

## **Independent prescribing by paramedics**

Chartered Society of Physiotherapy

Consultation response

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The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 51,000 chartered physiotherapists, physiotherapy students and support workers.

The CSP welcomes the opportunity to respond to the consultation on independent prescribing by paramedics. Our response is focused on the areas in which we feel we can most effectively contribute. We would be pleased to supply additional information on any of the points raised in our response at a later stage.

Physiotherapists gained independent prescribing rights in England in August 2013, and implementation throughout the rest of the UK was achieved by September 2014.

Already this experience is delivering improvements in patient care and efficiencies. Fully utilising prescribing physiotherapists and other allied health professions will be increasingly critical to success in transforming the health and social care system to be sustainable, preventative, and organised around patient needs.

There are five options for the introduction of independent prescribing by paramedics:

Option 1: No change

Option 2: Independent prescribing for any condition from a full formulary

Option 3: Independent prescribing for specified conditions from a specified formulary

Option 4: Independent prescribing for any condition from a specific formulary

Option 5: Independent prescribing for specified conditions from a full formulary

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

- 1.1 Yes. Prescribing is a professional activity that should be available to all appropriately registered health care professionals where it is demonstrated that a) there is a defined patient need for that skill within that professional group and b) the professional has demonstrated that they have the necessary education, training and competence to prescribe safely and effectively for patient benefit. Prescribing is

no longer viewed as a task that sits only within certain professional silos and the relevant legislation should continue to be amended and updated to reflect the growing number of registered professionals who undertake this activity.

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

- 2.1 Option 2: We support the proposal for appropriately trained paramedics to be able to prescribe independently any medicine within the scope of paramedic practice and the individual practitioner's competence. This is a logical development in health policy and professional practice to enable patients to receive complete episodes of care by registered health professionals working within their own specialist competencies.
- 2.2 The current structure to regulator-approved non-medical prescribing programmes is such that all professionals have to achieve the same minimal educational level in prescribing practice. Therefore whilst the range of professions that currently have prescribing rights all come from different educational backgrounds with regard to pharmaceutical knowledge, on completing the programmes, all achieve the standards required for safe prescribing practice, therefore we support paramedics prescribing practice. Not all paramedics will be able to prescribe, only those who can demonstrate that they meet the advanced practice educational practice criteria to undertake prescribing training programmes, which is in line with the requirements for other professionals.
- 2.3 Moreover, paramedics have held 'Exemptions' from medicines legislation for certain medicines for some time, and have also been able to use Patient Specific Directions (PSDs) and Patient Group Directions (PGDs), and so already have extensive experience in the safe use of medicines. The introduction of independent prescribing is a clear logical step in paramedic practice. The nature and context of current and evolving paramedic practice is such that appropriately trained paramedics should be able to access a range of lawful medicines mechanisms to ensure that patients receive the right treatment, including the right medicines, at the right time in the clinical care pathways, without unnecessary delay.
- 2.4 Limited list formularies have been repeatedly shown to lack the flexibility and responsiveness required of an effective and modern health care system. Restricted formularies do not allow timely access to prescribing new medicines, the replacement of medicines no longer available with viable alternatives or the prescription of medicines which have their legal classification category changed. These factors can delay the delivery of evidence based care, and require the constant attention of the Medicines and Healthcare Products Regulatory Agency (MHRA), CHM and possibly the Advisory Council on the Misuse of Drugs (ACMD) and maintain unnecessary cost pressure on NHS England the Department of Health.
- 2.5 To restrict access based on 'condition' would be problematic, as many patients present with complex, mixed health problems which would be difficult to define within a specific care, thus restricting the care the practitioner might otherwise be able to offer. One area of paramedic practice is in the immediate response to emergency and traumatic calls outside of clinic/ hospital settings. The necessity to provide often life saving treatment in this situation means that only prescribing for

certain conditions is neither practical nor appropriate, and the paramedic should be able to prescribe, within their competence, for the presenting condition at the time. Risk would arise with the governance and monitoring of any such list, and the uncertainty created may lead to a limited uptake of prescribing practice particularly where the practitioner may not see the list as clinically relevant and/or useful to their employing organisation, as it may not remain consistent with the current models of service delivery.

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

- 3.1 Yes. Prescribing is a professional activity that should be available to all appropriately registered health care professionals where it is demonstrated that a) there is a defined patient need for that skill within that professional group and b) the professional has demonstrated that they have the necessary education, training and competence to prescribe safely and effectively for patient benefit.
- 3.2 There is a strong and clear justification for paramedics to be able to prescribe appropriate Controlled Drugs, subject to relevant amendment of The Misuse of Drugs Regulations 2001. Patients requiring such prescriptions are those in acute and chronic pain, which is often severe and may be associated with life threatening conditions. The quality of care can be significantly enhanced by ensuring appropriate access to the most appropriate medicines, subject always to proper control and governance of the medicines themselves, and ensuring that the practitioner is acting only within their education, training and competence.

**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?**

- 4.1 Yes. It is a legal technicality of practice that the mixing of two licensed medicines together prior to administration to a patient renders the subsequent preparation unlicensed, which introduces further legal limitations on use. It is common practice that the mixing of some licensed products (where not specifically contra-indicated) enables quicker, more comfortable administration of multiple medicines to patients. It is vital that mixing of medicines at the point of administration is permitted in law, in all cases where it is in the patient's best interest to mix, and it is safe to do so. It is important that educational programmes specifically cover the issues related to mixing including drug interactions, drug stability and therapeutic benefit.

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

- 5.1 The clinical arguments for the introduction of independent prescribing, by any registered professional group, are that early intervention achieves better outcomes for the patient. That supports the case for appropriately trained individuals to meet clinical need in their patients at as early a stage as possible. Recent experiences of the introduction of independent prescribing by physiotherapists and podiatrists indicate tangible benefits to both patient experience and to service design and provision. We welcome the proposal to extend independent prescribing to

paramedics in the hope that the same tangible benefits will be apparent in paramedic care pathways.

**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?**

- 6.1 Whilst we fully support the introduction of independent prescribing by paramedics, we acknowledge that, at the current time, not all paramedic pre-registration training is at graduate level. Currently, all the other prescribing professions are graduate professions. Not all paramedics will choose to become prescribers, and those that do are likely to have already undertaken further training at graduate or post-graduate level. In order to ensure consistency across the prescribing professions, the entry criteria for paramedic prescribing programmes must be equivalent to those required to all other professions, which may include the need to demonstrate appropriate educational levels as entry criteria for the programme.

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

- 7.1 Yes, in addition: The costs to the HCPC in approving paramedic programme needs to be considered. There may be costs for services where a doctor is not part of the service model/provision and whose expertise will be required to be brought in to act as the designated medical Practitioner to provide supervision for the practice-based aspects to the prescribing programmes.

**8. Do you have any comments of the proposed practice guidance for paramedic prescribers?**

- 8.1 This document will be invaluable in supporting prescribing paramedics in their practice. The content and format of the document broadly follows the existing guidance that is in place for physiotherapists and podiatrists. This supports the view that prescribing is a professional activity to which the same practice guidance standards should broadly apply across all professions.

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

- 9.1 We welcome the clear inclusion of a definition of paramedic prescribing practice, that is clear and understandable to everyone. The content and format of the document broadly follows the existing guidance that is in place for physiotherapists and podiatrists. This supports the view that prescribing is a professional activity to which the same practice guidance standards should broadly apply across all professions.
- 9.2 We are reassured by the reference to existing regulatory standards for allied-health professional prescribers and that the entry criteria are consistent across all groups. The reference to a common competency framework enhances the evidence that prescribing is a professional task which requires equal skill regardless of which professional is practising the skill.

**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?**

10.1 No comments.

**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?**

11.1 We do not anticipate any barriers to any defined group. The development of prescribing rights for further professional groups means that such groups should have access to the relevant medicines they need, from whichever health professional group they come into contact with.



Professor Karen Middleton CBE FCSP MA  
Chief Executive  
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24/04/15

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For further information on anything contained in this response or any aspect of the Chartered Society of Physiotherapy's work in relation to medicines use and prescribing, please contact:

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