British and Irish Orthoptic Society

Draft Outline Curriculum Framework for Education Programmes to prepare Orthoptists to use exemptions

DRAFT

This is not a live document and requires legislative change before it can have effect

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1. INTRODUCTION

1.1 Introduction

This draft outline curriculum is subject to changes in legislation and is aimed at education providers intending to develop education programmes and individuals interested in education programmes for orthoptists to fulfill the requirements for annotation on the HCPC register as qualified to use exemptions from the Human Medicines Regulations (2012) to sell, supply and administer medicines.

This outline curriculum framework for education programmes to prepare orthoptists to use exemptions has been developed from the experience of the use of medicines by other allied health professionals including podiatrists, physiotherapists and radiographers. This curriculum reflects the differences associated with the supply and administration of medicines via exemptions from Patient Group Directions (PGDs) and Patient Specific Directions (PSDs). The increase in professional autonomy, responsibility and associated legal and ethical implications form the basis of this programme.

1.2 Background

The supply and administration of medicines via exemptions by orthoptists is intended to provide patients with quicker and more efficient access to care by supporting service redesign, making the best use of the skill set of orthoptists and offering patient choice.

A public consultation on proposals to introduce exemptions for orthoptists will commence in early 2015.

This draft outline curriculum framework has been prepared to support the public consultation by providing information on the education programmes that would be in place to train orthoptists in the use of exemptions.

The programmes will be subject to approval and monitoring by the HCPC against the Standards that it sets. Individuals who successfully complete an approved programme will be able to apply for appropriate annotation on the HCPC Register.

1.3 Context

The use of exemptions by orthoptists supports the achievement of ambitions set out in Equity and Excellence: Liberating the NHS[1] and provides mechanisms to

[1] Equity and excellence: Liberating the NHS. DoH 2010

ensure that services can be delivered via new roles and new ways of working to improve clinical outcomes for patients:

- improving access to services
- enabling early intervention to improve outcomes for service users
- reducing hospital interventions
- enabling a greater focus on reablement, including return to work
- helping older people to live longer at home

The use of exemptions by orthoptists supports patient-centred care. It enables new roles and new ways of working to improve quality of services – delivering safe, effective services focused on the patient experience. It facilitates partnership working across professional and organisational boundaries and within the commissioning/provider landscape to redesign care pathways that are cost-effective and sustainable. It can enhance choice and competition, maximising the benefits for patients and the taxpayer. It also creates opportunity for orthoptic clinical leaders to innovate and to inform commissioning decisions.

1.4 AHP Medicines Project

An Allied Health Professions (AHP) prescribing and medicines supply scoping project was set up in 2009 to establish whether there was evidence of service and patient need to support extending prescribing and medicines supply mechanisms available to Allied Health Professionals.

The scoping project[2] found that Allied Health Professionals use prescribing and medicines supply and administration mechanisms safely and effectively to improve patient care in clinical pathways where the applications of the mechanisms are suited to the needs of patients.

The project also found that the extension of prescribing and medicines supply for certain Allied Health Professions would improve the patient experience by allowing patients greater access, convenience and choice. The project found a strong case in support of exemptions for orthoptists that would support optimal patient care and service delivery.

In a new initiative set up in the autumn of 2013, the Allied Health Professions (AHP) Medicines Project was established as a joint initiative by NHS England and the Department of Health to extend prescribing and supply and administration of medicines to Allied Health Professions. Current proposals that the NHS England

[2] Allied Health Professionals prescribing and medicines supply mechanisms scoping project report. DoH, 2009

AHP Medicines team are focusing on are:

- use of exemptions from Human Medicines Regulations by orthoptist
- supplementary prescribing by dietitians
- independent prescribing by paramedics
- independent prescribing by therapeutic and diagnostic radiographers

NHS England, in partnership with the British and Irish Orthoptic Society, the British Dietetic Association, the College of Paramedics and the Society and College of Radiographers, have developed a case of need for each of the proposals outlined above based on improving quality of care for patients in relation to safety, clinical outcomes and experience, whilst also improving efficiency of service delivery and value for money. Approval of the cases of need has been received from the NHS England medical and nursing Senior Management teams and Department of Health's Non-Medical Prescribing board. Ministerial approval was received to allow the commencement of preparatory work to take all four proposals forward to public consultation. Following public consultation, there will be significant work to be undertaken, including submission of consultation findings for consideration by the Commission on Human Medicines, who will make recommendations to ministers regarding any potential changes to medicines legislation in line with the above proposals.

It is a legal requirement to ensure that the public are consulted on proposed changes to medicines regulation.

1.5. Legal Framework

European Directive 2001/83/EC "Community Code relating to Medicinal Products for Human Use" provides the overarching European framework for medicines regulation.

UK medicines law is governed by the Human Medicines Regulations 2012. Further detail on current legislation can be found at http://www.legislation.gov.uk

1.5.1 Supply and Administration of Medicines

There are mechanisms by which a designated health professional can supply and administer medicines to a patient on the instruction of another appropriate health professional and/or written protocol. There are three supply and administration frameworks:

- The Patient Specific Direction (PSD) is a written instruction from a prescriber for medicines to be supplied and/or administered to an individual, named patient.

PSDs may be used by all AHPs.

- The Patient Group Direction (PGD) is a written instruction for specified licensed medicines including some controlled drugs to be given to groups of patients who may or may not be identified prior to treatment and meeting specific criteria set out in the PGD. Patient Group Directions (PGDs) for the supply and administration of medicines have been available to orthoptists since 2003. Particulars of a PGD are defined in law. PGDs may be used by AHPs indicated in Table 1.
- Exemptions from restrictions of medicines legislation allow certain named medicines to be supplied and/or administered to a patient without the need for a prescription. Particulars of Exemptions are defined in law. Exemptions may be used by paramedics, podiatrists, optometrists and midwifes and, subject to changes in legislation, by orthoptists.

1.5.2 Aims of Supply and Administration of Medicines

Supply and administration frameworks allow patients to receive the medicines they require from an appropriate health professional even if the medical practitioner who has prescribed the medicines is not present at the time the patient receives the medicine (where applicable).

The PSD works very well where a doctor will prescribe a medicine to be taken some time later. PGDs work well for short-term and/or one-off episodes of care where the medicines required can be clearly and specifically identified and the patient groups who will benefit from them can be clearly identified by strict inclusion/exclusion criteria. Exemptions work well where clinicians working independently may supply medicines from a limited exemption list directly to patients and/or where they administer medicines from the list, for specific, short-term episodes of care.

1.6 Equality Requirements

In line with the broader policy agenda concerned with equality, diversity and inclusion, the Equality Act (2010) outlines the duty relating to all organisations in receipt of public funding and extends to areas such as employment, the provision of services and education as well as the accessibility of buildings, websites and transport. Therefore, it is necessary to ensure that the requirements of the Equality Act (2010) are satisfactorily addressed in the provision of educational programmes for exemptions.

The Act defines a number of protected characteristics (e.g. race, age, disability,

Table 1: Medicines mechanisms available to allied health professions with inception dates

Allied Health Profession	PSD	PGD	Exemptions	Supplementary Prescribing	Independent Prescribing	Mixing of Medicines	Controlled Drugs
Physiotherapists	*	2000		2005	2013	2013	TBC**
Podiatrists	*	2000	1980,1998, revised 2006 and 2011	2005	2013	2013	TBC**
Radiographers	*	2000		2005			
Dietitians	*	2003					
Speech and Language Therapists	*	2003					
Occupational Therapists	*	2003					
Orthoptists	*	2003					
Paramedics	*	2000	1992, revised 1998, 2000 and 2004				
Prosthetists and Orthotists	*	2003					
Art Therapists	*						
Music Therapists	*						
Dramatherapists	*						

gender). These may be used to inform relevant policies designed to prevent or deal with discrimination, harassment or victimisation of a person, or group of people, who identify with any of these protected characteristics, including institutional discrimination and failure to provide fair access.

In particular, the general duty of the Act states that public authorities, in the exercise of their duties, must have due regard to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity (removing or minimising disadvantage, meeting the needs of people who share a relevant protected characteristic or those who do not share it, and encouraging participation in public life or any activity in which participation is low)
- Foster good relations between people who share a protected characteristic and those who do not share it.

1.7 Underpinning Framework of the Outline Curricula

The regulatory body for AHPs is the Health and Care Professions Council (HCPC). The HCPC has produced standards which cover the prescribing practice of AHPs. If changes to legislation occur, a new set of standards covering the use of exemptions will be developed.

The education programme will teach participants the general principles of supply and administration of medicines via exemptions and how to apply these principles safely within their relevant scope of practice.

The extensive work carried out by the National Prescribing Centre (now part of NICE) to develop competency frameworks for prescribing nurses, pharmacists, optometrists, podiatrists, physiotherapists and radiographers, as well as health professionals supplying and administering medicines under Patient Group Directions (PGDs) shows that the core competencies needed by these groups are very similar. NPC published a single generic competency framework for all prescribers in May 2012.

The development of an outline curriculum framework for education programmes to prepare orthoptists to use exemptions does not mean that all members of the profession are necessarily to be trained to use them (see Entry Requirements section on page 12).

The development of an outline curriculum framework for education programmes

to prepare orthoptists to use exemptions does not require that they are necessarily to be trained separately from other professions. The decision on how an education programme will be delivered is determined locally.

Multiprofessional education programmes must be able to distinguish, via learning outcomes and assessment strategies, the differences that may exist between professions in respect to medicines use.

There is normally no automatic entitlement to exemption from any part of the programme although Higher Education Institutions (HEIs) may use established mechanisms for considering exemption from parts of the programme. However, students must satisfy all assessment requirements.

The education programme is at post-registration level. The baseline for the programme is judged to be at Level 6, to develop safe independent supply and administration of medicines working within the legal framework. If offered by a Higher Education Institution at Masters Level 7, the programme will still need to be able to map to the minima required for Level 6.

Programmes will include sufficient emphasis on clinical decision making, including a decision not to supply or administer medicines.

1.8 Current Knowledge Base/Professional Context

As part of their pre-registration courses all orthoptists will have:

- subjective assessment and interviewing skills and be used to applying these in a range of settings
- objective assessment and handling skills and have applied these in a range of settings and with a variety of pathologies
- good clinical reasoning skills and applied these in a range of settings
- good decision making skills related to a range of clinical settings
- good reflective practice skills
- experience of critically evaluating literature
- a basic knowledge of pharmacology relating to a range of medicines related to eye conditions

Historically orthoptists have supplied and administered medicines via PSDs and since 2003 PGDs have been available to all orthoptists depending on local guidance.

1.8.1 Proposed scope of use of exemptions

Subject to the outcome of the public consultation and changes to medicines legislation, and provided it is in the course of their professional practice, orthoptists annotated to use exemptions will be able to sell, supply and administer eye drops or ointment containing substances on the approved list for any condition within their scope of practice and competence for topical administration.

1.9 Standards and Professional Codes of Ethics

Health and Care Professions Council (HCPC)

1.9.1 The regulatory body for AHPs is the HCPC. The HCPC has produced a number of standards, which cover the practice of AHPs:

- Standards for Continuing Professional Development[3]
- Standards of Conduct, Performance and Ethics[4]
- Standards of Proficiency – Orthoptists[5]

The HCPC will develop a new set of standards for the use of exemptions which will be subject to a full public consultation and approval by the HCPC Council. The new standards will set out requirements for education and training programmes which allow orthoptists to qualify to use exemptions; as well as the necessary proficiencies for orthoptists to use exemptions safely and effectively in their practice.

The HCPC also produced standards that apply to education providers in respect of pre-registration education and training of AHPs

- Standards of Education & Training[6]

Professional Body

1.9.2 Participants should refer to the British and Irish Orthoptic Society (BIOS) Competency Standards and Professional Practice Guidelines[7] and Competency Standards for Extended Roles[8] when supplying or administering medicines via exemptions within this role.

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[3] Health Professions Council (2009), Standards for Continuing Professional Development, London http://www.hcpc-uk.org.uk)

[4] Health Professions Council (2008), Standards of Conduct, Performance and Ethics, London http://www.hcpc-uk.org

[5] Health and Care Professions Council (2013), Standards of Proficiency, London http://www.hcpc-uk.org.uk

[6] Health and Care Professions Council (2014), Standards of Education and Training, London http://www.hcpc-uk.org.uk

[7] BIOS (revised 2014), Competency Standards and Professional Practice Guidelines http://www.orthoptics.org.uk

[8] BIOS (2014), Competency Standards for Extended Roles http://www.orthoptics.org.uk

Draft practice guidance for orthoptists for the supply and administration of medicines via exemptions has been prepared by BIOS and is part of the public consultation.

1.10 Registration and Continuing Professional Development

Allied Health Professionals are subject to statutory regulation and must be registered with the Health and Care Professions Council (HCPC).

Registrants successfully completing an approved training programme will be annotated on the HCPC register as qualified to use exemptions.

Orthoptists with the relevant annotation will have to demonstrate that they continue to meet the standards of proficiency for the profession as well as any new standards for the use of exemptions in their practice.

Standard 6 of the Council's Standards of Conduct, Performance and Ethics requires that registrants only practise in those fields in which they have appropriate education, training and experience.

From 2006, registrants have had to meet the requirements of the Standards for Continuing Professional Development (CPD) of the HCPC. This is supported by a self-declaration that they have kept up-to-date with practice within their current context and scope of practice. This is subject to periodic random audit requiring a sample of registrants to submit evidence of their CPD to the HCPC for assessment to ensure the standards are being met.

HCPC provide examples of a range of activities that can be used as part of CPD. http://www.hcpc-uk.org/registrants/cpd/activities

2. ENTRY REQUIREMENTS

The safety of patients is paramount and the entry requirements focus the on protection of patients including:

- The legal requirement to be registered to practise as an Allied Health Professional
- The service need to protect patients – including development of new services and new roles
- Demonstrating and maintaining competence in a clinical speciality
- The use of exemptions as an adjunct to clinical practice
- Responsibility of services to identify a) where this development needs to occur and b) that potential clinicians are in roles which require such development

In order to gain entry onto the Education Programme, applicants must meet each of the criteria listed in Table 2:

Table 2

a) Be registered with the HCPC as an orthoptist
AND
b) Be professionally practising in an environment where there is an identified need for the individual to regularly use exemptions
AND
c) Be able to demonstrate support from their employer
AND
d) Be able to demonstrate medicines and clinical governance arrangements are in place to support safe and effective use of exemptions
AND
e) Be able to demonstrate how they reflect on their own performance and take responsibility for their own Continuing Professional Development (CPD) including development of networks for support, reflection and learning.
AND
f) Provide evidence of a DBS check within the last 3 years

2.1 Employers

Employers should undertake an appraisal of a registrant's suitability to use exemptions before they apply for a training place. Employers must also have the necessary clinical governance infrastructure in place (including relevant Disclosure and Barring Service check) to enable the registrant to use exemptions once they are qualified to do so.

2.2 Programme Providers

Programme providers must ensure through pre-programme assessment and clear documented evidence that:
a) all entry requirements are met
b) candidates have appropriate background knowledge and experience
c) candidates are able to study at academic level 6.

3. AIM AND OBJECTIVE OF THE EDUCATION PROGRAMME

3.1 Aim

The aim of the programmes developed from this outline framework is to develop the knowledge and skills required by an orthoptist to meet the standards set by the HCPC for annotation on the Register as qualified to use exemptions.

3.2 Objective

The objective of the programmes developed from this outline framework is that the orthoptist will be able to demonstrate how they will use exemptions safely, effectively and competently.

4. COMPETENCIES, LEARNING OUTCOMES AND INDICATIVE CONTENT

Although exemptions are a supply and administration mechanism many of the core competencies for prescribers will apply. The learning outcomes have been aligned with each of the competencies and classified under 13 general themes:

1. Initial Clinical Assessment
2. Communication
3. Knowledge of Medicines
4. Evidence Based Practice
5. Clinical Decision Making
6. Shared Decision Making
7. Care Planning and Follow Up
8. Documentation
9. Legal and Ethical Issues
10. Scope of Practice
11. Continuing Professional Development
12. Uses Exemptions Safely
13. Public Health Issues Relating to the use of medicines via exemptions

The numbers of each statement in the first column reflect the competency number within the National Prescribing Centre's *A Single Competency Framework for all Prescribers.*

The indicative content listed in the table serves as an example of the kind of content that may relate to each of the learning outcomes and is not an exhaustive list of all content required in the course. Some indicative content may relate to more than one learning outcome and to more than one category.

1. Initial Clinical Assessment

Competence	Learning Outcomes	Indicative Content
1. Understands the conditions being treated, their natural progress and how to assess their severity.	Able to conduct a relevant clinical assessment/examination using appropriate equipment and techniques. Able to undertake a thorough medical and medication history, including alternative and complementary health therapies. Understands the importance of accessing and interpreting relevant patient records as part of the clinical assessment.	When and how to apply the range of models of consultation. Accurate assessment, history taking and effective communication and consultation with patients and their parents/carers. Interpretation of documentation including medical records, clinical notes and electronic health records. Relevant physical examination skills.
12. Takes an appropriate medical history and medication history which includes both current and previously prescribed and non-prescribed medicines, supplements and complementary remedies, and allergies and intolerances.		
13. Undertakes an appropriate clinical assessment using relevant equipment and techniques.		
14. Accesses and interprets relevant patient records to ensure knowledge of the patient's management.		

2. Communication

Competence	Learning Outcomes	Indicative Content
24. Communicates information about medicines and what they are being used for when sharing information.	Can describe the factors that may influence decisions. Demonstrates effective partnership working and communication skills with other healthcare professionals, prescribers, patients, carers and the wider team. Able to describe barriers to communication and methods to address these.	The role and function of other team members including effective communication and team working with other members of the health care team. The importance of communicating medicines decisions with all those involved in a patient's care, including the GP. Strategies to develop accurate and effective communication and consultation with professionals, patients and their carers. The professional relationship between all those supplying medicines involved in the patient's care and the patient's GP.
69. Establishes relationships with other professionals based on understanding, trust and respect for each other's roles.		
27. Undertakes the consultation in an appropriate setting taking account of confidentially, dignity and respect.		
68. Thinks and acts as part of a multidisciplinary team to ensure that continuity of care is developed and not compromised.		
35. Gives the patient clear accessible information about their medicines (e.g. what it is for, how to use it, where to get it from, possible unwanted effects).		
28. Adapts consultations to meet needs of different patients (e.g. for language, age, capacity, physical or sensory impairments).		

3. Knowledge of Medicines

Competence	Learning Outcomes	Indicative Content
3. Understands the mode of action and pharmacokinetics of medicines and how these mechanisms may be altered (e.g. by age, renal impairment), and how this affects treatment decisions. 4. Understands the potential for adverse effects and how to avoid/ minimise, recognise and manage them. 40. Only supplies or administers a medicine with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects (using, for example, the BNF/BNFC). 5. Uses up-to-date information about relevant products (e.g. formulations, pack sizes, storage conditions, costs).	Is able to explain the mode of action of medicines used within the orthoptist's scope of practice. Is able to describe the pharmacokinetics and pharmacodynamics of medicines used within the orthoptist's scope of practice and how these may be altered e.g. by age. Is able to list the up-to date information about cautions, contraindications, side-effects and interactions of medicines used within the orthoptist's scope of practice.	Principles of pharmacokinetics and drug handling – absorption, distribution, metabolism and excretion of drugs. Pharmacodynamics – how a medicine acts on a living organism. Selection of drug regimen. Adverse drug reactions, interactions with drugs (including over-the counter (OTC) products, alcohol and 'recreational' drugs, prescription-only medicines (POMs), and Complementary Medicines) and interactions with other diseases. Impact of physiological state on drug responses and safety, e.g. in elderly people, neonates, children and young people, pregnant or breast feeding women and inherited disorders.

4. Evidence Based Practice

Competence	Learning Outcomes	Indicative Content
6. Applies the principles of evidence-based practice, including clinical and cost-effectiveness.	Understands the principles of evidence-based practice. Is able to list the different information sources available and explain their advantages and limitations. Can describe the therapeutic evidence base underpinning the therapeutic area within the orthoptist's scope of practice.	Principles of evidence-based practice. Knowledge of sources of evidence-based medicines use including national and local guidelines, protocols, policies, decision support systems and formularies – including rationale for, adherence to, and deviation from such guidance. Auditing, monitoring and evaluating systems and practice including the use of outcome measures.
65. Understands the advantages and limitations of different information sources.		
66. Accesses relevant, up-to-date information using trusted evidence-based resources.		
67. Regularly reviews the evidence base behind therapeutic strategies.		

5. Clinical Decision Making

Competence	Learning Outcomes	Indicative Content
2. Understands different non- pharmacological and pharmacological approaches to modifying disease and promoting health, identifies and assesses the desirable outcomes of treatment.	Able to explain the various non-pharmacological and pharmacological approaches to disease management within the orthoptist's scope of practice and the risks and benefits of each option. Understands when to use exemptions, and when not to use exemptions, referral for treatment including non- pharmaceutical treatment and discontinuation of medicines.	How to apply the principles of diagnosis and the concept of a working diagnosis in relation to a decision to ensure patient safety. When to use exemptions, not to use exemptions, alter current medications, non-drug treatment or referral for treatment. Development of a treatment plan, including lifestyle and public health advice.
19. Assesses the risks and benefits to the patient of taking, or not taking, a medicine or treatment.		
17. Considers all treatment options including no treatment, non-pharmacological interventions and medicines usage.		
15. Makes, or understands, the working or final diagnosis by considering and systematically deciding between the various possibilities (differential diagnosis).		
16. Requests and interprets relevant investigations.		

(Table continues on next page)

5. Clinical Decision Making (continued from previous page)

Competence	Learning Outcomes	Indicative Content
18. Assesses the effect of multiple pathologies, existing medication, allergies and contraindications on management options.	Able to evaluate each potential treatment option based on relevant investigation outcomes with respect to an individual patient and reach a decision about the most appropriate option(s) for an individual patient – taking into account patient factors (e.g. allergies), co-morbidities and other medicines taken. Understands the process of effective decision making. Evaluates and interprets information gathered during history taking to develop a (working) diagnosis.	Confirmation of diagnosis/differential diagnosis – further examination, investigation and referral for diagnosis. Impact of co-morbidity and other treatments on the use of exemptions and patient management.
20. Where a medicine is appropriate, identifies the different options.		
49. Makes decisions based on the needs of patients and not the orthoptist's personal considerations.		

6. Shared Decision Making

Competence	Learning Outcomes	Indicative Content
25. Identifies and respects the patient's values, beliefs and expectations about medicines.	Demonstrates an ability to take account of patients' wishes, values, ethnicity and the choices they may wish to make in their treatment.	Strategy for managing patient demand – Patient demand versus patient need, the partnership in medicine supply, the patient choice agenda and an awareness of cultural and ethnic needs.
26. Takes into account the nature of peoples' diversity.		
29. Deals sensitively with patients' emotions and concerns about their medicines.	Works with the patient to engender concordance and self-care, with the patient taking responsibility for their own medicines administration.	Personal attitudes and their influences on practice.
31. Explains the rationale behind, and the potential risks and benefits of, management options.	Demonstrates an understanding of concordance and non-adherence.	How to build and maintain an effective relationship with patients and carers taking into account their values and beliefs.
32. Works with patients to make informed choices about their management and respects their right to refuse or limit treatment.	Demonstrates an understanding of the importance of, and risks associated with, shared decision making.	

(Table continues on next page)

6. Shared Decision Making (continued from previous page)

Competence	Learning Outcomes	Indicative Content
34. When possible, supports patients to take responsibility for their medicines and self-manage their conditions.	Demonstrates an understanding of concordance and non-adherence. Demonstrates an understanding of the importance of, and risks associated with, shared decision making.	Partnership working with the patient including the concordant approach and the importance of explaining why medication has been supplied or administered, side effects and other relevant information to enable patient choice. Concordance as opposed to compliance.
36. Checks patient's understanding of and commitment to their management, monitoring and follow-up.		
37. Understands the different reasons for non-adherence to medicines (practical and behavioural) and how best to support patients. Routinely assesses adherence in a non- judgemental way.		
33. Aims for an outcome of the consultation with which the patient and orthoptist are satisfied.		

7. Care Planning and Follow Up

Competence	Learning Outcomes	Indicative Content
21. Establishes and maintains a plan for reviewing the therapeutic objective, discharge or end point of treatment.	Demonstrates an understanding of clear care plans including follow up. Demonstrates the ability to monitor response to medicines and modify treatment, or refer the patient as appropriate.	Methods for monitoring the patient including interpretation and responding to patient reporting, physical examinations and laboratory investigations.
22. Ensures that the effectiveness of treatment and potential unwanted effects are monitored.		
23. Makes changes to the treatment plan in light of on-going monitoring and the patient's condition and preferences.		

8. Documentation

Competence	Learning Outcomes	Indicative Content
46. Effectively uses the systems necessary to supply and administer medicines.	Able to make use of recording systems. Is able to produce clear legible records.	Record keeping, documentation and professional responsibility. Confidentiality, Caldicott and Data Protection. IT developments and their impact including electronic patient records and e-prescribing
45. Makes accurate, legible and contemporaneous records and clinical notes of decisions.		

9. Legal and Ethical Issues

Competence	Learning Outcomes	Indicative Content
7. Aware of how medicines are licensed, sourced and supplied, and the implications.	Demonstrates an understanding of legal and ethical aspects. Is able to describe the factors that may influence decisions.	**Regulation of Medicines:** Policy context. Legal basis for supply and administration of medicines. Legal basis for storage, dispensing and disposal of medicines.
48. Accepts personal responsibility for supply and administration of medicines and understands the legal and ethical implications of doing so.		

(Table continues on next page)

9. Legal and Ethical Issues (continued from previous page)

Competence	Learning Outcomes	Indicative Content
50. Knows and applies legal and ethical frameworks affecting practice. 52. Maintains patient confidentiality in-line with best practice and regulatory standards and contractual requirements.	Demonstrates an understanding of the law as it pertains to the relevant profession with regard to supply and administration of medicines.	Legal implications of advice to self medicate including the use of complementary therapy and Over The Counter (OTC) medicines. Medicines regulatory framework including Marketing Authorisation, the use of unlicensed medicines and “off-label” use. **Regulation of Individuals:** Application of the law in practice, professional judgement, liability and indemnity. Accountability and responsibility to the employer or commissioning organisation in the context of supply and administration. Professional judgement in the context of HCPC Standards of Conduct, Performance and Ethics and professional body practice guidance.

(Table continues on next page)

9. Legal and Ethical Issues (continued from previous page)

Competence	Learning Outcomes	Indicative Content
61. Works within the NHS/ organisational or other ethical code of conduct when dealing with the pharmaceutical industry.	Demonstrates an understanding of the differences between non-medical prescribing mechanisms and supply/administration mechanisms. Demonstrates strategies to recognise and deal with pressures that might result in inappropriate use of exemptions.	Maintenance of professional knowledge and competence in relation to the conditions for which the orthoptist may use exemptions. Individual accountability and responsibility. **Regulation of Services and Activities:** Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of reporting and 'whistle blowing' procedures. Budgetary constraints at local and national level. Management of change, including impact of changes in area/scope of practice.
70. Recognises and deals with pressures that might result in inappropriate supply or administration (for example, pharmaceutical industry, media, patient, colleagues).		

10. Scope of Practice

Competence	Learning Outcomes	Indicative Content
38. Knows the limits of their own knowledge and skill, and works within them.	Understands importance of working within negotiated scope of practice.	How to understand and recognise personal limitations including the limits to personal scope of practice and working autonomously.
39. Knows when to refer to or seek guidance from another member of the team or a specialist.		

11. Continuing Professional Development

Competence	Learning Outcomes	Indicative Content
44. Ensures confidence and competence are maintained.	Demonstrates compliance with professional CPD. Demonstrates ability to reflect on practice and implement necessary changes.	Analysis and learning from medication errors and near misses. Reflective practice/ peer review, critical appraisal skills and continuing professional development – role of self and organisation.
42. Keeps up to date with advances in practice and emerging safety concerns.		
51. Takes responsibility for own learning and continuing professional development.		
58. Makes use of networks for support, reflection and learning.		
56. Understands and uses tools to improve use of exemptions (e.g. review of data, audit and feedback).		
53. Learns and changes from reflecting on practice.		
54. Shares and debates own and others practice, and acts upon feedback and discussion.		

12. Uses Exemptions Safely

Competence	Learning Outcomes	Indicative Content
60. Understands the need to work with, or develop, safe systems and processes locally for example, transfer of information about medicines.	Demonstrates the knowledge of safe medicines use including numeracy and drug calculations. Is able to demonstrate safe use of medicines.	Yellow Card reporting to the Committee of Safety on Medicines (CSM) and reporting patient/ client safety incidents to the National Reporting and Learning Service (NRLS). Numeracy and drug calculations.
43. Knows about common types of medication errors and how to prevent them.		
57. Reports errors and near misses, reviews practice to prevent recurrence.		
55. Acts upon colleagues' inappropriate practice using appropriate mechanisms.		
72. Provides support and advice to other orthoptists where appropriate.		
41. Accurately calculates doses and routinely checks calculations where relevant, for example for children.		

13. Public Health Issues Relating to the use of Medicines via Exemptions

Competence	Learning Outcomes	Indicative Content
9. Understands the public health issues related to medicines and their use. 8. Knows how to detect and report suspected adverse drug reactions. 10. Appreciates the potential for misuse of medicines. 11. Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures. Antimicrobial stewardship – Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)	Demonstrates knowledge of public health issues including use and misuse of medicines and detecting adverse reactions. Demonstrates an understanding of the importance of record keeping in the context of medicines management including; 1) Sharing information with the primary/ main record holder; 2) Accurate recording in patient's notes; 3) Reporting of near-misses; 4) Adverse reactions.	Public health issues and policies, particularly the use of antimicrobials and resistance to them. Use of medicines in populations and in the context of health priorities. Safe transporting, storage and disposal of medicines. Patient access to health care and medicines. Identifying and reporting unexpected and adverse drug reactions.

(Table continues on next page)

13. Public Health Issues Relating to the use of Medicines via Exemptions (continued from previous page)

Competence	Learning Outcomes	Indicative Content
62. Understands budgetary constraints and prioritisation processes at local and national level (health-care resources are finite).	Able to demonstrate an understanding of current local and national healthcare policy concerning medicines.	Inappropriate use of medicines including misuse, under and over-use. Duty to patients and society. An overview of the financial considerations including national and local policy/ guidance/governance. The external influences, at individual, local and national levels. Risk assessment and risk management, safe storage, handling and disposal.
63. Understands the national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/ optimisation).		
59. Understands and works within local frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).		

5. LEARNING AND TEACHING STRATEGIES

5.1 Strategies

A programme's learning and teaching strategies should do the following:

- Enable students to develop their learning in line with the programme learning outcomes (and therefore the aims, objectives and outcomes of this curriculum framework)
- Promote equality of opportunity and inclusion in how individuals are enabled to access and progress through a programme, underpinned by providers' established processes and systems, whilst upholding patient safety in all aspects of delivery
- Achieve coherence with how students' fulfilment of the learning outcomes is assessed
- Blend learning and teaching approaches that include a mix of sessions and remotely-supported and self-directed learning
- Provide opportunities for students to develop their learning in safe, staged ways and to engage critically in their knowledge and skills development.

More specifically, the strategies should be designed to do the following:

- Promote patient safety and minimisation of risk as the primary aim
- Build on students' existing professional knowledge, skills, behaviours and experience
- Enable students to develop a greater familiarity with medicines used in treating the specific conditions within their scope of practice
- Enable students to develop their understanding of the appropriate integration of exemptions within their scope of practice to meet patient and service delivery needs
- Optimise opportunities for inter-professional learning.

Programmes should also do the following, within the specific context of developing students' competence in the supply and administration of medicines:

- Develop students' critical thinking about how they safely and appropriately integrate the use of exemptions into their clinical practice
- Develop students' critical engagement with, and critical application of, the available evidence base
- Develop students' understanding, sensitivity and responsiveness to issues of equality and inclusion in how they integrate the use of exemptions within their delivery of care to patients
- Enhance students' understanding of their competence and scope of practice, professionalism and professional responsibilities
- Encourage a reflective approach to students' on-going learning in how they apply and develop their supply and administration skills on successful completion of the programme.

6. ASSESSMENT STRATEGIES

6.1 Approach

The aim of the programmes developed from this outline framework is to develop the knowledge and skills required by an orthoptist in order to sell, supply or administer medicines, meeting the standards set out by the HCPC for annotation of their entry on the Register as such. The objective is that the practitioner will be able to demonstrate how they will supply and administer medicines safely, effectively and competently. Therefore, there is an expectation that a range of appropriate assessment strategies are employed to allow students to successfully demonstrate they can fulfil the learning outcomes of the programmes.

The assessment requirements must be made explicit, in particular the criteria for pass/fail and the details of the marking scheme.

Assessment strategy must ensure that all the learning outcomes for the programme are able to be tested. The learning outcomes should be assessed by a combination of methods to test knowledge, skills and a reflective approach to learning.

Programmes, learning outcomes and associated assessment strategies must be designed to confirm that the orthoptist can safely and effectively supply and administer medicines via exemptions and that a major failure to identify a serious problem or an answer that would cause a patient harm should result in overall failure.

It is accepted that higher education institutes will design their own programmes within the outline curriculum framework, in line with their institutional format, but also to reflect the expectation of an integrated and research-led approach to programme delivery and assessment, involving a range of strategies to test knowledge, skills, and behaviours, with a reflective approach to learning.

Students must be successful in each assessment element, with no compensation permitted between elements, and no discretionary zone. Within the diet of assessment, it must be clear how all learning outcomes are tested.

6.2 Professional Behaviours

The objective of the programme is for the student to demonstrate that they are safe, effective, and competent to supply and administer medicines via

exemptions. In some situations it may be possible for a student to meet the learning outcomes, but also generate concerns in relation to any element(s) of the assessment diet.

The programme provider should have a mechanism in place to identify such cases and a pathway to pursue the issue(s) involved before a student is allowed to complete the programme and have their registration annotated. If the student is unable to address the issue(s) satisfactorily, they should not be allowed to complete the programme. Students should be made aware that this mechanism is in place before they commence the programme.

7. LENGTH OF PROGRAMME

The duration of the programme is expected to be delivered over 12 weeks. The programme will be expected to contain a range of delivery methods, for example flexibility offered by blended learning delivery. In finalising programme requirements for this curriculum, the following factors will be taken into account:

- The views of education providers on a realistic programme to deliver the curriculum over a period of normally three months to achieve the learning outcomes.
- The compatibility of education programmes from other disciplines provides opportunity to consider shared learning experiences.
- The education programmes should contain an element of additional directed private study on the defined conditions and medicines for which they will be expected to use exemptions.

8. ANNOTATION

Programme providers will inform the HCPC of orthoptists who have successfully completed an approved programme. Once the HCPC has received this confirmation, it will then annotate the registrant's entry on the Register. It will then send information to the registrant confirming that the annotation has been made.

Registrants and employers are encouraged to check their registration on the HCPC website: www.hcpc-uk.org.uk. The information available on the website includes any annotations which a registrant might have (for example,

exemptions). The information on the HCPC website is updated regularly and is the easiest way of confirming that an orthoptist has the necessary annotation.

The purpose of the annotation on the publicly available website is to allow members of the public and employers to check that the orthoptist has the appropriate qualifications in order to use exemptions.

Orthoptists will not be able to use exemptions without having their entry on the HCPC Register annotated.

9. APPENDIX

MEMBERSHIP OF NHS ENGLAND ALLIED HEALTH PROFESSIONALS MEDICINES PROJECT BOARD

Representative	Organisation
Lesley-Anne Baxter	Allied Health Professions Federation
Charlotte Beardmore	Society and College of Radiographers
Jan Beattie	Scottish Government
Sarah Billington	Care Quality Commission
Julie Bishop	MHRA
Rebecca Blessing	Department of Health
Sara Bordoley	NHS England
Nicole Casey	Health and Care Professions Council
Bill Davidson	Patient and public representative
Hannah-Rose Douglas	NHS England
Anne Duffy	Department of Health, Social Services & Public Safety *(Northern Ireland)*
Catherine Duggan	Royal Pharmaceutical Society
Gerry Egan	College of Paramedics
Sue Faulding	Health and Social Care Information Centre
Katherine Gough	Dorset Clinical Commissioning Group
Linda Hindle	Public Health England
Barry Hunt	College of Paramedics (advisory)
Steve Irving	Association of Ambulance Chief Executives
Cathryn James	Association of Ambulance Chief Executives
Elisabeth Jelfs	Council of Deans
Sue Kellie	British Dietetic Association
Helen Marriott (Project Lead)	NHS England
Rowena McNamara	British and Irish Orthoptic Society
Graham Prestwich	Patient and public representative
Suzanne Rastrick (Co-Chair)	NHS England
Patricia Saunders	Health Education England
Alison Strode	Welsh Government
Duncan Stroud	NHS England
Shelagh Morris	NHS England
Bruce Warner (Co-Chair)	NHS England
Hazel Winning	Department of Health, Social Services & Public Safety (Northern Ireland)

MEMBERSHIP OF ALLIED HEALTH PROFESSIONALS MEDICINES PROJECT PRACTICE & EDUCATION WORKING GROUP

Representative	Organisation
Jan Beattie	AHP officer, Scotland
Imogen Carter	College of Paramedics
Nicole Casey	The Health and Care Professions Council
Andy Collen	College of Paramedics
Molly Courtenay	University of Surrey
Alison Culkin	St Mark's Hospital, Harrow
David Davis	NHS England
Matt Fitzpatrick	Royal National Orthopaedic Hospital NHS Trust
Jan Flint	Royal Free London NHS Foundation Trust
Christina Freeman	Society of Radiographers
Sarah Griffiths	Bristol Haematology and Oncology Centre
Dianne Hogg	East Lancashire Hospitals NHS Trust
Barry Hunt	College of Paramedics
Hannah Kershaw	The Royal Free Hospital
Jancis Kinsman	Bristol Haematology and Oncology Centre
Judy Love	Society and College of Radiographers
Helen Marriott (Project Lead)	NHS England
Nadia Northway	Glasgow Caledonian University
Najia Qureshi	British Dietetic Association
Anne Ryan	MHRA
Claire Saha	British and Irish Orthoptic Society
Steve Savage	Yeovil District Hospital
Steven Sims	NHS England
Alison Strode	AHP officer, Wales
Pip White	Chartered Society of Physiotherapy