Independent prescribing by podiatrists and physiotherapists

Dr. Alan M Borthwick
5th March 2015
‘Prescribing’ in context

“legally and otherwise, the physician’s right to diagnose, cut and prescribe is the centre around which the work of many other occupations swings, and the physician’s authority and responsibility in that constellation of work are primary”

(Freidson 1970)

“prescribing is one of the core activities that demarcate the medical profession from other groups... in British general practice, prescribing is the battleground on which the cause of clinical autonomy is defended”

(Britten 2001)
Prescribing in context: workforce redesign and the policy agenda

- neo-liberalism & economic rationalism (Boyce 2006; Smith & Baird 2007; Titcomb and Lawrenson 2006; Weller 2006; Willis 2006)

- “new ways of working”, “breaking down traditional barriers” & “working across traditional professional boundaries” (Allsop 2006; DoH 2000a, 2000b, 2001)

- “doctors will need to be prepared to let go of some of the work that others can safely do” (Roxon 2008)
The Medicines Act (1968)

‘The White paper [1967] reviews the action taken by the government in 1962 as a result of the disquiet caused by the teratogenic actions of thalidomide... Lord Cohen recommended that legislation on the safety and efficacy of drugs was urgently required’

The Medicines Act (1968)

- general sales list
- pharmacy only (P)
- prescription only medicines (POM)
- controlled drugs (schedule 1-3) (Home Office licence)

POMs for 4 ‘approved prescriber’ groups only: doctors of medicine, dentists, veterinary surgeons and veterinary practitioners
Current mechanisms for AHPs

- Patient Specific Directions
- Statutory exemptions (profession specific exemption lists)
- Patient Group Directions (PGDs)
- Supplementary Prescribing (CMP) (radiography)
- Independent Prescribing (physiotherapy, podiatry, optometry, pharmacy, nursing)
Current mechanisms for AHPs

- **Patient Specific Direction:**
- A written instruction from an independent prescriber for a medicine to be supplied and/or administered to a named patient
Statutory exemptions: ‘exemption list’

- **profession specific list of medicines** (POM and P) for sale, supply or administration

- associated with **HCPC annotations** (“local anaesthesia” and “prescription only medicines”)

- podiatry, optometry and paramedics (& nurses)

- does **not** constitute prescribing of medicines, only sale, supply and administration
The podiatrists’ list: **Sale and Supply**

<table>
<thead>
<tr>
<th>Sale and supply POMs</th>
<th>amoxicillin</th>
<th>co-codamol</th>
<th>silver sulfadiazine</th>
</tr>
</thead>
<tbody>
<tr>
<td>amorolfine HCL cream 0.25%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>amorolfine HCL lacquer 5%</td>
<td>erythromycin</td>
<td>co-dydramol 10/500</td>
<td>tioconazole 28%</td>
</tr>
<tr>
<td>flucloxacillin</td>
<td>codeine phosphate</td>
<td></td>
<td>topical hydrocortisone 1%</td>
</tr>
</tbody>
</table>
The podiatrists’ list: **Administration**

<table>
<thead>
<tr>
<th>Administration</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>methylprednisolone</td>
<td>adrenaline injection BP</td>
</tr>
<tr>
<td>bupivacaine HCL</td>
<td>mepivacaine HCL</td>
</tr>
<tr>
<td>bupivacaine HCL with adrenaline</td>
<td>mepivacaine HCL with adrenaline</td>
</tr>
<tr>
<td>ropivacaine HCL</td>
<td>levobupivacaine HCL</td>
</tr>
<tr>
<td>lidocaine HCL</td>
<td>lidocaine HCL with adrenaline</td>
</tr>
<tr>
<td>prilocaine HCL</td>
<td></td>
</tr>
</tbody>
</table>
Recent changes: ‘exemption list’ addition: SI: 2011 No. 1327

- Removal of limitations on pack sizes in relation to sale and supply of Co-Dydrmol and Ibuprofen (3 day course to be part of professional SCP guidance)
- Codeine Phosphate and Co-codamol added (3 day course to be part of SCP professional guidance)
- Removal of restriction on administration of combinations of products on the exemptions lists
- Signed order provision
Unlicensed medicines: Liquefied phenol, pyrogallol, salicylic acid and monochloroacetic acid

- MHRA (2009): where a substance does not have a primary mode of action which is pharmacological, metabolic or immunological it falls outside the definition of a medicinal product

- MHRA approval for ‘EZ Swab’ as a class 11b Medical Device (not a ‘medicine’)
Patient Group Directions (PGD) (DoH 2000a, 2000b, 2000c)

- Allows specified practitioners to supply and/or administer named medicines directly to patients that fit the criteria laid out in the PGD

- Doctor, pharmacists (and microbiologist in the case of antibiotics) determine the medicines to be listed
Patient Group Directions (PGD) (DoH 2000a, 2000b, 2000c)

9th August 2000: Amendment Orders applicable to NHS available to:

- optometrists; pharmacists;

- podiatrists; radiographers; orthoptists; physiotherapists; ambulance paramedics; dietitians; occupational therapists;

- speech and language therapists; prosthetists and orthotists; dental hygienists and dental therapists

2013: legislative change to enable authorisation by CCGs, local authorities and NHS England from April 2013 (SI 2013, No. 235, p 73-74)
Supplementary Prescribing

A voluntary partnership between an IP, to implement a patient specific clinical management plan, with the patient’s agreement.

The SP may prescribe medicines to individual, named patients whose medicines are outlined in the CMP.

HCPC annotation “supplementary prescribing”
Supplementary Prescribing

- 253 physiotherapists (SP)
- 179 podiatrists (SP)
- 36 radiographers (SP)

(Health and Care Professions Council figures March 2013)
Supplementary Prescribing

- 294 physiotherapists (SP)
- 195 podiatrists (SP)
- 41 radiographers (SP)

(Health and Care Professions Council figures February 2014)
Supplementary Prescribing: challenges for AHPs

- practitioners in private sector (SP often not applicable)
- community based, independent working with "no direct patient referral from physicians"
- 'rate limited' with limited uptake
- most remuneration for optometrists through sales of optical devices – not provision of professional services
- reluctance of physicians to engage
‘mixing’ medicines: the law

- PGDs do not allow use of unlicensed medicines
- ‘mixing’ corticosteroid with lignocaine (2 licensed medicines that are active - ie not inert, in which one is a vehicle for delivery of the other) constitutes “manufacture” of a new medicine (for which there is no marketing authorisation)
- Podiatrists and physiotherapists may now mix medicines as independent prescribers (2013) or as supplementary prescribers (if in CMP)
Human Medicines Regulations 2012

- **Human Medicines Regulations SI 2012, no. 1916**
  - Draws together all Statutory Instruments into one piece of legislation
  - Repeals much of the Medicines Act (1968)
Physiotherapy and podiatrist independent prescribing

- Ministerial approval 24th July 2012
- Legislative Change: Human Medicines (Amendment) Regulations 2013, SI 2013 No. 1855, 20th August 2013
  - Publication of OCF documents
  - Publication of HCPC standards (20th August 2013)
  - Single competency framework (May 2012, review May 2014)
- HCPC validation of university SP/IP programmes: January 2014 onward
  - Independent podiatrist and physiotherapy prescribers qualify 2014
  - Current SP via conversion programme qualify 2014
Independent Prescribing

- Access to the full British National Formulary excepting:
  - Controlled drugs (specified list separately)
  - Unlicensed medicines
- Mixing of medicines
- "off label" prescribing (for use outside the terms of the product licence)
Independent Prescribing by physiotherapists: scope of practice statement

The physiotherapy independent prescriber may prescribe any licensed medicine within national and local guidelines for any condition within their area of expertise and competence within the overarching framework of human movement, performance and function.
Independent Prescribing by podiatrists: scope of practice statement

it is necessary to direct those members who are engaged in the practice of prescribing of medicines to ensure that they concern themselves only with those medicines which are relevant to the treatment of disorders affecting the foot and associated structures, in line with current practice and consistent with published professional guidance.

Should a prescriber prescribe in a capacity other than that of a podiatrist they will have no redress to the Society for support should that practice be brought into question or a claim be brought against them.
controlled drugs

Podiatry:
- Temazepam (oral)
- Lorazepam (oral)
- Diazepam (oral)
- Dihydrocodeine

Physiotherapy:
- Dihydrocodeine (CD injected only)
- Morphine salts – Oramorph
- Fentanyl patches
- Oxycodone HCl
- Temazepam
- Lorazepam
- Diazepam
The Devolved Administrations

- **Medicines legislation (Human Medicines Regulations SI 2012 no. 1916)** applies to the whole UK:
  - England Ministers sign on behalf of England, Scotland and Wales
  - Northern Ireland Minister countersigns the amendments

- **NHS Regulations are country specific** (DA policy leads amend their own regulations to allow prescribing in their own countries)

- **Controlled Drugs Regulations (legislation) amended by Home Office policy lead but:**
  - legislation applies to England, Scotland & Wales
  - Northern Ireland requires separate legislation (via NI policy lead)
What next?

  - Independent prescribing for paramedics
  - IP for radiographers
  - SP / exemptions for dietetics
  - SP/ exemptions for orthoptists
Outline curriculum framework: course requirements:

- **Key entry requirements full programme** (paraphrased):
  - HCPC registered
  - be practising where there is an identified need
  - demonstrate support of employer/sponsor (including confirmed supervision in practice by DMP)
  - demonstrate medicines governance arrangements in place
  - DMP recognised by commissioning organisation with experience as supervisor/experience of field/ agreement to supervise
  - normally at least 3 years experience in prescribing area
  - be working at advanced practitioner level or equivalent
Outline curriculum framework: course requirements:

- **Key entry requirements conversion programme** (paraphrased):
  - HCPC registered as SP
  - Practising as SP for the past 6 months prior to starting programme
  - DMP statement stating competence to progress to IP
  - Employer support, identified need etc (as full programme)
Outline curriculum framework: course requirements:

- **Full programme: length (duration):**
  - 38 days in total
  - 26 days theoretical learning
  - Minimum of 90 hours practice based learning (12 days at 7.5 hours)
  - Delivered over a maximum period of 1 year
  - Normally completed within a 3-6 month period
Outline curriculum framework: course requirements:

- conversion programme: length (duration):
  - not less than the equivalent of 2 days for the taught programme (of which at least 1 day should be face to face learning activities)
  - at least two 7.5 hour days learning in practice under the supervision of a DMP
Outline curriculum framework: course requirements:

- **Full programme assessment diet: compulsory elements**
  - written examination (pass mark 80%)
  - numerical assessment (pass mark 100%)
  - portfolio of practice evidence
  - submission of a personal formulary
  - practical demonstration of patient assessment and communication skills
  - testing of student understanding of professional, ethical and legal responsibilities
  - completion of period of supervised practice with DMP sign-off
Outline curriculum framework: course requirements:

- Conversion programme assessment diet: compulsory elements
  - satisfactory completion of period of practice placement (DMP sign-off)
  - must confirm achievement of the additional learning outcomes for IP
  - testing of professional, ethical and legal responsibilities in relation to IP
  - maintain a portfolio of practice evidence
  - submission of a personal formulary
  - numeracy skills assessment (if they have not already done so as part of the SP programme)
Course outline: exemplar full programme

- University of Southampton
  - 3 cohorts a year: February, March, October
  - mixture of 1 full day and ½ day attendance (once a week): 12 contact days plus one examination day & one presentation day
  - Programme consists of 2 modules:
    - pharmacology and applied clinical science for prescribing
    - prescribing in practice
Course outline: exemplar
full programme

- University of Southampton
  - pharmacology and applied clinical science for prescribing:
    - £999.00 (April 2014)
    - 20 CATS (10 ECTS)
  - prescribing in practice:
    - £699.00 (April 2014)
    - 20 CATS (10 ECTS)
Independent prescribing: benefits

- new ways of working: make better use of AHP skills
- improves patient care pathway & experience (cost effective and sustainable eg. transition from acute to community care)
- access to services in a wide range of settings: patient’s home, community clinics, mobile clinics, care homes, hospices
- preventing delays in accessing medicines where timely intervention prevents serious of life-threatening complications
Independent prescribing: benefits

- Chronic long term conditions effectively managed in patient’s own home improving patient experience, health outcomes and preventing unscheduled admissions
- The first 3 IP podiatrists are now in practice (March 2014)
Thank you for your attention

ab12@soton.ac.uk