Comment from College of Paramedics related to consultation on rescheduling of Ketamine

The College supports the Advisory Council on the Misuse of Drugs recommendation (option 2 in the consultation document) to reclassify Ketamine to Schedule 2 from Schedule 4 within the Misuse of Drugs Regulations 2001. We agree that this would tighten overall control and reduce the abuse potential related to this drug. Furthermore the additional requirements that this would place on ambulance services and paramedic users are minimal as Ketamine is already strictly controlled within these environments.

Ketamine has a valuable use in paramedic practice in certain situations where rapid analgesia is required. In these cases the drug is administered within the framework of a Patient Group Direction (PGD). An important implication of the reclassification would be that, as with most Schedule 2 drugs, Ketamine will no longer be available for use under a PGD and this will need to be addressed if the appropriate clinical use of this analgesic is to be maintained. The College would advocate making the necessary change to the relevant regulation and exemption. Two possible options are to make Ketamine an exemption from this restriction on PGDs in the same way that morphine and diamorphine are so exempted for registered nurses and pharmacists. Alternatively Ketamine could be made available for administration through the Home Office Authority for Paramedics; this currently includes morphine and diazepam for example and Ketamine could be added to the list.

For the future if paramedic independent prescribing goes through in the way supported by the College (there will be public consultation on the proposed changes to the legislation) then paramedics with this status will also be able to administer Ketamine on their own authority or authorise someone else to administer the drug. However this will not solve the problem unless there is a paramedic independent prescriber always available in the type of situation where Ketamine is needed and in view of the limited number of prescribers that there are likely to be this probably would not suffice. Furthermore there is no certainty that the legislation regarding independent prescribing will move forward and even if it does it won't be in place for at least another year.

Overall therefore the College suggests that an exemption as described above will be required if Ketamine is going to continue to be used as now after reclassification.

College of Paramedics
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