

Consultation on revised Standards for prescribing

1 October 2018 – 4 January 2019



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1. Introduction

About this consultation

- 1.1 We are the Health and Care Professions Council (HCPC). A number of the professions that we regulate are able to train as nonmedical prescribers. This consultation seeks the views of stakeholders on draft revisions to our Standards for prescribing.
- 1.2 Prescribing is an area where there is considerable regulatory duplication; several different regulators have responsibilities to quality assure the same skills, and even the same education and training programmes, for different professions.
- 1.3 The HCPC’s current Standards for prescribing² were published in August 2013. Since this time, we have seen a number of important changes in nonmedical prescribing practice and regulation. In 2016 to 2017, we also updated our Standards of education and training for pre-registration programmes (‘the SETs’).
- 1.4 We have reviewed our Standards for prescribing and are proposing changes in order to bring them up to date and to ensure they remain effective. We also

¹ Download appendices to this consultation from its landing page on our website, here: <http://www.hcpc-uk.org/aboutus/consultations/index.asp?id=236>

² View our current Standards for prescribing, here: <http://www.hcpc-uk.co.uk/assets/documents/10004160Standardsforprescribing.pdf>

want to support a streamlined approach to the regulation of prescribing by the different regulators.

1.5 This document explains the background of the Standards of prescribing, the approach we have taken in reviewing them and the changes we are proposing.

1.6 The consultation will be of particular interest to:

- HCPC registrants;
- education providers;
- practice educators;
- employers of HCPC registrants;
- other regulators of nonmedical prescribing professions;
- professional bodies; and
- service users and carers.

1.7 The consultation will run from **Monday 1 October 2018 to Friday 4 January 2019.**

About this document

1.8 This document is divided into six sections.

- **Section 1** introduces the document.
- **Section 2** provides background on the Standards for prescribing.
- **Section 3** explains our approach in reviewing the Standards.
- **Section 4** describes the changes we are proposing to the Standards and explains the reasons behind the proposed changes.
- **Section 5** sets out the next steps following the consultation, including information about implementation of the revised Standards.
- **Section 6** sets out the questions that we invite you to respond to.

About us

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

1.10 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
- Radiographers
- Social workers in England
- Speech and language therapists

2. About the Standards for prescribing

The Standards for prescribing

2.1 Prescribing is a post-registration qualification. Education and training programmes in prescribing must be approved by us in order for their successful learners in our registered professions to be eligible for annotation.

2.2 These standards have two purposes and so are set out in two parts:

- **The standards for education providers** set out the processes and procedures that an education provider delivering training in prescribing must have in place in order to deliver the training safely and effectively.
- **The standards for all prescribers** set out the knowledge, understanding and skills that a registrant must have when they complete their prescribing training and which they must continue to meet once in practice.

2.3 These standards therefore set out safe and effective prescribing practice. They are the threshold standards we consider necessary to protect members of the

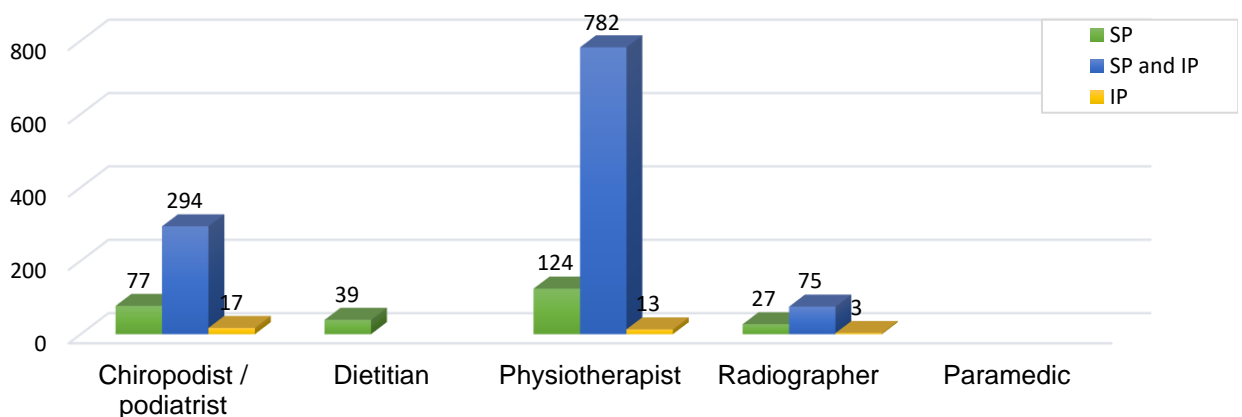
public. They are also the standards we use to assess and approve education and training programmes in prescribing.

- 2.4 If a learner successfully completes an approved programme they are eligible to have an annotation for supplementary prescribing and/or independent prescribing annotation (as appropriate) added to their entry on the HCPC Register.
- 2.5 The HCPC's current Standards for prescribing were published in August 2013, following development and public consultation through 2012. We aim to review our standards every five years. These Standards are therefore due for review.

Our prescribing professions

- 2.6 Which professions may prescribe is controlled by law, in the Human Medicines Regulations 2012.
- 2.7 Of our registered professions, chiropodists / podiatrists, paramedics, physiotherapists and therapeutic radiographers may train to become independent prescribers.
- 2.8 Of our registered professions, chiropodists / podiatrists, dietitians, paramedics, physiotherapists, diagnostic and therapeutic radiographers may train to become supplementary prescribers.
- 2.9 The graph below shows the number of HCPC registrants in these professions with an annotation for supplementary prescribing (SP), independent prescribing (IP) or both (SP and IP) in September 2018. In total, 1451 of our registrants held an annotation for prescribing at this time.

Professionals on the HCPC Register with annotation(s) for prescribing



- 2.10 Paramedics became eligible to train in independent and supplementary prescribing on 1 April 2018. As prescribing programmes typically take six

months to complete, no paramedics held an annotation for prescribing when this data was collected. However, this will change in the near future.

3. Reviewing the Standards

- 3.1 The purpose of the review of the Standards for prescribing has been to ensure that they remain effective and fit for purpose; are well understood by our stakeholders and the public; and take account of change including changes in practice, legislation, technology, guidelines and wider society.
- 3.2 Through 2017 and 2018, we analysed our Standards for prescribing against other similar documents present in the sector with help from our Education Department, which has experience of using experience the Standards for prescribing operationally in approval and monitoring of programmes.
- 3.3 We have engaged with a range of external stakeholders including:
 - NHS England;
 - The Nursing and Midwifery Council; and
 - The Royal Pharmaceutical Society.
- 3.4 The changes we are proposing to make to the Standards for prescribing are summarised in **section 4**. In developing these proposals, we had particular regard to the following principles:

New prescribing professions

- 3.5 While our Standards for prescribing are designed to apply to multiple professions, when they were last published in 2013 the profile of our prescribing professions was very different. At that time, dietitians and paramedics could not become prescribers and therapeutic radiographers could not become independent prescribers.
- 3.6 Independent chiropodist / podiatrist and independent physiotherapist prescribers have also become able to prescribe certain controlled drugs since 2015. The Advisory Council on the Misuse of Drugs (ACMD) have recommended to Ministers that independent therapeutic radiographer prescribers be permitted to prescribe some controlled drugs as well³.
- 3.7 We believe that legal framework for nonmedical prescribing will continue to grow and change over time. Our Standards for prescribing therefore need to be agile and able to accommodate change.

³ View the ACMD's most recent advice to Ministers on this issue here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/704065/ACMD_Letter_on_Therapeutic_Radiographers_FINAL.pdf

Prescribing as a common skill

3.8 Prescribing by nonmedical practitioners has expanded and become embedded in health and care systems since it was introduced. Over time, it has become increasingly clear that safe and effective prescribing relies on the same core competencies, regardless of a prescriber's professional background.

Streamlining regulatory duplication

3.9 We want to support a streamlined approach to the regulation of prescribing by the different regulators. We believe it is sensible to set the same standards for the same skills, where we are able to and it is appropriate to do so.

Changes in prescribing practice

3.10 Advance in technology is changing the way that practitioners prescribe. For example, by making it easier to prescribe remotely through online or telephone consultations with service users. We want to make sure that as and when new ways of prescribing become more commonplace, we have standards in place to safeguard prescribers' practice.

4. Proposed changes to the Standards

4.1 Standards for education providers

The SETs

4.1.1 In June 2017, the HCPC published updated Standards for education and training ('the SETs')⁴. 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 consultation⁵ and approved by our Council.

4.1.2 We want to make our standards for education providers in the Standards for prescribing consistent with the SETs. Broadly, this is reflected in our proposals (**Appendix 1**).

4.1.3 As prescribing is a specialist, post-registration skill, the draft standards differ from the SETs in some respects. For example, provisions in the SETs that apply only to pre-registration programmes, or which are met by virtue of programme applicants already being HCPC registrants, have been omitted.

⁴ View our current Standards for education and training for pre-registration programmes, here: http://www.hcpc-uk.org/assets/documents/10000BCF46345Educ-Train-SOPA5_v2.pdf

⁵ View our consultation on the SETs on our website, here: <https://www.hcpc-uk.org/aboutus/consultations/closed/index.asp?id=220>

This was already the case in our current Standards for prescribing and so does not represent a major change.

4.1.4 The main changes we propose to our requirements are discussed below.

Practice educators

4.1.5 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.”

4.1.6 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 nonmedical prescriber’s period of learning in practice.”

1.1.1. We feel that as nonmedical prescribing has become well established, it is no longer necessary to limit the practice educator role to doctors only. We believe it is wholly appropriate for qualified, experienced and trained nonmedical prescribers to be involved in educating future learners.

1.1.2. A survey by the GPhC in 2016 found that limiting practice educators to DMPs may have become a barrier to prescribing training access. Removing the DMP requirement will widen the pool of available practice educators and enhance opportunities for interprofessional learning.

1.1.3. We are proposing the following standard:

“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.”

1.1.4. This would include prescribers of all professional backgrounds and would extend to both supplementary and independent prescribers, dependent on the context of their role. Education providers would need to submit evidence to the HCPC to demonstrate how their processes ensure practice educators have the appropriate skills, knowledge and experience for their role in the programme.

4.1.7 Making this change would also reflect similar decisions recently taken by the General Pharmaceutical Council and the Nursing and Midwifery Council, improving alignment in the regulators’ approach.

Other named persons in the standards for education providers

4.1.8 We have also reviewed our requirements around other named roles in the standards for education providers, other than the practice educator.

4.1.9 Currently, our standards require that the person holding overall responsibility for the programme and the external examiner for the programme must, unless other arrangements are agree, be on a relevant part of the HCPC Register.

4.1.10 We are proposing the following standards:

Named person(s)	Proposed standard
The person holding overall professional responsibility for the programme	“must be appropriately qualified and experienced and, unless other arrangements are appropriate, on the register of their statutory regulator”
External examiner for the programme	“must be an appropriately qualified and experienced prescriber and on the register of their statutory regulator with annotation(s) for prescribing where applicable”

4.1.11 Our current Standards for prescribing require that other staff in place to deliver an effective programme are appropriately qualified, experienced and, where required, registered. We intend to retain this requirement in the revised standards.

Interprofessional education and profession-specific learning

4.1.12 We recognise that interprofessional learning is fundamental to effective prescribing education and training. This is equally true of profession-specific learning. For example, different professions are subject to different rules for prescribing controlled drugs. It is essential that learners understand their individual scope of practice and legal remit in prescribing.

4.1.13 We believe that these principles are reflected in the Royal Pharmaceutical Society’s ‘A Competency Framework for all Prescribers’ (the Framework), which we are proposing to adopt as our standards for all prescribers (see **4.2**).

4.1.14 To be able to “prescribe as part of a team” is one of the framework’s ten core competency areas. The Framework also explains that it must be “contextualised to reflect different areas of practice and levels of expertise.” It requires that a practitioner “prescribes within their own scope of practice and recognises the limits of [their] own knowledge and skill”, and understands the relevant law.

4.1.15 Should the Framework be adopted as our standards for all prescribers, education providers will be required to set learning outcomes which “ensure

that learners meet the standards set out in the Competency Framework for all Prescribers”

4.1.16 We think that to include standards about interprofessional and profession-specific learning in the standards for education providers as well would be a duplication. They are therefore not included in our current drafting. We remain committed to delivery of these principles through the standards for all prescribers.

4.2 Standards for all prescribers

The Royal Pharmaceutical Society’s ‘A Competency Framework for all Prescribers’

4.2.1 We are proposing to adopt the Royal Pharmaceutical Society’s ‘A Competency Framework for all Prescribers’ (the Framework, **Appendix 2**) as the HCPC’s standards for all prescribers.

4.2.2 Our standards were informed by the 2012 version of the Framework when they were published in 2013. As the Framework has become more established, it has become highly regarded as an accurate threshold for safe and effective prescribing practice.

4.2.3 The Framework was recently adopted by the NMC as their standards of proficiency for the purpose of receiving a recordable qualification in nurse and midwife prescribing. This will come into effect from January 2019.

4.2.4 Wherever possible, we want to set the same standards around prescribing as our regulatory partners. Adopting the same standards for prescribing will make it clearer for the public what they should expect from nonmedical prescribing practitioners. We believe it will build and develop the interprofessional relationships of prescribers from different backgrounds. We also believe it will improve regulatory efficiency and relieve administrative burden on education and training providers, where they may require approval from multiple regulators.

4.2.5 We believe that the expertise of the Royal Pharmaceutical Society (RPS) in medicines and prescribing is an invaluable resource. The process used by the RPS to produce the Framework is accredited by the National Centre for Clinical Excellence (NICE). The Framework has also been endorsed by a number of professional bodies, including several which represent members of our prescribing professions:

- The Chartered Society of Physiotherapy
- The British Dietetic Association;
- The College of Podiatry; and

- The Society and College of Radiographers

4.2.6 The HCPC has worked with the Royal Pharmaceutical Society to establish that, should we adopt the Framework as our standards for all prescribers, the HCPC will be a key stakeholder in developing any future revisions to it. The Framework is next scheduled for review in July 2020.

Supplementary and independent prescribing

4.2.7 Currently, our standards for all prescribers place a strong emphasis on differentiating between supplementary and independent prescribing.

4.2.8 The Framework approaches this in a different way, setting common competencies but explaining that:

“[The Framework] applies equally to independent and to supplementary prescribers but the latter should contextualise the framework to reflect the structures imposed by entering into a supplementary prescribing relationship.”

New standards

4.2.9 We believe that our current standards for all prescribers align closely with the Framework. While there are more competencies in the Framework than exist in our current standards, we think that the Framework simply provides more detail on the same key principles.

4.2.10 However, the Framework does include some competencies for prescribing practice that we do not currently set standards for. We consider that these standards are beneficial and necessary. For example, that a prescriber:

“Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.”

4.2.11 Where the Framework sets competencies that are not reflected in our current standards, we propose to implement programme adherence in a phased way through our annual monitoring procedures.

4.2.12 A list of competencies in the Framework that we consider would introduce new HCPC standards is set out at **Appendix 3**.

5 Next steps

- 5.1 This consultation closes on **Friday 4 January 2019**. Once the consultation period has finished, we will analyse all of the responses we have received. We will then publish a document detailing the comments received and explaining the decisions we have taken as a result, including any further amendments needed. This will be available on our website.
- 5.2 We anticipate publishing revised Standards for prescribing in Spring 2019. We would like to implement revised Standards for prescribing for the 2019/2020 academic year. From that time, we plan to require all education providers to evidence how they meet the revised standards through their next scheduled annual monitoring audit submission.

6 Respond to this consultation

Consultation questions

2.1 We strongly recommend that you consider these questions alongside the following documents that set out our proposals in more detail and provide important context:

- Draft Standards for prescribers (**Appendix 1**)
- The Royal Pharmaceutical Society's 'A Competency Framework for all Prescribers (**Appendix 2**)
- Additions to the standards for all prescribers made by the Framework (**Appendix 3**)

2.2 Download the appendices to this consultation from its landing page on our website, here: <http://www.hcpc-uk.org/aboutus/consultations/index.asp?id=236>

2.3 We invite you to respond to the following:

Questions about the standards for education providers

Q1: Do you agree that the draft revised standards for education providers are set at the level necessary to ensure that all learners are able to prescribe safely and effectively by completion of a HCPC-approved programme?



Comments:

Q2: Do you agree that the role of practice educator should be extended to all qualified, registered (and where relevant, annotated) prescribers with the relevant skills, knowledge and experience to support safe and effective learning?

Comments:



Q3: Do you agree that adopting the Royal Pharmaceutical Society's 'A Competency Framework for All Prescribers' as the HCPC's standards for all prescribers would sufficiently deliver education and training outcomes for interprofessional learning?



Comments:

Q4: Do you agree that adopting the Royal Pharmaceutical Society's 'A Competency Framework for All Prescribers' as the HCPC's standards for all prescribers would sufficiently deliver education and training outcomes for profession-specific learning?



Comments:

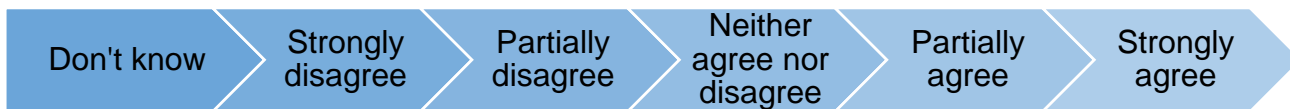
Q5: Do you think that any additional standards or guidance specific to education and training in prescribing are needed?

- Yes
- No
- Don't know

Comments:

Questions about the standards for all prescribers

Q6: Do you agree with our proposal to adopt the Royal Pharmaceutical Society's 'A Competency Framework for All Prescribers' as the HCPC's standards for all prescribers?



Comments:

Q7: If the HCPC were to adopt the Royal Pharmaceutical Society's 'A Competency Framework for All Prescribers', do you think that any additional standards or guidance specific to prescribing practice are needed?

- Yes
- No
- Don't know

Comments:

Questions about implementation

Q8: We would like to implement revised Standards for prescribing (**both** standards for education providers and standards for all prescribers) for the 2019/2020 academic year.

Do you agree that this it is reasonable to implement revised Standards for prescribing by **September 2019**?

- Yes
- No
- Don't know

Comments:

Q9: Do you think that as proposed, the revised Standards for prescribing would suitably support safe and effective prescribing by HCPC registrant groups who may gain the opportunity to train in prescribing in the future?

Yes

No

Don't know

Comments:

General questions

Q10: Do you think that any aspects of our proposals could have equality, diversity or inclusion implications for groups or individuals with protected characteristics⁶?

If yes, please suggest how you think this should be addressed.

Yes

No

Don't know

Comments:

Q11: Do you have any other comments about our proposals?

Yes

No

Don't know

Comments:

How to respond to the consultation

2.1.1 The consultation closes on **Friday 4 January 2019**. We look forward to receiving your comments.

2.1.2 You can respond to this consultation in one of the following ways:

- By completing our easy-to-use online survey:
<https://www.research.net/r/X32HY5Z>
- By emailing us at: consultation@hcpc-uk.org

⁶ Information about protected characteristics in England, Scotland and Wales is available online at: <https://www.equalityhumanrights.com/en/equality-act/equality-act-2010>

Equivalent Northern Irish legislation is set out at: <https://www.equalityni.org/Footer-Links/Legislation>.

- By writing to us at:

Consultation on revised Standards for prescribing
Policy and Standards Department
The Health and Care Professions Council
Park House
184 Kennington Park Road
London
SE11 4BU

2.1.3 We do not normally accept responses by telephone or in person. We ask that consultation responses are made in writing to ensure that we can accurately record what the respondent would like to say. However, if you are unable to respond in writing please contact us on **+44 (0)20 7840 9815** to discuss any reasonable adjustments which would help you to respond.

2.1.4 If you would prefer that we do not make your response public, please indicate this when you respond.

Please contact us to request a copy of this document in an alternative format, or in Welsh.