



Royal College of Podiatry Conference November 2024

Prescribing in Private Practice

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Agenda

How to become an Independent Prescriber

- And why would you be one?

Private Practice and Independent Prescribing

- Real life experience and benefits

What more needs to be done?

- How to make it more accessible privately?



Independent Prescribing

“

Non-medical prescribing by Podiatrists has enabled more effective use of their skills, time and outcomes, leading to improved experience and journey of their patients.

”

Quote from The Royal College of Podiatry's 'Non-Medical prescribing Article, 2018

Why would you become an Independent prescriber?

Autonomy

Greatly reduces reliance on GP's/other prescribers,
Develops skills set and enhances your care

Faster/better care for patients

No delay in treatments for patients who need more urgent care,
Broadens scope of what you can offer

Enhances image of Podiatry

Improves how patients, and other healthcare professionals see Podiatry as a Profession and the advanced skills we have

Career Progression

Independent prescribing is becoming more desirable for more senior roles

'For me, it's been the key that has unlocked my scope of Practice, enhanced my patient care and lifted the lid on boundaries of what I can do for my patients'

Independent Prescribing



What qualification do I need?

To complete an accredited Independent prescribing course delivered by a Higher Education Institute

How long does it take?

Typically, 6 months- although can take a while to become HCPC accredited to allow you to practice

What does it involve?

University led lectures, completing a maths exam, a written exam, an assignment and a portfolio.

Complete 90 clinical hours of shadowing and have a practice supervisor

Qualification

Gives you 30 credits of Masters level

Improvements since I completed this course

No longer need a designated Doctor as your supervisor- can now have Podiatry Prescribers to support you

**ROYAL
PHARMACEUTICAL
SOCIETY**

The need to link with other Prescribers

Clinical supervision

Only other prescribers will help you reflect on challenging cases

Enhancing scope of practice

By sharing experiences, shadowing peers you can extend your scope and develop competencies

NHS links

Your local NHS Podiatry services are getting more Independent prescribers- the perfect place to shadow, learn and share knowledge

Confidence

Having someone to call who has more experience is vital, For Example, even though Clare and I don't work together anymore, we support each other with prescribing decisions/information

Although you are and 'Independent' Prescriber, you don't have to make all decisions independently – build your network!

Prescribing in Private Practice

My Independent prescribing journey

I gained my Independent prescribing qualification in 2021, whilst working in the NHS.

I was able to have my Podiatric surgeon as my DMP and spent time with him, and my Diabetes Prescribing colleagues.

It was great to be part of a team of prescribers and they were able to support me and help me gain confidence.

Moving into Private practice

At the beginning I had no idea how to prescribe privately, but really wanted to keep using the qualification.

Reached out to local Private Podiatrists via local Royal College of Podiatry branch but no one was IP trained.

I contacted my DMP Podiatric surgeon who I knew worked privately as well and he explained how easy it was to prescribe privately and how to do it.

Why is Prescribing in Private Practice important to me?

Providing safe, effective care

- Enabled same day antibiotic care, no delay waiting for GP's.
- Understanding medication/interactions and patient's health meant only safe prescriptions made.

Maintaining my knowledge and skills

- It's helped to keep my competencies and confidence up since leaving NHS
- Can share experiences with EoE Podiatry Prescribing forum for supervision

Improving our image

Offering a new, more advanced treatment to patients increases patient's perception of our clinic, and our profession

POMS aren't always enough

For some complex patients, POMS do not give enough options for treatment, this means I never need to worry.

Extending your scope increases your USP, better supports your patients and makes use of our amazing skills!

Prescribing in Private Practice: Case Study one

Medical history

SLE, Scleroderma, Eczema, Asthma, Varicose veins, Heart disease

Medication

Vit D, Mycophenylate, Hydroxychloriquine, Spirolactone, Fluoxetine, Clopidogrel, Prednisolone, Ferrous Sulphate, Lansoprazole, Tofacitinab, Vosente, Warfarin

Presentation:

Subjective: 'It's my nails and hard skin, I'm looking after a wound on my ankle as I can't get in with the nurses'

Objective: Both feet nails long, callus to both 5th apices and both 5th plantar metatarsal heads.

Mildly infected left lateral malleolus grade 3 pressure sore

Treatment

Routine care performed.

Wound cleansed, debrided, dressed and offloaded.

Due to warfarin- I chose to prescribe 7 days Clindamycin 300mgs QDS- no known interactions unlike the Flucloxacillin or Erythromycin we had available under POMS

Referrals

Letter sent to GP requesting nurses take over wound care and advised of prescription

"I didn't know you could give me tablets, I should have come sooner!"

Prescribing in Private Practice: Case Study two

Medical history

Type 2 Diabetes, high blood pressure and high cholesterol

Medication

Metformin, Amlodipine, Gliclazide

Presentation: Classic 6pm Friday patient!

I was called in to assist my colleague

Subjective: ' I'm Diabetic and I've come back with wounds on my feet'

Objective: Open wounds to Right 1st plantar IPJ and both 2nd dorsal IPJ's

Moderate signs of infection- not systemically unwell

Treatment

Avoided 111 or A&E as I was able to prescribe Co-Amoxiclav 625mgs TDS for 7 days for moderate infection.

Letter sent to GP to advise and referred patient to NHS services directly

Gave 1/52 review as safety net and infection symptoms has reduced by 50% in one week!

' I'm so grateful not to have to go to hospital or out of hours on the weekend!'

Prescribing in Private Practice: Example



Laindon Clinic

34b New Century Road
Laindon
Essex
SS15 6AG

01268 416603

Corringham Clinic

51 Lamps Hill
Corringham
Essex
SS17 9AA

01375 640900

Rochford Clinic

2 Roche Close
Rochford
Essex
SS4 1PU

01702 200296

Key Features:

- Your full details Including registration numbers and that you are NMP prescriber
- Clinic details
- Patient's full details
- Full details of private prescription needs
- MUST HAVE A WET SIGNATURE

MRS CLARE WESTWOOD-SURRIDGE
PODIATRIST
PRIVATE PRESCRIPTION
No. 0008

Date: 15/10/2024

Name

Address:

DOB –

Rx Flucloxacillin 500mg capsules.

two capsules four times daily for 7 days

Supply 56 capsules

Signature

Wet signature needed here

PRINT NAME MRS CLARE WESTWOOD-SURRIDGE

HCPC CH32347 NMP Prescriber

What more needs to be done?

More Private Podiatrists need to train in IP

This is key! For Private Prescribing to develop we need more Podiatrists doing it!

Build better connections with NHS Prescribers

NHS Podiatry services are approachable! It's not 'them and us' we need to work better together- share skills

They may have a Prescribing network you could shadow/join like we do in East of England

Build local networks of prescribers for support

Find peers to do clinical supervision with, need to reach out to local community and find Podiatry Prescribers- to build confidence and competence

Need Better guidance to support Private practice

We need the Royal College of Podiatry to better support Independent prescribing:

- Clearer guidelines
- Have lists of IP members
- Have more training, updates, CPD events/ network events to support staff



Thank you

Independent Prescribing really can take your practice to the new heights and elevate your scope!

Thanks for listening, we will be happy to take any questions at the end of the session.

Clare Westwood-Surridge and Laura Saunders