Paramedic Independent Prescribing: One Year On

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Topics

- Looking back at the process of obtaining prescribing responsibilities for the paramedic profession
- Reviewing the first year since the legislation changed
- Impact on patient care and opportunities for the future

Looking back at the process of obtaining prescribing responsibilities for the paramedic profession

SUMMARY OF THE COMMISSION ON HUMAN MEDICINES MEETING HELD ON THURSDAY 7TH SEPTEMBER 2017

PAPERS/ OTHER ITEMS

The Commission considered and discussed feedback from the ad hoc group on proposals for Independent Prescribing for Paramedics and Diagnostic Radiographers. In conclusion, the Commission endorsed the ad-hoc group's recommendations to support independent prescribing for paramedics.

Citation and commencement

1. These Regulations may be cited as the Human Medicines (Amendment) Regulations 2018 and shall come into force on 1st April 2018.

Amendment of the Human Medicines Regulations 2012

2. The Human Medicines Regulations 2012(**c**) are amended as follows.

Amendment of regulation 8 (general interpretation)

3.—(1) Regulation 8(**d**) is amended as follows.

(2) In paragraph (1)—

(a) after the definition of "the Paediatric Regulation" insert—

""paramedic independent prescriber" means a person—

(a) who is a registered paramedic; and

(b) against whose name is recorded in the relevant register an annotation signifying that the person is qualified to order drugs, medicines and appliances as a paramedic independent prescriber;";

(b) after the definition of "qualified person" insert—

Looking back at the process of obtaining prescribing responsibilities for the paramedic profession

- Initially suggested in 2010 ministerial consultation
- Paramedics join the NHS England AHP Medicines programme
- Public consultation in 2015
- Considered by the Commission on Human Medicines on three occasions
- Legislation changed on the 1st April 2018

Drivers for change

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Urgent & Emergency Care Services in England

We know that paramedics can now deliver treatments that would only have been done by doctors 10 years ago, whilst with the support of improved community services they can safely manage many more people at scene. This gives us both more options to treat people at home, and to travel further to reach specialist care. There are opportunities for extending paramedic training to better assess, prescribe for and manage patients with exacerbations of chronic illnesses and work more closely with GPs and community teams.

- Changing patient profiles
- Limitations with current arrangements for medicines (exemptions and PGDs)
- Demand for urgent care service services
- Paramedics working across different sectors of healthcare
- Service redesign opportunities - STPs

Reviewing the first year since the legislation changed

- Exact numbers of paramedic independent prescribers not known.
- Paramedics already working in ED as Advanced Clinical Practitioners able to reach full potential
- Advanced Paramedics working in primary care broadening their impact
- Ambulance trusts exploring advanced paramedic prescribing as part of rotational models
- Proposals for changes to controlled drugs legislation ongoing
- Academic evaluations progressing
- Paramedic-specific textbook published.

Key Benefits – services and patients

Improving efficiency

"The process of seeing patients is made more efficient. It's quicker if you don't have to go and speak to somebody else and ask them to prescribe, especially in a time-pressured environment like an emergency department". (ACP Paediatric in ED)

Improving safety

"It just allows you to provide much more comprehensive care to your patient and I think it allows you to provide safer care to your patient. You are able to come up with treatment plans yourself for people that you are seeing, you are then not relying on other people to agree, so you are not kind of second guessing what they want and what they would prescribe. You are prescribing based on what you think is appropriate". (AP in PC)

Improving patient care

"Being able to prescribe and get the patient started on treatment quickly, because if there is that delay there's a risk that the patient may deteriorate (…). and so, by being able to prescribe you're hopefully preventing them going to hospital and the cost incurred with that". (RRP in RRT)

Key Benefits – paramedics and profession

Facilitates new advanced roles and career opportunity

"I think it's a great thing. It's wonderful to have a profession that's only been a profession for less than 20 years actually be given the recognition that we are competent independent clinicians and can make these sorts of level of decisions and actually take that care forward, and also expand the avenues down which paramedics can go…". (ACP in A&E)

Increased respect and job satisfaction

"I think one of them [benefits] is personal pride in being able to take more responsibility in terms of all aspects of patient care". (Trainee ACP, Paediatric E&D)

Key Barriers

IT issues

"We did encounter some difficulty getting set up with the computer system once I was registered as a prescriber. It took a couple of weeks to fathom out a 'work around' for getting set up with that and now we are having issues. We have just logged electronic prescribing. We are having similar issues again just because it doesn't recognise HCPC numbers." (PCP in PC)

Controlled drugs

"A lot of the prescribing that we need is obviously opiate based pain relief, and we also do procedural sedation here. So, we can't do procedural sedation without it being prescribed for us, or we can't prescribe morphine or morphine derivatives, all those sorts of medications that patients need". (Consultant ACP in ED).

Managing expectations (of patients and colleagues)

"The risk is that people think, 'Oh, he can just write my prescription now', but in my mind, I still am very new as a prescriber, and what I would not like or what I'm conscious of is stepping outside of my fledgling prescribing skills (…). So, I guess I keep telling everyone, 'Don't start coming to me and ask me to write repeat prescriptions'." (Clinical Lead WIC)

Impact on patient care and opportunities for the future

- Care at the Right Time, Right Place, Right Person
- Access to medicines at the point of need
- Increased visibility of paramedic prescribers in the multidisciplinary and multi-professional teams in a wide variety of sectors (primary care, ED, ITU, Hospice, OOH, community care, HEMS)
- Adoption of prescribing by advanced paramedics in ambulance sector
- CD prescribing

Impact on patient care and opportunities for the future

Support & preparation for prescribing role

"GPs are adamant that they want paramedics to see anybody. (…) They expect, encourage and are developing us to see what the nurses see. So dermatology has been quite a steep learning curve for us because you don't see an awful lot of that in emergency services. You don't call 999 for eczema!" (APP in PC)

You don't know, what you don't know yet

Participants generally felt well supported, however there were some concerns:

- The bar is set high: for some, the ACP role is compared to a registrar or highly experienced non-medical prescribers.
- It was noted that it takes time, experience and support to develop advanced roles – there was concern that some paramedics may be 'thrown into the deep end' without adequate support, or put under pressure to advance when then are not ready or willing.
- Many emphasised the need to value core emergency care skills and to prevent negative impact on staff retention in the ambulance service.

Next steps

- Ongoing evaluation
- Continuing work with NHS England on the proposals to allow controlled drugs prescribing by paramedic prescribers
- Liaison with employers to optimise opportunities for new ways of working
- Supporting HEIs with admissions and course content
- Advice for College of Paramedics members and reviewing practice guidance

Thank you

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