



**Patient and public summary of:**

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

The full consultation document is available on the NHS England consultation hub website [here](#).

Prepared by the Allied Health Professions  
Medicines Project Team

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**Document Status**

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**Patient and public summary for: Consultation on proposals to introduce supplementary prescribing for dietitians across the United Kingdom**

This summary document has been primarily produced for patients and members of the public to accompany *Consultation on proposals to introduce supplementary prescribing for dietitians across the United Kingdom* which can be accessed on the NHS England consultation hub website [here](#). This summary document has been considerably condensed and **does not** contain all the detailed information on this proposal such as patient safety, training and education.

The proposed changes to medicines legislation would apply throughout the United Kingdom. This consultation document has been developed in partnership with; the Northern Ireland Department of Health, Social Services and Public Safety; the Scottish Department of Health and Social Care; the Welsh Department of Health and Social Services; the Department of Health for England; and the Medicines and Healthcare Products Regulatory Agency.



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## 1 Summary

The NHS is consulting on proposals to enable dietitians working at an advanced level and who have undertaken the appropriate training, to be able to prescribe medicines for their patients through supplementary prescribing.

Dietitians assess, diagnose and treat diet and nutritional problems at an individual and wider public health level. They ensure patients eat sufficient energy and nutrients to maintain normal physiological functions, and offer advice that will provide the best protection against the risk of disease.

Under supplementary prescribing, a clinical management plan (CMP) is drawn up by an independent prescriber such as a GP in partnership with a supplementary prescriber, and which the patient agrees to. The CMP sets out the medicines that can be prescribed for the patient. It is most useful in dealing with long term conditions or long term health needs where regular changes in medication are required.

There are a number of questions on this proposal, and everyone is welcome to respond to the consultation.

The consultation will run for 8 weeks and closes on **24 April 2015**

This document is a summary of the full consultation document which is available on the NHS England consultation hub website [here](#).

A glossary of terms is included at the end of this document.

## 2 Introduction

In recent years, the NHS has enabled a wider range of health professionals to prescribe or supply and/or administer medicines to patients. This makes it easier for patients to get access to the medicines that they need in a timely manner so they gain maximum benefit.

The NHS is now consulting on proposals for four separate groups of allied health professionals across the United Kingdom to have wider access to medicines for their patients. These proposals include:

- Independent prescribing by radiographers
- Independent prescribing by paramedics
- Supplementary prescribing by dietitians
- Use of exemptions within Human Medicines Regulations (2012) by orthoptists

The proposed changes will allow these health professionals to better use their skills to care for patients. This will mean that patients will be able to access medicines as part of their treatment at the most appropriate time and place

This document covers the consultation on proposals to introduce supplementary prescribing by dietitians across the UK.

### 3 About the consultation

This consultation has been prepared by NHS England with support from the British Dietetic Association (BDA), the Medicines and Healthcare Products Regulatory Agency (MHRA), the Department of Health, the Northern Ireland Department of Social Service and Public Safety, The Scottish Department of Health and Social Care and the Welsh Department of Health and Social Services.

The proposed changes to medicines legislation would apply throughout the United Kingdom, in any setting in which dietitians work including the NHS, independent and voluntary sectors.

Everyone is welcome to respond to the questions in this consultation as outlined in section 6.

This consultation will run for 8 weeks and responses should be sent to arrive no later than: **24 April 2015**

### 4 Background and context

#### 4.1 The role of dietitians

Dietitians play a crucial role in patient pathways where a change in diet plays a vital role in managing the medical condition or to prevent it from getting worse. They help patients make food and lifestyle choices to ensure they eat enough energy and nutrients to maintain normal body function, correct nutritional disorders and help patients maximise their own health. Diabetes, kidney disease and cystic fibrosis are three examples of conditions where this relationship between dietary intake and medication is key to getting the best out of treatment.

Dietitians work in a variety of settings across the UK, including the NHS, independent and private sectors; higher education, research, media and industry.

#### 4.2 Current use of medicines by dietitians

Dietitians are already experienced in the safe and effective use of some medicines, where appropriate for their patients, however not all patients can benefit from the current mechanisms available to dietitians. More detailed information about how dietitians currently provide patients with medicines can be found in the main consultation document [here](#).

While the existing arrangements have helped to improve the effectiveness of care for some patients, there is the opportunity for dietitians to contribute further and achieve far greater benefits if they are able to practice with supplementary prescribing rights.

### **4.3 Which dietitians would become supplementary prescribers?**

Not all dietitians would be expected to train to become supplementary prescribers. The safety of patients is paramount and therefore only the most experienced dietitians working at an advanced level would be able to train to become supplementary prescribers.

Dietitians would also need to meet a number of other requirements such as working in an environment where there is an identified need for the individual to regularly undertake supplementary prescribing. For a full list of entry requirements see section 3.7 of the *Consultation on proposals to introduce supplementary prescribing by dietitians across the United Kingdom* which can be accessed on the NHS England consultation hub website [here](#).

### **4.4 Arrangements for introducing supplementary prescribing by dietitians**

Once an advanced dietitian has successfully completed their supplementary prescribing training this will be recorded on their professional Register by the Health and Care Professions Council (HCPC) which is the professional regulator. In the interests of patient safety they will be required to maintain their skills and keep their knowledge up to date.

Dietitian supplementary prescribers must show they are up to date by undertaking appropriate continuing professional development and demonstrating that they continue to practice both safely and effectively.

### **4.5 The benefits of supplementary prescribing by dietitians**

Benefits of introducing supplementary prescribing by dietitians would include patients being able to access the medicines they need, when and where they need them. There would also be a reduction in the number of appointments necessary to get the right prescription and therefore greater convenience and an improved experience for patients.

Supplementary prescribing by dietitians will allow changes to be made to the way services are organised and delivered to better meet the needs of more patients. It could also provide greater choice for patients, GPs and commissioners. Through better use of the skills of advanced dietitians which will in turn free up other healthcare professionals such as GPs and doctors, services can also be delivered more cost-effectively.

## 5 Proposal

### 5.1 Proposal to introduce supplementary prescribing for dietitians

The proposal is to introduce supplementary prescribing for advanced dietitians who have had the appropriate training and education.

With supplementary prescribing a CMP would be drawn up in partnership with a doctor and with agreement of the patient. The CMP would set out the medicines that could be prescribed for that patient.

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

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

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

### 5.2 Supporting documents: impact assessment, practice guidance and education curriculum framework

#### 5.2.1 Impact assessment

Impact assessments are part of the policy making process. The purpose of an impact assessment is to consider why changes are necessary, what impact the policy change is likely to have and to highlight the costs, benefits and risks of the change.

The *Consultation Stage Impact Assessment* for the introduction of supplementary prescribing by dietitians is available on the NHS England consultation hub website [here](#) and contains the information about the actual (where available) and estimated costs, benefits and risks of the proposal.

The consultation is an opportunity to gather additional information and evidence to further inform costs, benefits and risks of the proposal.

**Question 4:** Does the consultation stage impact assessment give a realistic indication of the likely costs, benefits and risks of the proposal?



### 5.2.2 Practice guidance

The professional body for dietitians (The British Dietetic Association) has developed practice guidance for dietetic supplementary prescribers which provides information that should underpin the decision-making and actions of dietitians who are supplementary prescribers. The proposed practice guidance can be accessed on the NHS England consultation hub website [here](#).

This document is 'guidance'. Guidance is information which a dietitian has a duty to consider and is expected to take into account as part of their decision making process. The practice guidance document also provides advice on the behaviours and conduct expected of dietetic supplementary prescribers. A dietetic supplementary prescriber will be expected to justify any decision to act outside the guidance.

The consultation is an opportunity to gather feedback and comments on the guidance developed which will remain in draft form until the consultation closes, when amendments will be made in line with the responses received and final versions published as appropriate.

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

### 5.2.3 Education curriculum framework

The British Dietetic Association has developed a draft outline curriculum aimed at education providers intending to develop education programmes for dietitians to train as supplementary prescribers. The *Draft Outline Curriculum Framework for Education Programmes to Prepare Dietitians as Supplementary Prescriber* can be accessed on the NHS England consultation hub website [here](#).

The consultation is an opportunity to gather feedback and comments on the outline curriculum framework which will remain in draft form until the consultation closes, when amendments will be made in line with the responses received and final versions published as appropriate.

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

## 5.3 Equality

The Equality Act (2010) highlights that everyone has the right to be treated with fairness, dignity and respect. The proposal for supplementary prescribing by advanced dietitians will help to improve access to medicines and services for **all** patients, but may specifically benefit and reduce barriers in access to medicines for vulnerable groups including the homeless, children and young people, asylum seekers, students and offenders.

The introduction of supplementary prescribing by advanced dietitians will allow changes in the way healthcare services are organised and delivered. A dietitian supplementary prescriber would be able to prescribe without delay, reducing cost, time and travel for patients. This will be particularly beneficial for groups in rural and remote locations and travellers. Specific groups such as older people and people with disabilities will also benefit through avoiding the need for additional appointments to obtain a prescription.

**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?

**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?

## 6 How to respond to this consultation

You can respond to this consultation in one of the following ways:

- By completing the online consultation [here](#)
- Download and print a copy of the consultation response form [here](#). Send your responses to George Hilton, AHP Medicines Project Team, NHS England, 5W20, Quarry House, Leeds, LS2 7UE
- Alternatively, you may request a copy of the consultation response form to be posted to you. Please contact: [enquiries.ahp@nhs.net](mailto:enquiries.ahp@nhs.net)

This summary document can also be requested in alternative formats, such as easy read, Welsh language, large print and audio. Please contact: [enquiries.ahp@nhs.net](mailto:enquiries.ahp@nhs.net)

The consultation remains open for 8 weeks and responses should be sent to arrive no later than: **24 April 2015**

## 7 Next steps

Following the close of the consultation, the Commission on Human Medicines (CHM) will be asked to consider the proposal in light of comments received. Subject to the advice from CHM and to agreement by Ministers, the Medicines and Healthcare Products Regulatory Agency (MHRA) will then make the necessary amendments to medicines legislation.

If all elements of the proposal are approved and all relevant organisations are in a position to complete their elements of the work at the earliest possible point without delay, the first intake of dietitians on a supplementary prescribing programme would be in 2016.

## 8 Glossary

Allied health professions:	Allied Health Professions are a group of professionals who work in health and social care. They prevent disease, diagnose, treat and rehabilitate patients of all ages and all specialities. Together with a range of technical and support staff they deliver patient care, rehabilitation, treatment, diagnostics and health improvement to restore and maintain physical, sensory, psychological, cognitive and social functions. Dietitians, orthoptists, paramedics and radiographers are Allied Health Professionals
Commissioners:	NHS commissioners and Clinical Commissioning Groups (CCGs) are responsible for planning and purchasing healthcare services for their local population. They work with local providers to organise and deliver healthcare services which better meet the needs of patients.
Commission on Human Medicines (CHM)	The Commission on Human Medicines (CHM) advises ministers on the safety, efficacy and quality of medicinal products.
Department of Health (DH) England:	The Department of Health England helps people to live better for longer. They lead, shape and fund health and care in England, making sure people have the support, care and treatment they need, with the compassion, respect and dignity they deserve.
Department of Health, Social Services and Public Safety (Northern Ireland):	<p>It is the Department's mission to improve the health and social well-being of the people of Northern Ireland. It endeavours to do so by:</p> <ul style="list-style-type: none"> <li>• Leading a major programme of cross-government action to improve the health and well-being of the population and reduce health inequalities. This includes interventions involving health promotion and education to encourage people to adopt activities, behaviours and attitudes which lead to better health and well-being. The aim is a population much more engaged in ensuring its own health and well-being.</li> <li>• Ensuring the provision of appropriate health and social care services, both in clinical settings such as hospitals and GPs' surgeries, and in the community through nursing, social work and other professional services.</li> </ul>

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Dietitian	Dietitians assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. They ensure patients dietary intake has sufficient energy and nutrients to maintain normal physiological functions; correct nutritional imbalances; and advise on nutritional intake that best protects against the risk, or progression, of disease.
Exemptions:	Exemptions permit certain listed medicines to be sold, supplied and/or administered to patients by certain health professional groups. Exemptions are distinct from prescribing which requires the involvement of a pharmacist in the sale or supply of the medicine
Health and Care Professions Council (HCPC)	The regulator of 16 different health and care professions including the allied health professions. It keeps a register of health and care professionals and is responsible for setting the standards of training, conduct, and competence for these professionals.
Independent prescriber	An independent prescriber is a practitioner responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management, including the prescription of medicines.
MHRA	The Medicines and Healthcare Products Regulatory Agency (MHRA) is responsible for regulating all medicines and medical devices in the UK by ensuring they work and are acceptably safe. The MHRA is an executive agency of the Department of Health
Non-medical prescribing (NMP)	NMP is prescribing by specially trained health care professionals who are not doctors or dentists. They include nurses, pharmacists, physiotherapists, podiatrists and radiographers. They work within their clinical competence as independent and/or supplementary prescribers.
Scottish Government Health and Social Care Directorate:	The Scottish Government Health and Social Care Directorate aims to help people sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to healthcare. The Directorate also allocates resources and sets the strategic direction for NHS Scotland, and is responsible for the development and implementation of health and social care policy.

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Supplementary prescribing	A voluntary prescribing partnership between the independent prescriber and the supplementary prescriber, to implement an agreed patient specific clinical management plan with the patient's agreement.
Welsh Department of Health and Social Services	Is the devolved Government for Wales - working to help improve the lives of people in Wales and make the nation a better place in which to live and work. The aim is to promote, protect and improve the health and well-being of everyone in Wales by delivering high quality health and social care services, including funding NHS Wales and setting a strategic framework for adult and children's social care services. Where there are inequalities in health, work takes place across Government to tackle the social, economic and environmental influences that affect health and well-being.