



27th October 2025

BSIR Nurses and Radiographers Specialist Interest Committee Response to “Proposals to extend medicines responsibilities for paramedics, physiotherapists, operating department practitioners and diagnostic radiographers”.

We welcome the opportunity to respond to the consultation on prescribing rights for radiographers and to contribute to the ongoing discussions about role developments and advancing practice within radiographic professions. As a professional committee representing specialist radiographers and nurses working in interventional radiology (IR), we recognise the importance of safe, effective, and timely administration of medicines within multidisciplinary clinical pathways. Our members work closely with a range of healthcare professionals and are well positioned to comment on the proposed changes

As the British Society of Interventional Radiology (BSIR) Nurses and Radiographers Specialist Interest Committee we feel compelled to raise a significant and longstanding concern: the consistent omission or marginalisation of interventional radiology (IR) within national conversations and documentation that focus on radiographic practice.

General Position

The BSIR Nurses and Radiographers Committee supports, in principle, the extension of medicines responsibilities where this enhances patient safety, service efficiency, and professional autonomy – provided that:

- Adequate education, training, and governance structures are in place.
- The scope of practice is clearly defined and consistent with existing regulatory frameworks.
- Implementation is underpinned by robust clinical governance, audit, and professional accountability mechanisms.

We acknowledge the evolving landscape of healthcare delivery and the increasing need for flexible, multidisciplinary approaches to medicines management.

The need for specific recognition of IR in prescribing frameworks

The inclusion of prescribing rights for radiographers **should explicitly account for the unique and evolving role of interventional radiographers**. IR cannot continue to be grouped solely under the banner of ‘diagnostic radiography’ doing so ignores the high acuity, therapeutic and multidisciplinary nature of this subspeciality.

We therefore recommend:





- Explicit reference to interventional radiology radiographers in all prescribing policy developments
- Inclusion of IR specific case studies, scope and pathways when developing frameworks and competencies.
- Recognition of the need for bespoke training pathways in prescribing for IR radiographers distinct from diagnostic pathways.

Consultation Questions Responses

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

Strongly agree

The BSIR Nurses and Radiographers Specialist Interest Committee strongly supports enabling enhanced, advanced, and consultant diagnostic radiographers to become independent prescribers. This development aligns with the evolving scope of advanced practice and will improve patient access to timely, safe, and effective care. Within interventional and diagnostic imaging, radiographers frequently assess patients, plan care, and manage medications such as contrast agents, analgesics, and emergency drugs. Independent prescribing rights would reduce delays, enhance service efficiency, and strengthen multidisciplinary pathways. The proposal also supports professional growth, autonomy, and workforce sustainability while maintaining patient safety through appropriate education and regulation.

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

Agree

We agree that the proposed training and governance measures are robust and aligned with established frameworks for other non-medical prescribers. Completion of an HCPC-approved independent prescribing course and annotation on the HCPC register provide appropriate regulatory oversight. However, we recommend continued collaboration with the Society and College of Radiographers (SCoR) and Higher Education Institutions to ensure consistency, clinical relevance, and inclusion of imaging-specific pharmacology and interventional practice examples. Local clinical governance should include ongoing competency review, audit, and multidisciplinary supervision, particularly during the early adoption phase. Clear professional guidance will be key to supporting safe, confident, and accountable prescribing practice.





Other comments regarding the medicine's responsibilities of EAC diagnostic radiographers:

Extending medicines responsibilities is a natural progression of radiographers' advanced practice roles and reflects current clinical realities in interventional and diagnostic radiology. Many radiographers already act as autonomous practitioners, performing patient assessment and leading image-guided procedures. The ability to prescribe independently would streamline patient journeys, improve safety through timely intervention, and reduce reliance on medical prescribers for routine medicines. This change supports the NHS Long Term Workforce Plan and promotes interprofessional collaboration. We also recommend future review of how these responsibilities interface with those of therapeutic radiographers and IR advanced practitioners to ensure consistency across imaging specialties.

Comments or evidence relating to the accompanying impact assessment :

We agree with the impact assessment's conclusion that extending prescribing rights will deliver positive outcomes for patients, services, and professionals. In interventional radiology settings, delays in medicine administration can increase procedure time and patient discomfort. Empowering qualified radiographers to prescribe would enhance workflow efficiency, reduce waiting times, and support optimal use of medical staff time. Implementation costs (training and governance) will be offset by productivity gains and reduced duplication of clinical tasks. Evidence from non-medical prescribing among nurses and allied health professionals supports the safety and effectiveness of this approach when embedded within clear governance frameworks.

Section 5: Legal Considerations

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?

Agree

The Committee agrees that the proposals are consistent with the Secretary of State's statutory duties regarding patient safety, health improvement, and workforce efficiency. Extending prescribing rights to EAC diagnostic radiographers aligns with the principles of equality, access, and modernisation of care. The legislative framework already accommodates similar responsibilities for other allied health professionals, ensuring a sound legal precedent. With appropriate oversight from the HCPC and adherence to established governance processes, this policy will strengthen safe, patient-centred care and uphold public protection. We recommend ensuring legislative clarity to support cross-sector consistency across UK nations.

