

Education and Training Committee, 10 June 2008

Amendments to the standards of proficiency for chiropodists and podiatrists – consultation responses

Executive summary and recommendations

### **Introduction**

A consultation was held between 30 November 2007 and 7 March 2008 on proposed amendments to the standards of proficiency for chiropodists and podiatrists. The proposed amendments were that the standards relating to prescription only medicines and local anaesthetics should become compulsory.

The consultation responses document is attached.

### **Decision**

The Committee is invited to agree and recommend to the Council:

- that the standards relating to prescription only medicines and local anaesthetics should become compulsory from 1 September 2009; and
- the text of the attached consultation responses document.

### **Background information**

None

### **Resource implications**

None

### **Financial implications**

None

### **Appendices**

None

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**Date of paper**

29 May 2008

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**Amendments to the standards of proficiency for chiropodists  
and podiatrists relating to local anaesthesia and prescription  
only medicines**

**Responses to our consultation, and our decisions**

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## Introduction

We consulted between 30 November 2007 and 7 March 2008 on proposed amendments to the standards of proficiency for chiropodists and podiatrists.

We sent a copy of the consultation document to education providers delivering programmes in chiropody and podiatry, professional bodies and other organisations with an interest in this profession.

In this document we summarise the responses we received to the consultation, and the decisions we have taken as a result.

You can download a copy of the consultation document from our website: [www.hpc-uk.org/aboutus/consultation](http://www.hpc-uk.org/aboutus/consultation)

## Local anaesthetics and prescription only medicines

The Prescription Only Medicines (Human Use) Order 1997 is a piece of legislation made under the Medicines Act 1968. The order provides specific exemptions for certain practitioners from the restrictions on the sale, supply or administration of prescription drugs.

Chiropodists and podiatrists who are appropriately qualified and who have their names annotated on our Register are able to administer certain local anaesthetics and administer certain other prescription only medicines.

## Standards of proficiency

The standards of proficiency are threshold competence standards for the safe and effective practice of each of the professions we regulate. They are the standards for entry to the Register and describe the minimum skills and knowledge necessary to become registered.

We visit education providers to ensure that they meet our standards of education and training and that their programmes will enable students to meet the standards of proficiency. Once a programme is approved, someone successfully completing that programme is eligible to apply for registration.

There are two standards in section 2b.4 which relate to the local anaesthesia and prescription only medicines entitlements:

- administer relevant prescription only medicines, interpret any relevant pharmacological history and recognise potential consequences for patient treatment (this standard applies **only** to registrants who are eligible to have their names annotated on the Register)
- apply local anaesthesia techniques (this standard applies **only** to registrants who are eligible to have their names annotated on the Register)

The existing standards are currently optional. This means that someone applying to us under the international route can be registered even if they do not have the necessary qualifications or experience in these areas. It also means that it would be possible for us to approve a pre-registration UK education and training

programme which did not include these components (but this has not arisen in practice).

### **Our proposals**

We consulted on proposals that the standards relating to the prescription only medicines (POM) and local anaesthesia (LA) should become compulsory. We argued that both components were now an essential part of chiropody and podiatry practice. We also noted that all currently approved pre-registration education and training programmes in chiropody and podiatry included both components.

In the consultation document, we outlined the consequences if we made this proposed change.

- Existing registrants would be unaffected.
- International applicants would need to meet both of the standards in order to become registered.
- We would only be able to approve pre-registration programmes which included both components.

### **Analysing your responses**

Now that the consultation has ended, we have analysed all the responses we received.

We carefully considered each response we received, taking into account whether similar comments were made by other respondents.

### **The structure of this document**

In this document, we firstly summarise the overall comments we received about the proposed amendments to the standards. We then detail the comments we received on specific topics.

### **Amendments to other publications**

Once the text of the standards is finalised, we will make corresponding changes to any publications which quote the standards, if changed.

## Consultation responses

The responses we received to the consultation are summarised in this section.

### Overall

The majority of respondents agreed that the standards for LA and POM should become compulsory.

The Society of Chiropractors and Podiatrists said that their Faculty of Undergraduate Education had sought the views of all schools of Podiatry and they fully supported the proposal in the consultation document. The Board of Community Health Councils in Wales said that removing the optional status of these standards would be seen as 'a future safeguard to patients'. Another respondent said that the changes would affect international applicants seeking registration but that this seemed reasonable, given that LA and POM were already an integral part of pre-registration education and training programmes. The University of Southampton said that they endorsed the changes and said: '...these standards have been integrated within all pre-registration programmes for at least the last ten years, and are 'accepted practice' for Podiatrists.'

The Institute of Chiropractors and Podiatrists said that they felt the present regulations regarding LA and POMs were sufficient. They said that making the standards compulsory 'may mean that there are only 'super qualified' chiropractors/podiatrists and that basic foot care for the general public [would] suffer'. They said that practitioners knew when to refer a patient to another practitioner or to a General Practitioner and that, in any event, most chiropractors and podiatrists did not need to prescribe drugs in their daily practice. In the consultation document, we said that this change, if agreed, would not affect existing registrants. However, the Institute said that they were concerned that, despite this, some existing practitioners could think that LA and POMs were required for registration and might believe that without them they would be unable to remain in practice.

### Other comments

- Existing registrants

Two respondents said that we should make LA and POM compulsory for existing registrants, either now or at a future date. One respondent said: '...I believe that all members of the podiatry profession should be pushed towards completion of the aforementioned qualifications. I accept that it would be logistically difficult to complete this goal, but should be attempted within a reasonable timeframe of 10 to 15 years.'

- Education and training

Two respondents commented on existing pre and post registration education and training in LA and POM. A service manager said that, in their experience, '...Podiatrists qualifying with the entitlement to prescribe medicines are not actually competent or experienced enough to do so'. They said that undergraduate education needed to be reviewed to ensure competence in this area.

One respondent said that there were many practitioners who wished to undertake POM certification but could not do so because of a lack of postgraduate courses. They asked: 'Is there a problem accrediting postgraduate courses?' Another respondent said that there was a 'discrepancy' between the academic level at which LA and POM training was delivered, dependent on whether it was being delivered pre or post registration. They said: 'It is my belief that the qualification is best completed at post-graduate MSc module level for all podiatrists after a defined period of working experience and competency has been attained.'

The Board of Community Health Councils in Wales said, with reference to UK approved programmes: 'Following approval of the course, will the course content be reviewed after a certain amount of time? If not, why not?'

- Medicines entitlements

Three respondents commented on the existing system of exemptions under medicines legislation which allow chiropodist and podiatrists who have undertaken approved education and training, and who have their names annotated on the Register, to administer certain local anaesthetics and sell or supply certain prescription only medicines. One respondent said that the existing system with reference to POMs was 'unwieldy' and said that a training and registration scheme should be developed which would enable chiropodists and podiatrists with appropriate training to prescribe from the full formulary. They described how they believed this would be beneficial for patient care and public safety.

Two other respondents commented on supplementary prescribing rights for chiropodists and podiatrists. One respondent said: 'I am quite simply baffled how I can not supply POM medication through the recent changes in legislation with my supplementary prescribing qualification...' They suggested that supplementary prescribing programs should be of a sufficiently high standard to allow annotation of the Register to supply POMs from the exemption list. Similar comments were made by the College of Minimally Invasive Foot and Ankle Surgery who said that the present situation was confusing. They asked: 'Why should a podiatrist need to do both courses when one combined unit should be sufficient to the entitlement of prescribing POMs?' They also said that the existing list of drugs which can be sold or supplied was inadequate for current practice.

- Standards, training and competence

The Board of Community Health Councils in Wales said that it was important that HPC, employers and self employed practitioners ensured that skills were appropriate to the service they were delivering. They said treatment on the National Health Service could vary because of costs and sometimes only 'basic' foot care was offered. They also said that it was important that chiropodists and podiatrists were assessed at regular intervals to ensure 'their continuing manual dexterity and knowledge of advances in all aspects of chiropody/podiatry'.

## **Our comments**

The majority of respondents agreed with the proposed changes and saw this as a positive step in recognising that these standards are already well embedded in existing pre-registration education and training.

We recognise that some existing registrants have not undertaken education and training in these areas and will therefore not have their entry in the Register annotated. These are registrants who registered before these components became a normal part of pre-registration education and training; registered via the grandparenting process which took place between July 2003 and July 2005; or those who registered via the international route. These registrants will not be affected and will not be required to undertake additional education and training in order to meet these requirements. Every registrant has to ensure that they practise safely and effectively in the area or areas in which they practice.

We approve pre-registration education and training programmes which lead to eligibility for registration and annotation of the LA and POM entitlements, and post-registration courses in both entitlements. Programmes are approved against our standards of education and training and standards of proficiency. We grant open-ended approval subject to ongoing monitoring that the programme continues to meet our standards.

We currently approve four post-registration programmes in prescription only medicines. We recently agreed that POM modules which form part of already approved pre-registration education and training programmes could be approved for the purposes of direct entry subject to a documentary check against the second standard (admissions) of our standards of education and training.

Our standards do not require post-registration programmes in POM or LA to result in a particular level of academic award. Our only requirement of these programmes is that they meet our standards of education and training, and the relevant standard in our standards of proficiency.

The prescription only medicines, local anaesthetics and supplementary prescribing entitlements open to qualified chiropodists and podiatrists are set out in the Prescription Only Medicines (Human Use) Order 1997, an order under the Medicines Act 1968. Any change to the medicines which professionals can supply or administer under the Act, or extension of prescribing rights, is a decision for the Medicines and Healthcare Products Regulatory Agency (MHRA) and the Department of Health (UK), and a matter for legislation. Professional bodies are often involved in liaising with the MHRA about possible changes to medicines legislation for the professions they represent.

## **Our decisions**

In light of the consultation responses we received, we have decided that the standards for local anaesthesia and prescription only medicines should become compulsory. However, we want to ensure that all affected parties understand the implications of this change. In particular, we want to ensure that existing registrants understand that this change will not affect their registration.



In order to ensure that this change is communicated effectively, we've decided that there should be a lead in period before the changes to these standards become effective. The standards will become effective from 1 September 2009.

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## Respondents

Below is a list of those who provided responses to the consultation. Where a response has been made on behalf of an organisation we have given the name of the organisation in the text; where the response comes from an individual we have not.

We received eleven responses to the consultation; five from organisations and six from individuals.

Board of Community Health Councils in Wales  
College of Minimally Invasive Foot and Ankle Surgery  
Society of Chiropractors and Podiatrists  
Institute of Chiropractors and Podiatrists  
University of Southampton (School of Health Professions and Rehabilitation Sciences)

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