

8 December 2020

## **Health and Care Professions Council response to NHS England's consultation on the proposal for the supply and administration of medicines using patient group directions for operating department practitioners across the United Kingdom**

### **1. Introduction**

- 1.1. The Health and Care Professions Council (HCPC) welcomes the opportunity to respond to this consultation.
- 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. Response to the consultation questions**

- 2.1. We have provided responses to the consultation questions where relevant to our role as the professional regulator of operating department practitioners (ODPs).

#### **Question 1: Should amendments to legislation be made to enable operating department practitioners to supply and administer medicines to their patients using patient group directions?**

- 2.2. Yes. We support the proposal to allow ODPs to be able to supply and administer medicines using patient group directions (PGDs).
- 2.3. Currently, ODPs can supply and administer medicines using patient specific directions (PSDs). Whilst PSDs are useful in many clinical settings and will often be sufficient to meet the needs of service users, as the consultation document highlights, there are also inherent limitations to their use. Most notably, as PSDs require direct input from an independent prescriber this can result in delays in patient care should the other health professional not be available.
- 2.4. We therefore agree that enabling ODPs to administer medicines under a PGD could help to improve patient outcomes, by ensuring more timely and streamlined provision of care. 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.

- 2.5. As this consultation document highlights, the scope of practice of ODPs has evolved beyond the traditional operating department, with many ODPs practising advanced roles traditionally reserved for medical practitioners. Indeed, the HCPC has received repeated calls from ODPs to expand their medical entitlements, as they enter into more advanced practice roles where these skills are required. Expanding the medical entitlements of ODPs to administer under PGDs will therefore align with the extended/advanced role of many ODPs and will help ensure that the workforce is being utilised to their full potential.
- 2.6. Our standards of proficiency (SOPs) for ODPs<sup>1</sup> already require the profession to have the skills, knowledge and experience to supply and administer medicines through their pre-registration education and training, and specify that ODPs understand the pharmacokinetic and pharmacodynamic effects of drugs. We understand that all pre-registration programmes include learning and assessment on the administration of medicines, which means that ODPs will already possess the foundational skills and knowledge necessary for administering under a PGD.
- 2.7. As part of our ongoing work to ensure our professions are appropriately skilled and equipped, we will launch a public consultation in January 2021 on a proposed increase to Standards of Education and Training 1 (SET 1) for ODPs. The HCPC supports increasing the entry threshold for ODPs from Diploma of Higher Education to Degree level. Our consultation document sets out the rationale for this proposal in detail but the evolution of the roles of ODPs across the UK (including the profession's medical entitlements) is a key factor.
- 2.8. 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 practice and to have received suitable training for all aspects of their role. Therefore, should legislation be amended, we would expect ODPs to complete relevant post-registration training and education to enable them to administer PGDs safely and effectively, as set by their local organisation or employer.
- 2.9. 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 ODPs to include evidence of PGD training as part of their CPD submission, to demonstrate that they can practice safely within their changing scope of practice.
- 2.10. Decisions about the medicines included in PGDs will be for local authorities, CCGs and NHS Trusts to determine. As this consultation highlights, local

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<sup>1</sup> <https://www.hcpc-uk.org/standards/standards-of-proficiency/operating-department-practitioners/>

organisations will already have governance arrangements in place to support professions using PGDs. We would expect ODPs to also comply with local arrangements and/or restrictions in place and to always act within the legal limits of their profession.

**Question 2: Should amendments to legislation be made to enable operating department practitioners to supply and administer controlled drugs to their patients using patient group directions?**

- 2.11. Yes. We believe that ODPs should be able to supply and administer certain controlled drugs to their patients using PGDs.
- 2.12. We believe that Controlled Drugs Accountable Officers (CDAOs) will play an important part in ensuring the safe and proper use of controlled drugs. Should legislation be amended, we agree that ODPs involved with the administration of controlled drugs must comply with local monitoring and/ or inspection requests of CDAOs.

**Question 3: Do you have any additional information on any aspects not already considered as to why the proposal to enable operating department practitioners to supply and administer medicines using patient group directions SHOULD 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: Do you have any additional information on any aspects not already considered as to why the proposal to enable operating department practitioners to supply and administer medicines using patient group directions SHOULD NOT go forward?**

- 2.14. 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 5: Does the Consultation Stage Impact Assessment give a realistic indication of the likely costs, benefits and risks of the proposal?**

	Yes	No	Don't know
Costs			X
Benefits	X		
Risks	X		

- 2.15. 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.

2.16. We believe that the benefits set out for the ODP profession and for patients are realistic.

2.17. 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 of the Northern Ireland Act 1998?**

2.18. No.

2.19. We believe that other stakeholders would be better placed to respond to these questions. However, we do not consider that extending the medical entitlements of ODPs would have an adverse impact on any specific group.

**Question 7: Do you feel that this proposal could impact (positively or negatively) on health inequalities experienced by certain groups?**

2.20. No.

2.21. We believe that other stakeholders would be better placed to respond to these questions. However, we do not consider that extending the medical entitlements of ODPs would have an adverse impact on any specific group.