



# **Consultation on proposals to introduce independent prescribing by radiographers across the United Kingdom**

**Prepared by the Allied Health Professions  
Medicines Project Team**

**NHS England – February 2015**

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**Document Status**

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**Consultation on proposals to introduce independent prescribing by radiographers across the United Kingdom**

The proposed changes to medicines legislation would apply throughout the United Kingdom. This consultation document has been developed in partnership with; the Northern Ireland Department of Health, Social Services and Public Safety; the Scottish Department of Health and Social Care; the Welsh Department of Health and Social Services; the Department of Health for England; and the Medicines and Healthcare Products Regulatory Agency.



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## 1 Executive summary

This consultation concerns proposals for radiographers to become independent prescribers of medicines across the UK. It also proposes that consideration be given to radiographer independent prescribers being allowed to mix licensed medicines prior to administration and be able to prescribe independently from a restricted list of controlled drugs. This would be achieved primarily by changes to the Human Medicines Regulations (2012) and the Misuse of Drugs Regulations (2001). Additionally, amendments would be needed to the Misuse of Drugs Regulation (Northern Ireland) (2002) and the Pharmaceutical Services Regulations (Northern Ireland) (1997).

The proposed changes to medicines legislation would apply throughout the United Kingdom, in any setting in which radiographers work including the NHS, independent and voluntary sectors. Changes to NHS regulations to implement radiographer independent prescribing and the focus and pace of the development of radiographer independent prescribing within Scotland, Wales and Northern Ireland are matters for each of the Devolved Administrations.

Independent prescribing is defined as: 'Prescribing by an appropriate practitioner (which currently includes doctors, dentists, nurses, pharmacists, optometrists, podiatrists and physiotherapists), responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing medicines'

There are many potential benefits for patients, commissioners and providers. In some clinical pathways, the scope of the existing legislation fits well with the needs of some patients and enables optimal care, e.g. patients requiring routine and anticipated care. However, existing arrangements do not always best support the needs of other patients who for example may experience unanticipated side effects to radiotherapy treatment. With independent prescribing, the creation of innovative new care pathways will be supported, which will result in improved outcomes for patients by reducing delays in care, ensuring timely access to medicines needed and an improved patient experience through greater convenience and choice.

Independent prescribing can also enable new ways of working to improve quality towards delivering safe, effective services focussed on the patient experience. It facilitates partnership working across professional and organisational boundaries within commissioning/provider landscapes and with patients to redesign care pathways that are cost-effective and sustainable, e.g. improving the transition from acute to community care. It can enhance choice and competition, maximising the benefits for patients and the taxpayer. The development of independent prescribing by radiographers is part of a drive to make better use of their skills and make it easier for patients to gain access to the medicines that they need.

An Allied Health Professions (AHP) Prescribing and Medicines Supply Mechanisms Scoping Project was undertaken in 2009 to establish whether there was evidence of service and patient need to support the extension of prescribing and medicines supply mechanisms available to AHPs. The project found there was evidence supporting a progression to independent prescribing for radiographers and that when appropriate, further work should be undertaken to consider this. A project was established in October 2014 to take the work forward.

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Education training programmes to prepare registered healthcare professionals to become prescribers includes training and competencies in both supplementary and independent prescribing within a single curriculum. Annotation on the Health and Care Professions Council (HCPC) register for independent prescribers also includes supplementary prescribing.

The NHS England AHP Medicines Project Team, in partnership with the Society and College of Radiographers (SCoR) developed a case of need for enabling independent prescribing by radiographers, based on improving quality of care for patients in relation to safety, clinical outcomes and experience, whilst also improving efficiency of service delivery and value for money. Approval of the cases of need was received from NHS England's Medical and Nursing Directorates Senior Management Teams in May 2014 and from the Department of Health Non-Medical Prescribing Board in July 2014. The AHP Medicines Project Board was established in September 2014 to oversee the governance of the project, whilst providing support and guidance to this programme of work.

A number of supporting documents are provided alongside the consultation to inform consideration of the options and questions, these include: *Draft Practice Guidance for Radiographer Independent and/or Supplementary Prescribers*; *Draft Outline Curriculum Framework to prepare Radiographers as Independent/Supplementary Prescribers*; *Draft Outline Curriculum Framework for Conversion Programme to prepare Radiographer Supplementary Prescribers as Independent Prescribers*; and a *Consultation Stage Impact Assessment*. These documents will remain in draft form until the consultation closes, when amendments will be made in line with the responses received and final versions published as appropriate.

A summary of this consultation document is also available [here](#) and can be requested in alternative formats, such as easy read, Welsh language, large print and audio. Please contact [enquiries.ahp@nhs.net](mailto:enquiries.ahp@nhs.net)

There are five options for the introduction of independent prescribing:

- Option 1** - No change
- Option 2** - Independent prescribing for any condition from a full formulary
- Option 3** - Independent prescribing for specified conditions from a specified formulary
- Option 4** - Independent prescribing for any condition from a specified formulary
- Option 5** - Independent prescribing for specified conditions from a full formulary



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The consultation seeks answers to the following questions:

- Question 1:** Should amendments to legislation be made to enable radiographers to prescribe independently?
- Question 2:** Which is your preferred option for the introduction of independent prescribing by radiographers?
- Question 3:** Do you agree that radiographers should be able to prescribe independently from the proposed list of controlled drugs?
- Question 4:** Should amendments to medicines legislation be made to allow radiographers who are independent prescribers to mix medicines prior to administration and direct others to mix?
- Question 5:** Do you have any additional information on any aspects not already considered as to why the proposal for independent prescribing SHOULD go forward?
- Question 6:** Do you have any additional information on any aspects not already considered as to why the proposal for independent prescribing SHOULD NOT go forward?
- Question 7:** Does the 'Consultation Stage Impact Assessment' give a realistic indication of the likely costs, benefits and risks of the proposal?
- Question 8:** Do you have any comments on the proposed practice guidance for radiographer independent and/or supplementary prescribers?
- Question 9:** Do you have any comments on the 'Draft Outline Curriculum Framework for Education Programmes to Prepare Radiographers as Independent Prescribers'?
- Question 10:** Do you have any comments on the 'Draft Outline Curriculum Framework for Conversion Programmes to Prepare Radiographer Supplementary Prescribers as Independent Prescribers'?
- Question 11:** Do you have any comments on how this proposal may impact either positively or negatively on specific equality characteristics, particularly concerning: disability, ethnicity, gender, sexual orientation, age, religion or belief, and human rights?
- Question 12:** Do you have any comments on how this proposal may impact either positively or negatively on any specific groups, e.g. students, travellers, immigrants, children, offenders?



## 2 Purpose of the document

### 2.1 Introduction to the consultation

This consultation is in accordance with the Human Medicines Regulations (2012) concerning proposals to enable registered radiographers to practice as independent prescribers on completion of an approved training programme and annotation of their professional registration. This would be achieved primarily by amendment to the Human Medicines Regulations (2012) and consequential amendments to NHS regulations. It is also proposed that radiographer independent prescribers are able to mix licensed medicines prior to administration and direct others to mix, and to be able to prescribe independently from a restricted list of controlled drugs.

Independent prescribing is defined as: 'Independent prescribing by an appropriate practitioner (which currently includes doctors, dentists, nurses, pharmacists, optometrists, podiatrists and physiotherapists), responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing medicines.'

This consultation document has been produced by NHS England with support from the SCoR, MHRA, the Department of Health, the Northern Ireland Department of Health, Social Services and Public Safety, the Scottish Department of Health and Social Care and the Welsh Department of Health and Social Services.

#### **Application to England, Wales, Scotland and Northern Ireland**

The proposed changes to medicines legislation would apply throughout the United Kingdom in any setting in which radiographers work including the NHS, independent and voluntary sectors. Changes to NHS regulations to implement independent prescribing are matters for each of the Devolved Administrations.

#### **The Professional Body**

SCoR is the professional body representing the radiographic workforce, including: practitioners, assistant practitioners, support workers and student radiographers in the United Kingdom. The role is summarised in Appendix A for information.

#### **Who can respond to this consultation?**

Everyone is welcome to respond. We hope to hear from the public, patients/patient representative groups, carers, voluntary organisations, healthcare providers, commissioners, doctors, pharmacists, allied health professionals, nurses, regulators, non-medical prescribers, the Royal Colleges and other representative bodies.

#### **The consultation**

Will run for twelve weeks and will close on **22 May 2015**

## 3 Introduction to radiography

### 3.1 General information

Radiographers are statutorily registered health professionals who are pivotal to delivering timely and reliable diagnoses of disease, as well as curative and palliative treatment and care for patients with cancer. There are currently 29,695 (as of January 2015) radiographers registered with the HCPC.

There are two distinct categories of radiographers, diagnostic radiographers and therapeutic radiographers:

- Diagnostic radiographers take lead responsibility for the management and care of patients undergoing a spectrum of clinical imaging examinations, together with associated image interpretation
- Therapeutic radiographers take lead responsibility for the management and care of patients with cancer undergoing radiotherapy during the pre-treatment, treatment delivery and immediate post-treatment phases

Members of the professional diagnostic and therapeutic radiography workforce are engaged in research and development to continue to build the knowledge necessary for evidence-based practice. They are also responsible for educating, training and mentoring within the profession so that patients receive the highest quality and standard of clinical imaging, radiotherapy and associated healthcare.

The framework for the profession reflects the four levels of practice: assistant, practitioner, advanced and consultant. Assistant practitioners are members of the support workforce and work under direct supervision of the radiographer. They are neither registered nor regulated and would not be able to prescribe.

#### 3.1.1 Radiographer practitioner

Pre-registration education for professional practice ensures that student radiographers can achieve the HCPC Standards of Proficiency for Radiographers and be well prepared for their on-going career development. The curriculum leading to qualification as a radiographer reflects the requirement for a highly professionalised workforce with a clear identity and set of values. It is these values that, together with the appropriate knowledge and skills, ensure radiographers are able to operate professionally in uncertain environments. The values of integrity, person-centeredness, personal responsibility, respect, trustworthiness, collegiality and reflective practice are embedded. This ensures that the curriculum prepares newly qualified radiographers to enter the workplace as novice professionals, able to develop themselves and acquire the level of professional maturity needed to be full members and leaders of the inter-professional workforce. See section entitled '*How radiographers are trained and regulated*' for detail on education and training related to the safe use of medicines.

After initial registration as a radiographer, there are role development opportunities which are consistent with the scope of practice for the profession and the SCoR vision for imaging and radiotherapy services. Radiographers are encouraged to seek opportunities for role development, as long as there is a service need and they work competently within their individual scope of practice.

### **3.1.2 Advanced radiographer**

The advanced practitioner category encompasses the considerable depth and breadth of radiographic practice. Predominantly, advanced practice relates to expert clinical practice in association with one or more other functions:

- Team leadership
- Education
- Research
- Service development

At this level, practitioners have developed expert knowledge and skills in relation to the delivery of care in diagnostic imaging or radiotherapy and oncology in a wide range of care settings or environments. They will be an integral member of the radiography team, though will also interact with the relevant multidisciplinary teams to ensure delivery of high quality, effective care. A key feature of an advanced practitioner is that they are enabled to develop innovative practice and identify where service and quality improvements can be achieved.

### **3.1.3 Consultant radiographer**

The role of a consultant radiographer demands the ability to innovate, motivate and influence local and national agendas. Consultant radiographers evolve best practice, develop strategies, promote innovations, develop the evidence base and overcome barriers. The four elements of the consultant role are:

- Expert clinical practice
- Professional leadership & consultancy
- Education training & development and practice & service development
- Research & evaluation

SCoR provides an accreditation system for both advanced and consultant practice radiographers.

## **3.2 Examples of radiography roles**

While the skills of a diagnostic or therapeutic radiographer may not always overlap, they both sit underneath the overall umbrella of the profession by their shared use of ionising and non-ionising radiation to image and/or treat the patient. Within the roles and sectors of the radiography profession as a whole, a radiographer can develop his or her own scope of practice, provided that he or she is adequately educated, trained and competent to practice. He or she must work ethically and in accordance with the SCoR Code of Professional Conduct, and HCPC Standards of Conduct, Performance and Ethics. In identifying and communicating their individual scope of practice, they must consider the roles and environments in which they work, and ensure that they are educated and competent to operate in their specific roles.

### 3.2.1 Diagnostic radiographers

Diagnostic radiographers work mainly within the imaging departments of hospitals, which encompass a wide range of different imaging modalities, e.g. ultrasound, magnetic resonance imaging (MRI), computed tomography (CT), radionuclide imaging (RNI) and conventional (plain film) x-rays (either static or dynamic imaging). All of these imaging modalities may involve the administration of contrast agents and associated medicines to enhance structures, show function or as a treatment (interventional radiography). Diagnostic radiographers are experts in the use of imaging contrast media.

The 2012 scope of radiographic practice survey demonstrated development for the diagnostic radiography workforce and significant numbers of departments were identified as having radiographer-led examinations, including interventional procedures and gastro-intestinal studies. Many radiographers issue written reports, especially in ultrasound departments.

### 3.2.2 Therapeutic radiographers

Their training is solely in oncology and the care of cancer patients. The most commonly treated cancers are breast and prostate, followed by lung cancer. Therapeutic radiographers play a vital role in the delivery of radiotherapy services and are extensively involved at all stages of patients' cancer treatment. They are the only healthcare professionals qualified to both plan and deliver radiotherapy.

Therapeutic radiographers are responsible for the planning and delivery of accurate radiotherapy treatments using a wide range of technical equipment. New modalities such as Proton Beam Therapy are being developed and introduced to clinical practice. The accuracy of the treatment is critical to treat the tumour and destroy the diseased tissue, while minimising the amount of exposure to surrounding healthy tissue. Radiotherapy may be used to shrink a cancer before surgery, reduce the risk of a cancer recurring after surgery and to complement or enhance the effects of chemotherapy. It can be used with the intent to destroy cancer and cure the patient or, when this is not possible, palliative radiotherapy may be used with the aim of relieving symptoms such as pain in order to improve quality at the end of the patient's life. Radiotherapy is often the preferred choice for cancer treatment and is involved in 40% of cases where cancer is cured. It is the primary treatment used in 16% of patients who are cured of their cancer<sup>1</sup>.

A survey undertaken by SCoR in 2012, demonstrated that the role of the therapeutic radiographer continued to expand with responsibilities across the entire radiotherapy pathway. In many centres these included responsibility for an increasing range of pre-treatment, treatment and post-treatment activities. All but one centre had therapeutic radiographers responsible for pre-treatment imaging, whilst two thirds of centres had a radiographer-led treatment planning service. Most centres (81%) had radiographer-led on-treatment review and in 30% of centres, radiographers were undertaking supplementary prescribing. Around two thirds of centres had tumour site specialist radiographers and just over four fifths of centres had technical specialist roles.

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<sup>1</sup> James, S. (2013) *A Guide to Modern Radiotherapy*. London, Society and College of Radiographers  
<https://www.sor.org/learning/document-library/guide-modern-radiotherapy>

### 3.3 Where radiographers work

The breadth of the profession as a whole is vast and encompasses the diagnosis and treatment of a range of disorders and diseases using ionising and non-ionising radiation. The radiography workforce delivers diagnostic imaging and radiotherapy services in a range of health and social care settings across the UK.

Members of the professional diagnostic and therapeutic radiography workforce work in the NHS across primary, secondary and tertiary care; general practice; independent and private health care services; higher education; research establishments and in other fields such as armed forces, prisons, customs and excise, industry and commerce and veterinary practices.

Radiographers predominantly work within the NHS, although there are a small percentage of radiographers employed by the private sector and commissioned or contracted by an NHS organisation to deliver NHS services. The Centre for Workforce Intelligence estimates that therapeutic radiographers are approximately 96% NHS and 4% non-NHS<sup>2</sup>. However, SCoR estimates that 75% of diagnostic radiographer members are in the NHS and 25% are outside of the NHS although this would include those who are working in the education and industry sectors, and those who are retired.

### 3.4 How radiographers are trained and regulated

Pre-registration training of radiographers consists of an approved full-time, three or four year university degree level course leading to a BSc (Hons) in radiography. Two or three year PgD or MSc pre-registration courses exist for students who already hold a BSc (Hons) in a scientific or healthcare related subject. Each university course varies though core subjects include communication skills, oncology or digital imaging, anatomy, treatment or imaging techniques, radiation physics and research methods. Throughout England, Scotland and Northern Ireland, Radiographers are recognised as Allied Health Professions and in Wales they are recognised as Healthcare Scientists.

Radiographers are statutorily regulated health professionals under the terms of the Health and Social Work Professions Order (2001). The regulatory body is the Health and Care Professions Council (HCPC). Any person wishing to use the protected title (radiographer, diagnostic radiographer and therapeutic radiographer) must be registered on the relevant part of the register. The HCPC sets the standards that all radiographers have to meet in relation to their education, proficiency, conduct, performance, character and health. These are the minimum standards that the HCPC considers necessary to protect members of the public. Registrants must meet all these standards when they first register and complete a professional declaration every two years thereafter, to confirm they have continued to practise and continue to meet all the standards.

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<sup>2</sup> Centre for Workforce Intelligence (2012) *Workforce Risks and Opportunities: Therapeutic radiographers*. London: Centre for Workforce Intelligence. <http://www.cfwl.org.uk/publications/therapeutic-radiographers-workforce-risks-and-opportunities-education-commissioning-risks-summary-from-2012>

SCoR publishes *The Education and Career Framework for the Radiography Workforce*<sup>3</sup>, which reflects the requirement for a highly professionalised workforce with a clear identity and set of values. The framework defines statements which identify the outcomes to be demonstrated by the radiography workforce at the four levels of clinical radiographic practice (assistant, practitioner, advanced and consultant).

For pre-registration education, the three-year degree programme is separate for diagnostic and therapeutic radiography, and approved courses follow requirements described in the *Education and Career Framework for the Radiography Workforce*<sup>3</sup>. The programme leading to qualification as a diagnostic radiographer includes the outcome that they should supply, administer and prescribe medicines within the legal framework. To facilitate this desired outcome, the indicative curriculum includes:

- Pharmacology of drugs commonly encountered within diagnostic imaging settings
- The theory and practice of intravenous administration
- Supply and administration of medicines

The programme leading to qualification as a therapeutic radiographer includes the outcome that they should supply, administer and prescribe medicines within the legal framework. To facilitate this desired outcome, the indicative curriculum includes:

- Side effects of radiotherapy and their management
- Factors affecting the severity of side effects, toxicities and their measurement
- Pharmacology and uses of drugs commonly encountered within radiotherapy and chemotherapy
- Supply and administration of medicines

For post-registration education and training, radiographers gain additional training in pharmacology and medicines in a variety of ways, including:

- In-house training to be able to use a PGD
- Master's-level modules in specialist areas of diagnostic or radiotherapy practice
- Master's-level training in pharmacological management of treatment-related toxicity (radiotherapy)
- Radiographers fulfilling the prerequisites of validated training programmes are eligible to undertake training to qualify as a supplementary prescriber.

### **3.5 Current use of medicines by radiographers**

Radiographers have extensive experience of the safe and effective use of medicines, including contrast agents, within their scope of practice. Currently, radiographers routinely supply and/or administer medicines using Patient Group Directions (PGDs) and Patient Specific Directions (PSDs), and are able to train as supplementary prescribers, therefore prescribing any medicine that is referred to within a patient's Clinical Management Plan (CMP). Some radiographers working within the field of nuclear medicine and related testing also make use of the amendment to Medicine Regulations for adjunct medicines used to administer medicines.

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<sup>3</sup> Society and Collage of Radiographers (SCoR) (2013) *Education and Career Framework for the Radiography Workforce*. London: SCoR. <http://www.sor.org/learning/document-library/education-and-career-framework-radiography-workforce>



Radiographers have been able to train as supplementary prescribers since 2005 and this has enabled some therapeutic radiographers to change the way the service is delivered and has provided benefits for patients. Therapeutic radiographer supplementary prescribers mainly work in the field of treatment review for patients undergoing radiotherapy for cancer where a considerable difference is made to service delivery by providing high quality patient-centred care. There are approximately 50 radiotherapy departments in England and approximately 2000 therapy radiographers. Approximately, 2% (46) of the workforce are trained as supplementary prescribers. In diagnostic imaging, the use of clinical management plans is not appropriate in almost all diagnostic interventions and therefore a very limited number (6) of diagnostic radiographers trained as supplementary prescribers. Supplementary prescribing is most suitable for managing long term conditions rather than one-off episodes of care which are generally the case in diagnostic radiography.

### **3.6 Education programmes and continuous professional development for independent prescribers**

Currently, non-medical prescribing training is multi-professional and provided as an integrated programme for independent and supplementary prescribers. Legislation defines the mechanism(s) available to each profession and thus the assessment of course participants. For example, nurses, pharmacists, physiotherapists and podiatrists who successfully complete an approved programme are able to practice as both independent and supplementary prescribers. However, currently radiographers who successfully complete an approved programme are only able to practice as supplementary prescribers. Radiographers already qualified as supplementary prescribers will be required to undertake additional training in order to practice as independent prescribers if legislation is amended in accordance with this proposal.

The HCPC has already approved a number of education programmes to provide training for radiographers as supplementary prescribers. *The Draft Outline Curriculum Framework to Prepare Radiographers as Independent Prescribers* has been developed, and the *Draft Outline Curriculum Framework for Conversion Programmes to Prepare Radiographer Supplementary Prescribers as Independent Prescribers* are available as part of this public consultation on the NHS England consultation hub website [here](#). The HCPC will have the authority to approve education programmes for the provision of radiographer independent prescribing training.

### **3.7 Eligibility for training as a radiographer independent prescriber**

Not all radiographers would be expected to train to become independent prescribers. The safety of patients is paramount and the strict eligibility criteria for acceptance on independent prescribing education programmes reflect this.

In line with other professions who are able to train as non-medical independent prescribers (e.g. nurses, pharmacists, optometrists, physiotherapists and podiatrists), it is proposed that all radiographer entrants to the training programme would need to meet the following requirements:



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- Be registered with the HCPC as a radiographer
- Be professionally practising in an environment where there is an identified need for the individual to regularly prescribe independently
- Be able to demonstrate support from their employer/sponsor, including confirmation that the entrant will have appropriate supervised practice within the clinical area in which they are expected to prescribe
- Be able to demonstrate medicines and clinical governance arrangements are in place to support safe and effective independent prescribing
- Have an approved medical practitioner to supervise and assess their clinical training as a prescriber
- Normally hold at least 3 years relevant post-qualification experience within the clinical area in which they will be prescribing
- Be working at an advanced practitioner or equivalent level
- Be able to demonstrate how they reflect on their performance and take responsibility for their own Continuing Professional Development (CPD), including development of networks for support, reflection and learning
- Provide evidence of a Disclosure and Barring Service (DBS) check within the last 3 years

Radiographer independent prescribers would be required to have an annotation on the HCPC register as an independent prescriber. This would require them to undertake appropriate steps to maintain their skills and competence in keeping with the HCPC *Standards for Prescribing*<sup>4</sup>.

### 3.8 Continuing professional development

Once registered, radiographers must undertake CPD and demonstrate that they continue to practise both safely and effectively within their changing scope of practice, in order to retain their registration. Registrants are required to maintain a continuous, up to-date and accurate portfolio of their CPD activities, which must demonstrate a mixture of learning activities relevant to current or future practice. The portfolio would declare how their CPD has contributed to both the quality of their practice and service delivery, whilst providing evidence as to how their CPD has benefited the service user. SCoR, the professional body for registered UK radiographers, supports the HCPC in its requirement for members to engage in CPD and makes recommendations to them regarding CPD activities required to achieve the standards set by the regulator.

The HCPC randomly audits the CPD of 2.5% of each registered profession on a 2 year cycle of registration renewal. Those registrants who are chosen for audit must submit a CPD profile to show how their CPD meets the minimum standards of the regulator. If introduced, radiographer independent prescribers would have a similar responsibility to keep up-to-date with clinical and professional developments in medicines use to maintain their registration. In addition to this requirement of the regulatory body, SCoR makes it clear to radiographers that they are required to maintain their competence to practice. This is an individual professional requirement and the employing authority would have a role in monitoring that this is the case by, e.g. undertaking annual appraisal interviews.

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<sup>4</sup> Heath and Care Professions Council (HCPC) (2012) *Standards for Prescribing*. London, HCPC <http://www.hcpc-uk.org/assets/documents/10004160Standardsforprescribing.pdf>

Radiographers should undertake information governance training as prescribed by the Health and Social Care Information Centre's (HSCIC) IG Toolkit using the NHS Information Governance Training Tool.

### 3.9 Current radiography supplementary prescribing CPD

Radiographers who have successfully undertaken an approved course to become supplementary prescribers have their qualification annotated on the HCPC register. The HCPC standards for prescribing set out the knowledge, understanding and skills that a radiographer must have when they complete their supplementary prescribing training and which they must continue to meet once in practice. These standards therefore set out safe and effective prescribing practice and are the threshold standards considered necessary to protect members of the public.

Examples of CPD activities of radiographer supplementary prescribers include:

- Being an active member of the SCoR prescribing group and attending twice yearly meetings
- Attending and presenting at conferences and study days on safe use of medicines
- Recording self-reflection
- Keeping up to date by, e.g. subscribing to MHRA, Monthly Index of Medical Specialities (MIMS) and National Institute for Health and Care Excellence (NICE) alerts
- Being part of local multidisciplinary non-medical prescribing (NMP) groups and linking with local clinical pharmacists
- Attending local NMP updates and meetings, e.g. case study discussions
- Peer supervising and teaching, and reviewing with other supplementary prescribing radiographers

The National Prescribing Centre (now part of NICE) has developed *A Single Competency Framework for all Prescribers*<sup>5</sup> which provides an outline of common prescribing competencies that, if acquired and maintained, can help all prescribers to become and remain effective prescribers in their area of practice. For supplementary prescribers, there are several modifications and additions to the framework related to the nature of the supplementary prescribing partnership arrangements.

### 3.10 Governance and safeguarding

The role of the HCPC is to protect the public. It does this by setting standards for a radiographer's conduct, competence, training, character and health. A radiographer must be registered with the HCPC to practice within the UK and must meet the standards that it sets. The HCPC can take action to protect the public where radiographers do not meet the necessary standards, including removing them from practice where appropriate. The HCPC sets standards for prescribing and approves the educational programmes which deliver training in independent prescribing, to make sure that they meet the necessary standards.

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<sup>5</sup> National Prescribing Centre provided by NICE (2012) *A Single Competency Framework for all Prescribers*. London: NICE [http://www.npc.co.uk/improving\\_safety/improving\\_quality/resources/single\\_comp\\_framework\\_v2.pdf](http://www.npc.co.uk/improving_safety/improving_quality/resources/single_comp_framework_v2.pdf)

An advanced practice radiographer working in an appropriate role would only be able to act as an independent prescriber if they successfully complete an educational programme and then receive relevant annotation on the HCPC Register. By setting standards, approving programmes and annotating the register, the HCPC can make sure that independent prescribers meet the standards necessary for safe and effective prescribing practice.

All professionals registered with the HCPC, including radiographers must always work within their 'scope of practice'. A radiographer's scope of practice is the area in which they have the knowledge, skills and experience to practise safely and effectively. The requirement to work within scope of practice would also extend to a radiographer's prescribing practice. This means that a radiographer must only prescribe where they have the appropriate knowledge, skills and experience to do so safely. If they prescribed outside their scope of practice the HCPC could take action against them to protect the public. The HCPC's requirements cover radiographers working both in the public and private sector.

Employers will retain responsibility for ensuring adequate skills, safety and appropriate environments for radiographer independent prescribing. Employers would also be responsible for ensuring that there is a need for a radiographer to undertake independent prescribing responsibilities, before the radiographer embarks on training, as well as ensuring that there is a role to independently prescribe post-training. The same standards would apply regardless of whether the radiographer is working in the NHS, independent or other settings.

### **3.10.1 Access to medical records**

In the interest of patient safety, it is essential that radiographer prescribers have up-to-date, relevant and proportionate information about a patient's medical history and medicines. The most accessible way to obtain this information is by consulting the patients Summary Care Record physically, electronically or by liaising directly with the patient's own GP, or individual holding this information. That access will normally be with implied consent as radiographers are part of the team providing the treatment or care in question. However, where the patient has refused access or the information is especially sensitive explicit consent should be sought. Prescribers must assure themselves that they have all relevant information in relation to the safe treatment of and safe prescribing for the individual patient and if there is any doubt, further information should be sought before making a decision whether to prescribe or not for the patient. When necessary it should be explained to patients that all or part of the treatment cannot be given unless they grant access to the information.

### **3.10.2 Updating the medical record**

It is essential that any prescribing activity by radiographers is known to other healthcare professionals caring for the same patient, such as their GP, and the patient is aware or where necessary is made aware that this information will be shared. All prescribers are expected to update a patient's notes with their prescribing decisions contemporaneously if possible and in any event, within 48 hours of the episode of care. This may be done electronically where possible, via secure email or electronic update to the GP's office where the patient's notes are held, or by fax to the GP's surgery, always following good information governance procedures for its safe transfer.

The Health and Social Care Information Centre have produced a detailed *Information Governance Toolkit*<sup>6</sup> regarding the safe transfer of patient data which lists the most commonly used methods of communication along with the minimum standards required for safe and secure data transfer, which should be followed.

### **3.10.3 Clinical governance**

Part of the assurance to be put in place for satisfying local clinical governance requirements will be the development of a non-medical prescribing policy that is approved according to local arrangements and frequently monitored and reviewed.

### **3.10.4 Antimicrobial resistance**

Healthcare workers have a vital role to play in preserving the usefulness of antimicrobials by controlling and preventing the spread of infections that could require antibiotic treatment. In line with all other prescribers, radiographers will also be required to consider antimicrobial stewardship and follow local policies for antibiotic use. The local policy is required to be based on national guidance and should be evidence-based, relevant to the local healthcare setting and take into account local antibiotic resistance patterns. The local policy should also cover diagnosis and treatment of common infections and prophylaxis of infection. The 2013 Public Health England (PHE)/ Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) *Antimicrobial Prescribing and Stewardship Competencies*<sup>7</sup> should be used by any independent prescriber to aid their professional development in relation to prescribing antimicrobials.

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<sup>6</sup> Health and Social Care Information Centre: *IG Toolkit*. <https://www.igt.hscic.gov.uk/>

<sup>7</sup> Department of Health and Public Health England (2013) *Antimicrobial prescribing and stewardship competencies* <https://www.gov.uk/government/publications/antimicrobial-prescribing-and-stewardship-competencies>

## 4 Benefits

There are many potential benefits for patients, commissioners and providers. In some clinical pathways, the scope of the existing legislation fits well with the needs of some patients and enables optimal care, e.g. current mechanisms for the supply and administration of medicines by radiographers work well for patients requiring routine and anticipated care, but these existing arrangements do not always best support the needs of other patients who for example may experience unanticipated side effects to radiotherapy treatment or the needs of those patients receiving unplanned care.

With independent prescribing, the creation of innovative new care pathways will be supported, which will result in improved outcomes for patients by reducing delays in care, ensuring timely access to medicines needed, and an improved patient experience through greater convenience and choice. Independent prescribing by radiographers also has the potential to improve patient safety by reducing delays in accessing medicines, and creating clear lines of professional responsibility for prescribing decisions.

Independent prescribing by radiographers could improve outcomes for patients, whilst also improving cost-effectiveness and increasing choice for patients and commissioners. Organisations would use independent prescribing where this would facilitate more effective care for the patient, where prescribing would prevent a deterioration in a patient's health and where the appropriate use of medicines would improve outcomes for the patient.

For example:

The recent introduction of satellite radiotherapy and oncology treatment centres as well as diagnostic imaging clinics in the community have supported the delivery of accessible, convenient care for patients closer to home. Within these radiographer-led community based services, radiographers have very limited or no input from doctors and therefore patients requiring medicines to effectively manage the side effects of treatments or to tolerate imaging may experience delays. They may even be unable to continue with treatment/imaging if they need to see another professional (usually a doctor) in order to receive the medicines they require. Independent prescribing by radiographers would support the development of further radiographer-led radiotherapy and imaging services in the community and would mean that patients were able to receive all their care, at a single point in time, from one professional (where it is appropriate to do so) without unnecessary delays that can impact on the effectiveness of treatment and patient outcomes.

Radiographers working in imaging departments frequently undertake imaging and issue reports for patients with suspected musculoskeletal injuries following attendance at accident and emergency departments. When patients have no bone injury they return to accident and emergency where they will be seen by another professional (usually a doctor) to be advised on the acute management of the injury, prescribed pain relieving medication (as required and appropriate) and any necessary onward referrals, e.g. to a physiotherapist. Independent prescribing by radiographers would support the radiographer to deliver the complete patient pathway from triaging or imaging to discharging the patient with appropriate advice, onward referral (if necessary) to other healthcare professionals (e.g. physiotherapy, GP) and prescription for medicines. This pathway would, shorten the patients journey and reduce unnecessary delays in the patient receiving the advice and treatment they need, whilst also reducing the number professionals the patient needs to see and releasing capacity within accident and emergency departments.

Independent prescribing would enable innovative service redesign to make the best use of a radiographer's skills in both radiotherapy and imaging, to ensure patients receive the medicines they need at the time they need them. Independent prescribing could also provide greater choice for patients, GPs and commissioners. By reducing unnecessary appointments with different professionals, the costs of care may reduce. Independent prescribing would also enhance the flexibility and expertise of the workforce, thereby improving care for patients both now and in the future.



## 5 Approach to the consultation

### 5.1 The case for change

The development of independent prescribing by a wider range of healthcare professionals is part of a drive to make better use of their skills and to make it easier for patients to get access to the medicines that they need. Independent prescribing is an important part of developing health professionals' roles in delivering frontline care and patient-centred services.

The original policy objectives for the development of non-medical prescribing from 2000 related to the principles set out in *The NHS Plan: a plan for investment, a plan for reform*<sup>8</sup> including; improvements in patient care, choice and access; patient safety; better use of health professionals' skills; and more flexible team working across the NHS.

Non-medical prescribing continues to support the achievement of a number of current ambitions across the UK:

#### In England

The proposal to introduce independent prescribing by radiographers supports the achievement of ambitions set out in *Equity and Excellence: Liberating the NHS*<sup>9</sup>, the *Urgent and Emergency Care review: end of phase 1 report*<sup>10</sup> and the *NHS Five Year Forward View*<sup>11</sup>.

#### In Scotland

The Introduction of independent prescribing by radiographers will support the delivery of *Achieving Sustainable Quality in Scotland's Healthcare: A '20:20' Vision*<sup>12</sup> and *Improving Outcomes by Shifting the Balance of Care: Improvement Framework*<sup>13</sup>.

#### In Wales

Independent prescribing by radiographers supports the achievement of ambitions set out in *Together for Health: A Five Year Vision for the NHS in Wales*<sup>14</sup> and *Achieving Excellence: The Quality Delivery Plan for the NHS in Wales*<sup>15</sup>.

#### In Northern Ireland

The proposal supports the delivery of *Transforming Your Care: A Review of Health and Social care in Northern Ireland*<sup>16</sup> and *Transforming Your Care: Strategic Implementation Plan*<sup>17</sup>

<sup>8</sup> Department of Health (2000) *The NHS Plan: a plan for investment, a plan for reform*, London

<sup>9</sup> Department of Health (2010) *Equity and Excellence: Liberating the NHS*, London

<sup>10</sup> NHS England (2013) *Urgent and Emergency Care Review: End of Phase 1 Report*, London

<sup>11</sup> NHS England (2014) *Five Year Forward View*, London

<sup>12</sup> NHS Scotland (2011) *Achieving Sustainable Quality in Scotland's Healthcare: A '20:20' Vision*, Edinburgh

<sup>13</sup> NHS Scotland (2009) *Improving Outcomes by Shifting the Balance of Care: Improvement Framework*, Edinburgh

<sup>14</sup> NHS Wales (2011) *Together for Health: A Five Year Vision for the NHS in Wales*, Cardiff

<sup>15</sup> NHS Wales (2012) *Achieving Excellence: The Quality Delivery Plan for the NHS in Wales*, Cardiff

<sup>16</sup> Northern Ireland Department of Health, Social Services and Public Safety (2011) *Transforming Your Care: A Review of Health and Social Care in Northern Ireland*, Belfast

<sup>17</sup> Northern Ireland Department of Health, Social Services and Public Safety (2013) *Transforming Your Care: Strategic Implementation Plan*, Belfast



## 5.2 Work to date

### 5.2.1 Scoping study<sup>18</sup>

An AHP Prescribing and Medicines Supply Mechanisms Scoping Project was undertaken in 2009 to establish whether there was evidence of service and patient need to support the extension of prescribing and medicines supply mechanisms available to AHPs. The scoping project report found that AHPs use prescribing and medicines supply and administration mechanisms safely and effectively to improve patient care.

The report also found that the extension of prescribing and medicines supply for certain AHPs would improve the patient experience by allowing them greater access, convenience and choice. It found a strong case for extending independent prescribing to physiotherapists and podiatrists, resulting in the establishment of a project to take the work forward, with amendments to legislation being made in 2013 to enable independent prescribing by appropriately trained physiotherapists and podiatrists.

The scoping project also found there was evidence supporting a progression to independent prescribing for radiographers and that further work should be undertaken, when appropriate, to consider the need for independent prescribing by radiographers. A project was established in October 2014 to take the work forward. Radiographers are one of the 12 allied health professions and therefore, the proposal for radiographer independent prescribing is being taken forward as part of the AHP Medicines Project under the Chief Allied Health Professions Officer's Team in NHS England.

### 5.2.2 Developing the case of need

Following recommendations in the 2009 Department of Health, *Allied Health Professionals Prescribing and Medicines Supply Mechanisms Scoping Project Report*<sup>18</sup> that further work be undertaken, when appropriate, to consider the need for independent prescribing by radiographers, in October 2013 the AHP Medicines Project Team was established within NHS England to take this work forwards.

The NHS England AHP Medicines Project Team, in partnership with SCoR, developed a case of need for the progression to independent prescribing based on improving quality of care for patients in relation to safety, clinical outcomes and experience, whilst also improving efficiency of service delivery and value for money. Approval of the case of need was received from NHS England's Medical and Nursing Directorates Senior Management Teams in May 2014 and from the DH Non-Medical Prescribing Board in July 2014. Following this, ministerial approval was received to commence preparation for a public consultation on the proposal for radiographers to independently prescribe.

Following engagement with key stakeholders and SCoR the proposal to take forward independent prescribing includes the mixing of medicines and prescribing from a restricted list of controlled drugs as the most clinically effective and safe combination for the delivery of better services for improved patient care and quality of life. The proposal specifically excludes independent prescribing of unlicensed medicines by radiographers due to the limited application outside research, the complexity of governance and patient safety.

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<sup>18</sup> Department of Health (2009). *Allied Health Professionals Prescribing and Medicines Supply Mechanisms Scoping Project Report*. London, DH, [www.dh.gov.uk](http://www.dh.gov.uk)

## 6 Proposal for independent prescribing by radiographers

Independent prescribing requires a practitioner to be responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

Medicines legislation specifies that only “appropriate practitioners” can prescribe medicines in the UK. Historically, only Doctors and Dentists were “appropriate practitioners”. However, over recent years changes to the law have permitted a number of professions, in addition to doctors and dentists, to play an increasing role in prescribing and supplying medicines for their patients. There are now over 25,000 qualified nurse independent prescribers, and around 2000 qualified pharmacist independent prescribers. More recently, optometrists, physiotherapists and podiatrists have been added to the list of professions able to prescribe independently.

### 6.1 Options for introducing independent prescribing

There are five options for the introduction of independent prescribing by radiographers and these are set out in the paragraphs below.

#### 6.1.1 Option 1: No change

Highly skilled and experienced radiographers would continue to be eligible to train as supplementary prescribers. Radiographers would continue to supply and/or administer medicines under Patient Group Directions (PGD) and Patient Specific Directions (PSD).

#### Benefits

In some clinical pathways, the scope of the existing legislation fits well with the needs of patients and enables optimal care. For example, current mechanisms for the supply and administration of medicines by radiographers work well for patients undertaking routine diagnostic procedures. Radiographer supplementary prescribers will continue to prescribe within a patient-specific clinical management plan.

#### Limitations

Recent scoping work<sup>19</sup> has indicated that the existing arrangements may not best support the needs of patients, particularly when radiographers are providing radiographer-led treatments and reviews or imaging in satellite clinics or community based clinics without direct input from doctors. Where patients require medicines outside those available via a PGD or supplementary prescribing arrangement, they would continue to have to visit another professional. The existing arrangements are difficult and costly to administer.

Under this option, the creation of innovative new care pathways will continue to be limited, creating less choice and ongoing unnecessary costs for commissioners. Consequently, an opportunity to improve outcomes for patients would be missed.

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<sup>19</sup> Department of Health (2009). *Allied Health Professionals Prescribing and Medicines Supply Mechanisms Scoping Project Report*. London: DH [www.dh.gov.uk](http://www.dh.gov.uk)

### **6.1.2 Option 2: Independent prescribing for any condition from a full formulary**

Appropriately trained radiographers would be permitted to independently prescribe any medicine for any condition, within their professional scope of practice and competence.

#### **Benefits**

Patients in contact with appropriately trained radiographers would be able to receive the care and medicines they need, without having to make additional appointments with other prescribers. A greater number of patients could benefit from more timely and therefore improved care, first time and in the right place. The responsibility for prescribing within competence would be clearly with the eligible radiographer themselves; prescribing within an individual scope of practice would typically mean that the radiographer may have approximately 8 or 10 medicines that they would be thoroughly familiar with and these would be the medicines which they would prescribe. Nurse prescribing has changed from a restricted formulary to full formulary independent prescribing and a report of the evaluation of the effectiveness shows that this is the most effective mechanism for safe prescribing<sup>20</sup>. This option would also be consistent with all other non-medical independent prescribers, including nurse and pharmacist independent prescribers and more recently, physiotherapist and podiatrist independent prescribers.

#### **Limitations**

This option has no obvious limitations.

### **6.1.3 Option 3: Independent prescribing for specified conditions from a specified formulary**

Appropriately trained radiographers would be permitted to prescribe independently from a list of specified medicines for a specified list of conditions.

#### **Benefits**

This option could benefit patients provided that their condition and the drugs they need, are listed.

#### **Limitations**

Patients whose condition or medicine needs do not appear on the list of specified medicines able to be prescribed for specified conditions, would not be able to benefit. As radiographers encounter a vast range of patient groups, either the lists of conditions and medicines would need to be extensive, or certain groups of patients would be excluded. As a result, some patients would require an additional appointment to obtain their prescription. In addition, a limited formulary and list of conditions would need updating regularly, to support ongoing current best practice. This would require lengthy administrative and legislative processes and may not be responsive to the needs of patients or developments in clinical care.

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<sup>20</sup> Department of health (2011), *Evaluation of nurse and pharmacist independent prescribing*, London, DH.  
[www.dh.gov.uk](http://www.dh.gov.uk)

#### **6.1.4 Option 4: Independent prescribing for any condition from a specified formulary**

Appropriately trained radiographers would be permitted to prescribe independently for any condition within their professional scope of practice and competence but only from a list of specified medicines.

##### **Benefits**

A wider range of patients could benefit from this option, when compared to option 3.

##### **Limitations**

Patients whose medicines needs do not appear on the specified list of medicines able to be prescribed would not be able to benefit fully and would require an additional appointment to obtain their prescription. As with option 3, the lists would quickly become out of date and difficult to administer. This option would be potentially unresponsive to the needs of patients and current best clinical practice. There would also be limitations as described in option 3 concerning updating of the list.

#### **6.1.5 Option 5: Independent prescribing for specified conditions from a full formulary**

Appropriately trained radiographers would be permitted to independently prescribe any medicine within their professional scope of practice and competence, though only for specified conditions.

##### **Benefits**

A wider range of patients would benefit from this option, when compared to option 3.

##### **Limitations**

Patients with a condition that does not appear on the list would not be able to benefit fully and as a result, they would require an additional appointment to obtain their prescription. As with option 3, the lists would be difficult to administer and keep up-to-date. This option could potentially be unresponsive to the needs of patients and current best clinical practice.

**Question 1:** Should amendments to legislation be made to enable radiographers to prescribe independently?

**Question 2:** Which is your preferred option for the introduction of independent prescribing by radiographers?

## 6.2 Controlled drugs

Controlled drugs are prescription medicines which are listed as part of the Home Office's Misuse of Drugs legislation. They are classified by law based on their benefit when used in medical treatment and their harm if misused.

Radiographers may need to prescribe controlled drugs for the relief of anxiety and pain control, which are major issues for patients under the care of radiographers. Radiographers are currently able to prescribe controlled drugs via supplementary prescribing arrangements.

SCoR has proposed a restricted list of nine controlled drugs to be prescribed independently by radiographers as outlined in the table below:

Schedule	Medicine	Use	Example in radiography
Schedule 2	Fentanyl	Severe chronic pain Breakthrough pain	Transdermal patches for cancer patients with breakthrough pain Pain during interventional imaging procedures
	Morphine	Severe pain Breakthrough pain Post-op analgesia	Palliative and end of life cancer care, e.g. immediate –release and/or modified release (MST)
	Oxycodone		For patients who cannot tolerate morphine
	Codeine	Moderate/severe pain	Palliative care
Schedule 3	Temazepam	Anxiety Peri-operative Conscious sedation	Anxiolytic and muscle relaxant properties valuable during a range of interventional imaging procedure, e.g. hysterosalpingography
	Midazolam	Anxiety Conscious sedation	Reduce anxiety during interventional imaging procedure
	Tramadol	Moderate/severe pain	Palliative and end of life cancer care
Schedule 4-1	Lorazepam	Anxiety Peri-operative	Short term treatment of anxiety and sedation, e.g. MRI, use of immobilisation masks used in radiotherapy treatments
	Diazepam	Short term use in anxiety Peri-operative	Reduce tension and anxiety before interventional imaging procedures

**Table 1:** Proposed list and uses of the nine controlled drugs proposed by SCoR to be independently prescribed by radiographers

Further information relating to governance arrangements for the prescribing of controlled drugs can be found in the *Draft Practice Guidance for Radiographer Independent and/or Supplementary Prescribers* which can be found on the NHS England consultation hub website [here](#).

If, after considering the responses to this consultation, CHM recommend taking forward work to enable prescribing of controlled drugs from the restricted list, further work will be undertaken with the Home Office to ask the Advisory Council on the Misuse of Drugs to consider the proposals relating to controlled drugs and to advise Ministers accordingly. If Ministerial approval is received, the Home Office will make appropriate amendments to the Misuse of Drugs Regulations (2001).

**Question 3:** Do you agree that radiographers should be able to prescribe independently from the proposed list of controlled drugs?

### 6.3 Mixing of medicines

Clinical practice sometimes requires the mixing of two licensed medicines, e.g. corticosteroid and local anaesthetic agents in the management of certain musculoskeletal disorders.

The mixing of medicines where one is not a vehicle for the administration of the other creates an unlicensed medicine (i.e. a medicine without a valid UK marketing authorisation). Under medicines legislation, the person undertaking the mixing is required to hold a manufacturer's licence. Following amendments to legislation in 2009 and more recently in 2013, nurse, pharmacist, physiotherapy and podiatry independent prescribers are allowed to mix medicines themselves or direct others to mix for an individual patient. Supplementary prescribers can also mix medicines themselves and direct others to mix where that forms part of the written Clinical Management Plan for an individual patient. We propose to extend the mixing provisions to radiographer independent prescribers.

**Question 4:** Should amendments to medicines legislation be made to allow radiographers who are independent prescribers to mix medicines prior to administration and direct others to mix?

### 6.4 Additional information

The following questions invite additional information relevant to this proposal.

**Question 5:** Do you have any additional information on any aspects not already considered as to why the proposal for independent prescribing SHOULD go forward?

**Question 6:** Do you have any additional information on any aspects not already considered as to why the proposal for independent prescribing SHOULD NOT go forward?

## 6.5 Supporting documents: impact assessment, practice guidance and education curricula frameworks

### 6.5.1 Impact assessment

Impact assessments are an integral part of the policy making process; the purpose of an impact assessment is to focus on why intervention is necessary, what impact the policy change is likely to have and the highlighting of costs, benefits and risks. The *Consultation Stage Impact Assessment* is available on the NHS England consultation hub website [here](#) and contains the available evidence of actual (where available), estimated costs and benefits to the introduction of independent prescribing by radiographers. The consultation is an opportunity to gather additional evidence to further inform the costs, benefits and risks.

**Question 7:** Does the 'Consultation Stage Impact Assessment' give a realistic indication of the likely costs, benefits and risks of the proposal?

### 6.5.2 Practice guidance

The proposed practice guidance for radiographer independent and/or supplementary prescribers has been developed by the SCoR and provides information which should underpin the decision-making and actions of radiographers who are annotated with the Health and Care Professions Council (HCPC) as supplementary and/or independent prescribers. The proposed practice guidance can be accessed on the NHS England consultation hub website [here](#).

This document is 'guidance'. Guidance is information which a radiographer has a duty to consider and is expected to take into account as part of their decision making process. The practice guidance document also provides advice on the behaviours and conduct expected of radiographer supplementary and/or independent prescribers. A radiographer prescriber will be expected to justify any decision to act outside the guidance.

The consultation is an opportunity to acquire feedback and comments on the guidance developed and therefore the practice guidance document will remain in draft form until the consultation closes, when amendments will be made in line with the responses received and final versions published as appropriate.

**Question 8:** Do you have any comments on the proposed practice guidance for radiographer independent and/or supplementary prescribers?



### 6.5.3 Education curricula frameworks

The SCoR has worked in partnership with several other AHP professional bodies to develop a draft outline curriculum aimed at education providers intending to develop education programmes and individuals interested in education programmes for; radiographers to fulfil the requirements for annotation on the HCPC register as independent prescribers. Since 2005, radiographers have been able to train as supplementary prescribers and therefore an outline curriculum framework for conversion programmes to prepare radiographer supplementary prescribers as independent prescribers has also been developed.

The *Draft Outline Curriculum Framework for Education Programmes to Prepare Radiographers as Independent Prescribers* and the *Draft Outline Curriculum Framework for Conversion Programmes to Prepare Radiographer Supplementary Prescribers as Independent Prescribers* can be accessed on the NHS England consultation hub website [here](#).

The alignment of the outline curricula frameworks with the *Single Competency Framework for All Prescribers*<sup>21</sup> provides clear and consistent competencies for education providers in the development of multi-disciplinary independent prescribing education programmes. The programmes will be subject to approval and monitoring by the HCPC against the standards that it sets. Education programmes cover both supplementary and independent prescribing. Individuals who successfully complete an approved programme are able to apply for annotation on the HCPC register as independent and/or supplementary prescribers.

The consultation is an opportunity to gain feedback and comments on the outline curricula frameworks which will remain in draft form until the consultation closes, when amendments will be made in line with the responses received and final versions published as appropriate.

**Question 9:** Do you have any comments on the 'Draft Outline Curriculum Framework for Education Programmes to Prepare Radiographers as Independent Prescribers'?

**Question 10:** Do you have any comments on the 'Draft Outline Curriculum Framework for Conversion Programmes to Prepare Radiographer Supplementary Prescribers as Independent Prescribers'?

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<sup>21</sup> National Prescribing Centre provided by NICE (2012) *A Single Competency Framework for all Prescribers*. London: NICE [http://www.npc.co.uk/improving\\_safety/improving\\_quality/resources/single\\_comp\\_framework\\_v2.pdf](http://www.npc.co.uk/improving_safety/improving_quality/resources/single_comp_framework_v2.pdf)

## 6.6 Equality

Radiographers have a responsibility of contributing to equality in healthcare by working towards the elimination of discrimination and reducing inequalities in care. SCoR, as the professional body, communicates clear values and principles about equality and fairness. All members of the radiography workforce are required to work within the Code of Professional Conduct which makes clear these expectations.

Discussions held with key stakeholders, including the professional bodies, regulators, MHRA, the Department of Health, clinicians from: pharmacy, podiatry, physiotherapy, radiography, dietetics and orthoptics; service managers; educationalists, commissioners and service users highlighted potential for independent prescribing by radiographers to improve access to medicines for groups within the community or home and particularly within rural areas and for vulnerable groups such as the homeless and travellers. The introduction of independent prescribing also has the potential to streamline care for other groups, including older people and those with disabilities.

At present, radiographer supplementary prescribers are restricted by the requirement for a medical prescriber to agree the medicines a patient requires through the development of a clinical management plan. This can result in additional appointments and delays towards patients receiving the required medications. This is particularly problematic in rural and remote communities, where access to a GP or doctor may not be practical. The introduction of independent prescribing by radiographers will enable innovative care pathway redesign. A radiographer independent prescriber would be able to treat patients directly and prescribe the required medications at the time, reducing cost, time and travel for patients. This will be particularly beneficial for groups in rural and remote locations, travellers, small community hospitals or specialist clinics or services.

Specific groups such as older people and people with disabilities can benefit through avoiding the need for additional appointments to obtain a prescription. Vulnerable groups such as homeless people may not be registered with a GP. Radiographers working as independent prescribers can play a role in delivering services for such groups.

As autonomous practitioners, radiographer independent prescribers would be able to work in a much more flexible way. As the proposed changes to regulations will increase flexibility of access to services and the way in which services can be delivered, it is assumed that there will be a benefit to any existing inequalities.

**Question 11:** Do you have any comments on how this proposal may impact either positively or negatively on specific equality characteristics, particularly concerning; disability, ethnicity, gender, sexual orientation, age, religion or belief, and human rights?

**Question 12:** Do you have any comments on how this proposal may impact either positively or negatively on any specific groups, e.g. students, travellers, immigrants, children, offenders?

## 7 Consultation process

### 7.1 How to respond

You can respond in one of the following ways:

- By completing the **online consultation** [here](#)
- Download and print a copy of the consultation response form [here](#). Send your responses to George Hilton, AHP Medicines Project Team, NHS England, 5W20, Quarry House, Leeds, LS2 7UE
- Alternatively, you may request a copy of the consultation response form to be posted to you. Please contact: [enquiries.ahp@nhs.net](mailto:enquiries.ahp@nhs.net)

A summary version of this consultation document is also available [here](#) and can be requested in alternative formats, such as easy read, Welsh language, large print and audio. Please contact [enquiries.ahp@nhs.net](mailto:enquiries.ahp@nhs.net)

The consultation remains open for twelve weeks and responses should be sent to arrive no later than **22 May 2015**

### 7.2 Comments on the consultation process itself

If you have any concerns or comments which you would like to share relating specifically to the consultation process itself please contact -

**Address\*:** George Hilton  
AHP Medicines Project Team  
NHS England  
5W20, Quarry House  
Leeds  
LS2 7UE

**E-mail:** [enquiries.ahp@nhs.net](mailto:enquiries.ahp@nhs.net)

**\*Please do not send consultation responses to this address**

## 8 Next steps

Following close of the consultation, the Commission on Human Medicines (CHM) will be asked to consider the proposals in the light of comments received. CHM's advice will be conveyed to Ministers. Subject to the agreement of Ministers, the MHRA will then make the necessary amendments to medicines legislation.

If, after considering the responses to the consultation, CHM recommend taking forward work to enable prescribing of controlled drugs from the restricted list, further work will be undertaken with the Home Office to ask the Advisory Council on the Misuse of Drugs to consider the proposals relating to controlled drugs and to advise Ministers accordingly. If Ministerial approval is received, the Home Office will make appropriate amendments to the Misuse of Drugs Regulations (2001).

If all elements of the proposal were approved and all the relevant organisations are in a position to complete their elements of the work at the earliest possible point without delay, the first intake of radiographers on an independent prescribing education programme would be in 2016.

Part of the drive to enable independent prescribing by radiographers is the opportunities it gives for service re-design to improve patient-centred practice. NHS England will therefore work with partners including the Devolved Administrations, and in particular commissioners to support implementation in to practice if changes to medicines legislation are approved.

## 9 Appendices

### 9.1 Appendix A: Role of the professional body

The Society and College of Radiographers (SCoR) is the professional body and trade union representing the whole of the radiographic workforce in the UK. Membership is open to anyone working in clinical imaging, radiotherapy and oncology. The SCoR represent the whole of the radiographic workforce including practitioners, assistant practitioners, support workers and student radiographers. It has 26,665 members, representing 90% of the radiography workforce in membership. It shapes the healthcare agenda and leads opinion on a wide range of professional issues, as well as setting standards and developing policies that are adopted worldwide.

The SCoR pioneers new ways of working and ensures that its members work in a safe and fair environment. Its activities are designed to ensure that patients receive the best possible care.

<http://www.sor.org>

## 9.2 Appendix B: Mechanisms for the prescribing, supply and administration of medicines

The mechanisms available for the prescribing, supply and administration of medicines are:

- Patient Specific Directions (PSDs)
- Patient Group Directions (PGDs)
- Specific Exemptions covering supply or administration, as contained in medicines legislation applicable to podiatrists, midwives and paramedics
- Supplementary prescribing by nurses, pharmacists, optometrists, physiotherapists, radiographers and chiropodists/podiatrists
- Independent Prescribing – doctors, nurses, pharmacists, optometrists, physiotherapists and podiatrists only

### **Patient Specific Direction (PSD)**

A Patient Specific Direction is the traditional written instruction, from a prescriber, for medicines to be supplied or administered to a named patient. The majority of medicines are still supplied or administered using this process.

All allied health professionals (AHPs), including radiographers can supply or administer a medicine under a patient-specific direction.

### **Patient Group Directions (PGDs)**

A Patient Group Direction (PGD) is a written instruction for the supply or administration of a licensed medicine (or medicines) in an identified clinical situation, where the patient may, or may not, be individually identified before presenting for treatment. This should not be interpreted as indicating that the patient must not be identified; patients may or may not be identified, depending on the circumstances.

A PGD is signed by a doctor and pharmacist, and must meet certain legal criteria. Each PGD must be approved by the organisation in which it is to be used. PGDs can also be developed in specific non-NHS settings, such as independent hospitals and clinics registered with the Care Quality Commission and prisons.

PGDs can be used for the supply or administration of medicines by a number of regulated healthcare professions, including radiographers.

### **Specific Exemptions Covering Supply or Administration**

A number of health professions, e.g. midwives, podiatrists, optometrists and paramedics have specific exemptions in medicines legislation to sell, supply or administer medicines. An exemption enables the relevant health professional to sell or supply the specific medicine listed in the exemption without a prescription, e.g. registered podiatrists have exemptions under medicines legislation for parenteral administration of a number of prescription only medicines (POMs), including local analgesias and some painkillers. There are currently NO Exemptions that apply to radiographers.

## **Supplementary Prescribing**

Supplementary prescribing is a voluntary prescribing partnership between the independent prescriber (doctor or dentist) and supplementary prescriber, to implement an agreed patient-specific written clinical management plan (CMP), with the patient's agreement.

Following documentation within the CMP, the supplementary prescriber may prescribe any medicine for the patient that is referred to in the plan, until the next review with the independent prescriber. There is no formulary for supplementary prescribing and no restrictions on the medical conditions that can be managed under these arrangements. It can be appropriate for example, in the management of long-term conditions.

Supplementary prescribing was introduced in April 2003 for nurses and pharmacists. It was extended to physiotherapists, chiropodists/podiatrists, radiographers and optometrists in May 2005.

## **Independent Prescribing**

Independent prescribing means that the prescriber takes responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required, as well as prescribing where necessary and the appropriateness of any prescription.

From 1 May 2006, Nurse Independent Prescribing (formerly Extended Formulary Nurse Prescribing) was expanded. This change enabled nurses to prescribe any licensed medicine for any medical condition that a nurse prescriber is competent to treat, including some Controlled Drugs.

Pharmacist independent Prescribing was also introduced on 1 May 2006 and enables pharmacists to prescribe any licensed medicine for any medical condition that a pharmacist prescriber is competent to treat.

Further changes to legislation in 2009 enable nurse and pharmacist independent prescribers to prescribe unlicensed medicines.

Legislation to enable optometrists to train as independent prescribers came into force in June 2008 and more recently changes to legislation were made in August 2013 to allow physiotherapists and podiatrists to train as independent prescribers.



### 9.3 Appendix C: Contributors

#### Membership of NHS England Allied Health Professions Medicines Project Board

Representative	Organisation
Lesley-Anne Baxter	Allied Health Professions Federation
Charlotte Beardmore	Society and College of Radiographers
Jan Beattie	Scottish Government
Sarah Billington	Care Quality Commission
Julie Bishop	MHRA
Rebecca Blessing	Department of Health
Sara Bordoley	NHS England
Nicole Casey	Health and Care Professions Council
Bill Davidson	Patient and public representative
Hannah-Rose Douglas	NHS England
Anne Duffy	Northern Ireland Department of Health, Social Services & Public Safety
Catherine Duggan	Royal Pharmaceutical Society
Gerry Egan	College of Paramedics
Sue Faulding	Health and Social Care Information Centre
Katherine Gough	Dorset Clinical Commissioning Group
Linda Hindle	Public Health England
Barry Hunt	College of Paramedics (Advisory)
Steve Irving	Association of Ambulance Chief Executives
Cathryn James	Association of Ambulance Chief Executives
Elisabeth Jelfs	Council of Deans
Sue Kellie	British Dietetic Association
Helen Marriott (Project Lead)	NHS England
Rowena McNamara	British and Irish Orthoptic Society
Shelagh Morris	NHS England
Graham Prestwich	Patient and public representative
Suzanne Rastrick (Co-Chair)	NHS England
Patricia Saunders	Health Education England
Alison Strobe	Welsh Government
Duncan Stroud	NHS England
Bruce Warner (Co-Chair)	NHS England
Hazel Winning	Northern Ireland Department of Health, Social Services & Public Safety

## 9.4 Appendix D: Frequently asked questions

### 1. What is independent prescribing/non-medical prescribing?

Over recent years, changes to the law have permitted a number of professions, other than doctors and dentists to play an increasing role in prescribing and supply of medicines for their patients. Non-medical prescribers are professions other than doctors and dentists that have a level of prescribing responsibilities. This includes nurse, pharmacist optometrist, physiotherapist and podiatrist independent prescribing.

### 2. What are the current arrangements for allied health professionals (AHPs)?

Independent prescribing is available to appropriately trained physiotherapists and podiatrists. Supplementary prescribing is available to appropriately trained physiotherapists, podiatrists and radiographers. PGDs are available to all AHPs with the exception of art therapists, music therapists and dramatherapists. All AHPs can use PSDs. Exemptions are used by podiatrists and paramedics.

### 3. Why extend independent prescribing responsibilities to radiographers?

There are many potential benefits for patients, commissioners and providers. In some clinical pathways, the scope of the existing legislation fits well with the needs of some patients and enables optimal care, e.g. current mechanisms for the supply and administration of medicines by radiographers work well for patients requiring routine and anticipated care, but these existing arrangements do not always best support the needs of other patients. With independent prescribing, the creation of innovative new care pathways will be supported, which will result in improved outcomes for patients by reducing delays in care, improved compliance in taking medicines and an improved patient experience through increasing access, convenience, choice and productivity.

### 4. What training will radiographers receive?

Comprehensive and stringent education programmes will be put in place to ensure that radiographers are competent, confident and educated to independently prescribe medicines. Draft Outline Curricula Frameworks have been developed for the training of independent prescribers and can be accessed on the NHS England consultation hub website [here](#). This proposal is targeted at advanced practitioners only and not all radiographers will meet the entry requirements for training as independent prescribers.

### 5. Is it safe to allow radiographers to become independent prescribers?

Patient safety is of paramount importance. Radiographer independent prescribers would be advanced practitioners employed in roles relevant to independent prescribing, with knowledge and skills specific to their clinical role. Continuing professional development would include activities relevant to ensuring safe use of medicines including prescribing within their role enabling them to retain their specific registration with the HCPC. Under current medicines legislation, radiographers already safely supply and administer a range of medicines including contrast agents under PGDs and PSDs. They may also prescribe medicines as supplementary prescribers. Independent prescribing has the potential to improve patient safety by reducing delays in care, improving the use of medicines and creating clear lines of professional responsibility.

## **6. What is advanced practice in radiography?**

The advanced practitioner category encompasses the considerable depth and breadth of radiographic practice. Predominantly, advanced practice relates to expert clinical practice in association with one or more other functions, e.g. team leadership, education, research, and service development.

Advanced practice also includes roles which are based mainly on service management, research or education. At this level, practitioners have developed expert knowledge and skills in relation to the delivery of care in diagnostic imaging or radiotherapy and oncology, in a wide range of care settings or environments. A key feature of an advanced practitioner is that they are enabled to develop innovative practice and identify where service and quality improvements can be achieved. The advanced practitioner will be an integral member of the radiography team.

## **7. On the entry requirements for the education programmes, the Disclosure and Barring Service (DBS) requirement is to “*provide evidence of a DBS check within the last 3 years*”. Why is this?**

The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged to become the Disclosure and Barring Service (DBS). The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involving children or vulnerable adults.

Entry requirements for nurses and pharmacists undertaking courses to become independent prescribers include the need to provide proof of a DBS check undertaken within the last three years. This requirement will bring radiographers, paramedics, dietitians and orthoptists in line with the requirements of nurses and pharmacists.

## **8. How will radiographer prescribers undertake Continuing Professional Development (CPD) and maintain their competency in prescribing?**

Radiographers are required to undertake CPD relevant to their practice to maintain and demonstrate continuing competence. To maintain registration with the HCPC, radiographers must sign a professional declaration once every two years to confirm that they continue to meet both the HCPC's standards of proficiency for safe and effective practice and standards for continuing professional development. Radiographer prescribers are required to demonstrate their continuing professional competence in regard to prescribing practice.

Examples of CPD activities for radiographer prescribers include: attending and presenting at conferences and study days; subscribing to MHRA, MIMS and NICE alerts; and receiving updates of information from local pharmacies. Other examples, are attending regular meetings with independent medical and non-medical prescribers, being part of local multidisciplinary non-medical prescribing (NMP) groups, attending local NMP update days and undertaking self-reflection, peer reviewing, supervising and teaching.

**9. Will prescribing costs increase?**

This is not anticipated. There is no general evidence to indicate that prescribing by other professionals, e.g. nurses and pharmacists, has increased prescribing costs.

**10. Will radiographers working outside the NHS, e.g. in private practice or voluntary organisations, be able to become independent prescribers?**

Yes. Provided they meet the entry requirements of the education programme, including demonstrating they have appropriate governance arrangements in place for their role as an independent prescriber.

**11. Will a radiographer working in one clinical area as an independent prescriber be able to independently prescribe if they move to a new clinical area?**

The radiographer would need to meet the HCPC standards for continued registration, which includes that with any move outside current scope of practice, the radiographer must be certain they are capable of working safely and effectively, including undertaking any necessary training and experience. If the new clinical area requires the radiographer to work as an independent prescriber, then the organisation and the radiographer would need to ensure that all local clinical governance arrangements are in place first.

**12. Why will radiographers need to mix medicines?**

Clinical practice sometimes requires the mixing of two licensed medicines to be administered and this mixing of medicines creates an unlicensed medicine (i.e. a medicine without a valid UK marketing authorisation). Prior to recent changes to medicines legislation, the law restricted mixing to doctors/dentists, pharmacists mixing to the specification of a doctor/dentist and those holding a manufacturer's licence. Following amendments to legislation in 2009 and more recently in 2013 nurse, pharmacist, physiotherapy and podiatry independent prescribers are allowed to mix medicines themselves or direct others to mix for an individual patient and these directions must be in writing. We propose to extend the mixing provisions to radiographer independent prescribers as there are situations where a radiographer, for example, undertaking musculoskeletal sonography may be required to mix local anaesthetic and steroid for intra-articular injections.

**13. Who can prescribe controlled drugs currently?**

Nurse and pharmacist independent prescribers can prescribe any controlled drug listed in schedules 2-5 for any medical condition within their competence, except diamorphine, cocaine and dipipanone for the treatment of addiction (nurse independent prescribers are able to prescribe other controlled drugs for the treatment of addiction).

Proposals to enable physiotherapist and podiatry independent prescribers to prescribe from restricted lists of controlled drugs have been made to the Advisory Council on the Misuse of Drugs. Subject to approval of these proposals the Misuse of Drugs Regulations (2001) will be amended to enable physiotherapists to prescribe a total of 7 controlled drugs and podiatrist to prescribe 5 controlled drugs.

#### **14. Why do radiographers need to be able to prescribe controlled drugs?**

Relief of anxiety and pain control are major issues for patients under the care of both diagnostic and therapeutic radiographers:

In therapeutic radiography, patients with cancer may develop sudden uncontrolled pain and radiographers caring for these patients want to be able to alleviate the pain and discomfort. Additionally, radiotherapy treatment involves the patient lying still for a considerable time for the treatment to be effective and safe; if patients are not able to do this, the treatment for their cancer is compromised, which may mean the outcome of the cancer treatment is less successful.

In diagnostic radiography, some imaging and interventional procedures are painful or distressing and/or patients may be extremely anxious on arrival at the imaging department. If pain and anxiety are not sufficiently controlled, the outcome of the procedure may be adversely affected or the procedure stopped and rescheduled with disadvantages for both the patient and service.

#### **15. How will a radiographer communicate their prescribing decisions to other practitioners involved in a patients care?**

Radiographer prescribers will need to communicate effectively with other practitioners involved in the care of patients within and across the boundaries of NHS and private practice, and use the most appropriate media available. When sending patient data, it is vital that the data is secure, and that the risk of data loss (including misdirection) is minimised.

The Health and Social Care Information Centre gives detailed guidance on information security<sup>22</sup>, and detailed and regularly updated information security requirements are set out in the HSCIC's *Information Governance Toolkit*<sup>23</sup>.

#### **16. How will we ensure independent prescribing by radiographers will not increase antimicrobial resistance and contribute to over prescribing of medication?**

Healthcare workers have a vital role to play in preserving the usefulness of antimicrobials by controlling and preventing the spread of microbes. All radiographer independent prescribers will be required to work within their scope of practice and the PHE/ARHAI *Antimicrobial Prescribing and Stewardship Competencies*<sup>24</sup>, and are professionally responsible for ensuring that they adhere to standards of supply and administration of all medicines, as set by the MHRA and NICE. They will also be required to follow local policies for antimicrobial use. This is a specific competence included in the *Draft Outline Curriculum Framework to Prepare Radiographers as Independent Prescribers* which the HCPC will use to approve training programmes.

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<sup>22</sup> Health and Social Care Information Centre: *Principles of information security*  
<http://systems.hscic.gov.uk/infogov/security>

<sup>23</sup> Health and Social Care Information Centre: *IG Toolkit*. <https://www.igt.hscic.gov.uk/>

<sup>24</sup> Department of Health and Public Health England (2013) *Antimicrobial prescribing and stewardship competencies*  
<https://www.gov.uk/government/publications/antimicrobial-prescribing-and-stewardship-competencies>

### **17. Will radiographer independent prescribers be able to prescribe for children?**

Radiographer independent prescribers will be able to prescribe for children but only within their specialist scope of practice and competence. In addition, local and national policies and procedures would be followed which address medicine management issues in paediatrics. Some medicines available to be prescribed for children may be unlicensed and radiographer independent prescribers are excluded from being able to prescribe unlicensed medicines unless they are listed in a Clinical Management Plan which could then be prescribed using supplementary prescribing rights. The prescribing of licensed medicines off label is permitted if it is in the best interests of the child.

### **18. What happens next?**

Following close of the consultation, responses received will be collated and analysed. The CHM and the MHRA will evaluate the responses and make recommendation(s) to Ministers. If the recommendation(s) is/are amend legislation to enable radiographers to train as independent prescribers and Ministers agree to the recommendation(s), MHRA will take forward work to make the relevant amendments.

### **19. When will this legislation come into effect?**

Due to the procedures involved in achieving the necessary changes to legislation it is not possible at this stage to give a definitive timeframe for these changes. However, the first intake of radiographers on to an education programme to prepare them as independent prescribers would not be before 2016.

### **20. Why was an equality analysis not undertaken for this public consultation?**

The general equality duty that is set out in the Equality Act (2010) requires public authorities, in the exercise of their functions, to have due regard for the need to:

- Eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

Under the previous public sector equality duties (for race, disability and gender), public bodies sometimes took unnecessary, inappropriate, disproportionate or counter-productive action in the name of equality. The new Equality Duty aims to reverse the overly-bureaucratic and burdensome approach often used under the previous duties, so that the focus is on performance, not process and therefore does not impose a legal requirement to conduct an Equality Impact Assessment, nor is there any practical need to conduct one. Compliance with the Equality Duty involves consciously thinking about the three aims of the Equality Duty as part of the process of decision-making and has been an integral part of the development of this consultation and all supporting documentation. The responses to the equality questions posed in this consultation will feed into the ongoing equality analysis that will in turn inform the policy decisions made.

**21. Why has independent prescribing for radiographers not been proposed before now?**

In 2009, the Allied Health Professions (AHPs) Prescribing and Medicines Supply Mechanisms Scoping Project was undertaken to establish whether there was evidence of service and patient need to support extending prescribing and medicines supply mechanisms available to AHPs. The project found there was evidence supporting a progression to Independent Prescribing for radiographers and that further work should be undertaken, when appropriate, to consider the need for Independent Prescribing by radiographers. The work was not progressed to a public consultation at that time, primarily due to capacity and resource issues. A project was established in October 2014 to take the work forward.



## Glossary

Allied Health Professions	A group of professionals who work in health and social care. They prevent disease, diagnose, treat and rehabilitate patients of all ages and all specialities. Together with a range of technical and support staff they deliver patient care, rehabilitation, treatment, diagnostics and health improvement to restore and maintain physical, sensory, psychological, cognitive and social functions. Dietitians, orthoptists, paramedics and radiographers are Allied Health Professionals.
Commissioners:	NHS commissioners and Clinical Commissioning Groups (CCGs) are responsible for planning and purchasing healthcare services for their local population. They work with local providers to organise and deliver healthcare services which better meet the needs of patients.
Commission on Human Medicines (CHM)	A committee that advises ministers on the safety, efficacy and quality of medicinal products.
Controlled drugs	Drugs that are listed in the United Kingdom Misuse of Drugs Act 1971 e.g. morphine for pain relief.
Department of Health, Social Services and Public Safety (Northern Ireland)	It is the Department's mission to improve the health and social well-being of the people of Northern Ireland. It endeavours to do so by: <ul style="list-style-type: none"> <li>• leading a major programme of cross-government action to improve the health and well-being of the population and reduce health inequalities. This includes interventions involving health promotion and education to encourage people to adopt activities, behaviours and attitudes which lead to better health and well-being. The aim is a population which is much more engaged in ensuring its own health and well-being; and</li> <li>• ensuring the provision of appropriate health and social care services, both in clinical settings such as hospitals and GPs' surgeries, and in the community through nursing, social work and other professional services.</li> </ul>
Formulary	The medicines formulary is a list of approved medicines. It is used alongside other resources to promote safe and appropriate prescribing of medicines for patients.
Health and Care Professions Council (HCPC)	The regulator of 16 different health and care professions including the allied health professions. It maintains a register of health and care professionals and is responsible for setting the standards of training, conduct, and competence for these professionals.

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Human Medicines Regulations (2012)	The Human Medicines Regulations (2012) governs the control of medicines for human and veterinary use, which includes the manufacture and supply of medicines.
Independent prescriber	An independent prescriber is a practitioner responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management, including the prescription of medicines.
Licensed medicines	A medicine must be granted a licence by the appropriate body before it can be widely used in the UK. A licence indicates all the proper checks have been carried out and the product works for the purpose it is intended for.
Medicines and Healthcare Products Regulatory Agency (MHRA)	MHRA is responsible for regulating all medicines and medical devices in the UK by ensuring they work and are acceptably safe. The MHRA is an executive agency of the Department of Health.
Mixing of medicines	The combination of two or more medicinal products together for the purposes of administering them to meet the needs of a particular patient.
Non-Medical Prescribing (NMP)	NMP is prescribing by specially trained health care professionals who are not doctors or dentists. They include nurses, pharmacists, physiotherapists, podiatrists and radiographers. They work within their clinical competence as either independent and/or supplementary prescribers.
Patient Group Direction (PGD)	A written instruction for the supply and/or administration of a licensed medicine (or medicines) in an identified clinical situation, where the patient may not be individually identified before presenting for treatment. Each PGD must be signed by both a doctor and pharmacist; and approved by the organisation in which it is to be used.
Patient Specific Direction (PSD)	A prescribers (usually written) instruction for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.
Radiographer	Radiographers are health professionals who deliver timely and reliable diagnoses of disease, as well as curative and palliative treatment and care for patients with cancer. There are two distinct categories of radiographers, diagnostic radiographers and therapeutic radiographers:

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**Diagnostic radiographers** take lead responsibility for the management and care of patients undergoing a spectrum of clinical imaging examinations, together with associated image interpretation

**Therapeutic radiographers** take lead responsibility for the management and care of patients with cancer undergoing radiotherapy during the pre-treatment, treatment delivery and immediate post-treatment phases

Scottish Government  
Health and Social Care  
Directorate

Aims to help people sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to healthcare. The Directorate also allocates resources and sets the strategic direction for NHS Scotland and is responsible for the development and implementation of health and social care policy.

Supplementary prescribing

A voluntary prescribing partnership between the independent prescriber (a doctor) and the supplementary prescriber, to implement an agreed patient-specific clinical management plan with the patient's agreement.

Society and College of  
Radiographers (SCoR)

SCoR is the professional body representing the radiographic workforce, including: practitioners, assistant practitioners, support workers and student radiographers in the United Kingdom.

Welsh Department of  
Health and Social Services

Is the devolved Government for Wales - working to help improve the lives of people in Wales and make the nation a better place in which to live and work. The aim is to promote, protect and improve the health and well-being of everyone in Wales by delivering high quality health and social care services, including funding NHS Wales and setting a strategic framework for adult and children's social care services. Where there are inequalities in health, work takes place across Government to tackle the social, economic and environmental influences that affect health and well-being.