

Non-medical prescribing

Ellouise Simpson

Diabetes Specialist Dietitian

Supplementary prescriber (SP) & First Contact Dietitian (FCD)

January 2024



@DietitianEllouise

- **Primary Care Network Dietitian**
 - Supplementary prescriber – University of Sheffield 2022
 - First Contact Dietitian – University of Hertfordshire 2023
- **BDA FCP Specialist Group Committee Treasurer**
 - Facebook group: BDA First Contact Dietitians – free to join
- **A guest member of the School of Clinical & Applied Science at Leeds Beckett University**
 - Published several peer-reviewed articles
- **Instagram @DietitianEllouise**
 - Evidence-based diabetes nutrition advice – made fun!



Aims & Objectives

- To provide an introduction to Non-medical prescribing
- The benefits of NMP to:
 - Patients living with diabetes
 - Services
 - Wider team
- Clinical Management plan implementation
- The future prospects

Supplementary prescribing

Definition

Supplementary prescribing is “a voluntary prescribing partnership between an **independent prescriber** and a **supplementary prescriber** to implement an agreed patient-specific clinical management plan (CMP) with the patient’s agreement.

Key Points

- Dietitians currently hold supplementary prescribing rights only. Granted in March, 2016.
- Prescribing courses for dietitians are validated and approved by the HCPC.
- The HCPC sets separate prescribing standards for those annotated as prescribers.

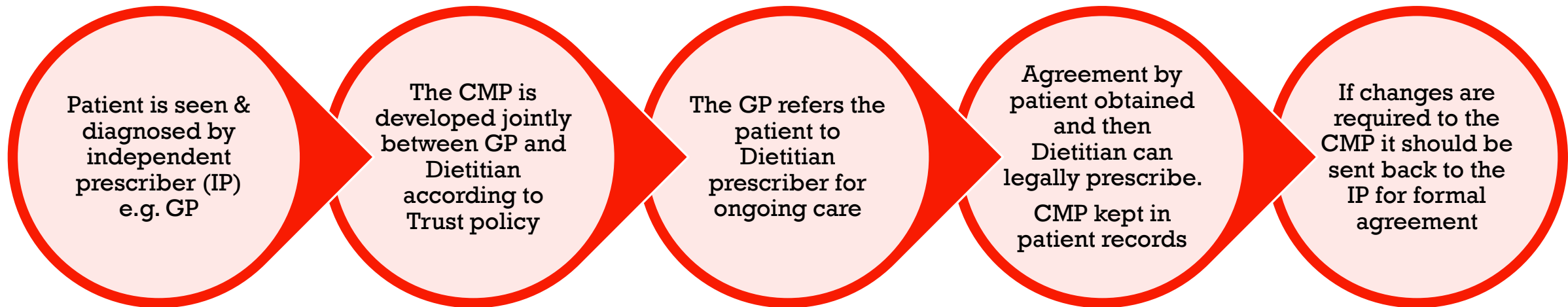
Clinical Management Plan (CMP)

- Patient details
- Allergies
- Medical history
- Current medication
- Medication able to prescribe, including dose
- Indications for referral back to independent prescriber
- Guidelines/protocols supporting prescribing practice
- Frequent monitoring
- Process for reporting adverse drug reactions
- Sign and dated and agreed with the patient

Example

Name of patient		Patient medication sensitivities/allergies	
Patient identification, e.g. ID number, date of birth			
Independent prescriber(s)		Supplementary prescriber(s)	
Condition(s) to be treated		Aim of treatment	
<u>Medicines that may be prescribed by SP:</u>			
<u>Preparation</u>	<u>Indication</u>	<u>Dose schedule</u>	<u>Specific indications for referral back to the IP</u>
Guidelines or protocols supporting Clinical Management Plan:			
<u>Frequency of review and monitoring by:</u>			
Supplementary prescriber		Supplementary prescriber and independent prescriber	
Process for reporting ADRs			
Shared record to be used by IP and SP			
Agreed by independent prescriber(s)	Date	Agreed by supplementary prescriber(s)	Date

A brief overview as to how supplementary prescribing can be utilised in practice



Supplementary prescribing is intended to provide patients with quicker and more efficient access to medicines. A supplementary prescribing dietitian makes the best use of their skills and expertise in their area of speciality. Over time, supplementary prescribing is likely to reduce doctors' workload and improve cost saving for the NHS.

Benefits

Patients & wider team

- Faster access to medication
- Improve diabetes control (BM & HbA1c)
- Greater patient satisfaction
- Reduce waiting time
- Streamline service
- Improve the relationship between dietary advice giving and medication management
- Saving GPs and pharmacists time

Dietitians

- Improve pharmacology knowledge
- Increased professional awareness & reputation
- Greater job satisfaction & autonomy

In-practice

Implement-
ation may
be slow-
moving

Health care
record
integration
e.g. S1

Patient
safety is
paramount

Inform
trust of
extended
role/
declaration

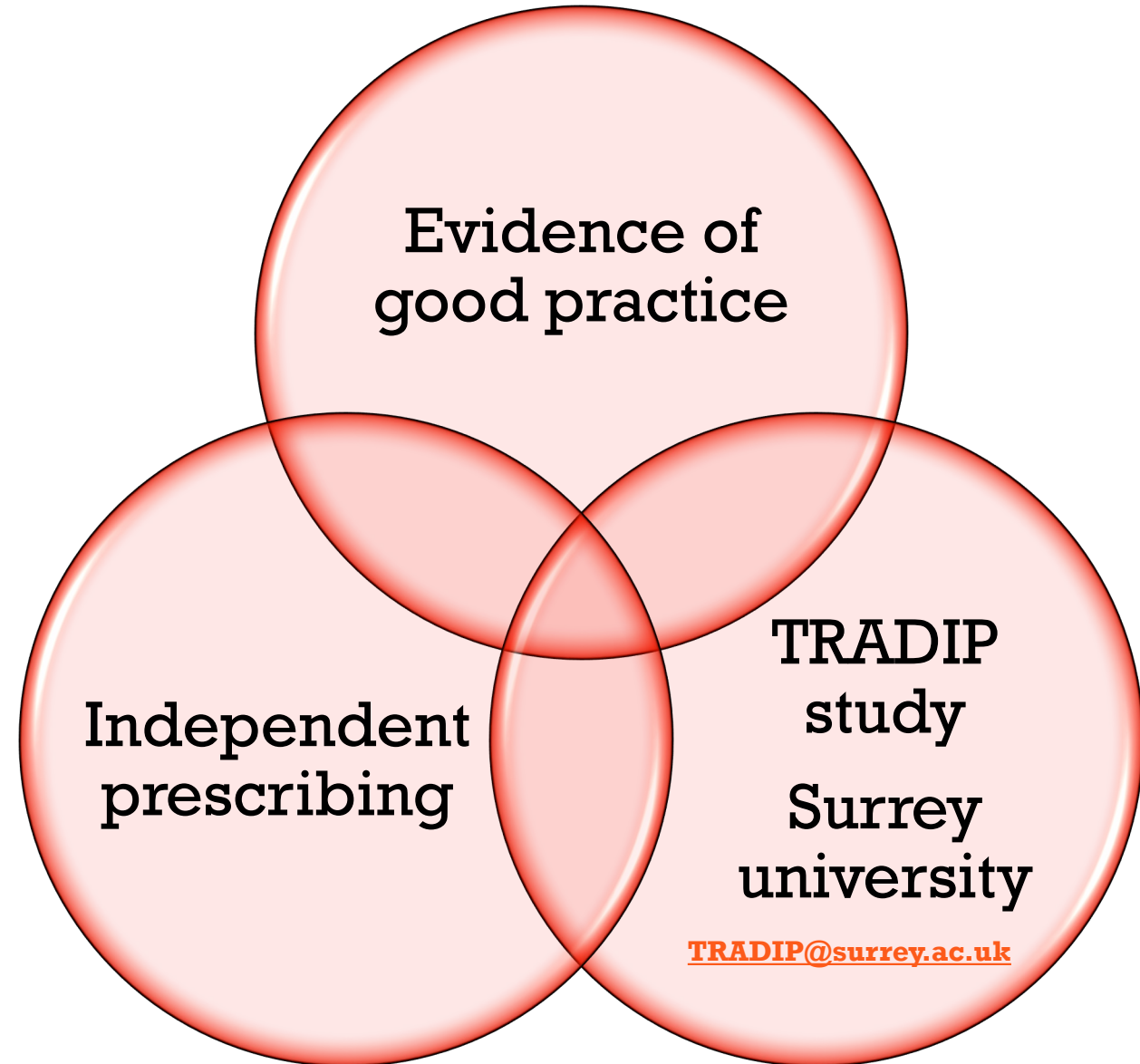
CPD & demonstrating
competency

Auditing

Trust
policy

Some independent prescribers may feel CMP add to
their current workload

The future is
bright



Thank you for listening

Questions welcome



@DietitianEllouise