New needs, new programmes: independent prescribing and the AHPs

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The Challenge of Medicines for AHPs

1. Delegates will appreciate the educational requirements of independent prescribing programmes

2. Delegates will be aware of the range of mechanisms available to AHPs in accessing and using medicines

3. Delegates will be aware of innovations in educational approaches to medicines management
Medicines in context

“legally and otherwise, the physician’s right to diagnose, cut and prescribe is the centre around which the work of many other occupations swings, and the physician’s authority and responsibility in that constellation of work are primary”

(Freidson 1970)

“prescribing is one of the core activities that demarcate the medical profession from other groups... in British general practice, prescribing is the battleground on which the cause of clinical autonomy is defended”

(Britten 2001)
Prescribing in context: workforce redesign and the policy agenda

- neo-liberalism & economic rationalism (Boyce 2006; Smith & Baird 2007; Titcomb and Lawrenson 2006; Weller 2006; Willis 2006)

- “new ways of working”, “breaking down traditional barriers” & “working across traditional professional boundaries” (Allsop 2006; DoH 2000a, 2000b, 2001)

- “doctors will need to be prepared to let go of some of the work that others can safely do” (Roxon 2008)
a gentle reminder...

- to ‘access’
- to ‘administer’
- to ‘supply’
- for ‘sale’
- to ‘prescribe’
The Medicines Act (1968)

- general sales list
- pharmacy only (P)
- prescription only medicines (POM)

controlled drugs (schedule 1-3) (Home Office licence)

POMs for 4 ‘approved prescriber’ groups only: doctors of medicine, dentists, veterinary surgeons and veterinary practitioners
Current mechanisms for AHPs

- **Patient Specific Directions**
- **Statutory exemptions** (profession specific exemption lists)
- **Patient Group Directions** (PGDs)
- **Supplementary Prescribing** (CMP) (radiography)
- **Independent Prescribing** (physiotherapy, podiatry, optometry, pharmacy, nursing)
Statutory exemptions: ‘exemption lists’

- profession specific list of medicines (POM and P) for sale, supply or administration
- associated with HCPC annotations (“local anaesthesia” and “prescription only medicines”)
- optometry, podiatry and paramedics (& nurses)
- does not constitute prescribing of medicines, only sale, supply and administration
An exemplar: the podiatrists’ list: *Sale and Supply*

<table>
<thead>
<tr>
<th>Sale and supply POMs</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>amorolfine HCL cream 0.25%</td>
<td>amoxicillin</td>
<td>co-codamol</td>
<td>silver sulfadiazine</td>
</tr>
<tr>
<td>amorolfine HCL lacquer 5%</td>
<td>erythromycin</td>
<td>co-dydrromol 10/500</td>
<td>tioconazole 28%</td>
</tr>
<tr>
<td>flucloxacillin</td>
<td>codeine phosphate</td>
<td>topical hydrocortisone 1%</td>
<td></td>
</tr>
</tbody>
</table>
An exemplar: the podiatrists’ list: Administration

<table>
<thead>
<tr>
<th>Administration</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>methylprednisolone</td>
<td>adrenaline injection BP</td>
</tr>
<tr>
<td>bupivacaine HCL</td>
<td>mepivacaine HCL</td>
</tr>
<tr>
<td>bupivacaine HCL with adrenaline</td>
<td>mepivacaine HCL with adrenaline</td>
</tr>
<tr>
<td>ropivacaine HCL</td>
<td>levobupivacaine HCL</td>
</tr>
<tr>
<td>lidocaine HCL</td>
<td>lidocaine HCL with adrenaline</td>
</tr>
<tr>
<td>prilocaine HCL</td>
<td></td>
</tr>
</tbody>
</table>
Patient Group Directions (PGD) (DoH 2000a, 2000b, 2000c)

9th August 2000: Amendment Orders applicable to NHS available to 13 professional groups:

- optometrists; pharmacists;
- podiatrists; radiographers; orthoptists; physiotherapists; ambulance paramedics; dietitians; occupational therapists;
- speech and language therapists; prosthetists and orthotists; dental hygienists and dental therapists

2013: legislative change to enable authorisation by CCGs, local authorities and NHS England from April 2013 (SI 2013, No. 235, p 73-74)
Supplementary Prescribing

- 430 physiotherapists (SP)
- 243 podiatrists (SP)
- 54 radiographers (SP)

(Health and Care Professions Council figures August 2015)
Independent Prescribing

- 248 physiotherapists (IP)
- 123 podiatrists (IP)

(Health and Care Professions Council figures August 2015)
‘mixing’ medicines: the law

- PGDs do not allow use of unlicensed medicines
- ‘mixing’ corticosteroid with lignocaine (2 licensed medicines that are active - ie not inert, in which one is a vehicle for delivery of the other) constitutes “manufacture” of a new medicine (for which there is no marketing authorisation)
- Podiatrists and physiotherapists may now mix medicines as independent prescribers (2013) or as supplementary prescribers (if in CMP)
The physiotherapy independent prescriber may prescribe any licensed medicine within national and local guidelines for any condition within their area of expertise and competence within the overarching framework of human movement, performance and function.
Independent Prescribing by podiatrists: scope of practice statement

it is necessary to direct those members who are engaged in the practice of prescribing of medicines to ensure that they concern themselves only with those medicines which are relevant to the treatment of disorders affecting the foot and associated structures, in line with current practice and consistent with published professional guidance.

Should a prescriber prescribe in a capacity other than that of a podiatrist they will have no redress to the Society for support should that practice be brought into question or a claim be brought against them.
Independent Prescribing

- Access to the full British National Formulary excepting:
  - Controlled drugs (specified list separately)
  - Unlicensed medicines
- Mixing of medicines
- “off label” prescribing (for use outside the terms of the product licence)
controlled drugs

Podiatry:
- Temazepam (oral)
- Lorazepam (oral)
- Diazepam (oral)
- Dihydrocodeine

Physiotherapy:
- Dihydrocodeine (CD injected only)
- Morphine salts – Oramorph
- Fentanyl patches
- Oxycodone HCl
- Temazepam
- Lorazepam
- Diazepam
What next?

  - Independent prescribing for paramedics
  - IP for radiographers
  - SP / exemptions for dietetics
  - Exemptions for orthoptists
Outline curriculum framework: course requirements:

- Key entry requirements full programme (paraphrased):
  - HCPC registered
  - be practising where there is an identified need
  - demonstrate support of employer/sponsor (including confirmed supervision in practice by DMP)
  - demonstrate medicines governance arrangements in place
  - DMP recognised by commissioning organisation with experience as supervisor/experience of field/ agreement to supervise
  - normally at least 3 years experience in prescribing area
  - be working at advanced practitioner level or equivalent
Outline curriculum framework: course requirements:

- **Key entry requirements conversion programme** (paraphrased):
  - HCPC registered as SP
  - Practising as SP for the past 6 months prior to starting programme
  - DMP statement stating competence to progress to IP
  - Employer support, identified need etc (as full programme)
Outline curriculum framework: course requirements:

- Full programme: length (duration):
  - 38 days in total
  - 26 days theoretical learning
  - Minimum of 90 hours practice based learning (12 days at 7.5 hours)
  - Delivered over a maximum period of 1 year
  - Normally completed within a 3-6 month period
Outline curriculum framework: course requirements:

- conversion programme: length (duration):
  - not less than the equivalent of 2 days for the taught programme (of which at least 1 day should be face to face learning activities)
  - at least two 7.5 hour days learning in practice under the supervision of a DMP
Outline curriculum framework: course requirements:

- **Full programme assessment diet: compulsory elements**
  - written examination (pass mark 80%)
  - numeracy assessment (pass mark 100%)
  - portfolio of practice evidence
  - submission of a personal formulary
  - practical demonstration of patient assessment and communication skills
  - testing of student understanding of professional, ethical and legal responsibilities
  - completion of period of supervised practice with DMP sign-off
Outline curriculum framework: course requirements:

- **Conversion programme assessment diet: compulsory elements**
  - satisfactory completion of period of practice placement (DMP sign-off)
  - must confirm achievement of the additional learning outcomes for IP
  - maintain a portfolio of practice evidence
  - submission of a personal formulary
  - numeracy skills assessment (if they have not already done so as part of the SP programme)
Course outline: exemplar
full programme

- University of Southampton
  - 3 cohorts a year: February, March, October
  - mixture of 1 full day and ½ day attendance (once a week): 12 contact days plus one examination day & one presentation day
  - Programme consists of 2 modules:
    - pharmacology and applied clinical science for prescribing
    - prescribing in practice
Course outline: exemplar full programme

- University of Southampton
  - pharmacology and applied clinical science for prescribing:
    - £999.00 (April 2014)
    - 20 CATS (10 ECTS)
  - prescribing in practice:
    - £699.00 (April 2014)
    - 20 CATS (10 ECTS)
University of Ulster:
Injection therapy at undergraduate level

- 10 credit module: “local anaesthesia and corticosteroid injection therapy in clinical practice”
- Taught at level 5 & 6 in the programme
- Programme medicines assessment:
  - Level 5 pharmaco-therapeutics (2 MCQ tests)
  - LA & steroid (60% examination, 40% practical)
  - Level 6 prescription only medicines (50% written report, 50% clinical examination)
National University of Ireland: shared pharmacology with medicine at undergraduate level

- Introduction to pharmacology (level 5)
- Pharmacology in Health & Disease (level 6)
University of Southampton:

common pharmacology across 3 year programmes for nursing, midwifery, physiotherapy, podiatry, occupational therapy
Thank you for your attention
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