18 November 2010

Health Professions Council response to Department of Health engagement exercise ‘To seek views on possibilities for introducing independent prescribing responsibilities for physiotherapists and chiropodists/podiatrists’

The Health Professions Council (HPC) welcomes the opportunity to respond to this engagement exercise.

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 (called ‘registrants’), 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 physiotherapists and chiropodists/podiatrists.

Questions

1. Do you have any comments on these eligibility criteria [for entry to the independent prescribing programme]?

We agree with the proposed entry criteria for training for independent prescribing responsibilities.

2. Which of the options [for introducing independent prescribing] do you believe would safely add the most value to patient care?

1. No change, continuing to prescribe as supplementary prescribers and supply and/or administer medicines under Patient Group Directions (PGD) and Patient Specific Directions (PSD).

2. Independent prescribing for specified conditions from a specified formulary.

3. Independent prescribing for any condition from a specified formulary.

4. Independent prescribing for specified conditions from a full formulary.

5. Independent prescribing for any condition from a full formulary.

6. A combination of the above options
We do not have comments to make about the option which would safely add the most value to patient care. We believe that the appropriate form of independent prescribing should be decided by the profession, service providers, the Department of Health and other relevant stakeholders.

We want to emphasise that professional regulation does not prevent or limit changes made to prescribing rights for either physiotherapists or chiropodists/podiatrists. Irrespective of the option which is chosen, professional regulation will make sure that the public is protected and that independent prescribers meet the appropriate standards. We will also approve the education programmes which lead to independent prescribing, to ensure the quality of those programmes.

Chiropodists/podiatrist and physiotherapist independent prescribers would have to meet the same requirements as our other registrants. They would only be able to practice where they have the knowledge and skills to do so safely and effectively. In addition, they would have to refer to other professionals where appropriate.

3. Have you any comments on the arrangements outlined above for the governance of independent prescribing if the proposals are taken forward? Are there other factors which should be taken into account?

We consider that the governance arrangements for independent prescribing outlined within the document are appropriate and will help to manage the risks associated with independent prescribing. Robust clinical governance arrangements are essential for ensuring good prescribing practice. The regulator plays an important role in ensuring good clinical governance, but the role of employers and the professionals themselves is also vitally important.

If the decision was made to extend independent prescribing rights to physiotherapists and chiropodists/podiatrists, we would need to approve the training in independent prescribing. Approving the education programme allows us to make sure the programme meets the standards that we set. Only individuals who successfully completed the training and then had their entry on our Register annotated would be able to prescribe independently. This means that independent prescribing is not just limited to members of a particular profession, but to appropriately trained members of that profession.

We note that the engagement exercise makes specific reference to the continuing professional development (CPD) all our registrants, including physiotherapists and chiropodists/podiatrists must undertake. Registrants must undertake CPD which meets our standards and which benefits both the delivery of services and service users. A registrant’s CPD must also be relevant to their practice, which would include their independent prescribing. However, it is also important that employers and service providers offer relevant CPD opportunities for employees with independent prescribing rights.

4. In what circumstances would it benefit patients if appropriately trained physiotherapists and chiropodist/podiatrists, were able to prescribe controlled drugs independently?
5. In what circumstances would it benefit patient care if appropriately trained physiotherapist and chiropodist/podiatrist independent prescribers were able to mix medicines themselves prior to administration or direct others to do so?

6. In what circumstances would it benefit patient care if appropriately trained physiotherapist and chiropodist/podiatrist independent prescribers were able to prescribe unlicensed medicines for their patients?

7. In what circumstances would it benefit patient care if appropriately trained physiotherapists and chiropodist/podiatrists, acting within their level of competence, were able to prescribe medicines ‘off label’ independently?

8. How would it benefit patients and in what settings, if appropriately trained physiotherapists and chiropodist/podiatrists were able to supply and/or administer medicines that they had prescribed independently?

We believe that questions 4-8 would be best answered by service providers, employers and members of the profession as they do not fall within our remit as a regulator.

9. Can you offer any information about potential costs and benefits of physiotherapist and chiropodist/podiatrist prescribing for the impact assessment?

We have outlined some of the implications associated with implementing independent prescribing for physiotherapists and chiropodists/podiatrists in our answer to question 11. Some of these implications would have costs associated with them, for example the costs associated with approving education programmes. However, these costs would not be a barrier to implementing independent prescribing.

10. Can you offer any information on how these proposals would impact in equality in your area? Could any group be excluded, or better included, because of the proposal and will there be any problems or barriers for any minority group?

We believe that this question would be best answered by other stakeholders. However, we would like to stress that our regulatory systems for independent prescribers would not have an adverse impact on any minority group.

11. Are there any other implications for implementing independent prescribing for physiotherapists and chiropodists/podiatrists?

We have been involved in the Department of Health project board and have had the opportunity to help to formulate the proposals being presented in the engagement exercise. As explained above, professional regulation would not prevent either physiotherapists or chiropodists/podiatrists from practising as an independent prescriber. However, there are various steps which we would need to take if either of these professions gained independent prescribing rights.
These steps would apply irrespective of the different option for independent prescribing identified within the engagement exercise.

If a decision was made to introduce independent prescribing for physiotherapists or chiropodists/podiatrists, we would need to set standards of proficiency for the new entitlement. Our Education and Training Committee has already agreed in principle to set standards for independent and supplementary prescribing together. We would need to consult on those standards for three months prior to publication.

Once these standards have been agreed, we would then need to approve education programmes in independent prescribing which met those standards. Where we would need to go and visit the programme, we would need 6 months notice for the visit and up to 3 months following the visit to allow any conditions to be met and the education programme to be approved.

Education programmes would need to be in receipt of our approval prior to physiotherapists or chiropodists/podiatrists completing those programmes. Once the programme had been approved, registrants who successfully completed these programmes would have their entry on our Register annotated. They would then be able to prescribe independently.

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

Yours sincerely,

Charlotte Urwin
Policy Manager