

Supplementary prescribing by dietitians

Chartered Society of Physiotherapy

Consultation response

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The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for the UK's 51,000 chartered physiotherapists, physiotherapy students and support workers.

The CSP welcomes the opportunity to respond to the consultation on supplementary prescribing by dietitians. Our response is focused on the areas in which we feel we can most effectively contribute. We would be pleased to supply additional information on any of the points raised in our response at a later stage.

Physiotherapists gained independent prescribing rights in England in August 2013, and implementation throughout the rest of the UK was achieved by September 2014.

Already this experience is delivering improvements in patient care and efficiencies. Fully utilising prescribing physiotherapists and other allied health professions will be increasingly critical to success in transforming the health and social care system to be sustainable, preventative, and organised around patient needs.

1. Should amendments to legislation be made to enable dietitians to supplementary prescribe?

- 1.1 Yes. Prescribing is a professional activity that should be available to all appropriately registered health care professionals where it is demonstrated that a) there is a defined patient need for that skill within that professional group and b) the professional has demonstrated that they have the necessary education, training and competence to prescribe safely and effectively for patient benefit. Prescribing is no longer viewed as a task that sits only within certain professional silos and the relevant legislation should continue to be amended and updated to reflect the growing number of registered professionals who undertake this activity.
- 1.2 Moreover, dietitians have been able to use Patient Specific Directions [PSDs] and Patient Group Directions [PGDs], and so already have extensive experience in the

safe use of medicines. The introduction of supplementary prescribing is a clear logical step in dietician practice. The nature and context of current and evolving dietician practice is such that appropriately trained dieticians should be able to access a range of lawful medicines mechanisms to ensure that patients receive the right treatment, including the right medicines, at the right time in the clinical care pathways, without unnecessary delay.

2. Do you have any additional information as to why the proposal for supplementary prescribing by dieticians SHOULD go forward?

- 2.1 The clinical arguments for the introduction of independent prescribing, by any registered professional group, are that early intervention achieves better outcomes for the patient. That supports the case for appropriately trained individuals to meet clinical need in their patients at as early stage as possible.
- 2.2 Recent experiences of the introduction of independent prescribing by physiotherapists and podiatrists indicates tangible benefits to both patient experience and to service design and provision. We welcome the proposal to extend independent prescribing to dieticians in the hope that the same tangible benefits will be apparent in dietician care pathways.

3. Do you have any additional information as to why the proposal for supplementary prescribing by dieticians SHOULD NOT go forward?

- 3.1 No comments.

4. Does the 'Consultation Stage Impact Assessment' give a realistic indication of the likely costs, benefits and risks of the proposal?

- 4.1 Yes, in addition: The costs to the HCPC in approving dietician programmes needs to be considered. There may be costs for services where a doctor is not part of the service model/provision and whose expertise will be required to be brought in to act as the designated medical Practitioner to provide supervision for the practice-based aspects to the prescribing programmes.

5. Do you have any comments on the proposed practice guidance for dietician prescribers?

- 5.1 This document will be invaluable in supporting prescribing dieticians in their practice. The content and format of the document broadly follows the existing guidance that is in place for physiotherapists and podiatrists. This supports the view that prescribing is a professional activity to which the same practice guidance standards should broadly apply across all professions.

6. Do you have any comments on the 'Draft Outline Curriculum Framework' for education programmes to prepare dieticians as independent prescribers?

- 6.1 The inclusion of a definition of dietician prescribing practice that is clear and understandable is very welcome.

- 6.2 The content and format of the document broadly follows the existing guidance that is in place for physiotherapists and podiatrists. This supports the view that prescribing is a professional activity to which the same practice guidance standards should broadly apply across all professions.
- 6.3 The reference to existing regulatory standards for allied-health professional prescribers and applying entry criteria consistent across all groups is reassuring.
- 6.4 The reference to a common competency framework enhances the evidence that prescribing is a professional task which requires equal skill regardless of whichever professional is practising the skill.

7. Do you have any comments on how this proposal may impact either positively or negatively on specific equality characteristics, particularly concerning: disability, ethnicity, gender, sexual orientation, age, religion or belief, and human rights?

- 7.1 No comments.

8. Do you have any comments on how this proposal may impact either positively or negatively on any specific groups e.g. students, travellers, immigrants, children, offenders?

- 8.1 We do not anticipate any barriers to any defined group. The development of prescribing rights for further professional groups means that such groups should have access to the relevant medicines they need, from whichever health professional group they come into contact with.



Professor Karen Middleton CBE FCSP MA
Chief Executive
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24/04/15

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For further information on anything contained in this response or any aspect of the Chartered Society of Physiotherapy's work in relation to medicines use and prescribing, please contact:

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