



Consultation on proposals to introduce supplementary prescribing by dietitians across the United Kingdom

Reply Form (hard copy)

This response form accompanies the main consultation document which is available on the NHS England consultation hub website at:

www.engage.england.nhs.uk

Guidance

Thank you for downloading or requesting a copy of our consultation response form.

Please note that this response form accompanies the main consultation document which should be read in full before completing. The main consultation document can be accessed on the NHS England consultation hub website [here](#).

If you have downloaded this document, please print a copy and complete before returning to us at the address below.

If you would prefer to complete the consultation online please go straight to the online survey [here](#).

How to respond:

Please post your responses to:

Address: George Hilton
AHP Medicines Project Team
NHS England
5W20, Quarry House
Leeds
LS2 7UE

Closing date:

Please send your responses to arrive no later than **24 April 2015**

Please tell us your:

Name*:

E-mail:

Organisation (if appropriate):

* Required

Questions

There are a total of 19 questions to answer.

There are 8 consultation questions and a further 11 questions regarding information about you or your organisation.

Please tick one box only per question.

If you require more space than provided for your comments, please continue on a separate sheet, clearly referencing the question number.

Consultation questions (1-8)

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

- Yes
- No

Reasons/comments:

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

- Yes
- No

Additional information/comments:

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

- Yes
- No

Additional information/comments:

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

- Yes
- No
- Partly (please explain why)

Reasons/comments:

Question 5: Do you have any comments on the proposed practice guidance for dietetic supplementary prescribers?

- Yes
- No

Comments:

Question 6: Do you have any comments on the 'Draft Outline Curriculum Framework for Education Programmes to Prepare Dietitians as Supplementary Prescribers'?

- Yes
- No

Comments:

Question 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?

- Yes
- No

Comments:

Question 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?

- Yes
- No

Comments:

Information about you –Questions 9-19

Question 9: Are you responding:

- as a patient *
- as a carer *
- as a member of the public *
- as a health or social care professional**
- on behalf of an organisation ***

* If you are responding as a patient, carer or a member of the public, please proceed directly to **Question 12**

** If you responding as a health or social care professional, please go to the next question.

*** If you are responding on behalf of an organisation, please only complete **Question 11**.

Question 10: Please indicate if you are a:

- Dietitian
- Orthoptist
- Paramedic
- Radiographer
- Other Allied Health Professional
- Doctor
- Nurse/Health Visitor
- Pharmacist
- Other Health and Social Care Professional

If you selected 'Other Health & Social Care Professional', please specify.

Question 11: If you are responding as a health or social care professional, or on behalf of an organisation, please indicate your primary area of work or the nature of the organisation you represent.

- NHS Acute
- NHS Community
- Social Care
- Private Health
- Third Sector
- Regulatory Body
- Professional Body

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- Education
- Trade Union
- Local Authority
- Independent Contractor to NHS
- Manufacturer
- Supplier
- Other

If you selected 'Other', please give details.

Question 12: Do you live in:

- England
- Scotland
- Wales
- Northern Ireland

If you do not live in the United Kingdom, in which country do you live?

Question 13: How old are you?

- Under 18
- 18 – 24
- 25 – 34
- 35 – 54
- Over 55
- Prefer not to say

Question 14: What is your sex?

- Male
- Female
- Prefer not to say

Question 15: Do you consider yourself as a person with a disability?

- Yes
- No
- Prefer not to say

Question 16: Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability or problems related to old age?

- Yes
- No
- Prefer not to say

Question 17: What is your ethnic group?

- British
- Irish
- White and Black Caribbean
- White and Black African
- White and Asian
- Indian
- Pakistani
- Bangladeshi
- Caribbean
- African
- Chinese
- Other
- Do not wish to disclose

If you selected 'Other', please specify

Question 18: What is your religion or belief?

- None
- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- Prefer not to say

If you selected 'Other', please specify

Question 19: Which of the following best describes your sexual orientation?

Only answer this question if you are aged 16 years or over.

- Heterosexual / Straight
- Lesbian / Gay Woman
- Gay Man
- Bisexual
- Prefer not to say

THANK YOU FOR PARTICIPATING IN THIS CONSULTATION

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