

	RBAC Required to Support GP Summaries			
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Related Documents:

These documents will provide additional information.

Ref no	Doc Reference Number	Title	Version
1	NPFIT-SHR-QMS-PRP-0015	Glossary of Terms Consolidated.doc	<enter latest>
2	NPFIT-SI-SIGOV-0073.02	Guidance on Implementing RBAC for PSIS and PDS	1.0 (06/10/08)

Glossary of Terms:

List any new terms created in this document. Mail the NPO Quality Manager to have these included in the master glossary above [1].

Term	Acronym	Definition

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1 Introduction

1.1 Purpose

This document is intended to specify clearly which Role Based Access Control (RBAC) roles and activities may be required in GP practices to generate or view Summary Care Records (SCR). The end users of this guidance will be the PCT Registration Authority (RA) staff and sponsors who need to provide users with appropriate access as part of SCR deployments.

At the date of issue this document can be taken as the best information available on the role based access controls required to support SCR in GP Systems.

1.2 Scope

Scope is limited to positively listing the roles required to support SCR in care settings that generate GP Summary updates.

It does not cover any other activities that a care setting may require (for example in support of GP2GP) and **must not be taken as comprehensive list of all activities individuals may require.**

This document also does not cover other care settings that may generate different types of Summary Care Record content (e.g. secondary care discharge letters) or settings that currently only view GP Summaries (e.g. Out of Hours clinics).

1.3 Audience

This document is intended for use by:

- NHS PCT Registration Authority staff (RAs) and, specifically, sponsors. Registration Authority Managers should disseminate this guidance to all sponsors who need to approve the allocation of the access rights described in this document.
- PCT staff or GP practice staff who need to submit RA01/RA02 forms to their RA staff and sponsors.

2 Recommended Smartcard Settings for GP Systems

The current advice is to apply the most appropriate role from the current RBAC database and add in activities not already in the baseline for those roles. In most cases this means applying one of the recommended roles (R8000 Clinical Practitioner Access Role, R8001 Nurse Access Role, R8003 Health Professional Access Role, R8006 Medical Secretary Access Role, R8014 Social Worker Access Role, R8016 Midwife Access Role) to anyone who will be updating clinical records on the GP System even if their smartcard is not being checked for one of those access roles at present. If the most appropriate role does not include B0380 (or one of its parent activities), but the user is trained and required to update clinical records then (and only then) the activity should be added to the role profile they will be using when updating such records.

NOTE: Anyone migrating to or from iSOFT Synergy must have their role profile re-assessed to check need for activity code B0264 (see Table 1).

The role R8008 Admin/Clinical Support Access Role has no SCR-related activities in its baseline, so will require any access the user requires to be added in and approved by a sponsor.

2.1 iSOFT Synergy

For iSOFT systems you should ensure that staff who will be generating GP Summaries have **B0380** (Perform Detailed Health Record) **added** to their role profile. Staff may already have either B1101 (Manage Outbound Referrals) [for clinical staff] or B1102 (Proxy Manage Outbound Referrals) [non-Clinical staff], in their role profile – these work at version 1.9 and need not be changed.

If staff have another of the activity codes in **Table 1** already in their profile you do not need to add B1101 or B1102, but for future continuity, should add B0380 as soon as possible.

PLEASE NOTE:

In order to be able to operate successfully when iSOFT update their RBAC mapping, clinicians who will be updating GP Summaries should have **B0380** added to their role profile.

Healthcare professionals who update patient consent status need to have the activity code **B0020** (Control Consent Status) manually added to their role profile (whatever their role). iSOFT Synergy actually supports access to consent status under 33 different activity codes (see list in **Table 2** below), but adhering to this guidance is the best way to maintain access when iSOFT correct their mapping of RBAC to system functions. It should be noted that this controls access to changes to the Consent for Sharing of the Detailed Health Record. For iSOFT Synergy there is no access provided to other organisations so changing this value only affects the way the local system behaves. If Express Dissent is set on the local system, Synergy pops up a warning when the user attempts to view an SCR and, if the user selects “Override” instead of cancel, Synergy logs the reason selected for the override to view the SCR for such a patient (although no override should actually be needed as the Express Dissent should refer only to the local record not the SCR).

Table 1 Smartcard Roles and Activities for generating/updating GP Summaries for each System

System	Roles supported by GP System that include SCR functions in their baseline	Required/Recommended Additional activities for roles not in Column 2	Supplier documented Activity Codes Required/Recommended/Disapproved
InPS Vision 3	None*	B0380 Perform Detailed Health Record	None
iSOFT Synergy 1.9	None*	B1101 Manage Out-bound Referrals* OR B1102 Proxy Manage Out-bound Referrals* AND B0380 Perform Detailed Health Record (including B0380 will result in a smoother transition when iSOFT start to correct their RBAC implementation)	<i>B0264 Access CSA (Perform Patient Trace)</i> <i>B0525 Set-up Patient Record Share Across Organisations</i> <i>B0550 Execute External Data Collection Queries</i> <i>B1612 Manage Emergency Care Records</i> <i>B1613 Transfer emergency care patient record to the mobile solution component</i> B1101 Manage Outbound Referrals <i>B1102 Proxy Manage Outbound Referrals</i> <i>B0085 Claim a relationship with a patient</i>
TPP	R8000 Clinical Practitioner Access Role	B0380 Perform Detailed Health Record	B0380 Perform Detailed Health Record
EMIS LV 5.2	R8000 Clinical Practitioner Access Role R8001 Nurse Access Role R8002 Nurse Manager Access Role R8003 Health Professional Access Role R8006 Medical Secretary Access Role R8014 Social Worker Access Role R8016 Midwife Access Role R8017 Midwife Manager Access Role	(included in role)	(included in role)
	Any other role	B0380 Perform Detailed Health Record	B0380 Perform Detailed Health Record

* Text in red is not an approved RBAC role/activity to perform the function

Control of Consent Status (Access to Detailed Health Record by other legal organisations)

All the systems (except the current version of InPractice Vision, which doesn't check RBAC codes) support the use of B0020 to Control Consent Status and it is therefore recommended that this activity code be added to the user's role profile if they are to manage consent, as where it is not used at present by the GP system, it is very likely to be used in the future. EMIS automatically include B0020 for the R8000 role in Primary Care, but it should be added if "Area of Work" is not set.

2.1 iSOFT Synergy (Continued)

Users with one of the following activities should be aware that their ability to control consent status may be lost when iSOFT correct their RBAC mapping¹, which is scheduled for the next release:

Table 2 - iSOFT Synergy Activity codes to support control of Consent Status

B0020 Control Consent Status	B0427 Reimbursement Claim
B0250 Can report IOS and REG claims	B0428 Personal Medication Administration
B0278 Perform Prescription Preparation	B0429 Protocol Supply (Patient Group Direction)
B0320 View Patient Demographics (Primary Care)	B0433 Independent Nurse Prescribing
B0330 Amend Patient Demographics (Primary Care)	B0434 Extended formulary nurse prescribing
B0332 Perform Security Controlled Amendment	B0440 Supplementary Prescribing
B0340 Register Patients	B0460 Provide Primary Care Trust Service
B0352 Merge and Divide Patients - Primary Care	B0468 Cancel/Discontinue Prescription
B0354 Decease Patient - Primary Care	B0470 Manage Clinical Messages
B0380 Perform Detailed Health Records	B0480 Manage registration Links
B0390 Manage Supplementary Patient Documents	B1101 Manage Outbound Referrals
B0415 Dispense	B1102 Proxy Manage Outbound Referrals
B0420 Independent Prescribing	B1103 Manage Outbound Appointments
B0422 Reauthorise Medication	B1104 Perform Clinical CAB Appointments Line
B0424 Manage Patient's Nominated Pharmacy	B1105 Perform CAB Appointments Line
B0425 Print/Issue Prescriptions for Signing	B1680 Manage Demographic Duplicate Records
B0426 Request Prescription for Dispensing	

2.2 EMIS LV 5.2

For EMIS, staff must either:

1. have one of the roles listed in Table 1 above OR
2. if they have a role which is not listed in Table 1, then they must have B0380 added as an extra activity **even where** their role baseline includes B0380.

All staff should be assigned the most appropriate role based on national policy and where that role is not included for EMIS LV in Table 1 and they need to update the Summary Care Record, then they should have B0380 added to their role.

For consent status, EMIS LV checks if a user with role R8000 (Clinical Practitioner) also has assigned the Primary Care Area of Work (T1580). If so then they will have access to change consent status. All other EMIS users who are required and trained to update consent status need to have the B0020 activity code added to their role explicitly.

¹ iSOFT will be changing Synergy in Version 2.0 to use the correct **activities** instead of the wrong ones shown (in red) in Table 1 but will still not be using **roles** as required for approved RBAC management.

2.3 In Practice Vision 3

Smartcard roles are not fully checked by this system. It is nevertheless strongly recommended that staff should be allocated the correct role and activities, so that there can be no issues in fully implementing RBAC for this system.

It is therefore recommended that they should have one of the approved roles (as listed for EMIS in Table 1 above). Where that is not acceptable to the RA or local policy, then they should have B0380 added to the role they will be using to update records and generate a modified GP Summary. Users who are required and trained to update consent status should have the B0020 activity code added to their role explicitly.

2.4 TPP SystemOne R4.01

Smartcard roles are checked to some extent by this system. It is strongly recommended that staff should be allocated the correct role and activities so that there can be no issues in fully implementing RBAC for this system.

It is therefore recommended that they should have one of the approved roles (as listed for EMIS in Table 1 above). Where that is not acceptable to the RA or local policy, then they should have B0380 added to the role they will be using to update records and generate a modified GP Summary. Users who are required and trained to update consent status should have the B0020 activity code added to their role explicitly.

3 Overview of Smartcard Registration

3.1 Registration process

In order to use GP systems that interact with the Spine, users need to be set up appropriately in the NHS Care Records Service via the Registration Process.

A key element of the Registration Process is to create one or more user role profiles for a user, each of which consists of:

- An organisation (required) – e.g. The Whittington Hospital NHS Trust
- An NHS job role (required) – e.g. Clinical Practitioner Access Role
- Area of Work (optional) – e.g. Primary Care
- Any additional activities (optional)

Access to GP system functionality related to the Summary Care Record or Electronic Prescriptions is controlled by both roles and activities. Specific activities are either included implicitly within a role (known as baseline activities) or added separately to one of the user's existing roles. Any additional activities are allocated to the user's role profile during the user Registration Process or by subsequent changes via the RA02 form. GP systems should keep an up-to-date list of the activities that are currently included in a role's baseline, but many GP systems are not yet ready to do this and assume that a given role has the activities included which were associated with the role at the time the supplier configured the software.

A user can have many user role profiles, but only one can be used at a time. It is important the sponsors select the appropriate job role and activities from those available².

The appropriate User Role Profile is selected by the user upon authenticating their identity with their passcode, so the user needs to be aware of the access supported by each of their roles when using the GP system.

3.2 Position Based Access Control

If changes are required in any User Role Profiles as a result of this guidance, trusts should consider carefully whether Position Based Access Control (PBAC) should be adopted. PBAC simplifies how access rights are granted to several users performing the same job. Instead of these rights having to be identified and approved for each member of staff, they may be granted automatically according to the position to which their job is assigned.

² Available job roles, Areas of Work, and Activities are defined in the National RBAC Database.

See <http://nww.connectingforhealth.nhs.uk/implementation/registrationauthorities/access-control/rbac>

The RA06 form is provided to record the position name and the associated RBAC roles and activities. The RA02 form can be completed by referencing the position on the RA06.

For more information please refer to the RA Operational and Process Guidance and the PBAC Toolkit which are available at:

<http://nww.connectingforhealth.nhs.uk/implementation/registrationauthorities/governance/ra-guidance>

3.3 Deprecated Job Roles and Rationalisation

As part of the RBAC rationalisation work, some of the job roles associated with the SCR application through the baseline policy have been marked as *deprecated*³ in the National Role Database (NRD). The SCR application will continue to allow such roles to be used until such time as the national policy is updated in this respect.

Generally, unless there are other reasons for retaining a non-rationalised job role it would be sensible, where changes are required to User Role Profiles, to replace the non-rationalised job role with the rationalised equivalent. The non-rationalised attributes will be withdrawn completely in the future and hence making this change now would reduce future administration work load.

3.4 Allocating Activity Codes

Each activity provides access to specific functionality. The Sponsor will also need to identify the appropriate activity / activities required to complete the user's configuration. This can only be done with some knowledge of which elements of CFH-related functionality are enabled by a given activity. These are detailed in section 4 below.

Considering two scenarios:

A) User has one or more existing User Role Profiles

If the user has an existing user role profile or profiles which do not already include a required activity code, then the new activity may be added to the appropriate existing user role profile(s).

B) User does not have an existing user role profile

If the user does not currently have an existing User Role Profile, the Sponsor should consult the latest version of the document National RBAC Database to identify a suitable job role for their User Role Profile.

³ If an RBAC attribute is marked as "deprecated", this means that the code should in the future be phased out of use. All suppliers have been asked to migrate to the rationalised attributes and baseline policy but the timing for this migration will vary and generally RAs will need to consult their Local Solution Provider or Existing Systems Provider to confirm which attributes are actually supported.

If you determine that the selected role includes activities for which the user has not been trained or which do not form part of their work then you should do one of the following:

1. Ensure they are fully trained to do the work.
2. Put in place local procedures to limit use of this functionality.
3. Select a more appropriate job role for them

The Sponsor should also approve any other additionally required activities for the new User Role Profile.

4 Approved RBAC Activities for GP SCR Users

4.1 Summary

Table 4 provides a summary of the RBAC roles that include baseline access to aspects of the SCR GP Summary. This table is provided for quick reference. Please refer to section 4.2 for explanatory notes.

In general terms, users who will be updating GP records using methods which will generate an updated GP Summary need to have the activity B0380 (Perform detailed Health Record) either in their baselined role or as an added activity. They only need B0264 and B0257 if they will be viewing GP Summaries after they have been uploaded.

Important: The final decision to assign specific roles and additional activities to specific users is that of the PCT RA Sponsor alone. The information provided is intended as guidance only and should not override the judgement of the practice, PCT and RA.

Table 3 **RBAC Activity codes associated with GP SCR users**

Activity required to generate GP Summaries
B0380 – Perform Detailed Health Record
Activities required to VIEW SCRs <i>via SCRa</i>
B0257 – View non-ETP Clinical Data within CSA
B0264 – Access CSA (Perform Patient Trace)
Activity required to update Consent status
B0020 – Control Consent Status
Activity required to view GP Summary via GP system
B0370 – View Summary Health Records ⁴

⁴ Note that “Summary Health Records” applies to those held on the local system and the “Summary Care Records” held on Spine. This activity code is needed to view either from the local GP System.

Table 4 - Approved RBAC roles to generate and access GP Summaries

Approved roles	Generate SCR	Consent	View SCR on PSIS	
	B0380	B0020	B0257	B0264
R8000: Clinical Practitioner Access Role	Y	PC*		Y
R8001: Nurse Access Role	Y			Y
R8003: Health Professional Access Role	Y			
R8016: Midwife Access Role	Y			
R8006: Medical Secretary Access Role	Y			
R8014: Social Worker Access Role	Y			

*R8000 only has the B0020 activity if assigned to the T1580 Primary Care Area of Work (which should be the case for GPs, but the Area of Work **might** not be filled in on the RA02. Given that areas of work are likely to be phased out in future it is better to add B0020 explicitly for all GPs except where it is inappropriate).

For clarity, while there are no additional activities required for SCR, other activities may be required for different applications such as ETP or Choose and Book. The activity code B0097 (Manage Summary Care Record) includes B0257, so if someone has code B0097 they should not also need B0257. It is however the case that some systems (which are not fully RBAC compliant) only look for B0257 and ignore B0097 as covering that access permission.

4.2 Explanatory Notes on individual Activity Codes

Activities are listed in numerical order, not relevance to SCR GP Summaries

B0020 – Control Consent Status
Allows a user to change the value of the national flags indicating a patient's preferences for restricting viewing of their Summary Care Record and detailed records. This activity must only be granted to users who are able to explain to the patient the consequences of these choices.
B0070 – Access Patient Sealed Data
Required to enable a user to gain temporary access to Patient Sealed clinical information, with the patient's permission. This activity is required in addition to B0264 and B0257 (which are needed to view the record if it is not sealed). Sealing does not apply to GP Summaries ⁵

⁵ It is not currently possible to seal a GP Summary so activities related to sealing will not be required in order to access any GP Summary but will be needed for access to sealed Clinical (CDA) documents when these are added from Secondary and Unscheduled Care systems from 2010 onwards.

B0080 - Establish Sealing Controls

Required to enable a user to seal, unseal or refuse to seal Patient Sealed clinical information, following the patient's request to seal or unseal. This activity is required in addition to B0264 and B0257 (which are needed to view the record if it is not sealed). Sealing does not apply to GP Summaries

B0083 - Gain Temporary Access to Patient Sealed Data Without Patient Permission

Includes B0070 to access **with** patient's permission
 Required to enable a user to gain temporary access to Patient Sealed clinical information, **without** the patient's permission. This activity is required in addition to B0264 and B0257 which are needed to view the record if it is not sealed.
 An alert will be generated when a user accesses Patient Sealed clinical information without the patient's permission. This does not apply to GP Summaries as they cannot be sealed.

B0085 – Claim a relationship with a patient

Required to enable a user to claim a legitimate relationship with a patient who is not registered with the Practice⁶. This is **NOT** needed to generate GP Summaries, as such patients will not have a GP Summary generated by the Practice system, but may be needed to view SCRs for “drop-in” patients (for example).

B0256 – View ETP Clinical Data within CSA

Allows the viewing of ETP messages on the CMR (Central Medication Record), e.g. dispensed prescriptions.
 The activity **B0264 – Access CSA** must also be granted in order for this to be effective.
 Required for all users who need to access the central prescription data to supplement information on prescribing with dispensing data (where recorded).
 NOTE: The CMR is not active, so this is not yet needed. It is not expected to be needed before 2011.

B0257 – View non-ETP Clinical Data within CSA

Allows the viewing of all clinical data with the exception of ETP messages (e.g. dispensed prescriptions). The activity **B0264 – Access CSA** must also be granted in order for this to be effective.
 Required for all users who wish (or need) to use the Summary Care Record Application (SCRa) to view GP Summaries.

⁶ Strictly speaking this activity code is required to claim a relationship with a patient they don't have an LR via their workgroup membership. Therefore, a patient could be registered but the user may not be in the correct workgroup. This is unlikely to happen in practice due to simple nature of workgroup hierarchies in a General Practice, but may occur where the practice includes (e.g.) physiotherapists as a distinct unit to whom the LR may not extend.

B0264 – Access CSA (Perform Patient Trace)

Allow user to search for a patient against PDS with use wider search criteria than Amend Patient Demographics, including blank fields and wildcards. This activity also acts as a gateway activity for the Clinical Spine Application for patient search; using either Advanced Trace or Confirm NHS Number. Permits the viewing of full demographic data, but does not provide access to sensitive personal information.

Required for all users who need to view Demographics or uploaded GP Summaries or both via the SCRa (previously known as the Clinical Spine Application). The activity B0257 is also needed to view the GP Summary and B0256 will be needed to view the Central Medication Record (ETP messages such as dispensed prescriptions) if/when it becomes available.

B0370 – View Summary Health Records

Allows user to view summary health information using the local application, i.e. not via the national Summary Care Record application.

This is included within B0380 (and higher activities, such as (but not limited to) B8029 Manage Detailed Health Records) so should not be needed except for non-Clinical staff who need to only view the SCR.

B0380 – Perform Detailed Health Record

Allows user to enter information in detailed clinical records including clinical coding, patient medication, clinical alerts, health issues, comments, contact events, assessments, care plans, conditions, dependency levels, birth (delivery and CDS details). Also allows user to change the consent to treatment flag.

It includes:

B0069 Record Patient Medication;

B0360 View Detailed Health Records;

B0790 Perform Clinical Coding;

B8011 Perform Clinical Documents.

This does **not** allow viewing of sealed information or sealing/unsealing, which are separately controlled.

Required for all users who will **generate** GP summaries, or update components of a GP summary. Most GP systems will upload generated/updated GP summaries automatically when the clinician closes the patient record, and this is supposed to only occur where the clinician is using a role which incorporates B0380.

4.3 Current GP Systems use of RBAC

GP Systems are currently⁷ checking the RBAC roles and Activity codes listed in Table 1 for GP Summary update. The systems do **not** establish the full list of activities associated with the User Role Profile using role baseline, Area of Work and added activities:

Note: In Practice Vision and iSOFT Synergy do not check the role, only any added Activity codes.

Roles and activities shown in **red** in the table (Table 1 on page 7) are not correct.

⁷ As at 10 July 2009

None of the systems fully meet the requirement for the Access Control System settings for SCR (PSIS) EndPoints, which is that they correctly check the RBAC roles and identify baseline activities and then add any additional Activity codes to produce the effective profile for the selected role. The activities in red are not the appropriate codes for generating an initial GP summary or updating a GP Summary.

4.4 Applicability of deprecated roles

At the current time⁷ none of the GP Systems that provide GP Summaries to PSIS check any of the roles listed below, so the inclusion of B0380 in their baseline is not used by the GP Systems, neither is the inclusion of B0020 (for Consent status) in 3 of the roles. However, when RBAC is implemented in a correct manner for any of the systems, then the content of these roles will become applicable.

Given that these roles are deprecated, it is possible that they will not be available in future, so it is advised that staff with these roles are migrated to rationalised roles at the earliest opportunity. Note that none of these roles include either B0257 or B0264 for access to PSIS (see activity descriptions above), but at present all access activities need to be added in explicitly.

Table 5 - Deprecated RBAC roles to generate and access GP Summaries

Deprecated roles	Generate SCR B0380	Consent B0020
R0260: General Medical Practitioner	Y	Y
R0270: Salaried General Practitioner	Y	Y
R6200: GP Registrar	Y	
R6300: Sessional GP	Y	Y
R0620: Staff Nurse	Y	
R0630: Enrolled Nurse	Y	
R0690: Community Practitioner	Y	
R0700: Community Nurse	Y	
R0680: Midwife	Y	
R0018: Audiologist	Y	
R0750: Chiropodist/Podiatrist	Y	
R0790: Dietician	Y	
R0950: Occupational Therapist	Y	
R1110: Physiotherapist	Y	
R0955: Speech & Language Therapist	Y	
R1540: Associate Practitioner	Y	
R1543: Associate Practitioner - Nurse	Y	
R1547: Associate Practitioner - General Practitioner	Y	
R1590: Phlebotomist	Y	
R8002: Nurse Manager Access Role	Y	
R8017: Midwife Manager Access Role	Y	