#PrescribingNow: Q & A
February 2023

What is the #PrescribingNow campaign?

- The #PrescribingNow campaign is calling on the UK Government to use the powers it has under the Medicines and Medical Devices Act (2021) to extend independent prescribing responsibilities to dietitians, occupational therapists, orthoptists, diagnostic radiographers, and speech and language therapists where it is safe and appropriate to do so within the scope of their professional practice.
- The campaign is a partnership between the British Dietetic Association, the Royal College of Occupational Therapists, the British and Irish Orthoptic Society, the Society of Radiographers, and the Royal College of Speech and Language Therapists.
- It builds on the collective work these organisations did during the passage through Parliament of the Medicines and Medical Devices Act when MPs and peers advocated for us to be granted prescribing responsibilities.
- The #PrescribingNow campaign is supported by the British Association of Prosthetists and Orthotists as prosthetists and orthotists will be seeking independent prescribing responsibilities in the future.

What are the benefits of extending prescribing responsibilities?

Extending independent prescribing responsibilities to dietitians, occupational therapists, orthoptists, diagnostic radiographers, and speech and language therapists would help:

- better support and more timely care for the patients they work with, including enabling them to have more equitable access to treatment;
- improve patient safety as we, as allied health professionals (AHPs), with appropriate expertise would be able to make decisions, rather than relying on junior clinicians signing off Clinical Management Plans (CMP);

- decrease the number of Patient Group Directions needed, reducing time spent in developing, using and training for them;
- bring prescribing expertise closer to the patient;
- reduce pressure on other stretched professionals, including GPs; and
- improve system efficiency, including through reducing the duplication of work amongst health professionals, potentially resulting in significant time and resource savings.

Extending independent prescribing responsibilities to these professions will make a significant positive difference to those professionals' and the wider health system's ability to respond as swiftly and efficiently as possible to the continuing post-COVID-19 surge in demand on health services, including the rehabilitation and recovery of COVID-19 patients.

In addition, it would help support the many people in community settings with continuing, or newly diagnosed, conditions, not related to COVID-19. Many of these people may have lacked the support they need for weeks or months during the acute phase of the pandemic so there will be further significant demand on health services as they attempt to catch-up both in terms of diagnosis and treatment.

Why is this extension in prescribing responsibilities needed?

Our members report to us that not currently having independent prescribing responsibilities results in less timely and poorer patient care, increased pressure on other professionals, including GPs, and inefficiencies in the use of time and precious resources, including financial ones.

Therefore, in addition to the positive benefits highlighted in the previous section, extending independent prescribing responsibilities to dietitians, occupational therapists, orthoptists, diagnostic radiographers, and speech and language therapists would help address some of the negative issues currently faced by them, their patients and the wider system.

Examples reported to us include:

- ***Dietitians***

  Lacking independent prescribing rights, dietitians and clinicians are spending time developing Clinical Management Plans (CMPs). Developing, continuously reviewing and ensuring CMPs are signed by both parties is a significant administrative time burden and costly as other clinicians' unit costs are significantly higher than those of dietitians. It also delays patients' access to treatment when clinicians are not available to sign these off.

- ***Occupational therapists***

  Without independent prescribing rights, occupational therapists currently have to pass their patients to other clinicians for the prescribing of medicines. Occupational therapists can then supply and administer that medicine. This duplicates work and is more time consuming and delays patients' access to treatment.
- ***Orthoptists***

  Ophthalmology is the largest speciality in terms of outpatient attendances, resulting in recognised capacity issues. Orthoptists are ideally placed to address this, as they already have the skills and knowledge to work within extended practice in this area. However, they are limited by not having independent prescribing rights, prolonging the patient journey and adding pressure to the ophthalmologists and GPs required to prescribe the necessary medicines.
- ***Diagnostic radiographers***

  Consultant diagnostic radiographers and advanced practitioner radiographers deliver an increasing number of independent interventions to patients. They rely heavily on Patient Group Directions (PGDs) as they cannot currently independently prescribe medicines. Best practice supports medicines being prescribed as the safest way for patients to receive medicines. If no prescriber is available, where patients fall outside of a PGD, the patient may be rebooked or face significant delay. This increases the administrative burden and delays diagnosis or treatment for the patient.
- ***Speech and language therapists***

  Without independent prescribing rights, speech and language therapists have to 'hand-off' a prescription to a different prescriber, for example a GP. A conservative estimate if the speech and language therapist is on-site with the clinician suggests that this action adds 10 minutes to the prescribing process. If this happens daily to one speech and language therapist, this equates to 50 minutes per week per therapist, as well as the time to the prescriber with the patient taking longer to receive treatment. If the other clinician is off-site, for example a GP, it can sometimes take days. In addition, for those patients with eating and drinking difficulties (dysphagia), the current situation increases risks to their safety, including adverse effects such as aspiration pneumonia or reflux and the risk of increased hospital admissions.

Which medicines would extending prescribing responsibilities enable us to prescribe?

Extending independent prescribing responsibilities to us would enable us to provide our patients with a range of medicines or interventions which currently have to be prescribed by other professionals.

- ***Dietitians***

  Medicines and interventions that dietitians with supplementary prescribing are currently prescribing include, but are not limited to, phosphate binders, diabetes medication, pancreatic enzyme replacement therapy, parenteral nutrition, Proton Pump Inhibitors, laxatives and antiemetics.

- ***Occupational therapists***

  If occupational therapists had independent prescribing rights, the medicines they would be able to prescribe would include botulinum toxin, anti-inflammatory, pain relief, steroid injections and anti-depressants.

- ***Orthoptists***

  Independent prescribing rights would enable orthoptists to prescribe medicines for a range of ocular conditions, including in the treatment of glaucoma and patients presenting in emergency eye clinics.

- ***Diagnostic radiographers***

  With independent prescribing rights, appropriately educated and trained diagnostic radiographers, would prescribe according to their scope of practice. This would include amongst other medicines intravenous or oral contrast agents for diagnostic examinations, local anaesthesia for interventional procedures such as biopsies, steroids for intra articular joint injections and beta blockers for cardiac examinations.

- ***Speech and language therapists***

  With independent prescribing rights, the medicines speech and language therapists would be able prescribe include medication for swallowing difficulties (dysphagia) and reflux management – for example, Omeprazole, anti-fungal medication in laryngectomy, medication for pain, creams for on-treatment radiotherapy skin, medication for mouth or gut soreness and inflammation (mucositis) which is a common side effect of chemotherapy and radiotherapy and prescription items such as Therabite – a hand held device to stretch a user's jaw.

Who has prescribing responsibilities now?

Supplementary prescribing is a voluntary prescribing partnership between the independent prescriber and the supplementary prescriber, and in order to implement, requires a patient

specific Clinical Management Plan with the patient's agreement. Supplementary prescribers are required to take the same masters-level education as independent prescribers.

Currently, dietitians and diagnostic radiographers are able to train to be supplementary prescribers.

An independent prescriber is a health professional responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about clinical management, including the prescription of medicines.

Currently, the following professionals are able to train to be independent prescribers: nurses, pharmacists, optometrists, physiotherapists, podiatrists, therapeutic radiographers and paramedics.

Some health professionals have supply and administration rights through the Patient Specific Direction (PSD) and/or the Patient Group Direction (PGD) process. These include occupational therapists, orthoptists, diagnostic radiographers, dietitians and speech and language therapists who are able to supply and administer a medicine or intervention prescribed by another clinician. These offer extremely limited scope, for example, no medication can be dose-adjusted under a PSD/PGD.

Which people will be better able to support with prescribing responsibilities?

As allied health professionals, we have the expertise and experience of working with people of all ages and with a range of conditions. We are regulated healthcare professionals. Having independent prescribing responsibilities will enable safer, more efficient patient care. This table highlights our role and some of the care pathways we work in.

Dietitians

- Dietitians advise people and help them make informed and practical choices about their food and nutrition. They assess, diagnose and treat dietary and nutritional problems. They also teach and inform the public and health professionals about diet and nutrition.
- Relevant key pathways that dietitians are involved in include diabetes, cystic fibrosis, gastrointestinal disorders, renal disease and cancer.

Occupational therapists

- Occupational therapists work with people who have difficulties carrying out daily activities because of disability, illness, trauma, ageing, and a range of long-term conditions.
- Relevant key pathways that occupational therapists are involved in include stroke, mental health, progressive neurological conditions (such as dementia, motor neurone disease, multiple sclerosis and Parkinson's disease) and musculoskeletal pain.

Orthoptists

- Orthoptists investigate, diagnose and treat defects of binocular vision and abnormalities of eye movement.
- Relevant key pathways that orthoptists are involved in include paediatric ophthalmology, neuro ophthalmology, oculoplastics, cataract, glaucoma, emergency medical retina and vitreo-retinal and low vision, stroke, neurological or endocrine impairment or patients who frail and/or at risk from falls.

Diagnostic Radiographers

- Diagnostic radiographers use the latest technology to look inside the body in different ways to work out what disease or condition is causing a patient's illness. Advanced and Consultant radiographers may provide minimally invasive interventions. They work across all body systems, patient demographics and care pathways.
- Relevant key pathways that diagnostic radiographers are involved in include breast screening, assessment, diagnosis and follow up including biopsies, cardiac CT diagnostic services, minimally invasive procedures including line insertions and vascular access devices, intra articular joint injections under Ultrasound control, CT and MRI examinations using intravascular and oral contrast agents for cancer and other pathways.

Speech and language therapists

- Speech and language therapists provide life-changing treatment, support and care for children and adults who have difficulties with communication, or with eating, drinking and swallowing.
- Relevant key pathways that speech and language therapists are involved in include cancer, particularly head and neck cancer, voice, Ear, Nose and Throat, learning disability, brain injury, stroke, and progressive neurological conditions (such as dementia, motor neurone disease, multiple sclerosis and Parkinson's disease).

More information

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