To: Interested Organisations

020 7084 2642
020 7084 2121
anne.thyer@mhra.gsi.gov.uk

Our reference: MLX 305
Date: 10 May 2004

Dear Sir/Madam

PROPOSALS FOR SUPPLEMENTARY PRESCRIBING BY CHIROPODISTS, PHYSIOTHERAPISTS, RADIOGRAPHERS AND OPTOMETRISTS AND PROPOSED AMENDMENTS TO THE PRESCRIPTION ONLY MEDICINES (HUMAN USE) ORDER 1997

INTRODUCTION
1. We are writing to consult you, in accordance with section 129(6) of the Medicines Act 1968, on proposals to amend the Prescription Only Medicines (Human Use) Order 1997 (the POM Order) so as to extend the existing legislation in respect of supplementary prescribing to Chiropodists (Podiatrists), Physiotherapists, Radiographers and Optometrists. This would be achieved by amendments to the POM Order, the Medicines (Child Safety) Regulations 2003 and the Medicines (Sale or Supply)(Miscellaneous Provisions) Regulations 1980. This consultation abides by the six consultation criteria as set out in the revised Code of Practice on Consultation published by the Cabinet Office (www.cabinet-office.gov.uk/regulation/Consultation/Code.htm).

2. In addition to changes to UK medicines legislation, in order to allow the proposed additional Supplementary Prescribers in the NHS in England to prescribe medicines, it is also proposed to amend relevant NHS Regulations.

Application to the NHS in Wales, Scotland and Northern Ireland
3. This consultation letter has been produced jointly by the Medicines and Healthcare products Regulatory Agency (MHRA) and the Department of Health. The proposed changes to the POM Order would apply throughout the United Kingdom. However, the extent to which Supplementary Prescribing is adopted within the NHS in devolved administrations is a matter for each of the separate administrations. Any references to accompanying guidance in this letter therefore refers to England only. This consultation is being made available in Wales, Scotland and Northern Ireland,
and also proposes changes to the relevant NHS Regulations for those administrations.

**Application outside the NHS in England, Wales, Scotland and Northern Ireland**

4. The proposed changes to the POM Order would also apply to organisations providing healthcare outside the national health service, anywhere in the UK. Supplementary Prescribing arrangements introduced by such organisations would have to comply with the legislative requirements and they should also consider developing accompanying guidance.

**BACKGROUND**

5. In April 2003, following a public consultation and after advice from the Committee on Safety of Medicine (CSM) and the Medicines Commission, Ministers agreed the implementation of Supplementary Prescribing. Currently only registered nurses, registered midwives and pharmacists may act as supplementary prescribers. A summary of supplementary prescribing arrangements is at [Annex A](#) and further details are available from the Department of Health’s website. In brief, following diagnosis by a doctor or dentist (the independent prescriber), supplementary prescribers are able to prescribe Prescription Only Medicines (POMs), Pharmacy (P) medicines and General Sale List (GSL) medicines as part of a Clinical Management Plan (CMP) agreed with the independent prescriber for an individual patient. (Controlled drugs are currently excluded from these arrangements.) Supplementary Prescribers are required to successfully complete a period of training and to have their name annotated to that effect on their professional register before they are eligible to practice as supplementary prescribers.

6. The concept of a supplementary prescriber (then called a “dependent” prescriber) was one of the recommendations of the report on the Review of Prescribing, Supply and Administration of Medicines. That report did not place any restrictions on the range of healthcare professional that could become a supplementary prescriber. Ministers decided that supplementary prescribing would be introduced initially for nurses and pharmacists, and have subsequently agreed that an extension to other healthcare professions would follow. These proposals start that programme of professional development in the interests of providing improved services to patients.

7. Chiropodists, Physiotherapists and Radiographers are members of the Allied Health Professions and have been regulated by the Health Professions Council (HPC) since July 2003. HPC is the independent statutory regulatory body, which replaced the Council for Professions Supplementary to Medicine (CPSM), as part of modernising regulation. AHPs are developing existing and new roles working collaboratively in teams across traditional professional and organisational boundaries. Chiropodists,
Physiotherapists and Radiographers are established professions who were first registered with the CPSM in the 1960s. They have developed extended and Clinical Specialist roles which have improved the quality of care and have improved access to services for patients. In radiography, physiotherapy and podiatry, improved access to specialist intervention leads to an improved outcome for patients. There are a number of initiatives underway in the NHS to introduce new working practices which are compatible with patient safety. In primary care, AHPs are working in teams with GPs, nurses and other professionals to provide quick and effective care for patients which in turn have demonstrated a reduction in referral rates to some specialties in secondary care. Supplementary prescribing provides an effective mechanism to further develop initiatives to improve patient care within formal legislative boundaries.

8. The Department of Health is leading a multi-disciplinary group which will produce an outline curriculum for those members of the Allied Health Professions (AHPs) - physiotherapists, chiropodists and radiographers - who will train as supplementary prescribers. Work is well underway, and should be completed in Summer 2004. The Outline Curriculum will be considered formally by the Health Professions Council, and agreed against its standards for post-graduate training. The outline curriculum framework is likely to be similar to that for nurses and pharmacists.

9. Optometrists, historically known as ophthalmic opticians, are also a well-established trained profession and have been regulated by the General Optical Council (GOC) since 1958. The GOC is the independent statutory regulatory body, which holds a register of all optometrists able to practice in the United Kingdom. Optometrists examine eyes for defects in eyesight, give advice on visual problems and prescribe and fit glasses or contact lenses. They also recommend other treatments or visual aids where appropriate and recognise eye disease, referring such cases as necessary. Optometrists have been heavily involved in the work of the National Eye Care Services Steering Group which has been developing proposals for the modernisation of NHS eye care services, maintaining and developing an integrated, patient-centred service and improving access, choice, waiting times and quality for all sectors of the community. The group have developed model care pathways for glaucoma, age related macular degeneration and low vision as well as for cataracts. Prescribing responsibilities support developments in the role of optometrists envisaged by the model care pathways, which see potential for a greater role for optometrists in primary care. Legislation is currently being prepared to allow optometrists providing General Ophthalmic Services to refer patients directly to hospitals rather than through GPs, as is now required.

10. Training to become a registered ophthalmic optician is by means of study at university for at least three years and participation in a full year of training and supervision, called the pre-registration year, with the College of Optometrists. The General Optical Council (GOC) is currently leading for the profession on the preparation of an outline curriculum for prescribing courses. The GOC has been working with the National Prescribing Centre to establish the necessary competencies for prescribing. The GOC will then put together an outline curriculum to be used by educational providers in preparing the necessary additional courses in therapeutics. It is hoped that the GOC would be able to introduce Rules and a specialist list later this
year. In Scotland, Ministers have announced a review of eyecare services in the community which may impact on the future role of optometrists in Scotland.

11. A number of health professionals including Chiropodists, Physiotherapists, Radiographers and Optometrists are already able to sell, supply or administer medicines under Patient Group Directions, as named individuals. The DH/MHRA has always made it clear that the majority of clinical care should be provided on an individual, patient-specific basis. Consequently the supply and administration of medicines under Patient Group Directions should be reserved for those situations where this offers an advantage for patient care, without compromising patient safety, and where it is consistent with appropriate professional relationships and accountability. The proposal to expand Supplementary Prescribing is therefore separate and distinct from the supply or administration of medicines under a Patient Group Direction.

12. Under existing exemptions contained in medicines legislation, Chiropodists are able to sell, supply or administer specific medicines as part of their professional practice. Provided it is in the course of their professional practice and in an emergency, registered optometrists may sell or supply a range of medicinal products to a patient. These products may also be sold or supplied by a person lawfully conducting a retail pharmacy business on the presentation of an order signed by a registered ophthalmic optician. These exemptions will continue to exist alongside the current proposal to expand Supplementary Prescribing. (For information, the MHRA intends to consult later this year on proposals to review the current exemptions for optometrists.)

PROPOSALS
13. All four professions are therefore experienced in the supply and administration of medicines and are well placed to extend their professional responsibilities into prescribing under Supplementary Prescribing arrangements. It is therefore proposed to amend the POM Order to enable Chiropodists, Physiotherapists Radiographers and Optometrists to become Supplementary Prescribers. As with existing nurse and pharmacist supplementary prescribers, they would have to successfully complete an approved course of training and have their name annotated to that effect on their professional register before they would be eligible to practice as supplementary prescribers. We would welcome views on the proposal to expand Supplementary Prescribing.

14. In December 2003, the MHRA/DH issued a consultation proposing that Supplementary Prescribers should be able to prescribe, order or administer an unlicensed medicinal product provided that such prescribing forms part of the formal Clinical Management Plan for an individual patient, as agreed with the independent prescriber. The closing date for that consultation was the 31 March 2004. The CSM has not yet had an opportunity to consider the results of that consultation and formulate its advice to Ministers. While not pre-empting in any way the final decisions taken by CSM or Ministers, we would welcome views on the possible

---

4 MLX298 - Supplementary Prescribing: Use Of Unlicensed Medicines, Reformulation Of Licensed Products and Preparations Made From Active Pharmaceutical Ingredients and Excipients – www.mhra.gov.uk
prescribing of unlicensed medicinal products under Supplementary Prescribing arrangements by Chiropodists, Physiotherapists, Radiographers and Optometrists, should they become Supplementary Prescribers.

COMPLIANCE WITH OTHER RELEVANT LEGISLATION
15. The sale and supply of medicines under Supplementary Prescribing would have to comply with all other relevant legislative requirements relating to the supply of medicines.

GUIDANCE
16. The DH has produced guidance, as an adjunct to the law, on the implementation of Supplementary Prescribing in the NHS in England. Similar guidance was made available to the health service in Wales, Scotland and NI. The independent healthcare sector has also had access to this guidance to encourage consistency of approach. Chiropodists, Physiotherapists, Radiographers and Optometrists would be required to act in accordance with this guidance, as do existing nurse and pharmacist Supplementary Prescribers.

REGULATORY IMPACT
17. A draft regulatory impact assessment is at Annex B. We would welcome comments on this assessment.

COMMENTS ON PROPOSALS
18. You are invited to comment on:
   • the proposed amendments to relevant NHS Regulations, in order to allow the proposed additional Supplementary Prescribers working in the NHS to prescribe medicines (paragraphs 2 and 3)
   • the proposed changes to medicines legislation to enable Chiropodists, Physiotherapists, Radiographers and Optometrists to become Supplementary Prescribers (paragraphs 7 to 13)
   • the possibility of prescribing unlicensed medicinal products under Supplementary Prescribing arrangements by Chiropodists, Physiotherapists, Radiographers and Optometrists (paragraph 14)
   • the draft regulatory impact assessment (paragraph 17 and Annex B)

CIRCULATION OF PROPOSALS
19. This consultation letter is being sent in hard copy to those organisations listed. Copies are also available from our website - www.mhra.gov.uk – and replies are welcome from all interested parties. A form is attached for your reply. Comments should be addressed to Mrs Anne Ryan, MHRA, Market Towers, 1, Nine Elms Lane, London SW8 5NQ (or e-mail anne.ryan@mhra.gsi.gov.uk) to arrive no later than 9 August 2004. Comments received after that date will not be taken into account.

20. The Committee on Safety of Medicines will be asked to consider the proposals in the light of comments received and their advice will be conveyed to Ministers. The
The proposal is that the statutory instruments necessary to effect the changes would be made in early 2005. Once made and published, statutory instruments are available from the Stationary Office and may also be viewed on their website http://www.hmso.gov.uk

MAKING COPIES OF THE REPLIES AVAILABLE TO THE PUBLIC

21. To help informed debate on the issues raised by this consultation, and within the terms of the Code of Practice on Access to Government Information, the Agency intends to make publicly available copies of comments that it receives. Copies will be made available as soon as possible after the public consultation has ended. It will be assumed that your comments can be made publicly available in this way, unless you indicate that you wish all or part of them to be treated as confidential and excluded from this arrangement.

22. The Agency’s Information Centre at Market Towers will supply copies on request. An administrative charge, to cover the cost of photocopying and postage, may be applied. Alternatively, personal callers can inspect replies at the Information Centre by prior appointment (telephone 020-7084 2351).

Yours faithfully

Anne Thyer  Paul Robinson
Executive Support  Medicines, Pharmacy & Industry Group
MHRA  Department of Health
SUPPLEMENTARY PRESCRIBING

Background
1. Supplementary Prescribing (SP), then referred to as “dependent” prescribing, was one of the recommendations made in the report on the Review of Prescribing, Supply and Administration of Medicines. Following public consultation and advice from the Committee on Safety of Medicines, Ministers announced the implementation of SP and it came into effect on 4 April 2003. The legal requirements for SP are set out in the Prescription Only Medicines (Human Use) Order 1997.

What is SP?
2. SP is a voluntary partnership between the independent prescriber (IP-er) and a supplementary prescriber (SP-er), to implement an agreed patient-specific clinical management plan with the patient’s agreement.

Who are SP-ers?
3. Currently nurses and pharmacists. The legal definition of a SP-er is:

   (a) a first level registered nurse or registered midwife, or
   (b) a registered pharmacist,

against whose name is recorded in the relevant register an annotation signifying that he is qualified to order drugs, medicines and appliances as a supplementary prescriber.

Key principles
4. There are a number of key principles that underpin SP. These principles emphasise the importance of communication between the prescribing partners, and the need for access to shared patient records. It is also essential that the patient is treated as a partner in their care and is involved at all stages in decision making, including whether part of their care is delivered via SP. SP-ers should not enter into a prescribing partnership that entails them prescribing any medicine that they do not feel competent to prescribe.

Scope of SP
5. There are no legal restrictions on the clinical conditions which SP-ers may treat. As SP requires a prescribing partnership and a Clinical Management Plan for the patient before it can begin, it is likely to be most useful in dealing with long-term medical conditions or with long-term health needs. However, it will be for the IP-er with the SP-er to decide, in drawing up the Clinical Management Plan, when SP will be appropriate. Unlike independent nurse prescribing, there is no specific formulary or list of medicines for SP. In the NHS, provided medicines are prescribable by the IP-er at NHS expense, and they are referred to in the patient’s Clinical Management Plan, SP-ers are able to prescribe, at NHS expense:
   - All General Sales List (GSL) medicines, Pharmacy (P) medicines, appliances and devices, foods and other borderline substances approved by the Advisory Committee on Borderline Substances
• All Prescription Only Medicines with the current exception of Controlled Drugs (see below)
• Medicines for use outside of their licensed indications (i.e. ‘off label’ prescribing), ‘black triangle’ drugs, and drugs marked ‘less suitable for prescribing’ in the BNF
• Unlicensed drugs that are part of a clinical trial which has a clinical trial certificate or exemption

Legal requirements
6. The criteria that are currently set in regulations for lawful SP are:-
   • the IP-er must be a doctor (or dentist)
   • the SP-er must be a Registered Nurse, Registered Midwife or a registered pharmacist
   • there must be a written Clinical Management Plan relating to a named patient and to that patient’s specific conditions. Agreement to the plan must be recorded by both the IP-er and the SP-er before SP begins
   • the IP-er and the SP-er must share access to, consult and use the same common patient record.

7. The particulars set out in regulations for Clinical Management Plans are that such plans shall contain:
   (a) the name of the patient to whom the plan relates;
   (b) the illnesses or conditions which may be treated by the supplementary prescriber;
   (c) the date on which the plan is to take effect and when it is to be reviewed by the doctor or dentist who is a party to the plan;
   (d) reference to the class or description of medicinal product which may be prescribed or administered under the plan;
   (e) any restrictions or limitations as to the strength or dose of any product which may be prescribed or administered under the plan, and any period of administration or use of any medicinal product which may be prescribed or administered under the plan;
   (f) relevant warnings about the known sensitivities of the patient to, or known difficulties of the patient with, particular medicinal products;
   (g) the arrangements for notification of—
      (i) suspected or known adverse reactions to any medicinal product which may be prescribed or administered under the plan, and
      (ii) suspected or known adverse reactions to any other medicinal product taken at the same time as any medicinal product prescribed or administered under the plan; and
   (h) the circumstances in which the supplementary prescriber should refer to, or seek the advice of, the doctor or dentist who is a party to the plan.

Current legal restrictions
8. Under current regulations SP arrangements cannot include any
   • controlled drugs [NB: Subject to Parliamentary approval to changes to the Home Office's Misuse of Drugs Regulations and to related amendments to NHS Regulations, nurses and pharmacists will be able to prescribe
controlled drugs under a supplementary prescribing arrangement from later in 2004.]

- Unlicensed drugs unless they are part of a clinical trial which has a clinical trial certificate or exemption [NB: to be reviewed by the CSM and Ministers following the consultation (MLX 298) which proposed that Supplementary Prescribers should be able to prescribe, order or administer an unlicensed medicinal product provided that such prescribing forms part of the formal Clinical Management Plan for an individual patient, as agreed with the independent prescriber.]
Title

Issue:
2. Following public consultation in April 2002 (MLX 284, dated 16 April), medicines legislation was amended - by way of the Prescription Only Medicines (Human Use) Amendment Order 2003 (the POM Order) – to implement supplementary prescribing by certain nurses and pharmacists. The current proposal is to further amend the POM Order to enable Chiropodists, Physiotherapists, Radiographers and Optometrists to become Supplementary Prescribers.

Objective:
3. To enhance patient care by improving access to health care through an increased use of the skills of a range of registered health professionals. The changes proposed to medicines legislation will apply to activities undertaken by the National Health Service throughout the United Kingdom and also to the independent healthcare sector. All other legislative requirements for Supplementary Prescribing remain unchanged.

Scope of this RIA
4. The extent to which Supplementary Prescribing is adopted within national health organisations is a matter for each of the devolved administrations. These national services are not regarded as a “business, charity or voluntary organisation” for the purpose of this RIA. Supplementary Prescribing may also be appropriate for health services provided by the Defence Medical Services and the Prison Services. These services are also not regarded as a “business, charity or voluntary organisation” for the purpose of this RIA.

5. Health services provided outside the NHS are regarded as businesses and the RIA therefore concentrates on the impact of the proposed changes on these groups (referred to from now on as the independent healthcare sector). However, Supplementary Prescribing does not create a new regulatory environment with which the independent healthcare sector must comply at the outset. Whether businesses, employers and individual health professionals enter into Supplementary Prescribing is entirely a voluntary decision for them based on their commercial and professional judgement.

Issues of Equity or Fairness
6. Government wants to ensure that patients both in the NHS and the independent healthcare sectors are treated in the same way with more access to professional skills and timely treatment.
Risk Assessment
3. Supplementary Prescribing is a voluntary prescribing partnership between an independent prescriber and a supplementary prescriber to implement an agreed clinical management plan for a specific patient, with that patient’s agreement. Medicines legislation restricts the role of independent prescriber to a doctor or dentist. Supplementary prescribers will be required to undergo specific training and to have their names annotated to that effect on their professional registers before they are able to practice as Supplementary Prescribers. Supplementary Prescribing can take place only within the context of a written clinical management plan for an individual patient’s clinical condition or health need as agreed with the independent prescriber. The risk assessment is neutral – implementing the changes would mean that patients in the independent sector are considered in similar ways to those in the NHS with more equitable access to professional skills and timely treatment. However, if the changes are not implemented, the existing arrangements in the independent healthcare sector – by which prescribing responsibilities are restricted to doctors or dentists and - in respect of a specified list of medicines - nurse prescribers, will remain unaffected.

Options
4. Two options have been identified
   
   Option 1 - do nothing.
   
   Option 2 - amend medicines regulations as proposed to enable Chiropodists, Physiotherapists, Radiographers and Optometrists working in the independent healthcare sector to become Supplementary Prescribers.

Benefits and value of options
5. Option 1: This would maintain the status quo but would lose the benefit of patients in the independent healthcare sector being treated in similar ways to those in the NHS, with more equitable access to professional skills and timely treatment. This would not maximise the use of the professional skills of Chiropodists, Physiotherapists, Radiographers and Optometrists.

6. Option 2: Will allow a new safe and effective practice to operate which has advantages for both patients (eg timely access to treatment, a reduction in waiting times) and health care staff (eg maximising use of professional skills). All Supplementary Prescribing arrangements will be required to comply with specified criteria which will protect patient safety.

COMPLIANCE COSTS FOR BUSINESS, CHARITIES AND VOLUNTARY ORGANISATIONS

7. Business sectors affected: Independent healthcare organisations and individuals providing healthcare outside any arrangements funded by the NHS, who choose to implement Supplementary Prescribing.

8. Costs for a typical business if Supplementary Prescribing is adopted: as outlined above, Option 2 does not create a new regulatory environment for businesses as implementation of Supplementary Prescribing is entirely a voluntary decision for
businesses in the light of benefits to their organisation, to patients and to the health professionals employed by those businesses. Where such businesses decide to implement Supplementary Prescribing, costs will be incurred in attending the appropriate 26 day training course (potentially £750 to £800 per trainee) and in providing locum cover for a Chiropodist, Physiotherapist, Radiographer or Optometrist which, on can average around £1,000 per week via an Agency, plus travel costs. There will also be a cost in management time associated with the development of an agreed clinical management plan between an independent and a supplementary prescriber. However, where Supplementary Prescribing is adopted, we expect the long term benefits to outweigh the costs.

9. **Impact on small business:** a draft RIA accompanied the joint DH/MHRA formal consultation with a wide range of interests covering the NHS, health professionals, patient and other interest groups and the independent healthcare sector and including the Small Business Service. We invited views on the potential costs of drawing up and implementing Supplementary Prescribing arrangements, in those businesses which may choose to adopt them, as part of this formal consultation process. [To be completed after consultation ends]

**Total costs of Supplementary Prescribing**

10. Implementation of Supplementary Prescribing will be voluntary and costs will depend on the actual number of independent healthcare sector organisations who choose to adopt the new arrangements. Outline costs have been included in paragraph 8 and views on potential costs were sought as part of the formal consultation (paragraph 9). [To be completed after consultation ends]

**Competition Assessment**

11. The proposal to introduce supplementary prescribing has been considered against the OFT’s competition filter. The results show [To be completed after consultation ends]

**Results Of Consultation**

12. [To be completed after consultation ends]
SUMMARY AND RECOMMENDATIONS

13. **Option 2** is recommended because it best meets the Government's objective. The benefits of this option in terms of public health, future savings to the NHS and the independent healthcare sector, and the effective use of resources are judged to outweigh the costs to business. It will be for the businesses concerned to decide whether to implement Supplementary Prescribing, with its associated costs, on the basis of their commercial judgement.

<table>
<thead>
<tr>
<th></th>
<th>Option 1 (&quot;Do Nothing&quot;)</th>
<th>Option 2 (Amend Regulations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare businesses carrying out activities outwith the NHS</td>
<td>Prescribing responsibilities will continue to be restricted to doctors or dentists, to independent nurse prescribers and to nurse and pharmacist supplementary prescribers.</td>
<td>Allows safe and effective prescribing practice. Maximises use of resources and professional skills of Chiropodists, Physiotherapists, Radiographers and Optometrists, resulting in potential longer term savings and significant benefit to patients</td>
</tr>
<tr>
<td>Citizens (in this context, patients)</td>
<td>Patient safety benefits if arrangements are drawn up to consistent and specified criteria, including formalising review periods for those with chronic conditions. Other benefits include a reduction in waiting times, a widening of choice and timely access to appropriate professional skills.</td>
<td></td>
</tr>
</tbody>
</table>

**Enforcement, Sanctions, Monitoring and Review**

14. The Medicines and Healthcare products Regulatory Agency will be responsible for enforcing medicines legislation. The Department of Health intends to commission an evaluation of Supplementary Prescribing to begin later this year.

15. **Declaration:**

*I have read the Regulatory Impact Assessment and I am satisfied that the benefits justify the costs.*

*Signed by the responsible Minister: ..........................*

*Date: ..........................*
CONSULTATION LETTER MLX 305: SUPPLEMENTARY PRESCRIBING

Amendments to the Prescription Only Medicines (Human Use) Order 1997 and Proposals for Supplementary Prescribing by Chiropodists, Physiotherapists and Radiographers

I agree the proposals and have no comments to make

I agree the proposals and have the following comments to make:

I do not agree with the proposals for the following reasons:

My reply may be made freely available.
My reply is confidential.
My reply is partially confidential (indicate clearly in the text any confidential elements)

Signed: ________________________________

Delete as appropriate
MLX 305 : HARD COPY CONSULTATION LIST

NB: this list is not intended to be exhaustive. Copies of the consultation are also available from our website - www.mhra.gov.uk – and replies are welcome from all interested parties.

Action for Sick Children
Advisory Committee on Misuse of Drugs
Age Concern
Allied Health Professions Forum
All Party Pharmaceutical Group
Association of British Cardiac Nurses
Association of Nurse Prescribing
Association for Palliative Medicine
Association for Residential Care
Association of Anaesthetists of Great Britain and Northern Ireland
Association of British Dispensing Opticians
Association of British Health Care Industries
Association of British Pharmaceutical Industries
Association of Hospice Management
Association of Independent Multiple Pharmacies
Association of Medical Microbiologists
Association of Optometrists
Association of Surgeons of Great Britain and Ireland
British Association of Dermatologists
British Association for A&E Medicine
British Osteopathic Association
British Association of Pharmaceutical Physicians
British Association of Pharmaceutical Wholesalers
British Association of Art Therapists
British Association of Drama Therapists
British Association of Music Therapists
British Association of Prosthetists and Orthotists
British Cardiac Patients Association
British College of Optometrists
British Contact Dermatitis Group
British Dental Association
British Dental Trade Association
British Diabetic Association
British Dietetic Association
British Generic Manufacturers Association
British Heart Foundation
British Institute of Regulatory Affairs
British Medical Association
British Oncological Association
British Orthoptic Society
British Pharmacological Society
British Association for Allergy and Clinical Immunology
British Society for Antimicrobial Chemotherapy
British Society of Gastroenterology
National Asthma Campaign
National Association of GP Co-operatives
National Association of Primary Care
National Back Pain Association
National Consumer Council
National Council for Hospices and Specialist Palliative Care Services
National Care Standards Commission
National Eczema Society
National Patient Safety Agency
National Pharmaceutical Association
Neonatal and Paediatric Pharmacists Group
NHS Alliance
NHS Confederation
NHS Education for Scotland
NHS QIS
Northern Ireland Consumer Council
Nursing and Midwifery Council
Ophthalmic Group Committee
Optometry Scotland
OTC Bulletin
Overseas Doctors Association in the UK Ltd
Paediatric Chief Pharmacists Group
Patients Association
Pharmaceutical Contractors Committee (Northern Ireland)
Pharmaceutical Journal
Pharmaceutical Services Negotiating Committee
Pharmaceutical Society for Northern Ireland
Prescription Pricing Authority
Primary Care Pharmacists Association
Proprietary Association of Great Britain
Public Health Laboratory Service
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of Midwives
Royal College of Midwives (Scottish Board)
Royal College of Midwives (Northern Ireland Board)
Royal College of Nursing
Royal College of Nursing (Northern Ireland)
Royal College of Nursing (Scotland)
Royal College of Nursing (Wales)
Royal College of Obstetricians & Gynaecologists
Royal College of Ophthalmologists
Royal College of Paediatrics and Child Health
Royal College of Pathologists
Royal College of Physicians (Edinburgh)
Royal College of Physicians (London)
Royal College of Physicians & Surgeons (Glasgow)
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Speech & Language Therapists
Royal College of Surgeons (England)
Royal College of Surgeons (Edinburgh)
Royal College of Surgeons (Faculty of Dental Surgery)
Royal College of Surgeons of England (Faculty of General Dental Practitioners (UK))
Royal Colleges of Physicians : Faculty of Pharmaceutical Medicine
Royal Colleges of Physicians : Faculty of Public Health Medicine
Royal Pharmaceutical Society of Great Britain
Royal Pharmaceutical Society of Great Britain (Scottish Department)
Royal Pharmaceutical Society of Great Britain (Welsh Department)
Royal Society of Chemistry
Royal Society for the Promotion of Health
Scrip Ltd
Small Business Service
Social Audit Unit
Society of Chiropodists and Podiatrists
Society of Homoeopaths
Society of Pharmaceutical Medicine
Society of Radiographers
Specialist Advisory Committee on Antimicrobial Resistance
St John Ambulance
UK Clinical Pharmacy Association
Unison
CDAC, Belfast
Negotiating Committee for Northern Ireland Ophthalmic Opticians
Welsh Scientific Advisory Committee
Welsh Dental Committee
Welsh Pharmaceutical Committee
Welsh Nursing & Midwifery Committee
Welsh Medical Committee
Welsh Optometric Committee
Director of Social Services, Wales
Society of Directors of Public Protection, Wales
Welsh Therapies Advisory Committee
NHS Wales Committee for Art, Music and Drama Therapists
All Wales Dietetic Advisory Committee
All Wales Professional Heads of Occupational Therapists Services Group
All Wales Orthoptics Advisory Committee
Chiropody/Podiatry Service Group, Wales
All Wales Physiotherapy Managers
All Wales Speech & Language Therapy Committee
Health Professions Wales