



Patient and public summary for:

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

The full consultation document is available on the NHS England consultation hub website [here](#).

Prepared by the Allied Health Professions
Medicines Project Team

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Patient and public summary for consultation on proposals to introduce independent prescribing by radiographers across the United Kingdom

This summary document has been primarily produced for patients and the public to accompany the *Consultation on proposals to introduce independent prescribing for radiographers across the United Kingdom* which can be accessed on the NHS England consultation hub website [here](#). This summary document has been considerably condensed and **does not** contain all the detailed information on this proposal such as patient safety, training and education.

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 Summary

The NHS is consulting on proposals to enable radiographers working at an advanced level and who have undertaken appropriate training, to prescribe medicines independently for their patients when appropriate.

There are two categories of radiographers – diagnostic radiographers who manage patients undergoing a range of clinical imaging examinations, such as x-ray and therapeutic radiographers who manage and care for patients with cancer undergoing radiotherapy.

Independent prescribing is the prescribing of medicines by an appropriately trained practitioner responsible for the assessment of patients and for decisions about the clinical management required, including any prescribing.

There are five different options for how independent prescribing by both diagnostic and therapeutic radiographers could be introduced. These are set out below along with a number of questions to which we are seeking responses. Everyone is welcome to respond to the consultation.

The consultation will run for 12 weeks and will close on **22 May 2015**

This document is a summary of the main consultation document which is available on the NHS England consultation hub website [here](#).

A glossary of terms is included at the end of this document.

2 Introduction

In recent years, the NHS has enabled a wider range of health professionals to prescribe or supply and/or administer medicines to patients. This makes it easier for patients to access the medicines that they need in a timely manner so they gain maximum benefit.

The NHS is now consulting on proposals for four separate groups of allied health professionals across the United Kingdom to have wider access to medicines for their patients. These proposals include:

- Independent prescribing by radiographers
- Independent prescribing by paramedics
- Supplementary prescribing by dietitians
- Use of exemptions within Human Medicines Regulations (2012) by orthoptists

The proposed changes will allow these health professionals to better use their skills to care for their patients. This will mean that patients will be able to access medicines as part of their treatment at the most appropriate time and place.

This document covers the consultation on proposals to introduce independent prescribing for radiographers across the UK.

3 About the consultation

This consultation has been prepared by NHS England with support from the Society and College of Radiographers, Medicines and Healthcare products Regulatory Agency (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.

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.

Everyone is welcome to respond to the questions in this consultation as outlined in section 6.

The consultation remains open for 12 weeks and responses should be sent to arrive no later than: **22 May 2015**

4 Background and context

4.1 The role of radiographers

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

- Diagnostic radiographers manage and care for patients undergoing a range of clinical imaging examinations, such as x-ray
- Therapeutic radiographers manage and care for patients with cancer undergoing radiotherapy

Radiographers work in the NHS, independent and private health care services; higher education; and research establishments.

4.2 Current use of medicines by radiographers

Radiographers use a range of mechanisms to supply and administer medicines to their patients and, since 2005 some radiographers have been able to undertake training to be annotated on the Health and Care Professions Council (HCPC) register as a supplementary prescriber.

Although the current mechanisms work well for some patients, independent prescribing would allow diagnostic and therapeutic radiographers to provide more patients with the medicines they need, when they need them and therefore improve both outcomes and the experience of care for patients. More detailed information about how radiographers currently provide patients with medicines can be found in the main consultation document which can be accessed on NHS England consultation hub website [here](#).

4.3 Which radiographers would be able to become independent prescribers of medicines?

Not all radiographers would be able to train to become independent prescribers. The safety of patients is paramount and therefore only the most experienced diagnostic and therapeutic radiographers working at an advanced level would be able to train to become independent prescribers.

Radiographers would also need to meet a number of other requirements such as working in an environment where there is an identified need for the individual to regularly prescribe independently. For a full list of entry requirements see section 3.7 of the *Consultation on proposals to introduce independent prescribing by radiographers across the United Kingdom* which can be accessed on the NHS England consultation hub website [here](#).

4.4 Arrangements for introducing independent prescribing by radiographers

Once a radiographer has successfully completed an independent prescribing training programme this will be recorded on their professional Register by the HCPC which is the professional regulator.

In the interests of patient safety they will be required to maintain their skills and keep their knowledge up to date.

A radiographer independent prescriber will also need to know about the patient's medical history and the medicines they take. If the radiographer independent prescriber does not have this information they would then need to decide whether it was safe and appropriate to prescribe medicines for the patient at that time. Any prescribing decisions made by the radiographer (including the decision not to prescribe) need to be communicated to the patient's GP.

4.5 The benefits of independent prescribing by radiographers

Benefits of this proposal are that patients would be able to obtain the medicines they need when and where they need them which would improve outcomes. There would also be a reduction in the number of appointments necessary to access prescriptions.

The proposed changes would also support innovative service redesign to make best use of radiographers' skills in both radiotherapy and imaging. Independent prescribing could also provide greater choice for patients, GPs and commissioners. By reducing unnecessary appointments with different professionals, the costs of care may also 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 Proposals

5.1 Options for introducing independent prescribing

There are five options for the introduction of independent prescribing by both diagnostic and therapeutic radiographers, as set out below:

5.1.1 Option 1: No change

Radiographers would continue to train as supplementary prescribers and would continue to supply and/or administer medicines under existing mechanisms.

Benefits

The existing arrangements have proved safe and in some routine situations they allow radiographers to provide patients with the medicines that they need.

Limitations

An opportunity to improve outcomes for patients would be missed. The existing arrangements do not always support the needs of patients, particularly when radiographers are working independently without direct input from doctors.

5.1.2 Option 2: Independent prescribing for any condition from a full formulary

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

Benefits

Patients 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 improved care, more timely care and greater convenience.

Limitations

This option has no obvious limitations.

5.1.3 Option 3: Independent prescribing for specified conditions from a specified formulary

Appropriately trained advanced 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 medicines they need are listed.

Limitations

Patients whose condition or medicines do not appear on the lists of medicines and conditions would not be able to benefit. Also, lists of medicines and conditions would need updating regularly, to support ongoing current best practice. This would require lengthy administrative and legislative processes and would be slow to update.

5.1.4 Option 4: Independent prescribing for any condition from a specified formulary

Appropriately trained advanced 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 medicine needs do not appear on the list of medicines would not benefit. As with option 3, the lists would quickly become out of date.

5.1.5 Option 5: Independent prescribing for specified conditions from a full formulary

Appropriately trained advanced radiographers would be permitted to prescribe independently any medicine within their professional scope of practice and competence, but 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 benefit. As with option 3, the lists would be difficult to administer and keep up-to-date.

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?

5.2 Controlled drugs

Controlled drugs are subject to different legislation because of the risk of their misuse. Controlled drugs include morphine. They are controlled under the Home Office's Misuse of Drugs Regulations. 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 to help control a patient's pain and/or anxiety.

Radiographers are currently able to prescribe controlled drugs via supplementary prescribing arrangements. It is proposed that radiographers should be able to prescribe independently from a restricted list of nine controlled drugs which are listed in section 6.2 of the main consultation document which can be accessed on the NHS England consultation hub website [here](#).

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

5.3 Mixing of medicines

Clinical practice sometimes requires the mixing of two medicines before being given to the patient. For example, advanced radiographers undertaking musculoskeletal ultrasound may need to mix local anaesthetic with corticosteroid to inject into the joint cavity as part of the treatment. It is proposed 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?

5.4 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?

5.5 Supporting documents: impact assessment, practice guidance and education curriculum frameworks

4.1.1 Impact assessment

Impact Assessments are an important part of the policy making process. The purpose of an impact assessment is to focus on why the change in policy is necessary, what impact the change in policy is likely to have, and to highlight the costs, benefits and risks of the change.

The *Consultation Stage Impact Assessment* for the proposal to introduce independent prescribing by radiographers is available on the NHS England consultation hub website [here](#) and contains the information about the actual (where available) and estimated costs, benefits and risks of the proposal.

The consultation is an opportunity to gather additional information and evidence to further inform costs, benefits and risks of the proposal.

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

4.1.2 Practice guidance

The professional body for radiographers (The Society and College of Radiographers) has developed practice guidance for radiographer prescribers which provides information that should underpin the decision-making and actions of radiographers who are 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 independent prescribers. An independent radiographer prescriber will be expected to justify any decision to act outside the guidance.

The consultation is an opportunity to gather feedback and comments on the guidance developed 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 8: Do you have any comments on the proposed practice guidance for radiographer independent and/or supplementary prescribers?

4.1.3 Education curricula frameworks

The Society and College of Radiographers has developed a draft outline curriculum aimed at education providers intending to develop education programmes for radiographers to train as independent prescribers. Since 2005, radiographers have been able to train as supplementary prescribers and therefore a 'conversion' outline curriculum framework has also been developed to allow those radiographers who are already supplementary prescribers to undertake additional training to become an independent prescriber.

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 both be accessed on the NHS England consultation hub website [here](#).

The consultation is an opportunity to gather 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'?

5.6 Equality

The Equality Act (2010) highlights that everyone has the right to be treated with fairness, dignity and respect. The proposal for independent prescribing by advanced radiographers will help to improve access to medicines and services for **all** patients, but may specifically benefit and reduce barriers in access to medicines for vulnerable groups including the homeless, children and young people, asylum seekers, students and offenders.

The introduction of independent prescribing by advanced radiographers will allow changes to the way healthcare services are organised and delivered. A radiographer independent prescriber would be able to prescribe without delay, reducing cost, time and travel for patients. This will be particularly beneficial for groups in rural and remote locations and travellers. Specific groups such as older people and people with disabilities will also benefit through avoiding the need for additional appointments to obtain a prescription.

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?

6 How to respond to this consultation

You can respond to this consultation 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

This summary document can also be requested in alternative formats, such as easy read, Welsh language, large print and audio. Please contact: enquiries.ahp@nhs.net

The consultation remains open for 12 weeks and responses should be sent to arrive no later than: **22 May 2015**

7 Next steps

Following the close of the consultation, the Commission on Human Medicines (CHM) will be asked to consider the proposals in light of comments received. Subject to advice from CHM and to agreement by Ministers, the Medicines and Healthcare Products Regulatory Agency (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. 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 are approved and all 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 programme would be in 2016.

8 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"> • 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 • 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.
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.

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.
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 independent and/or supplementary prescribers.
Radiographer	<p>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:</p> <p>Diagnostic radiographers take lead responsibility for the management and care of patients undergoing a spectrum of clinical imaging examinations, together with associated image interpretation</p> <p>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</p>
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.