

30 March 2015

HCPC response to the NHS England consultation on proposals to introduce supplementary prescribing by dietitians across the United Kingdom

1. Introduction

- 1.1 The Health and Care Professions Council (HCPC) welcomes the opportunity to respond to this consultation on the proposal to introduce supplementary prescribing by registered dietitians in the United Kingdom who have received appropriate training.
- 1.2 The HCPC is a statutory UK-wide regulator of health, social work, and psychological professions governed by the Health and Social Work Professions Order 2001. We regulate the members of 16 professions. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our main role is to protect the health and wellbeing of those who use or need to use our registrants' services.

2. Our responses

- 2.1 We have provided responses to the consultation questions where relevant to our role as the professional regulator for dietitians.

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

- 2.2 We support the proposal to allow dietitians to undertake training in order to qualify as supplementary prescribers.
- 2.3 We think that the introduction of supplementary prescribing by dietitians has the potential to improve quality of care for patients. Currently dietitians can supply and administer prescription medicines via existing mechanisms including Patient Group Directions and Patient Specific Directions. In many cases these are sufficient to meet the needs of patients and service users. However, as the consultation document highlights, there is potential for patient pathways to be made more personalised and streamlined, if dietitians were able to supplementary prescribe in accordance with an agreed Clinical Management Plan (CMP).
- 2.4 In particular where they provide treatment for patients on an ongoing basis (e.g. for those with long-term conditions), dietitians would be able to undertake an

assessment, provide advice and supply the patient with a prescription at the same appointment, rather than needing to refer the patient back to their GP or to another prescriber. We believe that the ability to deliver more timely and continuous treatment ultimately has the potential to improve patient outcomes.

- 2.5 Supplementary prescribing has already been successfully introduced for three other HCPC-registered professions, namely physiotherapists, chiropodists / podiatrists and radiographers. Therefore there is already a system of regulation in place to ensure safe and effective supplementary prescribing by members of these professions, which is easily applicable to dietitian supplementary prescribing.
- 2.6 The HCPC has produced standards for prescribing¹ which set out requirements for programmes delivering prescribing training, as well as the skills, knowledge and understanding necessary for safe and effective supplementary prescribing practice. The standards are generic across professions and therefore would apply to supplementary prescribing by dietitians without the need for amendment.
- 2.7 We use the standards for prescribing when making decisions about approval of prescribing training programmes. We would continue to undertake this function in respect of new programmes or existing programmes wishing to extend their intake to include dietitians. This would ensure that dietitians qualifying in supplementary prescribing are able to practice safely and effectively.
- 2.8 We would annotate the HCPC Register entries of dietitians who have completed an approved training course in supplementary prescribing. The annotation ensures that only appropriately training dietitians can supplementary prescribe and also enables service users and members of the public to see who is qualified.
- 2.9 In addition, dietitian supplementary prescribers would continue to be required to meet all of the other standards set by the HCPC, including the standards of proficiency for dietitians; the standards of conduct, performance and ethics; and the standards for continuing professional development.² Furthermore, robust clinical governance arrangements would also be vital to ensuring that dietitian supplementary prescribing is carried out appropriately and safely.

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?

¹ The standards for prescribing were published in 2013 and can be found here: <http://www.hcpc-uk.org/publications/standards/index.asp?id=692>

² All HCPC standards are published on our website: <http://www.hcpc-uk.org/aboutregistration/standards/>

2.10 We do not have any additional information to provide on any aspects that would either prevent or support this proposal going forward.

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

2.11 We do not have any specific comments about the assumptions or estimates made in the Consultation Stage Impact Assessment.

2.12 The introduction of supplementary prescribing by dietitians would have some cost implications for the HCPC, including the costs associated with approving and monitoring new or altered training programmes and with annotation of the Register. However these activities could be undertaken within the framework of our existing processes and therefore do not represent a barrier to implementation of the proposal.

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

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

2.13 The HCPC participated on the Allied Health Professions (AHP) Medicines Project Board, which contributed to the development of the practice guidance and draft outline curriculum framework. We do not have any further comments on these documents.

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?

2.14 We believe that other stakeholders would be better placed to respond to these questions. However, we do not consider that our regulatory systems for supplementary prescribers would have an adverse impact on any specific group.