



Frequently Asked Questions Regarding Proposals to Introduce Independent Prescribing by Physiotherapists and Podiatrists

Prepared by

Allied Health Professions team, Department of Health

Frequently Asked Questions Regarding Proposals to Introduce Independent Prescribing by Physiotherapists and Podiatrists

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Contents

Contents	2
General	4
Q 1. What is non-medical prescribing?.....	4
Q 2. What is independent prescribing?.....	4
Q 3. What is supplementary prescribing?.....	4
Q 4. Which professions can qualify as non-medical prescribers?.....	4
Q 5. Why is there a delay before physiotherapists and podiatrists can undertake training programmes?	4
Q 6. Why is independent prescribing by physiotherapists and podiatrists needed?	4
Q 7. Is it safe to allow physiotherapists and podiatrists to prescribe?.....	5
Q 8. Will physiotherapists and podiatrists be insured to prescribe independently?	5
Q 9. Which medicines will physiotherapists/podiatrists be able to prescribe independently? .	5
Q 10. Will a physiotherapist/podiatrist working in one clinical area as an independent prescriber be able to prescribe if they move to a new clinical area?.....	6
Q 11. What does this change mean for physiotherapists and podiatrists?	6
Controlled Drugs	7
Q 12. Can physiotherapists/podiatrists independently prescribe Controlled Drugs?	7
Mixing Medicines	7
Q 13. Can physiotherapist/podiatrist independent prescribers mix medicines prior to administration?	7
Q 14. Will successful completion of an independent prescribing training programme automatically allow physiotherapists/podiatrists to inject medicines?	7
Q 15. If a supplementary prescriber physiotherapist/podiatrist does not become an independent prescriber, can they mix medicines?	7
Prescribing unlicensed medicines and ‘off-label’ prescribing	7
Q 16. Can physiotherapist/podiatrist independent prescribers prescribe unlicensed medicines?	7
Q 17. Can physiotherapist/podiatrist independent prescribers prescribe ‘off-label’ medicines?	8
Q 18. Can physiotherapist/podiatrist independent prescribers prescribe Botox® for cosmetic procedures?.....	8
Accessing and Amending Patient Records	8
Q 19. How will Doctors or GPs know what a physiotherapist or podiatrist has prescribed? ...	8
Q 20. How will physiotherapists/podiatrists know what other medicines a patient is taking?..	8
Cost	8
Q 21. Will prescribing costs increase?.....	8
Q 22. (Relates to England Only) What will be the cost impact of physiotherapist/podiatrist independent prescribing on Clinical Commissioning Groups (CCGs)?.....	9
Training	9
Q 23. Who will decide which physiotherapists/podiatrists are eligible to be trained as prescribers?.....	9
Q 24. What training will physiotherapists and podiatrists receive in order to independently prescribers?	9
Q 25. I have completed a multidisciplinary independent/supplementary prescribing course and am currently a supplementary prescriber. Am I now automatically qualified to become annotated as an independent prescriber?	9
Annotation on the Health Professions Council (HPC) Register	10

Frequently Asked Questions Regarding Proposals to Introduce Independent Prescribing by Physiotherapists and Podiatrists

Q 26. How will an HPC registrant be annotated to indicate that they are qualified to prescribe?	10
Timeframe	10
Q 27. When will this legislation come into effect?	10
Q 28. When will physiotherapists and podiatrists actually be able to prescribe independently?	11
Q 29. Could other established Non-Medical Prescribers be Designated Medical Practitioners?	11
Private Practice	11
Q 30. Will physiotherapists/podiatrists in private practice be able to become independent prescribers?	11
Q 31. Are physiotherapists/podiatrists able to issue private prescriptions?	11
Accountability	11
Q 32. Who bears legal and professional responsibility for the actions of physiotherapist/podiatrist prescribers?	11
Q 33. Are physiotherapist/podiatrist independent prescribers able to give directions to a non-prescriber for the administration of a medicine?	12
Prescription Forms	12
Q 34. What prescription forms should physiotherapist/podiatrist independent prescribers use?	12
Glossary	13
Physiotherapist	13
Podiatrist	13
Clinical Management Plan (CMP)	13
Patient Group Directions	14
Patient Specific Directions	14
Advanced Practitioner	14
Controlled Drug	14
Mixing Medicines	15
Unlicensed Medicine	15
Off-Label/Off-Licence Prescribing	15
Outline Curriculum Framework	15

General

Q 1. What is non-medical prescribing?

A. Over recent years, changes to the law have permitted a number of appropriately trained health professionals, other than doctors and dentists, to play an increasing role in prescribing and managing medicines for their patients without the authority of a doctor or dentist. Non-medical prescribers are professionals other than doctors and dentists who are able to prescribe medicines. Examples of the types of health professionals who are eligible to become non-medical prescribers include nurses, pharmacists, optometrists, physiotherapists and podiatrists.

Q 2. What is independent prescribing?

A. Independent prescribing is the process by which a practitioner is responsible and accountable for the assessment, diagnosis and treatment of a patient's condition and for decisions about the clinical management required, including prescribing.

Q 3. What is supplementary prescribing?

A. Supplementary prescribing is a voluntary partnership between a doctor or dentist, a supplementary prescriber (e.g. a physiotherapist or podiatrist) and a patient to implement an agreed patient-specific clinical management plan (CMP). This process is specific to the patient and professionals named on the CMP

Q 4. Which professions can qualify as non-medical prescribers?

A. Currently, nurses, pharmacists and optometrists can undertake training programmes to enable them to qualify and register as independent and / or supplementary prescribers. Podiatrists, physiotherapists and radiographers are currently able to train to become supplementary prescribers. It is anticipated that from September 2013, physiotherapists and podiatrists will be able to undertake independent prescribing training programmes.

Q 5. Why is there a delay before physiotherapists and podiatrists can undertake training programmes?

A. Amendments to legislation and regulations need to be put in place and training programmes developed and approved. Locally, services will want to consider how independent prescribing by physiotherapists and podiatrists can be used to improve quality and productivity.

Q 6. Why is independent prescribing by physiotherapists and podiatrists needed?

A. There are many important benefits for patients, commissioners and health care providers. Extending independent prescribing to physiotherapists and podiatrists has the potential to streamline patient care pathways, improve the quality of care, and enhance patient safety through greater prescriber accountability and clearer prescribing

Frequently Asked Questions Regarding Proposals to Introduce Independent Prescribing by Physiotherapists and Podiatrists

pathways. Independent prescribing by physiotherapists and podiatrists can reduce current delays in care, improve patient agreement with treatment and improve the patient experience through more simplified medicines access.

Q 7. Is it safe to allow physiotherapists and podiatrists to prescribe?

A. Patient safety remains of paramount importance. The Department of Health will update its existing guidance to assist the safe and effective implementation of independent prescribing by physiotherapists and podiatrists.

Physiotherapist and podiatrist prescribers are professionally responsible for their own actions. They are required to work within their employers' clinical governance frameworks and they are accountable to both their employers and their regulatory bodies for their actions.

Some physiotherapists and podiatrists are already practicing safely as supplementary prescribers, and many others supply and/or administer medicines using Patient Group Directions and Patient Specific Directions. Podiatrists can also sell, supply and administer specified medicines under profession-specific Exemptions.

Not all physiotherapists or podiatrists will undertake training as independent prescribers. Only advanced practitioner physiotherapists/podiatrists who meet the entry requirements for prescribing training will be allowed to undertake this activity, and training courses will be approved by the Health Professions Council (HPC). Once trained, individuals will be required to keep their skills up to date.

Increasing access to prescribing and medicines supply mechanisms has the potential to improve patient safety by reducing delays in care, improving the use of medicines and supporting clear lines of professional responsibility.

Q 8. Will physiotherapists and podiatrists be insured to prescribe independently?

A. Currently, it is for individual prescribers to ensure that they have sufficient personal professional indemnity insurance - for example through membership of a professional organisation or through cover provided vicariously through their employer. The Government intends to make indemnity cover a condition of registration for healthcare professionals in line with EU Directive 2011/24/EU which came into force on 9 March 2011.

Q 9. Which medicines will physiotherapists/podiatrists be able to prescribe independently?

A. Appropriately qualified and annotated (see Question 26 for more information about Health Professions Council (HPC) annotation) physiotherapists and podiatrists will be able to prescribe any licensed medicine provided it falls within their individual area of competence and respective scopes of practice, which are defined as follows:

- A physiotherapist independent prescriber may prescribe any licensed medication within national and local guidelines for any condition within their area of

Frequently Asked Questions Regarding Proposals to Introduce Independent Prescribing by Physiotherapists and Podiatrists

expertise and competence within the overarching framework of human movement, performance and function.

- A podiatrist independent prescriber can prescribe only those medicines which are relevant to the treatment of disorders affecting the foot, ankle and associated structures, in line with current practice and consistent with published professional guidance.

Prescribing of controlled drugs will be subject to future consideration by the Advisory Council on the Misuse of Drugs (ACMD).

Q 10. Will a physiotherapist/podiatrist working in one clinical area as an independent prescriber be able to prescribe if they move to a new clinical area?

A. The physiotherapist/podiatrist would need to meet the HPC standards for continued registration. If the new clinical area requires the physiotherapist/podiatrist to work as an independent prescriber then the organisation and the physiotherapist/podiatrist would need to ensure that all local clinical governance arrangements are in place before they could work as a non-medical prescriber, including any necessary training and experience.

Q 11. What does this change mean for physiotherapists and podiatrists?

A. The change in the Medicines Act and associated regulations will enable physiotherapists and podiatrists who are appropriately trained and annotated on the HPC register to prescribe medicines independently to support the effective provision of patient care. This will enhance the potential for patients to have improved and timely access to medicines appropriate to their care and maximise the clinical benefits of physiotherapeutic and podiatric interventions.

Controlled Drugs

Q 12. Can physiotherapists/podiatrists independently prescribe Controlled Drugs?

A. No, not at the moment. The Advisory Council on Misuse of Drugs (ACMD) will be considering whether physiotherapists and podiatrists can independently prescribe from limited lists of Controlled Drugs.

Mixing Medicines

Q 13. Can physiotherapist/podiatrist independent prescribers mix medicines prior to administration?

A: Yes. Changes to medicines regulations will enable physiotherapist and podiatrist independent prescribers to mix medicines prior to administration, and direct others to mix medicines.

Q 14. Will successful completion of an independent prescribing training programme automatically allow physiotherapists/podiatrists to inject medicines?

A. No, the training programmes for injection-therapy are separate from the programmes for independent prescribing.

Q 15. If a supplementary prescriber physiotherapist/podiatrist does not become an independent prescriber, can they mix medicines?

A. Yes, supplementary prescribers can mix medicines so long as they are acting within the agreed terms of a clinical management plan for an individual patient.

Prescribing unlicensed medicines and 'off-label' prescribing

Q 16. Can physiotherapist/podiatrist independent prescribers prescribe unlicensed medicines?

A: No. Physiotherapist and podiatrist independent prescribers will not be able to prescribe unlicensed medicines.

Q 17. Can physiotherapist/podiatrist independent prescribers prescribe 'off-label' medicines?

A: Yes. Physiotherapist/podiatrist independent prescribers must take full clinical and professional responsibility for their prescribing and should only prescribe 'off-label' where it is best practice to do so or where there is a body of opinion to support off-label use.

Q 18. Can physiotherapist/podiatrist independent prescribers prescribe Botox® for cosmetic procedures?

A: No. The scopes of physiotherapy and podiatry practices are such that Botulinum toxin can only be prescribed and administered for therapeutic purposes. It is beyond the scope of practice of both professions to perform cosmetic treatments.

Accessing and Amending Patient Records

Q 19. How will Doctors or GPs know what a physiotherapist or podiatrist has prescribed?

A. Physiotherapists and podiatrists will communicate any prescribing decision to all relevant members of a patient's healthcare team - including GPs and all other clinicians. This may be done by making entries in a common patient record, by letter, fax or secure email (NHS-NHS) which will be included in the medical record. It may also be done via the 'phone in emergency situations.

Q 20. How will physiotherapists/podiatrists know what other medicines a patient is taking?

A. Prescribing is predicated upon having access to the primary patient record. Physiotherapists and podiatrists will not be able to prescribe for an individual without access to appropriate records. The taking of a full medical and social history is the basis of current practice in both professions and will include the assessment of current and past medication history. The use of non-prescription medication (including over-the-counter, herbal and homeopathic preparations) would also be noted.

Cost

Q 21. Will prescribing costs increase?

A. This is not anticipated as non-medical prescribing is largely a substitute for doctor prescribing in those contexts that fall within the physiotherapist/podiatrist scope of practice and competence.

Q 22. (Relates to England Only) What will be the cost impact of physiotherapist/podiatrist independent prescribing on Clinical Commissioning Groups (CCGs)?

A. The issue around cost is a local arrangement and one that the prescribing panel in some CCGs will influence. In certain areas the prescribing budget is held centrally and all prescribers access this through Standard Operating Procedures and existing care pathways. It would be the local Governance and Finance Board's responsibility to set this aspect of medicines management.

Training

Q 23. Who will decide which physiotherapists/podiatrists are eligible to be trained as prescribers?

A: Physiotherapists/podiatrists must meet the eligibility criteria for training programmes. It is a matter for local decision, in the light of local need, benefit and circumstances. No physiotherapists/podiatrists will be required to undertake training for prescribing unless they agree to do so.

Q 24. What training will physiotherapists and podiatrists receive in order to independently prescribers?

A. Comprehensive education programmes will be put in place to ensure that physiotherapists and podiatrists are sufficiently equipped, knowledgeable and competent to independently prescribe medicines in accordance with the legislative framework that applies to their respective professions. Outline curricula frameworks have been developed for the training of independent and supplementary prescribers, and for a conversion course to allow existing physiotherapist/podiatrist supplementary prescribers to become independent prescribers.

Q 25. I have completed a multidisciplinary independent/supplementary prescribing course and am currently a supplementary prescriber. Am I now automatically qualified to become annotated as an independent prescriber?

A. No. Existing supplementary prescriber physiotherapists and podiatrists will not automatically become independent prescribers. They will have to undertake an approved conversion programme.

Annotation on the Health Professions Council (HPC) Register

Q 26. How will an HPC registrant be annotated to indicate that they are qualified to prescribe?

A. The HPC Register will be annotated to show that an individual has successfully completed post-registration training as a prescriber. For example, the HPC currently annotates the Register where physiotherapists/podiatrists complete training in supplementary prescribing. The HPC will annotate the Register to indicate physiotherapists/podiatrists that have successfully completed training as independent prescribers.

The HPC annotates the Register based on information provided by education providers. The HPC will only annotate individuals who successfully complete the training and pass the required assessment; those who do not complete the training or pass the required assessment (and therefore do not meet the necessary standards) cannot be annotated.

The HPC will approve the education programmes delivering training in independent prescribing. Approving those programmes means that education programmes meet the standards that the HPC sets.

Members of the public, employers and others can check that a physiotherapist is registered and annotated via the HPC website, www.hpc.uk.org or by contacting the HPC's Registrations Department.

Timeframe

Q 27. When will this legislation come into effect?

A. There are a number of processes involved when changing legislation in the UK and a number of government organisations involved in the process. Ministers have agreed to lay the Statutory Instruments which will effect the necessary amendments to the Medicines Act before Parliament.

It is anticipated that changes to NHS Regulations will be laid in April 2013. Any changes to NHS Regulations made by the Department of Health will apply to England only. The Devolved Administrations, Scotland, Wales and Northern Ireland, will decide on how or whether to take forward any amendments to their own Regulations.

The Health Professions Council is responsible for amendments to annotations and the regulation of independent prescribing practitioners. The Home Office, Drug Regulation Team are responsible for amendments to Misuse of Drugs Regulations 2001 regulations. It is therefore not possible at this stage to give a definitive timeframe for the amendments to Regulations and the subsequent training programmes to be developed,

Frequently Asked Questions Regarding Proposals to Introduce Independent Prescribing by Physiotherapists and Podiatrists

it would however not be earlier than autumn 2013 for the first independent prescribing course places to be taken up by physiotherapists and podiatrists. We will however keep people informed of the progress of the project as it develops.

Q 28. When will physiotherapists and podiatrists actually be able to prescribe independently?

A. It is not possible at this stage to give a definitive timeframe for training programmes to be in place, however it will not be earlier than autumn 2013. It will be for local service providers and education commissioners to determine the availability of training programmes. Following successful completion of relevant training programmes and annotation on the HPC register physiotherapists/podiatrists will be able to prescribe independently.

Q 29. Could other established Non-Medical Prescribers be Designated Medical Practitioners?

A. No, a DMP must be a Doctor or Dentist.

Private Practice

Q 30. Will physiotherapists/podiatrists in private practice be able to become independent prescribers?

A. Yes. Provided they meet the entry requirements of the education programme, including the requirement to demonstrate they have appropriate governance arrangements in place for their role as an independent prescriber. The professional bodies for physiotherapists and podiatrists have produced practice guidance which will be available on their websites once the legislation and regulation amendments have been made with specific guidance for private practice.

Q 31. Are physiotherapists/podiatrists able to issue private prescriptions?

A: Yes, physiotherapist/podiatrist independent prescribers can issue private prescriptions for any medicine within their competence and scope of practice.

Accountability

Q 32. Who bears legal and professional responsibility for the actions of physiotherapist/podiatrist prescribers?

A: Physiotherapist/podiatrist prescribers are professionally responsible for their own actions. Where a physiotherapist/podiatrist has an annotation on the HPC register as a prescriber and prescribes as part of his or her role with the consent of the employer, the employer may also be held vicariously liable for the physiotherapist or podiatrist

Frequently Asked Questions Regarding Proposals to Introduce Independent Prescribing by Physiotherapists and Podiatrists

actions. The Department's guide to implementation of independent prescribing advises current non-medical prescribers to ensure that they have professional indemnity or insurance - for example through membership of a professional organisation or trade union.

Q 33. Are physiotherapist/podiatrist independent prescribers able to give directions to a non-prescriber for the administration of a medicine?

A: Yes. Physiotherapist/podiatrist independent prescribers may give directions for the administration of any product they are legally allowed to prescribe i.e. a medicine within his/her competence and scope of practice. The prescriber needs to be satisfied that the person to whom he or she gives the instructions is competent to administer the medicine concerned.

Prescription Forms

Q 34. What prescription forms should physiotherapist/podiatrist independent prescribers use?

A: Further information on prescription forms, including the types of form and how to order supplies of these, is available in the Department of Health's prescribing implementation guidance and via the NHS Business Services Authority website.

[NHS Prescription services: Prescription forms \(opens new window\)](#)

Glossary

Physiotherapist

Physiotherapists deal with human function and movement and help people to achieve their full physical potential. They use physical approaches to promote, maintain and restore wellbeing.¹

Podiatrist

A chiropodist / podiatrist diagnoses and treats disorders, diseases and deformities of the feet.²

Clinical Management Plan (CMP)

The Clinical Management Plan is the foundation stone of supplementary prescribing. Before supplementary prescribing can take place, it is obligatory for an agreed CMP to be in place (written or electronic) relating to a named patient and to that patient's specific condition(s) to be managed by the supplementary prescriber. This should be included in the patient record.

Regulations specify that the CMP must include the following:

- the name of the patient to whom the plan relates;
 - the illness or conditions which may be treated by the supplementary prescriber;
 - the date on which the plan is to take effect, and when it is to be reviewed by the doctor or dentist who is party to the plan;
 - reference to the class or description of medicines or types of appliances which may be prescribed or administered under the plan;
 - any restrictions or limitations as to the strength or dose of any medicine which may be prescribed or administered under the plan, and any period of administration or use of any medicine or appliance which may be prescribed or administered under the plan;
- [NB** The CMP may include a reference to published national or local guidelines. However these must clearly identify the range of the relevant medicinal products to be used in the treatment of the patient, and the CMP should draw attention to the relevant part of the guideline. Any guideline referred to also needs to be easily accessible]
- relevant warnings about known sensitivities of the patient to, or known difficulties of the patient with, particular medicines or appliances;
 - the arrangements for notification of:
 - a) suspected or known reactions to any medicine which may be prescribed or administered under the plan, and suspected or known adverse reactions to any other medicine taken at the same time as any medicine prescribed or administered under the plan, and
 - b) incidents occurring with the appliance which might lead, might have led or has led to the death or serious deterioration of state of health of the patient
 - the circumstances in which the supplementary prescriber should refer to, or seek the advice of, the doctor or dentist who is party to the plan.³

¹ <http://www.hpc-uk.org/aboutregistration/professions/index.asp?id=11#profDetails>

² <http://www.hpc-uk.org/aboutregistration/professions/index.asp?id=3#profDetails>

Patient Group Directions

A Patient Group Direction (PGD) is a written instruction for the supply or administration of a licensed medicine (or medicines) in an identified clinical situation, where the patient may not be individually identified before presenting for treatment. This should not be interpreted as indicating that the patient must not be identified; patients may or may not be identified, depending on the circumstances.⁴

Patient Specific Directions

A Patient Specific Direction is the traditional written instruction, from a doctor, dentist, nurse or pharmacist independent prescriber, for medicines to be supplied or administered to a named patient. The majority of medicines are still supplied or administered using this process.⁵

Advanced Practitioner

Skills for Health defines AHP advanced practitioners as experienced professionals who have developed their skills and theoretical knowledge to a very high standard, performing a highly complex role and continuously developing their practice within a defined field and/or having management responsibilities for a section/small department. They will have their own caseload or work area responsibilities.⁶

Controlled Drug

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. Examples include:

- benzodiazepine
- morphine
- pethidine
- methadone

Stricter legal controls apply to controlled medicines to prevent them:

- being misused
- being obtained illegally
- causing harm

For example, these legal controls govern how controlled medicines may be:

- stored
- produced
- supplied
- prescribed

Controlled medicines are classified (by law) based on their benefit when used in medical treatment and their harm if misused.

The Misuse of Drugs regulations include five schedules that classify all controlled medicines and drugs. Schedule 1 has the highest level of control, but drugs in this

³http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/TheNon-MedicalPrescribingProgramme/Supplementaryprescribing/DH_4123030

⁴http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_064326.pdf

⁵ ibid

⁶ Report to the National Allied Health Professional Advisory Board on the outcomes of the Modernising Allied Health Professional Careers Programme. SE1, DH, 2011

Frequently Asked Questions Regarding Proposals to Introduce Independent Prescribing by Physiotherapists and Podiatrists

group are virtually never used in medicines. Schedule 5 has a much lower level of control.⁷

Mixing Medicines

The law defines “mixing” as “the combination of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient.” This does not include mixing where one product is a vehicle for the administration of another but does include medicines which mix at a ‘Y site’ where two or more intravenous infusions join. This document is concerned with mixing of two or more medicines. No medicines should ever be added to blood or blood products.⁸

Unlicensed Medicine

A licensed medicine meets acceptable standards of efficacy, safety, and quality. A marketing authorisation or product licence defines a medicine’s terms of use: its Summary of Product Characteristics outlines, among other things, the indication(s), recommended dose(s), contraindications, and special warnings and precautions for use on which the licence is based, and it is in line with such use that the benefits of the medicine have been judged to outweigh the potential risks. Furthermore, a licensed medicine: has been assessed for efficacy, safety, and quality; has been manufactured to appropriate quality standards; and when placed on the market is accompanied by appropriate product information and labelling.

An unlicensed medicine is a medicine which does not have a marketing authorisation.⁹

Off-Label/Off-Licence Prescribing

Off-Label (or ‘Off-Licence’) prescribing refers to the use of medicines outside the terms of the licence.¹⁰

Outline Curriculum Framework

The *Outline Curriculum Framework for Education Programmes to prepare Physiotherapists and Podiatrists as Independent Prescribers and to prepare Radiographers and Supplementary Prescribers* defines the programme’s entry requirements, aims and objectives, learning outcomes (which are matched to the NPC’s Single Competency Framework for All Prescribers¹¹), indicative content and assessment strategies.

⁷ <http://www.nhs.uk/chq/Pages/1391.aspx?CategoryID=73&SubCategoryID=101>

⁸ http://www.npc.nhs.uk/improving_safety/mixing_meds/resources/mixing_of_medicines.pdf

⁹ <http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON087990>

¹⁰ *ibid*

¹¹ http://www.npc.co.uk/improving_safety/improving_quality/resources/single_comp_framework.pdf