

PROPOSALS TO AMEND GENERAL OPTICAL COUNCIL RULES TO INTRODUCE INDEPENDENT PRESCRIBING OF MEDICINES FOR OPTOMETRISTS: A CONSULTATION

Introduction

1. The General Optical Council (GOC) is consulting on proposals to amend its rules to enable optometrists to practise as independent prescribers of medicines.¹ These changes would enable optometrists to have 'independent prescribing' listed as a specialty against their name in the register of optometrists and carry out activities as independent prescribers after successful completion of a course of study approved by GOC for that purpose.
2. The proposals relate to the requirements for gaining and retaining independent prescribing specialty status, as well as the requirement for restoring that status where an independent prescriber has either come off the register of optometrists or has ceased to maintain their specialty as an independent prescriber. Proposals on what should be required in relation to Continuing Education and Training (CET) have also been considered.
3. This document outlines the way in which GOC proposes to amend its rules to introduce independent prescribing for optometrists and the reasons for the amendments. Comments are invited on all aspects of the proposals. However, we have highlighted those areas where a response would be particularly welcomed.
4. This consultation remains open for six weeks, and responses should be sent no later than **Wednesday 2nd January, 2008**. A list of those who have been sent this consultation document is attached. However, this document will also be posted on GOC's website, and GOC welcomes responses from any interested parties. If you are aware of any body or individual who you believe should be sent this document and who is not listed, please let us know and we will send them the document.

Background

5. An independent prescriber is a practitioner who is 'responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing [of medicines]'.²

¹ All references to 'independent prescribing' or 'independent prescribers' in this document relate to the independent prescribing of medicines and not other products. For a definition of independent prescribing see paragraph 5 below.

² See MHRA, Consultation on Proposals to Introduce Independent Prescribing by Optometrists, MLX 334, August, 2006, paragraph 19.

6. In March 1999, the final report of the Review of Prescribing, Supply and Administration of Medicines by Dr June Crown recommended that optometrists should be granted independent prescribing responsibilities.

7. In August 2006, The Medicine and Healthcare Products Regulatory Agency (MHRA) and the Department of Health (DH) jointly consulted on the proposal to introduce independent prescribing for optometrists. The MHRA and DH consulted on a number of options on how this might be introduced:

Option 1: No Change

Option 2: Prescribing for certain ocular conditions from a limited formulary

Option 3: Prescribing for any ocular condition from a limited formulary

Option 4: Prescribing any licensed medicine for certain ocular conditions

Option 5: Prescribing any licensed medicine for any ocular condition.

8. Following the consultation, the Commission for Human Medicines (CHM) established a working group to consider the matter further. The working group did not favour the linking of the scope of independent prescribing to an approved formulary, as used to be the case with nurse independent prescribers. With nurse independent prescribing there had been the need for constant revision and updating of the formulary which had proved impracticable. Rather, the working group favoured restricting the scope of optometrist independent prescribing by reference to competence – this is the approach now taken with regard to nurse and pharmacist independent prescribing.

9. In addition to the requirement to undertake approved training including assessment against core prescribing competencies, it was noted that optometrist prescribing would be underpinned by comprehensive clinical management guidelines, evidence-based where possible, drawn up in collaboration between practising ophthalmologists and optometrists. The competencies and guidelines would provide a reference point in establishing the normal expertise and competence of an independently prescribing optometrist. These could be taken into account in fitness to practise proceedings, along with other particularities regarding an optometrist's circumstances which may be relevant to determining the scope of their expertise, should an allegation be made that an optometrist had undertaken prescribing activities outside of his or her expertise and competence.

10. In the light of the above, the following proposal was made by the working group and accepted by the CHM on the 15th June 2007:

'[Optometrist independent prescribers be able to]...prescribe any licensed medicine for ocular conditions, affecting the eye and adnexa, within the recognised area of expertise and competence of the optometrist.'

11. Ministers have agreed to proceed on this basis, and necessary amendments are now in the process of being made to the Prescription Only Medicines (Human Use) Order 1997 and related medicines legislation. It is expected that these changes will be laid before Parliament in Spring 2008.

12. In addition to changes to the medicines legislation, GOC will need to make changes to its rules to establish an appropriate regulatory framework for independent prescribing by optometrists. Such rules have been considered by GOC's Therapeutics Working Group and are the subject of this consultation. The Working Group will

consider the responses to this consultation and will report to GOC's Standards Committee on its findings. Standards Committee will then make a recommendation to Council. It is planned that Council will make the relevant rules in March 2008. The rules, once made by Council, will then require Privy Council approval.

Proposed Changes to the GOC Rules

New Specialty

13. Rule 10 of the Registration Rules 2005 already identifies two areas of specialty which may be entered against a registrant's name in the register of optometrists – additional supply specialty and supplementary prescribing specialty. It is proposed that an amendment be made to Rule 10 to introduce a new specialty called 'Independent prescribing specialty'. This will enable the identification of those on the register of optometrists who are able perform the work and activities of an independent prescriber. As such, an additional row would be added to the table in Rule 10 as follows:

	Column 1 Category of person	Column 2 Specialty	Column 3 Work or activities
D	Registered Optometrist	Independent Prescribing Specialty	The prescribing or supplying of drugs, medicines and appliances in accordance with...[the wording to reflect the words used in the amended Prescription Only Medicines (Human Use) Order 1997]

Question 1: Do you agree that the Registration Rules should be amended to create a new specialty called 'Independent prescribing specialty'?

Practical Experience

14. It is proposed that, given the particular public safety concerns that arise from the prescription of medicines, amendments should be made to the Registration Rules so that it would be necessary for those applying for the specialty to be entered on the register, for retention or restoration of the specialty, to have gained adequate practical experience. This will provide an assurance that those with independent prescribing specialty have gained and maintained their competence through actively engaging in prescribing activity as well as undertaking CET and other developmental activities.

Question 2: Do you agree that the Registration Rules should be amended to require those applying for the specialty to be entered on the register, for retention or restoration of the specialty to have had adequate practical experience?

Multiple Specialty

15. Given the overlap in competencies for additional supply, supplementary prescribing and independent prescribing specialties, it is proposed that:

- (a) where a registrant has the supplementary prescribing specialty, he or she should be able to carry out the work and activities allowed under the additional supply specialty;
- (b) where a registrant has the independent prescribing specialty, he or she should be able to carry out the work and activities allowed under the supplementary prescribing and the additional supply specialty.

16. This will be supported by the way in which GOC approves qualifications leading to the specialties. Thus, qualifications leading to supplementary prescribing specialty will have to cover all the relevant competencies for both supplementary prescribing and additional supply specialty to receive approval from GOC. Similarly, qualifications leading to independent prescribing specialty will have to cover all the relevant competencies for independent prescribing, supplementary prescribing and additional supply.

17. It is proposed that the basic structure of the three specialties be maintained. In order that independent prescribers are able to carry out the work and activities of the other specialties, it will be necessary for such registrants to maintain all three specialties. GOC would routinely grant supplementary prescribing and additional supply specialties when registering someone with independent prescribing specialty, and similarly would grant additional supply specialty when registering someone with supplementary prescribing specialty.

Question 3: Do you agree that GOC registered supplementary prescribers should be able to carry out the work and activities allowed under the additional supply specialty?

Question 4: Do you agree that GOC registered independent prescribers should be able to carry out the work and activities allowed under the supplementary prescribing and additional supply specialties?

Continuing Education and Training (CET)

18. Whilst, under the proposals above, it will be necessary to maintain specialties in each area to be able to carry out the work and activities related to each, it is not proposed that a registrant should have to complete multiple sets of CET specialty points where he or she has two or more therapeutics specialties. Therefore, it is proposed that the Continuing Education and Training Rules 2005 be amended to allow for only one set of CET points to be acquired in the CET period where the registrant has two or more such specialties. CET events would be badged under the generic title of 'therapeutics' rather than separately under the 'additional supply', 'supplementary prescribing' and 'independent prescribing' titles.

Question 5: Do you agree that registrants with two or more therapeutics specialties should only be required to acquire one set of CET specialty points?

Duty to refer to a medical practitioner

19. The Rules Relating to Injury or Disease of the Eye 1999 places a duty on registered optometrists and dispensing opticians to refer patients who appear to be suffering from an injury or disease of the eye to a registered medical practitioner. The Rules provide for exceptions to this duty, e.g. where a registrant is satisfied that a referral should be made to some one other than a registered medical practitioner with appropriate qualifications to treat the patient, or where the registrant judges there is no justification for such a referral, subject to certain conditions being satisfied.

20. Those with supplementary prescribing specialty are, in certain circumstances (specifically that they are acting under the direction of a registered medical practitioner) exempted from the duty to refer to a registered medical practitioner). It is proposed that independent prescribers should be exempted from the duty to refer

21. Any independent prescriber who did not refer in circumstances beyond their competence, would fall foul of the provision in the Code of Conduct that registrants must “recognise the limits of his or her professional competence”. Thus, failure to refer in these circumstances, could lead to fitness to practise proceedings.

Question 6: Do you agree that those with independent prescribing specialty should be exempted from the duty to refer those who appear to be suffering from injury or disease from the eye to a registered medical practitioner?

How to respond

25. Please send your response to jlevett@optical.org or they may be addressed to: Jon Levett, Director of Standards, General Optical Council, 41 Harley Street, London W1G 8DJ. Comments must arrive no later than **Wednesday 2nd January, 2008**.

CONSULTEES

ABDO College
Action Against Medical Accidents
Age Concern Cymru
Age Concern England
Age Concern Northern Ireland
Age Concern Scotland
Anglia Ruskin University
Association of British Dispensing Opticians
Association of contact Lens Manufacturers
Association of Optometrists
Aston University
Bradford College
British Contact Lens Association
Cardiff University
Chief Medical Officer
Chief Medical Officer Wales
Chief Nursing Officer
City & Islington College
City University
College of Optometrists
Commission for Public & Patient Involvement in Health
Consumers' Association
Council for Healthcare Regulatory Excellence
Diabetes UK Central Office
Diabetes UK Cymru
Diabetes UK Northern Ireland
Diabetes UK Scotland
Eastern Health and Social Services Board
European Council for Optometry & Optics
Eyecare Trust
Federation of Manufacturing Opticians
Federation of Ophthalmic and Dispensing Opticians
Fight for Sight

General Chiropractic Council
General Dental Council
General Medical Council
General Osteopathic Council
General Social Care Council
Glasgow Caledonian University
Guide Dogs for the Blind Association
Healthcare Commission
Health Professions Council
Help the Aged Belfast
Help the Aged Cardiff
Help the Aged London
Help the Aged Edinburgh
International Glaucoma Association
Kings Fund
National Association of Citizen's Advice Bureaux
National Consumer Council
National Patient Safety Agency
NHS Scotland
Northern Health & Social Services Board
Northern Ireland Social Care Council
Nursing and Midwifery Council
Optical Consumer Complaints Service
Optometry Northern Ireland
Optometry Scotland
Optometry Wales
Patients' Association
Patients Forum
Pharmaceutical Society of Northern Ireland
Royal College of Ophthalmologists
Royal National Institute of Blind People
Royal Pharmaceutical Society of Great Britain
Scottish Consumer Council
Southern Health & Social Services Board
University of Bradford

University of Manchester

University of Ulster

Welsh Consumer Council

Western Health & Social Services Board

Worshipful Company of Spectacle Makers