Extend Independent Prescribing Rights to Dietitians Nationwide

Introduction

Dietitians are statutorily registered healthcare professionals uniquely qualified to assess, diagnose, and treat diet and nutrition problems at both individual and public health levels. Nutrition is one of the fundamental building blocks of good health, and dietitians work across a wide spectrum of our health service, from promotion of good health and illness prevention, to treating patients with life threatening conditions throughout their entire lives.

In 2016 dietitians were given supplementary prescribing rights, meaning they can prescribe medication within their scope of practice. Supplementary prescribing requires the creation of a Clinical Management Plan (CMP). A CMP is an agreed, defined plan of treatment for a named patient, which sets the legal boundaries of the medication and the parameters of prescribing responsibility for the supplementary prescriber (Baird, 2003). This needs to be in conjunction with an independent prescriber, such as a doctor.

We are campaigning for the law to be changed across the UK to allow dietitians to independently prescribe, which will improve outcomes for patients, streamline care pathways and allow the National Health Service to make the most of dietitians' expertise.

Dietitians as supplementary prescribers

Since 2016 393 dietitians have trained to become supplementary prescribers. Training is completed by studying a Postgraduate or Masters level Non-Medical Prescribing course at a Higher Education Institution.

Dietitians study the **same course,** and undergo the same assessments, as other professionals studying to become independent prescribers (such as nurses, pharmacists, paramedics, physiotherapists, optometrists and podiatrists). They engage in an intensive study of pharmacology and prescribing competency. However, once qualified they are only legally allowed to act as supplementary prescribers.

Dietetic prescribers are working across a wide variety of medical specialties:

- A diabetes specialist dietitian may prescribe insulin for patients with Type 1 diabetes.
- A paediatric allergy specialist dietitian may prescribe an adrenaline auto-injector, such as an EpiPen, for children with food allergies.
- A nutrition support specialist dietitian may prescribe parenteral nutrition for a patient with a bowel obstruction as a result of surgery.
- A renal specialist dietitian may prescribe phosphate binders for a patient with chronic kidney disease

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An evaluation of supplementary prescribing by dietitians was carried out by the University of Surrey (Carey, 2024).

This report discovered a range of benefits to dietetic supplementary prescribing since its introduction including:

- A positive effect on patient experience, choice and access to healthcare.
- A high level of patient acceptability.
- A wider choice of treatment options available to patients.
- Improved provision of information about medicines, including more focus on safety and side-effects.
- A reduction in waiting time for prescriptions.
- An increased ability to select the most appropriate medicines amongst prescribing dietitians.
- Cost savings of over £64,000 per dietetic prescriber over five years.

Drawbacks of supplementary prescribing and the case for independent prescribing

While supplementary prescribing for dietitians has created a range of benefits, the restrictions of it is creating unnecessary barriers to providing the best quality of care (Ruddock and Rees 2022).

- The bureaucracy surrounding the creation of CMPs can be off-putting for time-stretched medical teams, and dietitians often have to invest extra time and energy into 'making it work'.
- It's unsuitable in settings with high patient turnover or where care is provided on a short-term basis.
- Supplementary prescribing isn't always well understood by all healthcare organisations and some dietitians face a range of barriers to implementing it once qualified.

But the most significant drawback is the lost opportunities of *what could be possible* if dietitians were able to independently prescribe.

When they are not able to independently prescribe medication, extra time and resources is spent sending a patient back to their GP or consultant, or tracking down an independent prescriber so that a patient can get appropriate medication. This creates delays in a patient's access to medication, which may affect their health and their experience overall.

It also means that the person taking legal responsibility for the prescription isn't necessarily the person who has assessed the patient. One consultant who responded to the evaluation on supplementary prescribing said:

"If you have a dietitian that comes to you and goes, "Oh, I think they need this, that, or the other," you're then prescribing on behalf of someone else's opinion and expertise. And I think sometimes that feels almost ridiculous because they know far more than you do, and particularly with the dietetic stuff, with the nutritional support things." (Carey, 2024).

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The view of our members is that dietitians want to take the legal responsibility for the healthcare decisions they make. Independent prescribing would allow them to do so.

Non-medical independent prescribing

Non-medical prescribing (NMP) is the term used to describe any prescribing completed by a healthcare professional other than a doctor or dentist.

Non-medical prescribing was introduced in the UK for the first time in 1992, to allow district nurses and health visitors to independently prescribe from a limited formulary (Dunn and Pryor 2023). In 2001 this extended to other appropriate health professionals outside community nursing, and supplementary prescribing for nurses and pharmacists was introduced through legislation in 2003.

Since then, an increasing number of professions have qualified to carry out non-medical prescribing.

Profession	Independent prescribing	Supplementary prescribing
Arts Therapy		
Diagnostic Radiography		X
Dietitian		X
Nursing	X	X
Occupational Therapy		
Orthoptist		
Paramedic	X	X
Pharmacy	X	X
Physiotherapist	X	X
Podiatry	X	X
Therapeutic Radiography	X	X
Speech and Language Therapy		

Source: Our professions' medicines and prescribing rights | The HCPC

In the early days of non-medical prescribing it made sense to create significant safeguards to ensure patient safety, medical integrity and to allow time for evidence that it is safe and effective.

It has now been over 30 years since non-medical prescribing was introduced to the UK, and evidence has consistently proven that it is not only safe and effective, but it can lead to improved patient care and improve the efficiency of the health service. (Culkin 2019, Culkin 2022)

Research shows that patients feel strong relationships are built with the non-medical prescribers, as they seem to be genuinely interested in them, listening to their views (Carey and Stenner, 2011; Cope, Abuzour and Tully, 2016). This promotes openness and trust. Patients have reported that they feel their care is more holistic and this inspires confidence which has positive effects on shared decision-making and impacts positively on self-management (Courtenay et al, 2011).

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We believe that it is time for change. The current legislative framework specifically names the prescribing capabilities permitted for each profession, which means that a lengthy legislative change process is required *every* time a profession begins prescribing or wishes to move from supplementary prescribing to independent. The time has arrived for this to be simplified and for the prescribing rights of a profession to be connected to qualification level. In other words, the completion of a non-medical prescribing qualification should be sufficient to become an independent prescriber.

From the perspective of our members, dietitians are more than ready to begin independently prescribing. The evaluation of dietetic supplementary prescribing by the University of Surrey made this recommendation to policy makers: “We recommend urgent review for progressing the dietitian profession to independent prescribing, to facilitate greater optimisation of prescribing skills for advanced practice dietitians." (Carey, 2024).

Making it happen

In order for this to become a reality, it will require a legislative change in all four nations of the UK. Ideally, we want this to be led by the Chief Allied Health Professions Officers in each nation, and for the change to be co-ordinated to ensure there is no delay in introduction to the devolved nations.

Once legislation is passed, existing dietetic supplementary prescribers may need to complete a short conversion course, which would revisit their existing skills and ensure they feel fully prepared for the increase in responsibility from supplementary to independent prescribing.

The BDA’s campaign strategy includes building relationships with key stakeholders, using our existing networks to build solidarity and raise awareness of the campaign, and building a thorough evidence base in preparation for the legislative change process.

As well as this, the Prescribers Specialist Sub-Group continues to provide support and guidance for prescribing dietitians, including providing continuous professional development. The British Dietetic Association calls upon the government, healthcare organisations, and all relevant stakeholders to support this vital campaign. By working together to introduce independent prescribing rights for dietitians, we can build a more efficient, effective, and patient-centred healthcare system that leverages the full potential of the dietetic workforce.

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