
Consultation on revised Standards for prescribing

Analysis of responses to the consultation and our decisions as a result.

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1. Introduction

About the consultation

- 1.1. We consulted between 1 October 2018 and 4 January 2019 on proposed changes to the Standards for prescribing.
- 1.2. The Standards for prescribing 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.
- 1.3. 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.
- 1.4. We informed a range of stakeholders about the consultation including professional bodies, employers and education and training providers. We also advertised the consultation on our website and on social media, and issued a press release.
- 1.5. We would like to thank all those who took the time to respond to the consultation. You can download the consultation document and a copy of this responses document from our website: [here](#).

About this document

- 1.6. This document summarises the responses we received to the consultation.
 - **Section 1** introduces the document.
 - **Section 2** explains how we handled and analysed the responses we received, providing some overall statistics from the responses.
 - **Section 3** summarises responses to each consultation question.
 - **Section 4** outlines our responses to the comments received, and any changes we will make as a result.
 - **Section 5** lists the organisations that responded to the consultation.

1.7. In this document, 'we', 'us', and 'our' refer to the HCPC. 'You' or 'your' are references to respondents to the consultation.

About us

1.8. 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'.

1.9. 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. Analysing your responses

2.1 We have analysed all the responses we received to the consultation.

Method of recording and analysis

2.2 The majority of respondents used our online survey tool to respond to the consultation. They self-selected whether their response was an individual or an organisation response, and, where answered, selected their response to each question (e.g. 'yes', 'no', or 'don't know'). Where we received responses by email or by letter, we recorded each response in a similar format.

2.3 In this analysis, we have produced statistics for quantifiable data (such as the number of 'yes', 'no' or 'don't know' responses) and identified themes in the qualitative comments made by respondents. This document summarises common themes across the responses we received and indicates the frequency of different arguments and observations made by respondents.

Quantitative analysis

2.4 We received 74 responses to the consultation. 46 responses (62%) were made by individuals and 28 (39%) were made on behalf of organisations. Of the 46 individual responses, 42 (91%) were HCPC registered professionals.

2.5 The tables below provide some indicative statistics for the answers to the consultation questions.

2.6 Percentages in the tables above have been rounded to the nearest whole number and therefore may not add up to 100%.

2.7 Question 11 invited further comments or suggestions rather than a 'yes' or 'no' answer, and so has not been included in tables below. A summary of responses to this question can be found in section 4 of this document.

Table 1 – Breakdown of responses by question (1-4 and 6)

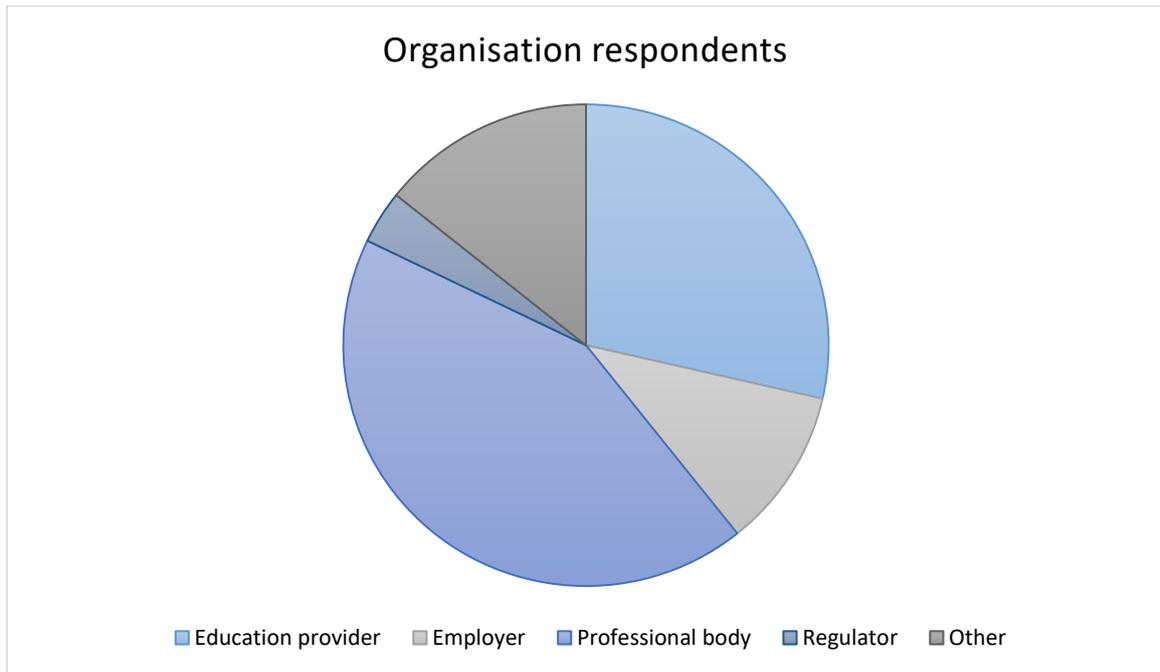
Question	No answer	Strongly disagree	Partially disagree	Neither agree nor disagree	Partially agree	Strongly agree
Q1: Do you agree that the draft revised standards for education providers are set at the level necessary to ensure that all learners are able to prescribe safely and effectively by completion of a HCPC-approved programme?	3 (4%)	2 (3%)	1 (1%)	4 (5%)	13 (18%)	51 (69%)
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?	3 (4%)	3 (4%)	1 (1%)	2 (3%)	22 (30%)	43 (58%)
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?	2 (3%)	0 (0%)	0 (0%)	3 (4%)	10 (14%)	59 (80%)
Question 4: 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?	4 (5%)	0 (0%)	0 (0%)	3 (4%)	17 (23%)	50 (68%)
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?	3 (4%)	0 (0%)	0 (0%)	1 (1%)	9 (12%)	61 (82%)

Table 2 – Breakdown of responses by question (5 and 7-10)

Question	No answer	Don't know	No	Yes
Q5: Do you think that any additional standards or guidance specific to education and training in prescribing are needed?	4 (5%)	8 (11%)	36 (49%)	26 (35%)
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?	3 (4%)	7 (9%)	41 (55%)	23 (31%)
Q8: Do you agree that this it is reasonable to implement revised Standards for prescribing by September 2019?	6 (8%)	6 (8%)	7 (9%)	55 (74%)
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?	6 (8%)	6 (8%)	7 (9%)	55 (74%)
Q10: Do you think that any aspects of our proposals could have equality, diversity or inclusion implications for groups or individuals with protected characteristics?	6 (8%)	14 (19%)	49 (66%)	5 (7%)

Graph 1 – Breakdown of organisation respondents

- 2.8 Respondents were asked to select the category that best described them.
- 2.9 The respondents who selected 'other' identified themselves as a membership organisation for educators in practice, a collaboration of education providers, an organisation representing education providers for health professionals and a project team at NHS England.



3. Thematic analysis of responses

- 3.1 This section provides a summary of the responses we received, outlining the key themes in responses to each consultation question.

Question 1: 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?

Summary

- 3.2 The majority of respondents strongly agreed (69%) or partially agreed (18%) that the revised standards for education providers are set at the necessary level. A minority (4%) of respondents partially disagreed or strongly disagreed.
- 3.3 Where respondents suggested new standards or called for additional guidance in certain areas, this is discussed at our analysis of question 5.

Comments

- 3.4 Respondents welcomed our alignment with the Nursing and Midwifery Council's (NMC) approach; agreeing that standards should be the same for all prescribers, regardless of profession. They felt that the proposed standards would help to facilitate multidisciplinary models of prescribing training and standardise programmes, facilitating transferability.
- 3.5 It was noted the admissions standards (A.1 – A.4) do not expressly state that applicants must be current HCPC registrants. A respondent suggested that this may allow overseas-qualified practitioners who are not registered to practise in the UK to enrol on UK prescribing programmes, which involve direct patient contact through practice placements. They called for a clear requirement that education providers must verify and monitor the HCPC registration status of prospective and enrolled learners.
- 3.6 Another respondent noted that standard B.16, does not address registrants' individual duties to maintain their fitness to practise. It was proposed that learners should be obliged to declare any changes in their registration status while enrolled on a prescribing programme.
- 3.7 A small number of respondents expressed concern that allied health professionals' pre-registration education and training may not provide a suitably strong foundation in pharmacology and therapeutics to support effective prescribing. For this reason, they felt the HCPC should expressly state the learning that education providers should deliver (or recognise) in these subject areas.

- 3.8 One respondent felt that standards relating to assessment may need to be more rigorous to prevent the 'sign-off' of learners' clinical skills without due diligence by practice educators or other staff supporting education and training.
- 3.9 Standard B.3 was generally welcomed. Respondents felt that this would support multidisciplinary models of training. However, one respondent expressed concern that standard B.3 does not specify that the person holding overall responsibility for a programme should be a health professional; only that they should be regulated generally.
- 3.10 Respondents found some terms, such as 'suitable' and 'relevant' generic or open to interpretation. They were concerned that such terminology may not ensure consistency between education providers and requested more precise guidance.

Question 2: 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?

Summary

- 3.11 A majority of respondents strongly agreed (58%) that the role of practice educators should be extended in line with our proposals. 30% of respondents partially agreed, and a minority (5%) partially disagreed or strongly disagreed.

Comments

Support for extending the role of practice educator

- 3.12 Many respondents firmly welcomed this proposal. They noted that as safe and effective prescribing relies on common competencies across different professions, it is fair and logical that the practice educator role should be open to prescribers of all professional backgrounds. Respondents noted that there is now a body of suitably qualified and experienced nonmedical prescribers who would be able to carry out supervisory and assessment roles in prescribing education, reducing the burden on doctors, and improving access to prescribing training for HCPC registrants.
- 3.13 There was a broad feeling that nonmedical prescribers had a significant and valuable role to play in educating and developing their peers. Close alignment between learners' and educators' scope of practice was considered beneficial by many. Others discussed the benefits to multidisciplinary and interprofessional working and learning if more professions were able to act as practice educators.

Suggestions for extending the role of practice educators

- 3.14 A number of respondents called for clarification of the skills, knowledge and experience necessary to act as a practice educator. It was suggested that this could be achieved through implementing additional standards, amending the current standards or issuing separate guidance to cover the minimum requirements.
- 3.15 Respondents noted that practice educators must be suitably educated about the legal prescribing remit of different professions. This awareness would be key to suitably protecting service users, learners and educators themselves.
- 3.16 Differences in prescribing permissions between professions was also raised in relation to the appropriate alignment of educators and learners. For example, some prescribers in the allied health professions may not prescribe controlled drugs. They may therefore not be a suitable practice educator for a learner whose profession is permitted to do this.
- 3.17 Respondents proposed that professionals should only act as practice educators within the type of prescribing qualification and annotation(s) that they hold. For example, a supplementary prescriber should not be able to undertake the role of practice educator for an independent prescribing student.
- 3.18 Reassurances were sought around how appropriate practice educator appointments would be approved and monitored, such as what the HCPC would consider “suitable and credible evidence” about education providers’ processes.
- 3.19 Respondents suggested that alignment across the regulators of nonmedical prescribers on practice educator requirements would be very helpful.

Arguments against extending the role of practice educators

- 3.20 Four respondents partially disagreed or strongly disagreed with extending the role of practice educators to non-medical prescribers.
- 3.21 They felt that doctors have a broader knowledge base than allied health professionals (AHPs) and bring experience and expertise across all areas of prescribing to the role of the practice educator. It was their view that non-medical prescribers’ narrower scope of practice and prescribing experience may not be sufficient to support a learner, particularly where the learner’s profession or scope of practice differs from their own.
- 3.22 Some respondents who broadly supported our proposals suggested that some contact time with doctors during prescribing training should remain compulsory. Prescribers reported that they had found this relationship and input very useful to develop their problem-solving abilities in independent practice.

Other comments

- 3.23 Some respondents felt that we should make clear in the standards that medical practitioners can still act as practice educators. It was noted that all practice educators must receive appropriate preparation and support to undertake the role, regardless of their professional background.
- 3.24 The provision that practice educators must have annotation(s) for prescribing “where applicable” is designed to reflect that medical and dental professionals do not require an annotation to lawfully prescribe. One respondent felt this wording may imply that in some circumstances, a nonmedical prescriber may act as a practice educator without any annotation(s).
- 3.25 Another requested clarity around whether the practice educator providing practice supervision to a learner will also be responsible for their assessment, or whether these roles will be separated.
- 3.26 Finally, it was suggested that any changes to our practice educator requirement should be reviewed after a designated period, and any relevant action taken to ensure that it continues to support safe and effective training in prescribing.

Question 3: 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?

Summary

- 3.27 The majority (80%) of respondents strongly agreed that adopting the Framework would sufficiently deliver education and training outcomes for interprofessional learning. A proportion (14%) partially agreed; and a small group neither agreed nor disagreed (4%). No respondents disagreed.

Comments

- 3.28 The prioritisation of interprofessional learning was welcomed by respondents. It was felt that encouraging this will align standards and practice across prescribing professions.
- 3.29 It was generally agreed that interprofessional learning is clearly captured in the Framework’s competencies, which were described to ‘transcend professional boundaries’. Respondents noted the alignment between the HCPC’s proposals and the NMC’s approach. This alignment was considered helpful to harmonise and facilitate interprofessional learning.
- 3.30 One respondent agreed that the Framework’s competencies address multidisciplinary team working, and so successful learners should be proficient in this. However, they noted that this does not amount to an express requirement that education providers must offer interprofessional learning

opportunities. They expressed concern that for economic reasons, programmes may not provide this if there is no clear obligation to do so. Another respondent felt interprofessional learning may be more likely to take place in formal teaching sessions, rather than in practice education.

Question 4: 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?

Summary

3.31 A majority (68%) of respondents strongly agreed that adopting the Framework would sufficiently support profession-specific learning outcomes. 23% partially agreed; and a small group neither agreed nor disagreed (4%). No respondents disagreed.

Comments

3.32 Respondents felt the Framework encourages prescribers to prescribe safely, professionally, legally and within their scope of practice. Several noted that the Framework can be contextualised appropriately for different professions, different modes of prescribing and different legislative entitlements (such as around controlled drugs). Many therefore felt that the Framework would suitably support profession-specific education and training outcomes. Some respondents noted that the Framework is already embedded in prescribing training that is delivered to a range of professions and supports high standards of practice.

3.33 Some respondents requested stronger emphasis in the standards for education providers that the Framework must be contextualised according to prescribing mechanism (supplementary or independent) and profession. One respondent encouraged that profession-specific learning should be supported through practice placements relevant to a learner's profession and scope of practice.

3.34 Some respondents felt that the standards should include stronger signposting to profession-specific prescribing guidance. Others suggested the standards should explicitly require providers to account for professional bodies' guidance in their programme design.

3.35 One respondent noted that as the Framework is designed to set out the skills and behaviours that all prescribers must demonstrate, its competencies do not address issues specific to different professions or practice areas. They expressed concern that for economic reasons, programmes may not account for profession-specific learning if there is no clear obligation to do so in the standards. They raised that if programme delivery becomes overly generic, it will not ensure that all learners are able to prescribe safely and effectively.

Question 5: Do you think that any additional standards or guidance specific to education and training in prescribing are needed?

Summary

3.36 49% did not think any additional standards or guidance were required, while a small proportion (11%) did not know. 35% did feel that additional standards or guidance were necessary.

Comments

Suggestions for further standards or guidance for education providers

3.37 Some respondents requested more detailed guidance about admission criteria. It was suggested that applicants should be able to evidence one years' post-registration experience as well as suitable subject knowledge to embark on prescribing training.

3.38 The NMC suggested that additional guidance on assessing applicants' prior learning and experience would be helpful for education providers.

3.39 One respondent felt the HCPC should expressly state the learning that education providers should deliver (or recognise) in the areas of pharmacology and therapeutics, whilst another respondent wished to see a requirement that prescribing programmes be delivered at Masters level to qualify a registrant for annotation as a prescriber.

Practice educators

3.40 Several respondents reiterated their desire to see detailed guidance around the revised practice educator requirements, particularly regarding eligibility for the role.

3.41 It was noted that while some education providers have produced their own guidance in this area, the lack of an overarching or central reference leads to variation across prescribing education and training. Respondents called for guidance to be consistent across the regulators, and ideally co-produced.

3.42 A few respondents referenced the 2005 document produced by the National Prescribing Centre, 'Training non-medical prescribers in practice', a guide to help doctors prepare for and carry out the role of Designated Medical Practitioner (DMP). They suggested that similar, updated guidance could be developed to support new practice educators of nonmedical prescribers.

Practice education

3.43 A few respondents wished to see an express hours-based requirement for practice based learning, and one suggested that we require learners to develop portfolios during their practice placements.

Assessment

- 3.44 Some respondents requested further guidance on the assessment of learners. More precise standards were invited around the assessment of numeracy, which they considered fundamental to drug calculations, and pharmacology. One respondent suggested that we require a practical skills-based assessment, while another noted that all medical students now sit the Prescribing Safety Assessment.

Involving service users, carers and learners

- 3.45 Some requested further guidance around standards B.7 and B.8. NHS England suggested that as a minimum, service users and carers should be involved in programme planning and evaluation.

Other comments

- 3.46 One respondent called for more detailed guidance around programme delivery and operations, particularly with respect to curriculums. They argued that curriculum guidance is crucial to effectively support learning for a broad range of professions working in a variety of practice settings.
- 3.47 Another felt we should include standards to encourage programmes to increase their focus on AHP prescribing issues and widen training opportunities available to AHPs.
- 3.48 One respondent suggested that programme providers should be required to provide all learners with a summary of the prescribing rights available to their profession at the time of their training.
- 3.49 An education provider suggested that we make recommendations around the appropriate length of prescribing programmes. Another suggested that we consider issuing guidelines for online teaching and learning methods.

Question 6: 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?

Summary

- 3.50 The majority (82%) of respondents strongly agreed with our proposal to adopt the Framework as our standards for all prescribers. 12% partially agreed; and one respondent neither agreed nor disagreed (1%). No respondents disagreed.

Comments

- 3.51 There was wide support among respondents for the Framework, which was described as 'clear', 'coherent', 'appropriate' and 'sufficiently comprehensive'.
- 3.52 Respondents felt that the Framework was robustly produced and provides clear description of the competencies required by all prescribers on qualification and throughout their prescribing career, irrespective of profession. It was felt that the Framework will support cooperation between healthcare professions in prescribing, which is essential to service user safety.
- 3.53 Respondents outlined that regulatory alignment would support a consistent approach to education for all prescribers, with one commending our proposals as 'a progressive regulatory development.'
- 3.54 Several respondents, particularly education providers, noted that the Framework is already widely used and integrated into the governance, delivery and assessment of nonmedical prescribing training. They reported that the Framework is also used by many prescribers in practice to evidence their ongoing competence.
- 3.55 One respondent agreed with the broad principles of the Framework, but was not certain that it is sufficiently specific.

Question 7: 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?

Summary

- 3.56 The majority of respondents (55%) did not think any additional standards or guidance were required, while a small proportion (9%) did not know. However, 31% did feel that additional standards or guidance were necessary.

Comments

- 3.57 Respondents wished to see stronger signposting to prescribing practice guidance from organisations, including NICE and professional bodies, in the standards for all prescribers.
- 3.58 Cross-regulatory guidance was suggested to support all nonmedical prescribers in particular areas, such as around cosmetic / aesthetic prescribing. Others identified prescribing for oneself, family and friends, prescribing in private practice and remote prescribing as areas that may benefit from additional information.
- 3.59 Some felt there is not sufficiently clear delineation between the supply and administration of medicines and prescribing in the Framework. They suggested

that this key difference should be reinforced in the Framework and standards for all prescribers generally.

- 3.60 Some respondents reiterated the importance of highlighting differences in the legal prescribing remit of different allied health professions.
- 3.61 Practice guidance was requested in areas such as prescribing for children, in pregnancy and in the field of sports medicine. Broadly, these are areas to be addressed by curriculums, professional bodies and national guidance organisations as NICE rather than the regulator. Other issues identified, such as prescribing of unlicensed / off-license medicines and informed consent are addressed in the law.

Arguments against further standards or guidance for all prescribers

- 3.62 Several respondents felt that there is no evidence to suggest that additional standards are required and the wide existing use of the Framework supports that it is fit for purpose in its current form.
- 3.63 One respondent highlighted that, if the aim is to align standards across the regulators, implementing unique requirements where this is not absolutely necessary would defeat this object. They cautioned that generating additional guidance could become 'unwieldy' and overly complex if not carefully managed.

Question 8: Do you agree that this it is reasonable to implement revised Standards for prescribing by September 2019?

Summary

- 3.64 The majority of respondents (74%) felt that it would be reasonable to implement the revised Standards for prescribing by September 2019. Only 9% of respondents disagreed.

Comments

Support for implementation by September 2019

- 3.65 Respondents highlighted that the Framework is a set of behavioural statements that, although it has undergone several improvements, has been informing prescribing practice since 2001. They noted that it has been widely used and integrated into the governance, delivery and assessment of nonmedical prescribing training for some time. Accordingly, it was felt the implementation of revised Standards for prescribing should be a smooth transition for education providers.
- 3.66 One respondent felt the potential of the Standards to improve the quality and transformation of key Allied Health Professions at pace warranted prompt implementation.

Arguments against implementation by September 2019

- 3.67 Some respondents felt that more time was required to allow for programme updates and development to meet revised Standards. Some qualified that this will depend upon the nature and extent of the HCPC's validation processes.
- 3.68 An education provider noted that when our decision is published, programmes are likely to have already started admissions processes for the 2019/20 academic year. Another raised that communications with potential applicants and employers will need to be managed with sufficient time, while training will need to be arranged for practice educators.
- 3.69 Several respondents suggested that implementation for the 2020/2021 academic year may be more achievable for education providers.

Other comments

- 3.70 There was a call for flexibility for education providers in implementing the revised standards, since it may generate a significant workload.
- 3.71 It was highlighted that the NMC have allowed for a transition period between launch of their revised standards in January 2019 and September 2020, by which point all programmes should be run in line with their new standards. This will allow learners who commenced a programme under the old standards to complete their course under those standards.

Question 9: 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?

Summary

- 3.72 The majority of respondents agreed (80%) that the revised Standards for prescribing would support safe and effective prescribing by HCPC registrant groups who may gain the opportunity to train in prescribing in the future. Some reported that they did not know (9%), and a minority disagreed (5%).

Comments

Support for application of the Standards to future professions

- 3.73 Respondents who agreed described the Standards as flexible and future proofed, suitably drafted and outcome focussed. It was thought this would effectively support any other HCPC regulated profession that may gain prescriber status in the future. Some noted the importance of this, given the continued success and anticipated further growth of nonmedical prescribing.

3.74 Respondents commented that as prescribing is regarded as a common skill, there is no reason that future professions would require different Standards. The Framework's relevance to all prescribers was reiterated, irrespective of profession and including professions who are new to prescribing.

Arguments against application of the Standards to future professions

3.75 Some respondents referenced their desire for guidance around practice educator requirements, particularly highlighting the issue of experience in newer prescribing professions.

3.76 One respondent asserted the need for robust guidance regarding practice assessors to reassure the public and advisory non-departmental public bodies, such as the Commission on Human Medicines and the Advisory Council on the Misuse of Drugs, about the governance and supervision aspects of prescribing training and practice.

Question 10: Do you think that any aspects of our proposals could have equality, diversity or inclusion implications for groups or individuals with protected characteristics? If yes, please suggest how you think this should be addressed.

Summary

3.77 A majority of respondents (66%) did not think our proposals had equality, diversity or inclusion implications, although a proportion (19%) did not know.

3.78 While a small group of respondents (7%) did feel that they may have implications, very few comments were provided to suggest what these might be or how they could be addressed.

Comments

3.79 One respondent welcomed that the Framework provides an express standard that a successful learner 'accurately completes and routinely checks calculations relevant to prescribing and practical dosing'. However, they raise that guidance may be necessary around making appropriate reasonable adjustments for students with dyslexia or dyscalculia to meet this standard.

Question 11: Do you have any other comments about our proposals?

Comments

3.80 Many respondents to this question reiterated views discussed elsewhere in this document. Generally, the proposals in this consultation were welcomed and were described as 'positive' and 'an important initiative'.

- 3.81 Some expressed hope that the revised Standards for prescribing would allow for an increase in the number of nonmedical prescribers, while appropriately protecting the public.
- 3.82 Several respondents reiterated the importance of consistency across the regulators. Some called for a general review to ensure that the standards aligned with other regulators' requirements.
- 3.83 A number of respondents expressed their desire to see prescribing mechanisms extended to new professions, such as operating department practitioners (ODP), biomedical scientists, or independent prescribing by dietitians.
- 3.84 The professions that can sell, supply, administer or prescribe medicines are set out in law. The law needs to change for new professions to access new medicines mechanisms. Work to consider and progress such changes is led by NHS England, working closely with professional bodies.
- 3.85 One respondent felt that those prescribers already in practice should be engaged and supported around the change in standards, to ensure no skill differential exists or arises between those who qualified under the existing standards and those who will qualify under the new standards.
- 3.86 An education provider raised that the HCPC Register does not show a registrant's full registration history, but only the dates that they are registered within the current two-year renewal cycle. They suggested that it would be helpful towards verifying a registrant's details to see more information.
- 3.87 One respondent expressed concerns about the HCPC's system for annotation and requested that we review registration data for physiotherapist prescribers. We will take this forward separately to this consultation analysis.
- 3.88 Barriers in access to prescribing training were discussed. One respondent felt that the time and practice hours involved deters potential learners who need to balance study with a work and family life.

4. Our comments and decisions

- 4.1 The following section sets out our response to the range of comments we have received to the consultation. We have not responded to every individual comment, but grouped the comments we received into themes and discussed our comments and decisions in response.

Safe and effective practice

- 4.2 The majority of respondents felt the revised standards would ensure learners are able to prescribe safely and effectively. They were considered clear, comprehensive, flexible and future-proof, with a strong focus on outcomes. The alignment with other regulators was welcomed, with many indicating this would support multidisciplinary learning and practice, and maintain service user safety.
- 4.3 Many felt that the revised standards would harmonise and facilitate interprofessional learning, and could be contextualised appropriately for different professions, different modes of prescribing, and different entitlements.
- 4.4 We therefore plan to take forward the revised standards.

Additional guidance

- 4.5 Whilst the majority of respondents felt there wasn't any need for additional standards or guidance specific to prescribing practice, some considered that stronger signposting to practice guidance from other organisations (such as NICE and professional bodies) may be helpful. We will apply robust signposting in the information that we publish online and in our communications regarding the revised standards.

Practice educators

- 4.6 Most respondents agreed the role of the practice educator should be extended to all qualified, registered (and where relevant, annotated) prescribers with the relevant skill, knowledge and experience to support safe and effective learning. They felt non-medical prescribers have a significant and valuable role in developing others, and would help improve access to prescribing training for HCPC registrants.
- 4.7 Some respondents felt further guidance was required to clarify the skills, knowledge and experience required to act as a practice educator, and thought should be given to the different prescribing rights across different professions, and how that might affect who the practice educator could engage with.
- 4.8 We will look to develop relevant guidance, ideally working with other regulators and organisations to produce a shared resource. However, we do not anticipate that this will be published before the launch of the revised standards.

Implementation

- 4.9 The majority of respondents (74%) felt that it would be reasonable to implement the revised Standards for prescribing by September 2019. We note that the Framework is already widely used by education and training providers in programme delivery and has been adopted by the NMC as regulatory standards since January 2019.
- 4.10 While we recognise that local changes will require time and investment by providers, we believe a relatively short implementation period is proportionate and appropriate to expedite the benefits that the revised standards have to offer.
- 4.11 We have therefore decided that the revised Standards for prescribing will apply from September 2019, the beginning of the 2019/20 academic year. We will require all programmes to be operating under the revised standards within one year, by September 2020.
- 4.12 We will approach the assessment of programmes against these new standards as pragmatically as possible, to enable providers to implement positive changes without delay while moderating the burden on their resources. To this end, we will use our annual monitoring processes to assess changes retrospectively. All changes to meet the new standards may be actioned by education providers independently and without input from the HCPC. These changes will be reviewed by us under the standard annual monitoring procedures in the 2019-20 academic year.

Equality and diversity

- 4.13 Whilst the majority of respondents did not feel any aspects of our proposals could have equality, diversity or inclusion implications for groups or individuals with protected characteristics, one respondent highlighted the importance of supporting reasonable adjustment for students with dyslexia or dyscalculia.
- 4.14 We will take account of this comment as we develop this work.

5. List of respondents

6.1 Below is a list of all the organisations that responded to the consultation:

Academy for Healthcare Science

Aneurin Bevan University Health Board, Physiotherapy Service

British Society of Echocardiography

College Of Paramedics

Council of Deans of Health

Glasgow Claedonian University

Health Education England

Institute of Biomedical Science

Medway School of Pharmacy

National Association of Educators in Practice (NAEP)

National Pharmacy Association

NHS England, Chief Professions Officers Medicines Mechanisms Programme

North Middlesex Hospital, Radiotherapy Department

North West Non Medical Prescribing Education Group

Nursing and Midwifery Council

Royal College of Nursing

Royal College of Physicians

Royal Devon and Exeter Foundation Trust

Royal Pharmaceutical Society

Society and College of Radiographers

Teesside University

The British Dietetic Association

The British Dietetic Association, Renal Nutrition Group

The Chartered Society of Physiotherapy

The Society of Sports Therapists

University of Birmingham

University of Hull

University of Salford