



Home Office

# **PROPOSED CONSOLIDATION OF THE MISUSE OF DRUGS REGULATIONS 2001, INCLUDING AMENDMENTS TO SPECIFIC PROVISIONS, AND PROPOSALS RELATING TO THE GOVERNMENT'S RESPONSE TO REMAINING SHIPMAN INQUIRY RECOMMENDATIONS**

A consultation paper  
05 August 2011

## Introduction

This consultation seeks your views on the Government's proposals to consolidate the Misuse of Drugs Regulations 2001 (as amended) (the 2001 Regulations), and to conduct a review of specific provisions under the 2001 Regulations to ensure that the regulatory framework on controlled drugs is effective, reflects current policy and keeps pace with an ever changing healthcare landscape, particularly with new healthcare professionals and settings in which care is provided. The proposals have been prepared in discussion with the Advisory Council on the Misuse of Drugs, the independent body established to advise the Government on drug misuse issues.

Responses should arrive no later than 28 October 2011.

## Objective

To consolidate the 2001 Regulations and make clarifying amendments to existing provisions to ensure the regulations are comprehensive and fit for purpose, and thereby reflect the current policy on controlled drugs available in healthcare and similar settings.

Key questions for each proposal;

1. Do you agree with the proposal?
2. Do you agree with the impact assessment of the proposal?
3. Are you aware of any further impact on healthcare professionals or institutions and industry as a result of the proposal?
4. Where the proposal impacts healthcare professionals, healthcare institutions or sector it will be helpful if you quantify the burden or savings and the corresponding cash costs or saving per month or year to inform the full impact assessment?

# Proposal

**THESE PROPOSALS HAVE BEEN DEVELOPED BY THE HOME OFFICE IN CONSULTATION WITH THE DEPARTMENT OF HEALTH. THEY ARE AIMED AT THE SAFE MANAGEMENT OF CONTROLLED DRUGS IN HEALTHCARE AND THE COMMUNITY BY BRINGING INTO ONE LEGISLATIVE DOCUMENT THE PROVISIONS UNDER THE 2001 REGULATIONS AND AMENDING SPECIFIC PROVISIONS WHERE THERE IS A CLEAR AND COMPELLING PROFESSIONAL AND/OR POLICY NEED. THE HOME OFFICE HAS IDENTIFIED THREE OPTIONS**

## **OPTION 1: DO NOTHING**

3. This option maintains the status quo, meaning the current provisions under the 2001 Regulations will continue to remain set out in the nineteen statutory instruments which currently contain provisions under the 2001 Regulations.

## **OPTION 2: CONSOLIDATE THE MISUSE OF DRUGS REGULATIONS 2001 (AS AMENDED)**

4. This option will consolidate the 2001 Regulations bringing the current provisions under the 2001 Regulations, contained in nineteen statutory instruments, into a single legislative document.

## **REASONS FOR THE PROPOSAL**

5. Since the introduction of the 2001 Regulations in February 2002, there have been eighteen amendments (fourteen of these substantive) to the original statutory instrument – the 2001 Regulations – to reflect policy changes and clarify provisions under the regulations. This has led to the provisions in the 2001 Regulations being fragmented, complex and can be at times difficult to follow.
6. The proposal to consolidate the 2001 Regulations will ensure that the regulations continue to be comprehensive, fit for current purpose and reflect current policies in relation to drugs controlled under the Misuse of Drugs Act 1971 (the 1971 Act) which are also scheduled under the 2001

Regulations. However, this option will not ensure that the provisions under the 2001 Regulations fully reflect current policy on controlled drugs.

## **OPTION 3: CONSOLIDATE THE MISUSE OF DRUGS REGULATIONS 2001 (AS AMENDED) AND AMEND SPECIFIC PROVISIONS TO REFLECT CURRENT POLICY ON CONTROLLED DRUGS.**

7. Option 3 is the preferred option and therefore the subject of this consultation. This option consolidates the 2001 Regulations as in option two (2) and includes the following proposed specific amendments to the 2001 Regulations.

## **AMENDMENT TO EXEMPT DESIGNATED BODIES AND PRISONS FROM REQUISITION REQUIREMENTS UNDER REGULATION 14(4) AND 14(5) OF THE 2001 REGULATIONS**

8. It is proposed to exempt designated bodies - hospices - and prisons from the requisition requirements under Regulation 14 of the 2001 Regulations.

## **REASONS FOR THE PROPOSAL**

9. Designated bodies - hospices - and prisons are currently required under the 2001 Regulations to present a Regulation 14 compliant requisition when ordering controlled drugs. Most hospices and prisons have contracts to receive their controlled drug supplies from a community pharmacy or from hospital pharmacies and have historically used duplicate books for their requisitions of controlled drugs. The requirement to present a requisition is not only a cumbersome process for these settings, but also is potentially less robust than the previous audited systems. This is because the forms replace the consolidated system of duplicate books previously used by a system based on loose sheets of paper. The use of stock controlled drugs is a routine part of the service of designated bodies and so the number of these forms to be managed is seen as an added risk factor.

10. Current methods of data capture using forms makes it difficult for any individual practitioner requisition data, within these environments, to be analysed as a result of the significant volume of hospice and prison controlled drug activity. The high volume of controlled drug activity masks the true level of requisition activity of individual practitioners in a given area. The proposed changes will ensure that requisition data provided to the NHS Business Services Agency and the subsequent analysis are more robust and reflect the original policy intent of capturing requisition activity by individual practitioners. Monitoring of requisition activity within these sectors will fall to Accountable Officers through their oversight of controlled drugs and therefore requisition activity, and the use of Standard Operating Procedures to deal with issues, such as retention of duplicate copies, following implementation of these proposals. As part of their registration requirements, Accountable Officers also have a duty to retain records of requisition activity within their areas. This will ensure an effective auditing and monitoring regime exists for these sectors when this exemption comes into force.

**AMENDMENTS TO INCLUDE PARAMEDICS AND OPERATING DEPARTMENT PRACTITIONERS IN THE LIST OF HEALTHCARE PROFESSIONALS WHO MUST PRESENT A REQUISITION IN ORDER TO OBTAIN CONTROLLED DRUGS FROM A SUPPLIER**

11. It is proposed to include paramedics and operating department practitioners in the list of professions required to present a requisition in order to obtain controlled drugs under Regulation 14(4) of the 2001 Regulations.

**REASONS FOR THE PROPOSAL**

12. The 2001 Regulations currently list a number of professionals who need to present a requisition in order to obtain controlled drugs. The provision under the 2001 Regulations enables the capture of data on requisition activity by individual healthcare professionals. Paramedics are currently permitted to possess and administer or supply certain controlled drugs under a Home Office Group Authority issued under the 2001 Regulations or under a Patient Group Direction. Some paramedics work both within the NHS and in a private capacity where they acquire the controlled drugs which they are able to possess and supply or administer through community pharmacies. Paramedics are currently not required to present a requisition in order to obtain these drugs, although this is encouraged as best practice. The proposed changes will put paramedics on the similar footing to other healthcare professionals, ensuring that their requisition activity can be monitored in line with the overarching aims of The Fourth Report of the Shipman Inquiry on requisitions.
13. Operating Department Practitioners (ODPs) have authority under the 2001 Regulations to possess and supply controlled drugs when acting in that capacity. However, ODPs currently do not have explicit authority under the regulations to requisition controlled drugs. The proposed amendments will bring ODPs in line with the other healthcare professionals currently listed under Regulation 14 of the 2001 Regulations, confirming ODP's authority to requisition the controlled drugs they need when acting in that capacity and within a hospital setting. In addition to enabling ODPs to acquire controlled drugs, the proposals will also place a requirement on ODPs to present a requisition when ordering controlled drugs which will allow the capture and monitoring of individual requisition activity by ODPs within the hospital setting when required.

## **AMENDMENTS TO EXTEND AUTHORITIES APPLICABLE TO SENIOR REGISTERED NURSES IN CHARGE OF WARDS TO REGISTERED MIDWIFE WARD MANAGERS**

14. It is proposed to provide registered midwife ward managers with similar authorities to those currently applicable to senior registered nurses in charge of a ward under Regulations 8, 9 and 10 of the 2001 Regulations.

### **REASONS FOR THE PROPOSAL**

15. Regulations 8(2)(e) and 9(3)(c) of the 2001 Regulations currently provide authority to senior registered nurses in charge of a ward, when acting in that capacity, to supply or offer to supply controlled drugs to patients in the case of a drug supplied to them by a person responsible for dispensing and supply of medicines in a hospital. Under Regulation 10, senior registered nurses in charge of wards have authority to possess the relevant controlled drugs.
16. Some maternity wards are managed by registered midwives who do not hold registration as a nurse. This may be because they have undertaken direct entry training as a midwife and have not trained as nurse or have terminated their nursing registration as a result of becoming a midwife. This means that under current provisions, the authority for these registered healthcare professionals to possess and supply or offer to supply controlled drugs is absent. The proposed change, when implemented, will ensure registered midwife ward managers have the same authority and responsibility in relation to controlled drugs supplied to them for patients in a maternity ward as already applies to senior registered nurses in charge of a ward.

## **AMENDMENTS TO MAKE IT A REQUIREMENT TO INCLUDE THE ROYAL COLLEGE OF VETERINARY SURGEON NUMBER ON PRESCRIPTIONS FOR SCHEDULES 2 AND 3 CONTROLLED DRUGS (EXCEPT TEMAZEPAM)**

17. It is proposed to amend Regulation 15(1)(ab) to make it mandatory for veterinary practitioners to include their Royal College of Veterinary Surgeon number on prescriptions for Schedules 2 and 3 controlled drugs except temazepam.

### **REASONS FOR THE PROPOSAL**

18. One of the key recommendations of The Shipman Inquiry was for private prescriptions for Schedules 2 and 3 controlled drugs in the community to include the prescriber's identification number issued by the Primary Care Trust. This recommendation was implemented for human healthcare by Regulation 15(1)(ab) of the 2001 Regulations which came into force on 1 January 2007. Veterinary prescriptions are private prescriptions. However, there is currently no requirement for veterinary practitioners to include a unique identification code when prescribing Schedules 2 and 3 controlled drugs to better enable activity in this sector to be monitored if required. The proposed amendment will bring the veterinary sector in line with human healthcare sector, improving the ability to collate data on individual prescribing activity for the veterinary sector for monitoring when required.

### **AMENDMENTS TO REMOVE THE REFERENCE TO THE NATIONAL HEALTH SERVICE (SCOTLAND) ACT 1978 FROM REGULATION 14(5) OF THE 2001 REGULATIONS**

19. It is proposed to remove the reference to the National Health Service (Scotland) Act 1978 from Regulation 14(5)(b) of the 2001 Regulations and to transfer responsibility for signing statements supporting requisitions by masters of foreign ships under these provisions to persons appointed by Scottish National Health Service Boards.

### **REASONS FOR THE PROPOSAL**

20. Regulation 14(5)(b) requires a requisition furnished for the purposes of obtaining a controlled drug, for stock purposes, by a master of a foreign ship within the jurisdiction of Scotland to contain a statement signed by the medical officer designated under section 14 of the National Health Service (Scotland) Act 1978 (the 1978 Act) by the health board within whose jurisdiction the ship is. The 1978 Act has been repealed. This proposal removes the reference to the repealed Act from the 2001 Regulations. In consultation with Scottish Government officials it is proposed that the Scottish National Health Service Boards would take on responsibility for statements supporting requisitions. Following further consultation, Scottish Government officials propose that Maritime and Coastguard Agency Approved Doctors will now take on the responsibility for signing statements supporting requisitions for controlled drugs.

### **AMENDMENTS TO CLARIFY THAT REGULATION 15(3) OF THE 2001 REGULATIONS DOES NOT APPLY TO PRISONS**

21. It is also proposed to clarify that Regulation 15(3) – which enables a prescription for Schedules 2 and 3 controlled drugs for the treatment of a patient in a hospital or care home to be written on the patient's bed card – is not applicable to prisons and that a 2001 Regulation compliant prescription needs to be completed.

### **REASONS FOR THE PROPOSAL**

22. In the absence of specific provisions relating to prisons, provisions under the 2001 Regulations applicable to hospitals and care homes are applied disparately across the sector. As a result, prescriptions for controlled drugs are, in some prisons, written on patient record sheets. There is a huge amount of movement of prisoners between prisons with the effect that on transfer, prisoners are unable to take copies of their prescriptions to ensure they have continuity in their care or treatment. This is more important when prisoners are transferred over the weekend and therefore have to wait till the following week before they are able to see a practitioner and have a new prescription issued in the receiving prison. This raises serious issues of continuity of care and patient safety. The proposed change will make it mandatory for Schedules 2 and 3 controlled drug prescriptions in the offender health sector to be written on prescription forms compliant with requirements under the 2001 Regulations which can be transferred with the prisoner to enable continuity in patient care and treatment.

## **AMENDMENTS TO EXTEND AUTHORITIES APPLICABLE TO SENIOR REGISTERED NURSES IN CHARGE OF WARDS TO SENIOR REGISTERED NURSES IN CHARGE OF PRISON HEALTH CENTRES**

23. It is proposed to extend the authorities currently applicable to senior registered nurses in charge of wards to senior registered nurses in charge of prison health centres.

### **REASONS FOR THE PROPOSAL**

24. Most prisons do not have an on-site pharmacy or a pharmacist on the premises for a significant amount of time. Where there is an on-site pharmacy the pharmacist, having the legal authority to obtain and possess controlled drugs, takes responsibility for controlled drugs management in the pharmacy and for the management around the prison. Where there is no on-site pharmacy, a doctor will be the legally responsible person for signing requisitions etc. Medical services are usually provided with one or more doctors providing sessions in the prison. As a result, there is usually no one person who can take personal responsibility for controlled drugs in a consistent manner. This makes governance arrangements in prisons without a pharmacy less than ideal.
25. The head of healthcare in a prison is usually a senior registered nurse. Where the head of healthcare is not a registered healthcare professional, they will not be able to assume any responsibility for the management of controlled drugs. In prisons with no on-site pharmacy, it is considered that better governance would be enabled if the senior registered nurse, as head of healthcare, was authorised to possess and supply controlled drugs and as a result made responsible for these drugs within the prison as occurs in the case of a care home.



# Further proposals - general

## **IN ADDITION TO THE SPECIFIC PROPOSALS ABOVE THE HOME OFFICE ALSO PROPOSE TO MAKE THE FOLLOWING GENERAL AMENDMENTS TO THE 2001 REGULATIONS AND WOULD WELCOME COMMENTS ON THESE PROPOSALS.**

### **INCLUSION OF PRISONS IN THE 2001 REGULATIONS**

26. It is proposed to include prisons in the 2001 Regulations to provide clarity on the specific provisions applying to the offender health environment.

#### **REASONS FOR THE PROPOSAL**

27. There is currently no explicit mention of prisons or the offender health environment in the 2001 Regulations, although most authorised healthcare professionals working in institutions falling under this definition requisition, stock and supply or administer a number of controlled drugs mainly for the treatment of addiction or maintenance of substance misuse. However, the provisions under the 2001 Regulations apply equally to healthcare professionals working in these institutions. This causes confusion when deciding which provisions specifically apply to this environment and therefore any related exemptions under the 2001 Regulations.
28. The proposed amendments will help to ensure that specific reference is made to prisons or the offender health environment, where needed. This would make provisions applicable to these institutions easily identifiable, and will provide clarity for practitioners and offender health institutions, ensuring that the management of controlled drugs within the offender health environment are carried out under the terms of the applicable provisions.

### **MIDWIFE SUPPLY ORDERS**

29. It is proposed to amend the 2001 Regulations to make midwife supply orders specific to a patient.

#### **REASONS FOR THE PROPOSAL**

30. The Midwives Supply Order (MSO) was devised in 1985 to ensure that midwives had legal and monitored access to opiate drugs for home birth, using exemptions to administer the drug without prescription. Currently, under Regulation 11 of the Misuse of Drugs Regulations 2001, a midwife has the authority to possess “any controlled drug which she may, under and in accordance with the provisions of the Medicines Act 1968 .... ‘lawfully administer’” provided the controlled drugs have been obtained via a midwives supply order, signed by an “appropriate medical officer” i.e. a doctor or head of midwives.’
31. Due to a number of concerns regarding the risks of diversion of controlled drugs and to midwives operating in the community, the ACMD has supported the historical proposal by the Nursing and Midwifery Council (NMC) to update the current arrangements to make the MSO patient, rather than midwife, specific. This will place the Midwife Supply Order on a similar footing to a prescription i.e. when dispensed the controlled drugs become the patient’s property and therefore their responsibility rather than the responsibility of the midwife and removing the risks associated with midwives having to carry controlled drug stock.

## **AMENDMENTS TO PROVIDE AUTHORITY TO AMBULANCE TRUSTS TO POSSESS AND SUPPLY CONTROLLED DRUGS TO PARAMEDICS EMPLOYED BY THE TRUST**

32. It is proposed to provide authority, under the 2001 Regulations, to enable Ambulance Trusts to possess and supply controlled drugs.

## **REASONS FOR THE PROPOSAL**

33. The current provisions around supply, requisition and possession of controlled drugs do not fit well with current needs and practice of Ambulance Trusts. NHS Hospital Trusts and care homes are currently authorised under Regulations 8 and 9 of the 2001 Regulations to possess and supply controlled drugs to healthcare professionals employed by the Trust. This allows for a robust system to monitor controlled drug use within hospitals and care homes.

34. In the absence of a similar authority for Ambulance Trusts, trusts currently use various modes under the current regulatory framework to enable paramedics access the controlled drugs they are permitted to supply or administer under the 2001 Regulations and the Group Authorities issued under the 2001 Regulations. This includes arrangements where a trust sets up a contract with a community pharmacy which enables paramedics to requisition their stocks via the general contract directly from the pharmacy. This makes it difficult to keep robust records of controlled drug activity in this sector as the record of requisition activity is kept by the dispensing pharmacy. The proposed changes will provide Ambulance Trusts with a similar authority to that currently applicable to NHS Hospital Trusts and care homes. This would enable Trusts to order, stock and supply drugs to Paramedics. This system will be more robust, provide a good audit trail for controlled drugs used within this sector and will reduce the risk of diversion currently associated with ongoing practices.

## **AMENDMENTS TO ENABLE THE EMERGENCY SALE OR SUPPLY OF PHENOBARBITONE OR PHENOBARBITONE SODIUM (NOW PHENOBARBITAL OR PHENOBARBITAL SODIUM)**

35. It is proposed to amend the 2001 Regulations to enable pharmacists to supply phenobarbitone or phenobarbitone sodium for the emergency treatment of epilepsy. This proposal was the subject of a Medicines and Healthcare products Regulatory Agency (MHRA) consultation in August 2010. The responses received by the MHRA were all supportive of the proposal. The Home Office has therefore concluded that no further consultation is necessary on this proposal.

# Miscellaneous proposals on remaining Shipman inquiry recommendations

## **THE HOME OFFICE ALSO WELCOMES YOUR COMMENTS ON THE FOLLOWING POLICY PROPOSALS RELATING TO THE SHIPMAN INQUIRY RECOMMENDATIONS;**

### **REQUISITIONS**

36. It is not proposed to introduce a legislative amendment making the use of a standardised requisition form by individual healthcare professionals mandatory at this time.

### **REASONS FOR THE PROPOSAL**

37. The Shipman Inquiry recommended in its Fourth Report that the purchase of all stocks of controlled drugs should follow a procedure that is capable of being monitored. The recommendation further highlighted the need for a standardised requisition form, similar to the one used for prescriptions, when individual healthcare professionals requisition controlled drugs, and for the form to be sent to the NHS Business Agency so that purchases of controlled drugs by individual healthcare professionals can be monitored.

38. The Government agreed to the recommendation in its response to the Fourth Report, subject to further work on feasibility and cost. In 2006 the Department of Health (DoH) issued a recommended standard form with guidance to be used when healthcare professionals requisitioned controlled drugs. This requisition form is compliant with the data requirements under the 2001 Regulations. In its 2009 Annual report, the Care Quality Commission (CQC) recommended that DoH should revisit the requisition regulations and guidance to ensure that they capture and identify the purchase of controlled drugs by all individual doctors and healthcare professionals in line with the original policy intent. Current data from the NHS Prescription Pricing Department indicate that a majority (above 80%) of requisition forms received are compliant with the DoH guidance and use the recommended form. The Home Office and the DoH therefore considered whether it was necessary to legislate to make it

mandatory for the remaining 20% of healthcare professionals to use the standardised form when requisitioning controlled drugs.

39. Following discussions with the CQC and the DoH, the Home Office has concluded that given the already high rate of compliance, the DoH's wish to explore what steps short of new regulation can be taken to improve uptake yet further (for example, modifications to the current guidance form and communications as to how to use it), and the focus of the Coalition Government not to legislate unnecessarily, it would not be proportionate to introduce a new legislative requirement to make use of a standard requisition form mandatory at this time. However, the Home Office is committed to keeping the situation under review and will consider whether new legislation is necessary at a future date should the need arise.

## **RUNNING BALANCES**

40. It is proposed not to make running balances for controlled drug registers a mandatory requirement at this time but to review the position in the light of further information.

## **REASONS FOR THE PROPOSAL**

41. The Shipman Inquiry also recommended in its Fourth Report that the keeping of running balances in controlled drug registers in pharmacies should be regarded as good practice and that when electronic registers have come into wide use, the keeping of running balances should be made obligatory. The use of running balances is currently encouraged as good practice.
42. The Home Office is of the view that the use of electronic controlled drug registers has not yet reached an extent that would warrant making running balances obligatory. The Home Office will keep the situation under review but welcomes any comments which support or oppose this view.

## **IMPACT OF OPTIONS**

43. A consultation stage impact assessment has been prepared in line with the proposals outlined above (see accompanying Annex). The impact from these proposals has been assessed to be negligible. The Government is however interested to hear from the healthcare sector and healthcare professionals where any direct and indirect costs may arise as a result of these proposals.

## **EQUALITY**

44. It is not anticipated that consolidating the Misuse of Drugs Regulations 2001 (as amended) or making the proposed amendments above will have any impact on equality issues in relation to age, disability, gender, race or sexual orientation. However, the Government invites comments and views on any equality-related issues that may be associated with the proposed legislative changes.

## **GENERAL PROVISIONS**

### **APPLICATION OF ANY LEGISLATIVE CHANGES TO ENGLAND, WALES, SCOTLAND AND NORTHERN IRELAND**

45. The proposed changes to the Misuse of Drugs Regulations 2001 would have effect in England, Wales and Scotland. Northern Ireland has its own misuse of drugs regulations.

# Responding to this consultation

46. Implementation of the proposed changes will take place in April 2012 subject to any comments received in response to this document, views of Ministers and the timescale for the parliamentary process. We would welcome any comments on the proposed measures and on the consultation stage Impact Assessments in the Annex accompanying this document.

## **CIRCULATION OF PROPOSALS AND CONSULTATION RESPONSES**

47. A copy of this documents and attachments is also available at <http://www.homeoffice.gov.uk/about-us/consultations/>. You should contact the address given below (in paragraph 48) if you require a copy of this consultation paper in any other format, e.g. braille, large font, audio.

48. The Government would welcome your views on the proposals contained in this document. Please send written comments to:

MDR Consultation  
Drug Legislation Team  
Drugs and Alcohol Unit  
4th Floor, Fry  
Home Office  
2 Marsham Street  
London SW1P 4DF

or by email to : [Druglegislationconsultations@homeoffice.gsi.gov.uk](mailto:Druglegislationconsultations@homeoffice.gsi.gov.uk)

49. **Comments must be received by 28 OCTOBER 2011.**

50. A summary of responses will be published before or alongside any further action.

## **RESPONSES: CONFIDENTIALITY & DISCLAIMER**

51. The information you send us may be passed to colleagues within the Home Office, the Government or related agencies. Information provided in response to this consultation, including personal information, may be subject to publication or disclosure in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 [FOIA], the Data Protection Act 1998 [DPA] and the Environmental Information Regulations 2004).
52. If you want other information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence.
53. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.
54. The Department will process your personal data in accordance with the DPA and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.

## **GOVERNMENT CODE OF PRACTICE ON CONSULTATION**

55. The Consultation follows the Government's Code of Practice on Consultation the criteria for which are set out below:

### **CRITERION 1 – WHEN TO CONSULT**

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

### **CRITERION 2 – DURATION OF CONSULTATION EXERCISES**

Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

### **CRITERION 3 – CLARITY OF SCOPE AND IMPACT**

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

### **CRITERION 4 – ACCESSIBILITY OF CONSULTATION EXERCISES**

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

### **CRITERION 5 – THE BURDEN OF CONSULTATION**

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

### **CRITERION 6 – RESPONSIVENESS OF CONSULTATION EXERCISES**

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

### **CRITERION 7 – CAPACITY TO CONSULT**

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

56. The full Code of Practice on Consultation is available at: <http://www.berr.gov.uk/whatwedo/bre/consultation-guidance/page44420.html>

## **CONSULTATION CO-ORDINATOR**

57. If you have a complaint or comment about the Home Office's approach to consultation, you should contact the Home Office Consultation Co-ordinator, Adam Mcardle. Please **DO NOT** send your response to this consultation to Adam Mcardle. The Co-ordinator works to promote best practice standards set by the Government's Code of Practice, advises policy teams on how to conduct consultations and investigates complaints made against the Home Office. He does not process your response to this consultation.

58. The Co-ordinator can be emailed at: Adam.Mcardle2@homeoffice.gsi.gov.uk or alternatively you can write to him at:

Adam Mcardle, Consultation Co-ordinator  
Home Office  
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