Proposals to extend medicines responsibilities for paramedics, physiotherapists, operating department practitioners and diagnostic radiographers

About you

In what capacity are you responding to this survey?

- An individual sharing my personal views and experiences
- An individual sharing my professional views
- On behalf of an organisation

~~**Questions for professionals**~~

~~Which of the following best describes you?~~

- ~~A registered healthcare professional~~
- ~~A manager or other member of staff working in the healthcare sector~~
- ~~Other, please specify~~

~~Where do you work?~~

- ~~England~~
- ~~Scotland~~
- ~~Wales~~
- ~~Northern Ireland~~

~~What is your role?~~

- ~~Paramedic~~
- ~~Physiotherapist~~
- ~~Operating department practitioner~~
- ~~Diagnostic radiographer~~
- ~~Doctor or medical practitioner~~
- ~~Pharmacist~~
- ~~Other, please specify~~

Questions for organisations

What is the name of your organisation?

The Pharmaceutical Society of Northern Ireland

What type of organisation are you responding on behalf of?

- Business
- Not for profit organisation
- Academic institution
- Public sector body
- Other, please specify- Regulator

Where does your organisation operate or provide services?

Select all that apply.

- England
- Wales
- Scotland
- Northern Ireland
- The whole of the UK
- Outside the UK

Which professions would you like to answer questions about?

Select all that apply.

- Paramedics
- Physiotherapists
- Operating department practitioners
- Diagnostic radiographers

Section 1: paramedics

The following questions are about enabling paramedics to administer 7 additional medicines to their patients under exemptions in schedule 17 of the HMRs.

To what extent do you agree or disagree with the proposal to enable paramedics to administer lorazepam (by injection) to their patients using exemptions?

- Strongly agree
- Agree
- Neither agree nor disagree

- Disagree
- Strongly disagree
- Don’t know

To what extent do you agree or disagree with the proposal to enable paramedics to administer midazolam (by injection) to their patients using exemptions?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know

To what extent do you agree or disagree with the proposal to enable paramedics to administer 3 forms of fentanyl (oral transmucosal, intranasal and intravenous) to their patients using exemptions?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know

To what extent do you agree or disagree with the proposal to enable paramedics to administer dexamethasone to their patients using exemptions?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know

To what extent do you agree or disagree with the proposal to enable paramedics to administer magnesium sulfate to their patients using exemptions?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree with the proposal to enable paramedics to administer tranexamic acid to their patients using exemptions?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree with the proposal to enable paramedics to administer flumazenil to their patients using exemptions?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you have any further views on this proposal, please outline them here. (Optional, maximum 150 words)

The Society recognises that paramedics frequently provide urgent and life-saving care in settings where timely access to medicines is critical. Enabling them to administer these medicines under exemptions supports effective patient care, provided this is underpinned by robust training, governance, and audit mechanisms. We emphasise the

importance of ensuring that paramedics' use of these medicines is consistent across the UK to support patient safety and minimise regional variation.

Paramedics are already qualified to use exemptions upon registration with HCPC. Paramedics using exemptions would be further supported by national guidance, local clinical governance arrangements and professional regulation, as detailed in the 'Training and governance for paramedics' section of this consultation document.

To what extent do you agree or disagree that the training and governance measures for paramedics are sufficient to keep patients safe?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you have any further views regarding training and governance for paramedics, please outline them here. (Optional, maximum 150 words)

The proposed training and governance measures appear proportionate; however, continuous monitoring, access to pharmacy expertise, and structured revalidation should be embedded. Collaboration with pharmacists in developing guidance and medicines optimisation strategies would strengthen safety and stewardship.

If you have any other comments regarding the medicines responsibilities of paramedics, please include them here. (Optional, maximum 150 words)

We support extending medicines responsibilities for paramedics where this enhances patient outcomes and enables rapid, evidence-based care. Paramedics often work in urgent or remote settings, and timely access to essential medicines can be life-saving. However, expanded responsibilities must be accompanied by robust clinical governance, medicines audit, and close collaboration with pharmacists and other healthcare professionals. We encourage structured engagement with pharmacy teams to ensure safe procurement, storage, and record-keeping, and to support effective medicines stewardship. Clear protocols, national consistency, and ongoing competency assessment will be vital to maintain patient safety and public confidence.

If you have any comments or evidence relating to the accompanying impact assessment, please include them here. (Optional, maximum 150 words)

Section 2: physiotherapist independent prescribers

The following questions are about enabling physiotherapist independent prescribers to prescribe 4 additional controlled drugs to their patients.

To what extent do you agree or disagree with the proposal to enable physiotherapist independent prescribers to prescribe codeine phosphate (by oral administration) to their patients?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree with the proposal to enable physiotherapist independent prescribers to prescribe tramadol hydrochloride (by oral administration) to their patients?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree with the proposal to enable physiotherapist independent prescribers to prescribe pregabalin (by oral administration) to their patients?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

To what extent do you agree or disagree with the proposal to enable physiotherapist independent prescribers to prescribe gabapentin (by oral administration) to their patients?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you have any further views on this proposal, please outline them here. (Optional, maximum 150 words)

The Society supports appropriate extension of prescribing rights where demonstrably linked to patient benefit. For controlled drugs with recognised misuse potential (e.g. pregabalin and gabapentin), governance must be especially robust, with shared learning from community pharmacy's experience of managing misuse and diversion. Mechanisms to ensure safe prescribing, regular review, and close collaboration with pharmacists are essential.

Physiotherapist independent prescribers must successfully complete a HCPC-approved prescribing programme and receive an annotation on the HCPC register before being able to prescribe. Physiotherapists are further supported by national guidance, local clinical governance arrangements and professional regulation, as detailed in the 'Training and governance for physiotherapists' section of this consultation document.

To what extent do you agree or disagree that the training and governance measures for physiotherapist independent prescribers are sufficient to keep patients safe?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you have any further views regarding training and governance for physiotherapist independent prescribers, please outline them here. (Optional, maximum 150 words)

Governance frameworks must place strong emphasis on safe prescribing of dependence-forming medicines. We recommend embedding pharmacovigilance training, shared care protocols, and prescribing data review to mitigate risks.

If you have any other comments regarding the medicines responsibilities of physiotherapist independent prescribers, please include them here. (Optional, maximum 150 words)

We support appropriate extension of prescribing rights to physiotherapist independent prescribers where this contributes to improved patient access and continuity of care. The Society emphasises that medicines responsibilities carry significant professional accountability, particularly when prescribing dependence-forming or controlled drugs. Physiotherapists should be supported by clear governance structures, shared care protocols, and access to pharmacist expertise to optimise medicines use and minimise risk of misuse or duplication. Close interprofessional collaboration, continuing education in therapeutics, and audit of prescribing practice are essential to uphold safety, quality, and effective medicines stewardship.

If you have any comments or evidence relating to the accompanying impact assessment, please include them here. (Optional, maximum 150 words)

Section 3: operating department practitioners (ODPs)

The following questions are about enabling ODPs to use PGDs to supply and administer medicines to their patients.

To what extent do you agree or disagree with the proposal to enable ODPs to supply and administer medicines using PGDs?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know

If you have any further views on this proposal, please outline them here. (Optional, maximum 150 words)

The Society recognises the structured and locally governed nature of PGDs. Expanding their use to ODPs, supported by training and local governance, has potential to streamline perioperative care. Pharmacy input into PGD development remains essential to maintain consistency, legal compliance, and patient safety.

PGDs are locally written and locally governed, and it is for the relevant organisation to agree appropriateness for the use of PGDs within a clinical service. ODPs wishing to use this mechanism would receive specific training on the use of PGDs, and be further supported by national guidance, local clinical governance arrangements and professional regulation, as detailed in the 'Training and governance for ODPs' section of this consultation document.

To what extent do you agree or disagree that the training and governance measures for ODPs are sufficient to keep patients safe?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you have any further views regarding training and governance for ODPs, please outline them here. (Optional, maximum 150 words)

Governance is key: ODPs should only use PGDs within carefully defined service frameworks, with regular audit and oversight.

If you have any other comments regarding the medicines responsibilities of ODPs, please include them here. (Optional, maximum 150 words)

We recognise the valuable contribution of ODPs to patient safety and efficiency in perioperative care. Enabling ODPs to supply and administer medicines under PGDs can enhance service delivery when supported by strong local governance, pharmacist involvement in PGD development, and adherence to clear clinical boundaries. Medicines responsibilities must always be underpinned by robust governance, audit, and ongoing competency assessment. The Society emphasises that pharmacy input into PGD design and review is essential to maintain compliance, consistency, and patient safety.

If you have any comments or evidence relating to the accompanying impact assessment, please include them here. (Optional, maximum 150 words)

Section 4: diagnostic radiographers

The following questions are about enabling diagnostic radiographers working at an enhanced, advanced or consultant (EAC) level of practice, with sufficient experience

and completion of an HCPC-approved post-registration independent prescribing programme, to train as independent prescribers.

To what extent do you agree or disagree with the proposal to enable EAC diagnostic radiographers to train as independent prescribers?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

If you have any further views on this proposal, please outline them here. (Optional, maximum 150 words)

The Society supports extending prescribing to radiographers working at advanced levels, where it enhances patient pathways. Strong safeguards should ensure only appropriately experienced practitioners undertake training. Pharmacy collaboration in prescribing governance would add value.

EAC diagnostic radiographers would need to complete a HCPC-approved training course and receive an HCPC annotation on their registration before being able to independently prescribe. In line with other professions that are able to train as independent prescribers, diagnostic radiographer entrants to the training programme would need to meet specific requirements, including demonstrating that they have sufficient experience, and are working at an enhanced, advanced or consultant level of practice. EAC diagnostic radiographers would be further supported by national guidance, local clinical governance arrangements and professional regulation, as detailed in the 'Training and governance for diagnostic radiographers' section of this consultation document.

To what extent do you agree or disagree that the training and governance measures for EAC diagnostic radiographers are sufficient to keep patients safe?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

- Don’t know

If you have any further views regarding training and governance for EAC diagnostic radiographers, please outline them here. (Optional, maximum 150 words)

Governance must ensure prescribing is restricted to clear areas of competence and that radiographers access ongoing CPD in pharmacology and medicines optimisation.

If you have any other comments regarding the medicines responsibilities of EAC diagnostic radiographers, please include them here. (Optional, maximum 150 words)

We support the proposal for suitably experienced diagnostic radiographers to undertake independent prescribing responsibilities, provided strong governance and defined scope of practice are maintained. Medicines responsibilities should be exercised within clear clinical frameworks, supported by pharmacist collaboration in protocol development, formulary management, and post-prescribing review. As prescribing extends into radiography practice, it is essential to ensure robust pharmacology education, audit, and continuous professional development. Medicines optimisation and patient safety must remain central to all prescribing activity.

If you have any comments or evidence relating to the accompanying impact assessment, please include them here. (Optional, maximum 150 words)

Section 5: legal considerations

The following questions are regarding our assessment of the Secretary of State’s statutory duties in relation to our proposal.

Do you agree or disagree with our initial conclusions about the impact that the proposals will have in terms of the statutory duties of the Secretary of State?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don’t know

If you have any further views regarding the statutory duties of the Secretary of State, please outline them here. (Optional, maximum 150 words)

The Society considers that equality, safety, and system sustainability have been appropriately assessed. However, continued engagement with devolved regulators and

health systems will be required to ensure consistent implementation across the UK, particularly in Northern Ireland.

We recommend that mechanisms such as local **PGD and Prescribing Committees** play a central role in ensuring alignment and accountability across all healthcare professions involved in medicines use. These committees should operate with clear governance frameworks and consistent representation from pharmacy professionals. Pharmacists provide essential expertise in therapeutics, governance, and medicines optimisation; their structured inclusion on such committees ensures coherence across professional boundaries and supports safe, effective practice. However, care should be taken to coordinate these responsibilities efficiently so that pharmacists are not required to attend multiple overlapping governance meetings. A single, well-governed multidisciplinary forum for medicines decisions would promote shared accountability, reduce duplication, and strengthen system-wide assurance of safe medicines practice.