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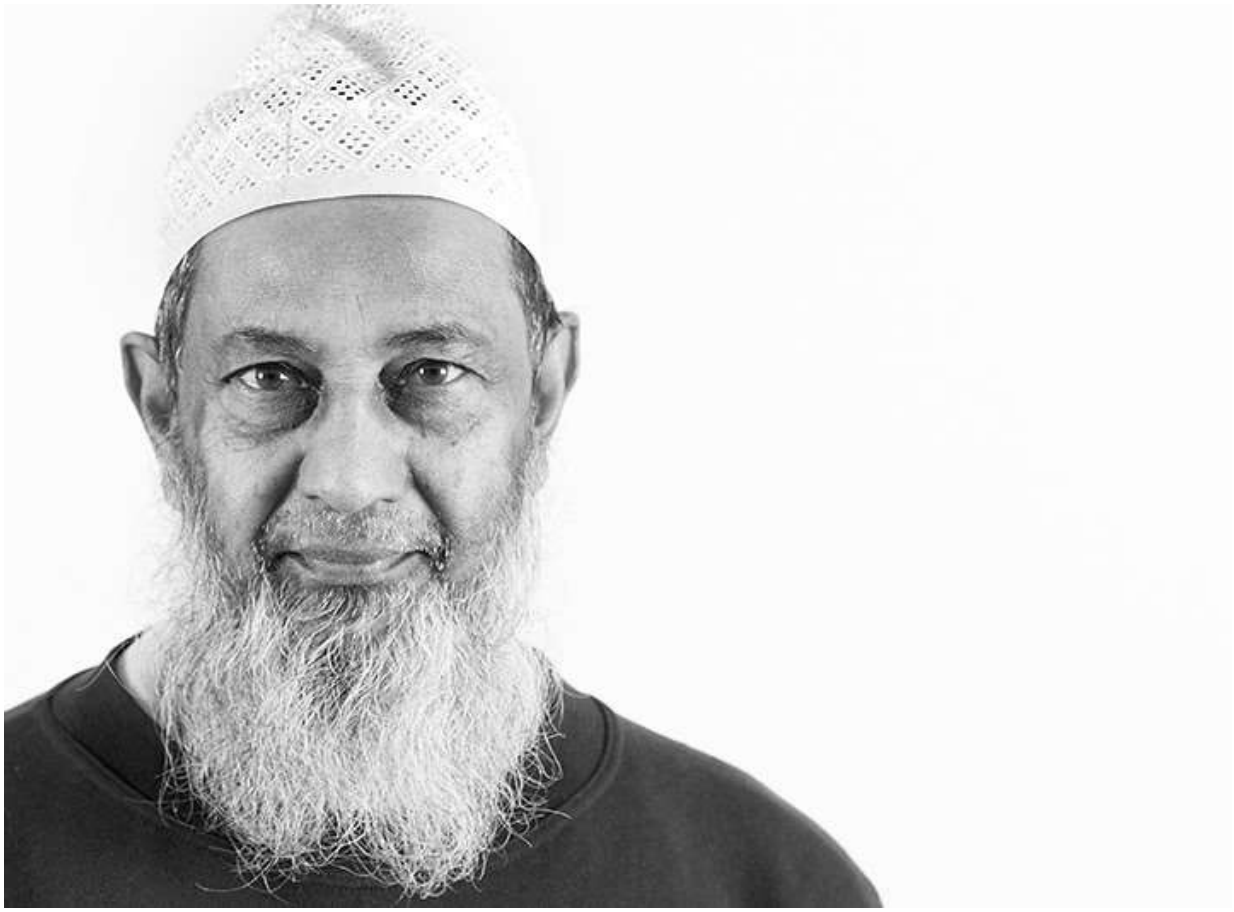

Consultation on proposals to introduce independent prescribing by paramedics across the United Kingdom

Prepared by the Allied Health Professions Medicines Project Team

NHS England – February 2015

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Consultation on proposals to introduce independent prescribing by paramedics across the United Kingdom

The proposed changes to medicines legislation would apply throughout the United Kingdom. This consultation document has been developed in partnership with: the Northern Ireland Department of Health, Social Services and Public Safety; the Scottish Department of Health and Social Care; the Welsh Department of Health and Social Services; the Department of Health for England; and the Medicines and Healthcare Products Regulatory Agency.

Contents

1 Executive summary

This consultation concerns proposals for paramedics working at an advanced level of practice to become independent prescribers of medicines across the UK. It also proposes that consideration be given to paramedic independent prescribers being allowed to mix licensed medicines prior to administration and be able to prescribe independently from a restricted list of controlled drugs. This would be achieved primarily by changes to the Human Medicines Regulations (2012) and the Misuse of Drugs Regulations (2001). Additionally, amendments would be needed to the Misuse of Drugs Regulation (Northern Ireland) (2002) and the Pharmaceutical Services Regulations (Northern Ireland) (1997).

Advanced paramedics are considerably experienced in their field and have undertaken additional training to develop their skills and competency beyond the generalist nature of routine paramedic practice into more specialist areas, including the management of patients individual urgent care needs. Advanced paramedics are experienced paramedics who have consolidated their specialist practice, developed their critical reasoning and clinical decision making skills, and extended their knowledge through further higher education, a high level of mentorship and training to work at an advanced level of practice. Due to the nature of their practice, advanced paramedics will (throughout the course of their career) have managed high numbers of patients with a broad range of medical conditions and safely provided a broad range of medicines to treat their conditions using current mechanisms available to them. More importantly, this experience and increased knowledge allows advanced paramedics to have a greater understanding of the limits of their own practice and therefore when to seek further advice.

Application to England, Wales, Scotland and Northern Ireland
The proposed changes to medicines legislation would apply throughout the United Kingdom, both in the NHS and the independent and voluntary sectors. Changes to NHS regulations to implement independent prescribing are matters for each of the Devolved Administrations.

Independent prescribing is defined as: prescribing by an appropriate practitioner (e.g. doctor, dentist, nurse or pharmacist), responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including the prescribing of medicines.

Benefits of introducing independent prescribing by advanced paramedics
The proposal for independent prescribing by paramedics is part of a drive to make better use of their skills in providing a highly responsive service that delivers care as close to home as possible for patients with urgent care needs. The vision to develop 999 ambulance services into community-based mobile urgent treatment services[1] requires highly skilled paramedics with the ability to ‘see and treat’ more patients at the scene. This in turn requires paramedics to have appropriate prescribing responsibilities and access to medicines. The ability of paramedics to ‘see and treat’ patients as close as possible to their own homes, in part through the use of adequate prescribing mechanisms, will reduce the demand on other urgent and emergency services and therefore significantly reduce costs encountered.

[1] NHS England (2013) *Urgent and Emergency Care Review: End of Phase 1 Report*, London

Independent prescribing by advanced paramedics can enable new ways of working to improve quality of care – delivering safe, effective services focussed on improving the patient experience. It will enable local service commissioners and providers to develop innovative local services in partnership with patients to meet the requirements of those with urgent care needs in the most cost-effective way. Paramedic independent prescribers would have a comprehensive set of skills that could be utilised within a variety of multi-disciplinary teams, both in acute and community settings, including: Accident and Emergency Departments, GP practices, Minor Injury Units, Walk-in Centres and Out-of-Hours services, to effectively manage the increased demand for urgent and emergency care services.

Independent and supplementary prescribing

Due to the nature of paramedic practice, the proposal to introduce prescribing is focussed primarily on independent prescribing. However, subject to changes to medicines legislation, paramedics who successfully complete a Health and Care Professions Council (HCPC) approved training programme to become an independent prescriber would also be annotated on the HCPC register as a supplementary prescriber. Although supplementary prescribing does not routinely fit the practice of paramedics due to the intended use being for on-going care rather than urgent care, it may be that supplementary prescribing and the use of clinical management plans will be utilised in the future in settings such as primary care, where the paramedic is expected to play a greater role in the future.

Throughout this document, use of the phrase “independent prescribing” should be considered to also include supplementary prescribing. The use of “independent prescribing” is used to simplify the document and provide consistent focus on the aspect of prescribing most relevant to current paramedic practice.

Case of Need

The NHS England Allied Health Professions Medicines Project Team, in partnership with the College of Paramedics developed a case of need for the progression to independent prescribing by paramedics based on improving quality of care for patients in relation to safety, clinical outcomes and experience, whilst also improving efficiency of service delivery and value for money. Approval of the cases of need was received from NHS England’s Medical and Nursing Directorates Senior Management Teams in May 2014 and from the Non-Medical Prescribing Board in July 2014.

The Allied Health Professions Medicines Project Board was established in September 2014 to oversee governance of the project, whilst providing support and guidance to this programme of work.

A number of supporting documents are provided alongside the consultation to inform consideration of the options and questions; these include the *Draft Practice Guidance for Paramedic Independent Prescribers*, *Draft Outline Curriculum Framework to prepare Paramedics as Independent Prescribers* and the *Consultation Stage Impact Assessment*. These documents will remain in draft form until the consultation closes, when amendments will be made in line with the responses received and final versions published as appropriate.

A summary of this consultation document is also available here and can be requested in alternative formats, such as easy read, Welsh language, large print and audio. Please contact enquiries.ahp@nhs.net

There are five options for the introduction of independent prescribing:

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

The consultation seeks responses to the following questions:

Question 1: Should amendments to legislation be made to enable paramedics to prescribe independently?

Question 2: Which is your preferred option for the introduction of independent prescribing by paramedics?

Question 3: Do you agree that paramedics should be to prescribe independently from the proposed list of controlled drugs?

Question 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?

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

Question 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?

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

Question 8: Do you have any comments on the proposed practice guidance for paramedic prescribers?

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

Question 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?

Question 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?

2 Purpose of the document

2.1 Introduction to the consultation

This consultation concerns proposals for paramedics to become independent prescribers of medicines across the United Kingdom. It also proposes that consideration be given to paramedic independent prescribers being allowed to mix licensed medicines prior to administration and prescribe independently from a restricted list of controlled drugs. This would be achieved primarily by amendment to the Human Medicines Regulations (2012) and the Misuse of Drugs Regulations (2001). Additionally, amendments would be needed to the Misuse of Drugs Regulations (Northern Ireland) (2002) and the Pharmaceutical Services Regulations (Northern Ireland) (1997).

Independent prescribing is defined as: prescribing by an appropriate practitioner (which currently includes: doctors, dentists, nurses, pharmacists, optometrists, podiatrists and physiotherapists), responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including the prescribing of medicines.

This consultation document has been produced by NHS England with support from the: College of Paramedics; MHRA; Department of Health; Northern Ireland Department of Health, Social Services and Public Safety; Scottish Department of Health and Social Care; and the Welsh Department of Health and Social Services.

Application to England, Wales, Scotland and Northern Ireland
The proposed changes to medicines legislation would apply throughout the United Kingdom, in any setting that paramedics work, including the NHS, independent and voluntary sectors. Changes to NHS regulations for the implementation of paramedic independent prescribing in Scotland, Wales and Northern Ireland and the resultant focus and pace of this in each respective country are matters for each of the Devolved Administrations.

The Professional Body
The College of Paramedics is the professional body representing paramedics in England, Scotland, Wales, Northern Ireland and the Channel Islands. The role is summarised in appendix A for information.

Who can respond to this consultation?
Everyone is welcome to respond. We hope to hear from the public, patients/patient representative groups, carers, voluntary organisations, healthcare providers, commissioners, doctors, pharmacists, allied health professionals, nurses, regulators, non-medical prescribers, the Royal Colleges and other representative bodies.

The consultation
The consultation will run for twelve weeks and will close on **22 May 2015**

3 Introduction to the paramedic profession

3.1 General information

Paramedics are statutorily registered; they are first contact Allied Health Professionals (AHPs). They respond to 999 calls and are trained in all aspects of pre-hospital emergency care, ranging from acute problems such as cardiac arrest, strokes, spinal injuries and major trauma, to urgent problems such as minor illness and injury. Paramedics also work in other practice settings, including: GP practices, minor injury units, urgent care centres, walk-in centres and Accident and Emergency Departments, where they undertake full clinical assessments of patients and make decisions regarding the care that each patient requires.

In recent years, the paramedic profession has evolved from a provider of treatment and transportation to a provider of mobile healthcare. This has required a greater focus on assessment, diagnosis, decision-making, treatment and where appropriate, onward referrals in line with changing patient profiles. Currently less than a 1/3 of 999 calls made in England are for potentially life threatening conditions[2]. The remaining 2/3 are from, or for patients with non-life threatening conditions, including falls and exacerbations of long-term conditions such as Chronic Obstructive Pulmonary Disease (COPD), diabetes, heart failure and dementia.

In addition, paramedics who have developed their skills beyond the entry level of their profession, through undertaking additional higher or post-graduate education, can take on specialist or advanced paramedic roles. Specialist and advanced practice paramedics make up approximately 5% of the paramedic workforce in England, with approximately 780 paramedics working in such roles[3]. These paramedics perform more detailed patient assessments and system-based examinations (including neuromuscular, motor and sensory examinations). They can also undertake a range of additional clinical techniques and practices, including carrying out and interpreting diagnostic tests, cleaning and closing wounds, and assessments of patients with long-term conditions in their homes. This facilitates many patients being managed in the community as part of a wider primary care team.

In 2011, *Taking Health Care to the Patient 2, a review of 6 years progress*[4] reported that significant reductions in rates of conveyance to Accident and Emergency (A&E) had been achieved through the introduction of specialist and advanced paramedic roles. However, the review also identified that the extension of independent prescribing to eligible paramedics could further enhance their effectiveness.

[2] Health and Social Care Information Centre (2013) *Ambulance Services, England 2012-13*, London
[3] College of Paramedics (2014*) Survey on PGD Limitations* (unpublished) Bridgwater.
[4] Association of Ambulance Chief Executives (2011) *Taking Healthcare to the Patient 2: A review of 6 years' progress and recommendations for the future*, London.

3.2 Paramedic roles

3.2.1 Paramedic

This is the level where individuals join the HCPC register and begin their career in paramedic practice. They have completed an education pathway resulting in an award which allows registration as a paramedic with the HCPC.

Paramedics are autonomous healthcare professionals who are required to deliver care to patients in practice with or without direct or indirect supervision. Paramedics at this level of practice will require period(s) of preceptorship and mentorship within this phase of their career.

3.2.2 Specialist paramedic

Specialist paramedics are experienced, autonomous allied health professionals who are patient-focused and are responsible and capable of delivering safe, effective and appropriate treatment to patients with urgent, emergency and unscheduled healthcare requirements, including management at the scene, or in-hospital of critically ill and injured patients. Their focus includes the care of acutely ill and/or injured patients at initial presentation and those who present with an acute exacerbation of a chronic illness or disease[5].

Specialist paramedics deliver a more complete level of assessment and care to patients in the community and access many referral pathways. They also have an important part to play in pre and out-of-hospital emergency medicine. The focus on specialist paramedics has become increasingly important over recent years with an increasing expectation for ambulance services to deliver the right care in the right place, first time. They have undertaken further higher education aligned with an area of clinical specialism, will be more independent in practice and provide supervision and preceptorship/mentorship to other paramedics.

The College of Paramedics considers the term ‘specialist paramedic’ to relate to paramedics that specialise in urgent and emergency care, critical care, research, education and other emergent areas.

The College recommends that these paramedics should be educated in a higher education environment to a minimum of postgraduate diploma level or equivalent. Additionally, this educational level is consistent with recommendations in the *Paramedic Evidenced-Based Education Project Report*[6].

3.2.3 Advanced paramedic

Advanced paramedics are experienced, autonomous allied health professionals who are patient-focused and are responsible and capable of delivering safe, effective and appropriate treatment to patients with complex urgent, emergency and unscheduled healthcare requirements. Their focus includes the care of acutely ill patients at initial presentation and those who present with an acute exacerbation of a chronic illness or disease.

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[5] College of Paramedics (2015) Paramedic *Post Registration Career and Competency Framework*, (unpublished) Bridgewater

[6] Lovegrove, M. (2013) *Paramedic Evidence-Based Education Project.* Buckingham: Allied Health Solutions. The Department of Health, Allied Health Professions, Professional Advisory Board

They provide patients with a wide range of care and treatment, including at the scene for critically ill and injured patients via a holistic approach to healthcare. They will have developed their skills and capabilities in a specialist paramedic role and will have a significant portfolio of evidence and expertise, including clinical leadership.

Following further higher education, advanced paramedics deal independently with more complex clinical care requiring high-level critical reasoning and diagnostic skill based around extended knowledge of the conditions they are required to treat. They are also required to provide greater levels of leadership and support in practice for colleagues.

In addition, advanced paramedics may be actively involved in research and development activities, individual service-improvement projects and participate in critical incident reviews to learn from incidents and improve practice and quality. Paramedics at this level may also have additional teaching and tutoring responsibilities.

The College of Paramedics recommends that these paramedics should be educated to a minimum of postgraduate diploma level or equivalent which is consistent with the recommendations of the *Paramedic Evidenced-Based Education Project Report*[7].

3.2.4 Consultant paramedic

Consultant paramedics are appointed by their employer and must fulfil the criteria to hold an NHS Consultant contract[8]. They usually hold or are working towards a doctorate award and practice within the Department of Health guidance for AHP consultant appointments. Core responsibilities include an organisational development role in areas of new and innovative clinical practice. Working at a strategic or executive level, they will be developing new care pathways while liaising with central health policy makers. They will be instigating and reviewing care pathways whilst connected to their trust's medical directorate and research and audit teams (through primary research).

3.3 Where paramedics work

There are 20,986 (as of January 2015) registered paramedics in the UK[9]. Although the vast majority of paramedics are employed in NHS ambulance services (84%)[10], they can be found working in the armed forces, remote and offshore sectors, independent and private sectors, and in other non-ambulance service healthcare settings, including: acute trusts, GP services, minor injury units (MIUs), telehealth and telecare services, and alternative care pathway provider services.

As a result of the Urgent and Emergency Care Review[11] and the focus this brings around the importance of multidisciplinary team working, it is anticipated that the comprehensive skill set of paramedics will be increasingly utilised within such teams and lead to the development of effective multidisciplinary one stop shops for urgent and emergency care provision, both in the community and wider healthcare setting.

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[7] Lovegrove, M. (2013) *Paramedic Evidence-Based Education Project.* Buckingham: Allied Health Solutions. The Department of Health, Allied Health Professions, Professional Advisory Board

[8] Department of Health (2005) *The National Health Service (Appointment of Consultants) Regulations: Good Practice Guidance*. [Online], Available at: https://www.rcseng.ac.uk/healthcare-bodies/docs/the-national-health-service-appointment-of-consultants-regulations

[9] Health and Care Professions Council, *Registered Professions*

[10] Centre for Workforce Intelligence (2012) *Workforce Risks and Opportunities: Paramedics*. London

[11] NHS England (2013) *Urgent and Emergency Care Review: End of Phase 1 Report*, London

3.4 How paramedics are trained and regulated

There are currently 44 HCPC approved paramedic programmes in England, 1 in Scotland, 4 in Wales and 1 in Northern Ireland, which are delivered by 35 Higher Education institutions and by NHS ambulance trust training centres[12]. The majority of pre-registration programmes are now delivered through a formal partnership between ambulance trusts and a University. Historically, paramedics were trained through an in-service training model, the Institute of Health and Care Development (IHCD) programme, where typically an NHS ambulance trust delivered a skills-based course in-house. The majority of ambulance trusts consider this method of education outmoded and consequently, they have conversion programmes in place to ensure all paramedics have access to a Foundation Degree.

Pre-registration education programmes leading to qualification as a paramedic include pharmacology and the administration of therapeutic medications, relevant to a paramedic's scope of practice, including pharmacodynamics and pharmacokinetics.

Paramedics undertaking post-registration education programmes to work at a specialist and advanced level gain additional training in pharmacology, pharmacodynamics and pharmacokinetics, and condition and disease specific pharmacological interventions that are within their scope of practice.

The College of Paramedics have provided higher education institutions (HEIs) and other stakeholders with a comprehensive curriculum framework for the education and training of paramedics throughout the UK[13]. Paramedic graduate level education is supported by the *Paramedic Evidenced-Based Education Project Report*[14] and the College of Paramedics is working closely with Health Education England and the Devolved Administrations to provide a UK-wide trajectory towards achieving a graduate only profession.

The term 'paramedic' is a protected title by law and all paramedics, whether working in the NHS, private or voluntary sectors must be registered with the HCPC. The HCPC sets the standards that all paramedics have to meet in relation to their education, proficiency, conduct, performance, character and health. These are the minimum standards that the HCPC considers necessary to protect members of the public. Registrants must meet all these standards when they first register and complete a professional declaration every two years thereafter, to confirm they have continued to practise and continue to meet *all* the standards. The HCPC also regulates the fitness to practice and registration renewal of those already on the register, and has the powers to remove individuals from their register if they fall below the standards required to ensure public safety.

[12] Health and Care Professions Council, *Register of Approved Programmes.*
[13] College of Paramedics (2014) *Paramedic Curriculum Guidance*, Bridgewater: College of Paramedics
[14] Lovegrove, M. (2013) *Paramedic Evidence-Based Education Project.* Buckingham: Allied Health Solutions. The Department of Health, Allied Health Professions, Professional Advisory Board

3.5 Current use and supply of medicines by paramedics

Paramedics have had a long relationship with medicines, which dates back over two decades, and they are professionally responsible for ensuring that they adhere to standards regarding supply and administration of medicines set by the MHRA[15] and The National Institute of Clinical Excellence (NICE)[16].

Under current medicines legislation, registered paramedics can supply and administer a range of medicines for the immediate, necessary treatment of sick or injured persons.

The mechanisms by which paramedics access medicines are as follows (a full description of each mechanism can be found in appendix B):

- **An Exemption** to medicines legislation allows the supply or administration of medicines, provided the requirements of any conditions attached to those exemptions are met.
- **A Patient Group Direction (PGD)** is a written instruction for the supply and/or administration of a licensed medicine (or medicines) in an identified clinical situation, where the patient may not be individually identified before presenting for treatment. Each PGD must be signed by both a doctor and pharmacist, and approved by the organisation in which it is to be used.
- **A Patient Specific Direction (PSD)** is a prescriber's (usually written) instruction that enables a paramedic to supply or administer a medicine to a named patient.

In some clinical pathways, the scope of the existing legislation fits well with the needs of patients and enables optimal care, e.g. current mechanisms for the supply and administration of medicines by paramedics work well for patients with emergency life-threatening conditions such as cardiac arrest or major trauma. In other pathways, such as the management of exacerbations of long-term conditions, falls and end of life care, existing legislation can limit the potential for paramedics to provide even greater benefits to patients and the delivery of optimal care.

3.6 Education programmes and continuous professional development for independent prescribers

Currently, non-medical prescribing training is multi-professional and is provided as an integrated programme for independent and supplementary prescribers. Legislation provides the framework which defines the mechanism(s) available to each profession and thus the assessment of course participants. The nature of education to prepare registered healthcare professionals to become prescribers includes training and competencies in both supplementary and independent prescribing within a single curriculum. The HCPC has the authority to approve education programmes for the provision of paramedic independent prescribing training. The *Draft Outline Curriculum Framework to prepare Paramedics as Independent Prescribers* has been developed and is available on the NHS England consultation hub website here.

[15] Medicines and Healthcare products Regulatory Agency (2014) *Paramedics –Exemptions* http://www.mhra.gov.uk/Howweregulate/Medicines/Availabilityprescribingsellingandsupplyingofmedicines/ExemptionsfromMedicinesActrestrictions/Paramedics/#l1

[16] National Institute For Health Care Excellence (NICE) (2014) *Medicine Practice Guidelines – Patient Group Directives* http://www.nice.org.uk/guidance/mpg2/resources/guidance-patient-group-directions-pdf

3.7 Eligibility for training as a paramedic independent prescriber

Not all paramedics would be expected to train to become independent prescribers. The safety of patients is paramount and the strict eligibility criteria for acceptance on independent prescribing education programmes are reflective of this.

In line with other professions able to train as non-medical independent prescribers (e.g. nurses, pharmacists, optometrists, physiotherapists and podiatrists), it is proposed that all paramedic entrants to the training programme would need to meet the following requirements:

- Be registered with the HCPC as a paramedic.
- Be professionally practising in an environment where there is an identified need for the individual to regularly prescribe independently.
- Be able to demonstrate support from their employer/sponsor, including confirmation that the entrant will have appropriate supervised practice in the clinical area in which they are expected to prescribe.
- Be able to demonstrate medicines and clinical governance arrangements are in place to support safe and effective independent prescribing.
- Have an approved medical practitioner to supervise and assess their clinical training as a prescriber.
- Have normally at least 3 years relevant post-qualification experience in the clinical area in which they will be prescribing.
- Be working at an advanced practitioner or equivalent level.
- Be able to demonstrate how they reflect on their own performance and take responsibility for their own Continuing Professional Development (CPD), including development of networks for support, reflection and learning.
- Provide evidence of a Disclosure and Barring Service (DBS) check within the last 3 years.

Paramedic independent prescribers would be required to have an annotation on the HCPC register as an independent prescriber. This would require them to undertake appropriate steps to maintain their skills and competence in keeping with the HCPC *Standards for Prescribing*[17].

3.8 Continuing professional development (CPD)

Once registered, paramedics must undertake CPD and demonstrate that they continue to practise both safely and effectively within their changing scope of practice, in order to retain their registration. Registrants are required to maintain a continuous, up-to-date and accurate portfolio of their CPD activities, which must demonstrate a mixture of learning activities relevant to current or future practice. The portfolio would declare how their CPD has contributed to both the quality of their practice and service delivery, whilst providing evidence as to how their CPD has benefited the service user[18]. The College of Paramedics supports the HCPC in its requirement for paramedics to engage in CPD and makes recommendations to its members regarding CPD activities required to achieve the standards set by the regulator.

[17] Heath and Care Professions Council (2012) *Standards for Prescribing*. London:
[18] Heath and Care Professions Council (2006) *Continuing Professional Development and your Registration*. London

The HCPC randomly audits the CPD of 2.5% of each registered profession on a 2 year cycle of registration renewal. Those registrants who are chosen for audit must submit a profile to show how their CPD meets the minimum standards of the regulator. If introduced, paramedic independent prescribers would have a similar responsibility to keep up-to-date with clinical and professional developments in medicines use to maintain their registration. In addition to this requirement of the regulatory body, the College of Paramedics makes it clear to paramedics that they are required to maintain their competence to practice. This is an individual professional requirement and the employing authority would have a role in monitoring that this is the case by, e.g. undertaking annual appraisal interviews.

The National Prescribing Centre (now the Medicines and Prescribing Centre at NICE) has developed *A Single Competency Framework for all Prescribers*[19] to be used by clinicians as a source of information and as tools to reflect on practice and identify CPD needs.

Paramedics should undertake information governance training as prescribed by the Health and Social Care Information Centre's (HSCIC) IG Toolkit using the NHS Information Governance Training Tool.

3.9 Current use and supply of medicines by paramedics CPD

From point of registration, paramedics can supply and administer a range of medicines using Exemptions, PGDs and PSDs. Examples of CPD activities relating to the supply and administration of medicines include:

- Attending conferences and study days on the safe use of medicines
- Recording self-reflection
- Keeping up to date by, e.g. subscribing to MHRA, Monthly Index of Medical Specialities (MIMS) and NICE alerts
- Peer supervising, teaching and reviewing with other paramedics

3.10 Governance and safeguarding

The role of the HCPC is to protect the public. It does this by setting standards for paramedic's conduct, competence, training, character and health. A paramedic must be registered with the HCPC to practice within the UK and must meet the standards that it sets. The HCPC can take action to protect the public where paramedics do not meet the necessary standards, including removing them from practice where appropriate. The HCPC set standards for prescribing and also approve the educational programmes which deliver training in independent prescribing to make sure that the programmes meet the necessary standards. In order to gain entry to a prescribing programme, advanced paramedics need to fulfil all the eligibility criteria for training as an independent prescriber.

[19] National Prescribing Centre provided by NICE (2012) *A Single Competency Framework for all Prescribers*. London: NICE http://www.npc.co.uk/improving_safety/improving_quality/resources/single_comp_framework_v2.pdf

An advanced paramedic would only be able to act as an independent prescriber if they successfully complete an educational programme and then have their entry on the HCPC Register 'annotated' as an independent prescriber. By setting standards, approving programmes and annotating the Register, the HCPC can make sure that independent prescribers meet the standards necessary for safe and effective prescribing practice.

All professionals registered with the HCPC, including paramedics, must always work within their 'scope of practice'. A paramedic's scope of practice is the area of practice in which they have the knowledge, skills and experience to practice safely and effectively. This requirement to practice within a defined scope of practice would extend to a paramedic's prescribing practice. This means that an advanced paramedic independent prescriber must use their well-developed critical reasoning and advanced clinical decision-making skills to decide whether they have the appropriate knowledge and experience to safely prescribe in each circumstance. If they do not have the appropriate knowledge and experience, they would make the decision not to prescribe as patient safety is paramount. If they prescribed outside their scope of practice, the HCPC could take action against them to protect the public. The HCPC's requirements cover paramedics working both in the public and private sector.

Employers will retain responsibility for ensuring adequate skills, safety and appropriate environments for paramedic independent prescribing. Employers would also be responsible for ensuring that there is a need for a paramedic to undertake prescribing responsibilities, prior to their embarking on training, and that there is a role to prescribe post-training. The same standards would apply regardless of whether the paramedic is working in the NHS, independent or other settings.

3.10.1 Access to medical records

In the interest of patient safety, if independent prescribing is implemented, it is essential that paramedic prescribers ensure they have up-to-date, relevant and proportionate information about a patient's medical history and their medicines. The most accessible way to obtain this information is by consulting the patient's Summary Care Record, either physically, electronically, or by liaising directly with the patient's own GP, or the individual holding this information. That access will normally be with implied consent as paramedics are part of the team providing the treatment or care in question. However, where the patient has refused access or the information is especially sensitive explicit consent should be sought. Prescribers must assure themselves that they have all relevant information in relation to the safe treatment of and safe prescribing for the individual patient and if there is any doubt, further information should be sought before making a decision whether to prescribe or not for the patient. When necessary it should be explained to patients that all or part of the treatment cannot be given unless they grant access to the information.

3.10.2 Updating the medical record

It is essential that any prescribing activity by paramedics is known to other healthcare professionals caring for the same patient, such as the patient's GP, and the patient is aware or where necessary is made aware that this information will be shared. All prescribers are expected to update a patient's notes with their prescribing decisions contemporaneously if and where possible, and in any event within 48 hours of the episode of care. This may be done electronically, via email or electronic update to the GP's office where the patient's notes are held, or by fax to the GP's surgery, following good information governance procedures to ensure its safe transfer. The Health and Social Care Information Centre have produced a detailed *Information Governance Toolkit*[20] regarding the safe transfer of patient data, which lists the most commonly used methods of communication along with the minimum standards required for safe and secure data transfer, which should be followed.

3.10.3 Clinical governance

Part of the assurance to be put in place for satisfying local clinical governance requirements will be the development of a non-medical prescribing policy that is approved according to local arrangements and frequently monitored and reviewed.

3.10.4 Antimicrobial resistance

Healthcare workers have a vital role to play in preserving the usefulness of antimicrobials by controlling and preventing the spread of infections that could require antibiotic treatment. In line with all other prescribers, paramedics will also be required to consider antimicrobial stewardship and follow local policies for antibiotic use. The local policy is required to be based on national guidance and should be evidence-based, relevant to the local healthcare setting and take into account local antibiotic resistance patterns. The local policy should also cover diagnosis and treatment of common infections and prophylaxis of infection. The 2013 Public Health England (PHE)/ Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) *Antimicrobial Prescribing and Stewardship Competencies*[21] should be used by any independent prescriber to aid their professional development in relation to prescribing antimicrobials.

[20] Health and Social Care Information Centre: *IG Toolkit*. https://www.igt.hscic.gov.uk/
[21] Department of Health and Public Health England (2013) *Antimicrobial prescribing and stewardship competencies* https://www.gov.uk/government/publications/antimicrobial-prescribing-and-stewardship-competencies

4 Benefits

There are many potential benefits for patients, commissioners and providers. In some clinical pathways, the scope of the existing legislation fits well with the needs of some patients and enables optimal care, e.g. current mechanisms for the supply and administration of medicines by paramedics work well for patients requiring emergency care. However, these existing arrangements do not always best support the needs of other patients with non-life threatening conditions, such as falls or exacerbations of chronic long-term conditions.

Where people require treatment for an urgent care need, they must be supported in accessing the right advice or service, first time and as close to home as possible. As autonomous practitioners, paramedics undertake assessments, investigations and therapeutic interventions together with referrals on to other services and healthcare professionals as required. The only aspect of care that patients with non-life-threatening conditions such as falls, acute musculoskeletal problems and exacerbations of chronic illness are unable to receive from paramedics is the prescribing of appropriate medicines.

With independent prescribing, the creation of innovative new care pathways will be supported, which will result in improved outcomes for patients by reducing delays in care, ensuring timely access to medicines needed, and an improved patient experience through greater convenience and choice. It will enable commissioners and providers to innovatively develop local services in partnership with patients to meet the needs of patients in the most cost-effective way.

The comprehensive skill set of an advanced paramedics, including the rapid assessment and management of patients, coupled with their autonomous and extensive experience in complex clinical decision-making could be utilised within a variety of multi-disciplinary teams, both in acute and community settings, including: Accident and Emergency Departments, GP practices, Minor Injury Units, Walk-in Centres and Out-of-Hours services to effectively manage the increased demand for urgent and emergency care services.

Independent prescribing by paramedics also has the potential to improve patient safety by reducing delays in accessing medicines and creating clear lines of professional responsibility for prescribing decisions.

For example:

One in three people aged over 65, and half of those aged over 80, fall at least once a year. The ageing population and proportion of older people being supported to live independently at home underpins the increased demand to ambulance services when these patients suffer a fall. Falls can be the result of simple accidents, although many are caused secondary to minor health problems such as infections (e.g. urinary tract infections) which could, where appropriate be effectively treated by the paramedic independent prescriber at the scene. Independent prescribing would therefore allow the advanced paramedic to consider a range of medicines appropriate to the clinical presentation without unnecessary onward referral or admission to hospital. This is particularly important for vulnerable older people who are at increased risk of infection, falls, depression and losses of both independence and confidence once admitted to hospital.

The Urgent and Emergency Care Review – end of phase 1 report highlighted the need for patients to be supported to self-care. Many patients effectively manage their long-term conditions at home though experience exacerbations which necessitate additional support to continue to self-care. Paramedics are frequently despatched to patients with complex, albeit non-life threatening conditions such as exacerbations of chronic illness in the community and are currently unable to optimise delivery of effective patient care at the scene, as they do not have access to appropriate prescribing mechanisms. A recent audit carried out by the College of Paramedics identified that as many as 7 out of 10 patients with respiratory tract infections that were seen by an advanced paramedic were not able to access the medicines required through current supply and administration mechanisms available to paramedics. Independent prescribing would allow eligible paramedics to holistically consider a patient's needs and appropriately prescribe medicines where required. This would allow the patient to continue to self-manage at home, without unnecessary delay, the need to be seen by more than one healthcare professional to access medicines to manage their condition, or at worst, be unnecessarily admitted to hospital.

Independent prescribing would therefore enable innovative service redesign to make the best use of a paramedic's skills, to ensure patients receive the medicines they need and at the required time. Independent prescribing could also provide greater choice for patients, GPs and commissioners. By reducing unnecessary appointments with different professionals and hospital admissions, the costs of care may reduce. Independent prescribing would also enhance the flexibility and expertise of the workforce, and thereby improve care for patients both now and in the future.

5 Approach to the consultation

5.1 The case for change

The development of independent prescribing by a wider range of healthcare professionals is part of a drive to make better use of their skills and make it easier for patients to gain access to the medicines they need. Independent prescribing is an important part of developing health professionals' roles to deliver frontline care and patient-centred services.

The original policy objectives for the development of non-medical prescribing from 2000 related to the principles set out in *The NHS Plan: a plan for investment, a plan for reform*[22], including: improvements in patient care, choice and access; patient safety; better use of health professionals' skills; and more flexible team working across the NHS. In working towards these objectives, the NHS embarked on a graduated move to increase the scope and responsibilities of non-medical prescribing.

Non-medical prescribing continues to support the achievement of a number of current ambitions across the UK:

In England
The proposal to introduce independent prescribing by paramedics, supports the achievement of ambitions set out in *Equity and Excellence: Liberating the NHS*[23], the *Urgent and Emergency Care review: end of phase 1 report*[24] and the *NHS Five Year Forward View*[25].

In Scotland
The Introduction of independent prescribing by paramedics will support the delivery of *Achieving Sustainable Quality in Scotland's Healthcare: A '20:20' Vision* [26] and *Improving Outcomes by Shifting the Balance of Care: Improvement Framework*[27].

In Wales
Independent prescribing by paramedics supports the achievement of ambitions set out in *Together for Health: A Five Year Vision for the NHS in Wales*[28] and *Achieving Excellence: The Quality Delivery Plan for the NHS in Wales*[29].

In Northern Ireland
The proposal supports the delivery of *Transforming Your Care: A Review of Health and Social care in Northern Ireland*[30] and *Transforming Your Care: Strategic Implementation Plan*[31]

[22] Department of Health (2000) *The NHS Plan: a plan for investment, a plan for reform, London*
[23] Department of Health (2010) *Equity and Excellence: Liberating the NHS*, London
[24] NHS England (2013) *Urgent and Emergency Care Review: End of Phase 1 Report*, London
[25] NHS England (2014) *Five Year Forward View*, London
[26] NHS Scotland (2011*) Achieving Sustainable Quality in Scotland's Healthcare: A '20:20' Vision,* Edinburgh
[27] NHS Scotland (2009) *Improving Outcomes by Shifting the Balance of Care: Improvement Framework,* Edinburgh
[28] NHS Wales (2011) *Together for Health: A Five Year Vision for the NHS in Wales,* Cardiff
[29] NHS Wales (2012) *Achieving Excellence: The Quality Delivery Plan for the NHS in Wales,* Cardiff
[30] Northern Ireland Department of Health, Social Services and Public Safety (2011) *Transforming Your Care: A Review of Health and Social Care in Northern Ireland,* Belfast
[31] Northern Ireland Department of Health, Social Services and Public Safety (2013) *Transforming Your Care: Strategic Implementation Plan,* Belfast

5.2 Work to date

Paramedics are one of the Allied Health Professions in England, Wales and Scotland. This is currently not the case in Northern Ireland, though is under review. The proposal for paramedic independent prescribing is being taken forward as part of the AHP Medicines Project under the Chief Allied Health Professions Officer within NHS England.

The NHS England AHP Medicines Project Team, in partnership with the College of Paramedics developed a case of need for the progression to independent prescribing by paramedics based on improving quality of care for patients in relation to safety, clinical outcomes and experience, whilst also improving efficiency of service delivery and value for money. Approval of the case of need was received from NHS England's Medical and Nursing Directorates Senior Management Teams in May 2014 and from the Department of Health Non-Medical Prescribing Board in July 2014.

Following engagement with key stakeholders and the College of Paramedics, the proposal to take forward independent prescribing includes the mixing of medicines and a restricted list of controlled drugs as the most clinically effective and safe combination for the delivery of better services for improved patient care and quality of life. The proposal specifically excludes independent prescribing of unlicensed medicines by paramedics due to the limited application outside research, the complexity of governance and patient safety.

6 Proposal for independent prescribing by paramedics

Independent prescribing requires a practitioner to be responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

Guidance from MHRA states that only "appropriate practitioners" can prescribe medicines in the UK. Historically, only Doctors and Dentists were considered "appropriate practitioners". However, over recent years, changes to the law have permitted a number of professions, in addition to doctors and dentists, to play an increasing role in prescribing and managing medicines for their patients. There are now over 25,000 qualified nurse independent prescribers and around 2000 qualified pharmacist independent prescribers. More recently, optometrists, physiotherapists and podiatrists have been added to the list of professions able to prescribe independently.

6.1 Options for introducing independent prescribing

There are five options for the introduction of independent prescribing by paramedics and these are set out in the paragraphs below.

6.1.1 Option 1: No change

Registered paramedics would continue to supply and/or administer medicines under PGDs, PSDs and Exemptions.

Benefits
In some clinical pathways, the scope of the existing legislation fits well with the needs of patients and enables optimal care, e.g. current mechanisms for the supply and administration of medicines by paramedics work well for patients with emergency life-threatening conditions such as cardiac arrest or major trauma.

Limitations
Existing arrangements may not best support the needs of patients, particularly those with urgent care needs who make up over 2/3 of the patients that paramedics encounter[32]. Where patients require medicines management, outside that specified in a PGD or the specific exemptions in medicines legislation available to paramedics, they would continue to have to visit another professional, be referred onto other services or even be conveyed to hospital to receive the treatment required. The existing arrangements result in unnecessary delays, put patients at risk (especially vulnerable groups such as the elderly) and are costly to administer.

Under this option, the creation of innovative new care pathways will continue to be limited, creating less choice and ongoing unnecessary costs for commissioners. Consequently, an opportunity to improve outcomes for patients would be missed.

[32] Health and Social Care Information Centre (2013) *Ambulance Services, England 2012-13*, London

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

Appropriately trained paramedics would be permitted to prescribe independently any medicine for any condition, within their professional scope of practice and competence.

Benefits
Patients in contact with appropriately trained paramedics would be able to receive the care and medicines they need, without having to make additional appointments with other prescribers. A greater number of patients could benefit from more timely and therefore improved care, first time and in the right place. The responsibility for prescribing within competence would be clearly with the eligible paramedic themselves. This option would also be consistent with all other non-medical independent prescribers, including nurses and pharmacists and more recently, physiotherapists and podiatrists.

Limitations
This option has no obvious limitations.

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

Appropriately trained paramedics would be permitted to prescribe independently from a list of specified medicines for a specified list of conditions.

Benefits
This option could benefit patients provided that their condition and the drugs they need are listed.

Limitations
Patient's whose condition or medicines needs do not appear on the lists of specified medicines able to be prescribed for specified conditions, would not be able to benefit. As paramedics encounter a vast range of patient groups, either the lists of conditions and medicines would need to be extensive, or certain groups of patients would be excluded. As a result, the patient may require an additional appointment to obtain their prescription. In addition, the limited formulary and list of conditions would need updating regularly, to support ongoing current best practice. This would require lengthy administrative and legislative processes and may not be responsive to the needs of patients or developments in clinical care.

6.1.4 Option 4: Independent prescribing for any condition from a specified formulary

Appropriately trained paramedics would be permitted to prescribe independently for any condition within their professional scope of practice and competence though only from a list of specified medicines.

Benefits
A wider range of patients could benefit from this option, when compared to option 3.

Limitations
Patients whose medicines needs do not appear on the specified list of medicines able to be prescribed would not be able to benefit fully and would require an additional appointment to obtain their prescription. As with option 3, the lists would quickly become out of date and difficult to administer. This option would be potentially unresponsive to the needs of patients and current best clinical practice. There would also be limitations as described in option 3 concerning updating of the list.

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

Appropriately trained paramedics would be permitted to independently prescribe any medicine within professional scope of practice and competence, though only for specified conditions.

Benefits
A wider range of patients would benefit from this option, when compared to option 3.

Limitations
Patients with a condition that does not appear on the list would not be able to benefit fully and as a result, the patient would require an additional appointment to obtain their prescription. As with option 3, the lists would be difficult to administer and keep up-to-date. This option would potentially be unresponsive to the needs of patients and current best clinical practice.

Question 1: Should amendments to legislation be made to enable paramedics to prescribe independently?

Question 2: Which is your preferred option for the introduction of independent prescribing by paramedics?

6.2 Controlled drugs

Controlled drugs are prescription only medicines containing drugs controlled under the Home Office's Misuse of Drugs legislation. They are classified by law based on their benefit when used in medical treatment and their harm if misused.

Paramedics may need to prescribe controlled drugs for the relief of anxiety and pain control, which are major issues for many patients under the care of paramedics:

- End of Life Care Emergencies - at the end of life, patients may have a sudden onset of severe symptoms such as pain, anxiety or difficulty breathing, which often results in 999 being called. Paramedics may need to manage these symptoms promptly to alleviate suffering and ensure the patient is comfortable by administering medicines.
- In urgent care, patients with severe pain secondary to a long term condition may need enhanced pain relief. The provision of controlled drugs in oral, transdermal or IV/IM route is vital to ensure that patients do not have to travel to hospital to receive adequate analgesia.

Paramedics are currently able to supply and administer some controlled drugs under exemptions from the Human Medicines Regulations (2012) or through the use of PGDs and PSDs.

The College of Paramedics has proposed a restricted list of six controlled drugs to be prescribed independently by paramedics:

Schedule	Medicine	Use	Examples in paramedic practice
Schedule 2	Fentanyl	Severe chronic pain Breakthrough pain	Transdermal Patches for chronic pain unresponsive to oral analgesia. Nasal Spray or lozenge/lollipop for patients with breakthrough pain.
	Morphine	Severe pain	Palliative and end of life cancer care, e.g. immediate –release and/or modified release tablets (MST) or oral solution.
	Codeine	Moderate/severe pain	Management of pain in palliative care
Schedule 3	Midazolam	Anxiety Acute Pain	Sedation in end of life care, or similar presentations requiring palliation of agitation, with or without other problems i.e. pain
Schedule 4 Pt 1	Lorazepam	Anxiety Conscious Sedation	Sedation associated with acute mental health disorder
	Diazepam	Acute pain Antispasmodic	Treatment of back pain and associated muscular spasm

Table 1: Proposed list and uses of the six controlled drugs proposed by the College of Paramedics to be prescribed independently by paramedics

Further information relating to governance arrangements for the prescribing of controlled drugs can be found in the *Draft Practice Guidance for Paramedic Independent Prescribers* which can be accessed on the NHS England consultation hub website here.

If, after considering the responses to this consultation, the Commission on Human Medicines (CHM) recommend taking forward work to enable prescribing of controlled drugs from the restricted list, further work will be undertaken with the Home Office to ask the Advisory Council on the Misuse of Drugs to consider the proposals relating to controlled drugs and to advise Ministers accordingly. If Ministerial approval is received, the Home Office will make appropriate amendments to the Misuse of Drugs Regulations (2001).

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

6.3 Mixing of medicines

Clinical practice sometimes requires the mixing of two licensed medicines, e.g. a paramedic may be required to mix, rather than sequentially administer medicines such as Salbutamol and Ipratropium Bromide in a nebuliser to speed up treatment for patients suffering an asthma attack.

The mixing of medicines, where one is not a vehicle for the administration of the other, creates an unlicensed medicine (i.e. a medicine without a valid UK marketing authorisation). Under medicines legislation, the person undertaking the mixing is required to hold a manufacturer's licence. Following amendments to legislation in 2009 and more recently in 2013, nurse, pharmacist, physiotherapist and podiatrist independent prescribers are allowed to mix medicines themselves or direct others to mix for an individual patient. We propose to extend the mixing provisions to paramedic independent prescribers.

Question 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?

6.4 Additional information

The following questions invite additional information relevant to this proposal:

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

Question 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?

6.5 Supporting documents: impact assessment, practice guidance and education curriculum framework

6.5.1 Impact assessment

Impact assessments (IA) are an integral part of the policy making process; the purpose of an IA is to focus on why intervention is necessary, what impact the policy change is likely to have and the highlighting of costs, benefits and risks. The *Consultation Stage Impact Assessment* is available on the NHS England consultation hub website here and contains evidence of the actual (where available) and estimated costs and benefits of the introduction of independent prescribing by paramedics. The consultation is an opportunity to gather additional evidence to further inform the costs, benefits and risks.

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

6.5.2 Practice guidance

The proposed practice guidance for paramedic prescribers has been developed by the College of Paramedics and provides information which should underpin the decision-making and actions of paramedics who are annotated with the HCPC as independent prescribers. The proposed practice guidance can be accessed on the NHS England consultation hub website here.

This document is 'guidance'. Guidance is information which a paramedic has a duty to consider and is expected to take into account as part of their decision making process. The practice guidance document also provides advice on the behaviours and conduct expected of paramedic independent prescribers. An independent paramedic prescriber will be expected to justify any decision to act outside the guidance.

The consultation is an opportunity to acquire feedback and comments on the guidance developed and therefore the practice guidance document will remain in draft form until the consultation closes, when amendments will be made in line with the responses received and final versions published as appropriate.

Question 8: Do you have any comments on the proposed practice guidance for paramedic prescribers?

6.5.3 Education curriculum framework

The College of Paramedics have worked in partnership with several other AHP professional bodies to develop a draft outline curriculum aimed at education providers intending to develop education programmes and individuals interested in education programmes for; paramedics to fulfil the requirements for annotation on the HCPC register as independent prescribers. The *Draft Outline Curriculum Framework for Education Programmes to Prepare Paramedics as Independent Prescribers* can be accessed on the NHS England consultation hub website here.

The alignment of the outline curriculum framework with the *Single Competency Framework for All Prescribers*[33] provides clear and consistent competencies for education providers in the development of multi-disciplinary independent prescribing education programmes.

The consultation is an opportunity to gather feedback on the outline curriculum framework which will remain in draft form until the consultation closes, when amendments will be made in line with the responses received and final versions published as appropriate.

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

[33] National Prescribing Centre provided by NICE (2012) *A Single Competency Framework for all Prescribers*. London: NICE http://www.npc.co.uk/improving_safety/improving_quality/resources/single_comp_framework_v2.pdf

6.6 Equality

Paramedics have a responsibility to contribute to equality in healthcare by working towards eliminating discrimination and reducing inequalities in care. The College of Paramedics, communicates clear values and principles about equality and fairness. All members of the paramedic workforce are required to work within the HCPC *Standards of Conduct, Performance and Ethics*[34], which makes clear these expectations.

Discussions held with key stakeholders including the professional bodies, regulators, MHRA, the Department of Health, clinicians, service managers, educationalists, commissioners and service users highlighted the potential for independent prescribing by paramedics to improve access to medicines for groups within the community or home and particularly within rural areas and for vulnerable groups such as the homeless and travellers. The introduction of independent prescribing also has the potential to streamline care for other groups, including older people and those with disabilities.

At present, paramedics are restricted by the need for a prescriber (usually a GP) to prescribe the medicines a patient requires if the current mechanisms are not sufficient, e.g. if the patient presentation or circumstance does not fulfil the requirements of a PGD. This results in additional appointments and delays in patients receiving their required medications. The situation is particularly problematic within rural, traveling and remote communities where access to a GP or doctor may not be practical. The introduction of independent prescribing will enable innovative care pathway redesign, as a paramedic independent prescriber would be able to 'see and treat' more patients and prescribe the required medications in a timely manner, therefore reducing cost, time and travel for patients thus improving their overall experience of care.

Specific groups such as older people and people with disabilities can also benefit through avoiding the need for additional appointments to obtain a prescription and vulnerable groups such as homeless people who may not be registered with a GP would also benefit.

As autonomous practitioners, paramedic independent prescribers would be able to work in a much more flexible way. As the proposed changes to regulations will improve access to services and the way in which services can be delivered, it is assumed that there will be a benefit to any existing inequalities. Within a local context, service providers and commissioners can use service redesign to address specific characteristics of equality and the needs of specific groups.

Question 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?
Question 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?

[34] Heath and Care Professions Council (HCPC) (2008) *Standards of Conduct, Performance and Ethics.* London

7 Consultation Process

7.1 How to Respond

You can respond in one of the following ways:

- By completing the **online consultation** here
- Download and print a copy of the consultation response form here. Send your responses to George Hilton, AHP Medicines Project Team, NHS England, 5W20, Quarry House, Leeds, LS2 7UE
- Alternatively, you may request a copy of the consultation response form to be posted to you. Please contact: enquiries.ahp@nhs.net

A summary version of this consultation document is also available here and can be requested in alternative formats, such as easy read, Welsh language, large print and audio. Please contact enquiries.ahp@nhs.net

This consultation remains open for twelve weeks and responses should be sent to arrive no later than **22 May 2015**

7.2 Comments on the consultation process itself

If you have any concerns or comments which you would like to share relating specifically to the consultation process itself please contact -

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

e-mail: enquiries.ahp@nhs.net

***Please do not send consultation responses to this address**

8 Next Steps

Following close of the consultation, CHM will be asked to consider the proposals in light of the comments received. CHM's advice will be conveyed to Ministers. Subject to the agreement of Ministers, MHRA will then make the necessary amendments to medicines legislation.

If, after considering the responses to the consultation, CHM recommend taking forward work to enable prescribing of controlled drugs from the restricted list, further work will be undertaken with the Home Office to ask the Advisory Council on the Misuse of Drugs to consider the proposals relating to controlled drugs and to advise Ministers accordingly. If Ministerial approval is received, the Home Office will make appropriate amendments to the Misuse of Drugs Regulations (2001).

It is estimated that if all elements of the proposal were approved and all relevant organisations are in a position to complete their elements of the work at the earliest possible point without delay, the first intake of paramedics on an independent prescribing education programme could be in 2016.

Part of the drive to enable independent prescribing by paramedics is the opportunity it provides for service re-design to improve patient-centred practice. NHS England will be working with partners including the Devolved Administrations, and in particular, commissioners to steer the necessary changes.

9 Appendices

9.1 Appendix A: Role of the professional body

The College of Paramedics is the recognised professional body for the paramedic and ambulance professions. As a professional body, the College of Paramedics role is to represent ambulance professionals in all matters affecting their clinical practice, thereby supporting the highest standards of patient care. Professions are defined by the unique body of knowledge and expertise that they hold, and this is developed through research and establishing standards for education, clinical practice and personal conduct. The College is active in all of these areas.

The College further represents the interests of paramedics and ambulance clinicians through membership of appropriate committees and advisory groups, by developing professional standards guidance, and responding to consultation documents and requests for advice from government, and other professional and registrant bodies.

In order to undertake this work, the College has a Council, consisting of a main and alternate member for each of the English NHS Regions and for Scotland, Wales, and Northern Ireland, together with representatives from the private sector and military.

The College of Paramedics has three levels of membership which are open to residents of Scotland, Wales, Northern Ireland and the Channel Islands. Full membership is only available to HCPC registered paramedics, Student membership is only available to student paramedics on a HCPC approved Higher Education Paramedic Course and Associate membership is available to Ambulance Technicians, Emergency Care Support Workers/Emergency Care Assistants, Community First Responders and individuals actively involved in or having an interest in pre and out of hospital care, both nationally and internationally.

www.collegeofparamedics.co.uk

9.2 Appendix B: Mechanisms for the prescribing, supply and administration of medicines

The mechanisms available for the prescribing, supply and administration of medicines are:

- **Patient Specific Directions (PSDs)**
- **Patient Group Directions (PGDs)**
- **Specific Exemptions** covering supply or administration, as contained in medicines legislation applicable to podiatrists, chiropodists, midwives, optometrists and paramedics
- **Supplementary prescribing** by nurses, pharmacists, optometrists, physiotherapists, radiographers and chiropodists/podiatrists
- **Independent Prescribing** by doctors, nurses, pharmacists, optometrists, physiotherapists and podiatrists only

Patient Specific Direction (PSD)

A Patient Specific Direction is the traditional written instruction, from a prescriber, for medicines to be supplied or administered to a named patient. The majority of medicines are still supplied or administered using this process.

All allied health professionals (AHPs), including paramedics can supply or administer a medicine under a patient-specific direction.

Patient Group Directions (PGDs)

A Patient Group Direction (PGD) is a written instruction for the supply or administration of a licensed medicine (or medicines) in an identified clinical situation, where the patient may, or may not, be individually identified before presenting for treatment. This should not be interpreted as indicating that the patient must not be identified; patients may or may not be identified, depending on the circumstances.

A PGD is authored and signed by a doctor and a pharmacist, and must meet certain legal criteria. Each PGD must be approved by the organisation in which it is to be used. PGDs can also be developed in specific non-NHS settings such as independent hospitals and clinics registered with the Care Quality Commission and prisons.

PGDs can be used for the supply or administration of medicines by a number of healthcare professions, including paramedics.

Specific Exemptions Covering Supply or Administration

A number of health professions, e.g. midwives, podiatrists, optometrists and paramedics have specific exemptions in medicines legislation to sell, supply or administer medicines. An exemption allows the relevant health professional to sell, supply or administer the specific medicine listed in the exemption without a prescription, e.g. registered podiatrists have exemptions under medicines legislation for administration of a number of prescription only medicines (POMs), including local anaesthetics and some painkillers.

Registered paramedics can supply and administer a range of medicines on their own initiative for the immediate, necessary treatment of sick or injured persons without the usual requirement for a prescription or directions of a prescriber. The law also allows registered paramedics to obtain stocks of these medicines as well as pharmacy medicines for administration in the course of a business operated by them.

There are also guidelines issued by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC), listing additional medicines not covered by the legal exemptions. These additional medicines are only available to paramedics for use in the course of the business of an ambulance trust or other body entitled to receive wholesale supplies of an extended range of medicines.

Supplementary Prescribing

Supplementary prescribing is a voluntary prescribing partnership between the independent prescriber (doctor or dentist) and supplementary prescriber, to implement an agreed patient-specific written clinical management plan (CMP), with the patient's agreement.

Following documentation within the CMP, the supplementary prescriber may prescribe any medicine for the patient that is referred to in the plan, until the next review with the independent prescriber. There is no formulary for supplementary prescribing and no restrictions on the medical conditions that can be managed under these arrangements. It can be appropriate, e.g. in the management of long-term conditions.

Supplementary prescribing was introduced in April 2003 for nurses and pharmacists. It was extended to physiotherapists, podiatrists, radiographers and optometrists in May 2005.

Independent Prescribing

Independent prescribing means that the prescriber takes responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required, as well as prescribing where necessary and the appropriateness of any prescription.

From 1 May 2006, Nurse Independent Prescribing (formerly Extended Formulary Nurse Prescribing) was expanded. This change enabled nurses to prescribe any licensed medicine for any medical condition that a nurse prescriber is competent to treat, including some Controlled Drugs.

Pharmacist Independent Prescribing was also introduced on 1 May 2006 and enables pharmacists to prescribe any licensed medicine for any medical condition that a pharmacist prescriber is competent to treat.

Further changes to legislation in 2009 enabled nurse and pharmacist independent prescribers to prescribe unlicensed medicines.

Legislation to enable optometrists to train as independent prescribers came into force in June 2008 and more recently, changes to legislation were made in August 2013 to allow physiotherapists and podiatrists to train as independent prescribers.

9.3 Appendix C: Contributors

Membership of NHS England Allied Health Professions Medicines Project Board

Representative	Organisation
Lesley-Anne Baxter	Allied Health Professions Federation
Charlotte Beardmore	Society and College of Radiographers
Jan Beattie	Scottish Government
Sarah Billington	Care Quality Commission
Julie Bishop	MHRA
Rebecca Blessing	Department of Health
Sara Bordoley	NHS England
Nicole Casey	Health and Care Professions Council
Bill Davidson	Patient and public representative
Hannah-Rose Douglas	NHS England
Anne Duffy	Northern Ireland Department of Health, Social Services & Public Safety
Catherine Duggan	Royal Pharmaceutical Society
Gerry Egan	College of Paramedics
Sue Faulding	Health and Social Care Information Centre
Katherine Gough	Dorset Clinical Commissioning Group
Linda Hindle	Public Health England
Barry Hunt	College of Paramedics (Advisory)
Steve Irving	Association of Ambulance Chief Executives
Cathryn James	Association of Ambulance Chief Executives
Elisabeth Jelfs	Council of Deans
Sue Kellie	British Dietetic Association
Helen Marriott (Project Lead)	NHS England
Rowena McNamara	British and Irish Orthoptic Society
Graham Prestwich	Patient and public representative
Suzanne Rastrick (Co-Chair)	NHS England
Patricia Saunders	Health Education England
Alison Strode	Welsh Government
Duncan Stroud	NHS England
Shelagh Morris	NHS England
Bruce Warner (Co-Chair)	NHS England
Hazel Winning	Northern Ireland Department of Health, Social Services & Public Safety

9.4 Appendix D: Frequently asked questions.

1. What is independent prescribing/non-medical prescribing?

Over recent years, changes to the law have permitted a number of professions, other than doctors and dentists to play an increasing role in prescribing and managing medicines for their patients. Non-medical prescribers are professions other than doctors and dentists that have a level of prescribing rights. This includes nurse, pharmacist, optometrist, physiotherapist and podiatrist independent prescribers. There are now over 25,000 qualified nurse independent prescribers and around 2,000 qualified pharmacist independent prescribers.

2. What are the current arrangements for allied health professionals (AHPs)?

Independent prescribing training is available to experienced physiotherapists and podiatrists. Supplementary prescribing training is available to experienced physiotherapists, podiatrists and radiographers. PGDs for the supply and administration of medicine are available to all AHPs, with the exception of art therapists, music therapists and dramatherapists. Exemptions are used by podiatrists and paramedics, and all the professionals can supply and administer medicines under PSDs.

3. Why extend independent prescribing responsibilities to paramedics?

There are many potential benefits for patients, commissioners and providers. In some clinical pathways, the scope of the existing legislation fits well with the needs of patients and enables optimal care, e.g. current mechanisms for the supply and administration of medicines by paramedics work well for patients with emergency life-threatening conditions such as cardiac arrest or major trauma. However, these patients make up less than 1/3 of the patients that paramedics encounter. Existing arrangements do not best support the needs of patients, particularly those with urgent care needs. Where patients require medicines management, outside that specified in a PGD or outside the specific exemptions in medicines legislation available to paramedics, they would continue to have to visit another professional, be referred onto other services, or even be conveyed to hospital to receive the treatment required. The existing arrangements result in unnecessary delays, put patients at risk (especially vulnerable groups such as the elderly) and are costly to administer. With independent prescribing, the creation of innovative new care pathways will be supported, resulting in improved outcomes for patients by reducing delays in care, improving compliance in taking medicines and improving patient experience through increased access, convenience, choice and productivity.

4. Why has paramedic independent prescribing not been proposed before now?

In 2010, the Department of Health began preliminary work to investigate the possibility of extending prescribing rights to appropriately trained paramedics, though this was not progressed to a public consultation at that time, primarily because of capacity and resource issues. Due to the increased demand for urgent and emergency care there is now a need to ensure that proposals for paramedic independent prescribing are strategically aligned with the wider urgent and emergency care system. The paramedic profession has also continued to evolve since 2010, allowing the development of a cadre of experienced specialist paramedics to undertake additional educational

pathways towards working at an advanced level. As the evolution from specialist paramedic to advanced paramedic takes time, it is only now that there are a sufficient number of advanced paramedics available to undertake this training, and it is only those at that level who will be eligible to apply for an independent prescribing course.

5. What training will paramedics receive?

Comprehensive and stringent education programmes will be put in place to ensure that paramedics are competent, confident and educated to independently prescribe medicines. *A Draft Outline Curriculum Framework to prepare Paramedics as Independent Prescribers* has been developed and be accessed on the NHS England consultation hub website here. Non-medical prescribing is targeted at advanced practitioners only - not all paramedics will meet the entry requirements for training as independent prescribers.

6. Is it safe to allow paramedics to become independent prescribers?

Patient safety is of paramount importance. Under current medicines legislation, registered paramedics already safely supply and administer a range of medicines on their own initiative for the immediate, necessary treatment of sick or injured persons. Not all paramedics would need greater access to medicines for their patients. Only advanced paramedics would meet the pre-requisites for independent prescribing training. Increasing access to prescribing mechanisms has the potential to improve patient safety by reducing delays in care and improving the use of medicines. By creating clear lines of professional responsibility, safety risks can further be reduced.

7. Will paramedic independent prescribers be able to prescribe for children?

Paramedic independent prescribers will be able to prescribe for children, though *only* if this falls within their specialist paediatric scope of practice and competence. In addition, local and national policies and procedures would be followed which address medicine management issues in paediatrics.

8. Why will paramedics be annotated as supplementary and independent prescribers?

Education training programmes to prepare registered healthcare professionals to become prescribers includes training and competencies in both supplementary and independent prescribing within a single curriculum. Annotation on the HCPC register for independent prescribers also includes supplementary prescribing. Due to the nature of paramedic practice, the proposal to introduce prescribing for paramedics is focussed primarily on independent prescribing. However, subject to changes to medicines legislation, paramedics who successfully complete a HCPC approved training programme to become an independent prescriber would also be annotated on the HCPC register as a supplementary prescriber. Although supplementary prescribing does not routinely fit the practice of paramedics, due to the intended use being for on-going care rather than urgent care, it may be that supplementary prescribing and the use of clinical management plans will be utilised in the future, in settings such as primary care, where the paramedic is expected to play a greater role.

9. Why are paramedics not proposing the introduction of supplementary prescribing rather than independent prescribing?

Supplementary prescribing is a voluntary prescribing partnership between the independent prescriber (usually a doctor) and the supplementary prescriber, to implement an agreed patient specific clinical management plan with the patient's agreement. Supplementary prescribing is intended for on-going care and is therefore not a suitable prescribing mechanism for paramedics in urgent and emergency care.

Independent prescribing involves taking full responsibility for prescribing decisions and autonomously writing prescriptions. It is therefore the only prescribing mechanism with the potential to empower eligible paramedics to improve the quality of care patients receive in relation to safety, clinical outcomes and experience.

10. What is an advanced paramedic?

An advanced paramedic has undertaken further higher education following consolidation of their specialist level practice and is now working at a higher level. They deal independently with more complex clinical care, requiring higher level critical reasoning and diagnostic skill based around their extended knowledge of the conditions they are required to treat. They are also required to provide greater levels of leadership and support in practice for colleagues, and will have a comprehensive portfolio of evidence underpinning their competence in practice. In addition, advanced paramedics may be actively involved in research and development activities, individual service-improvement projects and participate in critical incident reviews to learn from incidents, and improve practice and quality. Paramedics working at this level may also have additional teaching and tutoring responsibilities.

11. On the entry requirements for the education programmes, the Disclosure and Barring Service (DBS) requirement is "*provide evidence of a DBS check within the last 3 years*" - Why is this?

The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged to become the Disclosure and Barring Service (DBS). The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involve children or vulnerable adults.

Entry requirements for nurses and pharmacists undertaking courses to become independent prescribers include the need to provide proof of a DBS check undertaken within the last three years. This requirement will bring radiographers, paramedics, dietitians and orthoptists in line with the entry requirements for nurses and pharmacists.

12. How will paramedic prescribers undertake CPD and maintain their competency in prescribing?

Paramedics are required to undertake CPD relevant to their practice to maintain and demonstrate continuing competence. To maintain registration with the HCPC, paramedics must sign a professional declaration once every two years to confirm that they continue to meet the HCPC's standards of proficiency for safe and effective practice and the HCPC's standards for continuing professional development. Paramedic prescribers are required to demonstrate their continuing professional

competence in regard to their prescribing practice. Examples of CPD activities for paramedic prescribers include: attending and presenting at conferences and study days; subscribing to MHRA, MIMS and NICE alerts; and receiving updates of information from local pharmacy. Other examples are attending regular meetings with independent medical and non-medical prescribers, being part of local multidisciplinary non-medical prescribing (NMP) groups and attending local NMP update days and undertaking self-reflection, peer reviewing, supervising and teaching.

13. Will prescribing costs increase?

This is not anticipated. There is no general evidence to indicate that prescribing by other professionals, e.g. nurses and pharmacists, has increased prescribing costs.

14. Will paramedics working outside the NHS, e.g. in private practice or voluntary organisations, be able to become independent prescribers?

Yes. Provided they meet the entry requirements of the education programme, including demonstrating they have appropriate governance arrangements in place for their role as an independent prescriber.

15. Will a paramedic working in one clinical area as an independent prescriber be able to independently prescribe if they move to a new clinical area?

The paramedic would need to meet the HCPC standards for continued registration, which includes that with any move outside current scope of practice the paramedic must be certain that they are capable of working safely and effectively, including undertaking any necessary training and experience. If the new clinical area requires the paramedic to work as an independent prescriber then the organisation and the paramedic would need to ensure that all local clinical governance arrangements are in place before the paramedic works as a non-medical prescriber.

16. Why will paramedics need to mix medicines?

Clinical practice sometimes requires the mixing of two licensed medicines to be administered and this mixing of medicines creates an unlicensed medicine (i.e. a medicine without a valid UK marketing authorisation). Under medicines legislation, the person undertaking the mixing is required to hold a manufacturer's licence. Following amendments to legislation in 2009 and more recently in 2013 nurse, pharmacist, physiotherapy and podiatry independent prescribers are allowed to mix medicines themselves or direct others to mix for an individual patient. We propose to extend the mixing provisions to paramedic independent prescribers as there are emergency situations where they may be required to mix, e.g. Salbutamol and Ipratropium Bromide in a nebuliser to speed up treatment for patients suffering an asthma attack.

17. Who can prescribe controlled drugs currently?

Nurse and pharmacist independent prescribers can prescribe any controlled drug listed in schedules 2-5 for any medical condition within their competence, except diamorphine, cocaine and dipipanone for the treatment of addiction (nurse independent prescribers are able to prescribe other controlled drugs for the treatment of addiction).

Proposals to allow physiotherapist and podiatry independent prescribers to prescribe from a restricted list of controlled drugs have been made to the advisory council on the misuse of drugs. Subject to approval of these recommendations, the misuse of drugs regulations (2001) will be amended to allow physiotherapists to prescribe a total of 7 controlled drugs and podiatrists to prescribe 5 controlled drugs.

18. Why was an equality analysis not undertaken for this public consultation?

The general equality duty that is set out in the Equality Act (2010) requires public authorities, in the exercise of their functions, to have due regard for the need to:

- Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

Under the previous public sector equality duties (for race, disability and gender), public bodies sometimes took unnecessary, inappropriate, disproportionate or counter-productive action in the name of equality. The new Equality Duty aims to reverse the overly-bureaucratic and burdensome approach often used under the previous duties, so that the focus is on performance, not process and therefore does not impose a legal requirement to conduct an Equality Impact Assessment, nor is there any practical need to conduct one. Compliance with the Equality Duty involves consciously thinking about its three aims as part of the process of decision-making and has been an integral part of the development of this consultation and all supporting documentation. The responses to the equality questions posed in this consultation will feed into the ongoing equality analysis that will in turn inform the policy decisions made.

19. How will a paramedic communicate their prescribing decisions to other practitioners involved in a patients care?

Paramedic prescribers will need to communicate effectively with other practitioners involved in the care of patients within and across the boundaries of NHS and private practice, and use the most appropriate media available. When sending patient data, it is vital that the data is secure and that the risk of data loss (including misdirection) is minimised.

The Health and Social Care Information Centre gives detailed guidance on information security[35], and detailed and regularly updated information security requirements are set out in the HSCIC's *Information Governance Toolkit*[36].

20. How will we ensure independent prescribing by paramedics will not increase antimicrobial resistance and contribute to over prescribing of medication?

Healthcare workers have a vital role to play in preserving the usefulness of antimicrobials by controlling and preventing the spread of microbes. All paramedic independent prescribers will be required to work within their scope of practice and the

[35] Health and Social Care Information Centre: *Principles of information security* http://systems.hscic.gov.uk/infogov/security

[36] Health and Social Care Information Centre: *IG Toolkit.* https://www.igt.hscic.gov.uk/

PHE/ARHAI *Antimicrobial prescribing and Stewardship Competencies*[37], and are professionally responsible for ensuring that they adhere to standards of supply and administration of all medicines, as set by the MHRA and NICE. They will also be required to follow local policies for antimicrobial use. This is a specific competence included in *the Draft Outline Curriculum Framework to prepare Paramedics as Independent Prescribers* which the HCPC will use to approve training programmes. Prescribing is not an activity that occurs in isolation and therefore, paramedic independent prescribers will communicate with other practitioners involved in the care of patients.

21. What happens next?

Following close of the consultation, responses received will be collated and analysed. The CHM and MHRA will evaluate the responses and make recommendation(s) to Ministers. If the recommendation(s) is/are to amend legislation to enable paramedics to independently prescribe and Ministers agree to the recommendation(s), MHRA will take forward work to make the relevant amendments.

22. When will this legislation come into effect?

There are a number of processes involved when changing medicines legislation and regulations, and a number of government organisations are involved in the process. NHS England is leading on the public consultation in partnership with the MHRA and the Department of Health. The MHRA will take forward recommendations to the CHM and would be responsible for changes to medicines legislation.

The Department of Health is responsible for making amendments to NHS regulations to enable paramedics working in the NHS in England to independently prescribe medicines. These amendments are planned to coincide with the legislation change. Changes to NHS regulations in Scotland, Wales and Northern Ireland are matters for the Devolved Administrations. The HCPC is responsible for amendments to regulations and the registration of independent prescribing practitioners. It is therefore not possible at this stage to give a definitive timeframe for regulations and the subsequent training programmes to be developed; it would however not be earlier than 2016 for the first paramedics to be practising as independent prescribers. We will keep people informed of the progress of the project as it develops.

[37] Department of Health and Public Health England (2013) *Antimicrobial prescribing and stewardship competencies* https://www.gov.uk/government/publications/antimicrobial-prescribing-and-stewardship-competencies

10 Glossary

Allied health professions:	Allied Health Professions are a group of professionals who work in health and social care. They prevent disease, diagnose, treat and rehabilitate patients of all ages and all specialities. Together with a range of technical and support staff they deliver patient care, rehabilitation, treatment, diagnostics and health improvement to restore and maintain physical, sensory, psychological, cognitive and social functions. Dietitians, orthoptists, paramedics and radiographers are Allied Health Professionals
College of Paramedics:	The College of Paramedics is the recognised professional body for the paramedic and ambulance professions
Commissioners:	NHS commissioners and Clinical Commissioning Groups (CCGs) are responsible for planning and purchasing healthcare services for their local population. They work with local providers to organise and deliver healthcare services which better meet the needs of patients.
Commission on Human Medicines (CHM):	A committee that advises ministers on the safety, efficacy and quality of medicinal products.
Controlled drugs:	Drugs that are listed in the United Kingdom Misuse of Drugs Act 1971 which can be prescribed to patients for medicinal purposes, e.g. morphine for pain relief.
Department of Health (DH) England:	The Department of Health England helps people to live better for longer. They lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.
Department of Health, Social Services and Public Safety (Northern Ireland):	It is the Department's mission to improve the health and social well-being of the people of Northern Ireland. It endeavours to do so by: • Leading a major programme of cross-government action to improve the health and well-being of the population and reduce health inequalities. This includes interventions involving health promotion and education to encourage people to adopt activities, behaviours and attitudes which lead to better health and well-being. The aim is a population much more engaged in ensuring its own health and well-being. • Ensuring the provision of appropriate health and social care services, both in clinical settings such as hospitals and GPs' surgeries, and in the community through nursing, social work and other professional services.

Exemptions:	Exemptions permit certain listed medicines to be sold, supplied and/or administered to patients by certain health professional groups. Exemptions are distinct from prescribing which requires the involvement of a pharmacist in the sale or supply of the medicine.
Formulary:	The medicines formulary is a list of approved medicines. It is used alongside other resources to promote safe and appropriate prescribing of medicines for patients.
Health and Care Professions Council:	The regulator of 16 different health and care professions including the allied health professions. It maintains a register of health and care professionals and is responsible for setting the standards of training, conduct, and competence for these professionals.
Human Medicines Regulations (2012):	The Human Medicines Regulations (2012) govern the control of medicines for human and veterinary use, which includes the manufacture and supply of medicines
Independent prescriber:	An independent prescriber is a practitioner responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about clinical management, including the prescribing of medicines.
Licensed medicines:	A medicine must be granted a licence by the appropriate body before it can be widely used in the UK. A licence indicates all the proper checks have been carried out and the product works for the purpose it is intended for.
MHRA:	Medicines and Healthcare Products Regulatory Agency is responsible for regulating all medicines and medical devices in the UK by ensuring they work and are acceptably safe. The MHRA is an executive agency of the Department of Health.
Mixing of medicines:	The combination of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient.
Non-medical prescribing (NMP):	NMP is prescribing by specially trained healthcare professionals who are not doctors or dentists. They include nurses, pharmacists, physiotherapists, podiatrists and radiographers. They work within their clinical competence as either independent and/or supplementary prescribers.
Paramedic:	Paramedics respond to 999 and 111 calls and also work in a variety of healthcare settings, including walk in centres and GP surgeries. They can carry out all aspects of pre-hospital emergency care, ranging from acute problems such as cardiac arrest and major trauma to urgent problems such as minor illnesses and injuries.

Patient Group Direction (PGD):	A written instruction for the supply and/or administration of a licensed medicine (or medicines) in an identified clinical situation, where the patient may not be individually identified before presenting for treatment. Each PGD must be signed by both a doctor and pharmacist, and approved by the organisation in which it is to be used.
Patient Specific Direction (PSD):	A prescribers (usually written) instruction for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.
Scottish Government Health and Social Care Directorate:	The Scottish Government Health and Social Care Directorate aims to help people sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to healthcare. The Directorate also allocates resources and sets the strategic direction for NHS Scotland, and is responsible for the development and implementation of health and social care policy.
Supplementary prescribing:	A voluntary prescribing partnership between the independent prescriber and the supplementary prescriber, to implement an agreed patient-specific clinical management plan with the patient's agreement.
Unlicensed medicines:	Medicines that are used outside the terms of their UK licence or which have no licence for use in the UK. Unlicensed medicines are commonly used in some areas of medicine such as in paediatrics, psychiatry and palliative care.
Welsh Department of Health and Social Services:	Is the devolved Government for Wales - working to help improve the lives of people in Wales and make the nation a better place in which to live and work. The aim is to promote, protect and improve the health and well-being of everyone in Wales by delivering high quality health and social care services, including funding NHS Wales and setting a strategic framework for adult and children's social care services. Where there are inequalities in health, work takes place across Government to tackle the social, economic and environmental influences that affect health and well-being.