

Proposals to allow orthoptists to sell, supply & administer medicines under exemptions within the Human Medicines Regulations (2012) across the UK

Chartered Society of Physiotherapy
Consultation response

To: George Hilton
AHP Medicines Project Team
NHS England
5W20, Quarry House
Leeds
LS2 7UE

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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 allowing orthoptists to sell, supply & administer medicines. 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.

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)?

- 1.1 Yes. Relevant access to medicines 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 access medicines safely and effectively for patient benefit.
- 1.2 In the CSPs view medicines use should no longer be viewed as a task that sits only within certain professional silos. The relevant legislation should continue to be

amended and updated to reflect the growing number of registered professionals who undertake this activity. 'Exemptions' provides a useful framework whereby defined medicines can be accessed.

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)?

- 2.1 Yes. We support the proposal for appropriately trained orthoptists to be able to access the listed medicines under Exemptions. 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 Moreover, orthoptists have been able to use Patient Specific Directions [PSDs] and Patient Group Directions [PGDs] for some time and so already have extensive experience in the safe use of medicines. The introduction of Exemptions is a clear logical step in orthoptic practice. The nature and context of current and evolving orthoptic practice is such that appropriately trained orthoptists 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.
- 2.3 The nature of orthoptists work is such that in this case a Limited list of Exemption should add to the flexibility and responsiveness required of effective and modern orthoptic practice. There is always the risk that listed Exemptions are not responsive enough to deal with the replacement of medicines no longer available with viable alternatives or the supply of medicines which have their legal classification category changed. However in this case, the list appears broad enough to cover the range of conditions that an orthoptists would ordinarily encounter in their day to day work.

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 the exemptions within the Human Medicines Regulations (2012)?

- 3.1 Yes. Orthoptists will commonly encounter a range of simple eye infections and it is appropriate that they should be able to effectively initiate management of these conditions as they present themselves. Delay in accessing antibiotics can cause inconvenience to patients as well as possibly exacerbate the presenting clinical conditions.
- 3.2 As with all anti-biotic use, appropriate governance and guardianship must be in place.

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 with the Human Medicines Regulations (2012) SHOULD go forward?

- 4.1 The clinical arguments for the introduction of further medicines use, 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 stage as possible.
- 4.2 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.
- 4.3 We welcome the proposal to extend the use of Exemptions to orthoptists in the hope that the same tangible benefits will be apparent in orthoptic care pathways.

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?

- 5.1 No comments.

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

- 6.1 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.

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

- 7.1 This document will be invaluable in supporting orthoptists 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 medicines use is a professional activity to which the same practice guidance standards should broadly apply across all professions.

8. Do you have any comments on the 'Draft Outline Curriculum Framework' for education programmes to prepare orthoptists as independent prescribers?

- 8.1 The inclusion of a definition of orthoptic prescribing practice that is clear and understandable is very welcome.
- 8.2 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.
- 8.3 The reference to existing regulatory standards for allied-health professional prescribers and applying entry criteria consistent across all groups is reassuring.

8.4 The reference to a common competency framework enhances the evidence that prescribing is a professional task which requires equal skill regardless of whichever professional is practising the skill.

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?

9.1 No comments.

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?

10.1 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
Chartered Society of Physiotherapy
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, please contact:

Pip White BSc, MSc, MA (Law), MCSP
Professional Adviser
The Chartered Society of Physiotherapy
14 Bedford Row
London
WC1R 4ED
Phone: : 0207 306 1120
Email: whitep@csp.org.uk
Website: www.csp.org.uk