

# Paramedic Independent Prescribing

How we got there and where are we  
going?



Kevin Reid

Advanced Primary Care Paramedic  
The Mayhill Group Practice  
Elgin North East Scotland



# The Maryhill Group Practice

## The Practice

- ▶ Multidisciplined team working
- ▶ 18000 patients
- ▶ Semi Urban Rural
- ▶ Based over two localities
- ▶ Covering nearly 200 square miles.





- ▶ 2004 Scottish GMS contract
- ▶ 6 years NHS Grampian Out of Hours service.
- ▶ House calls, Primary care Emergency Centre. Accident and Emergency.
- ▶ 10 years within Primary care working as part of multidisciplinary team





# The Paramedic

- ▶ First Paramedics appearing in the early 1970s
- ▶ Only in specialised cardiac ambulances.
- ▶ 1980s Paramedics used routinely by Ambulance services
- ▶ NHSTD accredited training towards the end of 1980s
- ▶ 1999 Paramedics vote for state registration

John Davies and Ray Haywood, London's



# The Paramedic

- ▶ The title of paramedic was originally defined in the Prescriptions Only Medicines Act as an individual who has been awarded the NHS certificate in extended (paramedic) skills
- ▶ Paramedics achieved registration in November 2000.
- ▶ 2001 Paramedic regulation by the Health and Care Professions Council (HCPC)
- ▶ 2004 British Paramedic association named The College of Paramedics



# The Paramedic

- ▶ Degree entry to enter Paramedic register.
- ▶ Paramedic Training now offered by majority of Universities.



# THE COLLEGE OF PARAMEDICS

- ▶ The College in its form established 2004
- ▶ The College of Paramedics is the recognised professional body for all paramedics in the UK, whose role is to promote and develop the paramedic profession across England, Scotland, Wales and Northern Ireland
- ▶ Over 20,000 members
- ▶ The College of Paramedics supports the paramedic profession through publication of a wide range of documents that underpin the profession
- ▶ The College of Paramedics provides professional support services to paramedics including legal representation and peer support for those under investigation by the regulator



# Paramedic Exemptions

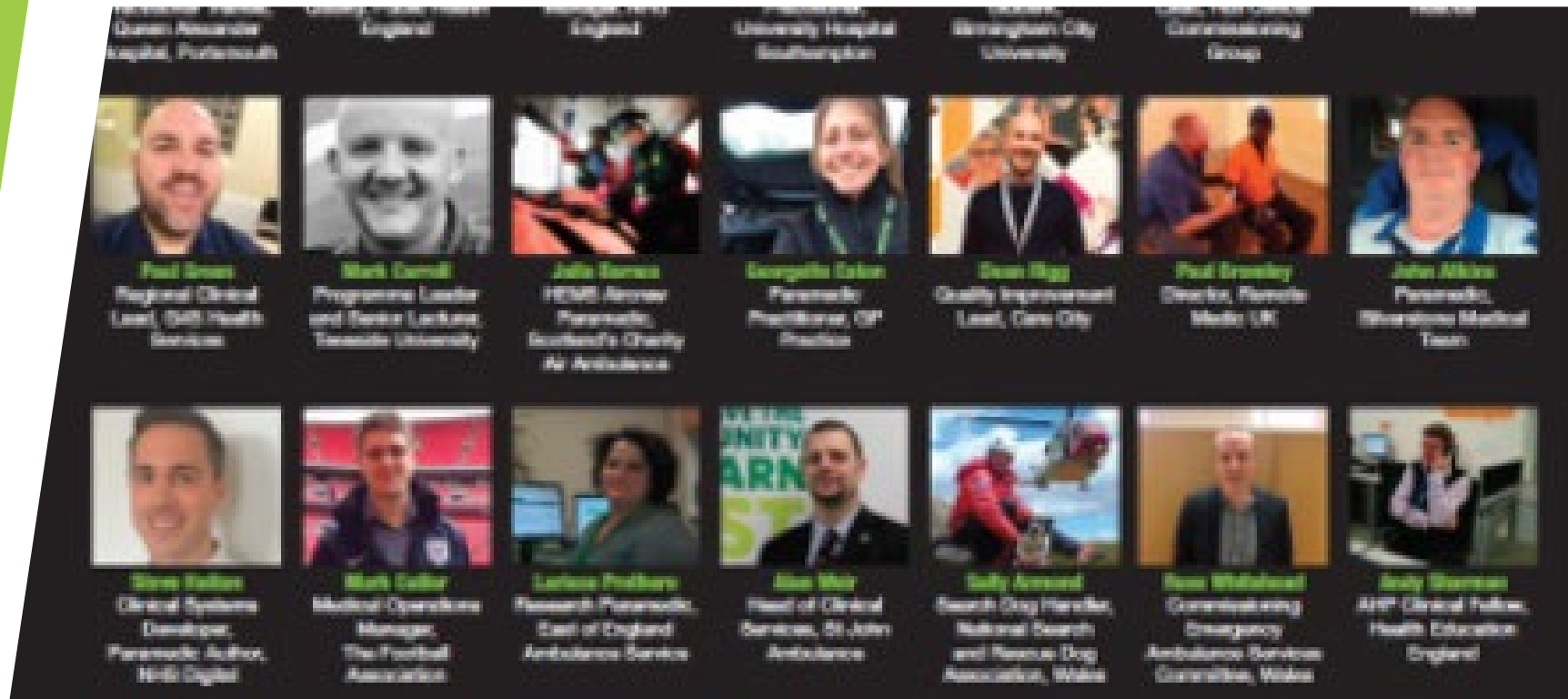
- ▶ Paramedic can administer a group of medication under Schedule 17 of the the Human Medicines Regulations 2012.
- ▶ The administration shall be only for the immediate, necessary treatment of sick or injured persons and in the case of prescription only medicine containing Heparin Sodium shall be only for the purpose of cannula flushing.





# Exempt Drugs

- ▶ Diazepam 5 mg per ml emulsion for injection,
- ▶ Adrenaline Acid Tartrate,
- ▶ Adrenaline hydrochloride,
- ▶ Amiodarone, )
- ▶ Anhydrous glucose,
- ▶ Benzlypenicillin,
- ▶ Compound Sodium Lactate Intravenous Infusion (Hartmann's Solution),
- ▶ Ergometrine Maleate,
- ▶ Furosemide,
- ▶ Glucose
- ▶ Heparin Sodium,
- ▶ Lidocaine Hydrochloride,
- ▶ Metoclopramide,
- ▶ Morphine Sulphate,
- ▶ Nalbuphine Hydrochloride,
- ▶ Naloxone Hydrochloride,
- ▶ Ondansetron
- ▶ Paracetamol,
- ▶ Reteplase,
- ▶ Sodium Chloride,
- ▶ Streptokinase,
- ▶ Tenecteplase.



A Need for change, the evolution of a profession

#notallparamedicsweargreen

A change of scenery again today, working in an Urgent Care Centre as an Advanced [#Paramedic](#). I'm proud to lead the [@Ldn\\_Ambulance](#) [#Advanced](#) Paramedic [#UrgentCare](#) programme and offer this variety as part of the clinical role [👉 #notallparamedicsweargreen](#) (all the time!)



**Africa Paramedic** 🇮🇪 @markturner30 · 25/07/2018  
Ruling it like a boss tonight. Primary Care Paramedics - [#notallparamedicsweargreen](#)



**Gaz Ward** @999busdriver · 20/01/2020  
[#notallparamedicsweargreen](#) trainee Advanced Clinical Practitioner in primary care @ParamedicsUK



**SP Anthony Stacey** @SPAnthonyStace1 · 16/08/2019  
The three amigos! Specialist Paramedics leading the way in General Practice. [#advancedpractice](#) [#Paramedic](#) [#PatientCare](#) [#GP](#) [#primarycare](#) [#urgentcare](#) [#notallparamedicsweargreen](#) [@ParamedicsUK](#) [@The\\_HCPC](#) [@UWE\\_NMP](#) [@UWEPara](#)



# Primary Care Advanced Paramedics

**Els Freshwater** @blacksladder · 16/08/2017

New scrubs. Might need to change the hashtag as I seem to be back in green! [#notallparamedicsweargreen](#) [#acp](#)



**Christopher Preston** @medic992 · 30/01/2017

Today was heart murmurs, TGA, ToF and constipation. Training to be an Advanced Paediatric Practitioner [@AlderHey](#) [#notallparamedicsweargreen](#)

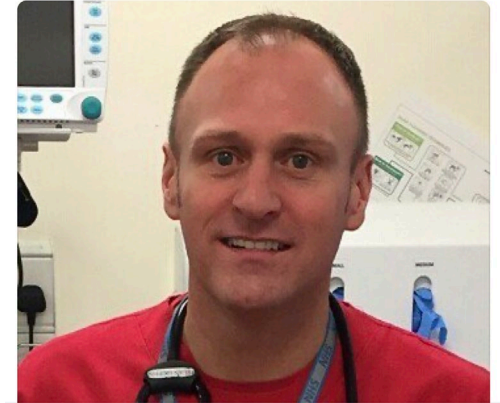


**Greg Conlon** @conlon\_greg · 01/01/2017

Hny from Teddington walkin centre [#notallparamedicsweargreen](#)



[#NotAllParamedicsWearGreen](#) [@DMG\\_999](#)  
[@DerbyHospitals](#) [#ACP](#) [#AdvancedClinicalPractitioner](#) [#ED](#)  
[ift.tt/2jfRakf](https://ift.tt/2jfRakf)



# ED Advanced Paramecs



Simon Worth. @Worthymedic · 19/01/2017

@ParamedicsUK your right.....[#notallparamedicsweargreen](#)  
[#paramedics](#) 🚑



[#NotAllParamedicsWearGreen](#) Expedition paramedic.

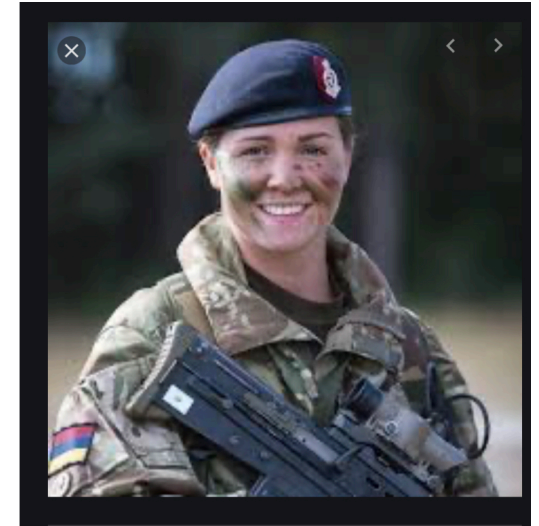
Providing support to companies and expeditions overseas (in some pretty fantastic places)



Simon Greenfield @Red2Medical · 07/01/2017

@ParamedicsUK @humanityfirstuk @decappeal

[#notallparamedicsweargreen](#) [#nepal](#) Simon's also a disaster response team specialist paramedic



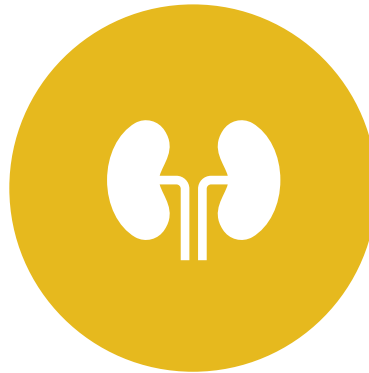
# Non-NHS Paramedics



# Prescribing solutions : Patient Group Directives



PATIENT MUST EXACTLY FIT THE  
INCLUSION CRITERIA IN THE PGD AND  
NOT BE EXCLUDED UNDER CRITERIA  
FOR EXCLUSION.



IF A PGD STATES A MEDICINE CAN'T BE  
GIVEN IF A SYSTOLIC BP IS BELOW  
100MMG AND THE PATIENTS BP IS  
99MMG, LEGALLY IT CAN'T BE GIVEN



CAN ONLY BE USED TO SUPPLY AND  
ADMINISTER MEDICATIONS

# The work begins

## Background - Process



## Consultation responses

Respondent Type	No of Responses
Responses by individuals	<b>478</b>
Health care professionals	386
Public, carers/patients	92
Responses by organisations	<b>56</b>
Did not state organisation or individual	<b>2</b>
Total responses	<b>536</b>



## Consultation responses



Question 1: Should amendments to legislation be made to enable paramedics to independently prescribe?		
	Organisations (56)	Individuals (478)
<b>Yes</b>	96%	90%
<b>No</b>	4%	10%



- ▶ Pulling experience from advanced paramedics
- ▶ Ambulance service
- ▶ Primary care
- ▶ Secondary care



# Commission on Human Medicines

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- A group of people, mostly men in business suits, are seated around a large, polished wooden conference table in a formal meeting room. The room features high ceilings, large windows, and ornate wall sconces. The lighting is warm and focused on the table. The participants are engaged in discussion, with some looking towards the center of the table and others looking at documents or devices.
- ▶ The college of Paramedics
  - ▶ HCPC
  - ▶ NHS England
  - ▶ Higher Education Representatives
  - ▶ AHP leads

- ▶ How well the risks and problems that paramedics encountered would be reported and fed back into training
- ▶ Would paramedic prescribing exacerbate the problem of antimicrobial resistance?
- ▶ Would paramedics have sufficient training in differential diagnosis of the wide range of conditions they may encounter

- ▶ What constitutes an advanced practitioner paramedic and how such a practitioner would be trained in the assessment and diagnosis of the conditions they may encounter?
- ▶ Continuity of care
- ▶ Issuing FP10s in the community
- ▶ Access to medical records

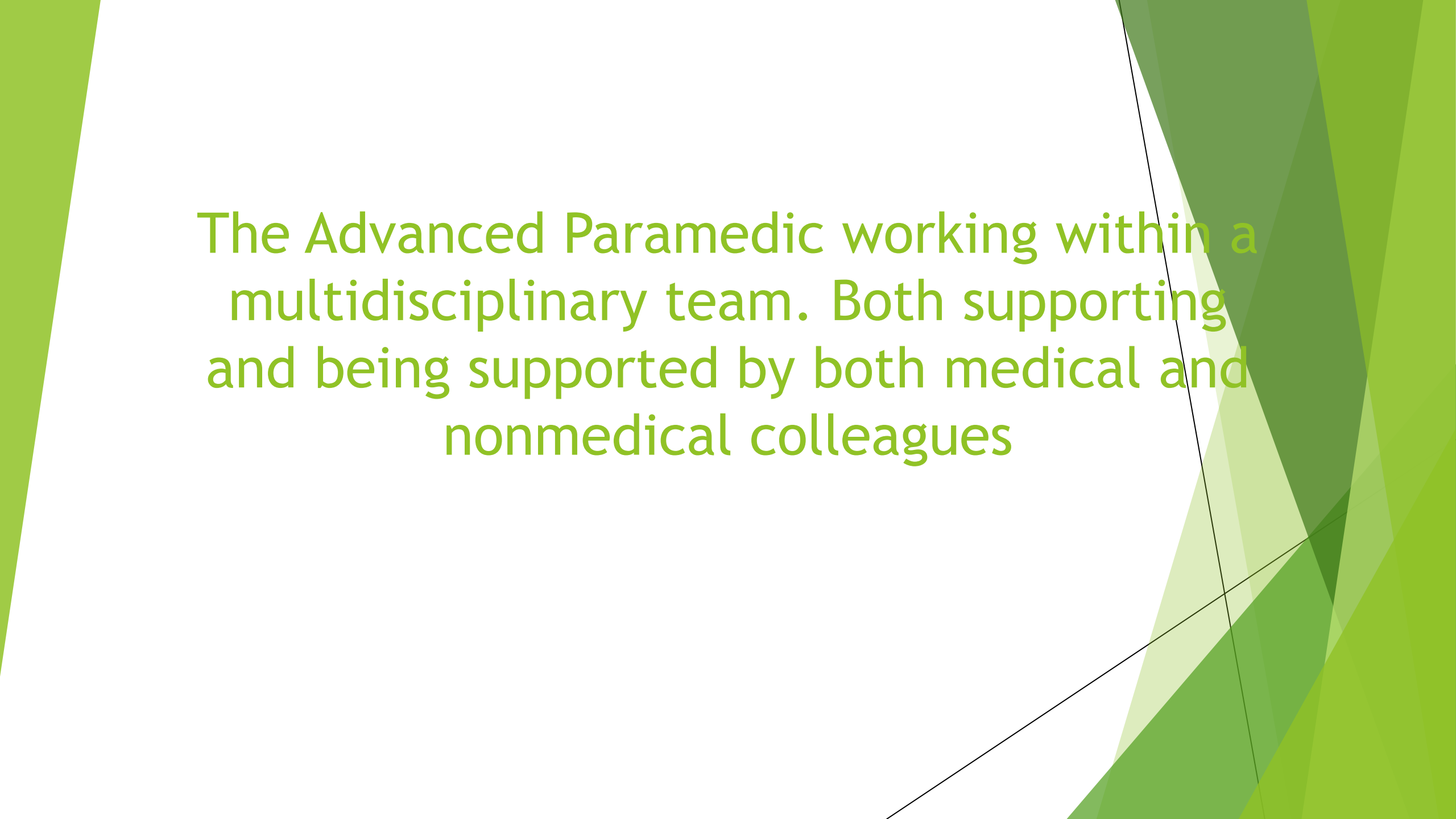
# Removal of 999 systems in bid

## Case Studies

	Setting	P
1	999/Out of hospital community setting	Unst confi
3	999/workplace	Acut unab
2	Primary Care	Swol cut o
5	999/Urgent care/Primary Care	Pain
4	Emergency Department, Secondary Care	Seve pain

## Case Studies

1. Out-of-hospital/Community setting
  - Fall at home
2. Primary Care
  - Cellulitis
3. Urgent & Emergency Care Department
  - Respiratory
4. Urgent & Emergency Care Department
  - Abdominal pain

The background features abstract, overlapping green geometric shapes, primarily triangles and polygons, in various shades of green, creating a modern and dynamic visual effect.

The Advanced Paramedic working within a multidisciplinary team. Both supporting and being supported by both medical and nonmedical colleagues

# Framework for paramedic independent prescribing

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## **Practice Guidance for Paramedic Independent and Supplementary Prescribers.**

**Please note:** This document provides guidance and advice that supports Independent and supplementary Prescribing by Paramedics. Every effort has been made to ensure that the advice in this guidance document is accurate for the current

**Improving Patients' Access to  
Medicines: A Guide to  
Implementing Paramedic  
Prescribing within the NHS in the  
UK.**

## Annex F: Checklist for Potential Prescribers and/or Organisations Introducing Prescribers

The following checklist provides a list of pre-requisite features required in order to move towards prescribing, and provides a link to the associate standards and legislation which may form part of your Professional Development Plan needed to ensure you meet the minimum criteria (and to maintain this). This checklist may be used regularly after qualification as an independent prescriber to ensure you still fulfil the requirements necessary to undertake independent prescribing. You **MUST** be able to answer **YES** to all topics before considering non-medical prescribing.

Topic	Evidence	Self-Assessment			Standards and Guidance Documents	Your Evidence
		Yes	Needs Development	No		
Your Clinical Role	Your employer provides clinical services which require independent prescribing (do you have a clear prescribing role)					
	Your role is currently limited by not being able to independently prescribe, or is a requirement of the role you are training for					
Your Professional Qualification and Post-registration experience	You are registered with the HCPC and have no sanctions or conditions applied					
	You have (or are working towards) an advanced practice qualification (typically MSc/other study at Masters level which fulfils the HEE definition of Advanced Practice) and have achieved the award within the last 6 years, or have evidence of continuous practice at that level if achieved to longer than 6 years ago.				<a href="#">HEE - definition of Advanced Practice</a>	
	You are, and have been, practising in your area of expertise for at least 12 months					
	You have been qualified and registered for at least 5 years					
	You have evidence of post-registration study (for example, DipHE or PGDip)					
	You have a qualification, experience and evidence of competency of diagnostics, physical examination and decision making skills relevant to your area(s) of prescribing practice.					

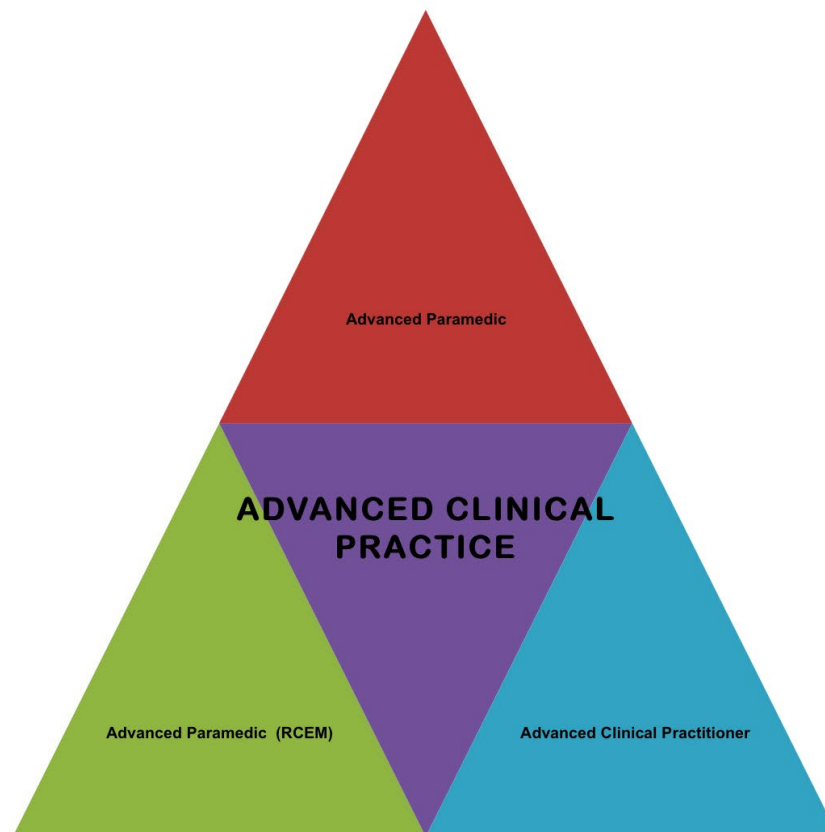
A Guide to Implementing Paramedic Prescribing  
within the NHS in the UK.  
COP-IP003 – Aug18 v2.00

Topic	Evidence	Self-Assessment			Standards and Guidance Documents	Your Evidence
		Yes	Needs Development	No		
Your Organisation	You are employed by an organisation which is providing clinical services, and which has recognised a need for prescribing roles.					
	Your organisation has access to a pharmacist who is familiar with non-medical prescribing, and a Non-medical Prescribing Lead.					
	Your organisation has an established non-medical prescribing policy, governance processes, and prescribing budget which meet the minimum best practice standards					
	Your organisation employs a Medical Director or other Clinician delegated to oversee non-medical prescribing					
	Your organisation has sufficient access to a Designated Medical Practitioner (DMP) who meets the criteria (NPC, 2005), and who can supervise trainee non-medical prescribers.				<a href="#">Web Link - NPC 2005</a>	
Your Prescribing Education	You meet all educational requirements for entering an approved non-medical prescribing programme and you have experience and competence in using medicines legislation for administration, possession and supply of medicines					
	You have read and understood the Royal Pharmaceutical Society's competency framework				<a href="#">RPS - A Competency Framework for all Prescribers</a>	
	You have read and understood the Allied Health Professionals Federation Outline Curriculum Framework for independent and supplementary prescribing				<a href="#">AHPF Outline Curriculum Framework</a>	
	You have access to funding for non-medical prescribing education, or you are able to self-fund.					
	You have access to a DMP who can support your prescribing training					
Your CPD Plan and Opportunities	You have a detailed professional development plan which includes development as a prescriber. You can demonstrate attendance at relevant events, and a clear plan to take CPD opportunities in the future as a prescriber.				<a href="#">HCPC standards for continuing professional development.</a> <a href="#">HCPC Standards for Prescribing</a>	

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COP-IP003 – Aug18 v2.00

Topic	Evidence	Self-Assessment			Standards and Guidance Documents	Your Evidence
		Yes	Needs Development	No		
Your Supervision Plan and Opportunities	You are able to identify a suitable non-medical prescribing supervisor (buddy system), and have liaised with your non-medical prescribing lead (if available) to discuss supervision needs.					
Your Local Prescribing Network	You are aware of your local prescribing network and have discussed with your non-medical prescribing lead the role and function of this group.					
Your Ongoing Role and Career Plans	A clinical role is part of your career plan and you should seek to undertake prescribing as a core aspect of your clinical career for at least 3 years					
	You understand the implications of ceasing to prescribe as part of your practice within your role.				<a href="#">HCPC - prescribing training</a>	
Your Regulator	You understand the guidance issued by your regulator (HCPC)				<a href="#">HCPC Standards for Prescribing</a>	
	You understand and follow the Standards of Performance, Conduct and Ethics issued by the HCPC				<a href="#">HCPC Standards of Conduct, Performance and Ethics</a>	
	You understand and follow the Standards of Proficiency for Paramedics issued by the HCPC				<a href="#">HCPC Standards of Proficiency for Paramedics</a>	
Your Professional Body's Practice Guidance	You understand the role of the professional body – the College of Paramedics, and understand its role in relation to practice guidance, indemnity, CPD and professional standards					
	You have read and understood the Practice Guidance issued by the College of Paramedics				<a href="#">College of Paramedics: Practice Guidance for paramedic supplementary and Independent Prescribers</a>	

# Paramedic – Advanced Practitioner models





**2018 No. 199**

**MEDICINES**

**The Human Medicines (Amendment) Regulations 2018**

<i>Made</i>	- - - -	<i>9th February 2018</i>
<i>Laid before Parliament</i>		<i>22nd February 2018</i>
<i>Coming into force</i>	- -	<i>1st April 2018</i>

The Secretary of State and the Department of Health in Northern Ireland make the following Regulations. They do so in the exercise of the powers conferred by section 2(2) and (5) of the European Communities Act 1972<sup>(a)</sup>, having been designated for the purposes of section 2(2) of that Act in relation to medicinal products<sup>(b)</sup>.

**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—

““radiation emergency” has the meaning given by regulation 2(1) of the Radiation (Emergency Preparedness and Public Information) Regulations 2001(e);”;

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(a) 1972 c.68. Section 2(2) was amended by section 27(1)(a) of the Legislative and Regulatory Reform Act 2006 (c.51) and section 3(3) of and Part 1 of the Schedule to the European Union (Amendment) Act 2008 (c.7). Section 2(5) was amended by section 41(1) of and Part 1 of Schedule 6 to the Northern Ireland Constitution Act 1973 (c.36).

(b) See S.I. 1972/1811 which designates the Secretary of State and any department of the Government of Northern Ireland for the purposes of section 2(2) of the European Communities Act 1972 in relation to medicinal products.

(c) S.I. 2012/1916.

(d) Regulation 8 was amended by S.I. 2013/1855 and 2593, 2015/1503, 2016/186, 190 and 696 and 2017/715.

(e) S.I. 2001/2975.

# CONTROLLED DRUGS

- ▶ Although we had been successful in gaining independent prescribing for Paramedics, the same process would have to be undertaken to change the misuse of drugs regulations and again change appropriate statute.



## Advisory Council on the Misuse of Drugs

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### Featured

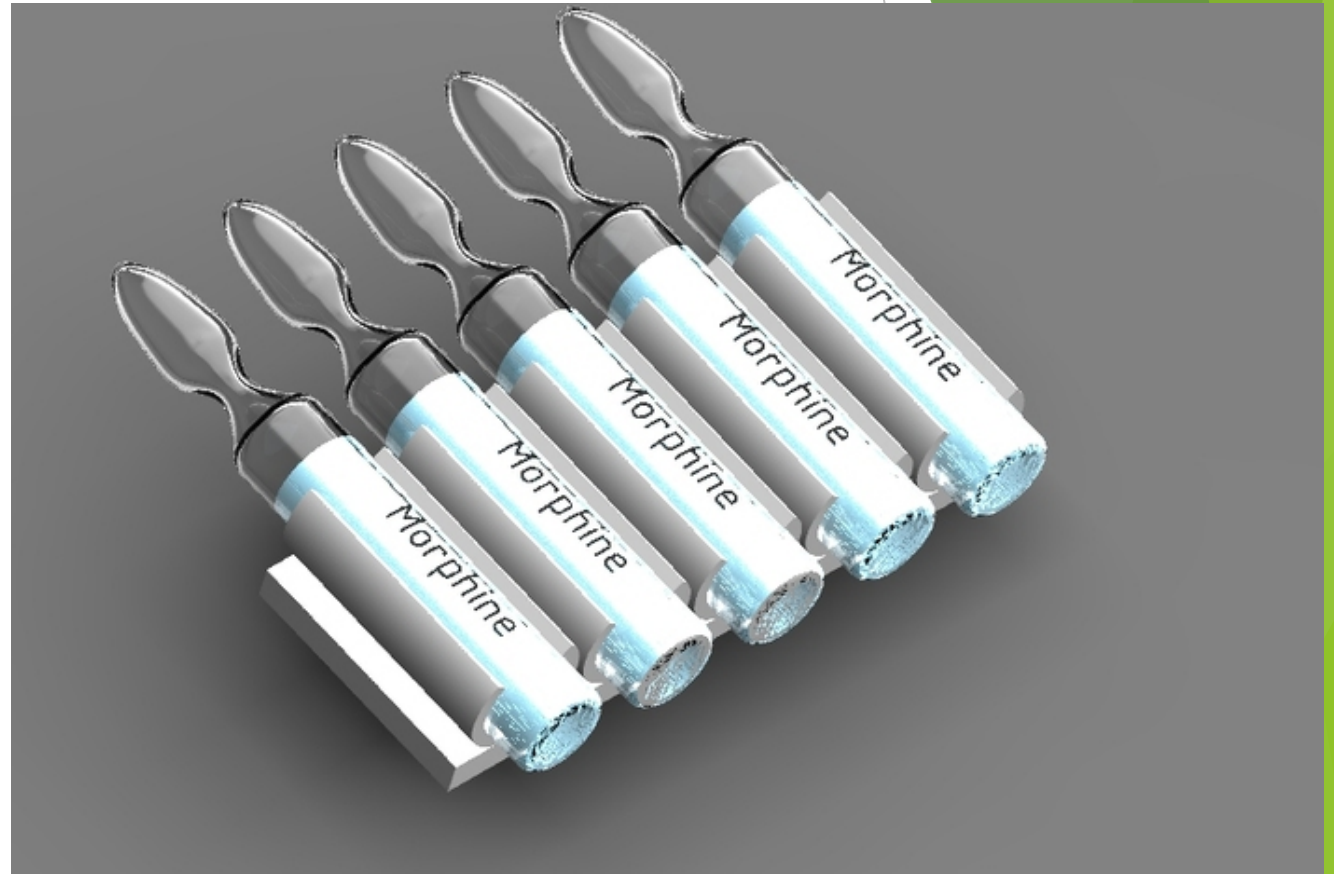


# Reduced list of controlled drugs

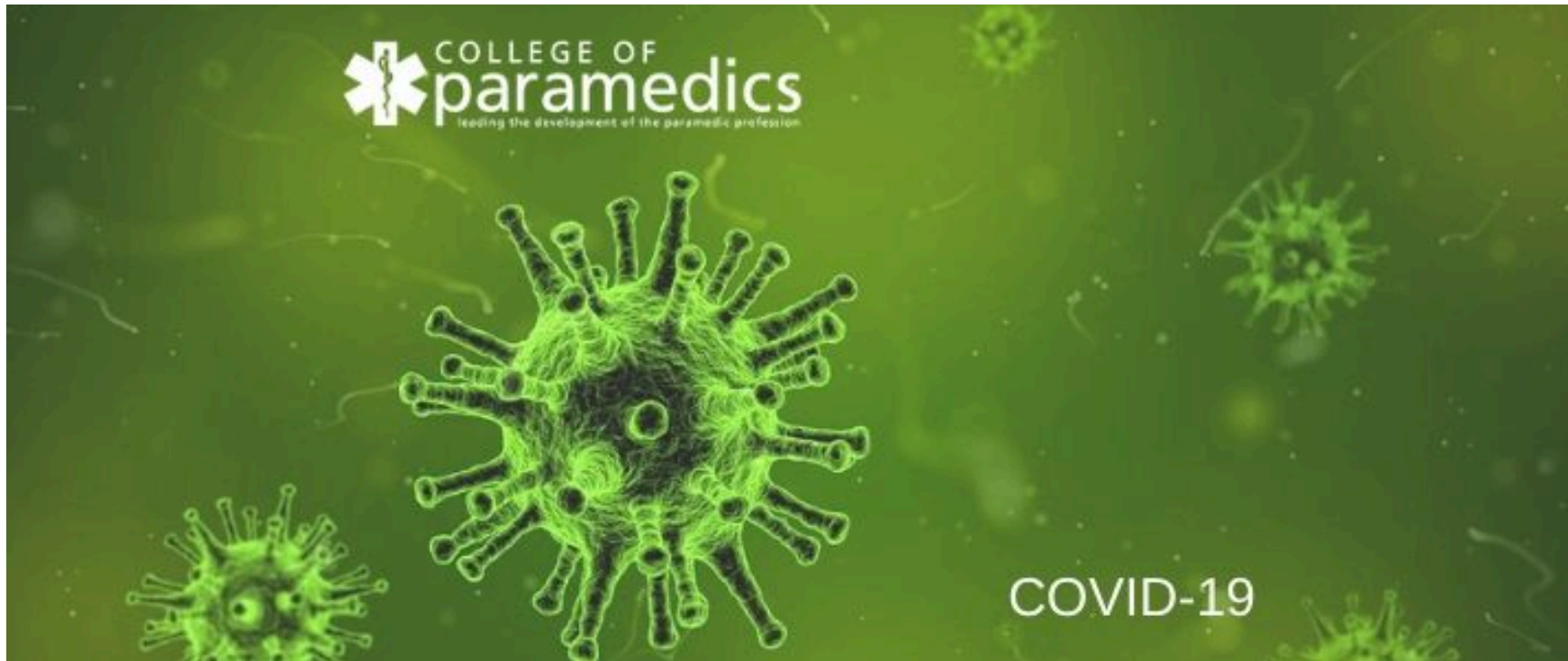
- ▶ Morphine
- ▶ Midazolam
- ▶ Lorazepam
- ▶ Diazepam
- ▶ Codeine



- ▶ Again concerns noted by this group asking much of the same questions as before. Fears about prescribing of controlled drugs in the 999 system
- ▶ The Safety of Paramedics prescribing without medical support access to records and continuing review when medications are prescribed.
- ▶ Again the ACMD was reassured that prescribing and guidance suggests strongly Paramedic Independent Prescribers will work as part of primary and secondary care multidisciplined teams
- ▶ October 2019 the ACMD approved our recommendations. We await change in legislation.



# The process stalls



# Paramedic pandemic prescribing

## Primary Care

- ▶ Remote prescribing, for many a new skill with additional hazards and pitfalls
- ▶ Inability to prescribe controlled drugs in the community for the anticipated surge in end of life care
- ▶ Adapting to the new normal
- ▶ Frustration - Fear

## Secondary care

- ▶ Inability to prescribe in end of life care.
- ▶ Paramedics working in red zones unable to get CDs signed off by other prescribers
- ▶ Morphine stock running low, inability to prescribe anything else.
- ▶ Frustration - Fear

# Challenges

- ▶ Its not a badge, with great power comes even greater personal and organizational responsibility
- ▶ Non -medical prescribing for us is in its infancy
- ▶ Our peers are watching, both medical and non- medical.
- ▶ Primary care IT systems and electronic prescribing. Solutions within the primary care systems such as VISION, EMIS and SYSTEM one now working
- ▶ We as a profession need to be patient
- ▶ Please , Support our profession

