8 December 2020

The Health and Care Professions Council response to NHS England's consultation on the proposal for the supply and administration of medicines using patient group directions for clinical scientists across the United Kingdom

1. Introduction

1.1. The Health and Care Professions Council (HCPC) welcomes the opportunity to respond to this consultation.

1.2. The HCPC is a statutory UK-wide regulator of healthcare and psychological professions 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 public.

2. Response to the consultation questions

2.1. We have provided responses to the consultation questions where relevant to our role as the professional regulator of clinical scientists.

Question 1: Should amendments to legislation be made to enable clinical scientists to supply and administer medicines to their patients using patient group directions?

2.2. Yes. We support the proposal to allow clinical scientists to be able to supply and administer medicines using patient group directions (PGDs).

2.3. We agree that extending the medical entitlements of clinical scientists to encompass PGDs has the potential to improve patient outcomes and service provision. Currently, clinical scientists can supply and administer medicines using patient specific directions (PSDs). Whilst PSDs are useful in many clinical settings and will often be sufficient to meet the needs of service users, as the consultation document highlights, there are also inherent limitations to their use. Most notably, as PSDs require direct input from an independent prescriber this can result in delays in patient care should the other health professional not be available.

2.4. Enabling clinical scientists to supply and administer medicines under PGDs should help mitigate avoidable delays in patient care, as they would be able to provide patients with the treatment they need at the same appointment,

without having to refer the patient to their GP. We believe that timelier and more streamlined care will help improve direct patient outcomes, as well as free up the capacity of other health professionals to tend to patients with more complex needs. Clinical scientists are increasingly involved in the face to face care of patients and enabling them to administer under a PGD would be a more accurate reflection of how the profession has evolved and progressed over recent years.

2.5. All of our registered professions can administer under a PSD if they have the appropriate skills, knowledge and experience to do so. Our standards of proficiency for clinical scientists[1] already require them to understand basic clinical medicine, and to have knowledge of the fundamental principles of clinical practice.

2.6. This means that medicines knowledge is already included as part of clinical scientists' pre-registration education and training, which provides them with important foundational knowledge necessary to conduct PGDs safely and effectively. Should legislation be amended, we would consider reviewing and amending our Standards of proficiency (SOPs) to include greater reference to the supply and administration of medicines in the standards. It would be up to education providers to decide how to design a programme so that upon completion, clinical scientists are able to meet the new standards and have the skills, knowledge and experience to supply and administer medicines safely and effectively.

2.7. As the regulator of 15 different professions, we do not set or limit the particular tasks that registrants can perform. Instead we expect registrants to act within their scope of practice and to have received suitable training for all aspects of their role. Therefore, should legislation be amended, we would expect clinical scientists to complete relevant post-registration training and education to enable them to administer PGDs safely and effectively, as set by their local organisation or employer.

2.8. As part of their registration, registrants are required to maintain and update their skills and knowledge within their current and future scope of practice, and are expected to evidence this through regular CPD. We would expect clinical scientists to include evidence of PGD training as part of their CPD submission, to demonstrate that they can practice safely within their changing scope of practice.

2.9. Decisions about the medicines included in PGDs will be for local authorities, CCGs and NHS Trusts to determine. As this consultation highlights, local organisations will already have governance arrangements in place to support professions using PGDs. We would expect clinical scientists to also comply with local arrangements and/or restrictions in place and to always act within the legal limits of their profession.

[1] https://www.hcpc-uk.org/standards/standards-of-proficiency/clinical-scientists/

Question 2: Should amendments to legislation be made to enable clinical scientists to supply and administer controlled drugs to their patients using patient group directions?

2.10. Yes. We believe that clinical scientists should be able to supply and administer certain controlled drugs to their patients using PGDs.

2.11. We believe that Controlled Drugs Accountable Officers (CDAOs) will play an important part in ensuring the safe and proper use of controlled drugs. Should legislation be amended, we agree clinical scientists involved with the administration of controlled drugs must comply with local monitoring and/ or inspection requests of CDAOs.

Question 3: Do you have any additional information on any aspects not already considered as to why the proposal to enable clinical scientists to supply and administer medicines using patient group directions SHOULD go forward?

2.12. We agree with the rationale put forward in this consultation in support of amendments to legislation being made. We do not have any additional information to provide on any aspects that would either prevent or support this proposal going forward.

Question 4: Do you have any additional information on any aspects not already considered as to why the proposal to enable clinical scientists to supply and administer medicines using patient group directions SHOULD NOT go forward?

2.13. We agree with the rationale put forward in this consultation in support of amendments to legislation being made. We do not have any additional information to provide on any aspects that would either prevent or support this proposal going forward.

Question 5: Does the Consultation Stage Impact Assessment give a realistic indication of the likely costs, benefits and risks of the proposal?

	Yes	No	Don't know
Costs			X
Benefits	X		
Risks	X		

2.14. We do not have any specific comments about the cost assumptions or estimates made in the Consultation Stage Impact Assessment. The HCPC does not have specific comments about the cost benefits set out in the Impact Assessment.

2.15. We believe that the benefits set out for the clinical scientist profession and for patients are realistic.

2.16. We believe that the minimal risks set out as well as the steps required to mitigate those risks are realistic.

Question 6: Do you think that this proposal could impact (positively or negatively) on any of the protected characteristics covered by the Public Sector Equality Duty set out in section 149 of the Equality Act 2010 or by section 75 of the Northern Ireland Act 1998?

2.17. No.

2.18. We believe that other stakeholders would be better placed to respond to these questions. However, we do not consider that extending the medical entitlements of clinical scientists would have an adverse impact on any specific group.

Question 7: Do you feel that this proposal could impact (positively or negatively) on health inequalities experienced by certain groups?

2.19. No.

2.20. We believe that other stakeholders would be better placed to respond to these questions. However, we do not consider that extending the medical entitlements of clinical scientists would have an adverse impact on any specific group.