



Response to Medicines Scoping Project

December 2015

Summary response:

About IPEM members:

IPEM members are medical physicists, clinical and biomedical engineers, and technologists (sometimes also known as healthcare science practitioners). They work in imaging and therapy services alongside doctors, radiotherapists and nurses. Their specialist areas of work involve radiation safety, radiotherapy, ultrasound and non-ionising radiation, magnetic resonance imaging, diagnostic radiology, nuclear medicine, rehabilitation and biomechanics, clinical engineering, bioengineering, physiological measurement and informatics and computing.

With these areas of expertise, our members are very much involved with patient safety and quality of care, as well as scientific development: finding ways to improve the diagnosis and treatment of disease, and finding engineering solutions both inside the body and outside, with the equipment used to monitor patients and deliver treatments.

Registration:

On completion of training, physicists and engineers who work in healthcare (rather than in universities or industry) are registered with the Health and Care Professions Council (HCPC) as Clinical Scientists.

Technologists who work with the physicists and engineers may be registered with the voluntary, PSA-accredited Register of Clinical Technologists (which has 3,800 registrants, although the technologist workforce is much larger than this, though unquantified). Alternatively they may be on the smaller PSA-accredited Academy for Healthcare Science register as a practitioner.

Views on prescribing and supply of medicines:

We have consulted with our scientific Special Interest Groups through our Science, Research and Innovation Council, chaired by Dr Elly Castellano, and their responses can be summarised as follows:

- There is interest from healthcare scientists in medical physics and clinical engineering in the potential for prescribing and supply of medicines by these professionals.

- They see benefits to patients in speeding up care and improving patients' experience during their time in imaging and treatment departments (domain 4 of NHS Priorities – Ensuring people have a positive experience of care; and domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm.)
- Clinical scientists see a clear role for nuclear medicine technologists, who are often more directly involved with the patient undergoing scans involving sealed and unsealed nuclear radioactive sources, to be able to supply medicines to them.
- However, technologists/healthcare science practitioners are not currently statutorily registered, which is a related issue that may need to be addressed in parallel; as is the close working with radiographers, who are statutorily registered and so have opportunities that technologists lack.
- Healthcare science technologists in nuclear medicine work closely with ARSAC licence holders (medical doctors licenced by the Administration of Radioactive Substances Advisory Committee), who already authorise protocols for their staff: this needs to be taken into account in considering the need for prescribing/supply mechanisms in this area of practice.
- Current practice varies from place to place and relies on individual authorisations: a more structured system based on recognised training and competency might be safer and more transparent and enable the more efficient movement of staff between posts without the loss of authorisation to use skills and competencies acquired and authorised in a previous post.

Rosemary Cook, Chief Executive Officer, IPEM

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