

# ACMD

## Advisory Council on the Misuse of Drugs

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5 September 2016

Dear Ministers,

### **Re: Allied Health Practitioners Independent Prescribing – therapeutic radiographers**

I am writing in response to representations to the Advisory Council on the Misuse of Drugs (ACMD) from NHS England in relation to the prescribing of a limited number of controlled drugs (CDs) by therapeutic radiographers.

Whilst the ACMD is generally supportive of the proposals, we have several concerns which we recommend the Department of Health and NHS England to consider and address prior to and during the implementation of these changes.

### **ACMD's specific concerns with the proposal**

- The ACMD has reservations around the prescribing of transdermal fentanyl by therapeutic radiographers. This is because transdermal fentanyl is a powerful opiate analgesic with a delayed onset. The proposal does not appear to take its potency into consideration at this stage. Generally transdermal fentanyl should not be used for short-term use. The Summary of Product Characteristics for fentanyl states that it is not for the treatment of acute pain. We question whether this particular formulation of this opioid is suitable for use by therapeutic radiographers.
- 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.
- 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.
- The ACMD's view is that effectiveness of the monitoring mechanism is undermined in the last sentence of the section by the "expectation", rather than the compulsory requirement of the radiographer to link with their Controlled Drugs Accountable Officer (CDAO).
- The ACMD would seek assurances from the Department of Health in relation to provisions of safe use of the more potent opioids by therapeutic radiographers and outline safeguards that would be implemented to ensure that patients will not be put at risk by this extension of prescribing provisions.
- The ACMD would also like to see the continuation of measures to ensure that therapeutic radiographer prescribers do not prescribe outside their competence and assurance that a framework is in place to identify atypical patterns of prescribing that may indicate this is occurring. This is similar to the ACMD advice for physiotherapists and chiropodists (in February 2013).
- The ACMD would also wish to highlight its concerns around the 'single practitioners' (i.e. where no medical doctor is present on site) NHS or otherwise and how these practitioners would address potential adverse reactions in patients following administration of any medications on the limited list. The issue around patient allergy to certain medications should be well documented to minimise adverse reactions.

## Recommendations

The ACMD make the following recommendations to the Department of Health:

1. That the Department of Health provide assurances to the ACMD that its concerns have been considered before the proposal is implemented.
2. That in supporting patients with chronic pain conditions in both a primary care and substance misuse clinic settings the proposed extension should:
  - continue to require that decisions in respect of prescribing, initiation, dose change and dose escalation should be taken carefully, in the context of a multidisciplinary approach; and,
  - require a strong audit trail of evidence of patient need and patient benefit versus risk.
3. That free-flow information sharing is maintained throughout the prescribing process and that this remains pivotal. This is to address adverse drug reactions, (ADR), potential diversion and abuse of controlled drugs and flag any malpractice.

This recommendation is similar to the previous ACMD advice on independent physiotherapists and chiropractors prescribing.

4. That monitoring of the therapeutic radiographers prescribing should automatically become the responsibility of their CDAO and that this is not discretionary.
5. A detailed 3-year review of the provisions is carried out from the date of implementation for therapeutic radiographers, and in the interim, to implement key lessons from the physiotherapists and chiropractors/podiatrists evaluation, which we understand is due in autumn 2016.

Yours sincerely,



**Professor Les Iversen**

CC: Rt Hon. Amber Rudd MP (Home Secretary)  
Rt Hon. Jeremy Hunt MP (Secretary of State for Health)

**Annex 1 – Proposed list of Controlled Drugs (CDs) for independent prescribing by therapeutic radiographers**

<b><u>Controlled Drug</u></b>	<b><u>Schedule (MDR)</u></b>	<b><u>Route</u></b>
1 Tramadol	3	Oral
2 Lorazepam	4	Oral
3 Diazepam	4	Oral
4 Fentanyl	2	Transdermal
5 Morphine	2 & 5	Oral & Injection
6 Oxycodone	2	Oral
7 Codeine	5	Oral