30 March 2015

HCPC response to the NHS England consultation on proposals to allow orthoptists to sell, supply and administer medicines under exemptions within the Human Medicines Regulations (2012) 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 allow orthoptists with appropriate training to sell, supply and administer medicines under exemptions in legislation in the United Kingdom.

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 orthoptists.

Question 1: Should amendments to legislation be made to allow orthoptists to sell, supply and administer particular medicines under exemptions within the Human Medicines Regulations (2012)?

2.2 The HCPC is supportive of the proposal to introduce exemptions in legislation to allow orthoptists with appropriate training to sell, supply and administer certain medicines without the normal requirement for a prescription.

2.3 The medicines included in the proposed list are already widely used by orthoptists to treat patients in various settings. Currently orthoptists can employ mechanisms including Patient Group Directions (PGDs) in order to supply and administer medicines. In some cases these are sufficient to meet the needs of patients and service users; however as the consultation document highlights, they are less effective in other circumstances – for example where there is a change in staff or a patient with unpredicted treatment needs.

2.4 The introduction of exemptions would enable orthoptists to sell, supply or administer medicines within their competence in the absence of a PGD and where a doctor or other prescriber is not readily available. For patients this would mean more timely access to medicines and to treatments that involve medicines without needing to attend another appointment to obtain a prescription. We think that streamlining the care pathway can ultimately lead to improved outcomes for patients.

2.5 Currently chiropodists / podiatrists, also regulated by the HCPC, are able to undertake post-registration training in order to access exemptions which allow them to administer medicines from a particular list including a range of local anaesthetics, and to supply certain other medicines. We approve and monitor relevant programmes which enable chiropodists / podiatrists to qualify to use the exemptions and annotate the Register entries of those who are qualified.

2.6 If the proposal is accepted and amendments are made to legislation, the HCPC would produce new standards for the sale, supply and administration of medicines by orthoptists using exemptions. The standards would set out requirements for programmes delivering training in the use of exemptions, as well as the skills, knowledge and understanding necessary to use the exemptions safely and effectively.

2.7 We would use the new standards when making decisions about approval of relevant training programmes. It is anticipated that the training would consist of a theory element as well as practice-based learning. It would be up to education providers to decide how to design a programme so that upon completion, orthoptists are able to meet the new standards and to sell, supply and administer medicines using exemptions safely and effectively.

2.8 We would then annotate the HCPC Register entries of orthoptists who have completed an approved training course. The annotation would ensure that only appropriately trained orthoptists can use the exemptions and also would enable service users and members of the public to see who is qualified.

2.9 Orthoptists qualified to use exemptions would continue to be required to meet all of the other standards set by the HCPC, including the standards of proficiency for orthoptists; the standards of conduct, performance and ethics; and the standards for continuing professional development.[1]

Question 2: Do you agree with the proposed list of medicines that orthoptists would be able to sell, supply and administer under exemptions within the Human Medicines Regulations (2012)?

Question 3: Do you agree that the two antibiotics (Chloramphenicol and Fusidic acid) should be included in the list of medicines that orthoptists would be able to sell, supply and administer under exemptions within the Human Medicines Regulations (2012)?

[1] All HCPC standards are published on our website: http://www.hcpc-uk.org/aboutregistration/standards/

2.10 We think that other stakeholders are better placed to respond to these questions, in particular members of the orthoptist profession, other professionals working alongside orthoptists, service providers, commissioners, and service users and carers.

2.11 Robust clinical governance will be vital to ensuring that any medicines use by orthoptists is carried out appropriately and safely. Additionally, we would expect that orthoptists qualified to use exemptions would do so only in respect of those medicines which are within their scope of practice, i.e. within the limits of their knowledge and skills.

Question 4: Do you have any additional information on any aspects not already considered as to why the proposal to allow orthoptists to sell, supply and administer particular medicines under exemptions within the Human Medicines Regulations (2012) SHOULD go forward?

Question 5: Do you have any additional information on any aspects not already considered as to why the proposal to allow orthoptists to sell, supply and administer particular medicines under exemptions within the Human Medicines Regulations (2012) SHOULD NOT go forward?

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

Question 6: Does the 'Consultation Stage Impact Assessment' give a realistic indication of the likely costs, benefits and risks of the proposal?

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

2.14 The introduction of exemptions for orthoptists to sell, supply or administer medicines would have some cost implications for the HCPC, including the costs associated with developing and consulting on a new set of standards, approving and monitoring new training programmes and IT changes to enable annotation of the Register. However we do not anticipate that these costs will represent a barrier to implementation of the proposal.

Question 7: Do you have any comments on the proposed practice guidance for orthoptists supplying and administering medicines under exemptions?

Question 8: Do you have any comments on the 'Draft Outline Curriculum Framework for Education Programmes to Prepare Orthoptists to Use Exemptions'?

2.15 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 9: 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 10: 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?

2.16 We believe that other stakeholders would be better placed to respond to these questions. However, we do not consider that our regulatory systems as described above would have an adverse impact on any specific group.