

Education and Training Committee, 1 March 2018

Review of Standards for prescribing: Review of the Standards for education providers

Executive summary

Introduction

The HCPC's current Standards for prescribing¹ were published in August 2013, following development and public consultation through 2012.

We review our published Standards every five years. The Standards for Prescribing are therefore due for appraisal in 2018.

The Standards for prescribing are presented in two parts:

- Standards for education providers: set out our expectations of education providers delivering training in prescribing.
- Standards for prescribers: set out the knowledge, understanding and skills we expect a prescriber to demonstrate when they complete their training.

It essential that our Standards for prescribing remain robust, relevant and fit for purpose as a means to protect the public in both the immediate and longer term. This review aims to secure these outcomes.

We consider that the Standards for education providers in prescribing require update in the following areas:

1. The HCPC published revised Standards for education and training for pre-registration programmes ('the SETs') in June 2017. To achieve consistency of approach, we need to update our Standards for education providers in prescribing ('the prescribing SETs) to reflect these core standards.
2. **The designated medical practitioner**

Currently, our standards require practice educators in prescribing to be 'designated medical practitioners (DMPs)'. A DMP is a registered doctor who directs, assesses and supervises a non-medical prescriber's period of learning in practice. Until recently, this has been a standard requirement among the regulators of non-medical prescribers.

¹ <http://www.hcpc-uk.co.uk/assets/documents/10004160Standardsforprescribing.pdf>

In 2018, the Nursing and Midwifery Council (NMC) and General Pharmaceutical Council (GPhC) have taken decisions to lift the requirement that practice educators in prescribing be DMPs. In general terms, their new requirements will be that practice educators must be appropriately qualified and experienced prescribers. This move is likely to deliver benefits including improved access to prescribing training.

We propose that the HCPC should similarly revise our DMP requirement.

3. We propose that our requirements for interprofessional education (IPE) in the current SETs should not be carried over into the post-registration prescribing SETs. Learners of prescribing will already be registrants and therefore should meet standards of proficiency for their profession around working as part of a multi-disciplinary team. We feel that any additional multi-disciplinary team working skills should be required and developed through the standards we set for prescribers. Education providers must deliver these standards as proficiencies in successful learners.
4. Finally, we currently require education and training providers to deliver profession-specific skills and knowledge for each professional group in a prescribing programme. We feel work is necessary to determine whether this is in fact a suitable standard, since the qualifications awarded are not profession-specific.

We recommend that the Committee agree to develop a consultation on revising the prescribing SETs in these areas, for approval and launch in September 2018.

Issues in the accompanying paper, 'Review of Standards for prescribing (1): Review of the Standards for prescribers' would be addressed in the same consultation.

Background information

Please see appendix A for further information and discussion.

Resource implications

The resource implications associated with undertaking a public consultation have been taken into account in departmental work plans for 2018/2019.

The resource implications associated with the publication and launch of the revised guidance will be considered in departmental work plans for 2019/20.

Financial implications

The financial implications, including reprinting the guidance, will be included in budget planning for 2019/20

Appendices

- Appendix A - Review of the Standards for education providers in prescribing

- Appendix B - Mapping of prescribing SETs to pre-registration SETs

Date of paper: 30/05/2018

Review of the Standards for education providers in prescribing Appendix B: Mapping of prescribing SETs to pre-registration SETs

Standards of education and training (SETs) mapping document – approval process

For example:

Standard of education and training (SET)	Current Prescribing SET	Proposed Prescribing SET
Level of qual. for entry to the Register		
1.1 The Council normally expects that the threshold entry routes to the Register will be the following...	N/A	N/A
Programme admissions		
2.1 The admissions process 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.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.1 The admissions process 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.
2.2 The selection and entry criteria must include appropriate academic and professional entry standards.	A.2 The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards.	A.2 The selection and entry criteria must include appropriate academic and professional entry standards.
2.3 The admissions process must ensure that applicants have a good command of English.	N/A	N/A

Standard of education and training (SET)	Current Prescribing SET	Proposed Prescribing SET
2.4 The admissions process must assess the suitability of applicants, including criminal conviction checks.	N/A	N/A
2.5 The admissions process must ensure that applicants are aware of and comply with any health requirements.	N/A	N/A
2.6 There must be an appropriate and effective process for assessing applicants' prior learning and experience.	A.3 The admissions procedures must apply selection and entry criteria, including accreditation of prior (experiential) learning and other inclusion mechanisms.	A.3 There must be an appropriate and effective process for assessing applicants' prior learning and experience.
2.7 The education provider must ensure that there are equality and diversity policies in relation to applicants and that they are implemented and monitored.	A.4 The admissions procedures must ensure that the education provider has equality and diversity policies in relation to applicants and students together with an indication of how these will be implemented and monitored.	A.4 The education provider must ensure that there are equality and diversity policies in relation to applicants and that they are implemented and monitored.
Programme governance, management and leadership		
3.1 The programme must be sustainable and fit for purpose.	B.1 The programme must have a secure place in the education provider's business plan.	B.1 The programme must be sustainable and fit for purpose.
3.2 The programme must be effectively managed.	B.2 The programme must be effectively managed.	B.2 The programme must be effectively managed.
3.3 The education provider must ensure that the person holding overall professional	B.4. There must be a named person who has overall professional responsibility for	B.3 The education provider must ensure that the person holding overall professional

Standard of education and training (SET)	Current Prescribing SET	Proposed Prescribing SET
responsibility for the programme is appropriately qualified and experienced and, unless other arrangements are appropriate, on the relevant part of the Register.	the programme who must be appropriately qualified and experienced and, unless other arrangements are agreed, be on a relevant part of the HCPC Register.	responsibility for the programme is appropriately qualified and experienced and, unless other arrangements are appropriate, on the register of their statutory regulator.
3.4 The programme must have regular and effective monitoring and evaluation systems in place.	B.3 The programme must have regular monitoring and evaluation systems in place.	B.4 The programme must have regular and effective monitoring and evaluation systems in place.
3.5 There must be regular and effective collaboration between the education provider and practice education providers.	N/A	B.5 There must be regular and effective collaboration between the education provider and practice education providers.
3.6 There must be an effective process in place to ensure the availability and capacity of practice-based learning for all learners.	N/A	B.6 There must be an effective process in place to ensure the availability and capacity of practice-based learning for all learners.
3.7 Service users and carers must be involved in the programme.	B.15 Service users and carers must be involved in the programme.	B.7 Service users and carers must be involved in the programme.
3.8 Learners must be involved in the programme.	N/A	B.8 Learners must be involved in the programme.
3.9 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme.	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.9 There must be an adequate number of appropriately qualified and experienced and, where appropriate, registered staff in place to deliver an effective programme.

Standard of education and training (SET)	Current Prescribing SET	Proposed Prescribing SET
<p>3.10 Subject areas must be delivered by educators with relevant specialist knowledge and expertise.</p>	<p>B.6 Subject areas must be taught by staff with relevant specialist expertise and knowledge.</p>	<p>B.10 Subject areas must be delivered by educators with relevant specialist expertise and knowledge.</p>
<p>3.11 An effective programme must be in place to ensure the continuing professional and academic development of educators, appropriate to their role in the programme.</p>	<p>B.7 A programme for staff development must be in place to ensure continuing professional and research development.</p>	<p>B.11 An effective programme must be in place to ensure the continuing professional and academic development of educators, appropriate to their role in the programme.</p>
<p>N/A</p>	<p>B.8 The resources to support student learning in all settings must be effectively used.</p>	<p>N/A</p>
<p>3.12 The resources to support learning in all settings must be effective and appropriate to the delivery of the programme, and must be accessible to all learners and educators.</p>	<p>B.9 The resources to support student learning in all settings must effectively support the required learning and teaching activities of the programme.</p> <p>B.10 The learning resources, including IT facilities, must be appropriate to the curriculum and must be readily available to students and staff.</p>	<p>B.12 The resources to support learning in all settings must be effective and appropriate to the delivery of the programme, and must be accessible to all learners and educators.</p>
<p>3.13 There must be effective and accessible arrangements in place to support the wellbeing and learning needs of learners in all settings.</p>	<p>B.11 There must be adequate and accessible facilities to support the welfare and wellbeing of students in all settings.</p> <p>B.12 There must be a system of academic and pastoral student support in place.</p>	<p>B.13 There must be effective and accessible arrangements in place to support the wellbeing and learning needs of learners in all settings.</p>

Standard of education and training (SET)	Current Prescribing SET	Proposed Prescribing SET
<p>3.14 The programme must implement and monitor equality and diversity policies in relation to learners.</p>	<p>N/A</p>	<p>B.14 The programme must implement and monitor equality and diversity policies in relation to learners.</p>
<p>3.15 There must be a thorough and effective process in place for receiving and responding to learner complaints.</p>	<p>B.13 There must be a student complaints process in place.</p>	<p>B.15 There must be a thorough and effective system in place for receiving and responding to learner complaints.</p>
<p>3.16 There must be thorough and effective processes in place for ensuring the ongoing suitability of learners' conduct, character and health.</p>	<p>N/A</p>	<p>B.16 There must be thorough and effective systems in place for ensuring the ongoing suitability of learners' conduct, character and health.</p>
<p>3.17 There must be an effective process in place to support and enable learners to raise concerns about the safety and wellbeing of service users.</p>	<p>N/A</p>	<p>B.17 There must be an effective process in place to support and enable learners to raise concerns about the safety and wellbeing of service users.</p>
<p>3.18 The education provider must ensure learners, educators and others are aware that only successful completion of an approved programme leads to eligibility for admission to the Register.</p>	<p>N/A</p>	<p>B.18 The education provider must ensure learners, educators and others are aware that only successful completion of an approved programme leads to eligibility for annotation of a learners' entry on the Register.</p>
<p>Programme design and delivery</p>		
<p>4.1 The learning outcomes must ensure that learners meet the standards of proficiency for the relevant part of the Register.</p>	<p>C.1 The learning outcomes must ensure that those who successfully complete the programme meet the standards for</p>	<p>C.1 The learning outcomes must ensure that learners meet the standards set out in the Competency Framework for all Prescribers,</p>

Standard of education and training (SET)	Current Prescribing SET	Proposed Prescribing SET
	independent and / or supplementary prescribers.	as appropriate to the prescribing mechanisms ¹ delivered by the programme.
<p>4.2 The learning outcomes must ensure that learners understand and are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.</p>	<p>C.5 The curriculum must make sure that students understand the implications of the HCPC's standards of conduct, performance and ethics on their prescribing practice.</p>	<p>C.2 The learning outcomes must ensure that learners understand and are able to meet the expectations of professional behaviour in prescribing practice, including the standards of conduct, performance and ethics.</p>
<p>4.3 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.</p>	<p>C.2 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.</p>	<p>C.3 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.</p>
<p>4.4 The curriculum must remain relevant to current practice.</p>	<p>C.4 The curriculum must remain relevant to current practice.</p>	<p>C.4 The curriculum must remain relevant to current practice.</p>
<p>4.5 Integration of theory and practice must be central to the programme.</p>	<p>C.3 Integration of theory and practice must be central to the curriculum.</p>	<p>C.5 Integration of theory and practice must be central to the programme.</p>
<p>4.6 The learning and teaching methods used must be appropriate to the effective delivery of the learning outcomes.</p>	<p>C.8 The range of learning and teaching approaches used must be appropriate to the effective delivery of the curriculum.</p>	<p>C.6 The learning and teaching methods used must be appropriate to the effective delivery of the learning outcomes.</p>
<p>4.7 The delivery of the programme must support and develop autonomous and reflective thinking.</p>	<p>C.6 The delivery of the programme must support and develop autonomous and reflective thinking.</p>	<p>C.7 The delivery of the programme must support and develop autonomous and reflective thinking.</p>

Standard of education and training (SET)	Current Prescribing SET	Proposed Prescribing SET
4.8 The delivery of the programme must support and develop evidence-based practice.	C.7 The delivery of the programme must encourage evidence-based practice.	C.8 The delivery of the programme must support and develop evidence-based practice.
4.9 The programme must ensure that learners are able to learn with, and from, professionals and learners in other relevant professions.	N/A	TBC
N/A	C.9 When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately identified and addressed.	TBC
4.10 The programme must include effective processes for obtaining appropriate consent from service users and learners.	N/A	C.10 The programme must include an effective process for obtaining appropriate consent from service users and learners.
4.11 The education provider must identify and communicate to learners the parts of the programme where attendance is mandatory, and must have associated monitoring processes 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.	C.11 The education provider must identify and communicate to learners the parts of the programme where attendance is mandatory, and must have associated monitoring processes in place.
Practice-based learning		
5.1 Practice-based learning must be integral to the programme.	D.1 Practice placements must be integral to the programme.	D.1 Practice based-learning must be integral to the programme.

Standard of education and training (SET)	Current Prescribing SET	Proposed Prescribing SET
<p>5.2 The structure, duration and range of practice-based learning must support the achievement of the learning outcomes and the standards of proficiency.</p>	<p>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.</p>	<p>D.2 The structure, duration and range of practice-based learning must support the achievement of the learning outcomes and the standards of set out in the Single Competency Framework for all Prescribers, as appropriate to the prescribing mechanism¹ delivered by the programme.</p>
<p>5.3 The education provider must maintain a thorough and effective system for approving and ensuring the quality of practice-based learning.</p>	<p>D.4 The education provider must maintain a thorough and effective system for approving and monitoring all practice placements.</p>	<p>D.3 The education provider must maintain a thorough and effective system for approving and ensuring the quality of practice-based learning.</p>
<p>5.4 Practice-based learning must take place in an environment that is safe and supportive for learners and service users.</p>	<p>D.3 The practice placements must provide a safe and supportive environment.</p>	<p>D.4 Practice-based learning must take place in a setting that is safe and supportive for learners and service users.</p>
<p>5.5 There must be an adequate number of appropriately qualified and experienced staff involved in practice-based learning.</p>	<p>D.5 There must be an adequate number of appropriately qualified, experienced and, where required, registered staff in the practice placements.</p>	<p>D.5 There must be an adequate number of appropriately qualified and experienced and, where appropriate, registered staff involved in practice-based learning.</p>
<p>5.6 Practice educators must have relevant knowledge, skills and experience to support safe and effective learning and, unless other arrangements are appropriate, must be on the relevant part of the Register.</p>	<p>D.6 The designated medical practitioner must have relevant knowledge, skills and experience.</p>	<p>D.6 Practice educators must be a qualified prescriber, on the register of their statutory regulator with annotation(s) for prescribing where applicable and with the relevant skills, knowledge and experience to support safe and effective learning.</p>

¹ 'Prescribing mechanism(s)' describes either independent or supplementary prescribing.

Standard of education and training (SET)	Current Prescribing SET	Proposed Prescribing SET
<p>5.7 Practice educators must undertake regular training which is appropriate to their role, learners' needs and the delivery of the learning outcomes of the programme.</p>	<p>D.7 The designated medical practitioner must undertake appropriate training.</p>	<p>D.7 Practice educators must undertake regular training which is appropriate to their role, learners' needs and the delivery of the learning outcomes of the programme.</p>
<p>N/A</p>	<p>D.8 The designated medical practitioner must be appropriately registered.</p>	<p>N/A</p>
<p>5.8 Learners and practice educators must have the information they need in a timely manner in order to be prepared for practice-based learning.</p>	<p>D.10 Students and designated medical practitioners must be fully prepared for the practice placement environment, which will include being given information about:</p> <ul style="list-style-type: none"> – the learning outcomes to be achieved; – the timings and the duration of the 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. 	<p>D.9 Learners and practice educators must have the information they need in a timely manner in order to be prepared for practice based-learning</p>

Standard of education and training (SET)	Current Prescribing SET	Proposed Prescribing SET
N/A	D.9 There must be regular and effective collaboration between the education provider and the practice placement provider.	N/A
N/A	D.11 Learning, teaching and supervision must encourage safe and effective practice, independent learning and professional conduct.	N/A
N/A	D.12 A range of learning and teaching methods that respect the rights and needs of service users and colleagues must be in place in the approved clinical learning environment.	N/A
Assessment		
6.1 The assessment strategy and design must ensure that those who successfully complete the programme meet the standards of proficiency for the relevant part of the Register.	E.1 The assessment strategy and design must ensure that the student who successfully completes the programme has met the standards for independent and / or supplementary prescribers.	E.1 The assessment strategy and design must ensure that those who successfully complete the programme meet the standards set out in the Competency Framework for all Prescribers, as appropriate to the prescribing mechanism ¹ delivered by the programme.
6.2 Assessment throughout the programme must ensure that learners demonstrate they are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.	E.3 Professional standards must be integral to the assessment procedures in both the education setting and practice placement setting.	E.2 Assessment throughout the programme must ensure that learners demonstrate they are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.

Standard of education and training (SET)	Current Prescribing SET	Proposed Prescribing SET
6.3 Assessments must provide an objective, fair and reliable measure of learners' progression and achievement.	E.5 The measurement of student performance must be objective and ensure safe and effective prescribing practice.	E.3 Assessments must provide an objective, fair and reliable measure of learners' progression and achievement.
6.4 Assessment policies must clearly specify requirements for progression and achievement within the programme.	E.7 Assessment regulations must clearly specify requirements for student progression and achievement within the programme.	E.4 Assessment policies must clearly specify requirements for progression and achievement within the programme.
6.5 The assessment methods used must be appropriate to, and effective at, measuring the learning outcomes.	E.2 All assessments must provide a rigorous and effective process by which compliance with external-reference frameworks can be measured. E.4 Assessment methods must be employed that measure the learning outcomes.	E.5 The assessment methods used must be appropriate to, and effective at, measuring the learning outcomes
N/A	E.6 There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.	N/A
6.6 There must be an effective process in place for learners to make academic appeals.	E.9 Assessment regulations must clearly specify requirements for a procedure for the right of appeal for students.	E.6 There must be effective processes in place for learners to make academic appeals.
6.7 The education provider must ensure that at least one external examiner for the programme is appropriately qualified and experienced and,	E.10 Assessment regulations must clearly specify requirements for the appointment of at least one external examiner who must	E.7 The education provider must ensure that at least one external examiner for the programme is an appropriately qualified and

Standard of education and training (SET)	Current Prescribing SET	Proposed Prescribing SET
unless other arrangements are appropriate, on the relevant part of the Register.	be appropriately experienced and qualified and, unless other arrangements are agreed, be from a relevant part of the HCPC Register.	experienced prescriber and on the register of their statutory regulator with annotation(s) for prescribing where applicable.
N/A	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 HCPC Register in their named award.	N/A

Review of the standards for education providers in prescribing

Appendix A

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1. Background to the review

- 1.1. In June 2017, the HCPC published updated Standards for education and training (‘the SETs’) ¹. These are the standards against which we assess and approve pre-registration education and training programmes. The new SETs and their accompanying guidance were thoroughly researched, subject to public consultation and ultimately approved by Council. Following their publication, a major and ongoing communications initiative has offered support to education providers in meeting our new requirements.
- 1.2. The Standards for education providers in our Standards for prescribing (‘prescribing SETs’) remain modelled on an old version of the SETs and do not reflect the changes made in 2017. There is a clear need to update the prescribing SETs to achieve consistency with our pre-registration SETs and SETs guidance.

2. Standards for education providers

- 2.1. A mapping of the SETs against our current and proposed prescribing SETs is included at Appendix B.

¹ http://www.hcpc-uk.org/assets/documents/10000BCF46345Educ-Train-SOPA5_v2.pdf

2.2. Changes to align with the SETs

2.2.1. We acknowledge that as prescribing is a specialist, post-registration skill which requires dedicated standards to ensure suitable protection of the public, the prescribing SETs will need to deviate from the SETs on some discrete issues. These are discussed at 3.5 – 3.7.

2.2.2. However, aside from in these areas, we believe that the standards we require of pre-registration programmes are equally suitable for effective regulation of post-registration courses in prescribing. We do not believe it necessary to consult further on our existing SETs. We therefore propose that any changes to the prescribing SETs made solely to achieve uniformity with the SETs are adopted as a matter of course.

2.2.3. Some standards in the SETs are not necessary to include in the prescribing SETs. This is because all applicants to prescribing programmes will already be registrants, so can be assumed to meet basic requirements for entry to the Register. We would therefore omit the following:

1.1 The Council normally expects that the threshold entry routes to the Register will be the following...

2.3 The admissions process must ensure that applicants have a good command of English.

2.4 The admissions process must assess the suitability of applicants, including criminal conviction checks.

2.5 The admissions process must ensure that applicants are aware of and comply with any health requirements.

2.2.4. On the same basis, the terminology of some standards will need to be changed. For example, reference to “eligibility for admission to the Register” would more appropriately become “eligibility for annotation of a learner’s entry on the Register” in the prescribing SETs.

2.3. Practice educators: the ‘designated medical practitioner’

2.3.1. The HCPC define a practice educator as “a person who is responsible for a learner’s education during their practice-based learning and has received appropriate training for this role.”

2.3.2. In the current prescribing SETs, we impose a strict requirement that the practice educator be a ‘designated medical practitioner’ (DMP). The DMP is “a

registered doctor who directs, assesses and supervises a non-medical prescriber's period of learning in practice.”

2.3.3. Until recently, this was a universal standard among the regulators of nonmedical prescribing professions. In the early days of nonmedical prescribing, it was essential that doctors act as practice educators. Later, as nurses and pharmacists gained new prescribing powers in the late 1990s and early 2000s, it supported safe and effective expansion of these prescribing roles. Accordingly, it was adopted by the HCPC when our prescribing SETs were published.

2.3.4. However, nonmedical prescribing is now well established in the UK health and care system. It has been suggested that limiting practice educators in prescribing to doctors is no longer valid. Arguably, it is wholly appropriate for qualified, experienced and trained nonmedical prescribers to be involved in educating future learners.

2.3.5. In 2016, a survey by the GPhC found that limiting practice educators to DMPs may have become a barrier to prescribing training access. Lifting the DMP requirement would increase the pool of suitable practice educators. This may widen the availability of training in nonmedical prescribing. In the longer term, the potential to deliver more nonmedical prescribers to the workforce could offer benefits for service delivery.

GPhC

2.3.6. In November 2016, the GPhC published a discussion paper² on the supervision of pharmacist independent prescribers (PIPs) in training. They suggested that practice educators for PIPs should be widened to ‘suitably trained and experienced independent prescribers’. They received a strong positive response to this proposal over an eight week discussion period. They have since confirmed that they will be implementing this change in their supervision requirements. They now propose to refer to prescribing practice educators as ‘designated prescribing practitioners (DPPs)’, rather than DMPs, to reflect that they may be nonmedical prescribers.

NMC

2.3.7. Following a thirteen week consultation in 2017, the NMC approved new Standards for prescribing programmes at its Council meeting on 28 March

²

https://www.pharmacyregulation.org/sites/default/files/discussion_paper_on_supervising_pharmacist_independent_prescribers_in_training_november_2016_1.pdf

2018^{3,4,5}. These standards require that a prescribing practice assessor be ‘a registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking.’ Practice supervision arrangements must comply with their ‘Standards for student supervision and assessment,’ which include that supervisors have ‘current knowledge and experience of the area in which they are providing support, supervision and feedback.’

Changes proposed

2.3.8. We therefore suggest that we consult on changing our DMP requirement as part of this review.

2.3.9. We propose that in prescribing programmes approved by the HCPC, the standard should be:

5.6 Practice educators must be a qualified prescriber, on the register of their statutory regulator with annotation(s) for prescribing where applicable and with the relevant skills, knowledge and experience to support safe and effective learning.

2.3.10. The proposed wording achieves consistency with our pre-registration SETs and with the other regulators. SET 5.7 would additionally require that practice educators undertake regular training appropriate to their role.

2.3.11. The change would mean that any appropriately trained independent prescriber with the relevant skills, knowledge and experience could act as a practice educator in either independent or supplementary prescribing for a qualifying HCPC registrant. A trained supplementary prescriber with the relevant skills, knowledge and experience could act as a practice educator in supplementary prescribing only.

2.3.12. Practice educators could therefore include doctors, dentists, nurses, pharmacists, chiropractors/podiatrists, dietitians, paramedics, physiotherapists and radiographers. Education providers will need to submit evidence to our Education team that demonstrates how the process used to ensure practice educators have the relevant skills, knowledge and experience is appropriate. This will ensure that any inter-professional training arrangements are suitable and appropriate.

³ <https://www.nmc.org.uk/globalassets/sitedocuments/councilpapersanddocuments/council-2018/council-papers-march-2018.pdf>

⁴ <https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/royal-pharmaceutical-societys-competency-framework-for-all-prescribers/>

⁵ <https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/standards-for-prescribing-programmes/>

2.3.13. Applying ‘where applicable’ to the annotation requirement ensures that medical practitioners are not excluded; medical prescribers are not annotated on the GMC Register, but able to prescribe by virtue of their registration.

2.3.14. We feel that the annotation requirement is otherwise important to include. This is because where nonmedical health professionals hold dual registration, for example with the NMC and HCPC, their prescribing annotation on one Register is not transferable to the other. For example, a qualified nurse prescriber may not automatically prescribe as a registered paramedic. They must first complete an HCPC-approved prescribing programme and gain annotation on our Register as well. We feel it is important that practice educators are fully authorised to prescribe in the same professional capacity as they are employed in as a practice educator.

2.4. Other persons named in the SETs

2.4.1. It is also relevant to review the requirements around other named roles in the prescribing SETs, other than the practice educator. These roles, their provisions in the pre-registration SETs and the provisions that we propose for the prescribing SETs are set out below.

Named person(s)	Standards of education and training	Proposed Standards for prescribing SETs
The person holding overall professional responsibility for the programme	Must be: “appropriately qualified and experienced and, unless other arrangements are appropriate, on the relevant part of the Register.”	To be: “appropriately qualified and experienced and, unless other arrangements are appropriate, on the register of their statutory regulator. ”
Staff in place to deliver an effective programme	Must be: “appropriately qualified and experienced staff”.	To be: “appropriately qualified and experienced and, where appropriate, registered staff ”
External examiner for the programme	Must be: “appropriately qualified and experienced and, unless other arrangements are appropriate, on the relevant part of the Register.”	To be: “an appropriately qualified and experienced prescriber and on the register of their statutory regulator with annotation(s) for prescribing where applicable ”

2.5. Interprofessional education (IPE)

2.5.1. The pre-registration SETs currently require that:

4.9 The programme must ensure that learners are able to learn with, and from, professionals and learners in other relevant professions.

2.5.2. Our SETs guidance⁶ explains that this standard is about how the design and delivery of an education and training programme prepares learners to work with other professionals and across professions for the benefit of service users and carers.

2.5.3. We suggest that while this is key to undergraduate education and training, where the overarching focus of learning is in a single profession, it is illogical to require this in prescribing programmes. Learners of prescribing will already be registrants and therefore should meet standards of proficiency for their profession around working as part of a multi-disciplinary team. Further to this, prescribing is, by its very nature, a multi-disciplinary exercise. The majority of prescribing programmes that we approve are delivered to a multi-disciplinary cohort. It would be disproportionate and burdensome to require that education providers prove they meet this standard around programme design.

2.5.4. Notably, the NMC and GPhC do not include a similar requirement in their respective standards for education providers in prescribing.

2.5.5. However, it is of course crucial that learners in prescribing are equipped to practice safely and effectively as part of a multi-disciplinary prescribing team. It is also evident that this requires the development of new, specialist skills, above and beyond those learned at undergraduate level. We propose that the best way to achieve this is to set standards around multi-disciplinary team working for prescribers. Education providers must deliver our Standards for prescribers as proficiencies in their successful learners.

2.5.6. Setting such standards for prescribers would drive programme curriculums, practice learning experiences and assessments to develop the team working skills that specifically support and are unique to good prescribing practice.

2.5.7. If proposals to adopt the RPS Single Competency Framework for all Prescribers (SCF) as our Standards for prescribers are successful, the SCF contains the following standards which would serve this purpose:

⁶ <https://www.hcpc-uk.org/assets/documents/10001A9DStandardsfofeducationandtrainingguidanceforeducationproviders.pdf>

10: PRESCRIBE AS PART OF A TEAM

10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.

10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing.

10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.

10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.

2.5.8. This is the approach taken by the NMC in their Standards for prescribing programmes⁷:

“As part of our commitment to inter-professional learning and in recognition of the emphasis now being placed on adopting interdisciplinary approaches to prescribing proficiency, we have decided that in future all NMC approved prescribing programmes must deliver outcomes which meet the Royal Pharmaceutical Society's (RPS) A Competency Framework for all Prescribers”

2.5.9. Please see the accompanying paper, 'Review of Standards for prescribing (1): Standards for prescribers' for more information on the SCF.

2.6. Profession specific skills

2.6.1. Finally, the current prescribing SETs require that:

C.9 When there is interprofessional learning the profession-specific skills and knowledge of each professional group must be adequately identified and addressed.

2.6.2. However, these programmes do not deliver profession-specific qualifications. On successful completion, they issue a general qualification in either supplementary or independent nonmedical prescribing. Profession specific skills and knowledge does not typically form part of the curriculum. In our experience, providers have therefore struggled to effectively set and deliver profession specific learning outcomes.

2.6.3. We therefore question whether this standard should be retained. We feel this issue needs to be explored further before consultation, and expert input

⁷ <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/programme-standards-prescribing.pdf>

obtained if possible. Ideally, we would like to recruit a focus group of HCPC partners who currently visit and approve prescribing programmes. We envisage engagement with the group through July and August 2018 in order to bring recommendations to ETC in September 2018.

3. Next steps

- 3.1. Subject to the Committee's decisions, further pre-consultation engagement will be scheduled through the summer and a consultation paper will be drafted. This will be submitted for review at ETC in September and, if approved, Council in September.
- 3.2. We will seek to launch a public consultation in late September 2018 to run for fifteen weeks until early January 2019. This will allow for any delayed submissions over the Christmas period.