Consultation questions

Individual respondents must live or work in the UK to take part in this survey. Organisations must operate or provide services in the UK.

About you

In what capacity are you responding to this survey?

- An individual sharing my personal views and experiences
- An individual sharing my professional views
- **On behalf of an organisation**

Questions for organisations

What is the name of your organisation? **School of Health Sciences, University of Southampton**

What type of organisation are you responding on behalf of?

- Business
- Not for profit organisation
- **Academic institution**
- Public sector body
- Other, please specify

Where does your organisation operate or provide services?

Select all that apply.

- **England**
- Wales
- Scotland
- Northern Ireland
- The whole of the UK
- Outside the UK

Which professions would you like to answer questions about?

Select all that apply.

- **Paramedics**

- Physiotherapists
- Operating department practitioners
- Diagnostic radiographers

Section 1: paramedics

The following questions are about enabling paramedics to administer 7 additional medicines to their patients under exemptions in schedule 17 of the HMRs.

To what extent do you agree or disagree with the proposal to enable paramedics to administer lorazepam (by injection) to their patients using exemptions?

- **Strongly agree**
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree with the proposal to enable paramedics to administer midazolam (by injection) to their patients using exemptions?

- **Strongly agree**
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree with the proposal to enable paramedics to administer 3 forms of fentanyl (oral transmucosal, intranasal and intravenous) to their patients using exemptions?

- **Strongly agree**
- Agree
- Neither agree nor disagree

- Disagree
- Strongly disagree
- Don’t know

To what extent do you agree or disagree with the proposal to enable paramedics to administer dexamethasone to their patients using exemptions?

- **Strongly agree**
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know

To what extent do you agree or disagree with the proposal to enable paramedics to administer magnesium sulfate to their patients using exemptions?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- **Don’t know**

To what extent do you agree or disagree with the proposal to enable paramedics to administer tranexamic acid to their patients using exemptions?

- **Strongly agree**
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know

To what extent do you agree or disagree with the proposal to enable paramedics to administer flumazenil to their patients using exemptions?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- **Don't know**

If you have any further views on this proposal, please outline them here. (Optional, maximum 150 words) – 131

Extending medicines under exemption will include the potential to enable more timely access to essential medications at end of life. However, our ParAid Study data [1-3] suggests that competent supply and administration of medicines in this context is dependent on education and training in palliative and end of life care which is currently very limited at undergraduate and CPD/Trust levels.

Paramedics can administer midazolam for agitation at the end of life when prescribed for patients as part of their 'just in case' medicines (in 10 of 11 ambulance services in England). However, midazolam on exemption would support more timely access for patients who do not have the medication available in the home. The ability to administer dexamethasone may also help at end of life without the burden of prescribing or PGDs.

Paramedics are already qualified to use exemptions upon registration with HCPC. Paramedics using exemptions would be further supported by national guidance, local clinical governance arrangements and professional regulation, as detailed in the 'Training and governance for paramedics' section of this consultation document.

To what extent do you agree or disagree that the training and governance measures for paramedics are sufficient to keep patients safe?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- **Don't know**

If you have any further views regarding training and governance for paramedics, please outline them here. (Optional, maximum 150 words) – 147 words

Findings from the ParAid Study demonstrate a significant need for palliative and end of life care training to support patients and to develop paramedic confidence and competency in medicines administration in this context. From our survey respondents (920 ambulance paramedics across all English ambulance services) 23% (213) responded *always* or *often* not feeling confident with medicines, and 36% (332) responded *sometimes* not feeling confident with medicines. Such training would need to be included within undergraduate education and by trusts/ambulance services.

Our data highlight that currently access to and uptake of palliative and end of life specific training is limited and often required to be self sought-out and done in paramedics own time.

Local governance arrangements are often in place, but due to the complex range of routes by which paramedics can supply and administer different medicines, paramedics often lack awareness of what they are permitted to administer.

If you have any other comments regarding the medicines responsibilities of paramedics, please include them here. (Optional, maximum 150 words) - 102

Our data also indicate that access to patient healthcare records and medicines authorisation and administration records (MAARs) are important to assisting paramedics in administrating medicines in this context. Yet in practice access is limited 40% (364) *always* or *often* had no access to a MAAR and 34% (313) *sometimes* had no access to it.

Healthcare records access can be restricted to ambulance electronic patient records where a patient has had previous ambulance callouts and/or summary care records. It is important that improved access to digital shared healthcare records is enabled for safer medicines administration, alongside access to medicines authorisation and administration records.

If you have any comments or evidence relating to the accompanying impact assessment, please include them here. (Optional, maximum 150 words) – 122 words

The inclusion of intravenous, oral transmucosal and nasal fentanyl in paramedic exemptions will facilitate administration in the palliative and end of life context where patients have renal failure or where morphine is contraindicated.

Nonetheless we note that unfortunately the subcutaneous route of administration is not included in the consultation.

The ability to administer medicines via additional routes e.g. transmucosal and intranasal will improve symptom control, patient experience and outcomes. We recommend that transmucosal lorazepam is included in the exemption.

To reduce burden, we also recommend that medication for nausea and vomiting (e.g. cyclizine) and for respiratory secretions (e.g. hyoscine butylbromide) are included in this or future exemptions. These are additional yet essential medication groups for effective symptom management at end of life.

Section 5: legal considerations

The following questions are regarding our assessment of the Secretary of State's statutory duties in relation to our proposal.

Do you agree or disagree with our initial conclusions about the impact that the proposals will have in terms of the statutory duties of the Secretary of State?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- **Don't know**

If you have any further views regarding the statutory duties of the Secretary of State, please outline them here. (Optional, maximum 150 words) – 100

References:

1. **Campling N, Latter S, Turnbull J, Richardson A, Scott-Green J, Voss S, Dickerson I. (2023–2025) ParAid Study: Paramedic delivery of end-of-life care - a mixed methods evaluation of service provision and professional practice. Funded by Marie Curie Research Grants Scheme.** https://www.southampton.ac.uk/research/projects/paramedic-delivery-of-end-of-life-care-a-mixed-methods-evaluation-of-service

2. **Campling, N., Turnbull, J., Richardson, A. *et al. (2024)* Paramedics providing end-of-life care: an online survey of practice and experiences. *BMC Palliative Care* 23, 297. https://doi.org/10.1186/s12904-024-01629-7**

3. **Campling N, Miller E, Latter S (2025). How pharmacists can make a difference to end of life medicines access in ambulance services. *The Pharmaceutical Journal* 314, 7998. https://pharmaceutical-journal.com/article/opinion/how-pharmacists-can-make-a-difference-to-end-of-life-medicines-access-in-ambulance-services**

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