

30 March 2015

## **HCPC response to the NHS England consultation on proposals to introduce independent prescribing by paramedics across the United Kingdom**

### **1. Introduction**

- 1.1 The Health and Care Professions Council (HCPC) welcomes the opportunity to respond to this consultation on the proposal to introduce independent prescribing by registered paramedics in the United Kingdom who have received appropriate training.
- 1.2 The HCPC is a statutory UK-wide regulator of health, social work, and psychological professions governed by the Health and Social Work Professions Order 2001. We regulate the members of 16 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.

### **2. Our responses**

- 2.1 We have provided responses to the consultation questions where relevant to our role as the professional regulator for paramedics.

#### **Question 1: Should amendments to legislation be made to enable paramedics to prescribe independently?**

- 2.2 We support the proposal to allow paramedics to undertake training in order to qualify to prescribe independently.
- 2.3 In some settings and circumstances, the existing mechanisms which enable paramedics to administer medicines are suitable to meet the needs of patients and service users. For example, paramedics currently have access to exemptions in legislation by which they can administer certain medicines in emergency situations. However in other circumstances, as the consultation document highlights, these mechanisms are not always sufficient – for example, where paramedics assess and treat patients with chronic and non-life threatening conditions.
- 2.4 We view this proposal as an important part of the move to develop traditional 999 emergency ambulance services into community-based mobile urgent treatment services. We believe that the introduction of independent prescribing

by paramedics would have the effect of reducing unnecessary delays in treatment or access to prescribed medicines for patients by removing the need to refer some cases to hospital or to another prescriber. Ultimately we think this would lead to improved outcomes for patients.

- 2.5 Independent prescribing has already been successfully introduced for two other HCPC-registered professions, namely physiotherapists and chiropractors / podiatrists. Therefore there is already a system of regulation in place to ensure safe and effective independent prescribing by members of these professions, which is easily applicable to paramedic independent prescribing.
- 2.6 The HCPC has produced standards for prescribing<sup>1</sup> which set out requirements for programmes delivering training in independent prescribing, as well as the skills, knowledge and understanding necessary for safe and effective prescribing practice. The standards are generic across professions and therefore would apply to independent prescribing by paramedics without the need for amendment.
- 2.7 We use the standards for prescribing when making decisions about approval of prescribing training programmes. We would continue to undertake this function in respect of new programmes or existing programmes wishing to extend their intake to include paramedics. This would ensure that paramedics qualifying in independent prescribing are able to practice safely and effectively.
- 2.8 We would annotate the HCPC Register entries of paramedics who have completed an approved training course in independent prescribing. The annotation ensures that only appropriately training paramedics can independently prescribe and also enables members of the public to see who is qualified.
- 2.9 In addition, paramedic independent prescribers would continue to be required to meet all of the other standards set by the HCPC, including the standards of proficiency for paramedics; the standards of conduct, performance and ethics; and the standards for continuing professional development.<sup>2</sup>

**Question 2: Which is your preferred option for the introduction of independent prescribing by paramedics?**

- 2.10 We favour Option 2 as set out in the consultation document, which would allow for independent prescribing by paramedics for any condition from a full formulary. We believe it is the most appropriate option in that it would be most effective in improving the experience of patients and service users. Other options, such as prescribing for specific conditions or from a list of specified medicines, could limit the number and types of patients who benefit.

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<sup>1</sup> The standards for prescribing were published in 2013 and can be found here: <http://www.hcpc-uk.org/publications/standards/index.asp?id=692>

<sup>2</sup> All HCPC standards are published on our website: <http://www.hcpc-uk.org/aboutregistration/standards/>

**Question 3: Do you agree that paramedics should be able to prescribe independently from the proposed list of controlled drugs?**

**Question 4: Should amendments to medicines legislation be made to allow paramedics who are independent prescribers to mix medicines prior to administration and direct others to mix?**

2.11 We do not have specific comments regarding whether paramedics should be able to independently prescribe certain controlled drugs or to mix medicines prior to administration and direct others to mix. We feel that others, such as professional bodies, service providers and other regulators, may be better placed to respond.

2.12 If these proposals are introduced, we would expect that paramedics only independently prescribe controlled drugs or mix medicines prior to administration where it is within the scope of their training and skills. Robust clinical governance arrangements would also be vital to ensuring that these activities are carried out appropriately and safely.

**Question 5: Do you have any additional information on any aspects not already considered as to why the proposal for independent prescribing SHOULD go forward?**

**Question 6: Do you have any additional information on any aspects not already considered as to why the proposal for independent prescribing SHOULD NOT go forward?**

2.13 We do not have any additional information to provide on any aspects that would either prevent or support this proposal going forward.

**Question 7: Does the 'Consultation Stage Impact Assessment' give a realistic indication of the likely costs, benefits and risks of the proposal?**

2.14 We do not have any specific comments about the assumptions or estimates made in the Consultation Stage Impact Assessment.

2.15 The introduction of independent prescribing for paramedics would have some cost implications for the HCPC, including the costs associated with approving and monitoring new or altered training programmes and with annotation of the Register. However these activities could be undertaken within the framework of our existing processes and therefore do not represent a barrier to implementation of the proposal.

**Question 8: Do you have any comments on the proposed practice guidance for paramedic prescribers?**

**Question 9: Do you have any comments on the 'Draft Outline Curriculum Framework for Education Programmes to Prepare Paramedics as Independent Prescribers'?**

2.16 The HCPC participated on the Allied Health Professions (AHP) Medicines Project Board, which contributed to the development of the practice guidance and draft outline curriculum framework. We do not have any further comments on these documents.

**Question 10: Do you have any comments on how this proposal may impact either positively or negatively on specific equality characteristics, particularly concerning: disability, ethnicity, gender, sexual orientation, age, religion or belief, and human rights?**

**Question 11: Do you have any comments on how this proposal may impact either positively or negatively on any specific groups, e.g. students, travellers, immigrants, children, offenders?**

2.17 We believe that other stakeholders would be better placed to respond to these questions. However, we do not consider that our regulatory systems for independent prescribers would have an adverse impact on any specific group.