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

Response by the Royal College of Radiologists (RCR)
The RCR is the UK professional body for the medical specialties of clinical oncology and clinical radiology. Doctors in both specialties work collaboratively with radiographers and others and team working has developed considerably over the last few years to the benefit of patients. However, the nature and ethos of the practice environment is markedly different between imaging and oncology. By the nature of their work, therapeutic radiographers work in strictly regulated hospital environments with ready access to medical and pharmacy advice and support as required, where prescribing is a core component of daily practice. Diagnostic radiographers work in a much greater variety of settings, some of them isolated from medical and pharmacy advice, in which prescribing, even by doctors, has not traditionally been a component of normal working practice. Consequently, there are quite different aspects to consider in responding to these proposals as between diagnostic radiographers and therapeutic radiographers. We have therefore expressed a different view in response to a number of the consultation questions as between the two areas of practice for radiographers.

In reaching these conclusions we have consulted widely among our membership and our views are supported fully from the range of comments that have reached us.

The RCR wishes to stress that where we express a view that independent prescribing is not an appropriate step, we are doing so in the interests of patients and not as a comment on the professional competence, conduct or performance of any group of or individual radiographers.

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

**Diagnostic radiographers**

*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.*

- Diagnostic radiographers work in a diagnostic not therapeutic environment: radiology services are primarily diagnostic settings not therapeutic environments. Many, if not most, radiologists never prescribe anything other than diagnostic contrast media for CT/MRI/US.
- Prescribing errors are the second largest cause of healthcare delivered patient harm, second only to slips and falls.
- About one in six patients in the UK has more than one of the conditions outlined in the NHS England Quality and Outcomes Framework, many being elderly who may have altered pharmacokinetics. The UK Health and Social Care Information Centre 2013 Survey found that about half of the population in England takes prescription drugs, with the potential for drug-drug interactions when prescribed an additional medication.

All these factors make prescribing very challenging for doctors who have had much longer undergraduate as well as postgraduate training than diagnostic radiographers and for whom prescribing has been an accepted activity from training and throughout independent practice.

No peer-reviewed, published evidence base has been provided in respect of diagnostic radiographers prescribing independently for all conditions from a full formulary. On page 25 of the consultation document "Independent prescribing for any condition from a full
formulary" by radiographers, it is noted "would typically mean that the radiographer may have approximately 8 or 10 medicines that they would be thoroughly familiar with and these would be the medicines which they would prescribe". A full formulary consists of hundreds of medicines, not 8 or 10.

Possible practice scenarios that are critical in considering independent prescribing include:

- Controlled drugs including Fentanyl, Morphine, Tramadol, and Benzodiazepines. These drugs have significant risks of addiction, as well as other risks e.g. drowsiness.
- Self-employed radiographers performing independent ultrasound in the community prescribing anticoagulants of their choice following detection of deep vein thrombosis on leg ultrasound. This could have very serious consequences for patients e.g. stroke, extensive potentially fatal bleeding elsewhere.
- A radiographer in a gastro-intestinal imaging unit permitted to prescribe independently drugs like Maxolon that can cause Parkinson’s Disease.
- A radiographer in a DEXA unit permitted to prescribe independently bisphosphonates despite risk of known side effects of spontaneous femoral shaft fractures or mandibular osteonecrosis.

The profound implications for all prescribers of the recent Supreme Court Judgement in the case of Montgomery v Lanarkshire Health Board which judgment was issued after the consultation document was published should be taken fully into account before these proposals are further considered. There must be concerns over the ability of a radiographer to obtain fully informed consent when prescribing even a very limited number of medicines to a patient already taking other medications, given the enormous and increasing potential for drug interactions.

**Therapeutic radiographers**

We support a change in legislation to enable therapeutic radiographers to prescribe independently.

- Clinical oncologists work in many multi-disciplinary and multi-professional teams, across a number of healthcare settings, predominantly in secondary and tertiary care. This has required a significant shift in service delivery with traditional medical roles often being assumed by experienced AHPs with the appropriate competencies.
- Radiotherapy technology has advanced dramatically and this has massively increased the time burden of radiotherapy planning on clinicians and dosimetrists.
- Workload demands for clinical oncologists arising from recent technological advances have not been supported and currently; the workforce deficit is estimated at 157 WTE.

For the above reasons, most clinical oncologists have actively embraced skill mix.

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

Diagnostic radiographers
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.

The demands on the diagnostic radiographic workforce are growing:
- Between 2002-03 and 2012-13 there was an increase of 41% in radiographs performed on patients in England, a 167% increase in CT and 211% increase in MRI. This year-on-year inexorable demand for diagnostic radiography shows no sign of flattening or declining.
- An increasingly 24/7 NHS will lead to even more rapid increase in demand for diagnostic radiography as compared to the past decade.
- Functional imaging is rapidly increasing in clinical importance e.g. MRI, MRI-PET, whole body MRI, PET-CT, molecular imaging, imaging in drug trials etc. Our aging populations with increasing prevalence of co-morbidities further increase the complexity of diagnostic radiography.
- The diagnostic, patient safety and governance responsibilities of the already extensive diagnostic radiography curriculum are expanding rapidly with developments in established modalities e.g. CT, MRI as well as new hybrid imaging e.g. MRI-PET and ever more patient specific imaging protocols.

Bearing in mind these multiple factors, adding the major responsibilities that would accompany independent prescribing for diagnostic radiographers could bring unreasonable pressures on them which could also unnecessarily put patients at risk.

Therapeutic radiographers
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.

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

Diagnostic radiographers
No.

Therapeutic radiographers
Yes, although this would require the appropriate competencies to be demonstrated.

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?

Diagnostic radiographers
No.

Therapeutic radiographers
Yes, as this would be a logical extension of the current supplementary prescribing role.
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?

No.

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?

No.

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

Diagnostic radiographers
No.

Therapeutic radiographers
Yes, it is a comprehensive and detailed document.

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

Diagnostic radiographers
No.

Therapeutic radiographers
This is a detailed and robust document.

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

Diagnostic radiographers
The fundamental responsibility and skill of diagnostic radiographers is to produce high quality imaging to enable accurate diagnosis, often involving the use of ionising radiation. We do not feel that the risks inherent in extending prescribing rights to this group of professionals are justified by the limited and speculative examples which have been provided.

There is increasing public and media concern about the harmful impact of ionising radiation from diagnostic radiography, especially CT. Diagnostic radiographer skills in CT, MRI and radionuclide radiology e.g. hybrid PET-CT/MRI need to be developed even further such that the demographic and morbidity of each individual patient is factored in to achieve the most diagnostically helpful images possible for clinical decision making. We are concerned that diluting these skills by the addition of extra competencies for diagnostic radiographers without a clearer case of substantive need will not be to the benefit of patients.

Therapeutic radiographers
No.

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

Diagnostic radiographers
Please see the response to Question 9 above.
**Therapeutic radiographers**
No

**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?

**Diagnostic radiographers**
No.

**Therapeutic radiographers**
Evidence suggests that some patients prefer to discuss healthcare concerns with AHPs rather than medical staff. There is no reason to suppose this would not hold true for radiographers meaning that this legislative change would have a positive impact on healthcare access for some groups.

**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?
No.

The Royal College of Radiologists
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