Summary of the responses to the public 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 2016

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Contents

1 Executive Summary

The purpose of this document is to provide a summary of responses given to the public consultation on proposals to introduce independent prescribing by radiographers.

It is recommended that this summary is read alongside the full consultation document which is available on the NHS England website here.

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

1.1 Outline of proposal

In February 2015, NHS England consulted on proposals to amend medicines legislation to introduce independent prescribing by radiographers. The proposal was aimed at advanced radiographers within the United Kingdom (UK) and would apply in any clinical setting in which radiographers work.

The Society and College of Radiographers (ScOR) define advanced practitioners as experienced practitioners who 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[1].

Five options for introducing independent prescribing by advanced radiographers were proposed:

Option 1: No Change
Option 2: Independent prescribing for any condition from a full formulary
Option 3: Independent prescribing for specific conditions from a specified formulary
Option 4: Independent prescribing for any condition from a specified formulary
Option 5: Independent prescribing for specific conditions from a full formulary

It was also proposed that consideration be given to radiographer independent prescribers being permitted to mix licensed medicines prior to administration and to prescribe independently from the following restricted list of controlled drugs, within their scope of practice and competence.

- Midazolam
- Tramadol
- Lorazepam
- Diazepam
- Temazepam
- Fentanyl
- Morphine
- Oxycodone
- Codeine

[1] The Society and College of Radiographers (2015) *Advanced Practitioners.* *http://www.sor.org/career-progression/advanced-practitioners*

1.2 Background to consultation

- In 1999, the recommendations contained within the *Review of prescribing, Supply and Administration of Medicines* [2] informed policy for non-medical prescribing, with the aim of improving: patient care, choice and access; patient safety; the use of health professionals' skills; and flexible team-working.

- In 2009, the *AHP Prescribing and Medicines Supply Mechanisms Scoping Project Report* [3] found evidence supporting a progression to independent prescribing for radiographers.

- In October 2013, the NHS England AHP Medicines Project team was established to take this work forward under the Chief Allied Health Professions Officer.

- A case of need for the introduction of independent prescribing by radiographers was developed based on improving quality of care for patients, 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 Directorate Senior Management Teams in May 2014 and from the Department of Health Non-Medical Prescribing Board in July 2014.

- In August 2014, ministerial approval was received to commence preparation for a public consultation, with agreement from the devolved administrations in Scotland, Wales and Northern Ireland.

1.3 Public consultation

NHS England led a 12-week public consultation between 26 February and 22 May 2015 on the proposal to introduce independent prescribing by radiographers (both therapeutic and diagnostic).

The proposed changes to medicines legislation would be applicable throughout the United Kingdom and the consultation was 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 (DH) for England; and the Medicines and Healthcare products Regulatory Agency (MHRA).

[2] Department of Health (1999) *Review of Prescribing, Supply & Administration of Medicines,* London, DH. http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4077151

[3] Department of Health (2009) *Allied Health Professionals Prescribing and Medicines Supply Mechanisms Scoping Project Report*. London, DH. http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_103948

Notification of the consultation was published on the NHS England website with links provided on the SCoR website.

Respondents were able to submit their feedback via an online portal (Citizen Space), by email or in hard copy.

1.4 Summary of responses to the consultation

The 12-week public consultation received a total of 984 responses: 969 responses were received via the online portal, and 15 were received in hard copy.

83 responses were received from organisations and 895 from individuals. 6 responses did not state if they were responding as an individual or on behalf of an organisation.

There were 78 responses from Scotland, 128 responses from Wales, 19 responses from Northern Ireland and 734 responses from England. 25 respondents chose not to provide their country of residence.

94.31% of respondents (78 organisations, 844 individuals and 6 responses that did not identify whether they were an organisation or an individual) supported amendments to legislation to introduce independent prescribing by radiographers.

Independent prescribing for any condition from a full formulary was the preferred option for the majority of respondents, with 64.43% (65 organisations, 565 individuals and 4 responses that did not identify whether they were an organisation or an individual) of respondents in support of option 2.

Support for the other options was as follows:

- **Option 1: No change -** 4.98% of responses supported this option (3 organisations and 46 individuals).
- **Option 3: Independent prescribing for specific conditions from a specified formulary -** 17.89% of responses supported this option (10 organisations, 165 individuals and 1 response that did not identify whether they were responding as an organisation or an individual).
- **Option 4: Independent prescribing for any condition from a specified formulary** - 4.27% of responses supported this option (3 organisations and 39 individuals).
- **Option 5: Independent prescribing for specific conditions from a full formulary** - 8.13% responses supported this option (2 organisations, 77 individuals and 1 response that did not identify whether they were responding as an organisation or an individual).
- **Not answered:** 0.3% of the responses received did not answer this question.

83.94% of respondents (64 organisations, 757 individuals, and 5 responses that did not identify whether they were responding as an organisation or an individual) were also in agreement that radiographers should be able to prescribe independently from the proposed list of controlled drugs.

76.42% of respondents (70 organisations, 677 individuals and 5 responses that did not identify whether they were responding as an organisation or an individual) supported amendments to medicines legislation to allow radiographers who are independent prescribers to mix medicines prior to administration and direct others to mix.

1.5 Next steps

The results of the public consultation were presented to the Commission on Human Medicines (CHM) for their consideration in October 2015 and they published their recommendations in November 2015, a summary of which can be accessed here.

Although the NHS England consultation covered proposals for independent prescribing for both therapeutic and diagnostic radiographers, when the findings of the consultation were presented to the CHM, at this stage they were only supportive of the proposal for therapeutic radiographers. The CHM stated that independent prescribing by diagnostic radiographers was not appropriate or clinically necessary at this stage.

Diagnostic Radiographers

NHS England continues to work collaboratively with the CHM, MHRA and DH regarding the proposal for independent prescribing by diagnostic radiographers. Updates on progress will be produced in due course.

Therapeutic Radiographers

The CHM recommendations were submitted to Ministers for approval and agreement to extend independent prescribing responsibilities to therapeutic radiographers and for therapeutic radiographers to mix medicines was announced in February 2016.

MHRA are taking forward the necessary amendments to UK-wide medicines legislation and the NHS Regulations in England will be amended accordingly. The NHS Regulations in Wales, Scotland and Northern Ireland are matters for the Devolved Administrations.

Proposed changes to legislation in relation to the use of controlled drugs by therapeutic radiographers will be considered by the Home Office Ministers, following advice from the Advisory Council on the Misuse of Drugs.

2 Background

2.1 Therapeutic radiographers

The term 'therapeutic radiographer' is a protected title by law and all therapeutic radiographers must be registered with the HCPC. There are currently 31,177 (as of 4 January 2016) radiographers registered with the HCPC in the UK and of these, there are 4300 therapeutic radiographers. Information from the database held by the SCoR indicates that the vast majority of radiographers (approximately 90%) are employed in the NHS.

Therapeutic radiographers play a vital role in the delivery of radiotherapy services. They are extensively involved at all stages of the patient's cancer journey and are the only healthcare professionals qualified to plan and deliver radiotherapy. Therapeutic radiographers are responsible for the planning and delivery of accurate radiotherapy treatments using a wide range of technical equipment. 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 the cancer, 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.

In response to an increase in demand and service redesign, the role of therapeutic radiographers has developed significantly in recent years, including the introduction of extended roles such as advanced radiographer practitioners. The SCoR define advanced practitioners as experienced practitioners who 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[4].

2.2 Current use of medicines by radiographers

Radiographers have had a long relationship with medicines and have been eligible to train as supplementary prescribers since 2005. When supplying, administering or prescribing medicines, radiographers are professionally responsible for ensuring that they adhere to standards set by the MHRA, the National Institute For Health Care Excellence (NICE)[5] and also, as set by their regulator, the HCPC[6].

[4] The Society and College of Radiographers (2015) *Advanced Practitioners.* http://www.sor.org/career-progression/advanced-practitioners

[5] National Institute For Health Care Excellence (NICE) (2014) *Medicine Practice Guidelines – Patient Group Directives* http://www.nice.org.uk/guidance/mpg2

[6] Health and Care Professions Council (HCPC) (2013) *Standards for Prescribing* http://www.hpc-uk.org/aboutregistration/standards/standardsforprescribing/

Under current medicines legislation, radiographers can supply and administer a range of medicines through the following mechanisms:

- **A Patient Group Direction (PGD)** is 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 by a specified health care professional.

- **A Patient Specific Direction (PSD)** is a prescriber's (usually written) instruction that enables a radiographer to supply or administer a medicine to a named patient.

Radiographers working at an advanced practice level can also train to become supplementary prescribers:

- **Supplementary Prescribing (SP)** is a voluntary prescribing partnership between the independent prescriber (usually a doctor) and the supplementary prescriber, to implement an agreed patient-specific clinical management plan (CMP).

Although the use of PGDs, PSDs and supplementary prescribing by therapeutic radiographers has helped to improve the effectiveness of care for some patients, there are significant drawbacks to the current mechanisms. Consequently, there is potential for therapeutic radiographers to contribute much further to the delivery of high-quality, cost-effective care that improves patient experience.

The availability of doctors for CMP agreement poses a challenge for therapeutic radiographer supplementary prescribers, who frequently work in clinical settings in which a doctor is not present, e.g. radiographer-led services, out-of-hours services and satellite clinics. Other challenges reported include uncertainty regarding who the independent prescriber should be and difficulties when timeframes of care are short.

2.3 How therapeutic radiographers are trained and regulated

Therapeutic radiographers are degree qualified health professionals who deliver radiotherapy services. Pre-registration training of therapeutic 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.

The practice of therapeutic radiography requires a broad range of knowledge; it is firmly based on an understanding of physical and biological sciences, and the basic and applied sciences underpinning cancer and cancer treatment are major components of pre-registration programmes. Knowledge of research methodology and ways in which practice needs to be evidence-based and developed, is also fundamental, supported by the necessary information technology. This is complemented by knowledge of social and behavioural sciences and the theories of communication in order to support the skills of therapeutic radiography practice. Each university course varies, however core subjects include communication skills, oncology, anatomy, treatment techniques, radiation physics and research methods.

After qualification, development in specialist areas of practice is achieved via different routes; underpinned by performance review and personal development plans. This will include the use of competency-based development programmes, formal and informal learning opportunities (including Masters and other higher level study and research), reflection on practice and practice supervision.

Therapeutic 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 (therapeutic radiographer) must be registered on the relevant part of the register.

The HCPC sets the standards that all therapeutic 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.

The Society and College of Radiographers (SCoR) is the professional body and trade union for radiographers in the UK. It informs the healthcare agenda and leads opinion on a wide range of professional issues, setting standards and developing policies. 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.

SCoR developed the *Draft Practice Guidance for Radiographer Independent and/or Supplementary Prescribers,* which was presented for consideration as part of the public consultation and has been updated in line with comments received during the consultation process. The updated Practice Guidance has been published on the SCoR website and can be accessed here.

Employers will retain responsibility for ensuring adequate skills, safety and appropriate environments are in place for independent prescribing by therapeutic radiographers. Employers would also be responsible for ensuring that there is a need for a therapeutic radiographer to undertake independent prescribing responsibilities, prior to their commencement of training and ensure that there is a role to use independent prescribing post-training. The same standards would apply regardless of whether the therapeutic radiographer is working in the NHS, independent or other settings.

Part of the assurance to be put in place for satisfying local clinical governance requirements will be the development of a policy for the use of independent prescribing by therapeutic radiographers that is approved according to local arrangements and frequently monitored/reviewed. This may include strategic planning, risk management, evaluation of clinical governance, medicines management, organisational change and innovative service redesign using independent prescribing.

2.4 Continuing professional development (CPD)

Once registered, therapeutic 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. The HCPC sets standards for CPD, which all registrants must meet. 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 declares how 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.

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.

SCoR supports the HCPC in its requirement for therapeutic radiographers to engage in CPD and makes recommendations to its members regarding CPD activities required to achieve the standards set by the regulator. As a benefit of membership SCoR provides an online CPD tool to enable members to meet these requirements.

Radiotherapy departments and individual radiographers often use the HCPC and SCoR frameworks to support their CPD requirements and to structure annual appraisal processes.

2.5 Education programmes for therapeutic radiographer independent prescribers

Multi-professional, non-medical prescribing training is provided as an integrated programme for both independent and supplementary prescribers. It is the relevant legislative framework that defines the mechanism(s) available to each profession and thus the assessment of course participants. Both diagnostic and therapeutic radiographers may be annotated and practice as supplementary prescribers. Therapeutic radiographers will now be eligible to gain annotation and be able to practice as independent prescribers on successful completion of an approved programme.

The HCPC will have the authority to approve education programmes for the provision of therapeutic radiographer independent prescribing training and for current therapeutic radiographer supplementary prescribers to undertake additional training to become independent prescribers. The HCPC will approve programmes against their *Standards for Prescribing*[7].

The *Outline Curriculum Framework (OCF) for Education Programmes to Prepare Therapeutic Radiographers as Independent Prescribers* and *The OCF for Conversion Programmes to Prepare Therapeutic Radiographer Supplementary Prescribers as Independent Prescribers* have been developed and can be accessed here. The OCFs are aimed at individuals interested in the programme and education providers intending to develop education programmes. The education programmes will teach participants the general principles of prescribing and how to apply these principles safely within their relevant scope of practice.

2.6 Eligibility criteria for therapeutic radiographers

Not all therapeutic 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 AHPs who are able to train as independent prescribers (e.g. physiotherapists and podiatrists), it is proposed that all therapeutic radiographer entrants to the training programme would need to meet the following requirements:

- Be registered with the Health and Care Professions Council as a therapeutic radiographer.
- Be professionally practising in an environment where there is an identified need for the individual to regularly prescribe.

[7] Health and Care Professions Council (HCPC) *Standards for prescribing. http://www.hcpc-uk.org/publications/standards/index.asp?id=692*

- 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 Designated Medical Practitioner (DMP) to supervise and assess their clinical training as an independent prescriber.
- Have (normally) 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 own performance and take responsibility for their own Continuing Professional Development (CPD), including development of networks for support, reflection and learning.
- In England and Wales, provide evidence of a Disclosure and Barring Service (DBS) check within the last three years. In Northern Ireland provide evidence of an AccessNI check within the last three years. In Scotland, be a current member of the Protection of Vulnerable Groups (PVG) scheme.

* If self-employed, must be able to demonstrate an identified need for prescribing and that all appropriate governance arrangements are in place.

2.7 How independent prescribing would be used by therapeutic radiographers

Independent prescribing by therapeutic radiographers is part of a drive to make better use of their skills in providing a highly responsive service that delivers high-quality cancer care services against a background of an increasing prevalence of cancer.

Therapeutic radiographers must only work within their scope of practice and competence, and the same will apply to the use of independent prescribing. If a therapeutic radiographer changes their role to a new area of practice they must be competent in that area before they can use independent prescribing within this role. Therapeutic radiographers working at an advanced level are expert in a very specialist area of clinical practice and have a narrow scope of practice e.g. head and neck cancers, breast cancer or palliative care.

There are 65 radiotherapy departments in the UK and it can be envisaged that a small number of therapeutic radiographer independent prescribers in each department would make a significant contribution to improvement in patient support and on-treatment review services for patients undergoing radiotherapy treatment for cancer. The focus will be prescribing for treatment related toxicity.

Example:

Satellite Clinics

The recent introduction of satellite radiotherapy and oncology treatment centres has supported the delivery of accessible, convenient care for patients closer to home. Within these radiographer-led community-based services, therapeutic radiographers have very limited or no input from doctors. Therefore patients requiring medicines to effectively manage the side effects of treatments may experience delays. They may even be unable to continue with treatment if they need to see another professional (usually a doctor) in order to receive the medicines they require. Independent prescribing by therapeutic radiographers would support the development of further radiographer-led radiotherapy services.

2.8 Benefits of independent prescribing by therapeutic radiographers

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 therapeutic 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 therapeutic radiographers could also improve outcomes for patients, whilst improving cost-effectiveness and increasing choice for patients and commissioners.

2.9 Antimicrobial stewardship

All 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. Medicines management is not an activity that occurs in isolation, so therapeutic radiographer independent prescribers will continue to communicate with other practitioners involved in the care of patients.

NICE Guideline NG15, *Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use* [8] provides detailed recommendations for organisations (commissioners and providers), individual prescribers and other health and social care practitioners, regarding the use of antibiotics and antimicrobial stewardship.

[8] National Institute for Health and Care Excellence (NICE) (2015) Guideline NG15: *Antimicrobial stewardship: systems and processes for effective antimicrobial medicines use:* https://www.nice.org.uk/guidance/ng15/resources/antimicrobial-stewardship-systems-and-processes-for-effective-antimicrobial-medicine-use-1837273110469

Like all healthcare providers, therapeutic radiographer independent prescribers and their employing organisations will be required to consider antimicrobial stewardship and follow national and local policies and guidelines 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. Therapeutic radiographer independent prescribers will also be required to follow the *Antimicrobial Prescribing and Stewardship Competencies*[9].

[9] Department of Health and Public Health England (2013) *Antimicrobial prescribing and stewardship competencies* https://www.gov.uk/government/publications/antimicrobial-prescribing-and-stewardship-competencies

3 Consultation Process

3.1 General

The proposed changes to medicines legislation would apply throughout the United Kingdom and therefore the consultation was 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.

The UK-wide consultation was held between 26 February and 22 May 2015.

3.2 Communications

Invitations to respond to the public consultation were sent to the Chief Executives of NHS Trusts, Clinical Commissioning Groups, Royal Colleges, Healthcare Regulators and other national professional organisations. Medical Directors, Directors of Public Health, Directors of Nursing, Directors of Adult Social Services, and NHS England Regional and Area Directors also formed part of the target audience.

Organisations and groups with an interest were contacted, including third sector organisations, patient groups, arm's length bodies and NHS networks.

NHS England also undertook engagement meetings with a number of Royal Colleges and Professional Bodies during the consultation period to support them responding to the consultation. Notification of the consultation was published on the NHS England website with links provided on the SCoR website.

3.3 Methods

Responses to the consultation could be submitted in one of the following ways:

1. By completing the online consultation on the NHS England Consultation hub website.
2. By downloading a PDF copy of the reply form from the NHS England Consultations webpage and emailing the completed from to the AHP mailbox.
3. By printing the reply from or requesting a hard copy to complete and return by post.

The consultation documents were also available in alternative formats, such as easy read, Welsh language, and large print or audio upon request.

3.4 Patient and public engagement

During the consultation period, public and patient engagement events were held in England, Scotland and Northern Ireland.

The events were an opportunity for patients, carers and the public to develop their understanding of the four proposals being taken forwards as part of the AHP Medicines Project which included:

- Independent prescribing by radiographers
- Independent prescribing by paramedics
- Supplementary prescribing by dietitians
- Use of exemptions by orthoptists

Attendees had an opportunity to take part in small group discussions and ask questions in order to seek clarity on the proposals.

A patient and public engagement event was not held in Wales as it was decided by the Welsh Government that the communications strategy they had in place was sufficient and therefore did not warrant further engagement.

3.5 Equality and health inequalities

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.

- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services, and to ensure services are provided in an integrated way where this might reduce health inequalities.

The extension of medicines mechanisms aims to improve patients' access to the medicines they need in a variety of settings. It may specifically benefit and reduce barriers in access to medicines for different equality groups included in but not restricted to, those included in the Equality Act 2010:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Additionally, other specific groups should be considered when developing policy, including: children, and young people, travellers, immigrants, students, the homeless and offenders.

The impact of the proposal on equality and health inequalities were addressed two-fold:

1. As part of the patient and public engagement exercises (see section 3.4) a health inequalities table-top discussion was held to gain feedback from participants and consider the impact of proposed changes on all of the above protected characteristics and specific groups.

2. Two questions were posed as part of the public consultation to identify any impact on the protected characteristics and specific groups (see section 3.6).

It can be concluded from the responses to the consultation that changes to legislation to enable therapeutic radiographers to become independent prescribers would have a positive impact on many of the protected characteristics and groups but no negative impact on any particular characteristic or group.

Any future work in respect of monitoring and evaluation will also take into account our *Equality and Health Inequalities legal duties*[10].

3.6 Consultation questions

Respondents to the consultation were required to give their name and email address as well as responses 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?

[10] NHS England (2015) *Equality and Health Inequalities legal duties.* NHS England, London https://www.england.nhs.uk/about/gov/equality-hub/legal-duties/

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?

4 Consultation Responses

Whilst this summary document refers specifically to independent prescribing by therapeutic radiographers, due to the original proposal considering independent prescribing for both therapeutic and diagnostic radiographers, the public consultation covered all radiographers collectively. It is therefore not possible to separate out the data for therapeutic radiography only and hence the data in this section is across both diagnostic and therapeutic radiography.

The consultation received 984 responses in total. 969 responses were received via the online portal (Citizen Space) and 15 were received in hard copy.

Responses were received from all four countries of the UK as outlined in table 1 below.

Responses by country	Number of responses received
England	734
Scotland	78
Northern Ireland	19
Wales	128
Not answered	25
Total responses	**984**

Table 1: Breakdown of consultation response by country

As outlined in table 2 below, 83 organisations responded to the consultation and 895 responses were received from individuals, of whom 126 were from patients, carers and members of the public, while 769 responded as a health or social care professional including: doctors, nurses, pharmacists and allied health professionals.

Responses by individuals	**895**
Healthcare professionals	769
Public, carers/patients	126
Responses by organisations	**83**
Did not state if responding as an individual or as an organisation	**6**
Total responses	**984**

Table 2: Breakdown of respondents

The responses were categorised into 6 groups as outlined in table 3 below: groups 1 to 5 comprise all of the organisational responses, sorted by organisation type, while the 6th group includes all individual responses.

Group 1:	National Organisations and Networks, Professional Bodies and Royal Colleges, Regulators, Government and Arm's Length Bodies
Group 2:	Allied Health Professional Organisations, Professional Bodies and Advisory Groups
Group 3:	Educational Bodies/Establishments
Group 4:	Commissioning, Commercial and Non-Commercial Organisations, Service Providers, Independent Sector, and Trade Associations
Group 5:	Patient and Public Representatives, Charitable and Voluntary Associations
Group 6:	Responses from Individuals

Table 3: Organisational Groups

4.1 Summary of responses by question

4.1.1 Responses to question 1

1) *Should amendments to legislation be made to allow radiographers to independently prescribe?*

Response options:

- Yes
- No

The breakdown (number and percentage) by professional group was as follows:

	Organisations												Individuals		Other responses **	
	Group 1		Group 2		Group 3		Group 4		Group 5		All Organisations *		Group 6			
Option		%		%		%		%		%		%		%		%
Yes	10	67	21	100	16	100	23	100	3	100	78	94	844	94	6	100
No	5	33	0	0	0	0	0	0	0	0	5	6	50	6	0	0
Not answered	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Total	15	100	21	100	16	100	23	100	3	100	83	100	895	100	6	100

* Five responses were submitted on behalf of an anonymous organisation. These responses were included in the column "All organisations" though were not categorised into a specific group. Therefore the total number of responses for all organisations is five greater than the totals for groups 1 to 5.

** Did not say whether they were responding on behalf of an organisation or as an individual.

Table 4: Breakdown by group for responses to question 1

94% (78) of organisations and 94% (844) of individuals supported amendments to legislation being made to enable radiographers to prescribe independently, with overwhelming reference being made to the impact this would have on improving patient care and supporting the redesign of imaging and radiotherapy.

> *We support a change in legislation to enable therapeutic radiographers to prescribe independently… In the short term, extending the prescribing rights of therapeutic radiographers could help to relieve clinical oncology workload pressures. It could also contribute to a positive patient experience, as well as a streamlined patient pathway. In the longer term, extended roles could provide positive role models to newly qualified professionals, aiding recruitment. As careers develop, this could promote retention of skilled professionals. This would be a logical extension of the current supplementary prescribing role held by therapeutic radiographers and would enable further development of skill mix in the delivery of radiotherapy services.* **Royal College of Radiologists (response in relation to therapeutic radiographers)**

> *…We are supportive of this proposal as a way to streamline patients' access to prescribed medicines and reduce unnecessary delays in patients receiving advice or treatment. We believe that ultimately this would have the effect of improving outcomes for patients...***Health and Care Professions Council (HCPC)**

> *Prescribing is a professional activity that should be available to all appropriately registered health care professionals where it is demonstrated that a) there is a defined patient need for that skill within that professional group and b) the professional has demonstrated that they have the necessary education, training and competence to prescribe safely and effectively for patient benefit. Prescribing is no longer viewed as a task that sits only within certain professional silos and the relevant legislation should continue to be amended and updated to reflect the growing number of registered professionals who undertake this activity.* **Chartered Society of Physiotherapists**

> *Macmillan supports people affected by cancer being able to obtain the medicines they need when and where they need them, in order to improve outcomes and quality of life. Radiographers are involved at all stages of a person's cancer journey, and are therefore ideally placed to ensure that the person has rapid access to the appropriate treatments to relieve symptoms due to their cancer, or due to short-term or long-term side effects of radiotherapy.* **Macmillan Cancer Support**

> *Independent prescribing allows radiographers to fully utilise the knowledge and skills that they have demonstrated as supplementary prescribers to streamline patient care pathways.* **The SCoR Supply, Administration and Prescribing Group**

> *This would be consistent with nursing, pharmacy, podiatry and physiotherapy colleagues. Patients would have improved access to the appropriate medications which they need, in a timely manner, resulting in service improvement.* **ABM UHB Radiotherapy Department**

> *We agree that the proposal could improve outcomes for patients, improve cost effectiveness and increase choice for patients in situations where the needs of patients require routine and anticipated care.* **Guild of Healthcare Pharmacists**

> *Radiographers are allied health professionals with specific skill sets. Therapy radiographers in particular often manage treatment toxicities, and independent prescribing within their scope of practice would be hugely beneficial for patients.* **Radiographer**

> *To stream-line patient flows and speed up pathways*. **Doctor**

> *To cut patient wait times*. **Member of the public**

5 organisations and 50 individuals were not supportive of the proposed legislative change. The comments included a perceived lack of need, or a deficiency in education and training of radiographers in pharmacology and medicines.

> *In the interests of patient safety and the protection of the staff involved, we are not able to support a change in legislation to enable diagnostic radiographers to prescribe independently...* **Royal College of Radiologists (response in relation to diagnostic radiographers)**

> *We do not believe that the consultation document provides sufficient evidence of the need to enable radiographers to prescribe independently. Therapeutic radiographers work in secondary and tertiary care as part of a team, which includes oncologists and other doctors, who are able to prescribe when necessary. Our concern is the appropriateness of diagnoses before any decision to prescribe. Radiographers' ability to diagnose is limited and so should the list of medicines they can prescribe from be, and we therefore believe that the existing supplementary prescribing arrangements are sufficient.* **British Medical Association (BMA) GP Clinical and Prescribing subcommittee**

Radiographers have been able to act as Supplementary prescribers since 2005. This allows the prescription of specific stated medicines in specific regulated circumstances - e.g. Buscopan with Ba enemas, atenolol with cardiac CT etc. This works well, as it is based upon local guidelines and agreements between radiographic staff and consultants within specific radiology departments... **British Society of Head and Neck Imaging**

In diagnostic radiography there may be arguments that replacing PGDs by prescriber rights would facilitate the use of iv iodinated contrast in CT and gadolinium in MR, and we are aware of local issues around the issuing and prescribing of bowel preparation for barium enema/CT colonograpy which currently requires a medical practitioner - potentially a consultant radiologist - to interview the patient prior to issuing the prescribed medication. This we believe would not be solved by permitting CT radiographers to prescribe Moviprep. We would however be prepared to accept a limited formulary prescribed by appropriately trained and senior staff. **British Medical Association (BMA)**

Radiographers do not have the necessary training in physiology, pharmacology and medical conditions to safely prescribe drugs to patients. Even modifications of training will not provide sufficient knowledge for safe practice. **British Society of Urogenital Radiology (BSUR)**

In our practice there is no requirement. **Doctor**

No training in history-taking, clinical examination, physiology, pathology or pharmacology. **Doctor**

4.1.2 Responses to question 2

2) *Which is your preferred option for introducing independent prescribing by radiographers?*

Option 1: No Change
Option 2: Independent prescribing for any condition from a full formulary
Option 3: Independent prescribing for specific conditions from a specified formulary
Option 4: Independent prescribing for any condition from a specified formulary
Option 5: Independent prescribing for specific conditions from a full formulary

The breakdown (number and percentage) of responses by professional group can be seen in table 5 overleaf.

	Organisations												Individuals		Other responses **	
	Group 1		Group 2		Group 3		Group 4		Group 5		All Organisations *		Group 6			
Option		%		%		%		%		%		%		%		%
Option 1	3	20	0	0	0	0	0	0	0	0	3	4	46	5	0	0
Option 2	8	53	21	100	14	88	17	74	2	67	65	78	565	63	4	66
Option 3	3	20	0	0	2	12	3	13	0	0	10	12	165	18	1	17
Option 4	1	7	0	0	0	0	2	9	0	0	3	4	39	4	0	0
Option 5	0	0	0	0	0	0	1	4	1	33	2	2	77	9	1	17
Not answered	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0
Total	15	100	21	100	16	100	23	100	3	100	83	100	895	100	6	100

* Five responses were submitted on behalf of an anonymous organisation. These responses were included in the column “All organisations.” though were not categorised into a specific group. Therefore the total number of responses for all organisations is five greater than the totals for groups 1 to 5

**Did not say whether they were responding on behalf of an organisation or as an individual.

Table 5: Breakdown by group for responses to question 2

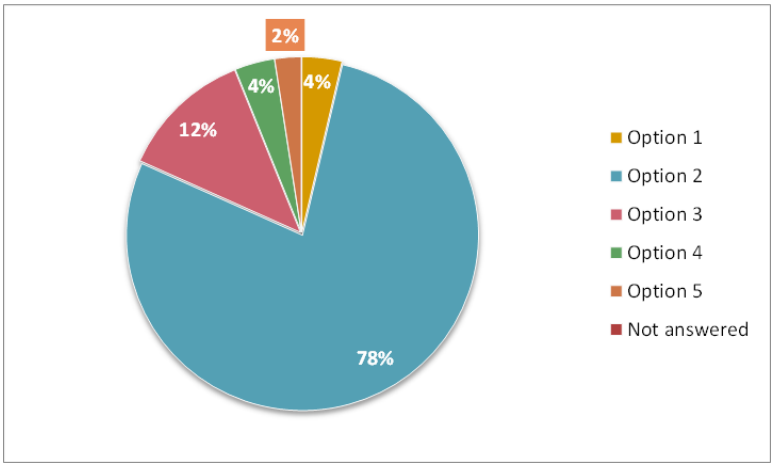

Figure 1: Preferred option for the introduction of independent prescribing by radiographers – organisational responses

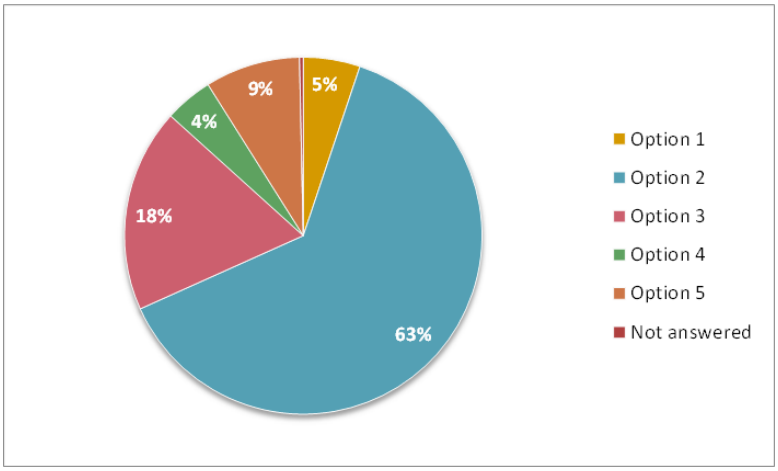

Figure 2: Preferred option for the introduction of independent prescribing by radiographers- individual responses

78% (65) of organisations and 63% (565) of individuals were in favour of option 2: radiographers being able to independently prescribe for any condition from a full formulary. Comments in support of this option made particular reference to ensuring that the impact of independent prescribing on patient care is maximised by allowing radiographers the flexibility to prescribe within their scope of practice and competence, the need for alignment with other non-medical independent prescribers and the impracticalities of applying unnecessary limitations.

A selection of comments received in favour of each proposed option are outlined below:

Option 1: No change

Three organisations and 46 individuals preferred option 1. The responses received are illustrated by the comments below:

> *Option 1, no change, is the preferred option in respect of diagnostic radiographers. The existing arrangements of Patient Group Directions, Patient Specific Directions and supplementary prescribing within a Clinical Management Plan work sufficiently well in radiology departments.* **Royal College of Radiologists (response in relation to diagnostic radiographers)**
>
> *It's the safest.* **British Society Urogenital Radiology (BSUR)**
>
> *Could consider patient group directive for e.g. contrast for radiological studies, under responsible radiologist.* **Doctor**
>
> *They would not be suitably qualified to give medication to complex patients on multiple therapies. They would need to take responsibility and have some form of indemnity, should a patient come to harm (it should not rest with the GP). Radiographers don't need to prescribe medicines and if they did it would not reduce the workload on the NHS, in fact it would increase it.* **Patient**
>
> *No good evidence is provided over cost-effectiveness, improvement in clinical care outcomes, or improved patient satisfaction.* **Doctor**
>
> *A specified formulary will be the thin end of the wedge and specific knowledge is required for its interpretation.* **Other Allied Health Professional**

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

65 organisations and 565 individuals preferred option 2. There are a number of themes that emerged from the responses in relation to this option and these include: flexibility to provide maximum benefit to most patients and the opportunity for service redesign to give patients timely access to medicines. Comments often stressed that this is only within the practitioner's scope of practise and would be in line with other non-medical independent prescribers**.**

> *Although we agree with this option, we wish to stress that prescribing of any medicine for any condition must be within their professional scope of practice/competence.* **Guild of Healthcare Pharmacists**

> *Option 2 is preferred as it mirrors the rights given to other AHP groups. It also "future proofs" the legislation in an effective way. The limit on medical prescribing is a mixture of scope of practice, personal professionalism and local governance arrangements which would and should be no different to radiographers in an extended role.* **Royal College of Radiologists (response in relation to therapeutic radiographers)**

> *This would result in the maximum benefit to the patient, and is consistent with similar policies in regards to other AHPs. We fear that if radiographers were only initially able to prescribe from a specified formulary for specified conditions a further consultation would occur after realisation that the full formulary for any condition was ultimately the most suitable option, as occurred when deciding this policy in relation to the nursing profession.* **British Society for Rheumatology & British Health Professionals in Rheumatology**

> *We support the proposal for appropriately trained radiographers to be able to prescribe independently any medicine for any condition within their competence. We believe this will support patient care by enabling patients to receive the care and medicines they need from appropriately trained radiographers. We agree that specified formularies would quickly become out of date and would be difficult to administer.* **Royal Pharmaceutical Society**

> *Based on clear evidenced-based practice, this seems the sensible option when looking to liberate the future practice of radiographers in the NHS and beyond.* **College of Podiatry**

> *Radiographers manage patients with the full spectrum of disease and injury. Restrictions to their prescribing rights will also restrict the quality of care received by those patients.* **North of Scotland Planning Group**

We favour Option 2 as set out in the consultation document, which would allow for independent prescribing by radiographers for any condition from a full formulary. We believe it is the most appropriate option in that it would be most effective in improving the experience of patients and service users. Other options, such as prescribing for specific conditions or from a list of specified medicines, could limit the number and types of patients who benefit. **Health and Care Professions Council (HCPC)**

This option has the fewest limitations and would still have adequate safeguards in place as any prescribing outside of the radiographer's scope of practice would be subject to scrutiny by the HCPC. As there is a difference in practice between diagnostic and therapeutic radiographers, there would need to either be two differing formularies or an acceptance of the fact that the specified formularies would cover a wide use case. **Paramedic**

Provided sufficiently trained, radiographers should be perfectly capable of prescribing any medication from any formulary. **Doctor**

*Any other option would limit service provision such that prescribing would be of no advantage at all...***Radiographer**

Prescribers will work within competence and thus will work within their scope of practice. If this is limited then this will cause unwarranted delay. **Doctor**

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

10 organisations and 165 Individuals preferred option 3 which was viewed as an opportunity to enable training to be targeted and made relevant to the specific patient conditions and specific medicines being prescribed by the radiographer. Another theme also covered in responses to this option included improvements in patient safety due to the restriction in scope of practice.

Option 3 could be the start of the move to independent prescribing leading on to option 2 as appropriate. All stakeholders acknowledge it requires a change of mind set, a cultural change, redesign of some existing pathways, a very robust governance framework and appropriate supporting structures to assure patient safety (i.e. joined up IT systems/all healthcare professionals to have complete sight of the patient record, robust competency framework etc.) **Nottingham University Hospital**

To ensure full knowledge about the patient's full medical history and drugs already prescribed. Access to shared documentation is a concern and knowledge on all medicines to ensure safe to prescribe. **NHS Ayrshire and Arran**

Radiographers work within a highly experienced area which will limit range of therapeutic knowledge. Stains, dyes, contrast media & medicines relating to adverse effects & appropriate analgesia should be specified in a formulary. This will focus learning & extending knowledge of pharmacology. **Sheffield Hallam University**

…the consultation document does not make a sufficiently robust case for the need to introduce independent prescribing rights to radiographers. However, if the decision to introduce independent prescribing by radiographers has already been made, then Option 3 is the safest option. **BMA - GP Clinical and Prescribing Subcommittee**

A specified formulary and conditions ensures that radiographers have very clear abilities to prescribe for radiotherapy problems. Hopefully this can be agreed locally. If not able to be agreed locally, then I would prefer option 5. **Doctor**

*Radiographers are also in critically short supply nationally and should not be used to off-load work from other specialties suffering from inadequate staffing such as A&E and GP. Their remit should continue to be restricted to the areas of their own practice. There should be no need to prescribe outside their usual areas of practice...***Doctor**

Radiographers can know a lot about a small area but do not have the breadth of knowledge or experience to prescribe anything for anything. **Doctor**

As a therapy radiographer I think that we should be able to prescribe for side effects related to the patients' treatment, and not drugs for other symptoms not related to their radiotherapy that is already under the care of their GP. **Radiographer**

This will give assurance that practitioners can only work within a defined scope of practice. **Radiographer**

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

3 organisations and 39 Individuals preferred option 4. Multiple themes were covered, including concerns about working within scope of practise, having sufficient autonomy to provide the service patients' needs and consistency with other non-medical prescribers.

We suggest that any changes could start with a specified prescribing formulary and outcomes of the changes would need to be evaluated. **Care Inspectorate**

Limited knowledge of drug side-effects, contra-indications and interactions, particularly of drugs not used in their specialist area. A specified formulary limits the risk of inappropriate prescribing outside of competence. **Eastbourne, Hailsham and Seaford CCG/ Hastings and Rother CCG**

I do however think that there should be lists of contracted/specified formulary to ensure that the best products are ordered at the right price. To allow complete freedom opens up a can of worms that people outside of contracting may not understand. **Patient**

It would not be sensible to limit conditions, as this may need to change on a regular basis as imaging practice changes over the years. Team working in imaging is invaluable and radiologists and radiographers working effectively together to determine which drugs can be prescribed will be of benefit to patients going forward. **Radiographer**

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

2 organisations and 77 individuals preferred option 5. A common theme focused on patient benefit as it would be difficult to have a specified formulary with a wide complex group of patients. Specifying conditions would limit prescribing to within scope of practise and governance arrangements would be clearer**.**

Prescribing should be within the professional's area of expertise only. **Sussex Community NHS Trust**

…Option 4 might be too restrictive if new drugs become available, and if the procedure for adding new drugs to a specified formulary were slow and cumbersome. **Healthwatch Bolton**

Specified conditions so that knowledge of, & confidence in prescribing for certain conditions can be robust & in a timely manner. **Radiographer**

Needs to be defined depending on capacity and training as well as experience of the radiographer and interest. **Doctor**

I feel that radiographers should only be able to prescribe for specified oncology treatments/conditions where they have the experience and expertise. **Nurse/Health Visitor**

The area is so vast that we would need so much training. Specific Radiotherapy related issues would be best for all. **Radiographer**

It would be reasonable for radiographers to be able to prescribe for specific treatment related conditions, but having no restrictions on specific drugs would be more efficient for the patients. **Radiographer**

Radiographers will encounter a limited range of conditions and should be able to prescribe from the full range of treatments available to ensure that the patient receives the best possible care. **Radiographer**

4.1.3 Responses to question 3

3) *Should radiographers be able to prescribe a restricted list of controlled drugs with appropriate governance, subject to a separate amendment of appropriate Regulations?*

Response options:

- Yes
- No
- Partly

The breakdown (number and percentage) by professional group was as follows:

	Organisations												Individuals		Other responses **	
	Group 1		Group 2		Group 3		Group 4		Group 5		All Organisations *		Group 6			
Option		%		%		%		%		%		%		%		%
Yes	4	27	21	100	14	88	19	83	2	67	64	77	757	85	5	83
No	4	27	0	0	0	0	0	0	0	0	5	6	81	9	0	0
Partly	5	33	0	0	2	12	4	17	1	33	12	15	55	6	1	17
Not answered	2	13	0	0	0	0	0	0	0	0	2	2	2	0	0	0
Total	15	100	21	100	16	100	23	100	3	100	83	100	895	100	6	100

* Five responses were submitted on behalf of an anonymous organisation. These responses were included in the column “All organisations.” though were not categorised into a specific group. Therefore the total number of responses for all organisations is five greater than the totals for groups 1 to 5.

**did not say whether they were responding on behalf of an organisation or as an individual.

Table 6: Breakdown by group for responses to question 3

77% (64) of organisations and 85% (757) of individuals agreed with changes being made to legislation to allow radiographers to prescribe independently from the proposed list of controlled drugs below:

- Midazolam
- Tramadol
- Lorazepam
- Diazepam
- Fentanyl
- Morphine
- Oxycodone
- Codeine
- Temazepam

Of the comments received in support of radiographers being able to independently prescribe from the proposed list of controlled drugs, it was generally felt that in line with other non-medical prescribers, the list would support radiographers, especially within cancer care services, to deliver improved patient care when used within their scope of competence and with appropriate governance in place.

Examples of comments received in support were:

> *Yes, although this would require the appropriate competencies to be demonstrated...* **Royal College of Radiologists (response in relation to therapeutic radiographers)**
>
> *The number of controlled drugs listed in each schedule is relatively small but sufficiently adequate to treat the conditions seen by radiographers, for example, management of acute pain following bone injury...***Guild of Healthcare Pharmacists**
>
> *We agree that radiographers should be able to prescribe the restricted list of Controlled Drugs subject to separate amendment of appropriate Regulations. We note that codeine is included in the list as a Schedule 2 Controlled Drug. Would radiographer independent prescribers also be allowed to prescribe Schedule 5 Controlled drugs (e.g. codeine tablets and co-codamol)?* **Royal Pharmaceutical Society**
>
> *Many patients require additional pain relief during treatment - it is imperative that this is timely and available quickly to minimise harm.* **South West Wales Cancer Centre, Abertawe Bro Morgannwgh UHB**
>
> *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, being able to prescribe these independently will improve access to these medicines for patients. SCoR has proposed a restricted list of nine controlled drugs from schedules 2-5 to be prescribed independently by radiographers. Radiographers will prescribe within their scope of competence related to prescribing of CDs. Training packages on MHRA re controlled drugs and other learning support systems are available - radiographers will be prompted to undertake these should prescribing of CDs be within the proposed scope of practice* **Health Education North West**
>
> *Without access to controlled drugs, cancer patients who are in pain may wait longer for their mediation and some investigations will be cancelled if patients cannot tolerate them without sedatives or pain control.* **The SCoR Supply, Administration and Prescribing Group**

Currently, Radiographers oversee patients with pain and anxieties that they are unable to assist. **Radiographer**

Those undertaking this will be fully aware of their responsibility and as a profession that has integrity at its core... this should not present a problem. **Member of the public**

As long as relevant to their practice - this is a sensible approach. **Podiatrist**

Yes, as radiographers are likely to deal with patients in pain so need to be able to prescribe controlled drugs, e.g. morphine. **Member of the public**

12 organisations and 55 individuals only partly agreed with appropriately trained radiographers being able to independently prescribe controlled drugs from a limited list. Themes covered included concern that prescribing of controlled drugs would not be within the scope of practice of radiographers and the need to support service efficiency. Examples of comments received in partial support were:

The BMA believes that radiographers should only be able to prescribe independently from the proposed list of controlled drugs in very limited circumstances, following appropriate training and under set protocols (at least in diagnostic/interventional radiology). **British Medical Association (BMA)**

...We would see it as being useful for radiographers being able to prescribe a mild sedative for anyone who is anxious, instead of turning them away and the patient having to go back on a waiting list and be reappointed. This would be a better experience for patients and as a result, there would be less time taken up on a waiting list. **Care Inspectorate**

Ideally the prescribing of controlled drugs should be restricted to hospital doctors or GP's, but I would not wish terminally ill patients to be denied pain relief because of difficulty in accessing doctors. I am therefore content that radiographers should be allowed to prescribe controlled drugs, if appropriately trained. **Healthwatch Bolton**

Abuse of controlled drugs & over prescribing is a strong governance issue. If patients require a high level of analgesia this should be under the management of a doctor or other health professional with specialist knowledge in pain control and/or palliative care. **Sheffield Hallam University**

Only highly trained and experienced radiographers should be allowed to prescribe controlled drugs because of the high risks involved. And even then, the department should have clear guidelines and protocols which are regularly reviewed and updated, available to the independent prescribers to consult while making a prescription. **Radiographer**

Yes - up to a pre-defined maximum dose - beyond that a medical review to establish the cause of an increased need should be sought. Also further training specific to controlled drugs should be completed. **Doctor**

If they have the experience to do so and knowledge base within that area. **Member of the public**

5 organisations and 81 individuals did **not** agree with this proposal, due to perceived patient safety issues:

This list is not exhaustive, unclear why codeine is listed as schedule 2 - referring to injectable preparation, which is not frequently used. Need to consider inclusion of schedule 5 CDs, e.g. codeine, dihydrocodeine, morphine sulphate oral solution. **Controlled Drugs Accountable Officers' Network Scotland**

We believe that in cases where a patient's condition is so severe that requires prescription of controlled drugs then the doctor who is managing the patient's care should be involved and prescribe any control drugs needed. **BMA - GP Clinical and Prescribing subcommittee**

Never. This is frankly dangerous. **British Society Urogenital Radiology (BSUR)**

I think it should be a full list/full formulary. Independent prescribing should be just that – independent. **Radiographer**

Personally I cannot think of any situation where controlled drugs would need to be used in patients undergoing radiotherapy as it is a non-invasive process which causes limited side effects, which can be managed appropriately. **Member of the public**

They should not be prescribing at all. I would not feel safe being prescribed something by a radiographer I have no relationship with and would hardly ever see. **Patient**

4.1.4 Responses to question 4:

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?

Response options:

- Yes
- No

The breakdown (number and percentage) by professional group was as follows

	Organisations												Individuals		Other responses **	
	Group 1		Group 2		Group 3		Group 4		Group 5		All Organisations *		Group 6			
Option		%		%		%		%		%		%		%		%
Yes	7	48	21	100	15	94	20	87	3	100	70	84	677	76	5	83
No	4	26	0	0	1	6	3	13	0	0	9	11	203	22	1	17
Not answered	4	26	0	0	0	0	0	0	0	0	4	5	15	2	0	0
Total	15	100	21	100	16	100	23	100	3	100	83	100	895	100	6	100

* Five responses were submitted on behalf of an anonymous organisation. These responses were included in the column “All organisations.” though were not categorised into a specific group. Therefore the total number of responses for all organisations is five greater than the totals for groups 1 to 5.

**Did not say whether they were responding on behalf of an organisation or as an individual.

Table 7: Breakdown by group for responses to question 4

84% (70) of organisations and 76% (677) of individuals supported amendments being made to legislation to allow radiographer independent prescribers to mix medicines prior to administration and direct others to mix.

The comments received from organisations and individuals who supported the proposal to allow radiographers to mix medicines made reference to the importance of this proposal for meeting patient needs in a timely manner, whilst also ensuring alignment of radiographers with other non-medical prescribers who are able to mix medicines.

> *We support the amendment to allow radiographers who are independent prescribers to mix medicines prior to administration or to direct others to mix in order to ensure patients can access treatment without delay.* **Royal Pharmaceutical Society**
>
> *Not allowing this may introduce confusion.* **Scottish Directors of Pharmacy**
>
> *In line with other independent prescribers.* **Controlled Drugs Accountable Officers' Network Scotland**

Yes. It is a legal technicality of practice that the mixing of two licensed medicines together prior to administration to a patient renders the subsequent preparation unlicensed, which introduces further legal limitations on use. It is common practice that the mixing of some licensed products (where not specifically contra-indicated) enables quicker, more comfortable administration of multiple medicines to patients. It is vital that mixing of medicines at the point of administration is permitted in law, in all cases where it is in the patient's best interest to mix, and it is safe to do so. It is important that educational programmes specifically cover the issues related to mixing, including drug interactions, drug stability and therapeutic benefit. **Chartered Society of Physiotherapy**

Clinical practice sometimes requires the mixing of two licensed medicines, e.g. corticosteroid and local anaesthetic agents in the management of certain musculoskeletal disorders. Following amendments to legislation nurse, pharmacist, physiotherapy and podiatry independent prescribers are allowed to mix medicines themselves or direct others to mix for an individual patient. **Consultant Radiographer Group**

Yes, we support the inclusion of mixing of medicines in radiographer independent prescribing, in line with other non-medical independent prescribing. **Council of Deans of Health**

Multiple drugs are needed in many situations for patient safety. If radiographers were allowed to prescribe, but not to mix medicines that should be available at the same, there could be serious safety issues, or the single medication may be less effective than it should be. **Doctor**

If this remains within their scope of practice, i.e. advanced scanning, barium swallows etc. **Other Health Care Professional**

On some occasions this may be necessary in the interests of optimising a treatment intervention/imaging examinations, therefore effective practice should not be limited. **Radiographer**

9 organisations and 203 individuals did not support the proposal for radiographers to be able to mix medicines. A common theme focused on concerns around patient safety together with questioning the need for such practice.

Should be a separation of prescribing and supply/administration functions. **Sussex Community NHS Trust**

The legislation should only be amended to allow supplementary prescribers to mix medicines prior to administration through Patient Group Directions (PGD) when needed for diagnostic examination. **BMA GP Clinical and Prescribing subcommittee**

Not without medical scrutiny. **North of Scotland Planning Group**

Radiographic practice does not require modification of default presentations of drugs required to undertake radiographic examinations. **Radiographer**

Radiographers are not pharmacists or trained in pharmaceuticals, so the problem of not knowing about drug interactions is high. All doctors prescribing is checked by a pharmacist. **Clinical Scientists**

This is just adding to the potential for mistakes to be made. **Doctor**

While I am a keen supporter of radiographers advancing and for there to be provision in place for this, I think the mixing of medications should be left to the hospitals pharmacy. **Radiographer**

I am not sure this would be necessary - mixing of medicines is rare unless diluting is included in this, which should be allowed. **Nurse/Health Visitor**

4.1.5 Responses to question 5:

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

169 comments were received in response to this question. Comments received generally highlighted the potential of independent prescribing by radiographers to improve patient services, streamline pathways of care and focus on the needs of the patient. Parity with other allied health professions was also cited as a reason for the proposal to go forward.

Future re-writing of the IR(ME)R2000 regulations and MARS 1978 regulations (currently in progress) - in connection with radioactive medicinal products - need NOT be made a special case… **College of Radiographers - Chair - Nuclear Medicine Advisory Group**

The increased number of healthcare professionals able to prescribe for any one individual leads to the greater need for an integrated medical record, with online access, so that each knows what another prescriber has done. **Public Health England**

Permitting radiographers to prescribe medicines would be a natural extension to current policy; independent and supplementary prescribing already applies to nurses, physiotherapists and podiatrists. This has invariably increased the utility of these professions in a clinical setting, such as enabling nurses to prescribe has transformed rheumatology services, with all now possessing a specialist nurse within their MDT. Additionally, enabling radiographers to become independent prescribers provides ample opportunities for service redesign to further promote the MDT approach in rheumatology services, which effectively utilises the NHS workforce and encourages collaborative care. **British Society for Rheumatology & British Health Professionals in Rheumatology**

In addition to patient benefits, Therapy Radiographer prescribing is essential for sustainability of quality oncology services. This skilled professional group must be afforded the opportunity to contribute more to the multidisciplinary team at a time of significant medical and pharmacy shortages in Oncology. In remote and rural areas this need is amplified further. **North of Scotland Planning Group**

Radiographers are highly skilled expertise and are well recognised members of the MDT. Their working within the MDT is essential to improve the patient pathway. Independent prescribing will further improve the patient pathway and the patient experience, whilst saving time and money for the NHS. **Radiographer**

Change in legislation should go forward to enable sensible restricted prescribing by radiographers as this fits with existing practice whereby, in diagnostic radiology, radiographic contrast agents are given. RCR guidance just published requires a more structured approach to prescribing of contrast media to be adopted and so, it is sensible to allow radiographers to take responsibility for prescribing in this field in which they are familiar. **Doctor**

With increasing pressures on Oncology services, particularly radiotherapy with cancer targets and the huge numbers of patients being referred for radiotherapy each day change needs to happen to help to meet the demand this places on the radiotherapy service. Each patient on radiotherapy must be monitored for side effects and needs to be given the right treatment, at the right time and at the right place. Supplementary prescribing helps with this but to have independent prescribing available to our radiotherapy radiographers would be a huge development not only for the best care of our patients but also for the clinical development and acknowledgment of our radiographers skills. In addition, support can be given to patients more readily in the absence of a medical member of staff - a service I am sure that will become vital in advent of 7 day working. **Radiographer**

4.1.6 Responses to question 6

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?*

75 comments were received in response to this question. Respondents cited concerns regarding their confidence in the diagnostic skills of radiographers and concerns that training would not be sufficient to ensure adequate knowledge and competence.

> *Radiographers are not trained to diagnose medical conditions and manage risk. Through educational programmes and experience they can learn to diagnose certain frequently encountered conditions. But the ability to diagnose more undifferentiated symptoms in cancer patients, for example, requires extensive training, which is not covered in the current proposal.* **BMA - GP Clinical and Prescribing subcommittee**

> *Additional funding would be required to include Radiographers in LBR provision of training. The access to designated medical practitioners to supervise radiographers requires careful consideration. Neither of these should prevent the changes.* **Southern Health NHS Foundation Trust**

> *'Independent prescribing by radiographers could improve outcomes for patients, whilst improving cost effectiveness, increase choice for patients and commissioners.' Independent prescribing requires many years of medical training (8-10 to be a GP).There will be substantial costs due to the CPD and training required…* **British Society of Head and Neck Imaging**

> *If the proposal is really a thinly veiled attempt to enable radiographers to take on the burden of excess work from other specialties (A&E and GP) then it should not go ahead, as radiographers are also in short supply and would better use any available time to pursue one of many available opportunities to extend their roles within imaging, not in treating minor illness.* **Doctor**

> *They are radiographers; they are not trained clinicians without hands on clinical experience. Able to spot something on an X ray doesn't make them experts or prescribers.* **Doctor**

> *...The safe use of medicines is a national priority within NHS Scotland and is supported through our SPSP programmes and other initiatives. The burden of harm in relation to medicines use is significant and this change may contribute further to this. There are insufficiently robust systems in place within the hospital and community setting to monitor any harm associated with these changes or near misses.* **Manager**

4.1.7 Responses to question 7

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

57 organisations and 763 individuals agreed that the consultation stage impact assessment gave a realistic indication of the likely costs, benefits and risks of the proposal.

154 comments were left in response to this question. Some respondents felt insufficiently qualified to make an estimation of the accuracy of the impact assessment. Others were concerned that costs had been underestimated, especially those related to supervision and training, and that so many assumptions had been made that it was difficult to judge accuracy of the assessment.

The comments below are representative of those who agreed that the Consultation Stage Impact Assessment gave a realistic indication of the likely costs, benefits and risks of the proposal:

> *We feel that the benefits to the care of our patients greatly outweigh the costs to the organisation.* **East Lancashire Hospitals NHS Trust**
>
> *The benefits to the care of our patients in the North West greatly outweigh the costs to the organisations. Ultimately those costs would be outweighed by the reduction of duplication- management of our patients' care needs when and where they need it, and by the right health professional.* **Health Education North West**
>
> *We feel confident and assured that the Advance Practice Radiographer would, following rigorous training, be competent to prescribe independently.* **Patient Public Liaison Group, SCoR**
>
> *As far as I can tell from the documents, there is a clear case based on the impact around costs, benefits and risks.* **College of Podiatry**
>
> *The impact assessment seems reasonable and realistic.* **Royal College of Speech and Language Therapists**
>
> *There will be a cost to train radiographers, however it will release radiologists and enable radiographers to lead a service. Radiographers are already required to maintain CPD therefore I see no reason why this should have a detrimental effect on the service.* **Radiographer**
>
> *It should be cost neutral as Radiographers should not be prescribing different or additional drugs than a clinician. The benefits are a flexible and responsive workforce.* **Radiographer**

> *It seemed quite thorough to me, but, as a patient, I may miss things a professional would not; however, it had a lot of common sense in it.* **Patient**

The comments below are representative of those who only partly agreed that the Consultation Stage Impact Assessment gave a realistic indication of the likely costs, benefits and risks:

> The *figure given of how many radiographers are predicted to train as independent prescribers is hugely over exaggerated.* **Medway School of Pharmacy**

> *There are currently 46 registered supplementary prescribing radiographers. In the document it is estimated that 100% of these will undertake the independent prescribing top up and that a subsequent 100-165 per year will undertake independent prescribing training. This seems hugely over exaggerated*. **Health Education Kent Surrey and Sussex**

> *The Impact Assessment admits to being 'The best guess estimate'*. **Eastbourne, Hailsham and Seaford CCG/ Hastings and Rother CCG**

> *The consultation is an opportunity to inform further on likely costs and benefits*. **Magnetic Resonance Advisory Group (SCOR)**

> *When you add a new skill to people, you often end up needing more people to fill in the gap - adding skills to a job means often that people no longer have time to do their basic skills. Let's get everyone doing the basics right, before we add too much more on.* **Doctor**

> *Cost of back filling to allow practitioners to train is probably under estimated as many roles will not be possible to use a band 7 as they will require medical practitioners due to extended scope of practice. For example - radiographer-led on-treat & follow up clinics.* **Radiographer**

> *All costs and impact assessments are based on assumptions and should be accepted with caution*. **Orthoptist**

The comments below are representative of those who did not agree that the Consultation Stage Impact Assessment gave a realistic indication of the likely costs, benefits and risks:

> *The document states that there are currently 46 registered SP radiographers. It goes on to estimate that 100% of these 46 will undertake the IP top up. It then suggests 100-165 radiographers per year will undertake IP. This is a grossly over exaggerated figure*. **Nmprescribing**

The risks seem to have been downplayed. **British Society Urogenital Radiology (BSUR)**

We are concerned that extending independent prescribing rights from a full formulary to radiographers requires longer and more in-depth training than the education programme proposed here. There is the risk that longer training programmes would have a negative impact on medical/nursing service delivery and patient access to radiography. Additionally, we are concerned that the proposal has not taken into consideration the national shortage of suitably trained experienced radiographers and has not assessed the risk of reducing patient access to diagnostic and therapeutic services. Finally, it has been observed that there is a tendency among other health professionals that got prescription rights extended to in the past, to not actively exercise said rights. **British Medical Association - GP Clinical and Prescribing Subcommittee**

It is very difficult to know if the indications of benefits and risks are really quantifiable, I am sure that this will free up time for Radiologists and Radiographers, which can only be good news for the patient. So long as there are contract lists from which to order, I think that risks are minimal. **Patient**

Flawed argument for the proposal in the first place, the full economic costs of doctors having to double check their assessments and 'diagnosis' and management, with concerned patients still visiting their doctors for reassurance. False economy, they are not cheaper than doctors in direct management of patients. Their salary may be cheaper than doctors but that doesn't mean the service they provide will be cheaper overall for the health economy. Junior doctors also need experience and learn to manage these cases otherwise how are they going to progress to fully rounded consultants? **Doctor**

4.1.8 Responses to question 8

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

There were 134 comments left in response to this question with the majority of respondents commenting that the guidance provided was comprehensive and robust. Some respondents took the opportunity to repeat their view that proposals for independent prescribing by radiographers should not go ahead and that prescribing was an activity which should only be undertaken by doctors. Several detailed and specific comments were posted which have informed the final practice guidance document. These included comments on the need to be inclusive of all four countries of the UK.

The comments below are representative of those supporting the draft practice guidance and they did not have any suggested amendments.

> *The BMA approves of this document. It is very well written and clearly sets out the requirements for who may become a prescriber - either as a supplementary provider or an independent provider – and the training, safeguards and supporting structures required. If this proposal were to be progressed, this document would provide a robust, appropriate framework.* **British Medical Association (BMA)**

> *We believe the Practice Guidance is reasonable but suggest it is reviewed on a regular basis, as with all professions*. **Allied Health Professions Federation (AHPF)**

> *The guidance is comprehensive and a helpful resource for radiographer independent and/or supplementary prescribers.* **Council of Deans of Health**

> *The practice guidance document follows the template of other NMP professions practice guidance documents and offers a detailed, thorough and robust guidance from the professional body. It is consistent with the range of practice guidance documents available to other NMP professions, and is comparable in terms of governance, detail and structure. It is appropriate, proportionate and offers adequate safeguards for patients.* **Faculty of Health Sciences, University of Southampton**

> *Very detailed, with Principles of Good Prescribing Practice clearly defined.* **SCoR Approval and Accreditation Board**

> *The proposed practice guidance for radiographer independent and/or supplementary prescribers appears to be fit for purpose.* **Health Education North West**

> *This should remain under constant review to ensure any changes in techniques or procedures are reflected.* **Member of the public**

> *Yes – I quote directly from the SCoR guidance paper: "Radiographer prescribers should not be asked to prescribe for patients to make up for shortfalls in other professional prescribing groups."* **Doctor**

A small number of comments suggested minor amendments to the text of the document.

> *This document refers to 'pharmacist Accountable Officer', not pharmacists in all cases, e.g. independent hospitals/hospices - should refer to Controlled Drug Accountable Officer for Designated Body.* **Controlled Drugs Accountable Officers' Network Scotland**

Change the use of the word "avoid" in Section 2 - special prescribing circumstances. Practice guidance 18: Family, friends and close colleagues. You should wherever possible "avoid" prescribing for those close to you. Change to: You should NEVER prescribe for anyone with whom you have a close personal or emotional relationship, other than in exceptional circumstances. The word "avoid" means that you can. It means that you should try not to - it is too ambiguous and is not clear enough for the registrant. (See NMC standards of Proficiency for nurse and midwife prescribers 2006, page 33 practice standard 11 and also the dieticians draft practice document - practice guidance 18 which says "You must not prescribe for those close to you....") **Health Education Kent Surrey and Sussex**

The guidance needs to be clear and easily applicable to all sectors - independent and NHS. **Radiographer**

A definite need for a professional forum. **Nurse/Health Visitor**

Many sections and statements where the word 'should' is used inappropriately. Some sections where uses of 'must' and 'should' are unclear and misleading. For example 39. 1, states 'you must keep up to date...', 39.4 You should ensure that you set aside sufficient time to access programmes and resources...' **Member of the public**

All suggested amendments have been carefully considered and amendments made where appropriate to the Practice Guidance for Radiographer Independent and/or Supplementary Prescribers which can be accessed here.

4.1.9 Responses to question 9

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

117 comments were made in response to this question, most of which were to say they generally felt that the Draft Outline Curriculum Framework was robust, comprehensive and well written, and the multidisciplinary nature of training received positive reinforcement. However, some respondents again took the opportunity to repeat their view that proposals for independent prescribing by radiographers should not go ahead and that prescribing was an activity which should only be undertaken by doctors.

The comments below are representative of those supporting the Outline Curriculum Framework and they did not have any suggested amendments.

Discusses aims for prescribing controlled drugs, feel should also note risks and acknowledge potential abuse, diversion potential. **Controlled Drugs Accountable Officers' Network Scotland**

> *The framework appears robust; it is a modification of an already tested curriculum framework which is reassuring, as skills and knowledge required for prescribing are almost the same, irrespective of profession.* **Health Education North West**

> *The education requirements should be the same as for Nurses.* **North of Scotland Planning Group**

> *Falls in line with current NMC and HCPC regulated programmes.* **Robert Gordon University**

> *The draft outline curricular framework modifies the existing and approved framework for physiotherapy and podiatry independent prescribing and shares the same detail, clarity, robustness and thoroughness. It also updates the framework for physiotherapy and podiatry, with appropriate change in terms of the DBS requirements, and the terminology (e.g. Human Medicines regulations 2012) to reflect more recent legislative changes. It further adds other relevant professions at the appropriate level (paramedics at IP and dietitians at SP). It is a detailed, through and clear outline framework with which HEIs will be able to work effectively.* **Faculty of Health Sciences, University of Southampton**

> *It clearly outlines the needs, requirements and safe guarding to ensure those who are suitable to access this part of their practice are prepared to undertake this role.* **Podiatrist**

There were also a small number of comments suggesting minor amendments to some of the text within the Outline Curriculum Framework.

> *We do have a general concern about the impact on capacity and availability of medical mentors to support the extension of independent prescribing rights to additional healthcare professions and the extension of the general pool of non-medical independent prescribers.* **North Cumbria University Hospitals NHS Trust**

> *I think this is adequately detailed. However, I think that the actual amount of necessary basic physiology, pathology and pharmacology has been understated.* **Doctor**

> *The curriculum should include anatomy, physiology, pathology, diagnostics, pharmacology, therapeutics. An excellent course exists resulting in an MBChB qualification, but should be supplemented with at least five or six years clinical supervision before truly independent practice is considered.* **Doctor**

All suggested amendments have been carefully considered in updating the Outline Curriculum Framework which can be accessed here.

4.1.10 Responses to question 10

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

885 respondents said they had no further comment to make on the Draft Outline Curriculum Framework for conversion programmes to prepare radiographer supplementary prescribers as independent prescribers. 97 respondents did leave comments which were generally positive and recognised the parity with other allied health professions.

The comments below are representative of those supporting the *Outline Curriculum Framework for Conversion Programmes* and they did not have any suggested amendments.

> *We note that this is a clear and separate curriculum framework for those existing radiographer supplementary prescribers who wish to add independent prescribing to their qualifications. We recognise that this group of radiographers will require a separate educational programme covering only those aspects of practice that relate to autonomous prescribing decisions. The content and format of the document broadly follows the existing guidance that is in place for physiotherapist and podiatrist conversion programmes. This supports the view that prescribing is a professional activity to which the same practice guidance standards should broadly apply across all professions.* **Chartered Society of Physiotherapists**
>
> *Support requirement for the provision of a DBS within three years of start date.* **University of Cumbria**
>
> *The draft outline curricular framework for conversion programmes modifies the existing and approved framework for physiotherapy and podiatry conversion programme and shares the same detail, clarity, robustness and thoroughness. It also updates the framework for physiotherapy and podiatry, with appropriate change in terms of the DBS requirements, and the terminology (e.g. Human Medicines regulations 2012) to reflect more recent legislative changes. It is a detailed, through and clear outline framework with which HEIs will be able to work effectively.* **Faculty of Health Sciences, University of Southampton**
>
> *As this is also a modification of an existing curriculum and a staff member from this organisation has undertaken the course as a podiatrist we are confident that this course would meet requirements, however as we currently have no radiographer supplementary prescribers in this organisation we would not need such a course.* **East Lancashire NHS Trust**

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. I believe that this is a full and detailed education programme which will support radiographers in this new role. **Chair of the Radiotherapy Advisory group SCoR, UK Council member SCoR**

The framework appears robust; it is a modification of an already tested curriculum framework which is reassuring as skills and knowledge required for independent prescribing are the same, irrespective of profession. **Health Education North West**

Radiographers have been training as supplementary prescribers since 2005, so it is cost-effective and common sense to encourage these radiographers through a conversion, since they already have a deeper understanding of prescribing. **Radiographer**

Those radiographers who have already trained to give limited numbers of drugs in special circumstances have been through rigorous training. It is entirely appropriate that there should be a conversion programme for these radiographers, should they wish to extend their role. Otherwise we would be wasting their considerable expertise and all the advantages it could bring to health services. **Doctor**

There were also a small number of comments suggesting minor amendments to some of the text within the Outline Curriculum Framework for Conversion Programmes.

Eligibility – alter 'normally' 3 years experience to 'must', HE academic level needs clarification. **North West Non-Medical Prescribing Education Group**

This is a tick box exercise. I have been the supervisor of an experienced radiographer who underwent the Non-medical prescribing course and to essentially repeat this is a waste of her time, mine as a supervisor, the department to cover the time needed to allow her to attend. This is unnecessary and unwarranted duplication and a complete waste of time and resource. **Doctor**

*Do not make it too costly in terms of time, access and financially as Trusts and staff are under enough pressure already***. Radiographer**

> *A large curriculum to achieve an undesirable end. A lot of training is required to achieve this. If people had wanted to be a Doctor/Pharmacist, rather than a Radiographer, then they should have done that. Pharmacy is a 4 year course, with 1 additional preregistration year & Medicine is a 5-6 year course. These courses are intensive, full-time learning. How can this training bring someone else, training in other skills, up to that level in a practicable timescale. While learning the Pharmacy & Medical students pay £9,000 / year. Presumably taxpayers will be paying for this training & the radiographer's wages.* **Doctor**

All suggested amendments have been carefully considered in the drafting of the *Outline Curriculum Framework for Conversion Programmes* which can be accessed here.

4.1.11 Responses to question 11.

> *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?*

The majority of respondents had no comment to make in response to this question. 181 respondents left comments and in general expressed that the proposed changes would have a positive impact with benefit to patients with specific equality characteristics, particularly concerning: disability, ethnicity, gender, sexual orientation, age, religion or belief, and human rights.

> *We believe that other stakeholders would be better placed to respond to these questions. However, we do not consider that our regulatory systems for independent prescribers would have an adverse impact on any minority group.* **Health and Care Professions Council (HCPC)**

> *Part of the support with regards to the satellite set up was to provide a more local service to try and capture those missing patients in the community including ethnic minorities etc.* **The Christie NHS Foundation**

> *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.* **University of West of England**

> *This proposal would impact positively by improving access to medicines, reducing further appointments with other health professionals, reducing waiting times in radiology departments and other departments.* **Health Education North West**

Independent prescribing for radiographers would have positive impacts - improving access to medicines, reducing repeated appointments, reducing wait/time for patients in the departments. **East Lancashire Hospitals NHS Trust**

We do not believe there will be any negative impacts. **Royal College of Speech and Language Therapists**

This proposal should facilitate timely access to appropriate treatment, therefore it should provide positive benefits to any patient group, including those typically disadvantages by inequities focused on access to healthcare. **Council of Deans of Health**

Enabling a broadening of the traditional hierarchies and removing some of the traditional boundaries so that radiographers can take on their community role, has the potential for bringing more patients to receive the medication they need. We are aware that there are many populations who are not necessarily registered with GP practices, or may choose not to attend for various cultural reasons, either real or perceived. Enabling the healthcare service to go to these patients, can only enhance the services they receive. **Birmingham City University**

Positively giving the professionals the ability to act for the best outcomes for the patients at the right time and in the right way. **British Association of Prosthetists and Orthotists**

Patients need a holistic approach by radiographers which includes being able to offer service of non-medical prescribers. **Nurse**

Positive impact, as patients often more willing to be open with radiographers who they perceive to be more sympathetic and have more time to listen to them, rather than being a busy doctor so more likely to get correct medication in a timely manner to help prevent escalation of conditions to stage where doctors must be involved and condition likely to require heavier medication/hospital stay etc. **Radiographer**

I fail to see how this could affect any minorities, or particular groups of persons, or human rights. **Patient**

A minority of comments expressed concern that there would be a negative impact on patients with specific equality characteristics.

> *The elderly often find it difficult to tell the difference between doctors and non- doctors through peoples titles etc. This is something that is often seen when elderly people are confronted at their own doorsteps by rogue traders and rogue officials. The elderly and even non-elderly will expect that they are being treated by a doctor and their level of training (years) rather than a non-doctor with a short programme such as this.* **Member of the public**

4.1.12 Responses to question 12

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

The majority of respondents had no comment to make in response to this question. 176 left comments and those that did generally felt that the proposed changes would have a positive impact with benefit to specific groups e.g. students, travelers, immigrants, children and offenders. Those that did make additional comments felt that the proposed changes would benefit patients from minority groups in relation to timely access to medicines and more patient-centered services, including improved community care and support.

> *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.* **Consultant Radiographer Group, SCoR**

> *Definitely of significant benefit to cancer patients.* **North of Scotland Planning Group**

> *We do not believe there will be any negative impacts.* **Royal College of Speech and Language Therapists**

> *Independent prescribing may widen access to some 'hard to reach' groups, particularly where continuity of care may mean that treatment is concluded rather than terminated prematurely while the patient is referred to a medical practitioner for medication.* **University of Salford**

> *I cannot conceive of any way in which it could possibly impact upon anyone from any walk of life. So long as the training to prepare the radiographers warns of the possible pitfalls for anyone who is prescribing. It is also important that they are taught how to handle concerns that they may have and to identify what they can do to be reassured.* **Patient**

> *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.* **Radiographer**

A minority of responses expressed concerns about the impact of the proposal on specific groups:

> *Elderly and the young are more prone to adverse drug events.* **British Society of Urogenital Radiology (BSUR)**

> *Children (and any other vulnerable groups or those without available medical history) should be excluded from such prescribing permissions. Prescribing for children (and these others) should continue to be done by a doctor***. Doctor**

> *As they are not medically trained, other problems that do not appear on Xray such as bruises in a child will not be seen and the potential for mismanaging children is significant.* **Doctor**

> *It will have a disproportionately negative effect on the elderly, the vulnerable, the disabled, immigrants, travellers, children and those with complex chronic disease because they are less likely to comprehend that they are being treated by someone with no medical training whatsoever, likely to be less empowered and able to seek adequate healthcare elsewhere and more at risk from the inevitable misdiagnosis and mistreatment.* **Doctor**

5 Next Steps

The results of the public consultation were presented to the Commission on Human Medicines (CHM) for their consideration in October 2015 and they published their recommendations in November 2015, a summary of which can be accessed here.

Although the NHS England consultation covered proposals for independent prescribing for both therapeutic and diagnostic radiographers, when the findings of the consultation were presented to the CHM, at this stage they were only supportive of the proposal for therapeutic radiographers. The CHM stated that independent prescribing by diagnostic radiographers was not appropriate or clinically necessary at this stage.

Diagnostic Radiographers

NHS England continues to work collaboratively with the CHM, MHRA and DH regarding the proposal for independent prescribing by diagnostic radiographers. Updates on progress will be produced in due course.

Therapeutic Radiographers

The CHM recommendations were submitted to Ministers for approval and agreement to extend independent prescribing responsibilities to therapeutic radiographers and for therapeutic radiographers to mix medicines was announced in February 2016.

MHRA are taking forward the necessary amendments to UK-wide medicines legislation and the NHS Regulations in England will be amended accordingly. The NHS Regulations in Wales, Scotland and Northern Ireland are matters for the devolved administrations.

Proposed changes to legislation in relation to the use of controlled drugs by therapeutic radiographers will be considered by Home Office Ministers following advice from the Advisory Council on the Misuse of Drugs.

Where there is an identified need for therapeutic radiographers to undertake independent prescribing, they will be required to gain entry to and successfully complete a HCPC approved non-medical prescribing education programme in order to have their HCPC registration annotated. Similarly, where there is an identified need for therapeutic radiographer supplementary prescribers to undertake independent prescribing they will be required to gain entry and successfully complete an HCPC approved conversion programme in order to have their HCPC registration annotated.

If 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 therapeutic radiographers on an education programme for independent prescribing could be in the autumn of 2016.

6 Appendices

6.1 Appendix A: List of organisational responses by group

The submission received on behalf of the Royal College of Radiologists in group 1 reflected different responses for diagnostic and therapeutic radiographers, so this was entered as two separate submissions labelled 'response 1 (diagnostic radiographers)' and 'response 2 (therapeutic radiographers)' for clarity.

The Allied Health Professions Federation in group 2 also submitted two responses (labelled response 1 and response 2). Five responses were submitted on behalf of an anonymous organisation.

Q1: Should amendments to legislation be made to enable radiographers to prescribe independently?

- Yes
- No

Group 1: National Organisations and Networks; Professional Bodies and Royal Colleges; Regulators: Government and Arm's Length Bodies

Organisation	Response
British Medical Association	No
British Medical Association - GP Clinical and Prescribing subcommittee	No
British Society for Rheumatology & British Health Professionals in Rheumatology	Yes
British Society of Dental and Maxillofacial Radiology	Yes
British Society of Head and Neck Imaging	No
British Society of Urogenital Radiology (BSUR)	No
Care Inspectorate	Yes
Controlled Drugs Accountable Officers' Network Scotland	Yes
Guild of Healthcare Pharmacists	Yes
Health and Care Professions Council	Yes
Public Health England	Yes
Royal College of Radiologists (response 1 diagnostic radiographers)	No
Royal College of Radiologists (response 2 therapeutic radiographers)	Yes
Royal Pharmaceutical Society	Yes
Scottish Directors of Pharmacy	Yes

Group 2: Allied Health Professional Organisations, Professional Bodies and Advisory Groups

Organisation	Response
Allied Health Professions Federation (response 1)	Yes
Allied Health Professions Federation (response 2)	Yes
British Association of Prosthetists and Orthotists	Yes
Chartered Society of Physiotherapy	Yes
College of Paramedics	Yes
College of Podiatry	Yes
Heads of Radiography Education	Yes
Royal College of Speech and Language Therapists	Yes
Society and College of Radiographers	Yes
SCoR Approval and Accreditation Board	Yes
SCoR Board of Trustees	Yes
SCoR Consultant Radiographer Group	Yes
SCoR Eastern/South East Region Managers and Ultrasound Leads	Yes
SCoR Magnetic Resonance Advisory Group	Yes
SCoR Nuclear Medicine Advisory Group	Yes
SCoR Radiotherapy Advisory Group	Yes
SCoR Supply, Administration and Prescribing Group	Yes
SCoR Welsh Council	Yes
Society and College of Radiographers	Yes
South West Wales Research Network	Yes
The College of Occupational Therapists	Yes

Group 3: Educational Bodies/Establishments

Organisation	Response
Birmingham City University	Yes
Council of Deans of Health	Yes
Faculty of Health, University of Southampton	Yes
Glasgow Caledonian University	Yes
Glasgow Caledonian University Students	Yes
Health Education Kent, Surrey and Sussex	Yes
Health Education North West	Yes
Medway School of Pharmacy	Yes
NHS Education for Scotland	Yes
North West Non-Medical Prescribing Education Group	Yes
Queen Margaret University	Yes
Robert Gordon University	Yes

Sheffield Hallam University	Yes
University of Cumbria	Yes
University of Salford	Yes
University of the West of England	Yes

Group 4: Commissioning; Commercial and Non-Commercial Organisations; Service Providers; Independent Sector; and Trade Associations

Organisation	Response
Arden Cancer Centre Coventry	Yes
Abertawe Bro Morgannwg University Health Board Radiotherapy Department	Yes
Dorset NHS CCG	Yes
East and North Herts Trust	Yes
East Lancashire Hospital	Yes
Eastbourne, Hailsham and Seaford CCG/Hastings and Rother CCG	Yes
Guy's and St Thomas' NHS Foundation Trust	Yes
Imperial College Healthcare NHS Trust	Yes
Ipswich Hospital	Yes
NHS Ayrshire and Arran	Yes
NHS Lanarkshire	Yes
Nmprescribing	Yes
North Cumbria University Hospital	Yes
North of Scotland Planning Group	Yes
Nottingham University Hospital	Yes
Oxford University Hospital	Yes
Southern Health NHS Foundation Trust	Yes
Sussex Community NHS Trust	Yes
SW Wales Cancer Centre - Abertawe Bro Morgannwg University Health Board	Yes
The Christie Hospital NHS Foundation Trust	Yes
University Hospitals NHS Foundation Trust	Yes
Velindre Cancer Centre	Yes
Velindre NHS Trust	Yes

Group 5: Patient and Public Representatives; Charitable; and Voluntary Associations

Organisation	Response
Healthwatch Bolton	Yes
Macmillan Cancer Support	Yes
SCoR Patient Public Liaison Group	Yes

Q2: Which is your preferred option for the introduction of independent prescribing by radiographers?

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

Group 1: National organisations and networks; Professional Bodies and Royal Colleges; Regulators; Government & Arm's Length Bodies

Organisation	Response
British Medical Association	Option 3: Independent prescribing for specified conditions from a specified formulary
British Medical Association - GP Clinical and Prescribing subcommittee	Option 3: Independent prescribing for specified conditions from a specified formulary
British Society for Rheumatology & British Health Professionals in Rheumatology	Option 2: Independent prescribing for any condition from a full formulary
British Society of Dental and Maxillofacial Radiology	Option 2: Independent prescribing for any condition from a full formulary
British Society of Head and Neck Imaging	Option 1: No change
British Society of Urogenital Radiology (BSUR)	Option 1: No change
Care Inspectorate	Option 4: Independent prescribing for any condition from a specified formulary
Controlled Drugs Accountable Officers' Network Scotland	Option 3: Independent prescribing for specified conditions from a specified formulary
Guild of Healthcare Pharmacists	Option 2: Independent prescribing for any condition from a full formulary
Health and Care Professions Council	Option 2: Independent prescribing for any condition from a full formulary
Public Health England	Option 2: Independent prescribing for any condition from a full formulary
Royal College of Radiologists (response 1 diagnostic radiographers)	Option 1: No change
Royal College of Radiologists (response 2 therapeutic radiographers)	Option 2 Independent prescribing for any condition from a full formulary
Royal Pharmaceutical Society	Option 2: Independent prescribing for any condition from a full formulary
Scottish Directors of Pharmacy	Option 2: Independent prescribing for any condition from a full formulary

Group 2: Allied health professional organisations, professional bodies and advisory groups

Organisation	Response
Allied Health Professions Federation (response 1)	Option 2: Independent prescribing for any condition from a full formulary
Allied Health Professions Federation (response 2)	Option 2: Independent prescribing for any condition from a full formulary
British Association of Prosthetists and Orthotists	Option 2: Independent prescribing for any condition from a full formulary
Chartered Society of Physiotherapy	Option 2: Independent prescribing for any condition from a full formulary
College of Paramedics	Option 2: Independent prescribing for any condition from a full formulary
College of Podiatry	Option 2: Independent prescribing for any condition from a full formulary
Heads of Radiography Education	Option 2: Independent prescribing for any condition from a full formulary
Royal College of Speech and Language Therapists	Option 2: Independent prescribing for any condition from a full formulary
Society and College of Radiographers	Option 2: Independent prescribing for any condition from a full formulary
SCoR Approval and Accreditation Board	Option 2: Independent prescribing for any condition from a full formulary
SCoR Board of Trustees	Option 2: Independent prescribing for any condition from a full formulary
SCoR Consultant Radiographer Group	Option 2: Independent prescribing for any condition from a full formulary
SCoR Eastern/South East Region Managers and Ultrasound Leads	Option 2: Independent prescribing for any condition from a full formulary
SCoR Magnetic Resonance Advisory Group	Option 2: Independent prescribing for any condition from a full formulary
SCoR Nuclear Medicine Advisory Group	Option 2: Independent prescribing for any condition from a full formulary
SCoR Radiotherapy Advisory Group	Option 2: Independent prescribing for any condition from a full formulary
SCoR Supply, Administration and Prescribing Group	Option 2: Independent prescribing for any condition from a full formulary
SCoR Welsh Council	Option 2: Independent prescribing for any condition from a full formulary
Society and College of Radiographers	Option 2: Independent prescribing for any condition from a full formulary
South West Wales Research Network	Option 2: Independent prescribing for any condition from a full formulary
The College of Occupational Therapists	Option 2: Independent prescribing for any condition from a full formulary

Group 3: Educational Bodies/Establishments

Organisation	Response
Birmingham City University	Option 2: Independent prescribing for any condition from a full formulary
Council of Deans of Health	Option 2: Independent prescribing for any condition from a full formulary
Faculty of Health, University of Southampton	Option 2: Independent prescribing for any condition from a full formulary
Glasgow Caledonian University	Option 2: Independent prescribing for any condition from a full formulary
Glasgow Caledonian University Students	Option 2: Independent prescribing for any condition from a full formulary
Health Education Kent, Surrey and Sussex	Option 2: Independent prescribing for any condition from a full formulary
Health Education North West	Option 2: Independent prescribing for any condition from a full formulary
Medway School of Pharmacy	Option 2: Independent prescribing for any condition from a full formulary
NHS Education for Scotland	Option 2: Independent prescribing for any condition from a full formulary
North West Non-Medical Prescribing Education Group	Option 2: Independent prescribing for any condition from a full formulary
Queen Margaret University	Option 3: Independent prescribing for specified conditions from a specified formulary
Robert Gordon University	Option 2: Independent prescribing for any condition from a full formulary
Sheffield Hallam University	Option 3: Independent prescribing for specified conditions from a specified formulary
University of Cumbria	Option 2: Independent prescribing for any condition from a full formulary
University of Salford	Option 2: Independent prescribing for any condition from a full formulary
University of the West of England	Option 2: Independent prescribing for any condition from a full formulary

Group 4: Commissioning; Commercial and Non-Commercial Organisations; Service Providers; Independent Sector; and Trade Associations

Organisation	Response
Arden Cancer Centre Coventry	Option 2: Independent prescribing for any condition from a full formulary
Abertawe Bro Morgannwg University Health Board Radiotherapy Depart.	Option 2: Independent prescribing for any condition from a full formulary
Dorset NHS CCG	Option 2: Independent prescribing for any condition from a full formulary
East and North Herts Trust	Option 2: Independent prescribing for any condition from a full formulary

East Lancashire Hospital	Option 2: Independent prescribing for any condition from a full formulary
Eastbourne, Hailsham and Seaford CCG/Hastings and Rother CCG	Option 4: Independent prescribing for any condition from a specified formulary
Guy's and St Thomas' NHS Foundation Trust	Option 2: Independent prescribing for any condition from a full formulary
Imperial College Healthcare NHS Trust	Option 4: Independent prescribing for any condition from a specified formulary
Ipswich Hospital	Option 2: Independent prescribing for any condition from a full formulary
NHS Ayrshire and Arran	Option 3: Independent prescribing for specified conditions from a specified formulary
NHS Lanarkshire	Option 2: Independent prescribing for any condition from a full formulary
Nmprescribing	Option 2: Independent prescribing for any condition from a full formulary
North Cumbria University Hospital	Option 2: Independent prescribing for any condition from a full formulary
North of Scotland Planning Group	Option 2: Independent prescribing for any condition from a full formulary
Nottingham University Hospital	Option 3: Independent prescribing for specified conditions from a specified formulary
Oxford University Hospital	Option 2: Independent prescribing for any condition from a full formulary
Southern Health NHS Foundation Trust	Option 2: Independent prescribing for any condition from a full formulary
Sussex Community NHS Trust	Option 5: Independent prescribing for specified conditions from a full formulary
SW Wales Cancer Centre, Abertawe Bro Morgannwg University	Option 2: Independent prescribing for any condition from a full formulary
The Christie Hospital NHS Foundation Trust	Option 2: Independent prescribing for any condition from a full formulary
University Hospitals NHS Foundation Trust	Option 3: Independent prescribing for specified conditions from a specified formulary
Velindre Cancer Centre	Option 2: Independent prescribing for any condition from a full formulary
Velindre NHS Trust	Option 2: Independent prescribing for any condition from a full formulary

Group 5: Patient and Public Representatives; Charitable and Voluntary Associations

Organisation	Response
Healthwatch Bolton	Option 5: Independent prescribing for specified conditions from a full formulary
Macmillan Cancer Support	Option 2: Independent prescribing for any condition from a full formulary
SCoR Patient Public Liaison Group	Option 2: Independent prescribing for any condition from a full formulary

Q3: Do you agree that radiographers should be able to prescribe independently from the proposed list of controlled drugs?

- Yes
- No
- Partly

Group 1: National Organisations and Networks; Professional Bodies and Royal Colleges; Regulators; Government & Arm's Length Bodies

Organisation	Response
British Medical Association	Partly
British Medical Association - GP Clinical and Prescribing subcommittee	No
British Society for Rheumatology & British Health Professionals in Rheumatology	Not Answered
British Society of Dental and Maxillofacial Radiology	Yes
British Society of Head and Neck Imaging	Partly
British Society of Urogenital Radiology (BSUR)	No
Care Inspectorate	Partly
Controlled Drugs Accountable Officers' Network Scotland	No
Guild of Healthcare Pharmacists	Yes
Health and Care Professions Council	Partly
Public Health England	Not Answered
Royal College of Radiologists (response 1 diagnostic radiographers)	No
Royal College of Radiologists (response 2 therapeutic radiographers)	Yes
Royal Pharmaceutical Society	Yes
Scottish Directors of Pharmacy	Partly

Group 2: Allied Health Professional Organisations, Professional Bodies and Advisory Groups

Organisation	Response
Allied Health Professions Federation (response 1)	Yes
Allied Health Professions Federation (response 2)	Yes
British Association of Prosthetists and Orthotists	Yes
Chartered Society of Physiotherapy	Yes
College of Paramedics	Yes
College of Podiatry	Yes
Heads of Radiography Education	Yes
Royal College of Speech and Language Therapists	Yes

Society and College of Radiographers	Yes
SCoR Approval and Accreditation Board	Yes
SCoR Board of Trustees	Yes
SCoR Consultant Radiographer Group	Yes
SCoR Eastern/South East Region Managers and Ultrasound Leads	Yes
SCoR Magnetic Resonance Advisory Group	Yes
SCoR Nuclear Medicine Advisory Group	Yes
SCoR Radiotherapy Advisory Group	Yes
SCoR Supply, Administration and Prescribing Group	Yes
SCoR Welsh Council	Yes
Society and College of Radiographers	Yes
South West Wales Research Network	Yes
The College of Occupational Therapists	Yes

Group 3: Educational Bodies/Establishments

Organisation	Response
Birmingham City University	Yes
Council of Deans of Health	Yes
Faculty of Health, University of Southampton	Yes
Glasgow Caledonian University	Yes
Glasgow Caledonian University Students	Yes
Health Education Kent, Surrey and Sussex	Yes
Health Education North West	Yes
Medway School of Pharmacy	Yes
NHS Education for Scotland	Yes
North West Non-Medical Prescribing Education Group	Partly
Queen Margaret University	Yes
Robert Gordon University	Yes
Sheffield Hallam University	Partly
University of Cumbria	Yes
University of Salford	Yes
University of the West of England	Yes

Group 4: Commissioning, Commercial and Non-Commercial Organisations; Service Providers; Independent Sector and Trade Associations

Organisation	Response
Arden Cancer Centre Coventry	Yes
Abertawe Bro Morgannwg University Health Board Radiotherapy Department	Yes
Dorset NHS CCG	Yes
East and North Herts Trust	Yes
East Lancashire Hospital	Yes
Eastbourne, Hailsham and Seaford CCG/Hastings and Rother CCG	Partly
Guy's and St Thomas' NHS Foundation Trust	Yes
Imperial College Healthcare NHS Trust	Yes
Ipswich Hospital	Yes
NHS Ayrshire and Arran	Partly
NHS Lanarkshire	Yes
Nmprescribing	Yes
North Cumbria University Hospital	Partly
North of Scotland Planning Group	Yes
Nottingham University Hospital	Partly
Oxford University Hospital	Yes
Southern Health NHS Foundation Trust	Yes
Sussex Community NHS Trust	Yes
SW Wales Cancer Centre Abertawe Bro Morgannwg University Health Board	Yes
The Christie Hospital NHS Foundation Trust	Yes
University Hospitals NHS Foundation Trust	Yes
Velindre Cancer Centre	Yes
Velindre NHS Trust	Yes

Group 5: Patient and Public Representatives; Charitable and Voluntary Associations

Organisation	Response
Healthwatch Bolton	Partly
SCoR Patient Public Liaison Group	Yes
Macmillan Cancer Support	Yes

Q4: 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?

- Yes
- No

Group 1: National Organisations and Networks; Professional Bodies and Royal Colleges; Regulators; Government & Arm's Length Bodies

Organisation	Response
British Medical Association	Not Answered
British Medical Association - GP Clinical and Prescribing subcommittee	No
British Society for Rheumatology & British Health Professionals in Rheumatology	Not Answered
British Society of Dental and Maxillofacial Radiology	Yes
British Society of Head and Neck Imaging	No
British Society of Urogenital Radiology (BSUR)	No
Care Inspectorate	Not Answered
Controlled Drugs Accountable Officers' Network Scotland	Yes
Guild of Healthcare Pharmacists	Yes
Health and Care Professions Council	Yes
Public Health England	Not Answered
Royal College of Radiologists (response 1 diagnostic radiographers)	No
Royal College of Radiologists (response 2 therapeutic radiographers)	Yes
Royal Pharmaceutical Society	Yes
Scottish Directors of Pharmacy	Yes

Group 2: Allied Health Professional Organisations, Professional Bodies and Advisory Groups

Organisation	Response
Allied Health Professions Federation (response 1)	Yes
Allied Health Professions Federation (response 2)	Yes
British Association of Prosthetists and Orthotists	Yes
Chartered Society of Physiotherapy	Yes
College of Paramedics	Yes
College of Podiatry	Yes
Heads of Radiography Education	Yes
Royal College of Speech and Language Therapists	Yes

Society and College of Radiographers*	Yes
SCoR Approval and Accreditation Board	Yes
SCoR Board of Trustees	Yes
SCoR Consultant Radiographer Group	Yes
SCoR Eastern/South East Region Managers & Ultrasound Leads	Yes
SCoR Magnetic Resonance Advisory Group	Yes
SCoR Nuclear Medicine Advisory Group	Yes
SCoR Radiotherapy Advisory Group	Yes
SCoR Supply, Administration and Prescribing Group	Yes
SCoR Welsh Council	Yes
Society and College of Radiographers	Yes
South West Wales Research Network	Yes
The College of Occupational Therapists	Yes

*Following a formal request from the Society and College of Radiographers, their response has been amended at their request to “Yes” as they originally didn’t answer this question in error.

Group 3: Educational Bodies/Establishments

Organisation	Response
Birmingham City University	Yes
Council of Deans of Health	Yes
Faculty of Health, University of Southampton	Yes
Glasgow Caledonian University	Yes
Glasgow Caledonian University Students	Yes
Health Education Kent, Surrey and Sussex	Yes
Health Education North West	Yes
Medway School of Pharmacy	Yes
NHS Education for Scotland	Yes
North West Non-Medical Prescribing Education Group	Yes
Queen Margaret University	No
Robert Gordon University	Yes
Sheffield Hallam University	Yes
University of Cumbria	Yes
University of Salford	Yes
University of the West of England	Yes

Group 4: Commissioning, Commercial and Non-Commercial Organisations; Service Providers; Independent Sector and Trade Associations

Organisation	Response
Arden Cancer Centre Coventry	Yes
Abertawe Bro Morgannwg University Health Board Radiotherapy Department	Yes
Dorset NHS CCG	Yes
East and North Herts Trust	Yes
East Lancashire Hospital	Yes
Eastbourne, Hailsham and Seaford CCG/ Hastings and Rother CCG	Yes
Guy's and St Thomas' NHS Foundation Trust	Yes
Imperial College Healthcare NHS Trust	Yes
Ipswich Hospital	Yes
NHS Ayrshire and Arran	Yes
NHS Lanarkshire	Yes
nmprescribing	Yes
North Cumbria University Hospital	Yes
North of Scotland Planning Group	No
Nottingham University Hospital	No
Oxford University Hospital	Yes
Southern Health NHS Foundation Trust	Yes
Sussex Community NHS Trust	No
SW Wales Cancer Centre Abertawe Bro Morgannwg University Health Board	Yes
The Christie Hospital NHS Foundation Trust	Yes
University Hospitals NHS Foundation Trust	Yes
Velindre Cancer Centre	Yes
Velindre NHS Trust	Yes

Group 5: Patient and Public Representatives; Charitable and Voluntary Associations

Organisation	Response
Healthwatch Bolton	Yes
Macmillan Cancer Support	Yes
SCoR Patient Public Liaison Group	Yes

6.2 Appendix B: Glossary of terms

Allied Health Professions (AHP's)	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: • 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. • 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.

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 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: **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.