To: Interested Organisations

020 7273 0642

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Our reference: MLX 294
Date: 31 July 2003

Dear Sir/Madam

SALE, SUPPLY AND ADMINISTRATION OF MEDICINES BY ALLIED HEALTH PROFESSIONALS UNDER PATIENT GROUP DIRECTIONS

(i) Amendments to the Prescription Only Medicines (Human Use) Order 1997
(ii) Amendments to Medicines (Pharmacy and General Sale – Exemption) Order 1980
(iii) Amendments to Medicines (Sale or Supply)(Miscellaneous Provisions) Regulations 1980

INTRODUCTION

1. We are writing to consult you in accordance with section 129(6) of the Medicines Act 1968 about proposals relating to the sale, supply and administration of medicines by certain allied health professionals under Patient Group Directions (PGDs) in the National Health Service, in the private, charitable or voluntary healthcare sector and in the health services provided by the police, the prison services or the armed forces (see Annex A). The proposals in this letter would enable Dieticians, Occupational Therapists, Prosthetists and Orthotists and Speech and Language Therapists to sell, supply or administer medicines under such directions and ensure that PGDs for such professionals comply with specified legal criteria. This would be achieved by amendments to the Prescription Only Medicines (Human Use) Order 1997 (the POM Order), the Medicines (Pharmacy and General Sale – Exemption) Order 1980 and the Medicines (Sale or Supply) (Miscellaneous Provisions) Regulations 1980.

2. This consultation letter has been produced jointly by the Medicines and Healthcare products Regulatory Agency (MHRA) and the Department of Health. This consultation is also being circulated in Wales, Scotland and Northern Ireland.
APPLICATION IN ENGLAND, WALES, SCOTLAND AND NORTHERN IRELAND

3. The proposed changes to medicines legislation would apply throughout the United Kingdom, whether the PGDs were operated within national health services¹ or within health services provided outside the NHS². However, the introduction of PGDs into national health organisations is a matter for each of the separate administrations. Any references to accompanying guidance in this letter therefore refers to England only.

BACKGROUND

4. The first report of the Crown Review of Prescribing, Supply and Administration of Medicines³ concentrated on the supply and administration of medicines under what were then known as group protocols. As well as recommending criteria for the development, implementation and review of such protocols, the report also recommended that the law should be clarified to ensure that health professionals who supply or administer medicines under approved group directions are acting within the law and that all such directions comply with specified legal criteria. While concluding that the majority of patients should continue to receive individual care, it was recognised that carefully constructed group directions would bring advantages to patient care, including timely access to treatment, a reduction in patient waiting times and an appropriate use of professional skills.

5. Following public consultations in March 2000 (MLX260) and January 2002 (MLX 278), medicines legislation was amended to permit the use of PGDs by NHS bodies, by NHS funded services provided through the private, charitable or voluntary sector, by independent hospitals, clinics and medical agencies and in health services provided by the police, the prison services or the armed forces. Full details are in the footnotes to paragraph 3.

6. A PGD is a written instruction for the sale, supply and administration, or administration, of named medicines in an identified clinical situation. It applies to groups of patients who may not be individually identified before presenting for treatment. The majority of clinical care should continue to be provided on an individual, patient-specific basis and the use of PGDs should be reserved for those limited situations where this offers a distinct advantage for patient care and where it is consistent with appropriate professional relationships and accountability. PGDs are drawn up locally by doctors, pharmacists and other health professionals, signed by a doctor or dentist, as appropriate and a pharmacist and approved by an appropriate

¹ By NHS bodies and by NHS funded services provided through the private, charitable or voluntary sector.

² Healthcare services provided by the prison services, police forces or the Defence Medical Services and by independent hospitals, clinics and medical agencies as defined in the Care Standards Act 2000, the Regulation of Care Act (Scotland) 2001 and equivalent arrangements in Northern Ireland. The proposals do not extend to independent and public sector care homes or to those independent sector schools that provide healthcare entirely outside the NHS.

³ A report on the Supply and Administration of Medicines under Group Protocols, prepared under the Chairmanship of Dr June Crown, was published in April 1998
body. Only certain qualified health professionals are able to sell, supply or administer medicines under a PGD, as named individuals. At present those are:

- Nurses
- Midwives
- Health Visitors
- Pharmacists
- Optometrists
- Chiropodists/Podiatrists
- Radiographers
- Orthoptists
- Physiotherapists
- Paramedics

7. An outline of the current legislative requirements for PGDs is attached at Annex B.

PROPOSAL

8. A number of health professionals – chiropodists, radiographers, orthoptists, physiotherapists and ambulance paramedics – who are part of the Allied Health Professions (AHPs) are already able to sell, supply or administer medicines under a PGD, as named individuals. [NB for clarification: in Scotland, paramedics are not regarded as part of the AHPs but they are included in the legislation covering PGDs.] AHPs have been regulated by the Health Professions Council (HPC) since April 2003. HPC is a new regulatory body, replacing the Council for Professions Supplementary to Medicine, and is part of modernising regulation. AHPs are involved in developing roles working across professional boundaries. They are undertaking extended roles and developing new roles as clinical specialists, for example in musculo-skeletal services.

9. There are a number of initiatives underway in the National Health Service to introduce new working practices which are compatible with patient safety. In primary care, members of the AHP already work in teams with GPs, nurses and other professionals, such as social workers, to provide quick and effective care for patients without the need for them to go to hospital. Physiotherapy and chiropody has been an integral part of many primary care teams for many years and, increasingly, other professional groups are being involved in this sort of work. Within the hospital setting an increasing number of referrals are made direct to, for example, dieticians or speech and language therapists. These AHPs may work as part of a consultant clinic in the NHS but many now run clinics in their own right, including Walk-In Clinics. It is therefore desirable that these health professionals be able to supply and administer medicines direct to patients under certain conditions.

10. Under current medicines legislation (see paragraph 7 and Annex A), a number of AHPs – chiropodists, radiographers, orthoptists, physiotherapists and ambulance paramedics (see paragraph 8 in respect of Scotland) - are already able to sell, supply or administer medicines under a PGD, as named individuals. We propose to amend medicines legislation to enable further members of the AHPs to also sell, supply and
administer medicines under a PGD, as named individuals. Those AHPs are:

- Dieticians
- Occupational Therapists
- Prosthetists and Orthotists
- Speech and Language Therapists

We would welcome views on this proposal.

11. All other legislative requirements for PGDs remain unchanged. The proposal to extend the list of those able to sell, supply and administer medicines under a PGD does not include Arts Therapists whose professional representative bodies have concluded that arts therapists have no need, within their current professional practice, to undertake such responsibilities.

GUIDANCE

12. The guidance shown at Annex C was circulated to the NHS as an adjunct to the law covering the use of PGDs in the NHS in England. Similar advice was provided to the health service in Wales, Scotland and NI and also made available to the private sector to encourage consistency between PGDs. Those developing PGDs within the private sector are encouraged to use the models and related material on www.groupprotocols.org.uk.

REGULATORY IMPACT

13. A draft regulatory impact assessment is at Annex D. We would welcome comments on this assessment.

COMMENTS ON PROPOSALS

14. You are invited to comment on:

- the proposed changes to medicines legislation to enable Dieticians, Occupational Therapists, Prosthetists and Orthotists and Speech and Language Therapists to sell, supply and administer medicines under a PGD (paragraphs 8 to 11)
- the draft regulatory impact assessment (paragraph 13 and Annex D)

CIRCULATION OF PROPOSALS

15. This consultation letter is being sent in hard copy to those organisations listed. Copies of the consultation 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, 16-142, MHRA, Market Towers, 1, Nine Elms Lane, London SW8 5NQ (or e-mail to anne.ryan@mhra.gov.uk) to arrive no later than 30 September 2003. Comments received after 30 September may not be taken into account. Ministers have agreed that this consultation period should be less than the usual 12 weeks in view of the extensive informal consultation that has already taken place with professional representatives of the allied health professions. Furthermore, many other AHPs are already able to supply or administer medicines (see paragraph 10). These proposals provide a similar facility for four other groups of AHPs and are therefore not thought to be particularly contentious.
16. 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 proposal is that the statutory instruments necessary to effect the changes would be made in early 2004. 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

17. 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.

18. 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 020-7273 0351).

19. 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.

Yours faithfully

Anne Thyer       Kay East            Colin Pearson
Executive Support         Chief Health Professions Officer     Medicines, Pharmacy and Industry Group
Medicines and Healthcare products Regulatory Agency       Department of Health          Department of Health
ANNEX A

Medical businesses where PGDs may be applied are:

- A Special Health Authority
- An NHS or Primary Care Trust
- A doctor’s or dentist’s practice, in the provision of NHS services
- A body not run by an NHS body, but providing treatment under an arrangement made with one of the NHS bodies in 1 or 2 above (for example, a family planning clinic, health centre or Walk-In Centre)
- Healthcare services provided by the Prison Services in the UK
- Healthcare services provided by police forces in the UK
- Healthcare services provided by the Defence Medical Services
- Healthcare services provided by independent hospitals, clinics and medical agencies as defined in the Care Standards Act 2000, the Regulation of Care Act (Scotland) 2001 and equivalent arrangements in Northern Ireland
LEGAL DEFINITION OF PGD
PGDs are defined as written instructions for the supply and administration, or administration, of named medicines in an identified clinical situation. PGDs are drawn up locally by doctors, pharmacists and other health professionals, signed by a doctor or dentist, as appropriate, and a pharmacist and approved by an appropriate body. They apply to groups of patients who may not be individually identified before presenting for treatment.

LAWFUL CRITERIA FOR A PGD
To comply with the law, PGDs must include
- Name of the business to which the direction applies
- The date the PGD comes into force and expiry date
- Description of the medicine to which the direction applies
- Signature of a doctor or dentist, as appropriate, and a pharmacist
- Signature by an appropriate organisation as specified in the relevant legislation
- Clinical condition or situation to which the direction applies
- Clinical criteria under which the patient is eligible for treatment
- Exclusions from treatment under the direction
- Circumstances in which further advice should be sought from a doctor or dentist
- Details of applicable or maximum dosage, quantity, pharmaceutical form and strength, route of administration, frequency and duration of administration
- Relevant warnings
- Details of any necessary follow-up action
- Arrangements for referral for medical advice
- A statement of the records to be kept for audit arrangements

HEALTH PROFESSIONALS ABLE TO SELL, SUPPLY OR ADMINISTER MEDICINES UNDER PGDS
Only the following health professionals can operate under PGDs
- Nurse
- Midwife
- Health Visitor
- Pharmacist
- Optometrist
- Chiropodist/Podiatrists
- Radiographer
- Orthoptist
- Physiotherapist
- Paramedics

Members of the above groups operate under PGDs as named individuals.
PGDs should be drawn up by a multi-disciplinary group involving a doctor, a pharmacist and a representative of any professional group expected to supply medicines under the PGD. It is good practice to involve local Drug and Therapeutics Committees, Area Prescribing Committees and similar advisory bodies.

A senior person in each profession should be designated with the responsibility to ensure that only fully competent, qualified and trained professionals operate within directions.

All professions must act within their appropriate Code of Professional Conduct.

Appropriate document(s) should be signed by each member of the multi-disciplinary group, the authorising body and the individual health professionals working under the direction. Generally, a direction should be reviewed every two years.

There must be comprehensive arrangements for the security, storage and labelling of all medicines. Wherever possible, medicines should be supplied in pre-packs made up by a pharmacist. In particular, there must be a secure system for recording and monitoring medicines use from which it should be possible to reconcile incoming stock and out-goings on a patient by patient basis. Names of the health professionals providing treatment, patient identifiers and the medicine(s) provided should all be recorded.

The EC Leaflet and Labelling Directive 92/27 applies to all supplies of medicines, including those supplied under PGDs.

The use of any medicine should be consistent with the Summary of Product Characteristics for the relevant product (save in special circumstances).

**Antimicrobials**

Particular caution should be exercised in any decision to draw up PGDs relating to antibiotics. Microbial resistance is a public health matter of major importance and great care should be taken to ensure that their inclusion in a direction is absolutely necessary and will not jeopardise strategies to combat increasing resistance. A local microbiologist should be involved in drawing up the PGD. The local Drug and Therapeutics Committee or Area Prescribing Committee should ensure that any such directions are consistent with local policies and subject to regular external audit.
Black Triangle Drugs and medicines used outside the terms of the Summary of Product Characteristics

Black triangle drugs (ie, those recently licensed and subject to special reporting arrangements for adverse reactions) and medicines used outside the terms of the Summary of Product may be included in PGDs provided such use is supported by best clinical practice. Each PGD should clearly state when the product is being used outside the terms of the SPC and the documentation should include the reasons why, exceptionally, such use is necessary.

NOTES:

Unlicensed medicines
The use of unlicensed medicines is excluded from the scope of PGDs

Controlled Drugs
The supply or administration of controlled drugs are currently excluded from the scope of PGDs. Such drugs are subject to the Misuse of Drugs Regulations 1985. The Home Office are preparing amendments to legislation to allow the use of non-injectable substances on Schedule 4 (but not anabolic steroids) & all substances on Schedule 5 to be included in PGDs and for the use of diamorphine (Schedule 2) under PGDs by specialist trained nurses in Accident & Emergency Departments and in Coronary Care Units. The proposed changes are expected to be implemented in Autumn 2003.
DRAFT REGULATORY IMPACT APPRAISAL


THE ISSUE AND OBJECTIVE
1. **Issue**: Following public consultations in March 2000 (MLX260) and January 2002 (MLX 278), medicines legislation was amended - by way of the Prescription Only Medicines (Human Use) Amendment Order 2000, the Medicines (Pharmacy and General Sale – Exemption) Amendment Order 2000, the Medicines (Sale and Supply)(Miscellaneous Provisions) Amendment (No 2) Regulations 2000 and the Prescription Only Medicines (Human Use) Amendment (No 2) Order 2000 – to clarify the law concerning the use of Patient Group Directions (PGDs) by NHS bodies, by NHS funded services provided through the private, charitable or voluntary sector, by specified organisations providing healthcare outside the national health service, and by certain UK Crown establishments.

2. **Objective**: Under existing legislation only specified health professionals are able to sell, supply or administer medicines under PGDs. These are nurses, midwives, health visitors, pharmacists, optometrists, chiropodists, radiographers, orthoptists, physiotherapists and paramedics. The proposed changes to legislation will enable dieticians, occupational therapists, prosthetists and orthotists and speech and language therapists to also sell, supply or administer medicines under a PGD. The proposal will apply to activities undertaken by the NHS, the independent healthcare sector and the Crown establishments listed above. All other legislative requirements for PGDs remain unchanged.

3. **Issues of Equity or Fairness**: We want to ensure that patients in both the NHS and the independent healthcare sectors are considered in similar ways with more equitable access to professional skills and timely treatment. This will be achieved through the objective listed above.

RISK ASSESSMENT
4. A PGD is a specific written instruction for the supply and administration of a named medicine, in an identified clinical situation, signed by a doctor or dentist and a pharmacist and authorised by an appropriate body. It is drawn up locally by doctors, pharmacists and other health professionals. It applies to groups of patients who may not be individually identified before presenting for treatment. Those health professions authorised to work under a PGD are specified in legislation and persons belonging to those professions who work under a PGD do so as named individuals. The risk attached to the proposal to extend the list of health professions authorised to work under a PGD is assessed as minimal.

OPTIONS
5. Two options have been identified

- **Option 1**: do nothing.  
- **Option 2**: amend the law as proposed to specify that dieticians, occupational therapists, prosthetists and orthotists and speech and language therapists may work under PGDs

6. The benefits and value of both options have been assessed as follows:

- **Option 1**: None. The health professionals concerned would be operating in a grey area and might be liable to a criminal offence under the Medicines Act. As a result, the use of PGDs might well be reduced together with the advantages they can offer for patients. Patient safety could be compromised by the lack of consistency in PGDs. Patients could be prevented from receiving timely and appropriate health care.

- **Option 2**: Removes uncertainty about the use of PGDs by the health professions concerned. Allows current safe and effective practice to continue which has advantages for patients (e.g. timely access to treatment, a reduction in waiting times) and health care staff (e.g. maximising use of professional skills). Potential cost savings since resources can be used more appropriately and the need for a doctor or dentist, or in certain circumstances, a nurse, to authorise patient-specific medication is removed. Requires all directions to comply with a specified criteria which benefits both patient safety and those responsible for drawing up and operating the protocol.

**COMPLIANCE COSTS FOR BUSINESS, CHARITIES AND VOLUNTARY ORGANISATIONS**

7. The proposal does not introduce any new compliance requirement. Costs to the independent healthcare sector should be minimal if voluntary compliance with the recommendations contained in the first Crown Report is already taking place and current PGDs meet the standards of practice required. The benefits of the proposal in terms of public health, future savings, and effective use of resources are judged to outweigh any costs to business, which are likely only to be minimal.

**Impact on small business**

8. This initial RIA accompanies 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. We are inviting views on the potential costs of the proposals, in those businesses which may choose to adopt them, as part of this formal consultation process, but we do not believe the proposals adversely impact or affect small businesses.

**Competition Assessment.**

9. As part of drawing up this RIA the competition filter was applied to the proposals. The results of the filter indicate that the proposals will have no adverse effects on competition.

**RESULTS OF CONSULTATION**

10. The proposal is currently under consultation.
SUMMARY AND RECOMMENDATIONS
11. Option 2 is recommended. The benefits of this option in terms of public health, future savings, and effective use of resources are judged to outweigh the costs to business. Costs for business should be minimal if voluntary compliance with the recommendations contained in the first Crown Report is already taking place and current PGDs meet the standards of practice required.

Enforcement, Sanctions, Monitoring and Review
12. MHRA will be responsible for enforcing medicines legislation. Monitoring standards will fall to the National Care Standards Commission (NCSC) and its equivalents in Scotland, Wales and Northern Ireland.
To: Anne Ryan  
MHRA  
16-142  
Market Towers  
1 Nine Elms Lane  
LONDON SW8 5NQ

From: ______________________________  
______________________________  
______________________________  
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CONSULTATION LETTER MLX 294: EXTENSION OF PATIENT GROUP DIRECTIONS TO CERTAIN ALLIED HEALTH PROFESSIONS

Amendments to the Prescription Only Medicines (Human Use) Order 1997  
Amendments to Medicine (Pharmacy and General Sale – Exemption) Order 1980  
Amendments to Medicines (Sale and Supply) (Miscellaneous Provisions) Regulations 1980

* 1. I support the proposals contained in the MLX

* 2. I have no comment to make on the proposals in the MLX

*3. My comments on the proposals in the MLX are below/attached.

* 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 294: 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 Community Health Councils of England & Wales
Association of Independent Multiple Pharmacies
Association of Medical Microbiologists
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
Carers National Association
Chartered Society of Physiotherapy
Chemist & Druggist
College of Health
College of Occupational Therapists
College of Optometrists
College of Pharmacy Practice
Community Practitioners and Health Visitors Association
Community Pharmacy Magazine
Community Services Pharmacists Group
Company Chemists Association
Consumers Association
Co-operative Pharmacy Technical Panel
Dental Defence Union
Dental Formulary Subcommittee of the Joint Formulary Committee
Dental Protection Ltd
Dispensing Doctors Association
Doctor Magazine
Drug & Therapeutics Bulletin
Drug Information Pharmacists Group
European Association of Hospital Pharmacists
Faculty of Family Planning
Faculty of Homoeopathy
Faculty of Pharmaceutical Medicine
Family Planning Association
General Dental Council
General Dental Practitioners Association
General Medical Council
General Practitioners Committee
Guild of Healthcare Pharmacists
Health & Safety Executive
Health Development Agency
Health Professions Council
Health Promotion England
Health Service Commissioner
Health Which?
Independent Healthcare Association
Information and Statistics Division
Insulin Dependent Diabetes Trust
Joint Consultants Committee
Joint Formulary Committee
Joint Royal Colleges Ambulance Service Liaison Committee
Long Term Medical Conditions Alliance
Medical Defence Union
Medical Protection Society Ltd
Medical Research Council
MIMS Ltd
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
Northern Ireland Consumer Council
Nursing and Midwifery Council
Ophthalmic Group Committee
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,