

Practice Guidance for Radiographer Independent and/ or Supplementary Prescribers

ISBN: 978-1-909802-92-6
December 2023 | First Edition



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Foreword

I write this foreword as, following recommendations from the Advisory Council on the Misuse of Drugs to Home Office ministers, the Government have approved and agreed to permit therapeutic radiographer independent prescribers to prescribe from a list of six controlled drugs.

This publication has been updated to provide a comprehensive tool in supporting radiographers as prescribers, reflecting changes in guidance and updating links to further information. It promotes excellence, reduces unwarranted variation and supports good governance.

These professional developments provide opportunities to extend expert practice, resulting in a higher level of patient care which is a passionate aim for all radiographers.

This document helps diagnostic and therapeutic radiographers to understand the complexities of the law and regulations around prescribing and helps the radiographer to put the recommendations into practice. The information given will underpin the decision making and actions of radiographer prescribers and enhance their practice.

Special mention goes to Dianne Hogg (Project Lead) for her excellent edit and updating, making this document an essential component of service development and role development for radiographers.

Ross McGhee

Immediate Past President and Chair of UK Council, Society of Radiographers

Introduction

This practice guidance provides information which should underpin the decision making and actions of radiographers who are annotated with their regulator, the Health and Care Professions Council (HCPC), as either radiographer independent and/or supplementary prescribers. The guidance provided in this document applies to all settings in which a radiographer may prescribe – within the NHS, private practice, prison service, armed forces, sporting settings or any other health and social care sector. This document complements the SoR publication *A Guide to Implementing Diagnostic Radiographer and Therapeutic Radiographer Prescribing within the NHS in the UK*¹ (henceforth referred to as the *Radiographer Prescribing Implementation Guide*). Any duplication between the two documents is intended to add context to the guidance within.

This document is *guidance*. Guidance is information which a radiographer has a duty to consider and is expected to consider as part of their decision making processes. This document provides advice on the behaviours and conduct expected of a radiographer who is annotated on the HCPC register as an independent and/or supplementary prescriber. Throughout the document, where the word ‘must’ is used, this indicates a legal and/or regulatory requirement and describes a mandatory action and/or behaviour. Where the word ‘should’ is used, this indicates behaviours and/or actions that would be expected to occur in all normal circumstances. Each section of this guidance carries equal weight and the document is not ordered in any priority.

If a radiographer prescriber deviates from the guidance in this document, the clinical judgment for doing so should be carefully recorded. Radiographer prescribers should comply with this practice guidance and other guidance issued by the Society of Radiographers (SoR) and must comply with any statutory requirements applicable to their prescribing practice. Failure to do so may put the radiographer prescriber’s HCPC registration at risk if concerns are raised about their fitness to practise. Radiographer prescribers will be expected to justify any decision to act outside the terms of this guidance and if they undertake a course of action not recommended herein, there must be robust reasons for doing so.

The advice in this document applies to all sectors of health and social care provision in the United Kingdom where prescribing activities occur, as permitted by relevant legislation in each of the home nations separately. The laws may not be comparable across England, Scotland, Wales and Northern Ireland. It is up to the individual to satisfy themselves of the law within the UK country they work and that good governance procedures are in place in their workplace setting. Wherever possible, differences in the legislation and guidance between the four nations noted at the time of publication will be stated within this guidance.

At the current time, prescribing is not permitted by radiographers outside the UK and therefore a radiographer permitted to independently and/or supplementary prescribe in the UK cannot perform this activity outside UK jurisdiction.

N.B. This practice guidance document is focused on prescribing. There are minimal references to associated activities related to medicines and these are included only where context is necessary.

Radiographer prescribing

From 2005 diagnostic and therapeutic radiographers could qualify as supplementary prescribers (SP); from 2016 therapeutic radiographers have been able to qualify as independent prescribers (IP).

Since 2005, all radiographers who are qualified as supplementary prescribers can prescribe controlled drugs using this mechanism (excluding cocaine, diamorphine or dipipanone for treating addiction); from 31 December 2023 therapeutic radiographers can independently prescribe from a list of six controlled drugs.

Appropriately qualified radiographers who are registered with the HCPC will have their register entry annotated to describe their status as a prescriber once they have successfully completed a HCPC-approved prescribing programme. For the foreseeable future, the HCPC will continue to annotate the SP and IP qualifications separately.

Radiographers qualified as supplementary prescribers will be annotated as SP only. A supplementary prescriber can only prescribe under an agreed, written clinical management plan (CMP); they cannot prescribe independently. Radiographers qualified as both independent and supplementary prescribers will have a dual SP/IP annotation.

Standards for prescribing

The HCPC defines the standards that are required for independent prescribing by physiotherapists, podiatrists, therapeutic radiographers and paramedics; and the standards that are required for supplementary prescribing by radiographers, podiatrists, physiotherapists, paramedics and dietitians. These proficiencies are in addition to those that apply to non-prescribing radiography practice².

The scope of radiography prescribing

Radiographers are pivotal to delivering fast and reliable diagnoses of disease, as well as image guided interventional procedures. Radiographers also deliver curative and palliative treatment and

care for patients with cancer. The purpose of radiographer prescribing is to support and enhance the delivery of interventions to patients without recourse to another practitioner for the prescribing of medicines. The breadth of the profession is vast and encompasses the diagnosis and treatment of a range of disorders and diseases using ionising radiations, ultrasound and magnetic resonance. The radiography workforce delivers diagnostic imaging and radiotherapy services in a range of health and social care settings across the UK. A large majority of patients will be referred for imaging during their treatment and radiographers are key to the delivery of successful clinical outcomes.

Professional practice levels in England now include a new level known as ‘enhanced practitioner’³. This level is exclusively for individuals possessing advanced knowledge, skills and attributes, which may be backed by formal Master’s level 7 qualifications; for example, postgraduate certificates or diplomas. Enhanced practitioners in clinical imaging and radiotherapy showcase a higher level of proficiency and knowledge, surpassing the requirements for initial registration with the HCPC. The level is similar to the original ‘advanced practice’ description presented to the Commission on Human Medicines in 2015, encompassing experience, responsibility, and qualification expectations of the proposed radiographer independent prescribers.

Advanced practitioners should now hold a full Master’s or equivalent qualification and work across all four pillars of practice. Although enhanced practitioners need not prove mastery of the advanced-level practice criteria for each of the four pillars, it is expected that they continually enhance their skills across all four pillars and especially the clinical pillar.

To become a prescribing radiographer, you must possess clinical expertise and judgement that matches the entry requirements for prescriber training. This includes demonstrating expertise and experience in a specific practice area, holding a relevant level 7 qualification or Scottish equivalent, and working at an enhanced, advanced, or consultant level.

The titles used to describe roles at these levels of practice vary across the UK. For instance, Scotland uses the title ‘senior practitioner’, while Wales and Northern Ireland use ‘specialist practitioner’. In England, the title could be either ‘senior’ or ‘specialist radiographer’. Moreover, the individual’s area of practice can also determine their title, such as ‘senior sonographer’³.

Individual radiographers will determine the development of their own scope of practice, depending on their role and the demands of service. Due to the diverse nature of the profession, a diagnostic radiographer and a therapeutic radiographer may not have an individual overlap of skills; however, they both sit underneath the overall umbrella of their profession by a shared use of ionising radiation and other technologies to image and/or treat the patient.

Diagnostic radiographers work mainly within the imaging departments of hospitals, each of which encompasses a wide range of different imaging modalities, for example ultrasound, magnetic resonance imaging (MRI), computed tomography (CT), radionuclide imaging (RNI) and conventional x-ray imaging (either static or dynamic imaging). All these imaging modalities may involve the administration of contrast agents and associated medicines in order to enhance structures and show function, or as a treatment (interventional radiography). Diagnostic radiographers are experts in the use of imaging contrast media and other medicines used to augment diagnostic imaging techniques.

Therapeutic radiographers work mainly in the field of oncology and their interventions can deliver treatments and cures for cancers. Therapeutic radiographers play a vital role in the delivery of radiotherapy services and are extensively involved at all stages of the patient's cancer journey. They are the only healthcare professionals qualified to plan and deliver radiotherapy.

At enhanced and advanced levels of practice³, both diagnostic and therapeutic radiographers are involved in decisions about a wide range of medicines related to their clinical practice.

They should not be asked to prescribe for patients to make up for shortfalls in other professional prescribing groups. Radiographers are not permitted to prescribe medicines for animals.

The scope of independent prescribing practice by radiographers is:

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, and 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.

The scope of supplementary prescribing practice by radiographers is:

Radiographer supplementary prescribers 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, 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 dentist⁴. The CMP will be written with the patient's agreement following diagnosis of the patient's condition.

Scope of practice and competency in prescribing

Medicines use and prescribing activity is fully accepted as being within the overall scope of the radiography profession and is an integral part of an expert radiographer's scope of practice, following successful completion of an approved prescribing education programme.

A post-registration education programme in prescribing ensures radiographers are equipped with the principles of prescribing to enable them to be safe, effective, evidence-based, and cost-effective prescribers. Radiographer prescribers should ensure that they are able to apply the prescribing principles to their own area of practice. Radiographer prescribers must only prescribe within their scope of practice and understand that if they change clinical areas, they will require a period of study structured around the frameworks published by the Royal Pharmaceutical Society^{4,5}, before they are competent to prescribe in a new area of practice.

It is anticipated that an individual's scope of radiography practice will fall within the overall scope of the profession; therefore, an individual's radiography-prescribing practice falls within the overall prescribing scope of the profession.

For enhanced, advanced or consultant roles that sit outside the primary scope of registered practice in an imaging or oncology environment where radiographers are required to retain their primary registration by the employer, the scope of prescribing practice should reflect the postgraduate level education, knowledge and skills to meet the requirements of the role. The radiographer must be confident that they continue to meet the HCPC *Standards of proficiency for radiographers*⁶ and be able to evidence this through their CPD.

Prescribers must have sufficient education and competence to:

- assess a patient's clinical condition;
- undertake a thorough history including medical history, medicines history (over-the-counter medicines, complementary therapies and use of recreational drugs) and allergy status;
- diagnose where necessary;
- decide on management of the presenting condition and whether to prescribe, deprescribe and/or refer;
- identify appropriate medicines as required;
- advise the patient on risks, benefits and outcomes of the medicine;

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- using shared decision-making principles, prescribe if the patient agrees;
 - monitor the patient's condition, including any response to the medicines prescribed;
 - give lifestyle advice as appropriate;
 - refer to other professionals if necessary.

The HCPC has adopted *A Competency Framework for all Prescribers*⁴, which applies equally to all prescribing professions as its prescribing standards. The SoR expects radiographers to be able to demonstrate how they meet this competency framework.

The National Institute of Health and Care Excellence (NICE) publishes best practice guidance on the care of all people who are using medicines and those who are receiving suboptimal benefit from medicines, which should be referred to⁷.

Registration and professional indemnity

Since July 2014, in order to maintain registration, HCPC registrants have been required to have proof of adequate indemnity to practise. This may be provided by the employing organisation, as part of membership of a professional body, trade union or defence organisation, directly from an insurer, or a combination of these sources⁸.

Radiographers who are members of the SoR benefit from personal professional indemnity as part of their membership⁹. The SoR PII scheme only applies where there is a contract of employment in place and the employer has vicarious liability for the member as an employee.

Section 1 – Principles of Good Prescribing Practice

Having achieved the competencies for prescribing, radiographer prescribers should follow the guidance in this section for their practice.

The SoR considers it good practice that where radiographers are employed, the employing organisation ratifies all policies, protocols and procedures. Where possible, radiographer prescribers should follow organisational-level policies and procedures, and should only create local department-level policies and procedures where no national or organisational policy or procedure is in existence. If the use of medicines is included in the policy or procedure, it is good practice to involve a pharmacist in the development process.

Practice Guidance 1: Licence to prescribe

- 1.1 You must only prescribe once you have successfully completed an HCPC-approved prescribing programme and had your entry on the HCPC register annotated to show your prescribing status as an independent and/or supplementary prescriber.
- 1.2 For note: sonographers must hold statutory professional regulation to be able to undertake the role of IP or SP. This guidance document applies to HCPC-registered radiographers; you should seek guidance from your own regulator if you are registered with another regulator.
- 1.3 You should comply with this practice guidance, other local and national guidance including that issued by the SoR, and you must comply with any statutory requirements applicable to your prescribing practice. Failure to do so may put your HCPC registration at risk if concerns are raised about your fitness to practise.
- 1.4 You must only prescribe within your own defined scope of practice and clinical specialty.
- 1.5 You must understand and be clear about which legal framework you are using to prescribe medicines, i.e. independent or supplementary prescribing, and which types of medicine you are permitted to prescribe within that framework.

Practice Guidance 2: Accountability

- 2.1 You are professionally accountable for your own prescribing decisions, including actions and omissions. You cannot delegate this accountability to any other person, nor can any other person accept accountability on your behalf for your actions. As an independent prescriber you are wholly responsible for all aspects of the prescribing process. As a supplementary prescriber you are wholly responsible for your decision to prescribe or use the medicines listed within the written CMP that was developed and agreed jointly by the doctor (or dentist) and supplementary prescriber, as well as with the agreement of the patient.
- 2.2 You must only prescribe within your level of education, training and competence. You must act in accordance with the HCPC *Standards of proficiency, Standards of conduct, performance and ethics*, and *Standards for prescribing*¹⁰. You must also act in accordance with *SoR Code of Professional Conduct*¹¹.
- 2.3 If you move to another clinical area or level of practice you may need to undertake further education in order to establish your competency to prescribe in your new clinical specialty or level of clinical responsibility. Frameworks published by the Royal Pharmaceutical Society should be used to structure learning^{4,5}.
- 2.4 Your employer may operate a specific medicines formulary and may not allow you to prescribe outside of this formulary. This defined formulary would only apply to your practice for that employer.
- 2.5 You must inform the relevant authorities, such as your employer, if you have any formal regulatory restrictions placed on your prescribing activity; for example, if the HCPC places any conditions on your practice.

Practice Guidance 3: Assessment

- 3.1 In order to prescribe for a patient you must undertake an appropriate assessment of the patient, including a thorough medical history and, where possible, accessing a full clinical record including medication and allergy history. This process may involve speaking with carers, especially if the patient has additional needs. The *Competency Framework for all Prescribers*⁴ contains detail about the assessment activities that should be undertaken prior to making a decision about prescribing medicines and should be referred to.

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- 3.2 You may be asked to assess and prescribe in out-of-hours or on-call settings. You should refer to another appropriate prescriber if you do not fully understand the implications of your prescribing actions, even though you may be able to take a thorough and appropriate history which leads to a diagnosis.

Practice Guidance 4: Clinical need

- 4.1 You must only prescribe where you have assessed the patient and there is a genuine clinical need for the medicine(s).
- 4.2 You should consider the circumstances in which deprescribing (i.e. ceasing, reducing or changing prescribing of a named medicine) is clinically indicated. This should be included in the shared decision making with the patient. Patients may also wish to discuss changes to their medicines with you. Any withdrawal from medicines needs to be planned in partnership with the patient and anyone involved with their care, and should take place over an agreed time period.
- 4.3 Prescribing decisions should be made in partnership with the patient. This will include considering the patient's personal views and beliefs, and discussing prescribing and medication decisions in relation to these. You should ensure that the patient has understood what you have explained and the consequences of shared decisions that have been agreed.
- 4.4 You should never prescribe for your own convenience, or simply because a patient or their carer demands that you do.
- 4.5 You should prescribe in the patient's best interests and achieve this by reaching agreement with the patient on the use of any proposed medicine where possible. The amount of detailed information you discuss with the patient will vary according to the nature of the patient's condition, the risks and benefits of the medicine, any alternatives, and the patient's wishes. In all circumstances, to ensure the provision of sufficient information and allow the patient to make an informed decision regarding their consent to treatment, you should aim to:
- establish the patient's priorities, preferences and concerns;
 - discuss alternative treatment or diagnostic options available to the patient, including if no medicines were to be prescribed;
 - satisfy yourself that you have enough relevant information to make a prescribing decision;
 - satisfy yourself that the patient understands how to take the medicine as prescribed or how the medicine will be administered to them.
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- 4.6 You should only prescribe for patients who are part of your own caseload or under your own care. You should not prescribe for patients simply because you are the only prescriber available.

Practice Guidance 5: Consent

- 5.1 You should explain your role as a prescriber to the patient.
- 5.2 You must provide the patient with sufficient information to make informed choices regarding their treatment. A relevant Patient Information Leaflet should form part of the resources used. (See Practice Guidance 10: Information given to patients about their medicines.)
- 5.3 You must act in accordance with the HCPC¹² and SoR¹³ guidance on the obtaining and documenting of consent as well as that of your employer.

Practice Guidance 6: Communication with other practitioners

- 6.1 Prescribing is not an activity that occurs in isolation. You must inform anyone else who may be in a position to prescribe or administer medicines for the patient of your actions, for continuity and to avoid prescribing errors. Prescribing information must also be shared with other health professionals involved in the care of the patient; this may include the patient's GP and/or medical consultant but may also include other medical practitioners or health professionals. This sharing of prescribing information includes communication across NHS/private practice boundaries where it is necessary to ensure that clinicians have appropriate information to inform their prescribing practice.
- 6.2 You should communicate effectively using the most appropriate media. The methods of communication should include making clear recordings within a single, accessible healthcare record, and may include other methods depending upon context and organisational policy (see Practice Guidance 7). The *Competency Framework for all Prescribers*⁴ should be referred to for detail about communication.
- 6.3 You must ensure you follow all national and local guidance relating to information governance and data protection of all methods of communication about prescribing decisions. NHS Digital have produced detailed national guidance for organisations in England regarding data protection, including the safe transfer of patient data and the minimum standards required for safe and secure data transfer¹⁴. Digital Health and Care Scotland¹⁵, Digital Health and Care Wales¹⁶ and the Department of Health in Northern Ireland¹⁷ should be referred to for similar national guidance in those nations. This guidance should be reflected in organisational policy and complied with.

For note: NHS Digital and NHS England merged on 1 February 2023; however, current guidance is still applicable.

Practice Guidance 7: Record keeping

- 7.1 This practice guidance relates specifically to the record keeping of your prescribing actions. You should refer to other standards and guidance for information relating to clinical record keeping in general¹⁸ and to organisational policies.
- 7.2 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 the electronic patient record is widely used. The record 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.
- 7.3 The details of any prescription, together with details of the patient consultation, should be entered onto the shared patient record at the same time or as soon as possible after the consultation in line with best practice, employer record keeping policy and professional judgement¹⁹. This information should also be entered at the same time onto the radiographer patient record (where a separate record exists).
- 7.4 In supplementary prescribing, the independent prescriber (doctor or dentist) and supplementary prescriber must share access to, consult, and, wherever possible, use the same patient record.
- 7.5 As a minimum, the radiographer should log in to the electronic patient record (if available) using their own log-in profile; in addition to information about the patient's history, clinical examination, the diagnosis or presenting symptom(s) and rationale for the prescribing decision, the record should indicate clearly:
- The date of the prescription;
 - The name and signature of the prescriber (and that they are acting as a radiographer independent prescriber or a radiographer supplementary prescriber);
 - The name of the item prescribed together with the dose, frequency, amount and treatment duration, where relevant;
 - The dosing schedule, route of administration and the strength (if any) of the preparation;

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- For topical medicines – the quantity to be applied and the frequency of the application;
 - Batch number and expiry date of any medicines administered;
 - For dressings and appliances – details of how they are to be applied and how frequently changed;
 - Any advice given to the patient on General Sales List and Pharmacy medicines to be sourced ‘over the counter’.

Practice Guidance 8: Evidence-based prescribing

- 8.1 You should ensure that your prescribing practice is appropriate, responsible and in the patient’s best interests. Every licensed medicine has an evidence base recommending its use in conjunction with any NICE guidance or other accepted best practice guideline and should be consulted as part of the prescribing decision making.
- 8.2 You should prescribe according to the available evidence base. Evidence-based prescribing involves the application of the best available evidence when making prescribing decisions. Reference to the evidence can minimise the risk of interactions and adverse drug reactions, and ensure the most appropriate medicine is chosen for a patient’s needs.
- 8.3 You should use national sources as your primary source for evidence-based prescribing. Alternatively, where you can clearly demonstrate that a national source of evidence is not available, then locally agreed practice-based evidence or protocols should be followed.
- 8.4 When prescribing antibiotics and other anti-infective agents, you should consider antimicrobial stewardship and follow local policies for antibiotic use. Local policy must be based on national guidance and should be evidence-based, relevant to the local healthcare setting and consider local antibiotic resistance patterns. Local policy should also cover diagnosis and treatment of common infections and prophylaxis of infection. *A Competency Framework for all Prescribers*⁴, the *Antimicrobial Prescribing and Stewardship Competencies*²⁰ and NICE Guidelines²¹ should be used together by anyone prescribing antimicrobial medicines to help develop their practice at any point in their professional development.
- 8.5 You should ensure your prescribing is appropriate and that patients have enough information to make an informed choice. You should consider the following factors to ensure you:
- are familiar with the current national sources of evidence for the medicine;
 - are familiar with the current national sources of evidence for the condition you are treating which may also include current evidence for which medicine groups should be used, or not used, and a hierarchy of medicines use;

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- have taken an appropriate assessment of the patient;
 - have considered the patient's preferences and expressed wishes regarding medicines²²;
 - have prescribed the appropriate dose, considering the patient's age, weight, and any other relevant factors.

Practice Guidance 9: Delegation

- 9.1 You must not delegate your prescribing responsibilities to anyone else.
- 9.2 You may delegate the administration of a medicine that you have prescribed to another healthcare worker or to the patient themselves. You remain accountable for your prescribing decision and for your decision to delegate the task of administration to someone else, including the patient. This includes your assessment that the person is competent to carry out the task and has received sufficient training to carry out your instructions. You are not accountable for the outcome of an action performed by another person.
- 9.3 Where the delegation information is not clearly identifiable from your written prescription, then the information should be separately recorded in the patient record.

Practice Guidance 10: Information given to patients about their medicines

- 10.1 Patients and/or their carers should be given sufficient information to make an informed choice about shared prescribing decisions. The information you provide should include:
- the diagnosis giving rise to the prescribing need;
 - any known serious or common side effects of the proposed medicine;
 - how the medicine works;
 - material benefits and risks of taking or not taking the medicine;
 - how long to take the medicine for;
 - how to stop taking the medicine;
 - who to contact and how to contact them in the event of a condition worsening or for advice should they become anxious.
- 10.2 You must clearly explain to the patient if you will be prescribing unlicensed medicines within a CMP or a licensed medicine to be used in a way not specified within the Summary of Product Characteristics (known as off-licence or off-label).

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- 10.3 You must clearly inform the patient if the medicine is being prescribed as part of a properly conducted clinical research trial (which may be undertaken using licensed or unlicensed medicines) so the patient can consider whether they wish to be part of that trial.
 - 10.4 The patient has the right to refuse any medicine you propose to prescribe for them, but if they do so you should explain the risks, benefits and outcomes of their decision.
 - 10.5 Information provided should be appropriate to the patient/carer's level of understanding. Any issues noted relating to normal cognition, learning disability or language barrier must be documented and a plan provided to minimise the impact of the issue(s).
 - 10.6 Where practicable, you should support information given to your patients in writing.
 - 10.7 You should tell the patient that manufacturer Patient Information Leaflets (PIL) about their medicines can be provided on request which will give them additional information. Where the prescribed medicine is dispensed by a pharmacist for the patient to take away, the appropriate PIL will be supplied.

Practice Guidance 11: Clinical management plans (CMPs)

- 11.1 If you are prescribing as a supplementary prescriber, you must prescribe in accordance with a patient's individual written clinical management plan (CMP). For a CMP to be legally valid, the independent prescriber must be a medical doctor or a dentist.
 - 11.2 Where standard written CMPs are in place as a starting point, you must tailor them to reflect the individual patient's personal, medical and medicines history. The CMP must be agreed with you by an independent prescriber (doctor or dentist), and with the agreement of the patient, before supplementary prescribing begins.
 - 11.3 Within supplementary prescribing, you must never prescribe medicines in the absence of a written, agreed CMP. The independent prescriber may agree verbally to a CMP providing that it is confirmed by secure email or in writing before prescribing occurs, and is formally recorded in line with Practice Guidance 7: Record keeping.
 - 11.4 The supplementary prescriber and independent prescriber may agree to modify a CMP in the light of a patient's changing needs, and may also decide to terminate the use of a CMP if it is no longer appropriate. The supplementary prescriber must always refer to the independent prescriber if the patient's condition changes such that the current CMP is no longer appropriate.
 - 11.5 If you are both an independent and supplementary prescriber, you must adhere to the terms of
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the CMP when managing the patient's condition as a supplementary prescriber. This does not preclude you from prescribing for the patient for an unrelated condition, where you are acting as an independent prescriber and are competent to treat the condition concerned.

Practice Guidance 12: Transcribing

- 12.1 In some circumstances you may be asked to transfer medicines information from one document to another, a process known as transcribing. Transcribing should not be a routine or regular occurrence.
- 12.2 If you transcribe, you are accountable for your actions and omissions and this will include any errors you make in transferring the information from one document to another.
- 12.3 You should satisfy yourself that transcribing is a necessary activity that cannot be eliminated by reviewing and improving the care pathway. If transcribing must occur, you should ensure that the activity meets local clinical governance requirements and follows local transcribing guidelines, which should include recording in the patient's record that you have transcribed.
- 12.4 You must not change any details of the original prescription for the medicine when you move the information to a new document unless you are able to undertake a full review of the patient's ongoing medicines needs. In this case you are not transcribing but re-prescribing an existing medicine.
- 12.5 Any transcription must include:
 - Patient's full name;
 - Date of birth;
 - Name of medicine;
 - Drug dosage, strength, timing, frequency, and route of administration exactly as specified in the original prescription and/or patient instructions written on patient-held medicines;
 - Your signature (see 12.2 above);
 - Date of transcribing.

Practice Guidance 13: Electronic prescribing

- 13.1 You may prescribe using electronic prescribing software in both primary care and hospital settings.
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- 13.2 If you prescribe using electronic prescribing software you should also be using a compatible electronic clinical record software package that allows your prescribing activities to be referenced and cross-checked against the main electronic clinical record. The purpose of electronic prescribing is to reduce medicine errors and to reduce patient morbidity and mortality; therefore, the prescribing record should be linked to the clinical record.
 - 13.3 A traceable audit trail of your prescribing actions should be maintained.
 - 13.4 Any electronic prescribing software must enable the prescriptions you generate to show your individual name and prescriber number on the prescription. You must not prescribe using another professional's prescriber name and number on any electronic software.

Practice Guidance 14: Prescribing for NHS patients

- 14.1 In order to write an NHS prescription, the medicine must be permitted to be prescribed at NHS expense. You should check the British National Formulary (BNF)²³ or specialist guidance and information if you are not sure whether a medicine is available at NHS expense. If a medicine is not available at NHS expense, it can only be prescribed using a private prescription.
 - 14.2 The BNF contains the full requirements for prescription writing²⁴. Your written prescription must also comply with local requirements and contain the information required by law.
 - 14.3 The names of the medicines must be written clearly using approved names only. You must not use abbreviations in the name of the medicine. You should prescribe using the generic name of the medicine, except where this would not be clinically appropriate or where there is no approved generic name – see the BNF²³, the Drug Tariff²⁵ and/or the marketing authorisation of the medicine.
 - 14.4 A non-repeat prescription for medicines that are not considered in legislation as controlled drugs is valid for six months after the date of signing; however, you should ensure that the medicines prescribed are appropriate for the patient's needs as you have assessed them, and therefore the reasons for any significant anticipated delay between your assessment and dispensing of the medicine against the prescription you have written should be documented.
 - 14.5 You must only write prescriptions for your NHS patients on relevant approved controlled stationery or using your own identity to access and use an e-prescribing system, and must include all required information as stated in 14.2.
 - 14.6 You must never tamper with an existing prescriber's details on a prescription form or add your own prescribing details.
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- 14.7 You must sign your printed prescriptions immediately after they are produced.
 - 14.8 You must never sign a blank prescription form in advance and then store them for future use or give them to someone else to complete.
 - 14.9 You must never print off blank prescriptions in advance and then store them for future use, or give them to someone else to complete.
 - 14.10 Supplementary prescribers may prescribe controlled drugs if included in the CMP. Therapeutic radiographer independent prescribers can prescribe from a limited list of controlled drugs, see Practice Guidance 25: Remote prescribing for further information.
 - 14.11 If you are prescribing controlled drugs this must be in accordance with current provisions of the relevant Misuse of Drugs Regulations²⁶⁻²⁸.

Practice Guidance 15: Writing private prescriptions

- 15.1 When working in private practice, you may write a private prescription for a patient who is receiving non-NHS care. Private prescriptions can be written for medicines that are not available on the NHS. Patients receiving medicines as part of private healthcare provision are liable for the actual costs of the medicines and any private prescription charge. You must not use an NHS prescription form to prescribe medicines privately. A private prescription cannot be used for NHS funded care.
- 15.2 A private prescription may be written on any document and must contain the same information as an NHS prescription, as described in Practice Guidance 14: Prescribing for NHS patients.

Practice Guidance 16: Reviewing prescriptions

- 16.1 You should review a patient's medicines regularly, and especially when you are starting a new medicine, stopping a medicine, or changing the dose of a current medicine.

Practice Guidance 17: Repeat prescriptions

- 17.1 If you issue repeat prescriptions, you must ensure that you prescribe safely and responsibly. Before signing repeat prescriptions, you must be satisfied that it is safe and appropriate to do so. You should review repeat prescriptions regularly and not issue medicines for longer than is clinically required. If your organisation has a policy regarding the recommended length of time between reviews, you must comply with this.

Section 2 – Special Prescribing Circumstances

Practice Guidance 18: Family, friends and close colleagues

- 18.1 You must not prescribe medicines to treat yourself. You should be registered with your own medical and/or health practitioner who will be objective in providing you with healthcare.
- 18.2 You should not prescribe for anyone with whom you have a close personal or emotional relationship, other than in an exceptional circumstance. People close to you may include your immediate family, someone with whom you have an intimate personal relationship, your friends, and may also include colleagues with whom you regularly work. Anyone you prescribe for should be formally on your caseload as your patient and should be identifiable as within your scope of practice, within your role in the patient pathway. You should refer to your employer’s policy on whether you are permitted to treat family, friends and colleagues.
- 18.3 You should not prescribe for family, friends and colleagues unless:
- no other prescriber is available to assess their clinical condition without unsafe delay AND a delay in prescribing would put their life or health at risk;
 - the treatment is immediately necessary to save life, such as provision of medicines outside of schedule 19 exemptions²⁹, to avoid serious deterioration in a person’s health and well-being or alleviate otherwise uncontrollable pain.
- 18.4 In these circumstances, you should consider whether your professional judgement may be influenced or impaired because of your relationship with the person you are prescribing for³⁰. You should only prescribe if it is safe to do so, you have sufficient information about the patient’s health and can communicate your prescribing decision to the patient’s main prescriber.
- 18.5 If you prescribe in this circumstance, you should prescribe a limited quantity and dose – one that is sufficient to make sure the patient receives suitable care until they are able to see an appropriate health professional³¹.
- 18.6 Therapeutic radiographer independent prescribers may prescribe from a limited list of controlled drugs. You must not prescribe a controlled drug for someone close to you, except in the circumstances listed in points 18.3–18.5.
- 18.7 You must be able to justify your decisions to prescribe for those close to you. You must record the nature of your relationship and the special circumstances that necessitated your action of prescribing for family and friends.

Practice Guidance 19: Children

- 19.1 Medicines are potent treatments and prescribing them can present significant risk to patients. This is especially so for children, whose responses may differ from adults. You must have relevant education and competence in treating children in order to prescribe for them. You should recognise the unique implications of prescribing for children and young people. Caution should also be taken when prescribing for pregnant and lactating women.
- 19.2 You should refer to the resources listed in Annex A of this document which address medicines management issues in paediatrics.

Practice Guidance 20: Unlicensed medicines

- 20.1 Medicines are classified as unlicensed if they do not hold a UK Marketing Authorisation issued by the MHRA³². If you are a radiographer supplementary prescriber you may prescribe unlicensed medicines that are specifically named within an agreed, written CMP.
- 20.2 Radiographer independent prescribers may not prescribe unlicensed medicines.

Practice Guidance 21: Mixing of medicines

- 21.1 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"³³. The exception to this is when a medicine is combined with another that is used as a vehicle for the purpose of administration, such as sodium chloride solution for dilution, as described in the Summary of Product Characteristics (SPC)³⁴.
- 21.2 Medicines are rendered unlicensed if they are mixed prior to administration (unless one of the medicines is a vehicle for the other); however, different considerations apply to the mixing of licensed medicines by radiographer prescribers than those that apply to single unlicensed medicines.
- 21.3 If you are a radiographer independent prescriber you may mix medicines, except controlled drugs, prior to administration and may direct others to mix. You must not mix controlled drugs prior to administration nor direct anyone else to do so.
- 21.4 Radiographer supplementary prescribers may mix medicines themselves, including controlled drugs³⁵, and may direct others to mix, but only where that preparation forms part of the CMP for that individual patient³⁶.
- 21.5 If you are prescribing medicines intended to be mixed, you should provide instructions on how to do so in writing and must satisfy yourself that the persons doing the mixing are competent to undertake the task safely and effectively.
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- 21.6 You and the persons you are instructing to mix injectable medicines should check with a pharmacist, or other authoritative source, about whether it is safe to mix the injectable medicines. For example, the medicines may be incompatible or form a precipitate when combined.
- 21.7 You must only mix medicines in accordance with relevant national and local guidelines. Before mixing medicines, you should:
- Be satisfied that an alternative, premixed and/or licensed product would not meet the patient's needs;
 - Be satisfied that there is a sufficient evidence base for mixing the medicines to demonstrate safety and efficacy;
 - Record the medicines prescribed and the reasons for mixing them in the patient's notes.

Practice Guidance 22: Off-label / off-licence use of medicines

- 22.1 An off-label medicine holds a UK Marketing Authorisation issued by the MHRA³², but is used in a way that is not described within the medicine's Summary of Product Characteristics (SPC)³⁴.
- 22.2 If you are an independent and/or supplementary prescriber, you may prescribe medicines for off-label use, but if you decide to do so, you should:
- Be satisfied that a licensed alternative is not available that includes your proposed usage within its SPC;
 - Be satisfied that there is a sufficient evidence base for using the medicine in an off-label way to demonstrate safety and efficacy. Where the manufacturer's information is of limited help, the necessary information should be sought from another reliable and reputable source;
 - Record the medicine prescribed and the reasons for using an off-label product in the patient's notes;
 - Explain to a patient in broad terms why you are using the medicine in an off-label way;
 - Make a clear, accurate and legible record of your reasons for using a medicine off-label.
- 22.3 It is often necessary in paediatric practice to use licensed medicines in off-label ways. You must consult the BNF for Children³⁷ or other appropriate guidelines before prescribing for children (see Practice Guidance 19: Children).

Practice Guidance 23: Borderline substances

23.1 You may prescribe borderline substances 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 nation³⁸⁻⁴⁰. Although these are non-mandatory lists, radiographer independent 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 .

Practice Guidance 24: Appliances and dressings

24.1 When working in primary care, you may prescribe any appliances or dressings at NHS cost that are listed in the Drug Tariff relevant to the UK nation in which you are prescribing³⁸⁻⁴⁰. 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.

Practice Guidance 25: Remote prescribing

25.1 Most prescribing should occur based on in-person consultation with your patient. Remote prescribing occurs if you issue a prescription based on a telephone, email, video link, web-based or other non-in-person contact with a patient. You should only remote-prescribe for your own patients or patients on your caseload, or those identifiable as within your scope of practice within your role in the patient pathway, and when you can make the appropriate identity and verification checks to ensure patient safety. You must ensure that you have an appropriate dialogue with your patient and access to their medical record to:

- Establish the patient's current medication history;
- Carry out an adequate assessment of the patient's condition;
- Ensure there is sufficient justification to prescribe the medicines remotely, including discussing the feasibility of seeing another prescriber who can carry out an in-person consultation. This is particularly important when a remote consultation does not permit an adequate assessment of the patient's condition to be undertaken;
- Ensure there are no contraindications to the proposed medicine;
- Ensure arrangements are in place to provide follow-up and continuity of care;
- Ensure a clear record is made of the prescribing decision and in particular the method of remote prescribing used; for example, instruction by phone or email;

- Ensure that the primary care record holder is informed;
- Ensure that the patient has sufficient information to make an informed decision regarding their treatment.

25.2 Where you cannot satisfy all the conditions above, you should not use remote means to prescribe for your patient; you should explain to your patient why and signpost them to other appropriate services. The *High level principles for good practice in remote consultations and prescribing*⁴¹, co-authored and agreed by several healthcare regulators and organisations, should be referred to.

Practice Guidance 26: Prescribing on the recommendation/request of others

- 26.1 You should only prescribe for patients on your caseload or within your role in the patient pathway, and under your overall care. You must not prescribe for any patients upon whom you have not undertaken an appropriate assessment.
- 26.2 If you prescribe on the recommendation of another health professional who does not have prescribing responsibilities, you must satisfy yourself that you have performed an appropriate assessment of the patient yourself in order to reach a diagnosis so that you can determine that the prescription request is appropriate for the patient concerned.

Practice Guidance 27: Controlled drugs

- 27.1 If you are a supplementary prescriber working within an agreed, written CMP, you may prescribe most controlled drugs if they are listed within the CMP and if you are competent to do so.
- 27.2 If you are a therapeutic radiographer independent prescriber and it is within your competence to do so, you may prescribe from the following list of controlled drugs for administration via the routes specified.

Controlled Drug	Schedule (MDR) ⁴⁴	Route of administration
Tramadol	3	Oral
Lorazepam	4	Oral
Diazepam	4	Oral
Morphine	2 & 5	Oral & Injection
Oxycodone	2	Oral
Codeine	5	Oral

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- 27.3 You must not prescribe a controlled drug for yourself. See Practice Guidance 18: Family, friends and colleagues, for further information about prescribing for someone close to you.
- 27.4 You must know who your organisational Controlled Drug Accountable Officer⁴² (CONTROLLED DRUG AO) is and comply with any local monitoring and/or inspection requests that the CONTROLLED DRUG AO may make.
- 27.5 You must follow the Standard Operating Procedures (SOPs) that are in place within your organisation for the usage and secure storage of controlled drugs according to the Misuse of drugs (Safe Custody) Regulations⁴³. SOPs must include procedures for prescribing and administering controlled drugs, and recording any adverse reactions.
- 27.6 If you are a supplementary independent prescriber you may instruct another person to administer controlled drugs in accordance with your valid prescription and in accordance with national guidance.
- 27.7 You must ensure that any prescription for a controlled drug is completed on the correct prescription form and contains all the information required commensurate with the schedule of the controlled drug being prescribed, which will in all cases include the patient's NHS number, other unique identifier, your hand-written signature, and the date of signing.
- 27.8 You must ensure that:
- Inpatient prescribing of controlled drugs is recorded on the Medicines Administration Record (MAR) or inpatient sheet in accordance with local policies;
 - Controlled drugs for patients being discharged are written on locally approved discharge letters or equivalent;
 - Outpatient prescribing is done using an FP10 form or equivalent;
 - Outpatient prescribing by supplementary prescribers is on the relevant FP10 form or equivalent.
- 27.9 You must only prescribe controlled drugs at the time of clinical need; you must not prescribe more than is needed for the immediate clinical need, and in any event for no more than a 30-day supply period. You must remember that the validity of prescriptions for Schedule 2, 3 and 4 controlled drugs is 28 days.
- 27.10 You may use computer-generated prescriptions for controlled drugs, providing the necessary software is in place and that there is an audit trail of your prescribing practice. Your signature must be hand written. Where patient-specific adhesive labels are used they must be tamper-evident labels and you must sign or initial over the label to indicate that the label relates to the patient for whom your prescription is intended.
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- 27.11 If any part of your prescription for a controlled drug is hand written, you must write it yourself and not ask any other person to write all or part of the prescription for you.
- 27.12 All private controlled drug prescribers require a separate six-digit prescriber code for private controlled drug prescriptions (this is different to your unique NHS prescriber code). This ensures that there is a clear separation between NHS and private controlled drug prescribing; if you prescribe in both NHS and private settings you must keep your two prescriber codes separate.
- 27.13 The full requirements for the prescribing of controlled drugs can be found in the BNF⁴⁴.

Practice Guidance 28: Simultaneous prescribing and administration

- 28.1 Prescribing followed by simultaneous administration or supply of a medicine to the patient creates opportunities for errors to occur. If you prescribe medicines for a patient for more than a one-off dose, where possible, a pharmacist should dispense and supply the medicine to the patient.
- 28.2 Where simultaneous prescribing and administration is necessary, you 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 administered to the patient. This should include a competent understanding of what is required and the importance of their role as second checker, and sufficient authority to challenge as necessary. If the medicine is a controlled drug, is to be administered parenterally or there is a complex calculation involved, then it is good practice that the second checker should be a registered health professional.
- 28.3 In circumstances where there is a need for simultaneous prescribing and administration, processes should be in place to limit errors along with an audit trail and clinical documentation⁴⁵.

Section 3 – Medicines Governance

Medicines governance arrangements apply to all settings. This includes private practice settings, including where part of your home is your private practice, as well as NHS and other hospital, clinic, and occupational health settings. The guidance in this section will apply alongside any organisational policies and/or procedures that the organisation may have in place.

In addition, SoR members are expected to demonstrate that they meet the standards detailed in the publication *A Competency Framework for all Prescribers*⁴, which has been adopted by HCPC as their standards for prescribing.

Practice Guidance 29: Instructions for supplying and/or administration

29.1 If you instruct another person to supply and/or administer medicines on your behalf, you must ensure that the individual is appropriately educated, trained and competent to do so.

Practice Guidance 30: Dispensing and supply

30.1 Dispensing is the preparation and supply of a medicine in accordance with the instructions contained within a prescription. Dispensing is generally performed by pharmacy personnel. You must ensure the separation of prescribing and dispensing of medicines whenever possible. You should not dispense against a prescription that you have written, other than in exceptional circumstances.

30.2 In those circumstances where you are expected to both prescribe and supply a patient's medicine, a second suitably competent person should be involved in the checking process. Any medicine supplied to the patient must meet the labelling requirements specified in the legislation⁴⁶. The use of over labelled pre-packs from a licensed pre-packing unit may be a suitable way of ensuring the regulations are met. In exceptional circumstances, if prescribing and supply must be carried out by the same individual, you must assure yourself that:

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

Practice Guidance 31: Error reporting

31.1 If you discover that you have made an error in prescribing, you must take immediate action to prevent potential harm to the patient and you must report the error as soon as possible according to local policy and protocols.

Practice Guidance 32: Reporting unexpected effects and adverse reactions

- 32.1 If a patient experiences an adverse reaction to any medicine they have been prescribed, regardless of who the prescriber is, you should take appropriate measures to ensure the wellbeing of the patient, record the incident and actions taken in the patient notes, and notify the prescriber immediately (if you did not prescribe the medicine yourself). You should also refer to and comply with your organisation's incident reporting policy.
- 32.2 In addition, you should notify the MHRA via the Yellow Card Scheme as indicated on the Yellow Card website⁴⁷ using the web-based Yellow Card or app. You should also inform the patient that they can report adverse reactions independently to the Yellow Card Scheme. The *Radiographer Prescribing Implementation Guide*¹ contains further detail about the reporting of adverse reactions.

Practice Guidance 33: Complementary, herbal, and homeopathic products

- 33.1 Complementary, herbal, and homeopathic products may interact with medicinal products and/or laboratory tests. You should ensure that you ask the patient whether they are using these or other similar products and record the information. Where there is evidence that you should do so, you may need to advise that your patient stops using these products prior to taking a conventional medicinal product or undergoing an imaging, medical and/or surgical procedure.
- 33.2 Some herbal and homeopathic preparations are classified as Prescription Only Medicines, Pharmacy medicines or General Sales List medicines depending on their action and route of administration. You may only prescribe and/or supply and administer these products in accordance with an appropriate prescribing and/or supply and administration framework.
- 33.3 You must not prescribe medicines for purely cosmetic purposes.
- 33.4 The MHRA regulates herbal products under the Traditional Herbal Registration⁴⁸ scheme and homeopathic products under the National Rules Scheme⁴⁹. Other products may not be subject to regulation of their quality, safety or efficacy. You should only recommend these products if you have suitable education, training and experience to do so.
- 33.5 The MHRA holds a list of complementary, herbal and homeopathic products that are known to, or may have, interactions with medicinal products⁵⁰ and you must be aware of these before recommending that a patient takes a complementary product in addition to, or as a substitute for, any currently prescribed medicine. Some herbal preparations are prohibited or restricted in their use in humans due to known toxic and/or harmful effects; you must not recommend these products to your patients.

Section 4 – Clinical Governance

Patient safety is of paramount importance within all aspects of prescribing, supply and administration of medicines. Radiographers must practise within the law, to a high professional standard, and ensure that they strive continuously to improve the quality of care that they offer to patients. Poor professional performance needs to be identified and rectified at an early stage. The guidance in this section will apply alongside any organisational policies and/or procedures that may be in place. This section should be read alongside the *Radiographer Prescribing Implementation Guide*¹ which also contains an example clinical governance framework.

Employing authorities, both within the NHS and private/independent sector, have clinical governance arrangements in place including policies, protocols, procedures and clinical audits. Radiographers must work within the appropriate clinical governance arrangements.

Radiographer prescribers should not be asked to prescribe for patients to make up for shortfalls in other professional prescribing groups.

Practice Guidance 34: Governance structures

34.1 You must follow the governance arrangements that are in place within your organisation.

Arrangements should be in place for:

- clear lines of responsibility and accountability for overall quality of clinical care;
- development of quality improvement programmes, such as clinical audit, supporting evidence-based practice, implementation of clinical standards, monitoring of clinical care and access to appropriate CPD programmes;
- management of risk;
- procedures to identify and remedy poor performance;
- adoption of competency frameworks for prescribing.

Practice Guidance 35: Clinical audit

35.1 Clinical audit is an important part of clinical governance and independent and supplementary prescribing activities should be audited separately.

35.2 You should take part in organisational prescribing audit wherever possible and practical.

35.3 Audit can inform personal development and reflection; you should audit the interactions with the patients you saw and prescribed medicines for. You should also audit interactions with the

patients in which you took an active decision not to prescribe. You should monitor how patients respond to treatment and how many follow-up contacts are taking place.

- 35.4 If you are working as a supplementary prescriber, you should ensure that you participate in regular (normally, at least annually) meetings with your medical (or dental) independent prescriber partner. The meetings should include a review of all the CMPs that you are using to prescribe for the patients you are both treating, to ensure that the CMPs meet the patients' treatment needs.
- 35.5 If you are working as a supplementary prescriber, you should audit your practice to ensure that the patient's CMP is being followed. This should include a review of instances where you have needed to refer to the independent prescriber or another prescriber for patients to access the medicines they need, and the reasons why the referral was needed.
- 35.6 You should ensure that the prescriptions you write are clear and legible. You should audit the instances where a pharmacist contacts you to query what was written.
- 35.7 You should seek your patients' experiences of your prescribing, where possible. You may find that your organisation has a clinical audit team that can help with this.
- 35.8 If you are working outside NHS settings, where clinical governance systems may be different or may not be applied in the same way, you must ensure you comply with requirements to demonstrate your competence to practice and to retain your HCPC registration. For example, that you can show how you audit your practice, keep up to date with current guidance and how you safeguard the patients in your care.

Practice Guidance 36: Learning from incidents and errors

- 36.1 You should record all incidents and/or errors using your local reporting systems to facilitate national reporting, where required.
- 36.2 You should review incidents with your local team and/or medicines management committee (or equivalent) to enable learning and, where necessary, improve practice.

Practice Guidance 37: Risk management

- 37.1 You should ensure that you have an appropriate risk management programme in place. This should include clinical risk management and patient safety, confidentiality, safety of prescription forms and access to e-prescribing systems, and a system for handling errors and complaints.

Practice Guidance 38: Continuing professional development

- 38.1 You must remain up to date with appropriate knowledge and skills to enable you to prescribe competently and safely within your scope of practice, and meet the requirements of the HCPC standards set out in *Continuing professional development and your registration*⁵¹, *Standards for prescribing*² and, specifically, *A Competency Framework for all Prescribers*⁴.
- 38.2 You should ensure that your prescribing-related CPD is in line with your current or future practice, including your role as a prescriber.
- 38.3 You should ensure that there is sufficient time within your job plan for you to access programmes and resources to meet your prescribing CPD needs. This should include peer review or clinical supervision sessions. You should include reflective learning in your CPD portfolio and feedback from multiple sources and professions.

Practice Guidance 39: Security of NHS prescription forms and software

- 39.1 You are responsible for the safety of your named prescription pad. You must take all reasonable and responsible steps to prevent its loss or inappropriate use. NHS FP10 prescription forms are classed as secure stationery; each prescription form has a serial number and specific anti-theft and anti-forgery features. Your organisational prescribing policy must be referred to and complied with for all aspects of the safe handling of prescription forms. In addition, you should refer to the guidance for security of prescription forms from the NHS Counter Fraud Authority⁵² for further information.
- 39.2 If using electronic prescribing software, you must not prescribe using another professional's prescriber name and number or permit anyone else to use your details to access the system and prescribe, even with your permission. You must comply with your organisation's electronic recording and prescribing policies.

Practice Guidance 40: Conflicts of interest

- 40.1 If you have a commercial or financial interest in any pharmaceutical product or company then you should ensure that your patients have access to this information, where relevant, and you should ensure that your interest does not affect your ability to prescribe in the patient's best interest.
- 40.2 You must not allow your own, or your employer's (if applicable), commercial or financial interests in a pharmaceutical company or product influence the way you advise your patients.
- 40.3 You must declare any conflict of interest in a 'register of interests' within your personal portfolio
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and within your employer's Hospitality Register which should be produced on request for audit purposes.

Practice Guidance 41: Gifts and benefits

- 41.1 Your prescribing choice for your patient must be based solely on clinical suitability and cost effectiveness, and must work within any local formulary that you may be obliged to follow.
- 41.2 The advertising and promotion of medicines is strictly regulated. You must not accept personal gifts that are given to influence your prescribing activity, nor must you solicit or accept a gift or inducement to influence your prescribing patterns.
- 41.3 You may accept hospitality for a professional or scientific meeting, but such hospitality must be reasonable in level and subordinate to the main purpose of the meeting. You may also accept awards and/or grants to attend educational events offered by pharmaceutical companies that enable you to undertake CPD relevant to your practice. This should be declared in the 'register of interests'. Guidelines are provided by The Association of the British Pharmaceutical Industry⁵³.
- 41.4 You must follow your employer's policy on receiving gifts and hospitality. If you do not have an employer, you must consider whether it is appropriate to accept gifts or hospitality in relation to your prescribing activities.

Practice Guidance 42: Checking registrations and annotations

- 42.1 You must provide evidence of your valid registration as a radiographer with the HCPC annually to your employer/those using your prescribing services.
- 42.2 You should provide evidence of your valid status as an independent and/or supplementary prescriber annually to your employer/those using your prescribing services.
- 42.3 You must only prescribe in accordance with the type of annotation awarded to you.

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Annex A: Further reading regarding prescribing for children

[The BNF for Children](#)

Department of Health and Social Care (2004) [National Service Framework for Children, Young People and Maternity Services: Medicines for Children and Young People \(England\)](#)

Department of Health, Social Safety and Public Services in Northern Ireland (2016) [Medicines Optimisation Quality Framework](#)

NHS Scotland (2017) [Achieving Excellence in Pharmaceutical Care: a strategy for Scotland](#)

Royal College of Paediatrics and Child Health [Medicines resources](#)

Scottish Intercollegiate Guidelines Network (SIGN) [guidelines](#)

Annex B: Glossary

Administration

Process by which a medicine is introduced into, or applied onto, the patient's body.

Advice

The act of giving information to service users pertaining to aspects of the condition for which they are seeking intervention. The information given may be an opinion or recommendation relating to suggested future intervention or actions. The information may include guidance to seek the opinion of another health professional. The information is given to the service user to consider and they may choose whether to act on the advice given.

Appropriate practitioner

Registered professional defined within medicines legislation as being authorised to issue prescriptions for Prescription Only Medicines (POMs) and/or to receive bulk supplies of POMs.

Black Triangle medicines

New licensed medicines under intensive monitoring by the MHRA and subject to special adverse incident reporting requirements. The MHRA issues a monthly list of medicines subject to Black Triangle status.

British National Formulary (BNF)

The BNF is a joint publication of the British Medical Association and the Royal Pharmaceutical Society. It is published biannually and updated monthly online. The BNF aims to provide prescribers, pharmacists and other healthcare professionals with sound up-to-date information about the use of medicines. The BNF contains medicines for therapeutic use; it does not include contrast agents which are for diagnostic purposes.

Clinical governance

Quality assured activities which ensure that pre-determined clinical standards are maintained by practitioners, and are evident within healthcare settings.

Clinical Management Plan (CMP)

A written plan, reviewed at least annually, relating to the treatment of an individual patient which is agreed by the patient and by the independent prescriber (a doctor or dentist) and the supplementary prescriber who are to prescribe medicines under the plan.

Licensed medicines including off-label and Black Triangle products, unlicensed medicines and controlled drugs may be included in a CMP. A CMP may be for a named medicine or a group of medicines, for example non-specified non-steroidal anti-inflammatory drugs (NSAIDs).

Competence

The ability of an individual to demonstrate their capability in a certain skill area at a defined level of ability at a set point in time.

Competencies

The component skills that describe and define the actions and activities required in order to demonstrate competence in a skill area.

Complementary medicines

Any form(s) of medicine that do not form part of what is generally accepted in the UK as being conventional medicine.

Controlled drug

A medicine subject to control by the Misuse of Drugs Act 1971 c 38, and the Misuse of Drugs Regulations 2001, SI No. 3998 and the Misuse of Drugs Regulations (Northern Ireland) 2002, SR No. 1.

Dispensing

To label from stock. The activities undertaken in response to formal orders when medicines are issued to the place where they will be used or supplied directly to the patient.

Disposal

The removal and disposal of medicines that are no longer required or are no longer suitable for their intended use and/or the removal of unwanted medicines or waste materials from the clinical site.

FP10

Prescription forms used so that dispensing can take place in community pharmacy premises.

General Sales List (GSL)

A medicine which can be sold pre-packed from retail outlets without the presence of a pharmacist.

Guidance

Document containing recommendations for the use of a particular treatment and/or modality, the circumstances when it should be used and the population/patient groups who should receive it.

Health professionals have a duty to take guidance fully into account where it is published, but they are not bound by its contents and may deviate from it where there is a clear indication to do so. A guidance document may impose a duty on a health provider to fund the treatment and/or intervention.

Guideline

A wide-ranging recommendation dealing with the management of a disease condition. A guideline document does not impose a duty on a health provider to fund the treatment of the disease condition.

Health and Care Professions Council (HCPC)

HCPC is the regulator for 16 health and care professions. It maintains a register of health and care professionals who meet the standards for education, professional skills, behaviour and health.

Independent prescriber (IP)

A professional who is registered on the appropriate statutory register for their professional group and (except doctors and dentists) against whose name is recorded an annotation signifying that they are qualified to prescribe medicines as an independent prescriber. A person responsible for the assessment of patients with undiagnosed conditions and for decisions about the clinical management required including prescribing. They assume full accountability for the prescribing decisions they make. They may instruct another person to administer medicines under the terms of a Patient Specific Direction (PSD). An independent prescriber may be a medical prescriber (doctor/dentist only) or a nurse, midwife, pharmacist, optometrist, paramedic, physiotherapist, podiatrist or therapeutic radiographer. The non-medical independent prescribing professions between them do not have the same permissions regarding the use of mixed medicines, unlicensed medicines and controlled drugs.

Licensed medicine

A medicine with a valid marketing authorisation (product licence) in the UK.

Marketing authorisation (MA)

Formal approval by the MHRA to place a medicinal product on the UK market, formerly known as 'product licence'. It defines the terms, conditions, patient groups, etc. that the product may be used for. Use of a medicine outside of the terms of the MA is known as 'off-label' or 'off-license'.

Medicine administration record (MAR)

Commonly referred to as 'drug or medicines chart', a MAR is a legal record of medicines administered to a patient by healthcare professionals and forms part of a patient's permanent medical record. The MAR may be in paper or electronic form depending upon organisational policy.

Medical prescriber

A doctor or dentist who can independently prescribe both licensed and unlicensed medicines, and who may instruct another health professional to administer such medicines to patients under the terms of a PSD.

Medicinal product

A medicinal product is:

- any substance or combination of substances presented as having properties of preventing or treating disease in human beings
- any substance or combination of substances that may be used by or administered to human beings with a view to restoring, correcting or modifying a physiological function by exerting a pharmacological, immunological or metabolic action, or making a medical diagnosis⁵⁴.

Misuse of Drugs Act 1971 c 38

The Misuse of Drugs Act 1971 c 38 is the primary legislation in this field for the UK and controls certain types of medicines that may be liable to misuse and abuse because of their effects on users. The Act lists the medicines subject to these specific controls and it categorises them into one of three classes: Class A, Class B and Class C. The term 'controlled drug' is used to refer to medicines within these three categories.

Misuse of Drugs Regulations 2001, SI No. 3998

The Misuse of Drugs Regulations 2001, SI No. 3998 are applied across the UK; they permit the use of controlled drugs in healthcare and further classify controlled drugs as one of five schedules that reflect the differing levels of control required for using each category of medicine. Controlled drugs are also subject to specific regulations pertaining to the storage and documentation required for their use. Northern Ireland has its own set of regulations which took effect in 2002 (Misuse of Drugs Regulations (Northern Ireland) 2002, SR No.1).

Medicines and Healthcare products Regulatory Agency (MHRA)

The agency that regulates medicines, medical devices and blood components for transfusion in the UK. MHRA is an executive agency sponsored by the Department of Health and Social Care.

NHS prescription charge

Tax paid by patients in England for medicines or other treatments prescribed for them by an appropriate NHS practitioner and supplied at NHS expense. Some patients are exempt from paying prescription charges and receive medicines free of charge. Prescription charges are set by the Government and do not directly reflect the production costs and/or retail prices of the medicine.

National Institute for Health and Care Excellence (NICE)

NICE works to improve health and social care through provision of evidence-based guidance.

Non-medical prescriber (NMP)

A nurse, pharmacist and some allied health professional groups who are registered on the appropriate statutory register for their professional group, and against whose name is an annotation signifying they are permitted by the relevant law to prescribe medicines as either an independent and/or supplementary prescriber. The limits of their prescribing permissions are determined by law and may not be the same for each professional group especially regarding mixing medicines and controlled drugs.

Over-the-counter (OTC)

Description of a medicine that can be supplied without a written prescription from a variety of outlets, including self-selection without supervision by a patient.

Pharmacy medicine (P)

If a medicine has this legal category, it can be bought from a retail pharmacy shop in the presence or under the supervision of a pharmacist.

Patient Specific Direction (PSD)

A prescription from a doctor, dentist or other independent/supplementary prescriber for a medicine to be administered to a named patient by another health professional. The patient must be individually identified on the PSD. The prescription must be signed and dated by the prescriber. An unlicensed medicine may be administered under a PSD provided it has originated from a prescriber with the legal permission to do so. A PSD is not a standard proforma that is drawn up for a prescriber to sign. There may be a locally agreed format, but the prescriber may be permitted to amend or alter this as needed as they will have accountability for any medicines prescribed.

Patient Information Leaflet (PIL)

The Patient Information Leaflet (PIL) is the leaflet included in the pack with a medicine and can also be found on the [Electronic Medicines Compendium](#). It is written for patients and gives information about taking or using a medicine.

Prescribe

LEGAL DEFINITION: to request in writing, in the appropriate manner, the supply and administration of a Prescription Only Medicine for use by a named patient. Only 'appropriate practitioners' may prescribe. The Human Medicines Regulations 2012, SI No. 1916, define the professional groups that are classed as appropriate practitioners.

GENERAL DEFINITION: to authorise in writing, in the appropriate manner, the supply and administration of any medicine for use by a named patient at public expense.

Prescribing

Issuing prescriptions for the medicine(s) to treat a single individual by an appropriate practitioner. A pharmacist is legally required to be involved in the sale and/or supply of the medicine identified within a written prescription.

Prescription

Instruction written by an appropriate practitioner for the administration and/or supply of the medicines listed within it.

Prescription Only Medicine (POM)

Such medicines may only be supplied and administered against a valid prescription written by an appropriate practitioner.

Radiographer

A person who is registered on the relevant part of the HCPC register under The Health Professions Order 2001 (SI 2002 No.254, part III, article 5) and entitled to practise using the protected titles of 'radiographer', 'diagnostic radiographer' or 'therapeutic radiographer'.

Repeat prescribing

A partnership between a patient and a prescriber that allows the prescriber to issue duplicate prescriptions at agreed intervals without the patient having to consult the prescriber at each issue.

Repeatable prescription

A prescription which authorises a pharmacist to dispense and supply a medicine more than once (e.g. supply medicine X every month for six months).

Standard

A statement on the level of proficiency expected of a person professing to hold a certain skill or ability. The standards for prescribing by radiographers are set and regulated by the HCPC.

Standard Operating Procedure (SOP)

Detailed, written instructions to achieve uniformity of the performance of a specific function. SOPs ensure safety and consistency, and are set on repeated application of unchanged processes and procedures, and on their documentation.

Summary of product characteristics (SPC)

Information available for individual licensed medicines, forming an integral part of the marketing authorisation (also known as the product licence). The SPC provides information for health professionals on how to use the medicine safely and effectively.

Supplementary prescriber (SP)

A professional who is registered on the appropriate statutory register for their professional group and against whose name is an annotation signifying that they are qualified to prescribe medicines as a supplementary prescriber. A supplementary prescriber is responsible for the continued prescribing of the medicines for patients who have been clinically diagnosed by an independent medical prescriber, and that are included in a written, agreed patient-specific clinical management plan (CMP).

Supply

The activities undertaken, in response to formal orders, when medicines are issued to the place where they will be used or presented directly to the patient.

Acknowledgements

First edition

The SoR acknowledges the following documents which were informative in the creation of the first edition of this guidance for radiographers:

Chartered Society of Physiotherapy, Practice guidance for physiotherapist supplementary and/or independent prescribers in the safe use of medicines (second edition), London: CSP, 2013.

The College of Podiatry and Institute of Chiropodists and Podiatrists, Good Practice in Prescribing and Medicines Management for Podiatrists, London: CoP and IoCP, 2013.

General Medical Council, Good Practice in Prescribing and Managing Medicines and Devices, London: GMC, 2013.

Nursing and Midwifery Council, Standards for Medicines Management, London: NMC, 2008.

Nursing and Midwifery Council, Standards of Proficiency for Nurse and Midwife Prescribers, London: NMC, 2006.

College of Optometrists, Guidance on Independent Prescribing, London: College of Optometrists, 2015.

Second edition (2023)

In addition to the references included within, this second edition has benefitted from the information contained within the following documents; the SoR thanks the organisations for their expertise and acknowledges:

Chartered Society of Physiotherapy, Practice guidance for physiotherapist supplementary and/or independent prescribers in the safe use of medicines (4th edition), London: CSP, 2018.

The Royal College of Podiatry and the Institute of Chiropodists and Podiatrists, Good Practice in Prescribing and Medicines Management for Podiatrists (3rd edition), London: CoP and IoCP, 2018.

College of Paramedics, Practice Guidance for Paramedic Independent and Supplementary Prescribers, London: CoP, 2018.

British Dietetic Association, Practice Guidance for Dietetic Supplementary Prescribers, London: BDA, 2016.

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