

Undertaking the conversion course for podiatry supplementary prescribers



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I am an advanced podiatrist in high-risk care working in an integrated service across both hospital and community settings for an NHS trust. An integral part of that role has been the ability to prescribe for my patients. This has significantly improved the patient journey and the number of handovers for the patient. However, the process has been limited by the fact that until recently podiatrists could only qualify as supplementary prescribers.

A supplementary prescriber is able to prescribe in accordance with a clinical management plan. The plan is agreed between the supplementary prescriber, a doctor and the patient. While this had a significant positive impact for patient care, it was cumbersome and time consuming in practice.

The Department of Health recognised this as a sub-optimal way of working and in 2011 held two public consultations to introduce independent prescribing for podiatrists. It announced in July 2012 that medicines legislation would be changed to allow appropriately trained podiatrists to become independent prescribers.

The students on the initial non-medical prescribing course my colleagues and I took that led to us qualifying as supplementary prescribers were mostly nurses and pharmacists. On completion, they were able legally to qualify as independent prescribers. We therefore found it somewhat frustrating that we had taken the course and achieved the same level of learning, yet were still required by law to complete a conversion course in order to achieve parity of status as independent prescribers.

However, we approached the course with an open mind and with the knowledge that successful completion would enable us to prescribe medication in a timelier manner for patients under our care. Primarily this will be achieved by removing the legal requirement to have a clinical management plan agreed and set up with an independent prescriber, before being able to prescribe.

Along with three of my colleagues, I took the course “Principles of Independent Practice in the Context of Allied Health Professionals (Conversion for Supplementary Prescribers)” at the University of Cumbria.

It is 10 a CAT credit module and can be studied at level 6 or 7. The course took place over 12 weeks and consisted of six intended learning outcomes that had to be achieved in order to meet the standards set out by the Health and Care Professions Council (HCPC) for annotation of our entry on the HCPC register (HCPC, 2013).

The course consisted of two theory days, one at university and one online. The latter was comprised of two pieces of online group work in which we had to participate within a set 2-week period. Participation in these groups was necessary for the attendance requirement of the course. This work provided the foundation for a portfolio that had to be submitted by the course completion date.

The portfolio consisted of two individual patient case studies that had to be critically discussed in order to evidence the six learning outcomes. Although the course module information specified that this needs to be 2000 words, this was in fact misleading because an additional 2000 words of evidence were required to provide the basis for the critical discussion, although this was not marked.

In addition, there was a requirement of two clinical practice days with your designated medical practitioner and a summation and final assessment leading to the completion of a competency profile.

During the day at university we were given a brief introduction to the information technology aspects of the course and a taught revision session on consultation models and communication skills.

All the work for the course had to be completed and submitted online by using Blackboard® and Turnitin®, neither of which we were familiar

Health and Care Professions Council
(2013) *Standards for Prescribing*.
Health and Care Professions
Council, London

with. This was quite a challenging aspect of the programme which we only found our way around by default and after submitting email enquiries to our course tutor.

Upon reflection, we thought that a greater emphasis on this part of the course would have been more beneficial, along with more guidance on the use of reflective writing combined with critical discussion, rather than a revision of work which we already utilise in our day-to-day clinical practice.

We feel it may have made for better continuity and less duplication in the work for the portfolio if we had been able to present a single, more detailed case study to evidence and critically discuss the six learning outcomes. The format of the portfolio was to discuss three different learning outcomes for each of the two case studies. This inevitably led to a crossover of

discussion topics, which in turn meant that they had to be curtailed in order to keep within the allocated word count.

Taking into consideration that it was the first time the University of Cumbria had run this new course, it was to be expected that there would be some minor problems. It would have been helpful to have had more information about the course format before we began (we did not see the module descriptor until the first day at the university), and an idea of the personal time commitment (I spent around 130 hours studying, for example).

We have all received a provisional pass in this conversion course and, after external review, we can ask the HCPC to register us as independent prescribers. We look forward to being among the first podiatry independent prescribers in England. ■