SUPPORTING DIETITIANS AS SUPPLEMENTARY PRESCRIBERS

NATALIE YERLETT, HEAD OF DIETETICS, GREAT ORMOND STREET. 2025

Dietitians as Supplementary Prescribers

Overview:

- Time release and workload adjustment
- Clinical governance
- CPD post-course
- embedding prescribing into practice.
- Manager's role in supporting the trainee and service adaptation

Scope of Supplementary Prescribing

Collaborative Prescribing Partnership

Supplementary prescribing is a voluntary partnership between dietitians and independent prescribers to ensure safe medication use.

Scope

Dietitians can prescribe licensed, unlicensed, and controlled drugs within a patient-specific Clinical Management Plan (CMP).

CMP:

Supplementary prescribing requires patient agreement, ensuring treatments are tailored to individual needs.

Agreed formulary drugs on CMP

Sign off by independent prescriber / consultant

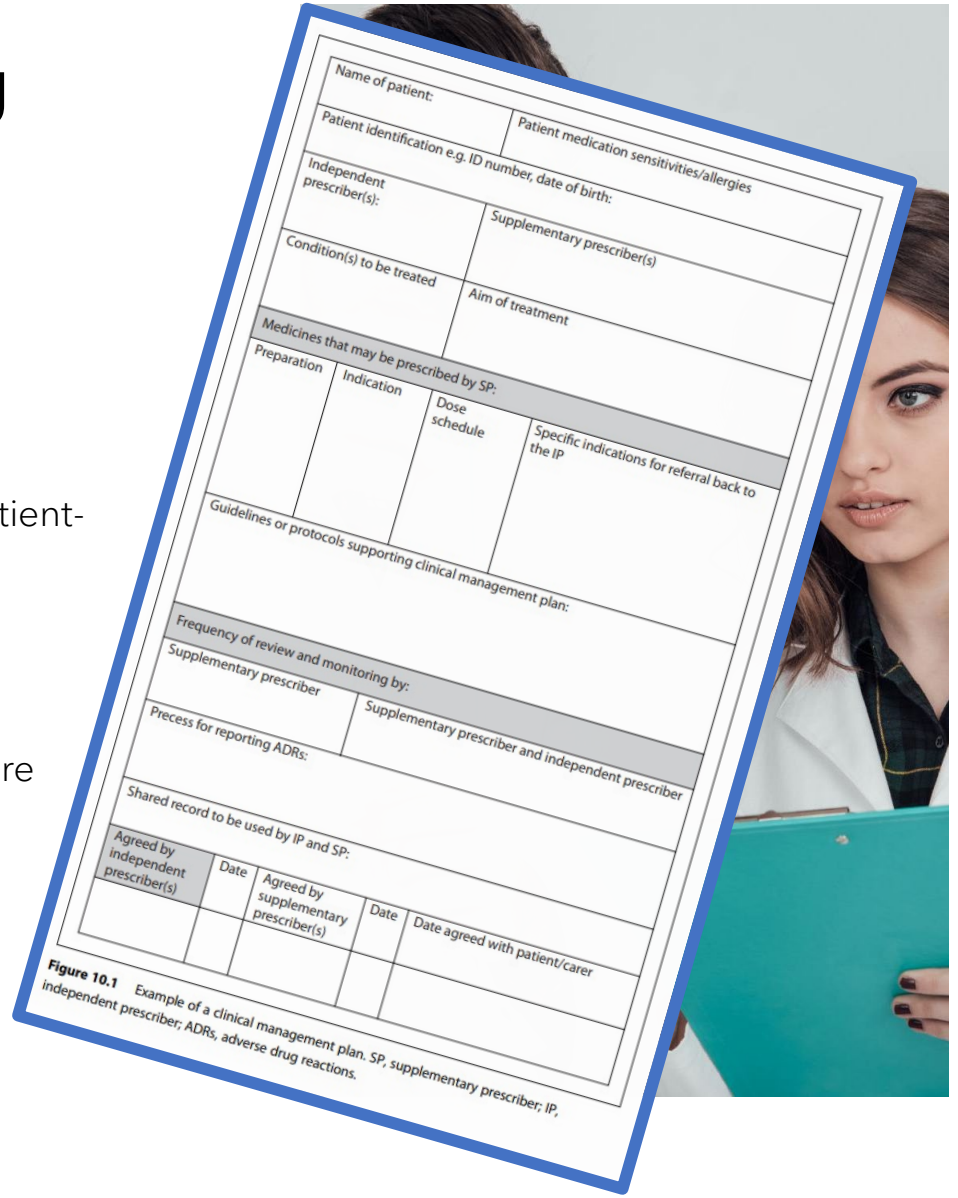


Figure 10.1 Example of a clinical management plan. SP, supplementary prescriber; IP, independent prescriber; ADRs, adverse drug reactions.

Non-medical prescribing course:

Duration: Usually around 26 weeks (full-time).

Academic Credits: Most courses offer 30 to 40 credits at postgraduate level only for dietitians (Level 7).

Study Hours:

Academic Study Days: Around 25 days, each typically 7 hours long (≈150–180 hours).

Practice-Based Learning: You are required to complete 90 hours of supervised practice in your clinical area which you align to specific criteria to meet prescribing competencies

Self-Directed Study: Additional hours are expected for reading, assignments, and portfolio – around 100 hours, depending on your pace and prior knowledge.

Total workload: Approximately 300–400 hours over the course duration.

🔷 Assessment/ exams:

Numeracy test (pass mark often 100%)
Pharmacology exam (pass mark often 80%)
Portfolio of evidence (this is a huge piece of work)

Time Release and Workload Adjustment

Time release and backfill

We have 5 SPs (inlc 1x ACP) in our dietetic dept now, no time backfill allocated usually.

- Need to factor in cover and caseload distribution for clinical days missed to attend university lectures, exams and meetings with supervisor.
- Self-directed learning or blended learning online also requires time to complete which is harder to quantify. Don't underestimate the impact of this time!

Protected Learning Time

Where possible some hours of protected learning time can enable trainees to fully engage with course content and training, and keep up with the hour log as they go along.

Long-term Benefits

Training leads to increased autonomy, better service efficiency, and improved patient care despite temporary clinical slowdowns.

Other non-clinical work to be put on hold during this time – project/audit etc.

Clinical Governance

Adherence to Policies

Dietitians must follow governance policies aligning prescriptions with Clinical Management Plans and HCPC and local Trust standards/SOPs.

Includes:

- Record keeping: Keep accurate, legible, records of patient care and CMPs.
- Scope of practice: Only act within the boundaries of your professional competence and scope of practice or agreed drug formulary.

Updated local registration

Renew registration annually with a signature from your line manager and clinical supervisor.

Submit updated Scope of Practice forms to the relevant department (e.g., Pharmacy, lead for Non-medical prescribing) whenever there is a change, and at least every three years.

Clinical Governance

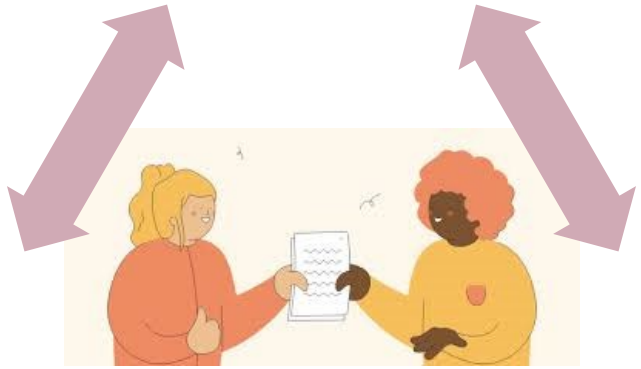
- Auditing: Conduct periodic audits of your prescribing practice and its impact annually if possible.
- Significant events: Report all incidents involving non-medical prescribing in line with the Trust's Significant Event Analysis policy.
- Job description: Ensure that non-medical prescribing is specified in your job description once you qualify – new job description written to include – may affect your indemnity insurance if it is not in your job description.
- Joining/leaving a Trust : Notify the signatory immediately when joining or leaving.

- If you have agreed high-risk medicines in your formulary, make sure there are appropriate systems in place to monitor these.

Accountability:

Individual responsibility:

The individual SP is responsible for maintaining their competence, performing audits, and managing their professional development.



Organisational responsibility:

The organisation is responsible for having systems in place to support and monitor SPs, including recruitment checks, providing supervision, and ensuring the existence of necessary SOPs, local policies and procedures.

Regulatory bodies:

You must remain compliant with the HCPC professional body's standards.

Continuing Professional Development (CPD) Post-Course

Importance of CPD

CPD is vital to maintain competence and registration for dietitians after qualification.

CPD suggestions

May include peer reviews, prescribing audits, reflective practice, updates on pharmacology and legislation, attending NMP Trust study days for interdisciplinary learning.

Framework and Governance

The Prescribing Competency Framework guides evaluation and supports safe, effective prescribing practices.

Organisational Support

Encourage access to CPD and promote lifelong learning cultures among prescribers. i.e: half day twice a year to attend Trust wide NMP updates.

Manager’s Role in Supporting Trainees

Pre-Training Support

Managers identify suitable candidates, discuss impact on team during training and the change to their role after training.

Assist with applications, and plan time release and supervision before training starts.

Training Mentorship

During training, managers provide mentorship, monitor progress

Post-Qualification Integration

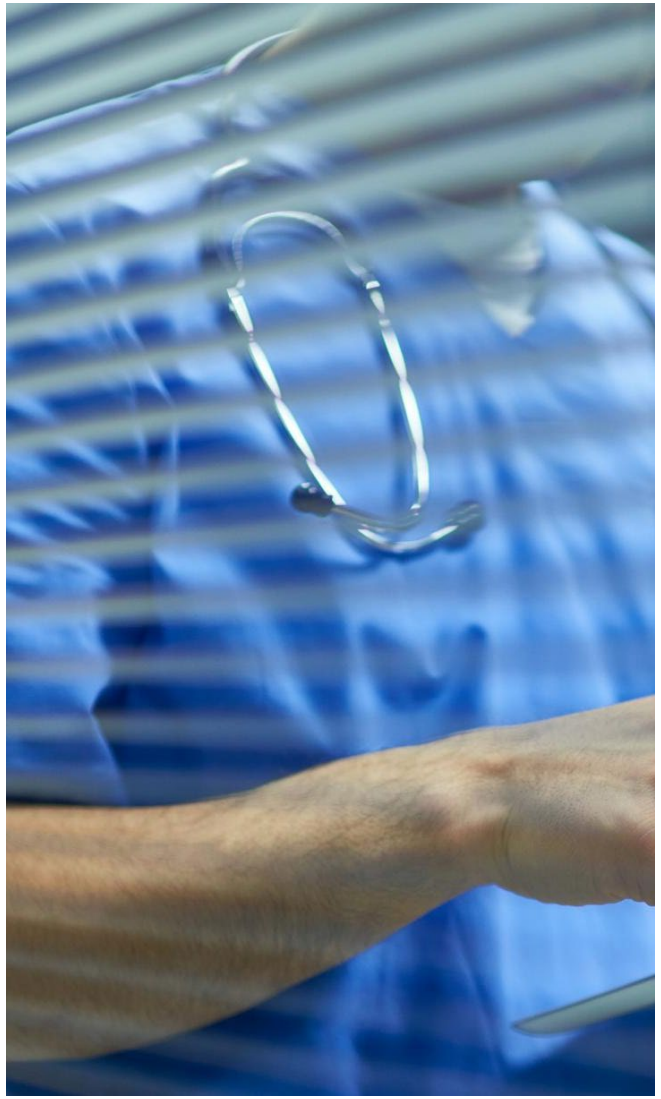
Post-qualification, managers embed prescribing in job plans, facilitate CPD, and lead service redesign.

Governance and Compliance

Managers coordinate with governance teams and stakeholders to uphold prescribing standards and ensure regulatory compliance.

For example: Nutrition Steering Committee, Pharmacy

Embedding Prescribing into Dietetic Practice



Electronic Patient Records Usage

Utilising EPRs enhances communication and reduces delays in the prescribing process for dietetic care.

We have EPIC at GOSH and use a smartphrase to pull in our personalised general CMP to a patient's note and then we can route it for co-sign to the DPP/ consultant electronically.

Multidisciplinary Team Collaboration

Collaboration within MDTs ensures effective integration of prescribing into routine dietetic care. This can cause some difficulty at times, best to collaborate and discuss to agree best processes and flow.

Summary

Overall, becoming a supplementary prescriber can empower and advance dietetic practice to streamline and improve flow for efficient and effective patient care.

The amount of support will be high from managers and from clinical leaders, especially at first, as you are often delivering a radical change to a way of working in a clinical area.

Engaging stakeholders early and throughout to ensure respectful integration of a new skill is essential.

Independent prescribing in the future would further streamline processes and reduce paperwork, but electronic health care records can help meanwhile.

THANK YOU

NATALIE YERLETT, HEAD OF DIETETICS, GREAT ORMOND STREET.2025