

Improving Patients' Access to Medicines:

A Guide to Implementing Diagnostic
Radiographer and Therapeutic Radiographer
Prescribing within the NHS in the UK

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Introduction

This guide is for employing organisations and sets out the governance, administrative and procedural steps needed to enable diagnostic and therapeutic radiographers to act as independent and supplementary prescribers, and it provides information and advice on good practice in the implementation of radiographer independent and supplementary prescribing (henceforth referred to as ‘prescribing’ unless indicated otherwise). It has been adapted from the Department of Health guidance¹ to reflect current best practice when implementing prescribing by both radiography professions. The Department of Health guidance¹ applied only to England, but could be applied across all four UK nations. This 2023 review has been undertaken to apply across all four nations.

Scope of this guidance and effect of devolution

1. This guide sets out the steps to implement independent prescribing by the radiographic professions in the UK. Amendments to medicines legislation permit independent prescribing for diagnostic and therapeutic radiographers across the UK, but it is for the devolved administrations in Scotland, Wales and Northern Ireland to decide whether and how this is implemented for the NHS in their countries.
2. This guide aims to promote and implement safe and effective prescribing by radiographer prescribers in any setting appropriate to their scope of practice. It is directly applicable to the NHS.
3. The guidance applies to radiographer prescribing in all settings; where there are setting-specific requirements or information, this is indicated in the document.
4. The content of this document is current at the time of publication and should be read in conjunction with the Society of Radiographers (SoR) *Practice Guidance for Radiographer independent and/or supplementary prescribers*², hereafter referred to as ‘*Practice Guidance*’. It is expected that employers and managers check recent guidelines and legislation to ensure up to date practice is taking place. Individual radiographer prescribers are required by the HCPC to keep up-to-date, follow the law, HCPC guidance and other requirements related to their practice³.
5. Where a radiographer is employed by more than one organisation, the prescribing role and attendant governance must be derived from each employer individually, rather than used interchangeably from a single employer (unless a previously agreed and governed arrangement exists). It is proposed that organisations come together to ensure that their governance arrangements are in alignment.

Radiographer prescribing

Independent and supplementary prescribing

Independent prescribing is defined as prescribing by an appropriate practitioner⁴ (at time of publication: doctor, dentist, nurse, midwife, pharmacist, paramedic, physiotherapist, podiatrist, optometrist, therapeutic radiographer) responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing medicines⁵.

Therapeutic radiographer independent prescribers may prescribe most licensed medicines, within national and local guidelines for any condition within the practitioner's area of expertise and competence within the overarching framework of the radiography scope of practice including treatment of cancer and the overarching framework of imaging and diagnosis. They may also mix medicines prior to administration and direct others to mix. Therapeutic radiographer independent prescribers can prescribe from a limited list of controlled drugs.

In partnership with the patient, independent prescribing is one element of the clinical management of a patient. It requires an initial patient assessment, interpretation of that assessment, a decision on safe and appropriate use of medicines, and a process for ongoing monitoring. Normally, prescribing would be carried out in the context of practice within a multidisciplinary healthcare team, either in a hospital, a community setting or other healthcare provider setting, and within a single, accessible healthcare record.

Supplementary prescribers (at time of publication: radiographers, nurses, midwives, pharmacists, paramedics, dietitians, physiotherapists, podiatrists and optometrists) can prescribe in partnership with a doctor (or dentist) within their scope of practice. They can prescribe most medicines, including most controlled drugs and unlicensed medicines, that are listed in an agreed written clinical management plan (CMP). All supplementary prescribers may prescribe for any medical condition within their sphere of competence, provided that they do so under the terms of a patient-specific CMP agreed with a doctor or dentist⁵. The CMP will be written, with the patient's agreement, following diagnosis of the patient's condition. The *Practice Guidance* contains further detail about CMPs².

Supplementary prescribing may still be the most appropriate mechanism for prescribing, for instance when prescribing for individuals with stable long-term conditions and the supplementary prescriber is competent to manage the treatment between reviews by the independent prescriber (doctor or dentist), there is a close working relationship between the supplementary and

independent prescribers and both share access to the same common patient record. Also, for certain medicines where independent prescribing is restricted (for example, certain controlled drugs or unlicensed medicines).

Health professionals (excluding doctors and dentists) who are legally able to study to become independent prescribers will also be assessed as supplementary prescribers and their professional registration will be annotated as such.

Aims of independent prescribing

For over 20 years it has been UK government policy to extend prescribing responsibilities to further health professions to:

- improve patient care without compromising patient safety;
- make it easier for patients to get the medicines they need when they need them, and avoid having to see additional health professionals just to receive medicines;
- increase patient choice in accessing medicines;
- make better use of the skills of health professionals;
- contribute to the introduction of more flexible team working across the NHS;
- enable patients to be seen and treated in the most appropriate setting by an appropriately skilled health professional, avoiding unnecessary delays and handovers in care;
- support medicines optimisation;
- increase capacity to respond to changing demand on services.

Organisations should develop their strategic plan to include prescribing by radiographers, to benefit from these aims. Typically, this would involve senior managers and clinicians (doctors, radiographers, pharmacists) and the appropriate medicines governance and optimisation committee. The plan should be approved at Board level and would, for example:

- include recognition of the benefits to patients of radiographer prescribing;
- identify an initial range of clinical areas where patients could benefit;

-
- identify the enhanced, advanced and consultant roles in those clinical areas to prescribe;
 - identify a way to support and sustain the transition of staff to prescribing roles and the services they currently provide;
 - develop a communications plan aimed at informing both patients and all clinical and managerial staff;
 - include timescales for implementation;
 - identify a lead director to be responsible for implementation;
 - include acceptance of vicarious liability for radiographer prescribers in line with that of other prescribers.

Radiographer prescribers must adhere to the clinical governance arrangements already put in place by the organisation for prescribers, in addition to those described in this document, and to the HCPC standards and SoR *Practice Guidance*.

Implementation strategy

Which radiographers can act as prescribers?

To undertake prescribing, the radiographer should be working in an enhanced, advanced practice or consultant role as defined by Health Education England and the College of Radiographers⁶ in collaboration with multidisciplinary partners.

A radiographer prescriber must have their name held on the Health and Care Professions Council (HCPC) current professional register, with an annotation signifying that the radiographer has successfully completed an approved programme of preparation and education for radiographer independent and/or supplementary prescribing.

Selection of radiographers to study to become prescribers

The selection of radiographers who will be educated as prescribers is a matter for employing organisations who are best placed to assess local service and patient needs. All individuals selected for prescribing education preparation must have the opportunity to prescribe in the post that they will occupy on completion of the education programme. The clinical area(s) in which they will prescribe should also be identified before they begin studying to prescribe. This will almost certainly be in the field in which they already hold considerable expertise. See **Annex E** for

selection criteria and the *Practice Guidance* for more about the scope of radiographer prescribing.

The entry requirements for HCPC registrants to undertake prescribing education⁷ are listed in Figure 1.

HCPC registrants wanting to undertake prescribing education must:

- A) Be registered with the HCPC in one of the relevant Allied Health Professions
- and**
- B) Be professionally practising in an environment where there is an identified need for the individual to regularly use independent prescribing / supplementary prescribing
- and**
- C) Demonstrate support from their employer/sponsor* including confirmation that the entrant will have appropriate supervised practice in the clinical area in which they are expected to prescribe
- and**
- D) Demonstrate medicines and clinical governance arrangements are in place to support safe and effective supplementary and/or independent prescribing
- and**
- E) Have an approved designated prescribing practitioner (DPP), normally recognised by the employer / commissioning organisation as:
 - i: Being registered as a prescriber with their professional regulator
 - ii: Having experience in the relevant field of practice
 - iii: Can demonstrate that they meet all competencies within the Competency Framework for all Prescribers
 - iiiv: Having education and experience in the supervision, support and assessment of students
 - v: Having agreed to:
 - provide the student with opportunities to develop competences in prescribing
 - supervise, support and assess the student during their clinical placement
- and**
- F) Have (usually) at least three years' relevant post-qualification experience in the clinical area in which they will be prescribing
- and**
- G) Have evidence of recent academic study at degree level as a minimum
- and**
- H) Be working at an advanced practitioner or equivalent level
- and**
- I) 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
- and**
- J) In England and Wales, provide evidence of a satisfactory Disclosure and Barring Service (DBS) check or in Northern Ireland, an AccessNI check within the last three years or, 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.

Figure 1. Entry requirements for HCPC registrants to undertake prescribing education. Adapted from AHPf (2023) Outline Curriculum Framework⁷.

The three key principles that should be used to prioritise potential applicants are:

- to maximise patient safety;
- to give maximum benefit to patients and the NHS, in terms of quicker and more efficient access to medicines for patients to support medicines optimisation/streamlining clinical pathways;
- to better use the professional's skills to support service transformation.

The individual practitioners must also understand and accept the higher level of clinical responsibility and accountability associated with prescribing.

NHS organisations may find it helpful to work together locally to agree priorities for access to prescribing courses in alignment with local priorities and in collaboration with relevant local agencies.

Funding for radiographer prescribing education

Funding may be available for NHS employees centrally where the development of prescribing roles fits with the national/local strategy or may have to be planned for from local budgets. It is for NHS employers to identify appropriate funding via local arrangements.

Non-NHS staff

Radiographers employed by non-NHS organisations, that are commissioned to provide their clinical services to NHS patients (e.g. mobile MRI or CT service providers) may be able to have their prescribing education funded. This may need to be considered with commissioners.

Conflicts of interest

Employers should be aware of, and take necessary steps to resolve, any conflicts of interest that may subsequently arise in a radiographer's practice when considering for prescribing education programmes; for example, any radiographers whose posts are directly or indirectly funded by pharmaceutical and other companies. Employers should refer to organisational policy regarding conflicts of interest and maintain a 'register of interests' or 'hospitality register'. Guidelines on acceptable hospitality are provided by The Association of the British Pharmaceutical Industry⁸.

Employers should bear in mind issues of potential conflict of interest when they are considering commercial sponsorship of events aimed at prescribers. The *Practice Guidance*² states what is required of the radiographer prescriber where there are conflicts of interest and should be read in collaboration with this guidance.

Funding from other sources

Individual radiographers may choose to fund themselves; this is an arrangement with the university of their choice but they must still meet all the entry requirements for the course (**Annex E**) and caution should be taken to avoid a conflict of interest.

Education and preparation for prescribing

Education programmes for prescribing

The HCPC has set out standards in respect of prescribing education for radiographers, and will only validate new recordable programmes against these⁹. The *Outline Curriculum Framework (OCF)*⁷, hosted by the Allied Health Professions Federation, defines the entry criteria and other considerations for education providers for all allied health professions legally able to prescribe and is linked to the HCPC standards. Only successful completion of programmes approved by the HCPC will lead to annotation on the HCPC register as a diagnostic or therapeutic radiographer prescriber. The education programme must have been approved for diagnostic and/or therapeutic radiographers before a member of that profession may enter into study. It is important to note that not all programmes offer access to all the prescribing professions. The HCPC [website](#) offers information about the programmes they have approved as the professional regulator, including contact details for the relevant university for more specific information.

An approved education programme leading to annotation on the relevant professional register as an independent and/or supplementary prescriber must be a specific programme of preparation at academic level 6 or 7 (level 10 or 11 in Scotland). Employers should consider the duration and requirements of the programme when selecting candidates; further detail about the programmes can be found in the *OCF*⁷.

In addition to allowing time to be spent on the formal programme, it is important that employers recognise the demands of private study on radiographers undertaking the programme and provide support where necessary. Employers may also consider providing mentoring opportunities for trainee radiographer prescribers.

The approach to teaching and learning should be developed on an individual basis as educating new prescribers will undoubtedly take some time. Employers should take this into consideration when considering the implementation of prescribing into new and existing services.

Designated Prescribing Practitioner

The period of learning in practice will be directed by a Designated Prescribing Practitioner (DPP), who will also be responsible for assessing whether the learning outcomes have been met and whether the student has acquired competencies, as identified in the document *A Competency framework for all prescribers*⁵.

*The Designated Prescribing Practitioner competency framework*¹⁰ will help to inform the selection of DPPs and support them in undertaking this role.

The DPP has a critical and highly responsible role in educating and assessing the non-medical prescribing student and assuring competence in prescribing.

Before taking on the role of DPP, the prescriber and the prescribing programme provider should consider the implications of undertaking this role safely and effectively. It is important that the DPP and the prescribing programme team work closely together.

Shadowing other prescribers during study

It is unlikely that a prescribing student will need to spend all the period of learning in practice with their DPP, as other clinicians may be better placed to provide some of the learning opportunities. However, the DPP remains responsible for assessing whether all the learning outcomes have been met. Discussions with other prescribers and with a senior/experienced pharmacist will be valuable in expanding the student's practice experiences.

Continuing Professional Development

Radiographer prescribers are expected to keep up to date with evidence and best practice in the management of the conditions for which they prescribe, and in the use of the relevant medicines. The HCPC publication *Continuing professional development and your registration*¹¹ states a requirement that all registrants undertake continuing professional development (CPD) related to their practice; radiographer prescribers must include their prescribing practice in this requirement.

The employer should ensure that the radiographer prescriber has access to relevant education provision for CPD. Details of CPD undertaken should be incorporated by the radiographer into their professional portfolio, in order to meet the HCPC requirements.

In addition, the document *A Competency Framework for all Prescribers*⁵ will help radiographer prescribers to structure CPD activities by comparing their knowledge and competence against a

set of competencies expected of an exemplar prescriber. *The Practice Guidance*² includes further information specific to radiographers regarding CPD.

Prescribing 'buddy' / mentor / supervision post-qualification

Support from other professional colleagues is invaluable to radiographer prescribers, especially to those who are newly qualified. Many prescribers already have a prescribing buddy/mentor after qualifying to prescribe. This could be a doctor, radiographer, pharmacist, or other prescribing professional and is a beneficial way of enhancing CPD. Formalised clinical supervision should be made available to radiographers, either profession-specific or across prescribing professions.

Prescribing within competence

All radiographer prescribers must work within their own level of professional competence and expertise, and must seek advice and make appropriate referrals to other professionals with different expertise as appropriate. The *Practice Guidance* sets out further detail regarding accountability.

Prescribing medicines under independent prescribing arrangements

Therapeutic radiographers who have successfully completed an independent prescribing programme may prescribe any licensed medicine, i.e. products with a valid marketing authorisation (licence) in the UK, and any licensed medicine used outside of the marketing authorisation (off-licence/off-label) for any medical condition within their clinical competence, scope of practice and level of experience.

Therapeutic radiographer independent prescribers may also prescribe from the following list of controlled drugs to be administered via the route specified.

| Controlled Drug | Schedule ¹² | Route of administration |
|-----------------|------------------------|-------------------------|
| Tramadol | 3 | Oral |
| Lorazepam | 4 | Oral |
| Diazepam | 4 | Oral |
| Morphine | 2 & 5 | Oral & Injection |
| Oxycodone | 2 | Oral |
| Codeine | 5 | Oral |

Prescribing licensed medicines for 'off-label' or 'off-licence' uses

Radiographer prescribers may prescribe medicines independently for uses outside their licensed indications/UK marketing authorisation (off-licence or off-label). The *Practice Guidance* should be consulted for further information².

Prescribing medicines to be mixed

The law defines ‘mixing’ as “the combination of two or more [licensed] medicinal products together for the purposes of administering them to meet the needs of a particular patient.”⁴. Medicines are rendered unlicensed if they are combined prior to administration. The exception to this is when a medicine is combined with another which is used as a vehicle for the purpose of administration, such as for dilution.

Different considerations and permissions to those of single unlicensed medicines apply to the mixing of licensed medicines by radiographer prescribers. Therapeutic radiographer independent prescribers can prescribe medicines to be mixed and may direct others to mix (with the exception of controlled drugs); however, considerations should be made about the need for mixing, the stability of the medicine and the competence of the person preparing and administering the resultant unlicensed medicine. Radiographer supplementary prescribers may mix medicines themselves and may direct others to mix, but only where that preparation forms part of the CMP for that individual patient². The *Practice Guidance* should be consulted for further information.

Prescribing unlicensed medicines (products without UK marketing authorisation)

Therapeutic radiographer prescribers are not permitted to prescribe unlicensed medicines using independent prescribing. An unlicensed medicine can be prescribed using supplementary prescribing with a clinical management plan (CMP) in place which includes the unlicensed medicine.

A local policy for the use of unlicensed medicines should be approved through appropriate medicines governance and optimisation mechanisms, or equivalent. When prescribing these medicines, prescribers must accept professional, clinical, and legal responsibility for that prescribing, and should only prescribe ‘off-label’ or unlicensed medicines where it is accepted clinical practice and there is no licensed alternative. The *Practice Guidance* contains further detail on this matter².

Borderline substances

Borderline substances may be prescribed by radiographers working in primary care at NHS cost but the prescription will need to be marked ‘ACBS’ for Advisory Committee of Borderline Substances. A list of ACBS approved products and the circumstances under which they can be prescribed can be found in the Drug Tariff relevant to each UK nation^{13–15}. Although these are non-mandatory lists, radiographer prescribers should restrict their prescribing of borderline substances to items on the approved lists. They should also work within the guidance of their employing organisation.

Appliances and dressings

Radiographer prescribers working in primary care may also prescribe any appliances or dressings at NHS cost that are listed in the Drug Tariff relevant to the UK country in which they are prescribing.

Radiographers prescribing in secondary or tertiary care are not restricted to prescribing appliances/dressings from the relevant Drug Tariff, but should consider local formulary policies and the implications for primary care.

Clinical governance in prescribing

The employing organisation must ensure that radiographer prescribing is included within their overall clinical governance framework, to ensure that radiographer prescribers practice safely and competently.

It should include systems for:

- Selection – all entrants to prescribing education programmes must be selected according to criteria indicating their potential to prescribe safely in the area in which they will practise. This will usually include evidence that they have appropriate specialist knowledge and that they will be required to prescribe within their role;
- Completion of HCPC-approved education programmes – employers have a duty to ensure that those learning to prescribe are supported through their education programme;
- Ensuring that the names of prescribers are annotated on their professional register, before they begin to prescribe, and that this is checked at regular intervals (e.g. annual audit of prescribers) in line with wider organisational policy;
- Ensuring arrangements are in place for assessment of practice, clinical supervision, audit, and CPD for all radiographer prescribers;
- Ensuring that the parameters of an individual's prescribing are agreed between the prescriber, their manager or local professional lead (e.g. the non-medical prescribing lead) and their employer where appropriate. This is best carried out using the *Competency Framework for all Prescribers*⁵ alongside a personal formulary approach, which is a continuation from that developed during the education programme. The personal formulary should include the context in which the prescriber will prescribe the medicine and how the knowledge and competence to prescribe the medicine was achieved and is being maintained/developed;

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- ensuring that appropriate medicines governance and optimisation committees are aware that medicines are being prescribed by radiographer prescribers.

Radiographers should use clinical supervision arrangements or equivalent as an opportunity for reflection on prescribing, as well as other aspects of practice. The model of clinical supervision should be agreed at local level, taking account of other professional staff support mechanisms and resources.

Peer review, support and mentoring arrangements should be established for radiographer prescribers. Audits, clinical governance arrangements and their CPD requirements will allow radiographer prescribers to reflect on their prescribing practice. Section 4 of the *Practice Guidance*² contains information about clinical governance, including audit, both for radiographer prescribers and the organisations within which they work, which can be reflected in the employing organisation's overall clinical governance framework. The section also details the prescriber's responsibility to engage in clinical governance activities and complements the example framework in **Annex C**.

A review of prescribing by radiographers should be carried out as part of the overall prescribing monitoring arrangements and as a suitable area of practice for regular audit. This should include audit of practice and interrogation of local data collection systems, and where relevant, prescription and cost data such as that available from the Business Services Authority for England and Wales (if using FP10 prescriptions) and from hospital internal systems.

Independent / private sector

Radiographer prescribers who work outside NHS settings where clinical governance systems may be different or may not be applied in the same way, must ensure they comply with regulatory and professional body requirements to demonstrate their competence to practice. Prescribing has the same requirements for education, supervision, and audit, and is subject to the same standards of overarching clinical governance and safeguards for patient safety irrespective of setting².

Good practice, ethics and issues for all prescribers

Responsibility for prescribing decisions

A radiographer prescriber can only prescribe a medicine for a patient whom they have assessed for care. Accountability for all aspects of their prescribing decisions rests with the prescriber who has prescribed the medicines. They should therefore only prescribe those medicines they know are safe and effective for the patient and the condition being treated or investigated. They must be able to recognise and deal with pressures (e.g. from the pharmaceutical industry, patients or colleagues) that might result in inappropriate prescribing.

Informing patients

Radiographer prescribers must ensure that patients are aware of the scope and limits of their prescribing. There may be circumstances where the patient must be referred on to another health professional, to access other aspects of their care.

Prescribing for self, family and friends

Radiographer prescribers must not prescribe any medicine for themselves¹⁶. Neither should they prescribe a medicine for anyone with whom they have a close personal or emotional relationship, other than in an exceptional circumstance². The *Practice Guidance* contains further information about this.

Gifts and benefits

The advertising and promotion of medicines is strictly regulated under the Medicines (Advertising) Regulations 1994¹⁷, and it is important that radiographer prescribers make their choice of medicinal product for their patients based on evidence, clinical suitability, and cost effectiveness alone².

It is specified in law that a prescriber must not solicit or accept a gift, pecuniary advantage, benefit, or hospitality that is prohibited by regulation⁴.

Employers should have local policies for working with the pharmaceutical industry which cover gifts and benefits, as well as access to prescribers and sponsorship. Prescribers should familiarise themselves with these policies and are expected to abide by them. The *Practice Guidance* contains further detail about this matter.

Patient records: access and updating

All health professionals are required to keep accurate, legible, unambiguous and contemporaneous records of a patient's care. There is no single model or template for a patient record (although radiographers should comply with the standards published by the HCPC¹⁸), but it should provide all professionals involved in a patient's treatment with the information needed, in a timely manner, for them to care safely and effectively for that patient.

The electronic patient record is widely used within the NHS; radiographer prescribers use this to prescribe contrast agents, adjunct medicines and other medicines related to diagnostic imaging. Local support and implementation teams will enable the radiographer prescriber to be registered with the system and enabled to prescribe. The *Practice Guidance* contains information regarding effective record keeping.

In England, organisations should have policies in place that state the requirements for recording prescribing decisions that comply with detailed national guidance produced for organisations by NHS Digital¹⁹ (NHS Digital and NHS England merged from 1 February 2023; however, current guidance is still applicable). Digital Health and Care Scotland, Digital Health and Care Wales, and the Department of Health in Northern Ireland should be referred to for equivalent national guidance in those nations.

Adverse drug reaction reporting

MHRA Yellow Card Scheme

The Yellow Card Scheme is a voluntary scheme, through which health professionals notify the Medicines and Healthcare products Regulatory Agency (MHRA) of suspected adverse drug reactions. The MHRA encourages the reporting of suspected adverse drug reactions involving specific populations and types of medicines as listed on the Yellow Card website²⁰ using the web-based Yellow Card or app. Patients, parents, carers etc. can also report suspected adverse drug reactions using the above methods.

The bulletin Drug Safety Update²¹, issued by the MHRA, contains advice and information on drug safety issues. All prescribers are encouraged to routinely consult the bulletin and keep up to date with new information about safe use of medicines.

Role of the Learn from Patient Safety Events system

If a patient suffers harm due to an adverse incident involving medicines, or if harm could have been caused to the patient by the medicine (a near miss), the incident or near miss must be reported by the radiographer prescriber using both local and national reporting systems. The incidents reported by NHS organisations in England are collected by the Learn from Patient Safety Events (LFPSE) system, hosted by NHS England²². The LFPSE system collates information on adverse incidents, helping the NHS to understand the underlying causes of patient safety problems; use of the system promotes a culture of reporting and learning from adverse incidents, and acting to introduce practical changes for mistake prevention. This process was previously undertaken by the National Reporting and Learning System (NRLS). Health Improvement Scotland²³ collates data on serious adverse events nationally, NHS Wales²⁴ does similarly as does the Department of Health for Northern Ireland²⁵. All four organisations have direct links with the MHRA, which collates and provides UK-wide information for issues concerning medicines and medical device safety.

Legal and clinical liability

Liability of employer

Where a radiographer is appropriately qualified, annotated on the HCPC register and prescribes in the course of their duties as an employee with the consent of their employer, the employer is held vicariously liable for the actions of their employee. In addition, therapeutic radiographer independent prescribers are individually accountable to the HCPC for this aspect of their practice, as for any other, and must always act in accordance with the HCPC *Standards of conduct, performance and ethics*³.

Liability of prescriber / professional indemnity

Both the employer and employee (or contractor) should ensure that the employee's job description (or contractor's agreed arrangements) includes a clear statement that prescribing is required as part of the duties of that post or service.

UK legislation²⁶ requires HCPC registrants to have a professional indemnity arrangement in place as a condition of their registration. Most radiographer prescribers will already meet this requirement because they work in an employed environment where their employer will indemnify them and will not need to take any further action.

Some registrants, particularly those that undertake self-employed work, will need to have their own professional indemnity arrangements in place²⁷. Prescribers must be aware of the level of indemnity to determine whether it is sufficient for purpose. The SoR website contains further information for its members²⁸ and the *Practice Guidance* contains further information regarding indemnity requirements and professional accountability.

Dispensing of prescribed items

Hospital settings

Hospital pharmacies may provide a stock of commonly used medicines to radiology departments for administration to patients during treatment or imaging procedures. Radiographer prescribers will need to prescribe the medicines prior to administration to the patient. For medicines that the patient will use at home, the hospital pharmacy will dispense the prescribed medicines, labelled specifically for the named patient.

Primary care

Most medicines in primary care are dispensed in community pharmacies by pharmacy teams and are supplied directly to patients or their carers.

Dispensing doctors in primary care

Where a GP practice is a dispensing practice, prescriptions from radiographer prescribers can be dispensed by the practice but only for the eligible²⁹ patients of that practice. Dispensing doctors cannot dispense prescriptions written by radiographer prescribers for patients of other practices.

Simultaneous prescribing and dispensing

Dispensing is defined in the *Practice Guidance* as “the preparation and supply of a medicine in accordance with the instructions contained within a prescription”², and is usually undertaken by a pharmacist or pharmacy technician. There should, other than in exceptional circumstances, be separation of prescribing and dispensing roles in radiographer prescribing practice, in keeping with the principles of safety, clinical and corporate governance. The SoR states that radiographers must ensure that there is separation of prescribing and dispensing wherever possible².

An example of prescribing and supply of a medicine is where the radiographer prescribes a medicine, which they then take from a locked medicine stock cupboard in an urgent care centre that has been supplied as an appropriately labelled pre-pack, and they then give it to the patient to take away. In circumstances where a radiographer is both prescribing and supplying a patient’s medication, a second suitably competent person should be involved in the checking process.

In exceptional circumstances, prescribing and supply can be carried out by the same individual, provided that:

- clear accountability arrangements are in place to ensure patient safety and probity, and;
- there are audit and clinical governance arrangements in place, which can track prescribing and supply by radiographer prescribers.

Administration involves the patient receiving the medicine into the body by the route prescribed. The radiographer prescriber “should ensure, wherever possible, that a second person checks that your prescription is what is administered to the patient. The second ‘checker’ need not be a prescriber or registered health professional themselves but should be able to verify that the correct medicine is being supplied to the patient”².

Organisational medicines administration policies may include additional checks where the medicine is being administered by injection.

Verification of prescribing status

Role of the pharmacist on verification of prescribing status

To enable pharmacists (and dispensing doctors) to check whether a prescription for dispensing is bona fide, all NHS employers should keep a list of radiographer prescribers employed by them. It is also recommended that the employing authority (NHS or private) holds a copy of the prescriber's signature. Individuals should be prepared to provide specimen signatures to pharmacists, should that be required.

In addition, the pharmacist can search the professional register on the HCPC website³⁰. Using the radiographer prescriber's profession, surname and/or registration number will confirm if the radiographer has the relevant annotation.

Role of the NHS Prescription Service within the NHS Business Services Authority

In the case of FP10 prescriptions, the NHS Prescription Service (previously known as the NHS Business Services Authority Prescription Pricing Division) checks to ensure that the radiographer prescriber who has written the prescription is listed as having permission to prescribe against that cost code, such as the GP practice, service or organisation³¹.

Urgent dispensing

If a radiographer prescription requires dispensing in primary care outside of normal pharmacy opening hours, the NHS website contains a [full list of community pharmacies](#) including opening hours. Hospitals and out-of-hours services will have local arrangements for dispensing medicines out of hours.

Dispensing of items in Scotland, Wales, and Northern Ireland

Prescriptions written by radiographer prescribers in England will only be dispensable by pharmacists in Scotland, Wales, and Northern Ireland when the relevant medicines regulations have been amended by the devolved administrations.

Authentication of radiographer prescribers' prescriptions in hospital pharmacies

Many hospitals use electronic prescribing and administration systems which have mechanisms for authentication of prescribers using them. Where these systems are not yet in place, an up-to-date list of all qualified radiographer prescribers employed by the hospital will need to be accessible by the hospital pharmacy. The same process will apply for inpatient, outpatient and discharge prescriptions. In general, prescriptions written on forms intended for dispensing in the community (FP10 forms) are not intended for dispensing by hospital pharmacies.

Monitoring prescribing

Prescribers contracted to a hospital trust

The hospital pharmacy department will typically monitor prescribing and provide feedback on all prescribing in hospitals to both clinicians and managers. Many hospitals use electronic prescribing and administration systems that generate prescribing data. Radiographer prescribers working in these settings should ask the non-medical prescribing lead for this data.

The route for accessing prescribing data for non-medical prescribers depends on where their prescribing costs are allocated. Radiographer prescribers can expect to receive information via their non-medical prescribing lead to monitor their prescribing.

Prescribers contracted to a GP practice

The NHS Business Services Authority (NHSBSA) reimburses costs to dispensing contractors and provides essential information to authorised users. Prescribing by radiographer prescribers on FP10 prescriptions will be identifiable in NHSBSA prescription information systems. Integrated Care Boards provide routine data analysis of all prescribing which may include analysis of cost effectiveness and quality.

If a prescriber is prescribing on behalf of a GP practice, they can obtain prescribing data through electronic Prescribing and Financial Information for Practices (ePFIP) on the NHSBSA website. This provides detail for individual prescribers, down to presentation and prescription quantity level. The NHSBSA [website](#) provides information about ePFIP and how to access it.

Annexes

Annex A: Notification of prescriber details to the Prescription Pricing Service of the NHSBSA for prescribing in primary care

The details of radiographer prescribers employed and practising in a primary care setting and intending to prescribe on personalised FP10 prescriptions must be registered with the NHSBSA before prescriptions for that prescriber can be ordered. Hospital-based prescribers should refer to **Annex E**. This must not be done until the radiographer prescriber has passed all aspects of the prescribing course and has the qualification annotated on their professional register entry.

Changes to prescriber details

It is the responsibility of employers of radiographer prescribers who are registered with the NHSBSA and who are working in primary care settings to ensure that changes to the prescriber's details are notified to NHSBSA as soon as they occur, e.g change of name. Failure to do this will mean that prescription forms will continue to be produced with the former (incorrect) details on them.

Prescriber ceases employment / prescribing

The employer must inform the NHSBSA as soon as possible when a prescriber who has been using FP10 prescription forms is no longer carrying out prescribing duties (for example, because they have changed employer, been suspended from the relevant register or had their approval as a prescriber withdrawn for some reason). Employers must annotate their lists of radiographer prescribers with the reasons for any changes, to ensure that an up-to-date record exists.

Annex B: Prescription forms

All prescription forms and electronic systems require information to be entered on them. In addition to the correct dispensing of the items prescribed, this allows for prescribing information and costs to be attributed to the correct prescriber and/or organisation, as well as to the correct prescribing budget.

Prescribing by hospital-based radiographer prescribers

Radiographer prescribers prescribing for hospital inpatients or outpatients may use the following methods to prescribe:

- Hospital inpatient prescription form or sheet – to be used for inpatients and discharge supplies only. A prescription charge is not levied for inpatients;
- Internal hospital prescription form – to be used for outpatients but only in cases where the hospital pharmacy will dispense the prescription. A prescription charge may be payable, unless the patient is exempt from prescription charges (internal hospital forms cannot be accepted for dispensing by community pharmacies);
- Electronic prescription and administration systems – many hospitals are implementing these systems across all services provided by the organisation where medicines are prescribed and administered. Local support and implementation teams will enable the radiographer prescriber to be registered with the system and enabled to prescribe;
- FP10 prescription forms – where the medicine will be prescribed by a hospital prescriber and dispensed in a community pharmacy. These are mainly used in circumstances where the service is delivered away from the hospital site and the hospital pharmacy (please note: the prescriber's employer should establish a local policy on the use of prescription forms in these circumstances). These prescriptions are printed with previously agreed service-specific prescribing account details, not individual prescriber details.

Non-NHS employees

A non-NHS radiographer prescriber cannot issue an FP10 prescription, i.e. one which will be dispensed in a NHS community pharmacy, unless the organisation they work for is commissioned to provide an NHS service and has an arrangement which allows the non-NHS organisation to use NHS community pharmacy dispensing services. The NHS commissioner should organise the supply of FP10 prescription forms (and obtain the prescribing code(s) to be used) for the non-NHS organisation, if this is appropriate.

How to complete a prescription form

Detailed, up-to-date advice on prescription writing is contained in the British National Formulary (BNF)³².

Computer-issued prescriptions must contain the same patient-specific data as described in the BNF³³.

Radiographers are recommended to prescribe generically, except where this would not be clinically appropriate or where there is no approved generic name – see the BNF³³, the Drug Tariff^{13–15} and/or the marketing authorisation (summary of product characteristics) of the medicine.

Local guidance should be followed and the personal formulary used to specify which medicines are to be prescribed. Names of medicines and generic titles should not be abbreviated. Exceptions to this rule are for the prescribing of some dressings and appliances, and of some compound or modified release medicines, which have no approved non-proprietary name.

Security and safe handling of FP10 prescription forms

The security of prescription forms is the responsibility of both the employing organisation and the prescriber. The most up-to-date detailed guidance for security of prescription forms can be found on the NHS Counter Fraud Authority website³⁴. The full document must be referred to when writing organisational policies.

Annex C: Good practice examples of prescribing clinical governance frameworks

Adapted from M. Cossey, 'Non-medical Prescribing Clinical Governance Framework' and L. Wright & C. Orme, 'Non-Medical Prescribing: An Outline Governance Framework for Local Organisations'; both in *Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England* (2006), pp. 54–64.

The development of non-medical prescribing (NMP) is a key policy initiative that aims to maximise benefits to patients and the NHS by providing better access to medicines and better, more flexible use of the workforce skills.

As radiographer prescribing is implemented nationally it is important that all those involved understand the responsibilities of individual practitioners, managers and organisations in ensuring safe and effective implementation and practice. Ensuring patient safety is an integral part of all healthcare providers' clinical governance arrangements. Key steps for NHS organisations to have in place to ensure the implementation of clinical governance include:

- Clear lines of responsibility and accountability for overall quality of clinical care;
- Development of quality improvement programmes;
- Management of risk;
- Clear procedures to identify and remedy poor prescribing practice.

This framework sets out the key elements that organisations and individual practitioners should have in place, or be in the process of addressing, in order to ensure that radiographer prescribing is implemented within a mechanism that develops safe and effective practice. The framework should be read in conjunction with any related policies and procedures that local organisations have in place or any general policies related to prescribing and medicines management. It should also be read in conjunction with any national or professional guidance and standards issued by the HCPC and the Society of Radiographers, such as the SoR [Quality Standard for Imaging](#).

1. Organisational leadership and strategy for radiographer prescribing

Overarching statement:

Clear lines of responsibility and accountability exist for all organisations in relation to the leadership, planning and implementation of radiographer prescribing.

Governance arrangements required by organisations:

a) All organisations have a nominated named lead for overseeing the development and implementation of radiographer prescribing. Where different professional leads are in place, co-ordination/networking between them is required to ensure consistency of approach to implementation and monitoring. The prescribing lead should be linked directly with the Controlled Drugs Accountable Officer and the appropriate medicines governance and optimisation committee, or equivalent. Radiographer prescribing should be linked into organisation prescribing and medicines management arrangements within the organisation.

b) Organisations should have in place an integrated policy around the strategic development and implementation of radiographer prescribing. This should include: named leads, stakeholder and patient/public awareness initiatives, implementation plans, advice about education, internal arrangements for monitoring, mechanisms for application and prescribing preparation programmes, processes for obtaining prescription stationery, access to electronic prescribing systems, signposting to any relevant policies and procedures, and any other relevant local information.

c) A co-ordinated database or register of all qualified radiographer prescribers in that organisation should be maintained within all organisations. This database records all newly qualified radiographer prescribers, those employed by the organisation or another organisation commissioned to provide the prescriber, and should note those prescribers who leave the organisation. It should also note the designated status, i.e. independent/supplementary prescriber, supplementary prescriber and the profession of the prescriber. It may also include information as to the scope of prescribing of each prescriber.

d) Systems are in place to inform the prescribing lead in the Trust when new prescribers are employed and prescribers leave.

e) The prescribing lead should be a contact point within the organisation for any queries on the prescribing status of staff, such as from pharmacists.

f) Radiographer prescribing is an integrated part of organisational clinical governance arrangements and relevant action plans. Organisations must consider the impact of radiographer prescribing on other related policies and procedures, for example medicines-related error reporting.

g) All planned developments for radiographer prescribing should be linked to strategic service development within the organisation, for example: improved access to medicines and services, service modernisation and redesign.

h) Decisions to enable individuals to qualify as radiographer prescribers should be linked to personal development plans and candidates should be assessed for competency related to knowledge and skills in their area of potential prescribing practice, with reference to *A Competency Framework for all Prescribers*⁵

Note: it is not intended that individuals are competent to 'prescribe' prior to commencing a prescribing education programme, but organisations should be assured that practitioners have the necessary clinical skills and knowledge in their area of practice which will enable them to prescribe safely and effectively once qualified OR that CPD and additional education is planned to ensure these can be met. Organisations should also check that individuals would meet the necessary entry requirements set by the prescribing education programme provider.

Organisational leadership and strategy for radiographer prescribing, continued.

Overarching statement:

Clear lines of responsibility and accountability exist for all organisations in relation to the leadership, planning and implementation of radiographer prescribing.

Governance arrangements required by organisations:

i) All plans to implement radiographer prescribing should also include an assessment of: service specification, access to a prescribing budget (or equivalent in acute trusts/secondary care/tertiary centres), development of necessary policies or documentation such as clinical management plans (CMPs).

j) Links should exist between NHS organisations, prescribing education providers and Health Education England to ensure effective monitoring of applications, funding and quality of education programmes; monitoring of numbers and professions accessing programmes and attrition rates from modules.

k) Ongoing support and network arrangements should be in place for all radiographer prescribers including discussion of prescribing at annual appraisal and access to relevant CPD. Job descriptions should be amended to account for prescribing responsibilities.

2. Information governance and risk management of NMP

Overarching statement:

Clear policies exist or links to existing policies are explicit for all managers and radiographer prescribers in relation to information governance and risk management.

Governance arrangements required by organisations (see also 1c above):

- a) Radiographer prescribers should be linked to all organisational systems to ensure they are kept informed of relevant clinical, therapeutic and prescribing information, such as alerts and updates from the BNF and MHRA.
- b) A risk management plan is in place to ensure that potential risks associated with extending clinical practice are recognised and minimised.
- c) Radiographer prescribing practice is monitored through the same routes as prescribing by all other prescribing professions (e.g. prescribing data in primary care, and local mechanisms in secondary and tertiary care) and that information is available to prescribers and managers where appropriate, in line with internal arrangements.
- d) The parameters of an individual's prescribing should be agreed between the prescriber, their manager or local professional lead, the prescribing lead, and their employer. This is best carried out using a personal formulary approach, which is a continuation from that developed during the course of study. The formulary should include the context in which the radiographer prescriber will prescribe the medicine, how the knowledge and competence to prescribe the medicine was achieved and how it is being maintained/developed.
- e) All radiographer prescribers understand the importance of, know how to and are encouraged to report adverse drug reactions via the national Yellow Card system.
- f) All radiographer prescribers understand the importance of reporting Serious Untoward Incidents and are aware of the local mechanisms for doing this as well as Learn from Patient Safety Events (LFPSE) reporting.
- g) Radiographer prescribers should be aware of and adhere to the organisational policy regarding relationships with the pharmaceutical industry.
- h) All record keeping guidance and protocols/templates for prescribing practice are updated regularly as detailed within organisational policies; for example, CMPs should be revisited and amended where necessary and at least annually.
- i) All medical prescribers should be aware that radiographers prescribe within their part of the organisation and when and how they may interact with patients to ensure consistency of record keeping and continuity of patient care.
- j) Organisations (including GP practices) should keep records of prescription pad numbers linked to prescriber name for tracking any lost or stolen prescriptions, where prescription pads are used.
- k) Organisations should review their policies related to medico-legal accountability and make clear to prescribers information regarding accountability, vicarious liability and personal indemnity. Practitioners should also be advised to contact their professional regulatory bodies.
- l) Radiographer prescribers have their entry on the HCPC register appropriately annotated before they begin to prescribe.

3. Audit and Quality Improvement

Overarching statement:

Mechanisms should be in place to include radiographer prescribing in relevant audit. Audit cycles and review processes should be employed to ensure that the implementation and development of radiographer prescribing is progressing in a safe and effective manner that is benefiting patients and services.

Governance arrangements required by organisations:

- a) The review and updating of organisational prescribing and medicines policies should include an impact assessment of radiographer prescribing and be revised accordingly.
- b) All CMPs used by supplementary prescribers are reviewed (at least annually, but more frequently where changes to a patient's treatment plan, policy or evidence dictate) to ensure they are based on sound clinical evidence and are safe and cost-effective.
- c) All radiographer prescribing practice should be an integral part of prescribing policy audit including adherence to NICE guidance, other national or local clinical guidelines and any relevant local or national prescribing and medicines management policies.
- d) Evidence of tracking and monitoring arrangements should be in place to ensure the continuing competency of radiographer prescribers and their access to relevant, appropriate CPD. Systems should be in place to challenge competence issues.

4. Patient and Public Involvement

Overarching statement:

There should be mechanisms in place in organisations to ensure patients and public are aware of radiographer prescribing practice and have a say in any related developments or audit of radiographer prescribing within services.

Governance arrangements required by organisations:

- a) Patients and the public should be made aware of any developments in radiographer prescribing which may alter services in order that they can make informed choices and understand what radiographer prescribing means for them and the delivery of their care.
- b) Methods to include patient and public comments in any radiographer prescribing service review should be standard practice within all organisations
- c) Patient/public information should be available in all organisations outlining what radiographer prescribing is, what it means for patients and any specific services where radiographer prescribing is being used in that area.
- d) Patient/public involvement forums should be briefed about radiographer prescribing, where relevant, and appropriate information provided in a useable format.

5. Responsibilities of individual radiographer prescribers and information resources

Whilst it is understood that organisations need to have robust governance arrangements in place for their radiographer prescribers, individual practitioners have responsibility for ensuring they are clinically competent for their role, undertake appropriate CPD, practice within the law and any agreed local policies and abide by the HCPC standards.

Standards for prescribing are available on the HCPC website⁹ and the *Practice Guidance* for prescribing is available from the Society of Radiographers website².

*A Competency Framework for all Prescribers*⁵ should be used by organisations, managers, and individuals to assess competence to prescribe.

Radiographer prescribers should ensure that they have ready access to current prescribing guidance and information when making prescribing decisions, including the British National Formulary³³ and the British National Formulary for Children³⁵.

Annex D: Legal basis of independent prescribing by radiographers

The initial legal basis for the introduction of nurse prescribing, i.e. prescribing by another health profession other than doctors and dentists, was provided by the following legislation:

- Medicinal Products: Prescription by Nurses etc. Act 1992³⁶ [which amended the National Health Service Act 1977 (section 41) and the Medicines Act 1968 (section 58)];
- The Medicinal Products: Prescription by Nurses etc. Act 1992 (Commencement No 1) Order 1994³⁷.

Subsequently, section 63 of the Health and Social Care Act 2001³⁸ enabled the Government to extend prescribing responsibilities to other health professions, including pharmacists. It also enabled the introduction of new types of prescriber, including the concept of a supplementary prescriber.

The Medicines for Human Use (Prescribing) (Miscellaneous Amendments) Order 2006³⁹, associated medicines regulations, and the Human Medicines Regulations 2012⁴ (and subsequent amendments of) enable specific, non-medical health professions including radiographers to undertake independent and supplementary prescribing responsibilities.

Annex E: Checklist for potential prescribers and / or organisations introducing prescribers

This document provides guidance for radiographers seeking to undertake a prescribing role as part of their clinical practice. Safety is the paramount consideration when expanding practice, and independent and/or supplementary prescribing can only be considered in context to this. This checklist can also be used by organisations considering introducing radiographer prescribing, or expanding current prescribing activities to radiographers.

A list of pre-requisite features are provided in order to move towards prescribing; links to the associate standards and legislation are also provided, which may be used to form part of a Professional Development Plan needed to ensure the radiographer meets (and maintains) the minimum criteria. This checklist may be used regularly after qualification as a prescriber to ensure the prescriber still fulfils the requirements necessary to continue prescribing.

You MUST be able to answer YES to all topics before considering undertaking radiographer prescribing.

| Topic | Evidence | Self-Assessment | | | Standards and Guidance Documents |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|----|----------------------------------------------------|
| | | Yes | Needs Development | No | |
| Your clinical role | Your employer is commissioned to provide clinical services which require independent prescribing (and you have a clear prescribing role). | | | | |
| | Your role is currently limited by not being able to independently prescribe. | | | | |
| Your professional qualification and post-registration experience | You are registered with the HCPC as a radiographer and have no sanctions or conditions applied. | | | | |
| | You have an advanced practice qualification (typically an MSc which fulfils the CoR Education and Career Framework definition of advanced practice) and have achieved the award within the last six years, or have evidence of continuous practice at that level if achieved longer than six years ago. | | | | SoR Education and Career framework |
| | You are, and have been, practising in your area of expertise for at least 12 months. | | | | |
| | You have been qualified and registered for at least three years. | | | | |
| | You have evidence of related post-registration study. | | | | |
| | You have a recognised qualification in, and experience of, diagnostics, physical examination, and decision-making skills relevant to your area(s) of prescribing practice. | | | | |

| Topic | Evidence | Self-Assessment | | | Standards and Guidance Documents |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|----|-----------------------------------------------------------------------------------------------------------------------------------|
| | | Yes | Needs Development | No | |
| Your organisation | You are employed by an organisation which is providing clinical services, and which has recognised a need for prescribing roles. | | | | |
| | Your organisation has access to a pharmacist who is familiar with radiographer prescribing, and a prescribing lead. | | | | |
| | Your organisation has an established prescribing policy which includes radiographer prescribing, governance processes, and prescribing budget, which meet the minimum best practice standards. | | | | |
| | Your organisation employs a medical director or other clinician delegated to oversee prescribing. | | | | |
| | Your organisation has sufficient access to a Designated Prescribing Practitioner (DPP) who meets the criteria specified by the RPS, and who can supervise student prescribers. | | | | Designated Prescribing Practitioner Competency Framework |
| Your prescribing education | You meet all educational requirements for entering an approved prescribing programme that includes radiographers, and you have experience and competence in using legal medicines mechanisms, such as patient group directions. | | | | |
| | You have read and understood the Royal Pharmaceutical Society's competency framework. practice at that level if achieved longer than six years ago. | | | | RPS – A Competency Framework for all Prescribers RPS – Expanding Prescribing Scope of Practice |

| Topic | Evidence | Self-Assessment | | | Standards and Guidance Documents |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|----|--------------------------------------------------------------------------------------------------------------------------|
| | | Yes | Needs Development | No | |
| | You have read and understood the Allied Health Professions Federation <i>Outline Curriculum Framework</i> for independent and supplementary prescribing. | | | | AHPF Outline Curriculum Framework |
| | You have access to funding for prescribing education, or you can self-fund. | | | | |
| | You have access to a DPP who can support your prescribing education programme. | | | | |
| Your CPD plan and opportunities | You have a detailed professional development plan which includes development as a prescriber. You can demonstrate attendance at relevant events and a clear plan to take CPD opportunities in the future as a prescriber. | | | | HCPC Standards for continuing professional development HCPC Standards for Prescribing |
| Your supervision plan and opportunities | You can identify a suitable DPP, and have liaised with your manager and prescribing lead to discuss supervision needs. | | | | |
| Your local prescribing network | You are aware of your local prescribing network and have discussed with your prescribing lead the role and function of this group. | | | | |
| Your ongoing role and career plans | A clinical role is part of your career plan and you should seek to undertake prescribing as a core aspect of your clinical career for at least three years. | | | | |
| | You understand the implications of ceasing to prescribe as part of your practice within your role. | | | | |

| Topic | Evidence | Self-Assessment | | | Standards and Guidance Documents |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|----|-----------------------------------------------------------------------------------------------------------------------------------|
| | | Yes | Needs Development | No | |
| Your regulator | You understand the guidance issued by your regulator (HCPC). | | | | HCPC Standards for Prescribing |
| | You understand and comply with the HCPC <i>Standards of conduct, performance and ethics</i> . | | | | HCPC Standards of conduct, performance and ethics |
| | You understand and comply with the HCPCs <i>Standards of proficiency for radiographers</i> . | | | | HCPC Standards of proficiency – Radiographers |
| Your professional body's practice guidance | You understand the role of the professional body – the Society of Radiographers – and understand its role in relation to practice guidance, indemnity, CPD and professional standards. | | | | |
| | You have read and understood the <i>Practice Guidance</i> issued by the Society of Radiographers. | | | | RPS – A Competency Framework for all Prescribers RPS – Expanding Prescribing Scope of Practice |

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