

8 December 2020

Health and Care Professions Council response to NHS England's consultation on proposed amendments to the list of controlled drugs that podiatrists 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 podiatrists 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 podiatrists.

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

- 2.2 We support the amendments set out in the consultation under proposal 2.
- 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 podiatrists 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 podiatrists can 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 podiatrist before the amendments to Misuse of Drugs Act came into effect in April 2019.
- 2.5 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.
- 2.6 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.
- 2.7 Our standards of proficiency (SOPs) for podiatrists¹ already require that registrants are able to safely and effectively administer relevant prescription-only medicines, interpret any relevant pharmacological history and recognise potential consequences for patient treatment.
- 2.8 Podiatrists with prescribing rights must have completed a recognised course which meets the HCPC's Standards for Prescribing.² Podiatrists 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 four controlled drugs).
- 2.9 In addition to the Standards of Proficiency and the Standards for Prescribing, the HCPC adopted 'A Competency Framework for all Prescribers' in 2016. This document is published and maintained by the Royal Pharmaceutical Society.³ 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.
- 2.10 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 podiatrists to submit as part of their CPD submission, evidence of training in controlled drugs which have increased their scope of practice.

¹ All of the HCPC's standards can be found on our website. The Standards of Proficiency for podiatrists can be found here: <https://www.hcpc-uk.org/standards/standards-of-proficiency/chiroprpodists-podiatrists/>

² All of the HCPC's standards are available on our website: <https://www.hcpc-uk.org/globalassets/standards/standards-for-prescribing/standards-for-prescribing2.pdf>

³ The full framework document can be found here:

<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>

2.11 We are supportive of this proposal which acknowledges the professional development of the podiatry 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 drugs which podiatrists 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 podiatrists 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 podiatrist independent prescribers would be able to prescribe for their patients:

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
Morphine sulfate	X				
The ability for podiatrists to independently prescribe tramadol hydrochloride is a positive step for the profession and for service users who will be able to access the care they need with fewer visits to health and care professionals.					
Tramadol hydrochloride	X				
The ability for podiatrists to independently prescribe tramadol hydrochloride is a positive step for the profession and for service users who will be able to access the care they need with fewer visits to health and care professionals.					
Pregabalin	X				
The ability for podiatrists to independently prescribe pregabalin again is a positive step for the profession and for service users. Pregabalin is an important medicine for treating pain associated with common illnesses of service users seeking treatment from podiatrists.					
The HCPC is especially supportive of amendments to return gabapentin to the list of controlled drugs which podiatrists may prescribe.					

Gabapentin	X				
<p>The ability for podiatrists to independently prescribe gabapentin again is a positive step for the profession and for service users. Pregabalin is an important medicine for treating pain associated with common illnesses of service users seeking treatment from podiatrists.</p> <p>The HCPC is especially supportive of amendments to return gabapentin to the list of controlled drugs which podiatrists may prescribe.</p>					

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 set out for the podiatry profession and for service users are realistic.

2.16 We believe that the minimal risks set out as well as the steps required 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 list of controlled drugs which podiatrists can independently 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 No.

2.20 We believe that other stakeholders would be better placed to respond to this question. However, we do not consider that amendments to the list of medicines podiatrists can independently prescribe should have adverse effects on any specific group.