



# Non-medical prescribing by podiatrists



**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.**

- **Non-medical prescribers (NMPs) are healthcare professionals who are not medical doctors or dentists but who are legally permitted to prescribe medicines, dressings and appliances**
- **Podiatrists can undertake additional training to qualify as NMPs**
- **Prescribing enables podiatrists to make effective use of their knowledge and enables quicker access to services and medicines for patients**

### **What is non-medical prescribing?**

Non-medical prescribing has been available in the UK since 1992. Since then, there has been a progression towards independent prescribing for nurses, pharmacists and a range of allied health professionals.<sup>1</sup> Non-medical prescribers (NMPs) in the UK are all registrants of their relevant professional regulatory body.<sup>1</sup> Podiatrists gained approval from the Parliamentary Under-Secretary of State (Department of Health) for independent prescribing in 2012. This followed approval for use of local anaesthetics in 1980, and supplementary prescribing responsibilities in 2005.<sup>2</sup>

There are two types of prescribing that may be undertaken by a podiatrist prescriber: supplementary and independent prescribing. Some podiatrists will be qualified as both, others only as supplementary prescribers.<sup>10</sup>

Independent prescribers are practitioners responsible and accountable for the assessment of patients with previously undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. They are recommended to prescribe generically, except where this would not be clinically appropriate or where there is no approved non-proprietary name.<sup>11</sup>

Supplementary prescribing is a partnership between an independent prescriber (who must be a doctor or dentist) and a supplementary prescriber to implement an agreed Clinical Management Plan for an individual patient with that patient's agreement.<sup>7,11</sup>

Both independent and supplementary prescribers are identified by an annotation next to their name in the relevant professional register.<sup>11</sup>

NMPs are a large and expanding workforce, who play an increasing role in supporting the clinical commissioning programme for the modern NHS.<sup>3</sup> It is estimated that there are currently 53,572 registered nurse and midwife, 3845 pharmacist and 689 allied healthcare professional (e.g. podiatrists, optometrists, physiotherapists and radiographers) supplementary and independent prescribers in England.<sup>4</sup> In total, this is approximately 58,000 NMPs.

### **How do podiatrists qualify as NMPs?**

Prescribing is a complex skill that carries significant risk and has many influencing factors.<sup>1</sup> Independent prescribing rights are only granted to registered podiatrists who undertake approved education programmes, provided by universities. The programmes of study are rigorous, and involve a combination of taught curricula and practice-based learning. The training programmes are Masters level (level 7) courses, approved by the regulatory body, the Health and Care Professions Council (HCPC), and often run as part-time study for six months.

Upon successful completion of an accredited training programme, the podiatrist has their entry on the HCPC register annotated to indicate they are able to independently prescribe. The HCPC keeps a register of podiatrists with independent prescribing rights and its standards for prescribing must be met throughout the practitioner's career.<sup>8</sup> Prescribing is not permitted by podiatrists outside of the UK. Therefore a podiatrist permitted to independently prescribe in the UK cannot perform this activity outside of UK jurisdiction.<sup>10</sup>

The aims of non-medical prescribing are:

- To make more effective use of the skills and expertise of groups of professions
- To improve patients' access to treatment and advice
- To improve patient choice and convenience
- To contribute to more flexible team working across the NHS
- To reduce length of stay, reduce unnecessary hospital admissions, and improve health outcomes in specialist care of patients

## Podiatrist non-medical prescribing of medicines annotations:<sup>9</sup>

### Supplementary Prescriber (SP)

- The podiatrist is able to prescribe medicines to patients as part of a 'clinical management plan'. This is a plan agreed between the supplementary prescriber, a doctor and the patient.

### Independent Prescriber (IP)

- The podiatrist is able to prescribe any medicine (not including Controlled Drugs) within their scope of practice and legislation. Podiatrists (IPs) can also prescribe (but not possess or supply) the following Controlled Drugs for organic disease:
- Temazepam (oral)
- Lorazepam (oral)
- Diazepam (oral)
- Dihydrocodeine (oral)

## What additional permissions and responsibilities does this carry?

Prescribing provides a valuable tool in a podiatrist's tool kit.

Podiatrist independent prescribers can prescribe any medicine for any medical condition within their scope of practice and legislation. This includes 'off-label' medicines, subject to accepted clinical good practice. They are also allowed to prescribe some controlled drugs for oral administration: diazepam, dihydrocodeine tartrate, lorazepam and temazepam.<sup>9,11</sup>

As all prescribers, podiatrists are responsible for the prescriptions they sign and for their decisions and actions when supplying and administering medicines and devices, or when authorising or instructing others to do so. They must be prepared to explain and justify their decisions and actions when prescribing, administering and managing medicines.<sup>21</sup>

Medicines are used more than any other intervention by patients to manage their medical conditions. Both the number of medicines prescribed and the complexity of the medicines regimes that patients take are increasing.<sup>13</sup> As the population ages, and multiple co-morbidities become more prevalent, polypharmacy is increasingly becoming 'the norm' for patients.<sup>13,14,15</sup>

This increase in complexity means that, besides developing and maintaining prescribing competency for individual conditions, prescribers must make sure they are up to date with new medicines as they come onto the market and be aware of the potential for interaction between medicines in patients with multiple co-morbidities. This is another benefit of NMP as this enables the 'every contact counts' approach to be enhanced.<sup>13,16</sup>

In supporting all prescribers to prescribe effectively, a single prescribing competency framework was published by the National Prescribing Centre/National Institute for Health and Clinical Excellence (NICE) in 2012.<sup>12,13</sup> This is a common set of competencies, that was drawn up with input from both medical and NMP groups, and they underpin good prescribing, regardless of professional background, which is relevant to doctors, dentists and NMPs.<sup>17</sup>

The framework can be used to help healthcare professionals prepare to prescribe and help prescribers to identify strengths and areas for development through self-assessment and can be contextualised for application to specific clinical and professional settings.<sup>17</sup>

## Benefits of non-medical prescribing

The development of non-medical prescribing has enabled podiatrists to enhance their roles, and effectively use their skills and competencies to improve patient care in a range of ways, including:<sup>17</sup>

- Management of long-term conditions
- Management of pain
- Medicines management/medication reviews
- Providing emergency/urgent/unscheduled care
- Providing services for non-registered patients, e.g. homeless people

Research has also indicated that the use of NMPs generates increased quality-adjusted life years (QALYs) for patients.<sup>19</sup> QALYs are a summary measure of health outcomes for economic evaluation, incorporating the impact on both the quantity and quality of life.<sup>20</sup>

## Conclusion

The last 24 years has seen the inception and progression of non-medical prescribing within the UK and further afield. The practice continues to expand, and encompasses a range of non-medical healthcare professions, including podiatrists. The UK currently has the most extended non-medical prescribing rights in the world,<sup>18</sup> and evaluation studies have demonstrated significant improvement in patient outcomes when receiving non-medical prescribing compared to treatment as usual.<sup>19</sup>

Having the option for prescribing enables podiatrists to make more effective use of their knowledge and skills and the provision of podiatry-led specialist clinics. It improves continuity of care and facilitates quicker consultations and easier access to services and medicines for patients, and enables GPs to make more efficient use of their time.<sup>18</sup> At a time of financial constraint in the NHS, non-medical prescribing has important implications for maximising resources and improving patient care.

## Further information

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The existence of podiatrist independent prescribers facilitates:

- Podiatry-led services, e.g. diabetic foot clinics
- Practitioner independence, which reduces patient waiting times and increases the convenience and speed with which patients receive their medicines
- Reduced waiting times for patients

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