General Optical Council

A Handbook for Optometry
Specialist Registration in Therapeutic Prescribing.

July 2008

CONTENTS

1. Background

1.1 Definition of Therapeutic Programmes:

This Handbook defines the content and the standard of education and training (including practical experience) required for the purpose of achieving the competencies required for entry to:

Specialist optometry registers for [a] supply of therapeutic drugs at Additional Supply Level and [b] optometric Independent Prescribing speciality [IP] (encompassing optometric Supplementary Prescribing [SP] see **Appendix 3**) – accreditation of curricula and assessment.

Optometrists preparing to be independent prescribers will undertake a specific approved programme of training (**Appendix 2**) and must successfully complete the Common Final Assessment of Competence.

The requirements of this Handbook become effective on the enactment on amendments to relevant medicines legislation [The Prescription Only Medicines (Human Use) Order 1997, The Medicines (Pharmacy and General Sale – Exception) Order 1980, Medicines (Sale and Supply) (Miscellaneous Amendments) Regulations 1980, The Medicines (Child Safety) Regulations 2003] and amendment to the General Optical Council [GOC] Registration Rules. The Handbook will be modified with use.

1.1.1 The Review of Prescribing, Supply and Administration of Medicines led by Dr June Crown and published in 1999 recommended that the legal authority to prescribe should be extended to certain non-medical professional groups. In 2000 the NHS plan endorsed this recommendation on the understanding that it would provide patients with quicker and more efficient access to medicines, as well as making better use of the skills of health professionals.

1.1.2 Two types of prescribers have been identified: the independent prescriber and the supplementary prescriber (referred to as the 'dependent prescriber' in the Review of Prescribing).

Independent prescribers take responsibility for the clinical assessment of the patient, establish a diagnosis and determine the clinical management required (including prescribing where necessary).

Supplementary prescribers form a voluntary partnership with an independent prescriber. A clinical management plan is agreed for an individual patient, and with the patient's agreement, the supplementary prescriber manages the patient's clinical condition, including prescribing, according to the clinical management plan.

1.1.3 In March 1999, the final report of the Review of Prescribing, Supply and Administration of Medicines by Dr June Crown recommended that optometrists should be granted independent prescribing responsibilities.

All optometrists are currently able to use therapeutic drugs to manage common, non-sight-threatening eye conditions, such as conjunctivitis, blepharitis, minor

trauma and dry eye. Since July 2005, optometrists on the Additional Supply and Supplementary Prescribing Registers can supply and administer medicines or prescribe them in partnership with a doctor.

1.1.4 In August 2006, The Medicine and Healthcare Products Regulatory Agency (MHRA) and the Department of Heath (DH) jointly consulted on the proposal to introduce independent prescribing for optometrists.

Following the consultation, the Commission for Human Medicines (CHM) established a working group to consider the matter further. The working group did not favour the linking of the scope of independent prescribing to an approved formulary, as used to be the case with nurse independent prescribers. With nurse independent prescribing there had been the need for constant revision and updating of the formulary which had proved impracticable. Rather, the working group favoured restricting the scope of optometrist independent prescribing by reference to competence – this is the approach now taken with regard to nurse and pharmacist independent prescribing.

In the light of the above, the following proposal was made by the working group and accepted by the CHM on the 15th June 2007:

'Optometrist independent prescribers should be able to prescribe any licensed medicine for ocular conditions, affecting the eye and adnexa, within the recognised area of expertise and competence of the optometrist.'

1.1.5 Since 2007 the Department of Health and the General Optical Council have worked to achieve the legislative changes necessary to implement optometry Independent Prescribing [***changes to the POM Order came into effect on 4th June 2008 and amendments to the GOC Registration Rules came into effect on ######]***

1.1.6 Registrants who wish to become independent prescribers will need to complete further GOC-approved training and apply for entry of their specialty in the register. Once trained they will have to keep their skills up to date, audit their activity and comply with the additional CET requirement for specialists.

1.1.7 The legislation will allow optometrists to prescribe any licensed medicine for ocular conditions affecting the eye and the tissues surrounding the eye. In practice, optometrist prescribers will only work with conditions within their area of recognised competence.

1.1.8 In April 2008 the GOC Standards Committee decided that training providers must demonstrate to the GOC a mechanism to satisfy itself that applicants to the programme can supply evidence of their competence in the diagnosis and management of the eye conditions for which they will be trained to prescribe. **Appendix 6** will give guidance to the training provider on acceptable evidence.

1.2 Competency Framework

1.2.1 In response to the proposals to enable optometrists to prescribe therapeutic drugs the National Prescribing Centre (NPC) in partnership with the Standards Committee of the General Optical Council (GOC) and with the Department of Health (DH) has prepared *'The Competency Framework for Prescribing*

Optometrists'. This presents a framework of prescribing competencies that can be used in both optometric independent and supplementary prescribing. (Further details of the competency framework are given at **Appendix 1**).

1.3 GOC Audit of Programmes

1.3.1 Under Section 1of the Opticians Act 1989 amended 2005, the GOC will:

(i) Promote high standards of professional education, conduct and performance among registrants

(ii) Exercise its functions to protect, promote and maintain the health and safety of members of the public .

1.3.2 The content and standard of any training programme and of any assessment procedures put forward by educational and assessment Providers will be subject to GOC audit and approval. The GOC will wish to visit a programme before the participants begin the programme, during the programme and also during their assessment.

1.3.3 Only those optometrists who have satisfied the requirements of a GOC approved training/assessment provision will be able to have their names entered on to a therapeutic prescribing specialism and will consequently be able to prescribe therapeutic drugs. The power to enable the GOC to establish such specialisms was subject to the enactment of changes to the Opticians Act 1989. These changes came into effect on 30th June 2005.

1.3.4 The GOC expects that training requirements should be modular and flexible, and education providers will be required to have in place robust systems for the accreditation of prior (or experiential) learning (APEL), so that optometrists may gain exemptions from certain modules when they can demonstrate appropriate prior learning.

1.3.5 The GOC has indicated the expected learning outcomes and indicative content of training programmes (**Appendix 2**) to be undertaken by optometrists who wish to prepare for Supplementary Prescribing or to access Additional Supply so as to achieve the competencies described in '*The Competency Framework.*

1.3.6 Educational and assessment Providers who wish to submit their training programmes, assessment and APEL process for GOC accreditation will be expected to present their proposals, which should follow a number of headings and conform to the requirements and principles described in sections of this Handbook.

1.3.7 The training provider must inform the GOC of any commercial sponsorship of the training programme.

2 Programme Construction

2.1 Entry Requirements

2.1.1 A minimum of two years in practice following registration as an optometrist will be required of each participant before starting the clinical placement element of the therapeutic programme.

2.1.2 Applicants (irrespective of any therapeutic prescribing qualification they may already hold) must supply evidence of their prior experience in the diagnosis and management of the eye conditions for which they will be trained to prescribe. It is expected that practitioners will work in fields such as primary eye care and / or glaucoma. Providers must demonstrate to the GOC that they have a robust mechanism to satisfy themselves that applicants can supply this evidence. (See **Appendix 6**)

2.1.3 In order to maintain currency of knowledge, no more than two years may elapse between the participant's completion of the theoretical element of the programme and the commencement of their clinical placement. No more than two years may elapse between the participant's completion of the clinical placement and their taking the College of Optometrists' Therapeutic Final Common Assessment [TCFA].

2.2 Headings to be followed by Training Providers when presenting their proposals for GOC accreditation.
The principles of programme construction for all levels are shown here, but for Additional Supply the GOC will only accredit and audit assessment procedures and practice-based learning. Learning outcomes and Indicative Content for programmes are shown in **Appendix 2**.

2.3 Aims of the provision: a clearly worded statement should be provided.

2.4 Learning Outcomes/Indicative content: These are given at **Appendix 2**. Proposers should use the proforma at **Appendix 4** to indicate how the Proposal achieves the nine core competencies.

2.5 Teaching and learning methods: a statement on preferred methods should be shown, and it is expected that a variety of delivery methods should be used, for example face-to-face didactic, distance or e-learning. However, the delivery must be appropriate for each of the stated learning outcomes. It is expected that a selection of teachers from relevant different disciplines should be involved in the delivery of the programme, for example: optometrists, ophthalmologists, immunologists, pathologists, pharmacologists, physicians, ethicists.

2.6 Duration and academic level of training: It is recognised that optometrists will possess varying base-line experience, which will reflect the amount of training required to meet the stated learning outcomes. Training courses should be at academic level 6 or 7 (HE3/ M level).

2.7 Participants will be required to pass the theory modules and demonstrate to the Training Provider that they have the necessary clinical skills before commencing the clinical placement. However, participants who wish to gain informal clinical experience prior to formal placement commencing are encouraged by the GOC

to make these informal arrangements. A minimum of two years in practice following registration as an optometrist will be required of each participant before starting the formal clinical placement element of the programme.

2.8 **APL/APEL arrangements**: where it is intended to allow candidates access to the training establishment's assessment procedures without following the proposed taught programme in its entirety, it is expected that the arrangements will be in place to ensure that candidates are suitably qualified to attempt the assessment process. Such 'assessment of prior learning' procedures should be shown in detail, for example through records of achievement documents, portfolios, and clinical records.

2.9 **Assessment**: Assessment will be in two parts:
[a] At the conclusion of the theoretical element and prior to entry to the clinical placement. This assessment will be carried out by the training provider; and
[b] At the conclusion of the clinical placement. This assessment will be carried out by the College of Optometrists in the form of the Therapeutic Common Final Assessment.

Assessment strategies must be made explicit, in particular the criteria for pass/fail and the details of the marking scheme. Assessment should examine the theory and practice of prescribing.

Participants will be required to pass the theory modules and demonstrate that they have the necessary clinical skills before commencing the clinical placement.

2.10 The learning outcomes should be assessed by a variety of methods to test knowledge, skills and a reflective approach to the continued professional development of prescribing practice.

2.11 Assessment Providers should indicate:

[i] the assessment methods used to check achievement of each learning outcome. (A proforma is given at **Appendix 5** to assist in the submission of this information.);

[ii] the assessment mechanisms should be suitable for the competency they are designed to test, and could include: written examinations, Objective Structured Clinical Examinations (OSCE), Visual Identification and Management of Ophthalmological Conditions (VIMOC), or Case Scenarios.

[iii] In the Common Final Assessment it is expected that there will be a viva based on a Portfolio of Practice Evidence seen during the period of clinical training (see Section 4 for Practice Based Learning). This should be performed by two examiners with relevant backgrounds (specifically, an ophthalmologist and an optometrist). During the viva examiners are free to ask about the management of conditions not covered in the portfolio;

[iv] what quality assurance mechanisms are used to ascertain that all the learning outcomes are achieved. For example, use of external assessors;

[v] what quality enhancement mechanisms are in place. How is the provider planning to maintain standards and to improve the quality of provision in the future.

[vi] the student support services available.

2.12 Training Providers and Assessment bodies should furnish their Quality Assurance information/handbooks to indicate the QA arrangements to audit the appropriateness of the learning/assessment environments and guidance to achieve the requirements of this handbook.

2.13 Regulations

Details of Assessment and Examination Regulations should be provided.

3. Practice-based Learning

3.1 Participants must receive comprehensive clinical practice, as highlighted in this handbook. It will be for the participant to arrange the clinical practice placement and the appropriate mentorship during the placement and to inform the College of Optometrists of the details. This practice must be undertaken in the UK.

For independent prescribing, the Clinical Practice Placement should comprise of a minimum 12 days (24 sessions of not less than 3 hours) spent in the Hospital Eye Service or Specialist General Practice under the supervision of a designated ophthalmologist.

3.2 The primary purpose of this component of the training programme is to develop competency in the practice of prescribing and to facilitate the integration of prescribing theory and practice. It is required that this training will be obtained in an appropriate ophthalmic care setting, normally in a UK-based environment, (e.g. Hospital Eye Service) under the supervision of a designated ophthalmologist. Where there is an issue requiring resolution concerning the suitability of a practice placement, the issue should be referred to the GOC for arbitration.

3.3 It is for the trainee to make suitable arrangements for their mentorship, but the choice of mentor and the environment in which the mentorship will be delivered will be recorded by the College of Optometrists. The trainee must register with the College in advance of commencing their practice placement, providing details of the mentorship.

3.4 A designated mentor will provide supervision, support and appropriate clinical exposure so that the trainee can develop links between theory and practice. It is essential that the mentor is familiar with the requirements of the training programme and the need to achieve stated learning outcomes. Specifically, the period of practice-based learning should ensure that the trainee:

[a] is competent in the assessment, diagnosis and management of the ophthalmic conditions for which the optometrist intends to prescribe;
[b] is able to recognise those sight-threatening conditions that should be referred;
[c] is able to consult effectively with patients;
[d] Is able to monitor the response to treatment, to review both the working and differential diagnosis and to modify treatment or refer/ consult/ seek guidance as appropriate.
[e] makes clinical decisions based on and with reference to the needs of the patient;

[f] critically analyses and evaluates his or her on-going performance in relation to prescribing practice.

3.5 Trainee's must have an understanding of their role as an independent prescriber, an awareness of the limitations of their clinical experience and demonstrate an ability to work within the limits of their professional competence.

3.6 Clinical training should be structured to ensure that each trainee is exposed to sufficient numbers of patients presenting with the conditions that he or she will manage therapeutically. In addition, the trainee should be exposed to a range of ophthalmic conditions so as to develop differential diagnostic skills.

3.7 Each trainee should maintain a Portfolio of Practice Evidence to verify that learning outcomes have been achieved. The portfolio should include:

[a] a log of all patients seen, signed by the mentor, with an indication of the actual involvement of the trainee in each patient episode;
[b] full information regarding each patient's clinical presentation, management and follow-up;
[c] a reading log as evidence of the literature that has been used by the trainee to inform his or her understanding of prescribing practice;
[d] critical reflection by the trainee upon his or her own performance, showing evidence of personal and professional development;
[e] a summary sheet showing where in the portfolio the evidence for the achievement of learning outcomes can be found.

3.8 The candidate's involvement in the patient care episodes described in the log book must be signed off by the supervising medical practioner.

3.9 The Portfolio of Practice Evidence should be submitted to the examiners prior to the viva and will contribute to the final assessment. Participants have personal responsibility to comply with the entry requirements for the College of Optometrists, Therapeutic Common Final Assessment and participants should personally ascertain the current entry requirements for the TCFA.

4. Resources

4.1 The training providers presenting the proposal will be required to indicate the following information in order for Visitors to determine whether the resource available will support the effective delivery of the programme/assessment requirements:

[a] Projected number of participants:
[b] Proposed staffing and job descriptions.
[c] Accommodation plans; the nature of the learning environment and information technology support.
[d] Equipment.

5. GOC process of decision-making

5.1 Timetable for the approval process

Establishments wishing to provide courses/assessment should in the first instance, write to the GOC indicating their broad intention. At this stage, or later, they should present a document which encapsulates the requirements of this Handbook. The GOC will then trigger the necessary accreditation procedures.

5.2 Documentation required from proposers

Establishments are required to present proposals in the strict sequence indicated in Sections 2, 3 and 4 of this Handbook as appropriate.

5.3 Requirement for visiting establishments

After receipt of appropriate documentation, Officers will arrange for a group of Visitors to give initial consideration to the proposals and decide whether further information is required or whether an accreditation event can be arranged. It is envisaged that this will require a Visit to the establishment.

5.4 The panel – constitution

The accreditation panel will consist of a Lay Chair and two optometry visitors and an ophthalmologist along with an Officer.

5.5 Form and nature of written report

At the end of the Visit the Chair will if possible, indicate verbally the conclusions of the Visitors, and this will be followed with a brief written report confirming the Visit conclusions and any conditions. The report will be presented to the GOC's Education Committee and Council as a series of recommendations for approval.

APPENDIX 1

Extract from '*The Competency Framework for Prescribing Optometrists*'

4 Introducing the competency framework for optometrist prescribers

4.1 Who is the framework for?

As prescribing responsibilities are extended to optometrists, the competency framework on pages 15–17 of this section will be relevant to:

- ❑ Optometrist independent prescribers
- ❑ Optometrist supplementary prescribers (the framework should be used with the modifications detailed on page 18)

The competency framework will also help optometrists using any extended exemptions to the Medicines Act to identify competencies that they may need.

4.2 The structure of the framework

Key point

The framework contains NINE competencies. For ease, these have been grouped into three areas, with three competencies in each area.

This competency framework for optometrist prescribers is made up of the following components:

- ❑ There are three areas of competency in the framework:
  - The consultation
  - Prescribing effectively
  - Prescribing in context

- ❑ Each of these three areas contains three competencies. This framework, therefore, consists of NINE different competencies

- ❑ Each of the nine competencies has:
  - An overarching statement which gives a general flavour of what the competency is about
  - A number of statements which represent how optometrists who have that competency will be behaving in practice

This outline structure is illustrated in figure 1 below:

Figure 1: Outline structure of the competency framework

THE CONSULTATION (competency area)		
Clinical and pharmaceutical knowledge 1	**Establishing options 2**	**Communicating with patients 3**
PRESCRIBING EFFECTIVELY (competency area)		
Prescribing safely 4	**Prescribing professionally 5**	**Improving prescribing practice 6**
PRESCRIBING IN CONTEXT (competency area)		
Information in context 7	**The NHS in context 8**	**The team and individual context 9**

Establishing options

(overarching statement)

Makes a diagnosis and generates management options for the patient. Follows up treatment.

(behavioural indicators)

- Takes a comprehensive medical and medication history including presenting symptoms
- Assesses the clinical condition using appropriate equipment and techniques
- Identifies the nature, severity and significance of the clinical problem (i.e. formulates a 'working' diagnosis from differential diagnosis

4.3 Key features of the framework

Key point
Before using the competency framework read these key features.
They will help you interpret this multidisciplinary framework

- ❑ This framework is an **outline framework** which can be used by ALL prescribing optometrists, regardless of the area in which they are practicing.
- ❑ All nine competencies will be relevant to all optometrists. However, some of the statements supporting the competencies will be **more relevant to some optometrists than others**
- ❑ The framework should, therefore, be used as a **starting point for discussion** about the competencies required by optometrist prescribers
- ❑ Initially, **using this framework effectively will take time**. How each of the statements supporting the nine competencies applies to optometrists (or groups of optometrists) must be considered
- ❑ When considering these statements, be aware that some are more complex than others. **Expect to spend more time on the more complex statements**
- ❑ The bullet pointed statements in each competency should be read one after another DOWN the list, NOT across competency boxes

4.4 The outline framework of prescribing competencies for optometrists

The competency framework for all optometrist prescribers is outlined on the following three pages. There are several modifications and additions to the framework which apply specifically to supplementary prescribers (see page 18). Where statements have been modified for supplementary prescribers this is cross referenced in the framework itself.
If you are unclear about the format refer to the notes earlier in this section which highlight key features and explain the structure of the framework.

THE CONSULTATION

1 CLINICAL AND PHARMACEUTICAL KNOWLEDGE	2 ESTABLISHING OPTIONS	3 COMMUNICATING WITH PATIENTS (parents, carers and advocates where appropriate)
Has up-to-date clinical and pharmaceutical knowledge relevant to own area of practice.	*Makes a diagnosis and generates management options for the patient. Follows up treatment.*	*Establishes a relationship based on trust and mutual respect. Sees patients as partners in the consultation. Applies the principles of concordance.*
1 Understands the conditions being treated, their natural progress and how to assess the severity of disease	1 Takes a comprehensive medical and medication history, including presenting symptoms*	1 Approaches the consultation in a structured way
2 Understands different non-pharmacological and pharmacological approaches to modifying disease and promoting health, desirable and undesirable outcomes, and how to identify and assess them	2 Assesses the clinical condition using appropriate equipment and techniques*	2 Listens to and understands patients' beliefs and expectations
3 Understands the mode of action and pharmacokinetics of medicines and how these mechanisms may be altered (e.g. by age, renal impairment etc.) and how this affects dosage	3 Identifies the nature, severity and significance of the clinical problem (i.e. formulates a 'working' diagnosis from differential diagnosis)*	3 Understands the cultural, linguistic and religious implications of prescribing
4 Understands the potential for unwanted effects (e.g. allergy, adverse drug reactions [ADRs], drug interactions, special precautions and contraindications) and how to avoid /minimise, recognise and manage them	4 Requests and interprets relevant diagnostic tests	4 Adapts consultation style to meet the needs of different patients (e.g. for age, level of understanding, physical impairments etc.)
5 Maintains an up-to-date knowledge of products in the BNF / drug tariff (e.g. doses, formulations, pack sizes, storage conditions, costs)	5 Views and assesses the patient's needs holistically (psychosocial, physical)	5 Deals sensitively with patients' emotions and concerns
6 Understands how medicines are licensed, supplied and monitored (e.g. ADR reporting)	6 Considers no treatment, non-drug and drug treatment options (including referral and preventative measures)	6 Creates a relationship which does not encourage the expectation that a prescription will be supplied
7 Applies the principles of evidence-based medicine, and clinical and cost-effectiveness	7 Assesses the effect of multiple pathologies, existing medication and contraindications on treatment options	7 Explains the nature of the patient's condition and the rationale behind, and potential risks and benefits of, management options
8 Understands the public health issues related to medicines use	8 Assesses the risks and benefits to the patient of taking / not taking a medicine (or using / not using a treatment)	8 Helps patients to make informed choices about their management
9 Appreciates the misuse potential of drugs	9 Selects the most appropriate drug, dose and formulation for the individual patient	9 Negotiates an outcome of the consultation that both patient and prescriber are satisfied with
10 Is aware of infection control procedures	10 Monitors effectiveness of treatment and potential side-effects	10 Encourages patients to take responsibility for their own health and to self-manage their conditions
	11 Makes changes to the treatment plan in light of ongoing monitoring and the patient's condition and preferences*	11 Gives clear instructions to the patient about their medication (e.g. how to take / administer it, where to get it from, possible side-effects etc.)
	12 Establishes, and maintains, a plan for reviewing the therapeutic objective / end point of treatment and discharge	12 Checks patients' understanding of, and commitment to, their management and follow up
	13 Ensures that patients can access ongoing supplies of their medication (repeat prescribing)	
	14 Accesses and interprets all relevant patient records to ensure knowledge of the patient's management	

* These statements are modified for supplementary prescribers; refer to page 18

PRESCRIBING EFFECTIVELY		
4 PRESCRIBING SAFELY	*5 PRESCRIBING PROFESSIONALLY*	**6 IMPROVING PRESCRIBING PRACTICE**
Is aware of own limitations. *Does not compromise patient safety.* *Justifies prescribing decisions.*	*Works within professional, organisational, and regulatory standards.*	*Actively participates in the review and development of prescribing practice to improve patient care.*
1 Knows the limits of their own knowledge and skill, and works within them 2Knows when to refer to, or seek guidance from, another member of the team or a specialist* 3 Prescribes a medicine only with adequate, up-to-date knowledge of its actions, indications, contraindications, interactions, cautions, dose and side-effects 4 Knows about common types of medication errors and how to prevent them 5 Makes prescribing decisions often enough to maintain confidence and competence 6 Keeps up-to-date with advances in practice and emerging safety concerns related to prescribing 7 Understands the need for, and makes, accurate and timely records and clinical notes 8 Writes legible, clear and complete prescriptions which meet legal requirements	1 Accepts personal responsibility for their own prescribing and understands the legal and ethical implications of doing so 2 Makes prescribing decisions based on the needs of patients and not the prescribers personal considerations 3 Understands how current legislation affects prescribing practice 4 Prescribes within current professional codes of practice 5 Takes responsibility for their own continuing education and training, and continuing professional development 6 Keeps prescription pads safely and knows what to do if they are stolen / lost 7 Maintains patient confidentiality	1 Reflects on their own performance, can learn and change prescribing practice 2 Shares and debates their own, and others' prescribing practice (e.g. audit, peer group review) 3 Challenges colleagues inappropriate practice constructively 4 Understands and uses tools to improve prescribing (e.g. review of prescribing data, audit) 5 Reports prescribing errors and near misses, reviews practice to prevent recurrence 6 Develops own networks for support, reflection and learning
* This statement is modified for supplementary prescribers; refer to page 18		

PRESCRIBING IN CONTEXT		
7 INFORMATION IN CONTEXT	**8 THE NHS IN CONTEXT#**	**9 THE TEAM AND INDIVIDUAL CONTEXT**
Knows how to access relevant information. Can critically appraise and apply information in practice.	*Understands, and works with, local and national policies that impact on prescribing practice. Sees how own practice impacts on wider NHS.*	*Works in partnership with colleagues for the benefit of patients. Is self-aware and confident in own ability as a prescriber.*
1 Understands the advantages and limitations of different information sources 2 Uses relevant, up-to-date information; both written (paper / electronic) and verbal 3 Critically appraises the validity of information (e.g. promotional literature, research reports) when necessary 4 Applies information to the clinical context (linking theory to practice) 5 Uses relevant patient record systems, prescribing and information systems, and decision support tools## 6Regularly reviews the evidence behind therapeutic strategies	1 Understands and works with local NHS organisations 2 Works within local frameworks for medicines use as appropriate (e.g. formularies, protocols and guidelines) 3 Works within the NHS / organisational code of conduct when dealing with the pharmaceutical industry 4 Understands drug budgetary constraints at local and national levels; can discuss them with colleagues and patients 5 Understands the national NHS frameworks for medicine use (e.g. National Institute for Clinical Excellence, National Service Frameworks, medicines management, clinical governance, IT strategy)##	1 Thinks and acts as part of a multidisciplinary team to ensure that continuity of care is not compromised 2 Recognises and deals with pressures that result in inappropriate prescribing 3 Is adaptable, flexible and responsive to change 4 Negotiates the appropriate level of support for their role as a prescriber 5 Establishes and maintains credibility with colleagues in the health care team 6 Establishes relationships with colleagues based on trust and respect for each others roles 7 Seeks or provides support, advice and training from / to other prescribers, team members and support staff where appropriate

This competency has an NHS focus. However, the principles underpinning several of the statements will apply equally to optometrists in non NHS Practice and to Optometrists working in non-NHS organisations.

IT and decision support is likely to increase significantly over time. It is critical that optometrists are both aware of, and able to, use relevant IT systems.

4.5 Competencies for optometrist supplementary prescribers

The competencies for optometrist supplementary prescribers are those presented in the competency framework for optometrist prescribers (pages 15–17). However for supplementary prescribers, there are a few modifications and additions to the framework which reflect the supplementary prescribing concept. These modifications are presented in table 1 below and are cross referenced to the prescribing competency framework on pages 15–17.

Table 1: Modifications and additions to the optometrist prescribers competency framework relevant to optometrist supplementary prescribers

THE CONSULTATION		
Competency	**Statement**	**Modification / new statement**
Establishing options	Reviews diagnosis and generates treatment options for the patient within the clinical management plan. Always follows up management	**MODIFIED; overarching statement**
	Reviews the medical and medication history including changes in symptoms	**MODIFIED; statement 1**
	Assesses the clinical condition using agreed equipment and techniques	**MODIFIED; statement 2**
	Reviews the nature, severity and significance of the clinical problem	**MODIFIED; statement 3**
	Makes changes within the clinical management plan in light of ongoing monitoring and the patient's condition and preferences	**MODIFIED; statement 11**
PRESCRIBING EFFECTIVELY		
Competency	**Statement**	**Modification / new statement**
Prescribing safely	Knows how and when to refer back to, or seek guidance from, the independent prescriber, another member of the team or a specialist	**MODIFIED; statement 2**
Prescribing professionally	Understands the scope of own prescribing responsibility in the context of a shared clinical management plan	**NEW STATEMENT**
	Ensures that the patient consents to be managed by a prescribing partnership	**NEW STATEMENT**
PRESCRIBING IN CONTEXT		
Competency	**Statement**	**Modification / new statement**
The NHS in context	Understands the principles behind supplementary prescribing and how they are applied in practice	**NEW STATEMENT**
The team and individual context	Proactively negotiates with the independent prescriber to develop clinical management plans	**NEW STATEMENT**
	Relates to the independent prescriber as a partner	**NEW STATEMENT**

APPENDIX 2[A]

Outline curriculum for a training programme to prepare optometrists to practise as Independent/Supplementary Prescribers.

1. Aim

To prepare optometrists to practise as independent/supplementary prescribers and to meet the standards set by the General Optical Council for entry on to the appropriate specialist therapeutic prescribing register.

2. Learning outcomes

Following completion of the appropriate training programme, an optometrist should be able to demonstrate:

[a] an understanding of his or her role as an independent prescriber, an awareness of the limitations of his or her experience and an ability to work within the limits of his or her professional competence

[b] an ability to take a comprehensive medical history and examine the eye and adnexa using appropriate instrumentation and clinical techniques

[c] knowledge of the pathophysiology, clinical features and natural course of the conditions being treated

[d] an ability to identify the nature and severity of the presenting condition and to generate an appropriate patient-specific clinical management plan

[e] an ability to monitor the response to treatment, to review both the working and the differential diagnosis, and to modify treatment or refer / consult / seek guidance as appropriate

[f] an ability to prescribe, safely, appropriately and cost effectively

[g] an ability to take a shared approach to decision making by assessing patients' needs for medicines, taking account of their preferences and values and those of their carers when making prescribing decisions

[h] an ability, when working as a supplementary prescriber, to work within a prescribing partnership and to accept the scope and limitations of a patient-specific clinical management plan

[i] an ability to critically evaluate sources of information, advice and decision support in prescribing practice, taking into account current evidence based practice

[j] an understanding of the public health issues related to medicines use

[k] an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing

[l] an ability to work within clinical governance frameworks that include audit of prescribing practice and personal development

3. Indicative content

[a] Clinical and pharmaceutical knowledge

- ❑ Principles of pharmacology
  - Pharmacokinetics & pharmacodynamics of topical ophthalmic & systemically administered medicines
  - Drug design, formulation and delivery
  - Physiological/pathological alterations in drug response e.g. age, ethnicity, pregnant or breastfeeding women, co-morbidity
  - Potential for unwanted effects e.g. allergy, adverse drug reactions, interactions
- ❑ Pathogenesis, clinical features natural history and management of the conditions for which the optometrist intends to prescribe
- ❑ Action, indications, cautions, contraindications and side effects of drugs used in the treatment of disorders of the eye and adnexa

[b] History taking, examination techniques, decision making and review

- ❑ History taking
  - Presenting symptoms
  - Medical and medication history
- ❑ Methods of ocular assessment
  - Equipment and techniques
  - Diagnostic tests
- ❑ Concept of a working diagnosis
- ❑ Development of a treatment plan including selection and optimisation of a drug regimen
- ❑ Patient-specific clinical management plans in the context of a supplementary prescribing partnership
- ❑ Principles of concordance
- ❑ Assessment of responses to treatment against the objectives of the treatment plan/clinical management plan
- ❑ Identifying and reporting adverse drug reactions

[c] Prescribing in an individual and team context

- ❑ Autonomous working and clinical decision making within professional expertise and competence – knowing when and how to refer / consult / seek guidance from another member of the healthcare team
- ❑ Effective communication and team working with other professionals
- ❑ The responsibility of an independent prescriber in the development, delivery and review of a patient-specific clinical management plan
- ❑ The responsibility of a supplementary prescriber in collaborating with an independent prescriber in the the delivery and review of a patient-specific clinical management plan
- ❑ Negotiating support/training for prescribing role
- ❑ Development and maintenance of professional knowledge and competence in relation to the condition(s) which the optometrist intends to manage (with or without the prescription of drugs)

[d] Evidence based practice and clinical governance in relation to prescribing

- ❑ Principles of evidence based practice and critical appraisal skills
- ❑ Information systems / decision making support tools
- ❑ Auditing, monitoring and evaluating prescribing practice
- ❑ Local and professional clinical governance policies and procedures
- ❑ Risk assessment and risk management
- ❑ Reflective practice, continuing professional development and support networks

[e] Legal basis of prescribing

- ❑ Drug legislation
- ❑ Drug licensing
- ❑ Legislation affecting prescribing practice
- ❑ Prescription writing/ prescription pads

[f] Prescribing safely and professionally

- ❑ Sources of drug information
- ❑ Record keeping
- ❑ Medication errors
- ❑ Influences on prescribing practice
- ❑ Patient confidentiality and data protection
- ❑ Professional codes of practice
- ❑ Inappropriate prescribing and misuse of medicines
- ❑ Local and national policies impacting on prescribing practice
- ❑ Local and national frameworks for medicines use
- ❑ Antimicrobial use and resistance
- ❑ Budgetary constraints at local and national level
- ❑ Safe Disposal of Medicines

APPENDIX 2[B]

Outline curriculum for a training programme to prepare optometrists to sell, supply or write written (signed) orders for drugs at Additional Supply (Exemption Level 2) Level.

1. Aim

To prepare optometrists to sell, supply or write written orders for drugs at Additional Supply (Exemption Level 2) Level and to meet the standards set by the General Optical Council for entry to specialist registers.

2. Learning outcomes

Following completion of the appropriate training optometrists should be able to demonstrate:

[a] an ability to take a comprehensive medical history and examine the eye using appropriate instrumentation and clinical techniques

[b] knowledge of the pathophysiology, clinical features and natural course of the conditions being treated

[c] an ability to identify the nature and severity of the presenting condition and generate an appropriate management plan

[d] an ability to monitor the response to treatment and modify the management plan or refer if necessary

[e] an ability to critically apply knowledge of pharmacology to prescribing practice

[f] an ability to critically evaluate sources of information, advice and decision support in prescribing practice, taking into account current evidence based practice

[g] knowledge of the indications, cautions, interactions and contraindications of ophthalmic medicines

[h] an awareness of own limitations and an ability to practise within a framework of professional accountability and responsibility

[i] an understanding of the legal basis of the use and supply of Additional Supply (Exemptions Level 2) medicines

[j] a reflective approach in the review and development of prescribing practice

3. Indicative content

[a] Clinical and pharmaceutical knowledge

Anatomy and physiology of the eye and adnexae
General and ocular immunology
General and ocular microbiology

- ❑ Principles of pharmacology
  - -Pharmacokinetics and pharmacodynamics
  - -Drug design, formulation and delivery
  - -Physiological/pathological alterations in drug response e.g. age, ethnicity, pregnancy, co-morbidity
- ❑ Disorders of the anterior eye
  - -Pathogenesis, clinical features, management
- ❑ Ocular pharmacology and therapeutics
  - -Indications, dose, precautions, contraindications, interactions

[b] History taking, examination techniques and methods of monitoring

- ❑ History taking
  - -Presenting symptoms
  - -Medical and medication history
- ❑ Methods of ocular examination
  - -Equipment and techniques
- ❑ Development of a clinical management plan
- ❑ Monitoring compliance and response to treatment
- ❑ Knowledge of natural history and clinical profile of conditions being treated
- ❑ Identifying and reporting adverse drug reactions
- ❑ Knowledge of own limitations and criteria for referral

[c] Evidence based practice and clinical governance in relation to prescribing

- ❑ Principles of evidence based practice and critical appraisal skills
- ❑ Auditing, monitoring and evaluating prescribing practice
- ❑ Clinical governance
- ❑ Risk assessment and risk management

[d] Legal basis of prescribing

- ❑ Drug legislation
- ❑ Drug licensing
- ❑ Exemptions to the Medicines Act
- ❑ Prescription writing

[e] Prescribing safely and professionally

- ❑ Sources of drug information
- ❑ Record keeping
- ❑ Medication errors
- ❑ Influences on prescribing practice
- ❑ Patient confidentiality and data protection
- ❑ Professional codes of practice
- ❑ Public health policy e.g. antimicrobial use and resistance
- ❑ Inappropriate prescribing and misuse of medicines
- ❑ Reflective practice

Note to Providers: Details of requirement for Practice-based Learning; assessment, duration & academic level of training given in Sections 2 & 3

APPENDIX 3

Outline curriculum for a training programme to prepare optometrists with the Additional Supply or Supplementary Prescribing Speciality to become Independent Prescribers.

1. Aim

To prepare optometrists already practising as additional supply optometrists or supplementary prescribers to meet the standards set by the General Optical Council for entry on to the appropriate specialist therapeutic prescribing register for independent prescribers. The learning outcomes in bold are additional to those that have already been demonstrated by additional supply optometrists/ supplementary prescribers. These should form the basis of an appropriate conversion course.

2. Learning outcomes

Following the completion of a programme of study, optometrist independent prescribers should be able to demonstrate:

[a] an understanding of his or her role as an independent prescriber, an awareness of the limitations of his or her clinical experience and an ability to work within the limits of his or her professional competence

[b] an ability to take a comprehensive medical history and examine the eye and adnexa using appropriate instrumentation and clinical techniques

[c] knowledge of the pathophysiology, clinical features and natural course of the conditions being treated

[d] an ability to identify the nature and severity of the presenting condition and to generate an appropriate patient-specific clinical management plan

[e] an ability to monitor the response to treatment, to review both the working and the differential diagnosis, and to modify treatment or refer / consult / seek guidance as appropriate

[f] an ability to prescribe, safely, appropriately and cost effectively

[g] an ability to take a shared approach to decision making by assessing patients' needs for medicines, taking account of their preferences and values and those of their carers when making prescribing decisions

[h] an ability to critically evaluate sources of information, advice and decision support in prescribing practice, taking into account current evidence based practice

[i] an understanding of the public health issues related to medicines use

[j] an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing

[k] an ability to work within clinical governance frameworks that include audit of prescribing practice and personal development

3. Indicative Content

It is recognised that some of the following indicative content may have been covered in the additional supply/supplementary prescribing curriculum, however given that there are no legal restrictions on the ocular conditions managed, or the pharmaceutical agents prescribed by optometrist independent prescribers, this material needs to be revisited. In particular, differential diagnosis and review. Moreover, the increased professional autonomy and responsibility of the independent prescriber forms the basis of the additional legal and ethical components of the curriculum.

[a] Clinical and pharmaceutical knowledge

- Principles of pharmacology
  - Pharmacokinetics and pharmacodynamics of systemically administered medicines
  - Systemic drug design, formulation and delivery
  - Physiological/pathological alterations in drug response e.g. age, ethnicity, pregnant or breastfeeding women, co-morbidity
  - Potential for unwanted effects e.g. allergy, adverse drug reactions, interactions
- Pathogenesis, clinical features natural history and management of the conditions for which the independent prescribing optometrist intends to prescribe

[b] History taking, examination techniques, decision making and review

- Concept of a working diagnosis
- Development of a treatment plan including selection and optimisation of a drug regimen
- Patient-specific clinical management plans in the context of a supplementary prescribing partnership
- Principles of concordance
- Assessment of responses to treatment against the objectives of the treatment plan/clinical management plan

[c] Prescribing in an individual and team context

- Autonomous working and clinical decision making within professional expertise and competence – knowing when and how to refer / consult / seek guidance from another member of the healthcare team
- Effective communication and team working with other professionals
- The responsibility of an independent prescriber in the development, delivery and review of a patient-specific clinical management plan
- The responsibility of a supplementary prescriber in collaborating with an independent prescriber in the the delivery and review of a patient-specific clinical management plan
- Negotiating support/training for prescribing role
- Development and maintenance of professional knowledge and competence in relation to the condition(s) which the optometrist intends to manage (with or without the prescription of drugs)

[d] Evidence based practice and clinical governance in relation to prescribing

- o Information systems / decision making support tools
- o Local and professional clinical governance policies and procedures
- o Risk assessment and risk management
- o Reflective practice, continuing professional development and support networks

[e] Legal basis of prescribing

- o Legal basis of independent prescribing

[f] Prescribing safely and professionally

- o Local and national policies impacting on prescribing practice
- o Local and national frameworks for medicines use
- o Antimicrobial use and resistance
- o Budgetary constraints at local and national level

4. Teaching Learning and Assessment Strategies

The conversion programme should be taught to at least first degree level (HE3/ M level). Programme delivery may be achieved through a variety of strategies e.g. face to face instruction, distance learning or directed private study. Learning strategies and assessment methods must be appropriate for the material being taught and the learning outcome that is being tested. The programme should be of sufficient length to achieve the learning outcomes and should include at least two days of face to face learning activities.

5. Learning in practice

The purpose of the learning in practice component of the conversion programme is to transfer learning from the taught component of the programme into practice and to acquire skills that are more appropriately learned in practice. Training should be obtained in an appropriate ophthalmic care setting in the UK under the supervision of a designated ophthalmologist.

The duration of the additional learning in practice is as follows:

- Supplementary prescribers: a minimum of 6 sessions of not less than 3 hours
- Additional supply optometrists: a minimum of 14 sessions of not less than 3 hours

Each trainee will be required to maintain a Portfolio of Practice Evidence to ensure that learning outcomes have been achieved. The College of Optometrists will provide details of the format of the portfolio and the nature of the Common Final Assessment for the conversion programme.

APPENDIX 4

PROFORMA TO BE COMPLETED BY THE PROVIDER TO DEMONSTRATE HOW AND WHERE EACH COMPETENCY IS ACHIEVED WITHIN THE PROVISION

THE CONSULTATION		
CLINICAL AND PHARMACEUTICAL KNOWLEDGE	ESTABLISHING OPTIONS	COMMUNICATING WITH PATIENTS (carers, parents and/or advocates where appropriate)
Has up-to-date clinical and pharmaceutical knowledge relevant to own area of practice	Makes a diagnosis and generates treatment options for the patient. Follows up treatment	Establishes a relationship based on trust and mutual respect. Sees patients as partners in the consultation, applies the principles of concordance
PRESCRIBING EFFECTIVELY		
PRESCRIBING SAFELY	PRESCRIBING PROFESSIONALLY	IMPROVING PRESCRIBING PRACTICE
Is aware of own limitations, does not compromise patient safety. Justifies prescribing decisions	Works within professional, regulatory and organisational standards.	Actively participates in the review and development of prescribing practice to improve patient care
PRESCRIBING IN CONTEXT		
7. INFORMATION IN CONTEXT	THE NHS IN CONTEXT*	THE TEAM AND INDIVIDUAL CONTEXT
Knows how to access relevant information. Can critically appraise and apply information in practice	*Understands, and works with, local and national policies that impact on prescribing practice. Sees how own practice impacts on wider NHS*	*Works in partnership with colleagues for the benefit of patients. Is self-aware and confident in own ability as a prescriber*

APPENDIX 5

PROFORMA TO BE COMPLETED BY THE PROVIDER TO INDICATE THE ASSESSMENT METHODS USED TO CHECK THE STUDENT'S ACHIEVEMENT OF THE LEARNING OUTCOMES

[A] INDEPENDENT PRESCRIBING

Learning Outcome	Form(s) of Assessment
[a] an ability to take a comprehensive medical history and examine the eye using appropriate instrumentation and clinical techniques	
[b] knowledge of the pathophysiology, clinical features and natural course of the conditions being treated	
[c] an ability to identify the nature and severity of the presenting condition and generate an appropriate management plan	
[d] an ability to monitor the response to treatment and modify the management plan or refer if necessary	
[e] an ability to critically apply knowledge of pharmacology to prescribing practice	
[f] an ability to critically evaluate sources of information, advice and decision support in prescribing practice, taking into account current evidence based practice	
[g] knowledge of the indications, cautions, interactions and contraindications of ophthalmic medicines	
[h] an awareness of own limitations and an ability to practise within a framework of professional accountability and responsibility	
[i] an understanding of the legal basis of the use and supply of Additional Supply (Exemptions Level 2) medicines	
[j] a reflective approach in the review and development of prescribing practice	

[B] ADDITIONAL SUPPLY

Learning Outcome	Form(s) of Assessment
[a] **an understanding of his or her role as an independent prescriber, an awareness of the limitations of his or her clinical experience and an ability to work within the limits of his or her professional competence**	
[b] an ability to take a comprehensive medical history and examine the eye and adnexa using appropriate instrumentation and clinical techniques	
[c] knowledge of the pathophysiology, clinical features and natural course of the conditions being treated	
[d] an ability to identify the nature and severity of the presenting condition and to generate an appropriate patient-specific clinical management plan	
[e] **an ability to monitor the response to treatment, to review both the working and the differential diagnosis, and to modify treatment or refer / consult / seek guidance as appropriate**	
[f] an ability to prescribe, safely, appropriately and cost effectively	
[g] **an ability to take a shared approach to decision making by assessing patients' needs for medicines, taking account of their preferences and values and those of their carers when making prescribing decisions**	
[h] an ability to critically evaluate sources of information, advice and decision support in prescribing practice, taking into account current evidence based practice	
[i] **an understanding of the public health issues related to medicines use**	
[j] **an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing**	
[k] **an ability to work within clinical governance frameworks that include audit of prescribing practice and personal development**	

APPENDIX 6

GUIDANCE TO TRAINING PROVIDERS ON ACCEPTABLE EVIDENCE FOR ENTRY TO INDEPENDENT PRESCRIBING COURSES

1. Applicants should define their intended area of practice, this is likely to be Primary Eye Care and / or Glaucoma.

2. Applicants should provide evidence that they have up to date knowledge and experience in their intended area of practice.

   This evidence may include:

   - Details of relevant courses attended and qualifications obtained;
   - Details of the type and extent of clinical experience in the intended area of practice;

3. Additional documentation may also include the following:

   - Supporting letter from a Registered Medical Practitioner;
   - Supporting letter from a Professional Services Director or equivalent;
   - Supporting letter from a commissioning organisation;

4. It is recommended that applicants should have identified a mentor prior to commencing the course (See Section 3 of the Handbook).

5. Training Providers should include a copy of the proposed application form in the course proposal document submitted to the General Optical Council.