

Advisory Council on the Misuse of Drugs

Chair: Dr Owen Bowden-Jones Technical Committee Secretary: Mohammed Ali 1st Floor (NE), Peel Building 2 Marsham Street London SW1P 4DF

Tel: 020 7035 0459

ACMD@homeoffice.gsi.gov.uk

Sarah Newton MP
Minister for Vulnerability, Safeguarding and Countering Extremism
Home Office
2 Marsham Street
London SW1P 4DF

Nicola Blackwood MP Parliamentary Under Secretary of State for Public Health and Innovation Department of Health Richmond House 79 Whitehall London SW1A 2NS

19 January 2017

Dear Ministers,

RE: Further advice on independent prescribing of controlled drugs from a restricted list of therapeutic radiographers

I write further to the Advisory Council on the Misuse of Drugs' (ACMD's) advice of 5th September 2016 in relation to independent prescribing from a restricted list of controlled drugs by therapeutic radiographers.

The ACMD has considered the response from the Department of Health and is broadly content that our concerns have been adequately addressed. The ACMD is however, concerned with certain aspects of the response as outlined below:

• In relation to the ACMD's recommendation 2¹; the Department of Health has highlighted that the duration of radiotherapy treatment (and hence period for which the therapeutic radiographer would be involved in delivery of care) does not exceed 6 weeks. The ACMD believes that if very potent and/or high dose

¹ The proposal does not appear to note the addictive potential or recognise iatrogenic dependence and any subsequent misuse as a possible complication of any of the controlled drugs in the annex. Training in recognising and dealing with such issues is necessary.

controlled drugs are administered from the restricted list, the 6 week duration would be long enough for problems to develop, e.g. dependence.

- In relation to the response to ACMD's recommendation 3², the ACMD would find it helpful if the Department of Health could confirm that the training includes not only 'actions and potential side effects' but also how to manage them. If a benzodiazepine naïve patient is given a large dose of benzodiazepines then management of, for example, respiratory depression should be covered by the training.
- From the response received, there appears to be no assurances that training
 will be provided on identification, assessment and avoidance of dependence
 or how to manage patients with existing dependence. There needs to be a
 requirement that training in this area is provided to all radiographers who are
 independent prescribers.

The ACMD, however, welcomes the decision to withdraw transdermal fentanyl from the initial tranche of controlled drugs, pending monitoring of the roll-out of independent prescribing by therapeutic radiographers and review of the evidence 'supporting the case of need for this controlled drug. We would also like to review any future proposal to include transdermal fentanyl in the restricted list of controlled drugs for this group of prescribers.

I would be grateful if the Department of Health could consider these additional concerns prior to implementation.

Recommendation

The ACMD make the following recommendation to the Home Office:

Subject to the above assurances, that the Misuse of Drugs Regulations 2001 is amended to allow the rapeutic radiographers to prescribe a total of 6 controlled drugs (excluding transdermal fentanyl) as specified in Annex 1.

Yours sincerely,

Dr Owen Bowden-Jones

Chair of ACMD

CC: Rt Hon. Amber Rudd MP (Home Secretary)

Rt Hon. Jeremy Hunt MP (Secretary of State for Health)

² We are concerned that very potent sedative medication, such as lorazepam could be prescribed to benzodiazepine-naïve patients by therapeutic radiographers with relatively little oversight. The ACMD is not confident that all therapeutic radiographers would adequately understand how these medications, substances, or circumstances would interact to inform their subsequent decision-making around prescribing.

Annex 1 – List of Controlled Drugs (CDs) for independent prescribing by therapeutic radiographers

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