20 April 2010

Health Professions Council response to Department of Health consultation ‘Proposals to introduce prescribing responsibilities for paramedics’

The Health Professions Council welcomes the opportunity to respond to this consultation.

The Health Professions Council is a statutory UK wide regulator of healthcare professionals governed by the Health Professions Order 2001. We regulate the members of 15 professions. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our main role is to protect the health and wellbeing of those who use or need to use our registrants’ services.

We have answered the consultation questions relevant to our role as the statutory regulator of paramedics.

Questions

1. Do you agree with these principles [for prescribing]? Are there any other principles that should be included here?

We agree with the principles which we consider to be appropriate and comprehensive.

2. Should entry to prescribing courses be restricted to paramedics employed by organisations registered with the CQC?

The proposal to restrict entry to prescribing courses to paramedics employed by organisations registered with the CQC seems to be reasonable and appropriate in that this would provide additional safeguards.

3. Do you agree with the proposed entry criteria for training for independent prescribing responsibilities?

We agree with the proposed entry criteria for training for independent prescribing responsibilities.
4. Which of the options below (1-6) do you think would be most likely to add the most value to patient care, while ensuring risks are kept to acceptable, and manageable, levels?

1. No change, continuing to use PGDs [Patient Group Directions], PSDs [Patient Specific Directions] and Exemptions

2. Supplementary Prescribing

3. Prescribing for specified conditions from a specified formulary

4. Prescribing for any condition from a specified formulary

5. Prescribing for specific medical conditions from a full formulary (within competence)

6. Prescribing for any condition from a full formulary (within competence)

We have not commented on this question directly as we believe that the appropriate form of independent prescribing which should be introduced for paramedics is a matter for others such as service providers, the medicines regulator, the Medicines and Healthcare Products Regulatory Agency (MHRA), the Department of Health and the profession itself to determine.

However, we feel that it is important to emphasise that professional regulation is in no way an impediment to extending the scope of independent prescribing rights. Whichever option is chosen, professional regulation will ensure that appropriate standards are in place for practitioners and that the public remains protected.

In particular, all registrants, including those with prescribing rights, are required to practise safely and effectively within their scope of practice and to only undertake additional tasks where they have the requisite education, training and experience. They are also expected to refer to other professionals where appropriate.

The consultation document points out that some of the options may lead to updating the list of available medicines or conditions relatively recently. It might be helpful to bear in mind that such an approach might also have consequences for our approval of programmes. If substantive changes were made to the list of medicines or conditions which necessitated major changes to these programmes we would need to consider these under our approval and monitoring processes.

8. Would the safeguards proposed, if properly implemented, be sufficient to protect patients from the range of risks associated with prescribing responsibilities being assigned to PARIPs?

We consider that the safeguards outlined in the consultation document are likely to be sufficient to protect patients from the range of risks associated with prescribing responsibilities being assigned to Paramedic Independent Prescribers (PARIPs). In particular, robust clinical governance arrangements to ensure good prescribing practice are essential.
With regards CPD, as stated in the document, all paramedics are required to undertake CPD which meets our published standards for continuing professional development. These standards are outcomes-focussed, and require registrants to seek to undertake CPD which benefits service delivery and service users. An audit is conducted of each profession every two years, with 2.5% of the profession currently being sampled.

These arrangements do provide additional safeguards. However, it is important to note that our CPD standards are generic requirements so do not make specific requirements about CPD in subjects allied to prescribing. It would be important for paramedics with prescribing responsibilities to have access to prescribing-specific CPD opportunities in the workplace.

In addition to the safeguards listed, the normal arrangements put in place when prescribing is extended also act as a safeguard to protect the public. The Prescription Only Medicines (Human Use) Order 1997 is normally amended so that only someone from a specified profession can undertake the specified prescribing activities and that they must have their names annotated on the relevant professional Register. This in effect ensures that the function of prescribing is limited, not to only to a registrant, but to those who have undertaken appropriate training in order to have their entry in the Register annotated. For example, chiropodists and podiatrists who have undertaken appropriate training in order to administer local anaesthetics will have their entries in the HPC Register annotated. Only those chiropodists and podiatrists with the annotation are able to legally administer local anaesthetics from the relevant exemption list.

10.1 Can you offer any information about potential costs and benefits of paramedic prescribing for the impact assessment, e.g. benefits in terms of time savings to GPs, costs relating to the number of paramedics likely to go forward for training, or any other factors?

Please see 10.3 for an outline of the steps we would need to undertake if prescribing options 2-5 outlined in the document were to be implemented.

The paragraph at the top of page 31 reads: 'These figures are based on existing courses and, as the HPC should be able to adapt and utilise the current prescribing courses to enable paramedics to qualify as PARIPs, any course development would also be expected to be minimal.'

It is important to note that HPC is involved in approving programmes which lead to entry to, or annotation of, the HPC Register. We would not ‘adapt and utilise’ current prescribing programmes ourselves - whether such programmes are opened up to paramedics is a matter for commissioners, education providers and market demand. However, we would be involved in approving such programmes.

For example, we currently approve supplementary programmes which allow radiographers, chiropodists / podiatrists and physiotherapists to become supplementary prescribers. If supplementary prescribing was to be introduced for paramedics education providers might adapt their programmes to allow entry by paramedics and seek approval from us. As we already approve these programmes for other HPC registered professions and the standards are likely to
be same, we might potentially be able to deal with such a change via our major change process rather than requiring a full approval visit of the programme.

If existing programmes which currently allow nurses and pharmacists to become independent prescribers were adapted to allow entry by paramedics, the education provider would need to seek HPC approval of the programme. As for HPC purposes this would be a new programme, we would need to undertake a full approvals visit to determine whether the programme met our standards.

Education providers would need to be in receipt of HPC approval prior to paramedics commencing programmes.

10.3 Are there any other implications for implementing prescribing for paramedics?

As we stated in relation to question 4.2, professional regulation is not a barrier to extending prescribing. However, we thought that it might be helpful to lay out the steps that the HPC would need to take should independent prescribing rights be extended to paramedics

There would be no implications if option 1 (no change) was adopted. Options 2 to 5 involve introducing supplementary prescribing or various forms of independent prescribing, each of which would involve specific education and training and annotation of a practitioner in the HPC Register.

If a decision was made to introduce supplementary or independent prescribing we would need to amend the standards of proficiency for paramedics to add a standard or standards relating to the new entitlement. For example, the standards of proficiency for radiographers, currently read: ‘know and be able to apply the key concepts which are relevant to safe and effective practice as supplementary prescriber (this standards applies only to registrants who are eligible to have their names annotated on the Register)’. We would need to consult for three months before making any changes to the standards.

Once these standards are in place we would then be able to approve programmes to allow paramedics to become supplementary or independent prescribers. If a full approval visit was required (for example, if independent prescribing programmes for nurses and pharmacists were extended to paramedics), we would require 6 months notice of the visit followed by up to 3 months post-visit for the education provider to meet any conditions and for approval to be confirmed. If the supplementary prescribing programmes we already approve for chiropodists / podiatrists, physiotherapists and radiographers were adapted for paramedics we may be able to deal with this under our major change process which might truncate the likely timescales involved. A programme would need to be in receipt of HPC approval prior to the first cohort of paramedics commencing the programme. A paramedic completing an approved programme would then have their entry in the Register annotated.

Finally, our experience of approving supplementary prescribing programmes has been that the number of places available on programmes has sometimes exceeded demand, meaning that some programmes have not been delivered to HPC cohorts in some years. This has raised questions around our ability to ensure that those programmes continue to meet our standards for cohorts in
future years. An incremental approach to commissioning programmes might be helpful here.

We hope you have found our comments useful. If you have any questions, please contact us.

Yours sincerely,

Michael Guthrie
Director of Policy and Standards

[Submitted using Department of Health consultation form]