

# Dietetic Prescriber Case Studies: Guidance Document

As part of the British Dietetic Association's campaign to extend independent prescribing rights to dietitians nationwide, we want to gather real-world examples of how supplementary prescribing is being used in practice; how it's working, how it's not working and what would be possible if dietitians could independently prescribe.

This guide is designed to help you to fill in the form and offers practical tips and ideas to help you to showcase your example clearly and effectively.

We want to know about...

- the times when things went well, and your ability to prescribe made a real difference
- the challenges you've faced as a supplementary prescriber, and how the barriers it presents have affected you and your patients
- and the moments when you know that having independent prescribing rights could have changed the outcome for you or your patients

## Guidance by Question

**Question: Describe the case. Tell us what happened and how you handled it.**

**Tips:** Give us a general outline – who was the patient, what was their condition and what treatment did they need. You can go into more detail about how supplementary prescribing played a part in the next question.

**Question: Give us more detail about the practicalities of supplementary prescribing in this case - what happened and how did you and your patients feel? If relevant, highlight any challenges or barriers that you experienced, and the impact that had on everyone involved**

**Tips:** Outline what steps you had to take and tell us about the feelings of everyone involved. For example: patient frustration / family anxiety / increased dietitian sense of being powerless with role limitation etc.

If your case study talks about the challenges of supplementary prescribing, you may want to consider these areas:

- Pressure on the primary care system with a GP appointment needed for prescribing of medication recommended in secondary care, i.e. duplication
- Delayed commencement of treatment for ...
- Increase in anxiety as Pt/Family await GP appointment
- Increased risk of clinical complications:
- Missed opportunity to use the dietitian's skills more fully due to inability to prescribe
- Unnecessary additional inconvenience for pt/family to get the medication
- Potential for patient to miss GP appointment and not receive treatment that could not be initiated by the dietitian
- Poor use of dietetic time with increased administrative tasks to complete: of nil clinical value.

**Question: If relevant to this case study, tell us what you think would or could have happened if you had the ability to independently prescribe.**

**Tips:** Describe what *would* happen in a scenario like this if you had the ability to independently prescribe.

And then explicitly tell us about the benefits this would have – here are a few ideas:

*Patient-centred benefits:*

- Prompt referral to XX (additional) service
- Reduced risk of XX
- More timely assessment and intervention
- Reduced time between diagnosis and commencing treatment
- Reduced inconvenience for patient/family (episode of care is completed in one visit)
- Improved adherence by patient: takes medication following specific dosing instructions as advised, information and treatment are given at the same time by the same health professional – helps with consistent and contextual advice
- Improved patient safety.

*Benefits for colleagues/other healthcare professionals:*

- Reduced costs to the NHS associated with a reduced number of appointments with health professionals
- Reduction in the number of health professionals involved in patient care reduces opportunity for duplication or omission in care
- Improved communication through single point of care
- Improved effectiveness and economic value by reducing the number of appointments and professionals involved in the episode of care
- Releasing GP appointments improving efficiency.

*Benefits for the prescribing dietitian:*

- Effective and efficient use of highly qualified and skilled health care professionals
- Reduces administrative task the dietitian has to complete to prescribe and that are of no added value
- Enables more efficient use of clinical time
- Job satisfaction
- Equity in prescribing: same training, same right – places us on an equal playing field with other prescribers.

**Question: If you have any supporting documents you'd like to include, you can upload them here. Please keep in mind that we're only able to review brief additional materials - long or detailed case studies may not be considered. Where possible, keep things short and focused on the key points.**

We understand that sometimes you've already collated a case study for another purpose and you don't want to write it out again. In that case, you can use this section to upload a document. You can also upload supporting documents which offer some extra information around your case study, or even photographs.

**Please note:** The best case studies are short and to the point. We are a small team and we don't have the capacity to handle large quantities of information, so if you provide a lot of documentation we're less likely to use your case study as part of our campaign.

## **References**

You don't have to include any references with your case study – but if you do, we want you to keep them to a minimum! If there's a great piece of research or a statistic that you really want to mention, you can cite it in the main text, and list your reference here.