8 December 2020

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 biomedical 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 biomedical scientists.

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

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

2.3. Currently, biomedical 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. Whilst we understand that PSDs are rarely used by biomedical scientists, we agree that enabling them to administer under PGD's could result in better outcomes for patients, and more streamlined, cost effective service provision. Biomedical scientists provide expert diagnostic advice to clinical teams following the interpretation of clinical test results, and independent prescribers

will often administer medicines based upon their recommendations. It therefore makes sense to enable biomedical scientists to administer medicines without having to rely on other health professionals, which can cause delays. We agree that there are also clear resource benefits to this proposal, as this will help free up the capacity of other professionals to tend to other patients with more complex needs.

2.5. While our standards of proficiency for biomedical scientists[1] do not require registrants to have the knowledge and experience in administering medicines, we recognise that our registrants' scope of practice will naturally evolve. We therefore do not set or limit the particular tasks that registrants can perform but instead expect registrants to have received suitable training for all aspects of their role (which will be individual to them and their profession).

2.6. Therefore, should legislation be amended, we would expect biomedical 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. Given that the supply and administration of medicines by biomedical scientists is not currently commonplace, we would also expect registrants to complete additional competency training, such as handling medicines and injections and pharmacology, as appropriate for the individual. Additional training would need to be locally determined according to the needs of the individual and scope/focus of PGD established by an organisation.

2.7. 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 biomedical scientists to include evidence of PGD training as part of their CPD submission, to demonstrate that they can practise safely and effectively within their changing scope of practice.

2.8. 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 for education providers to design their programmes so that, upon completion, biomedical scientists are able to meet the new standards and have the skills and knowledge to supply and administer medicines safely and effectively. These programmes would fall within the usual monitoring and approval processes by the HCPC.

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 biomedical 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/biomedical-scientists/

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

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

2.11. Controlled Drugs Accountable Officers (CDAOs) play an important part in ensuring the safe and proper use of controlled drugs. Should legislation be amended, we agree that biomedical 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 biomedical 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 biomedical 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 assumptions or estimates made in the Consultation Stage Impact Assessment.

2.15. 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.

2.16. We believe that the benefits set out for the biomedical scientist profession and for patients are realistic.

2.17. 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?

2.18. 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 biomedical 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. 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 biomedical scientists would have an adverse impact on any specific group.