not referred to in the plan.

Independent prescribing is prescribing by an appropriately qualified practitioner responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management, including prescribing.

Independent prescribers can prescribe any medicine for any medical condition within their competence, including some controlled drugs for specified medical conditions. They must also comply with any relevant medicines legislation.

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Supplementary prescribers can only prescribe a medicine where it is referred to in the CMP. By contrast, independent prescribers have greater autonomy and can prescribe any medicine within their competence and knowledge, without reference to a CMP.

We currently approve post-registration education programmes which deliver training in supplementary prescribing. When legislation is amended to extend independent prescribing rights to chiropodists / podiatrists and physiotherapists we will approve programmes in independent prescribing which chiropodists / podiatrists and physiotherapists must complete before having their entry on the Register annotated. The individual can then operate as an independent prescriber.

This paper sets out and seeks approval for the criteria which will be used to allocate visitors for the approval and monitoring activities for independent prescribing programmes.

Allocation of visitors for independent prescribing programmes

Part IV of the Health and Social Work Professions Order 2001 (the Order) sets out the role of the visitor in making recommendations on education programmes on the behalf of the Education and Training Committee as part of the approval process. In this Part of the order, there are specific requirements for the allocation of visitors to particular visits which must be adhered to. Over and above the requirements set out in the Order, there are additional good practice measures in place to ensure that visitors are well placed to make good recommendations to the Education and Training Committee on all approval and monitoring work that is undertaken.

Article 16(6) states that –

“Visitors shall be selected with due regard to the profession with which the education and training they are to report on is concerned and at least one of the visitors shall be registered in that part of the register which relates to that profession.”

The legislation does not state that for post-registration programmes visitors must specifically hold relevant entitlements or annotations. However, in order to ensure that visitor panels have the required expertise to make appropriate recommendations about independent prescribing programmes, additional criteria should be agreed.

It would appear appropriate to adopt a similar approach to the visitor criteria currently applied to supplementary prescribing programmes. Additionally, the criteria must ensure any visitor panel has sufficient independent prescribing input to inform its recommendations.

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The Committee is asked to agree that the following criteria are adopted for the approval and monitoring of independent prescribing programmes. That the programmes should be assessed:

- By a visitor panel, which includes at least one registrant visitor who has their name annotated on the Register as an independent prescriber. As the entitlement will be new to chiropodist / podiatrists and physiotherapists, until such times as independent prescribing training is available and, therefore, a reasonable pool of so-annotated registrant visitors exists, then the visitor panels will include at least one independent prescribing visitor from a non-medical prescribing profession which is currently entitled to undertake independent prescribing training (currently a nurse or pharmacist), registered with their respective regulator and who currently has the qualification recorded on their respective register.
- If required, a second visitor can be allocated whose registration record is annotated with the supplementary prescribing entitlement or from professions with powers to prescribe or exemptions from prescribing restrictions in legislation (paramedics or chiropodist / podiatrist with LA and / or POM annotations respectively) as these visitors have experience of working with medicines.

Decision

The Committee is asked to agree the text of the framework of considerations for the allocation of visitors to independent prescribing approval and monitoring work provided as appendix one to this paper.

Background information

The Committee last considered a paper on allocation of visitor partners for approval and monitoring work at its meeting on 10 March 2011. The paper can be found here: <http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=547> (enclosure 5)

Resource implications

Resources have been accounted for in 2012-13 Education Department work plan and budget, and will be taken forward into future work plans and budget.

Financial implications

Finance resources have been accounted for in 2012-13 Education Department work plan and budget, and will be taken forward into future work plans and budget.

Appendices

Appendix 1 – considerations for independent prescribing visitor allocation to approval and monitoring work

Date of paper

13 September 2012

Appendix 1 – considerations for independent prescribing visitor allocation to approval and monitoring work

Always or normally	Consideration
Always	<p>At least one visitor:</p> <p>recruited on the following criteria:</p> <ul style="list-style-type: none"> • who is from a non-medical prescribing profession who is currently entitled to undertake independent prescribing training (currently a nurse or pharmacist); and • who is registered with their respective register; and • who has the qualification recorded on their respective register; or <ul style="list-style-type: none"> • whose HCPC registration record is annotated with the appropriate entitlement for the programme in question.
Normally	<p>Two visitors made up of individuals:</p> <p>recruited on the following criteria:</p> <ul style="list-style-type: none"> • who is from a non-medical prescribing profession who is currently entitled to undertake independent prescribing training (currently a nurse or pharmacist); and • who is registered with their respective register; and • who has the qualification recorded on their respective register; or <ul style="list-style-type: none"> • whose HCPC registration record is annotated with the appropriate entitlement for the programme in question. <p>If needed, the second visitor can come from a HCPC profession:</p> <ul style="list-style-type: none"> • whose HCPC registration record is annotated with the supplementary prescribing entitlement; or • with specific entitlements to administer medicines under the Prescriptions Only Medicines (Human Use) Order 1997: <ul style="list-style-type: none"> - paramedics; or - chiropodists / podiatrists with one or both of the Local Anaesthetics or Prescription Only Medicines entitlements under that Order.