1 INTRODUCTION

1.1 The Review of Prescribing, Supply & Administration of Medicines (Crown II) Final Report was submitted to The Secretary of State for Health in March 1999. Dr June Crown, Chair of the Review Team said in her letter accompanying the final report ‘the proposals, if implemented, will provide a secure means of increasing the range of health professionals who are authorised to prescribe. This will improve services to patients, make better use of the skills of professional staff and thus make a significant contribution to the modernisation of the Health Service.’ This will require a review of the Medicines Act (1968) and relevant secondary legislation made under the Act.

1.2 The Society of Radiographers in recognising the need for continuous improvement in patient care has established a Working Party to investigate the implications of the Crown Report for radiographers. The Working Party includes both clinical and educational representatives and representation from the Pharmacy profession and the Radiographers Board at the CPSM. As a result of its deliberations the Working Party has advised that the benefits of the Crown Report for patients would be significant if radiographers could prescribe certain drugs. Consequently it has prepared a submission document which supports the case for radiographers to be authorised as dependent and or independent prescribers.

1.3 This paper presents a vision of the radiographer’s role in the prescribing, supply and administration of medicines. Changes to the law are necessary before the Crown report recommendations can become a reality and this will take some time. However, extending the range of professionals who are able to prescribe is acknowledged as a key government objective with the recently published NHS Plan: a plan for investment, a plan for reform (July 2000). The Society of Radiographers has taken a proactive stance in promoting this role development for the profession. The main thrust of the NHS Plan is to make health services more responsive to patients’ needs by enabling professionals to practice across boundaries thus ensuring seamless delivery of care.

1.4 This paper develops the vision and offers guidance for radiographers. It should be read in conjunction with other documents (see References & Bibliography). Guidelines covering what radiographers must do to become involved in this new development will be issued by The Society of Radiographers after legislation has been enacted.
2 BACKGROUND

2.1 The Working Party has been keen to disseminate information to the profession. Several articles have been published in Synergy and the Crown Report has been an agenda item at many professional meetings involving radiographers e.g. special interest groups, study days, multiprofessional fora. The Working Party has also written to individual members of the profession who have been identified as those most likely to be involved in the supply and administration of medicines.

2.2 Radiographers have been quick to recognise this opportunity for role development and the Working Party has received very positive feedback. Some radiographers have reported that they are already involved in the supply and administration of medicines and welcome the moves to establish this practice within a sound medico-legal framework. They can see the advantages to the patient and welcome the opportunity to contribute towards a seamless service for a variety of reasons. These fall under two broad categories; effective and safe patient care and efficient use of health care resources. Radiographers recognise the opportunity they have to discuss the individual needs of the patient and hence the ability to improve the effectiveness of monitoring and to tailor prescriptions specific to patients needs.

3 PATIENT GROUP DIRECTIONS

3.1 Some radiographers are already involved in the supply and administration of medicines under Patient Group Directions (formerly called Group Protocols). Many radiographers also report that within many clinical departments they are routinely recognised by colleagues as a source of expertise. This modernisation of practice is acknowledged by the Crown Report.

3.2 The advice from The Society and College of Radiographers is that radiographers must operate within The Code of Professional Conduct and other policy statements and guidelines issued by the professional body. The publication entitled Role Development in Radiography (1996) gives specific advice on the criteria for any role development. Radiographers should first develop a proposal locally and gain agreement for any role development. Secondly a written local protocol must be developed and agreed; this protocol should be called a Patient Group Direction as explained in Health Service Circular HSC 2000/026 (August 2000). The Patient Group Direction should be a comprehensive document, which gives a framework for practice, be supported by a suitable quality assurance programme and be kept up to date. There is a requirement for appropriate education and training of radiographers involved in any role development activity. Finally medico-legal issues must be taken fully into account. Radiographers must operate within their competencies.

3.3 Detailed information and advice on group protocols can be found in Appendix A of Review of Prescribing, Supply and Administration of Medicines: A report on the Supply and Administration of Medicines under Group Protocols (Crown I March 1998). More recently the Health Service Circular Patient Group Directions (August 2000) changes the terminology from Group Protocols to Patient Group Directions. Both of these important documents stress the need for patient safety but also the need to take into account patient choice and patient convenience. Patient Group Directions should specify clear arrangements for professional responsibility and accountability, and contribute to the
effective use of resources. In all cases the Patient Group Directions should be consistent with the relevant Summary of Product Characteristics, which is part of the marketing authorisation granted for the product. The document also gives additional guidance on the suitability of certain groups of drugs, e.g. controlled drugs, to be included in Patient Group Directions.

4 THE COLLEGE OF RADIOGRAHERS’ POLICY

4.1 It is the policy of The Society and College of Radiographers to support and encourage radiographers to seek opportunities for role development. The professional body believes that the authority to prescribe medicines benefits patients, the service and the profession.


5 THE CROWN REPORT

5.1 The following definitions are taken directly from The Crown Report;

- A prescriber is a health professional who is legally authorised to prescribe a prescription only medicine. Currently the only authorised prescribers under the Medicines Act 1968 are doctors, dentists and certain nurses.

- A clinician is a health care professional who is engaged in the direct examination, treatment and care of patients.

- A dependent prescriber is a clinician who takes over the continuing care of a patient, which may include prescribing, after initial assessment by an independent prescriber.

- An independent prescriber is a clinician who is responsible for the assessment of patients with undiagnosed conditions and for decisions about the clinical management required, including prescribing.

5.2 Radiography involves a wide range of specialities and interests and from the above definitions it is clear that many radiographers would be able to see themselves as dependent or independent prescribers within their specific area of clinical role development.

5.3 For the Crown Report to become a reality there will need to be new primary legislation and the establishment of an advisory body to assess applications made by the professional bodies for prescribing status. The Society of Radiographers is ready to adapt current submission plans to fit whatever criteria are set by the Department of Health and any relevant advisory body.

5.4 It is clear that to succeed in having radiographers accepted as dependent and independent prescribers the issues of competency and policing of practice will need to be explicit. The Radiographers Board at the CPSM and The Society and College of Radiographers will demonstrate a collaborative approach which gives protection to the patient. The culture of professionalism, which includes recognition of the need to maintain competence through continuing professional development, will support the case that radiographers are capable of rising to the challenge of The Crown Report.
6 EDUCATION, TRAINING AND QUALITY MONITORING

6.1 It is envisaged that any qualification, which leads to eligibility for a radiographer to be judged as being competent to prescribe would sit within the well-established framework of post-registration education and training programmes for radiographers. It is recognised, however, that in the future many issues that underpin prescribing (e.g. pharmacology and safety aspects) would be incorporated within pre-registration education and training programmes. An obvious example would be to place elements relevant to dependent prescribers in the pre-registration programme leaving the post-registration courses to focus on elements specific to the radiographer operating as an independent prescriber. The Society and College of Radiographers and the Radiographers Board would consider the issues of patient safety, public protection and professional standards in order to approve such courses. The Higher Education Institutions involved would be responsible for ensuring quality of the academic and clinical content of the programme in association with the statutory and professional bodies and in conjunction with local Trust protocols. This is a long established model, which has been so successful in providing for the needs of the radiographer and the health service.

6.2 The professional body advises that radiographers undertaking this role should be appropriately educated and trained for the role. Such training should be underpinned by appropriate initial and continuing education and training in order to ensure clinical competence.

6.3 The radiographers involved in this role development should regularly audit their performance and assess any incidence of complications in accordance with agreed criteria and in line with risk management policies.

7 SUMMARY

7.1 Radiography is currently a degree level entry profession with a vast range of taught post-registration specialist courses and a developing research base.

7.2 Many radiographers are already involved in the administration of drugs to patients in their care. Feedback evidence suggests that radiographers are keen to embrace this opportunity for continuous improvement in patient care. Benefits include effective use of clinical skills, better service to the patient and efficient use of health care resources.

7.3 The radiography profession is well prepared to adopt dependent and independent prescribing of medicines into their clinical practice. A framework of policies issued by The Society and College of Radiographers and a comprehensive pattern of pre-registration and post-registration education programmes are established which could be modified to meet any demands placed upon them.

7.4 The government has already accepted the recommendations of Crown (NHS Plan 2000) and is currently taking steps to facilitate implementation. Radiographer prescribing is not an option for the future, it is a requirement.
8 REFERENCES


The College of Radiographers (1996) Professional Standards to be achieved in Diagnostic Imaging, Radiotherapy and Oncology, The College of Radiographers, London


Department of Health (July 2000) The NHS Plan: a plan for investment, a plan for reform, Department of Health


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