

8 December 2020

Health and Care Professions Council response to NHS England's consultation on proposed amendments to the list of controlled drugs that physiotherapists can independently prescribe across the United Kingdom

1. Introduction

- 1.1 The Health and Care Professions Council (HCPC) welcomes the opportunity to respond to this consultation on the proposal amend the list of controlled drugs that physiotherapists can independently prescribe.
- 1.2 The HCPC is a statutory UK-wide regulator of healthcare and psychological professions governed by the Health Professions Order 2001. We regulate the members of 15 professions. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our main role is to protect the public.

2. Our responses

- 2.1 We have provided responses to the consultation questions where relevant to our role as the professional regulator for physiotherapists.

Question 1: Should amendments to legislation be made to enable physiotherapist independent prescribers to prescribe additional controlled drugs for their patients?

- 2.2 We support the proposal to amend legislation to enable physiotherapist independent prescribers to prescribe additional controlled drugs for their patients as set out in option 2 of the consultation document.
- 2.3 As a regulator, the HCPC's first priority is the safety of the public. As highlighted in the consultation document, the HCPC believes that amending the list of controlled drugs that physiotherapists can prescribe is a positive step for service users and will enable more streamlined and timely provision of care. Where service users require pain relief and they have not responded to the medications that physiotherapists can currently independently prescribe, they would have to seek care from another professional. This is inconvenient for service users and also results in delays to management of pain which can have significant negative impacts for quality of life.

- 2.4 This benefit is especially clear for those service users who were previously able to access pregabalin and gabapentin from their physiotherapist before the amendments to Misuse of Drugs Act came into effect in April 2019.
- 2.5 As the regulator of 15 different professions, we do not set or limit the particular tasks that registrants can perform. Instead we expect registrants to act within their scope of practise and to have received suitable training for all aspects of their role.
- 2.6 Advanced Physiotherapist Practitioners who are annotated as prescribers on our register can already supply and administer certain controlled drugs. They can do this either as Supplementary Prescribers (when in accordance with a patient's Clinical Management Plan) or as Independent Prescribers (from a list of seven controlled drugs).
- 2.7 Physiotherapists with prescribing rights must have completed a recognised course which meets the HCPC's Standards for Prescribing.¹
- 2.8 In 2016, the HCPC adopted 'A Competency Framework for all Prescribers' which is published and maintained by the Royal Pharmaceutical Society.² The competencies detailed in the Framework set out the knowledge, understanding and skills that a registrant must have when they complete their prescribing training and which they must continue to meet once in practice.
- 2.9 There are also clear resource benefits to this proposal, as not having to rely on other health professionals to administer medicines will help free up the capacity of other professionals to tend to other patients with more complex needs.
- 2.10 As part of their registration, registrants are required to maintain and update their skills and knowledge within their current and future scope of practice, and are expected to evidence this through regular CPD. We would expect physiotherapists to submit as part of their CPD submission, evidence of training in controlled drugs which have increased their scope of practice.
- 2.11 We are supportive of this proposal which acknowledges the professional development of the physiotherapist profession and the role the profession plays in delivering integrated health and care.

Question 2: Do you have any additional information on any aspects not already considered as to why the proposal to amend the list of controlled

¹ More information about the HCPC's standards of prescribing can be found here and all of our standards are available on our website: <https://www.hcpc-uk.org/globalassets/standards/standards-for-prescribing/standards-for-prescribing2.pdf>

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<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf?ver=2019-02-13-163215-030>

drugs which physiotherapists can independently prescribe SHOULD go forward?

2.12 We agree with the rationale put forward in this consultation in support of amendments to legislation being made. We do not have any additional information to provide on any aspects that would either prevent or support this proposal going forward.

Question 3: Do you have any additional information on any aspects not already considered as to why the proposal to amend the list of controlled drugs which physiotherapists can independently prescribe SHOULD NOT go forward?

2.13 We agree with the rationale put forward in this consultation in support of amendments to legislation being made. We do not have any additional information to provide on any aspects that would either prevent or support this proposal going forward.

Question 4: Please indicate to what extent you agree or disagree with each of the proposed controlled drugs that physiotherapist independent prescribers would be able to prescribe for their patients:

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Codeine phosphate	X				
The ability for physiotherapists to independently prescribe codeine phosphate will be a positive outcome for service users. This will be especially true for service users whose pain has not responded to the controlled drugs currently able to be prescribed by physiotherapists and who would otherwise have to visit an additional healthcare professional.					
Tramadol hydrochloride	X				
The ability for physiotherapists to independently prescribe tramadol hydrochloride will be a positive outcome for service users. This will be especially true for service users whose pain has not responded to the controlled drugs currently able to be prescribed by physiotherapists and who would otherwise have to visit an additional healthcare professional.					
Pregabalin	X				
The ability for physiotherapists to independently prescribe pregabalin will be a positive outcome for service users. This will be especially true for service users whose pain has not responded to the controlled drugs currently able to be prescribed by physiotherapists and who would otherwise have to visit an additional healthcare professional.					

The HCPC is especially supportive of amendments to return pregabalin to the list of controlled drugs which physiotherapists may prescribe.

Gabapentin	X				
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The ability for physiotherapists to independently prescribe gabapentin will be a positive outcome for service users. This will be especially true for service users whose pain has not responded to the controlled drugs currently able to be prescribed by physiotherapists and who would otherwise have to visit an additional healthcare professional.

The HCPC is especially supportive of amendments to return gabapentin to the list of controlled drugs which physiotherapists may prescribe.

Question 5: Does the 'Consultation Stage Impact Assessment' give a realistic indication of the likely costs, benefits and risks of the proposal? Please select the options that best apply.

	Yes	No	Don't know
Costs			X
Benefits	X		
Risks	X		

2.14 We do not have any specific comments about the cost assumptions or estimates made in the Consultation Stage Impact Assessment. The HCPC does not have specific comments about the cost benefits set out in the Impact Assessment.

2.15 We believe that the benefits outlined for service users of proposal 2 are realistic.

2.16 We also believe that the minimal risks outlined, as well as the steps which may be taken to mitigate those risks are realistic.

Question 6: Do you think that this proposal could impact (positively or negatively) on any of the protected characteristics covered by the Public Sector Equality Duty set out in section 149 of the Equality Act 2010 or by section 75(1) of the Northern Ireland Act 1998?

2.17 No.

2.18 We believe that other stakeholders would be better placed to respond to this question. However, we do not consider that amendments to the controlled drugs physiotherapists may prescribe should have adverse effects on any specific group.

Question 7: Do you feel that this proposal could impact (positively or negatively) on health inequalities experienced by certain groups?

2.19 We believe that other stakeholders would be better placed to respond to this question.

2.20 However, we do not consider that amendments to the controlled drugs physiotherapists may prescribe should have adverse effects on any specific group