SUPPLEMENTARY & INDEPENDENT PRESCRIBING FOR PHYSIOTHERAPISTS AND CHIROPODISTS/PODIATRISTS

Level M

Credit value 40 (20 ECTS)

Effective from January 2014

PRE AND CO-REQUISITES
None

AIMS
To develop the knowledge and skills required by a physiotherapist or podiatrist to practice as a safe, effective and competent supplementary and independent prescriber

INTENDED LEARNING OUTCOMES:

Having completed this unit, the student is expected to demonstrate the ability to:

1. Demonstrate how to assess patients’ needs, across the life span, for medicines through effective consultation
2. Articulate and demonstrate how they will prescribe safely, appropriately and cost effectively
3. Critically appraise and apply the legal frameworks / legislation relevant to the practice of independent and supplementary prescribing
4. Debate and analyse the influences on prescribing behaviour
5. Demonstrate a comprehensive knowledge of drug actions and apply these principles to prescribing practice, including monitoring response to therapy and justify modifications to treatment
6. Evaluate the roles and relationships of others involved in prescribing, supplying and administering medicines with a view to actively building therapeutic alliances
7. Practice autonomously within a framework of professional accountability and responsibility in relation to independent and supplementary prescribing whilst acknowledging their own limitations
8. Proactively develop dynamic clinical management plans
9. Demonstrate numeracy skills appropriate to be able to prescribe safely in own area of practice
10. Understand the process of clinical decision making as an independent practitioner

The Department of Health and The Health Professions Council (HCPC) have stipulated these outcomes.

Competencies for Prescribing
The competencies for prescribing are laid out in the appendix.

Relationship between course outcomes and Prescribing Competencies
The learning outcomes of the programme relate to the prescribing competencies as follows:

Learning outcome 1 – Practice
Learning outcome 2 and 9 – Practice
Learning outcome 3 – Principles
Learning outcome 4 – Principles
Learning outcome 5 – Practice
Learning outcome 6 – Responsibility
Learning outcome 7 – Subsumes all the competencies
Learning outcome 8 – Principles and practice
Learning Outcome 9 – Practice
Learning Outcome 10 - Subsumes all the competencies

LEARNING & TEACHING METHODS
The taught indicative content will normally be delivered over 26 days plus 12 days of supervised clinical practice, or via a blended learning route of 8 days taught content, 10 days ‘open learning’ and 12 days supervised clinical practice. Attendance for the taught days is mandatory. Learning and teaching will take place in both the classroom and in practice. Lectures of factual material will be followed by question and answer sessions including group discussion and analysis of case examples. Lectures will be shared with students undertaking the Independent and Supplementary Prescribing Programme for Nurses and Midwives.

A medical practitioner (DMP) will assess prescribing competence by practice supervision. Students will be expected to shadow their DMP and critically reflect upon patient care scenarios, demonstrating in-depth analysis of prescribing behaviour. To facilitate learning the student will be required to maintain a portfolio that will be structured around practice based competencies. Successful completion of the portfolio will include evidence of supervised practice and will be summatively assessed.

All students will have a personal tutor from the University and the support of a DMP as a supervisor in practice. In addition action learning groups will provide the opportunity for student to discuss issues arising from their burgeoning role. Supervisor workshops are planned to appraise DMPs of the learning outcomes expected from the programme and their responsibilities. Telephone consultation and support for the student and DMP will be used when necessary.

Students’ understanding of the content and application of knowledge for prescribing behaviour along with the associated decision-making skills will be tested by means of a written examination and a portfolio. Competency in the strategies for undertaking a prescribing consultation, notably those related to communicating with patients and generating treatment options, will be assured through a final OSCE.

ASSESSMENT
Summative Assessment

Total assessment workload will not exceed the equivalent of 10,000 words

The learning outcomes of the programme will be assessed as follows:
1. Learning outcomes 2, 3, 4, 5 & 6 – examination (two hours equivalent to 2,000 words)(pass mark 80% - assessed on a pass/fail basis)
2. Learning outcome 9 – in course numeracy test (30 minutes equivalent to 500 words) (pass mark 100% - assessed on a pass/fail basis)
3. Learning outcomes 1, 2 - OSCE (equivalent to 2,000 words)(pass mark 100% - assessed on pass/fail basis)
4. Learning outcomes 1-10 successful completion of practice experience and attainment of practice outcomes (assessed on a pass/fail basis)
5. Learning outcomes 1-8 - Practice portfolio (5,500 word equivalency) (pass mark 50%) (100% weighting for unit)
**Indicative Assessment**

1. **A written examination** consisting of 20 short answer/multi-choice questions. The examination tests pharmacological knowledge and its application to practice. The pass mark for the examination is 80%.

2. **A numerical assessment** within the context of prescribing practice. Linked to learning outcome 12. The pass mark for the numeracy assessment is 100%.

3. **An Objective Structured Clinical Examination (OSCE)** which takes place in a setting relevant to the students’ area/field of practice. The OSCE will consist of two parts to test students’ initial and follow-up prescribing behavior. Students will be required to respond to a patient presenting with a problem relating to their field of practice. Students will be expected to articulate their potential prescribing practice in relation to this patient, following taking a patient history, a physical examination and reaching a diagnosis. Students are also expected to discuss any required follow up. This examination is assessed on a pass/fail basis. **It is expected that the DMP will be present during the OSCE examination together with a member of the teaching staff. However if this is not possible then the examination will be audio recorded with written consent gained by the patient.**

4. Satisfactory completion of the **period of practice experience** and the sign off by the designated medical practitioner and the employer that the student is competent to prescribe medicines in their area of practice. This is recorded in the practice profile and is assessed on a pass/fail basis.

5. **A portfolio** that demonstrates application of theory to practice, and provides rationale for prescribing decisions and reflective practice. The portfolio provides the evidence of attainment of the practice based standards. It will also include evidence of numeracy skills, writing prescriptions and a range of scenarios. Linked to learning outcomes 1-12. The pass mark for the portfolio is 50%.

**INDICATIVE CONTENT**

**Consultation, decision-making and therapy including referral**
- Models of consultation
- Accurate assessment, communication and consultation with patients and their carers
- Concepts of working diagnosis or best formulation
- Development of a management plan
- Confirmation of diagnosis – further examination, investigation, referral for diagnosis
- Prescribe, not to prescribe, non-drug treatment or referral for treatment
- Able to work with patients and clients as partners in treatment

**Influences on and psychology of prescribing**
- Patient demand versus patient need
- External influences, for example companies/colleagues
- Patient partnership in medicine-taking including awareness of cultural and ethnic needs
- Conformance – normalisation of professional prescribing behaviour
Achieving shared understanding and negotiating a plan of action

**Prescribing in a team context**
- National and local guidelines, protocols, policies, decision-support systems and formulae –
- Rationale, adherence to and deviation from
- Understand the role and functions of other team members
- Documentation, with particular reference to communication between team members
- Auditing, monitoring and evaluating prescribing practice
- Interface between multiple prescribers and the management of potential conflict
- Budget/cost effectiveness
- Issues relating to dispensing practices
- Reviews diagnosis and generates treatment options within the clinical management plan
- Able to refer back to medical practitioner when appropriate
- Proactively develops dynamic clinical management plans

**Clinical pharmacology including the effects of co-morbidity**
- Pharmacology, including pharmacodynamics and pharmacokinetics
- Anatomy and physiology as applied to prescribing practice
- Basic principles of drugs to be prescribed – absorption, distribution, metabolism and excretion including adverse drug reactions, interactions and reactions
- Patient compliance and drug response
- Impact of physiological state in, for example the elderly, the young, pregnant or breast-feeding women, on drug responses and safety

**Evidence-based practice and Clinical Governance in relation to prescribing**
- National and local guidelines, protocols, policies, decision support systems and formulae – rationale, adherence to and deviation from
- Continuing professional development – role of self and organisation
- Management of change
- Risk assessment and risk management, including safe storage, handling and disposal
- Clinical supervision
- Auditing and systems monitoring
- Identifying and reporting ADRs and near misses
- Drug calculations

**Legal, policy and ethical aspects**
- Legal basis, liability and indemnity
- Legal implications of advice to self-medicate including the use of complementary therapy and ‘over the counter’ medicines
- Safe keeping of prescription pads, action if lost, writing prescriptions and record keeping
- Awareness and reporting of fraud
- Drug licensing and monitoring
- Yellow card reporting to the Committee of Safety on Medicines
- Prescribing in the policy context
- Manufacturers’ guidance related to literature, licensing and ‘off label’
- Ethical basis of intervention
Informed consent, with particular reference to client groups in learning disability, mental health, children, the critically ill and emergency situations
Principles of supplementary and independent prescribing and application to practice

Professional accountability
Accountability and responsibility for assessment and prescribing
Maintaining professional knowledge and competence in relation to prescribing
Accountability and responsibility to the employer

Prescribing in the public health context
Duty to patients and society
Policies regarding the use of antibiotics and vaccines
Inappropriate use of medication including misuse, under- and over-use
Access to health care provisions and medicines
Numeracy for prescribing practice

INDICATIVE KEY LEARNING RESOURCES
Books

The British National Formulary (all students are supplied with a copy)

Web-based sources
Useful websites
www.npc.co.uk
National Prescribing Centre web site, provides a range of information to support non medical prescribers, including a competency framework and access to Merck updates, patient group directions
www.dh.gov.uk
The Department of Health website provides information on non medical prescribing
www.mhra.gov.uk
The Medicines and Healthcare Products Regulatory Agency website contains information about the legal framework governing prescribing, supply and administration of medicines
www.nelh.org
National Electronic Library for Health, latest information on medicines and clinical conditions, as well as useful resource on complementary therapies
www.the-shipman-inquiry.org.uk
Information on the recommendations from the Shipman Inquiry
www.nelm.nhs.uk
National electronic library for medicines – good links to research, NICE guidance, and latest news page
www.palgarve.com/skills-4study/index