Outline Curriculum Framework for Education Programmes to prepare Orthoptists to use Exemptions
1. INTRODUCTION

1.1 Introduction
This outline curriculum framework 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 Health and Care Professions Council register as qualified to use exemptions within Human Medicines Regulations 2012 to sell, supply or administer any eye drops or ointments containing any of the following substances, for any condition within their scope of practice and competence, for topical administration:

- Atropine
- Cyclopentolate
- Tropicamide
- Lidocaine with fluorescein
- Oxybuprocaine
- Proxymetacaine
- Tetracaine
- Chloramphenicol
- Fusidic acid

In addition, non-prescription medicines for supply and administration in the course of professional practice (e.g. phenylephrine 2.5%, fluorescein and ocular lubricants).

This outline curriculum framework 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 under 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 under exemptions by orthoptists is intended to provide patients with more timely and efficient care by supporting service redesign, making the best use of the skill set of orthoptists and offering patient choice.
NHS England led a public consultation on proposals to introduce the use of exemptions by orthoptists. This took place between February and April 2015.

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 the Five Year Forward View¹ and provides mechanisms to ensure that services can be delivered via new roles and new ways of working to improve clinical outcomes for patients.

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
The 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 project² 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

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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 within NHS England to extend prescribing and supply and administration of medicines to four of the Allied Health Professions. The project included proposals to introduce:
• use of exemptions within Human Medicines Regulations 2012 by orthoptists
• 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, 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 were received from the NHS England medical and nursing Senior Management teams and the 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, the Commission on Human Medicines, made recommendations and a ministerial decision was made in February 2016 to support:
• use of exemptions within Human Medicines Regulations 2012 by orthoptists
• supplementary prescribing by dietitians
• independent prescribing by therapeutic radiographers

1.5 Legal Framework

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 to be given to groups of patients who may or may not be identified prior to treatment and meet specific criteria set out in the PGD. 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 the 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. Exemptions may be used by paramedics, podiatrists, optometrists, midwives and 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).

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

<table>
<thead>
<tr>
<th>Allied Health Profession</th>
<th>PSD</th>
<th>PGD</th>
<th>Exemptions</th>
<th>Supplementary Prescribing</th>
<th>Independent Prescribing</th>
<th>Mixing of Medicines</th>
<th>Controlled Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapists</td>
<td>*</td>
<td>2000</td>
<td></td>
<td></td>
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<tr>
<td>Diagnostic Radiographers</td>
<td>*</td>
<td>2000</td>
<td></td>
<td></td>
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<tr>
<td>Therapeutic Radiographers</td>
<td>*</td>
<td>2000</td>
<td></td>
<td>2005</td>
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<tr>
<td>Speech and Language Therapists</td>
<td>*</td>
<td>2003</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Dietitians</td>
<td>*</td>
<td>2003</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2016</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>*</td>
<td>2003</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Orthoptists</td>
<td>*</td>
<td>2003</td>
<td></td>
<td></td>
<td>2013</td>
<td></td>
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</tr>
<tr>
<td>Prosthetists and Orthotists</td>
<td>*</td>
<td>2003</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art Therapists</td>
<td>*</td>
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<tr>
<td>Music Therapists</td>
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<tr>
<td>Dramatherapists</td>
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</tbody>
</table>

* Available to all professions
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, 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 developed standards for the use of exemptions by orthoptists. This will be made available on the HCPC website: http://www.hcpc-uk.co.uk

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

The extensive work carried out to develop A Competency Framework for All Prescribers¹, 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.

The development of the outline curriculum framework does not require orthoptists 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 entitlement to being excused from any part of the programme although Higher Education Institutions (HEIs) may use established mechanisms for considering this. 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 HEI at Masters Level 7, the programme will still need to be able to map to the minima required for Level 6.

The components of the education programme will be tailored in content and duration to deliver standards of knowledge and practice against each element of the curriculum framework that will allow safe practice and is relevant and permitted by orthoptists. Programmes will include sufficient emphasis on clinical decision making, including the 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 for eye conditions

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

1.8.1 Proposed scope of use of exemptions
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

1.9.1 Health and Care Professions Council (HCPC)
The regulatory body for AHPs is the HCPC. The HCPC has produced a number of standards, which cover the practice of its registrants:
• Standards for Continuing Professional Development
• Standards of Conduct, Performance and Ethics
• Standards of Proficiency – Orthoptists

The HCPC has developed 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 has also produced standards that apply to education providers in respect of pre-registration education and training of AHPs:
• Standards of Education & Training

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

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4 Health Professions Council (2016), Standards of Conduct, Performance and Ethics, London http://www.hcpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics
Practice guidance for orthoptists for the supply and administration of medicines under exemptions has been prepared by BIOS and consulted on as part of the NHS England public consultation.

### 1.10 Registration and Continuing Professional Development

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

Registrants successfully completing a HCPC approved exemptions 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.

The HCPC’s Standards of Conduct, Performance and Ethics requires that registrants only practise in those fields in which they have appropriate education, training and experience.

Since 2006, registrants have had to meet the HCPC requirements of the Standards for Continuing Professional Development (CPD). 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](http://www.hcpc-uk.org/registrants/cpd/activities)
2. ENTRY REQUIREMENTS

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

- The legal requirement to be registered to practice as an orthoptist
- 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**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>AND</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Be registered with the HCPC as an orthoptist</td>
<td></td>
<td>b) Be professionally practising in an environment where there is an identified need for the individual to regularly use exemptions</td>
</tr>
<tr>
<td>AND</td>
<td></td>
<td>c) Be able to demonstrate support from their employer*</td>
</tr>
<tr>
<td>AND</td>
<td></td>
<td>d) Be able to demonstrate medicines and clinical governance arrangements are in place to support safe and effective use of exemptions</td>
</tr>
<tr>
<td>AND</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>AND</td>
<td></td>
<td>f) In England and Wales, provide evidence of a Disclosure and Barring Service (DBS) or in Northern Ireland an AccessNI check within the last 3 years or in Scotland be a current member of the Protection of Vulnerable Groups (PVG) scheme.</td>
</tr>
</tbody>
</table>

* If self-employed, must be able to demonstrate an identified need for the use of exemptions and that all appropriate governance arrangements are in place
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 or equivalent) 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 curriculum 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 curriculum 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 under exemptions

The numbers of each competency in the first column reflect the number of the statement within the Competency Framework for All Prescribers.\(^9\) Where the competence does not meet the exact wording of the statement the most similar statement has been matched.

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.

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## 1. Initial Clinical Assessment

<table>
<thead>
<tr>
<th>Competence</th>
<th>Learning Outcomes</th>
<th>Indicative Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.6 Understands the conditions being treated, their natural progress and how to assess their severity.</td>
<td>Able to conduct a relevant clinical assessment/examination using appropriate equipment and techniques.</td>
<td>When and how to apply the range of models of consultation.</td>
</tr>
<tr>
<td>1.1 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.</td>
<td>Able to undertake a thorough medical and medication history, including alternative and complementary health therapies.</td>
<td>Accurate assessment, history taking and effective communication and consultation with patients and their parents/carers.</td>
</tr>
<tr>
<td>1.2 Undertakes an appropriate clinical assessment using relevant equipment and techniques.</td>
<td>Understands the importance of accessing and interpreting relevant patient records as part of the clinical assessment.</td>
<td>Interpretation of documentation including medical records, clinical notes and electronic health records.</td>
</tr>
<tr>
<td>1.3 Accesses and interprets relevant patient records to ensure knowledge of the patient’s management.</td>
<td></td>
<td>Relevant physical examination skills.</td>
</tr>
</tbody>
</table>
### 2. Communication

<table>
<thead>
<tr>
<th>Competence</th>
<th>Learning Outcomes</th>
<th>Indicative Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.13 Communicates information about medicines and what they are being used for when sharing information.</td>
<td></td>
<td>The role and function of other team members including effective communication and team working with other members of the health care team.</td>
</tr>
<tr>
<td>10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other’s roles.</td>
<td>Can describe the factors that may influence decisions.</td>
<td></td>
</tr>
<tr>
<td>1.2 Undertakes the consultation in an appropriate setting, taking account of confidentially, dignity and respect.</td>
<td>Demonstrates effective partnership working and communication skills with other healthcare professionals, prescribers, patients, carers and the wider team.</td>
<td>The importance of communicating medicines decisions with all those involved in a patient’s care, including the GP.</td>
</tr>
<tr>
<td>10.1 Thinks and acts as part of a multidisciplinary team to ensure that continuity of care is developed and not compromised.</td>
<td>Able to describe barriers to communication and methods to address these.</td>
<td>Strategies to develop accurate and effective communication and consultation with professionals, patients and their carers.</td>
</tr>
<tr>
<td>5.2. 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).</td>
<td></td>
<td>The professional relationship between all those supplying medicines involved in the patient’s care and the patient’s GP.</td>
</tr>
<tr>
<td>5.1 Adapts consultations to meet needs of different patients (e.g. for language, age, capacity, physical or sensory impairments).</td>
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</table>
## 3. Knowledge of Medicines

<table>
<thead>
<tr>
<th>Competence</th>
<th>Learning Outcomes</th>
<th>Indicative Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4 Understands the mode of action and pharmacokinetics of medicines and</td>
<td>Is able to explain the mode of action of medicines used within the orthoptist's</td>
<td>Principles of pharmacokinetics and drug handling – absorption, distribution,</td>
</tr>
<tr>
<td>how these mechanisms may be altered (e.g. by age, renal impairment), and</td>
<td>scope of practice.</td>
<td>metabolism and excretion of drugs.</td>
</tr>
<tr>
<td>how this affects treatment decisions.</td>
<td></td>
<td>Pharmacodynamics – how a medicine acts on a living organism.</td>
</tr>
<tr>
<td>4.2 Understands the potential for adverse effects and how to avoid/</td>
<td>Is able to describe the pharmacokinetics and pharmacodynamics of medicines used</td>
<td>Selection of drug regimen.</td>
</tr>
<tr>
<td>minimise, recognise and manage them.</td>
<td>within the orthoptist’s scope of practice and how these may be altered e.g. by</td>
<td>Adverse drug reactions, interactions with drugs (including over-the counter (OTC)</td>
</tr>
<tr>
<td>4.1 Only supplies or administers a medicine with adequate, up-to-date</td>
<td>age.</td>
<td>products, alcohol and ‘recreational’ drugs, prescription-only medicines (POMs),</td>
</tr>
<tr>
<td>awareness of its actions, indications, dose, contraindications,</td>
<td></td>
<td>and Complementary Medicines) and interactions with other diseases.</td>
</tr>
<tr>
<td>interactions, cautions, and side effects (using, for example, the BNF/BNFC).</td>
<td></td>
<td>Impact of physiological state on drug responses and safety, e.g. in elderly people,</td>
</tr>
<tr>
<td>4.8 Uses up-to-date information about relevant products (e.g. formulations,</td>
<td>Is able to list the up-to-date information about cautions, contraindications,</td>
<td>neonates, children and young people, pregnant or breast feeding women and</td>
</tr>
<tr>
<td>pack sizes, storage conditions, costs).</td>
<td>side-effects and interactions of medicines used within the orthoptist's scope of</td>
<td>inherited disorders.</td>
</tr>
<tr>
<td></td>
<td>practice.</td>
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</table>
### 4. Evidence Based Practice

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<tr>
<th>Competence</th>
<th>Learning Outcomes</th>
<th>Indicative Content</th>
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</thead>
<tbody>
<tr>
<td>2.7 Understands the advantages and limitations of different information sources.</td>
<td>Is able to list the different information sources available and explain their advantages and limitations.</td>
<td>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.</td>
</tr>
<tr>
<td>2.7 Accesses relevant, up-to-date information using trusted evidence-based resources.</td>
<td>Can describe the therapeutic evidence base underpinning the therapeutic area within the orthoptist’s scope of practice.</td>
<td>Auditing, monitoring and evaluating systems and practice including the use of outcome measures.</td>
</tr>
<tr>
<td>2.8 Regularly reviews the evidence base behind therapeutic strategies.</td>
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5. Clinical Decision Making

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<tr>
<th>Competence</th>
<th>Learning Outcomes</th>
<th>Indicative Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Understands different non-pharmacological and pharmacological approaches to modifying disease and promoting health, identifies and assesses the desirable outcomes of treatment.</td>
<td>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.</td>
<td>How to apply the principles of diagnosis and the concept of a working diagnosis in relation to a decision to ensure patient safety.</td>
</tr>
<tr>
<td>2.3 Assesses the risks and benefits to the patient of taking, or not taking, a medicine or treatment.</td>
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<td></td>
</tr>
<tr>
<td>2.2 Considers all treatment options including no treatment, non-pharmacological interventions and medicines usage.</td>
<td>Understands when to use exemptions, and when not to use exemptions, referral for treatment including non-pharmaceutical treatment and discontinuation of medicines.</td>
<td>When to use exemptions, not to use exemptions, alter current medications, non-drug treatment or referral for treatment.</td>
</tr>
<tr>
<td>1.5 Makes, or understands, the working or final diagnosis by considering and systematically deciding between the various possibilities (differential diagnosis).</td>
<td></td>
<td>Development of a treatment plan, including lifestyle and public health advice.</td>
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<tr>
<td>1.4 Requests and interprets relevant investigations.</td>
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(Table continues on next page)
## 5. Clinical Decision Making (continued from previous page)

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<tr>
<th>Competence</th>
<th>Learning Outcomes</th>
<th>Indicative Content</th>
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</thead>
<tbody>
<tr>
<td>2.5 Assesses the effect of multiple pathologies, existing medication, allergies and contraindications on management options.</td>
<td>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.</td>
<td>Confirmation of diagnosis/differential diagnosis – further examination, investigation and referral for diagnosis.</td>
</tr>
<tr>
<td>2.2 Where a medicine is appropriate, identifies the different options.</td>
<td>Understands the process of effective decision making.</td>
<td>Impact of co-morbidity and other treatments on the use of exemptions and patient management.</td>
</tr>
<tr>
<td>8.4 Makes decisions based on the needs of patients and not the orthoptist’s personal considerations.</td>
<td>Evaluates and interprets information gathered during history taking to develop a (working) diagnosis.</td>
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</tbody>
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3.4. Reflects on and evaluates own practice to improve professional performance.
6. Shared Decision Making

<table>
<thead>
<tr>
<th>Competence</th>
<th>Learning Outcomes</th>
<th>Indicative Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2 Identifies and respects the patient’s values, beliefs and expectations about medicines.</td>
<td>Demonstrates an ability to take account of patients’ wishes, values, ethnicity and the choices they may wish to make in their treatment.</td>
<td>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.</td>
</tr>
<tr>
<td>3.2 Takes into account the nature of peoples’ diversity.</td>
<td>Works with the patient to engender concordance and self-care, with the patient taking responsibility for their own medicines administration.</td>
<td>Personal attitudes and their influences on practice.</td>
</tr>
<tr>
<td>3.1 Deals sensitively with patients’ emotions and concerns about their medicines.</td>
<td>Demonstrates an understanding of concordance and non-adherence.</td>
<td>How to build and maintain an effective relationship with patients and carers taking into account their values and beliefs.</td>
</tr>
<tr>
<td>3.3 Explains the rationale behind, and the potential risks and benefits of, management options.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1 Works with patients to make informed choices about their management and respects their right to refuse or limit treatment.</td>
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</table>

(Table continues on next page)
6. Shared Decision Making (continued from previous page)

<table>
<thead>
<tr>
<th>Competence</th>
<th>Learning Outcomes</th>
<th>Indicative Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.5 When possible, supports patients to take responsibility for their medicines and self-manage their conditions.</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>5.1 Checks patient’s understanding of, and commitment to, their management, monitoring and follow-up.</td>
<td>Demonstrates an understanding of concordance and non-adherence.</td>
<td>Concordance as opposed to compliance.</td>
</tr>
<tr>
<td>3.4 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.</td>
<td>Demonstrates an understanding of the importance of, and risks associated with, shared decision making.</td>
<td></td>
</tr>
<tr>
<td>3.6 Aims for an outcome of the consultation with which the patient and orthoptist are satisfied.</td>
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</tbody>
</table>
### 7. Care Planning and Follow Up

<table>
<thead>
<tr>
<th>Competence</th>
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</tr>
</thead>
<tbody>
<tr>
<td>6.1 Establishes and maintains a plan for reviewing the therapeutic objective, discharge or end point of treatment.</td>
<td>Demonstrates an understanding of clear care plans including follow up.</td>
<td>Methods for monitoring the patient including interpretation and responding to patient reporting, physical examinations and laboratory investigations.</td>
</tr>
<tr>
<td>6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.</td>
<td>Demonstrates the ability to monitor response to medicines and modify treatment, or refer the patient as appropriate.</td>
<td></td>
</tr>
<tr>
<td>6.4 Makes changes to the treatment plan in light of on-going monitoring and the patient’s condition and preferences.</td>
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### 8. Documentation

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<tr>
<th>Competence</th>
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</thead>
<tbody>
<tr>
<td>4.10 Effectively uses the systems necessary to supply and administer medicines.</td>
<td>Able to make use of recording systems.</td>
<td>Record keeping, documentation and professional responsibility.</td>
</tr>
<tr>
<td>4.12 Makes accurate, legible and contemporaneous records and clinical notes of decisions.</td>
<td>Is able to produce clear legible records.</td>
<td>Confidentiality, Caldicott and Data Protection.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IT developments and their impact including electronic patient records and e-prescribing</td>
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</tbody>
</table>
9. Legal and Ethical Issues

<table>
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<tr>
<th>Competence</th>
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</tr>
</thead>
<tbody>
<tr>
<td>8.3 Aware of how medicines are licensed, sourced and supplied, and the implications.</td>
<td>Demonstrates an understanding of legal and ethical aspects. Is able to describe the factors that may influence decisions.</td>
<td>Regulation of Medicines: Policy context. Legal basis for supply and administration of medicines. Legal basis for storage, dispensing and disposal of medicines.</td>
</tr>
<tr>
<td>8.2 Accepts personal responsibility for supply and administration of medicines and understands the legal and ethical implications of doing so.</td>
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9. Legal and Ethical Issues (continued from previous page)

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<tr>
<th>Competence</th>
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</thead>
<tbody>
<tr>
<td>8.3 Knows and applies legal and ethical frameworks affecting practice.</td>
<td>Demonstrates an understanding of the law as it pertains to the relevant profession with regard to supply and administration of medicines.</td>
<td>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.</td>
</tr>
<tr>
<td>4.13/7.4 Maintains patient confidentiality in-line with best practice and regulatory standards and contractual requirements.</td>
<td></td>
<td>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.</td>
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### 9. Legal and Ethical Issues (continued from previous page)

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<tr>
<th>Competence</th>
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</thead>
<tbody>
<tr>
<td>8.6 Works within the NHS/organisational or other ethical code of conduct when dealing with the pharmaceutical industry.</td>
<td>Demonstrates an understanding of the differences between non-medical prescribing mechanisms and supply/administration mechanisms.</td>
<td>Maintenance of professional knowledge and competence in relation to the conditions for which the orthoptist may use exemptions. Individual accountability and responsibility.</td>
</tr>
<tr>
<td>8.5 Recognises and deals with pressures that might result in inappropriate supply or administration (for example, pharmaceutical industry, media, patient, colleagues).</td>
<td>Demonstrates strategies to recognise and deal with pressures that might result in inappropriate use of exemptions.</td>
<td>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.</td>
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</table>

### 10. Scope of Practice

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>7.1 Knows the limits of their own knowledge and skill, and works within them.</td>
<td>Understands importance of working within negotiated scope of practice.</td>
<td>How to understand and recognise personal limitations including the limits to personal scope of practice and working autonomously.</td>
</tr>
<tr>
<td>1.8 Knows when to refer to or seek guidance from another member of the team or a specialist.</td>
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</table>
### 11. Continuing Professional Development

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<tr>
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</thead>
<tbody>
<tr>
<td>8.1 Ensures confidence and competence are maintained.</td>
<td></td>
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</tr>
<tr>
<td>7.5 Keeps up to date with advances in practice and emerging safety concerns.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.8 Takes responsibility for own learning and continuing professional development.</td>
<td>Demonstrates compliance with professional CPD.</td>
<td>Analysis and learning from medication errors and near misses.</td>
</tr>
<tr>
<td>10.4 Makes use of networks for support, reflection and learning.</td>
<td>Demonstrates ability to reflect on practice and implement necessary changes.</td>
<td>Reflective practice/peer review, critical appraisal skills and continuing professional development – role of self and organisation.</td>
</tr>
<tr>
<td>9.3/10.4 Understands and uses tools to improve use of exemptions (e.g. review of data, audit and feedback).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.1 Learns and changes from reflecting on practice.</td>
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<td></td>
</tr>
<tr>
<td>10.4 Shares and debates own and others practice, and acts upon feedback and discussion.</td>
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# 12. Uses Exemptions Safely

<table>
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</thead>
<tbody>
<tr>
<td>7.4 Understands the need to work with, or develop, safe systems and processes locally for example, transfer of information about medicines.</td>
<td></td>
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</tr>
<tr>
<td>7.2 Knows about common types of medication errors and how to prevent them.</td>
<td></td>
<td>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).</td>
</tr>
<tr>
<td>7.6 Reports errors and near misses, reviews practice to prevent recurrence.</td>
<td>Demonstrates the knowledge of safe medicines use including numeracy and drug calculations.</td>
<td>Numeracy and drug calculations.</td>
</tr>
<tr>
<td>9.2 Acts upon colleagues’ inappropriate practice using appropriate mechanisms.</td>
<td>Is able to demonstrate safe use of medicines.</td>
<td></td>
</tr>
<tr>
<td>10.2 Provides support and advice to other orthoptists where appropriate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.6 Accurately calculates doses and routinely checks calculations where relevant, for example for children.</td>
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</table>
### 13. Public Health Issues Relating to the use of Medicines under Exemptions

<table>
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<tr>
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<tbody>
<tr>
<td>2.9 Understands the public health issues related to medicines and their use.</td>
<td>Demonstrates knowledge of public health issues including use and misuse of medicines and detecting adverse reactions.</td>
<td>Public health issues and policies, particularly the use of antimicrobials and resistance to them.</td>
</tr>
<tr>
<td>6.3 Knows how to detect and report suspected adverse drug reactions.</td>
<td></td>
<td>Use of medicines in populations and in the context of health priorities.</td>
</tr>
<tr>
<td>4.7 Appreciates the potential for misuse of medicines.</td>
<td>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.</td>
<td>Safe transporting, storage and disposal of medicines.</td>
</tr>
<tr>
<td>2.10 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)</td>
<td></td>
<td>Patient access to health care and medicines.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identifying and reporting unexpected and adverse drug reactions.</td>
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13. Public Health Issues Relating to the use of Medicines under Exemptions (continued from previous page)

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<tr>
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<tbody>
<tr>
<td>4.8 Understands budgetary constraints and prioritisation processes at local and national level (health-care resources are finite).</td>
<td></td>
<td>Inappropriate use of medicines including misuse, under and over-use.</td>
</tr>
<tr>
<td>4.5 Understands the national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation).</td>
<td>Able to demonstrate an understanding of current local and national healthcare policy concerning medicines.</td>
<td>Duty to patients and society. An overview of the financial considerations including national and local policy/guidance/governance.</td>
</tr>
<tr>
<td>4.3 Understands and works within local frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).</td>
<td></td>
<td>The external influences, at individual, local and national levels. Risk assessment and risk management, safe storage, handling and disposal.</td>
</tr>
</tbody>
</table>
5. LEARNING AND TEACHING STRATEGIES

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
- Integrate students’ theoretical and practice based learning
- Blend learning and teaching approaches that include a mix of sessions and remotely-supported and self-directed learning where applicable
- 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
- Achieve a clear integration of theoretical and practical learning
- 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 curriculum framework is to develop the knowledge and skills required by an orthoptist in order to sell, supply or administer medicines under exemptions, 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 under 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.

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 under
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 programme should be of sufficient length to achieve the learning outcomes. In no case should programme length be less than the equivalent of two days for the taught component, of which at least one day must comprise face to face learning activities. 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: http://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

<table>
<thead>
<tr>
<th>Representative</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Suzanne Rastrick (Co-Chair)</td>
<td>NHS England</td>
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<tr>
<td>Bruce Warner (Co-Chair)</td>
<td>NHS England</td>
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<tr>
<td>Helen Marriott (Project Lead)</td>
<td>NHS England</td>
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<tr>
<td>Shelagh Morris</td>
<td>NHS England</td>
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<tr>
<td>George Hilton (secretariat)</td>
<td>NHS England</td>
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<tr>
<td>Steven Sims (secretariat)</td>
<td>NHS England</td>
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<tr>
<td>Charlotte Beardmore</td>
<td>Society and College of Radiographers</td>
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<tr>
<td>Jan Beattie</td>
<td>Scottish Government</td>
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<tr>
<td>Rebecca Blessing</td>
<td>Department of Health</td>
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<tr>
<td>Brian Brown</td>
<td>Care Quality Commission</td>
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<tr>
<td>Andy Burman</td>
<td>Allied Health Professions Federation and British Dietetic Association</td>
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<tr>
<td>Nicole Casey</td>
<td>Health and Care Professions Council</td>
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<tr>
<td>Bill Davidson</td>
<td>Patient and public representative</td>
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<tr>
<td>Catherine Duggan</td>
<td>Royal Pharmaceutical Society</td>
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<tr>
<td>Gerry Egan</td>
<td>College of Paramedics</td>
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<tr>
<td>Sue Faulding</td>
<td>Health and Social Care Information Centre</td>
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<tr>
<td>Katherine Gough</td>
<td>NHS Clinical Commissioning Group Representative</td>
</tr>
<tr>
<td>Linda Hindle</td>
<td>Public Health England</td>
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<tr>
<td>Barry Hunt</td>
<td>College of Paramedics (advisory)</td>
</tr>
<tr>
<td>Cathryn James</td>
<td>Association of Ambulance Chief Executives</td>
</tr>
<tr>
<td>Rowena McNamara</td>
<td>British and Irish Orthoptic Society</td>
</tr>
<tr>
<td>Fleur Nielsen</td>
<td>Council of Deans of Health</td>
</tr>
<tr>
<td>Graham Prestwich</td>
<td>Patient and public representative</td>
</tr>
<tr>
<td>Anne Ryan</td>
<td>Medicines and Healthcare products Regulatory Agency</td>
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<tr>
<td>Patricia Saunders</td>
<td>Health Education England</td>
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<tr>
<td>Alison Strode</td>
<td>Welsh Government</td>
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<tr>
<td>Hazel Winning</td>
<td>Department of Health, Social Services &amp; Public Safety (Northern Ireland)</td>
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</table>
MEMBERSHIP OF ALLIED HEALTH PROFESSIONALS MEDICINES PROJECT PRACTICE & EDUCATION WORKING GROUP

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<td>The Health and Care Professions Council</td>
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<tr>
<td>Molly Courtenay</td>
<td>University of Surrey</td>
</tr>
<tr>
<td>Alison Culkin</td>
<td>St Mark’s Hospital, Harrow</td>
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<tr>
<td>David Davis</td>
<td>College of Paramedics</td>
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<tr>
<td>Matt Fitzpatrick</td>
<td>Royal National Orthopaedic Hospital NHS Trust</td>
</tr>
<tr>
<td>Jan Flint</td>
<td>Royal Free London NHS Foundation Trust</td>
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<tr>
<td>Christina Freeman</td>
<td>Society and College of Radiographers</td>
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<tr>
<td>Sarah Griffiths</td>
<td>Bristol Haematology and Oncology Centre</td>
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<tr>
<td>Dianne Hogg</td>
<td>East Lancashire Hospitals NHS Trust</td>
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<tr>
<td>Hannah Kershaw</td>
<td>The Royal Free Hospital</td>
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<td>Jancis Kinsman</td>
<td>Bristol Haematology and Oncology Centre</td>
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<td>Judy Love</td>
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<tr>
<td>Nadia Northway</td>
<td>Glasgow Caledonian University</td>
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<tr>
<td>Pip White</td>
<td>Chartered Society of Physiotherapy</td>
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