Prescribing of controlled drugs by therapeutic radiographers

On 19 January 2017, after consideration of the proposals for therapeutic radiographers to prescribe certain controlled drugs, the ACMD set out three additional concerns as set out in bold below.

We thank the ACMD for their consideration and our response sets out how the concerns identified are already being addressed through, amongst other things, formal training programmes, continuing professional development, personal professional responsibility and workplace processes.

In relation to the ACMD's recommendation 2[i]: 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 controlled drugs are administered from the restricted list, the 6 week duration would be long enough for problems to develop, e.g. dependence.

The Outline Curriculum Framework[ii] for education programmes to prepare for independent prescribing lists the competencies which a non-medical prescriber must demonstrate. These are grouped under a number of theme headings, such as public health, knowledge of medicines etc. so that each issue of prescribing e.g. controlled drugs (CDs) is considered fully. The issue may be included under several themes to ensure the different competencies needed in each case are developed adequately. All prescribing preparation courses must structure their programme content around this framework; the Health and Care Professions Council (HCPC) only accredits courses which adequately include all aspects of this curriculum.

Use of the British National Formulary (BNF) and other medicines-related information when making prescribing decisions is included in the Outline Curriculum Framework. Students are advised by course tutors to use all sections of the BNF to inform their decision-making, such as the section entitled 'prescribing drugs likely to cause dependence or misuse'.

Non-medical prescribers receive training about the dependence and misuse potential of controlled drugs both in the non-medical prescribing preparation programme and as

continuing professional development (CPD); for example the Outline Curriculum Framework, which defines the compulsory elements of prescribing education programmes states in competence 4.7 'appreciates the potential for misuse of medicines' and competence 4.5 expects that learners will 'understand the national frameworks for medicines use' such as NG46- Controlled Drugs: Safe use and Management which provides guidance for all prescribers.

The Outline Curriculum Framework expects students to develop a personal formulary of the medicines they intend to prescribe in their current role. This document includes the rationale and considerations for the prescribing of each medicine. Employing organisations expect the non-medical prescriber to continue to maintain this document and produce it on request. Controlled drugs the professional intends to consider prescribing, including benzodiazepines, must be included on the personal formulary and be within the prescriber's scope of practice. Non-medical prescribers are strongly advised by the universities, the Competency Framework for all Prescribers[iii], and the Practice Guidance for Radiographer Prescribing[iv] to only prescribe within scope of competence. This will include an adequate level of knowledge of the medicine to be prescribed including relevant considerations.

In relation to the response to ACMD's recommendation 3[v], 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.

Non-medical prescribers receive training on the management of the symptoms experienced by patients in the event of an adverse drug reaction in addition to detection and reporting. They are expected to demonstrate an in depth knowledge of the medicines they intend to prescribe- to the university at which they study prescribing, to the Designated Medical Practitioner who will be assessing them and to their employing organisation on an ongoing basis during their prescribing career. For example, competence 4.2 in the Outline Curriculum Framework states '…understands the potential for adverse effects and how to avoid/minimise, recognise and manage them' and competence 4.1 states '…only prescribes a medicine with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects'.

The curriculum covers:

- the detection of adverse drug reactions (ADRs) and interactions between medicines including controlled drugs,
- the management of the patient's symptoms, which may include anaphylaxis, and
- prescribing practice to avoid ADRs and drug interactions such as careful scrutiny of past medical history, including previous medicines, allergy status, and consideration of polypharmacy.

The public health issues section related to the prescribing of all medicines including controlled drugs expects that learners can detect and report ADRs and appreciate the potential for misuse of medicines including under- or overuse. Figures from Yellow Card Centre North West for 2015-16 showed 35 ADR reports from radiographers in that period – just 1% of the annual total.

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.

During non-medical prescribing courses, training in prescribing CDs includes prescribing during known dependence. There is also considerationof reports such as the Airedale Inquiry and the fourth report on the Shipman Inquiry on controlled drugs, which have influenced the mandatory introduction into organisations of standard operating procedures related to handling and prescribing of controlled drugs.

Therapeutic radiographers receive training on the misuse of medicines from a public health, legal and ethical and scope of practice aspect. They will be expected to prescribe as part of a multi-disciplinary team and if unsure about any part of the prescribing decision must be able to consult with colleagues including medical colleagues before prescribing, or make a decision not to prescribe, and refer the patient to a senior medical colleague. For example, one of the learning outcomes listed in the Outline Curriculum Framework expects that a non-medical prescriber '…understands when to prescribe, not to prescribe, referral for treatment including non-pharmaceutical treatment and discontinuation of medicines.'

Non-medical prescribing of CDs does not take place in isolation from that of other prescribers. Standard operating procedures exist in organisations related to all aspects of the handling of controlled drugs; prescribing where misuse or dependence is suspected is included in these. Likewise, the Outline Curriculum Framework expects that learners will understand the national frameworks for medicines including information from NICE such as NG46- Controlled Drugs: Safe use and Management[vi] which provides guidance for all prescribers.

As part of CPD and organisational governance arrangements, non-medical prescribers are advised to undertake additional learning, including e-learning. Some organisations insist on additional training, especially related to opioids, before the prescribing of these medicines e.g. MHRA's Opioid e-learning package[vii]. This package sets out considerations about ADRs, including management of the symptoms, the abuse potential of CDs and the detection of atypical symptoms which may be indicative of existing dependence. Completion of such additional learning should be recorded as part of the ongoing review of the personal formulary.

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[i] 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

[ii] http://www.ahpf.org.uk/files/Online%20Curriculum%20Framework.pdf

[iii] https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf

[iv] http://www.sor.org/sites/default/files/document-versions/prescribing_practice_guidance_final.pdf

[v] 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

[vi] https://www.nice.org.uk/guidance/NG46/chapter/Recommendations

[vii] http://www.mhra.gov.uk/opioids-learning-module/con143740