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*Dear Lynne,*

### **Allied Health Professionals – Independent Prescribing of Controlled Drugs**

Professor Les Iversen's letter dated 13 February 2013, provided advice from the Advisory Council on the Misuse of Drugs (ACMD). They recommended changes to the Misuse of Drugs Regulations 2001 to enable qualified and registered physiotherapist and chiropodist/podiatrist independent prescribers to prescribe from restricted lists of controlled drugs (the lists specify 7 drugs for physiotherapists and 4 in the case of chiropodists / podiatrists).

These recommendations, however, were subject to the Department of Health (DH) providing assurance in response to concerns raised by the ACMD and detailed in Professor Iversen's letter.

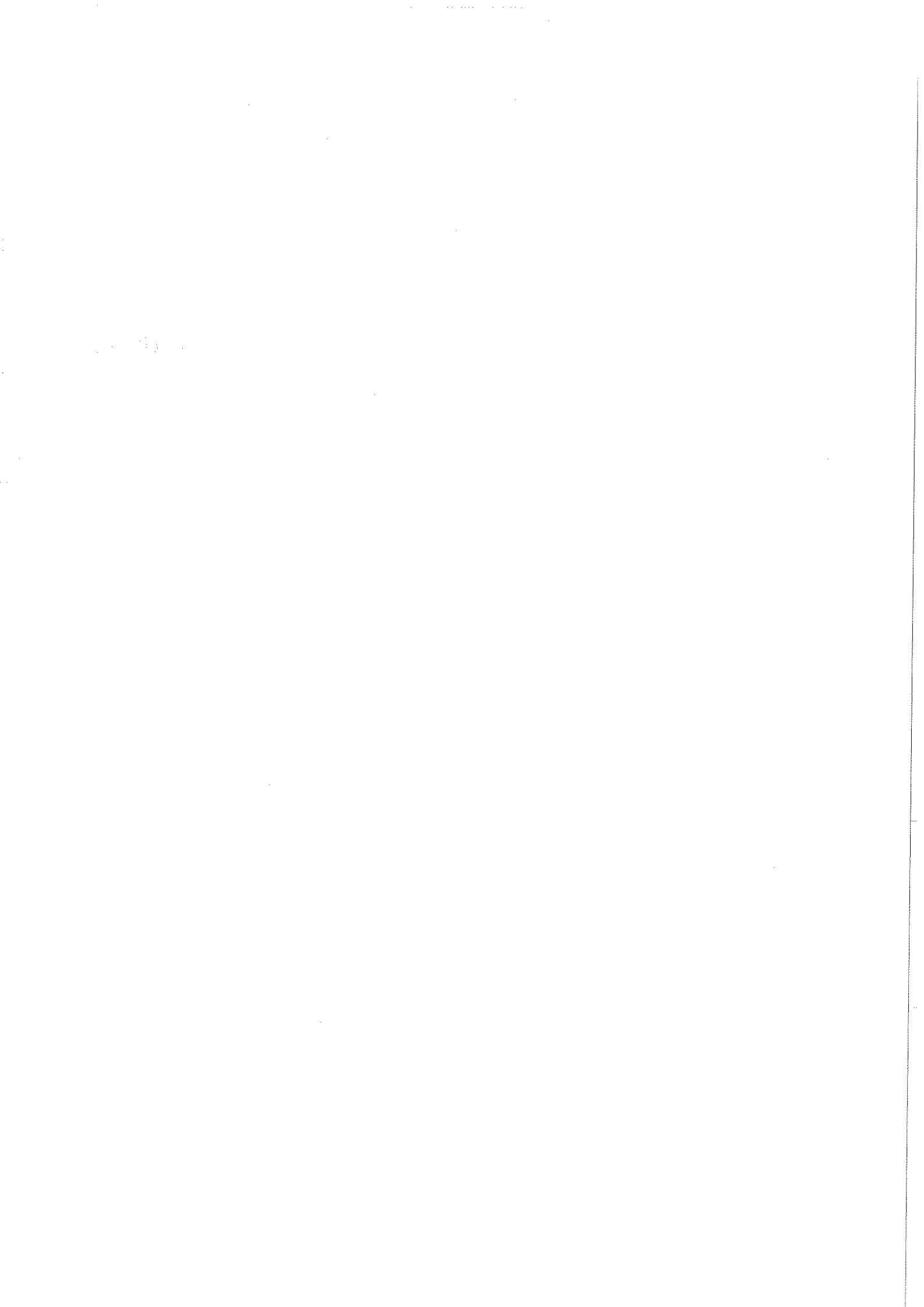
NHS England has worked with stakeholders, including the relevant professional and regulatory bodies and colleagues in the Devolved Administrations to address the ACMD's concerns. Changes to the Misuse of Drugs Regulations normally cover England, Scotland and Wales, so relevant assurances have been provided for all three countries. I understand that Northern Ireland will mirror these changes in their own Misuse of Drugs Regulations.

Because of competing priorities, this work has taken longer than anticipated, but the document attached provides detailed responses to each of the points raised in Professor Iversen's letter. I trust that these provide the assurances sought by the ACMD, which will in turn enable the necessary amendments to the Misuse of Drugs Regulations for England, Scotland and Wales to be laid.

*But was,*

**DR DAN POULTER**

Attached: Response to request from the ACMD, for assurances from the Department of Health with respect to independent prescribing of controlled drugs from restricted lists by physiotherapists and podiatrists in England, Scotland and Wales.



**Response to the request from the ACMD, for assurances from the Department of Health with respect to independent prescribing of controlled drugs from restricted lists by physiotherapists and podiatrists in England, Scotland and Wales**

This response has been led by the Department of Health in England but takes account of the situation in Scotland and Wales as well.

1. *In relation to the safe use of the more potent opioids, morphine and fentanyl, the ACMD seeks assurance from the Department of Health, that there will be safeguards that ensure that patients will not be put at risk by this extension of prescribing provision.*

- a. There are a range of mechanisms already in place at both national and local level in England, Scotland and Wales to ensure patient safety in the prescribing of controlled drugs that will extend to physiotherapist and podiatrist independent prescribers. Profession specific regulations, standards and practice guidance also apply.
- b. The Controlled Drugs (Supervision of Management and Use) Regulations 2013 (England and Scotland only) define responsibilities including the requirement for Controlled Drugs Accountable Officers (CDAOs) to monitor, audit and where necessary investigate controlled drug prescribing. The regulations also set out the duty of cooperation that enables a range of organisations, including health and social care organisations, the Care Quality Commission (CQC), Healthcare Improvement Scotland, NHS Counter Fraud Services, the General Pharmaceutical Council (GPhC), the police and local authorities to share information and intelligence about the management and use of CDs. The regulations also contain the power of entry and inspection for certain authorised persons.

These arrangements are mirrored in 'The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008'. The only differences being that Wales' equivalent of the CQC is 'Health Inspectorate Wales'.

- c. The CDAO is responsible for a number of functions relating to the safe management and use of Controlled Drugs in England, Scotland and Wales - registering controlled drugs prescribers, issuing prescription pads, monitoring prescribing patterns for outliers and reporting to the local Medicines Management Committee or equivalent in both the independent and public sectors.

The Care Quality Commission (CQC) has responsibility for the overview and external scrutiny of safer management arrangements for controlled drugs for organisations in England including the independent sector. Similar arrangements exist in Scotland and Wales through their equivalent bodies, namely 'Health Inspectorate Wales' and 'Health Improvement Scotland', respectively.

- d. The professions are regulated in all the UK countries by the Health and Care Professions Council (HCPC) which has published Standards for Prescribing. The Standards define the requirements for education providers and for prescribers.
  - e. The HCPC can consider concerns raised about a physiotherapist or podiatrist and if necessary remove the individual from the register.
  - f. The UK wide professional bodies: the Chartered Society of Physiotherapy (CSP); the Society of Chiropodists and Podiatrists (SCP)/College of Podiatry and the Institute of Chiropodists and Podiatrists (IoCP) have jointly produced prescribing practice guidance for their respective professions to support safe and effective prescribing, including sections specific to the prescribing of controlled drugs.
2. *On 'single practitioners' (i.e. where no medical doctor is present on site, NHS or otherwise) the ACMD seeks assurance on how these practitioners would address potential adverse reactions, for example respiratory depression in patients following administration of any medications on the limited list.*
- g. The responsibility for administering controlled drugs and the management of adverse drug reactions is explicitly included in the:
    - i. HCPC Standards for Prescribing;
    - ii. Learning Outcomes of the outline curricula frameworks for education programmes for prescribers in relation to knowledge, skills and record keeping, and 'yellow card' reporting;
    - iii. Professional bodies' prescribing practice guidance;
    - iv. One role of Controlled Drugs Accountable Officers (CDAOs) is to ensure that adequate and up-to-date standard operating procedures in relation to the management and use of controlled drugs are in place. These must cover best practice relating to the prescribing, supply and administration of controlled drugs and will build on local clinical governance. The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 sets out the same requirement for standard operating procedures.
3. *Patient allergy to certain medications should be well documented to minimise adverse reactions.*
- h. In response to the queries raised in regard to the documentation of patient allergies by the Technical Committee of the ACMD, the requirement to document patient allergies was strengthened in the outline curricula frameworks for education programmes, the professional bodies' prescribing practice guidance and the HCPC Standards for Prescribing.

- i. The role of CDAOs to ensure safe management of controlled drugs by all prescribers includes record keeping.
4. *The ACMD's view is that initiation of prescribing for pain management, subsequent medication review, dose change and dose escalation for patients with chronic pain conditions in both primary care and clinic settings are all decisions which should continue to be taken carefully, in the context of a multidisciplinary approach and with a strong audit trail of evidence of patient need and patient benefit versus risk. The proposed extension of independent prescribing should not deviate from these broad principals.*
- j. The Department of Health (England), in Wales - Department of Health and Social Services, Scottish Government – Directorate General Health and Social Care, HCPC and relevant professional bodies support these principles in regard to the independent prescribing of medicines, including controlled drugs, by physiotherapists and podiatrists. These principles are reflected in the relevant standards and guidance documents. The role of CDAOs and local clinical governance arrangements for all prescribers also support these principles.
5. *The ACMD would also like to see the continuation of measures to ensure that physiotherapist and chiropodist/podiatrist prescribers do not prescribe outside their competence and assurance that a framework is in place to identify atypical patterns of prescribing that may indicate this is occurring.*
- k. The HCPC is the professional regulator for all physiotherapists and podiatrists in practice in the UK. The HCPC maintains and monitors the register of health and care professionals who meet their standards for training, professional skills and behaviour.
  - l. The HCPC Standards for Prescribing underpin standards for independent prescribing education programmes and for HCPC registered prescribers. Prescribers must be HCPC registered and annotated on the HCPC register in order to prescribe. Registrants must declare their scope of practice and the HCPC audits a sample of podiatrists and physiotherapists every two years to check that they are undertaking Continuing Professional Development (CPD) and keeping their professional skills up to date within their scope of practice. If a registrant does not meet the standards, the HCPC can take action which might include removing them from the register and stopping them from practising.
  - m. The professional bodies define the scope of professional practice (Appendix ) with regard to prescribing in their prescribing practice guidance as well as the responsibilities for all prescribing to be within individual scope of practice.
  - n. The Controlled Drugs (Supervision of Management and Use) Regulations 2013<sup>1</sup> define the roles of the CQC and the CDAOs in secondary, independent and other settings e.g. the reserved Armed Forces, regarding the monitoring of prescribing patterns and identifying and escalating concerns. This situation is

<sup>1</sup> <http://www.legislation.gov.uk/ukxi/2013/373/contents/made>

mirrored for Wales in 'The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008'.

Guidance for the governance of controlled drugs is published by the National Prescribing Centre<sup>2</sup>, CQC<sup>3</sup>, the Department of Health<sup>4</sup> and the Scottish Government<sup>5</sup>. There is no specific Welsh Government guidance on the governance of controlled drugs, but The National Prescribing Centre guidance is available to those practising in Wales.

6. *The ACMD's firm view is that the private sector provision for independent prescribing by physiotherapists and chiropodists/podiatrists needs to ensure that the safeguards are the same as those in place in the public sector (NHS). Particularly important is the free-flow of information (e.g. between GPs/consultants and physiotherapists and chiropodists/podiatrists) to address potential diversion or abuse of controlled drugs and to detect any malpractice.*

- o. The requirement for prescribing practice governance, monitoring, reporting, record keeping and the communicating of prescribing decisions are outlined in the documents referenced above, and apply to all prescribers in all settings and sectors.
- p. The monitoring of prescribers in the private sector falls within the remit of the CDAO within the organisation registered with the CQC or Health Inspectorate Wales. The monitoring of prescribers in independent hospitals and hospices in Scotland falls within the remit of Health Improvement Scotland.

7. *The ACMD recommends that the Department of Health undertake a follow up review of the provisions to evaluate whether the extension of independent prescribing of a limited list of CDs to physiotherapists and chiropodists/podiatrists has the desired impact of benefit to patients and care pathways.*

- q. The University of Surrey has commenced a Department of Health funded evaluation of independent prescribing by physiotherapists and podiatrists in England. No such evaluation is being undertaken in Wales or Scotland, but many of the findings may equally apply in those countries.
- r. The ACMD will be included in the distribution list of the evaluation reports as they are published.

<sup>2</sup> [http://www.npc.co.uk/controlled\\_drugs/resources/ao\\_handbook\\_complete\\_aug11.pdf](http://www.npc.co.uk/controlled_drugs/resources/ao_handbook_complete_aug11.pdf)

<sup>3</sup> <http://www.cqc.org.uk/organisations-we-regulate/special-reviews-and-inspection-programmes/controlled-drugs>

<sup>4</sup> [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_064458.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_064458.pdf)

<sup>5</sup> <http://www.knowledge.scot.nhs.uk/accountableofficers/resources-library/resource-detail.aspx?id=4055959>

[http://www.sehd.scot.nhs.uk/mels/CEL2008\\_07.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2008_07.pdf)

**DEFINITIONS – SCOPE OF PROFESSIONAL PRACTICE****Chartered Society of Physiotherapy professional scope of prescribing practice**

“The physiotherapist independent prescriber may prescribe any licensed medicine (from the BNF) and the profession specific restricted list of controlled drugs within national and local guidelines for any condition within the practitioner’s area of expertise and competence within the overarching framework of human movement, performance and function.”

**Society of Chiropodists and Podiatrists and Institute of Chiropodists and Podiatrists scope of prescribing practice**

“The professional bodies [the Society of Chiropodists and Podiatrists and the Institute of Chiropodists and Podiatrists working collaboratively] agree that it is necessary to direct those members, who are engaged in the practice of independent prescribing, to ensure that they concern themselves only with those medicines that they may legally prescribe and which are relevant to the treatment of disorders affecting the foot, ankle and associated structures, in line with current practice and consistent with published professional guidance”