



Summary of the responses to the public consultation on proposals to introduce supplementary prescribing by dietitians across the United Kingdom

**Prepared by the Allied Health Professions
Medicines Project Team**

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1. Executive Summary

The purpose of this document is to provide a summary of responses given to the public consultation on proposals to introduce supplementary prescribing by dietitians.

It is recommended that this summary of the responses to the consultation is read alongside the full consultation document, which is available on the NHS England website [here](#).

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

1.1 Outline of proposals

In February 2015, NHS England consulted on proposals to introduce supplementary prescribing by dietitians.

The proposal is aimed at advanced dietitians within the United Kingdom (UK) who meet the specific entrance criteria to gain access to an approved training programme. Upon successful completion of an approved training programme, a dietitian would then gain annotation on the Health and Care Professionals Council (HCPC) register as being qualified to use supplementary prescribing rights.

The British Dietetic Association (BDA) defines dietetic advanced practitioners as experienced professionals who have developed their skills and theoretical knowledge to a very high standard. They apply critical thinking in difficult and multifactorial situations, performing a highly complex role. They continuously develop their practice within a defined field and/or have management responsibilities for a section/small department. They will have their own caseload or work area responsibilities.

Supplementary prescribing is defined as: a voluntary prescribing partnership between the independent medical prescriber and the supplementary prescriber, to implement an agreed patient-specific clinical management plan (CMP) with the patient's agreement.

Supplementary prescribing enables a dietitian to prescribe in partnership with a doctor, to individually named patients. The medicines to be used must be defined in writing within CMP and be appropriate to the needs of the named patient. Supplementary prescribing requires the involvement of a doctor, the supplementary prescriber and the patient. The terms of use and definition of 'Clinical Management Plan' are defined in law. For a CMP to be legally valid, the independent prescriber must be a doctor or dentist. Supplementary prescribing can be used to prescribe licensed medicines, unlicensed medicines, mixed medicines and all controlled drugs, except those listed in Schedule 1 to the 2001 Regulations, which are not intended for medicinal use.

1.2 Background to the consultation

- In 1999, recommendations from the *Review of prescribing, supply and administration of medicines report* (Crown Report)¹ informed policy for non-medical prescribing to improve: patient care, choice and access; patient safety; the use of health professionals' skills; and flexible team working.
- In 2009, the *AHP Prescribing and Medicines Supply Mechanisms Scoping Project Report*² found 'a strong case in support of supplementary prescribing by dietitians'.
- In October 2013, the NHS England AHP Medicines Project team was established under the Chief Allied Health Professions Officer.
- A case of need for the introduction of supplementary prescribing by dietitians was developed based on improving quality of care for patients, whilst also improving efficiency of service delivery and value for money.
- Approval of the case of need was received from NHS England's Medical and Nursing Directorate's Senior Management Teams in May 2014 and from the Department of Health Non-Medical Prescribing Board in July 2014.
- In August 2014, ministerial approval was received to commence preparation for a public consultation, with agreement from the Devolved Administrations

1.3 Public consultation

NHS England led an 8-week public consultation between 26 February and 24 April 2015 on the proposal to introduce supplementary prescribing by dietitians.

The UK-wide consultation was developed in collaboration 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.

Notification of the consultation was published on the NHS England website with links provided on the BDA website. Responses could be submitted via an online portal (Citizen Space), by email or in hard copy.

¹ Department of Health (1999) *Review Of Prescribing, Supply & Administration of Medicines*. London, DH
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4077151

² Department of Health (2009) *Allied Health Professionals Prescribing and Medicines Supply Mechanisms Scoping Project Report*. London, DH.
http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_103948

1.4 Summary of responses to the consultation

464 responses were received in total. 456 responses were received via the online portal and 8 were received in hard copy.

58 responses were received from organisations and 402 responses were from individuals. 4 responses did not state if they were responding as an individual or on behalf of an organisation.

There were 67 responses from Scotland, 9 responses from Wales, 10 responses from Northern Ireland, 363 responses from England and 15 responses that did not state their country of residence.

Of the 464 responses received in total, 98.06% (455) of all respondents supported the amendments to legislation to introduce supplementary prescribing by dietitians.

58 responses were received on behalf of organisations, all of which were from institutions that supported the proposal. There were 402 responses from individuals, 2% (9) of which did not support the proposal.

1.5 Next steps

The results of the public consultation were presented to the Commission on Human Medicines (CHM) for their consideration in September 2015.

The CHM supported the proposal to introduce supplementary prescribing by dietitians and they published their recommendations in November 2015, a summary of which can be accessed [here](#).

The CHM recommendations were submitted to Ministers for approval, and agreement to extend supplementary prescribing responsibilities to dietitians was announced in February 2016.

MHRA are taking forward the necessary amendments to UK-wide medicines legislation and the NHS Regulations in England will be amended accordingly. The NHS Regulations in Wales, Scotland and Northern Ireland are matters for the Devolved Administrations.

2 Background

2.1 General information

Dietitians are statutory registered Allied Health Professions (AHPs) and are key members of the multi-disciplinary healthcare team. Dietitians assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. They play a crucial role in patient pathways where dietary modification is fundamental to management of the condition, or to reducing its progression, e.g. diabetes, cystic fibrosis, intestinal failure, renal disease and cancer.

The primary aim for clinical dietetic care is to empower patients to remain fit, well and to self-manage, as far as possible, in their own homes - preventing emergency paramedic call out and hospital admission. Dietary modification is at the core of dietetic practice and their skill lies in assessing an individual's needs, risks and problems; and deciding how, in those particular circumstances, they may be best addressed.

Due to the complex interaction between nutrition and drugs, in sickness and in health, dietitians have a high level of pharmaceutical knowledge regarding the impact of a wide range of medications on nutritional status and the medical conditions they are used to treat. A dietitian is skilled at managing a patient's dietary intake alongside their prescribed medication. Diabetes, kidney disease, intestinal failure and cystic fibrosis are examples of conditions where this interaction between dietary intake and medication is key to optimising treatment.

Dietitians work across a wide spectrum of sectors including public health, media & TV, local councils and the food and pharmaceutical industry. However, they predominantly work within the NHS. The BDA estimates that only 1-2% of the profession are employed by the private healthcare sector and commissioned or contracted by an NHS organisation to deliver NHS services.

2.2 Current use of supply and administration of medicines by dietitians

Under current medicines legislation, as autonomous practitioners, registered dietitians make use of patient group directions (PGDs) and to a lesser extent patient specific directions (PSDs), to supply and administer a variety of different medications to support patients to manage their long-term conditions.

- **A Patient Specific Direction (PSD)** is a prescribers (usually written) instruction that enables a dietitian to supply or administer a medicine to a named patient.

- **A Patient Group Direction (PGD)** is a written instruction for the supply and/or administration of a licensed medicine (or medicines) in an identified clinical situation, where the patient may not be individually identified before presenting for treatment. Each PGD must be signed by both a doctor and pharmacist; and approved by the organisation in which it is to be used by a specified health care professional.

Current supply and administration mechanisms work well when a PGD is in place and the patient falls within a predictable criteria, though have limitations in relation to access, equality and choice for patients.

2.3 How dietitians are trained and regulated

The threshold qualification for entry to the dietetic profession is a bachelor's degree with honours in dietetics or nutrition and dietetics. Alternatively, entry through to the profession may be achieved through attaining a bachelor's degree with honours in science with a substantial human science component such as biochemistry, physiology or nutrition, together with a 2-year post graduate diploma or Masters Degree in Dietetics.

Dietitians are regulated by the HCPC. Dietitians must be registered with the HCPC to practise in the UK and must meet the standards set in relation to their education, proficiency, conduct, performance, character and health. These are the minimum standards that the HCPC considers necessary to protect members of the public. Registrants must meet all these standards when they first register and complete a professional declaration every two years thereafter, to confirm they have continued to practise and continue to meet all the standards. The HCPC can take action to protect the public where dietitians do not meet the necessary standards, including removing them from practice where appropriate.

The HCPC's requirements cover dietitians working both in the public and private sector. This means that even if a dietitian is working as a sole independent practitioner, they must still undertake CPD and work only within their scope of practice and competence.

A dietitian's scope of practice is the area of practice in which they have the knowledge, skills and experience to practise safely and effectively. This requirement would extend to a dietitian using supplementary prescribing. This means a dietitian must only supplementary prescribe where they have the appropriate knowledge, skills and experience to do so safely. If they used medicines outside of their scope of practice and competence, the HCPC could take action against them to protect the public.

Draft Practice Guidance for Dietetic Supplementary Prescribers was developed by the BDA and presented for consideration as part of the public consultation. The Practice Guidance has now been updated in line with comments received during the consultation process and can be accessed [here](#).

Employers will retain responsibility for ensuring adequate skills, safety and appropriate environments are in place for supplementary prescribing by dietitians. Employers would also be responsible for ensuring that there is a need for a dietitian to undertake further supplementary prescribing responsibilities, prior to their commencement of training and ensure that there is a role to use supplementary prescribing post-training. The same standards would apply regardless of whether the dietitian is working in the NHS, independent or other settings.

Part of the assurance to be put in place for satisfying local clinical governance requirements will be the development of a policy for the use of supplementary prescribing by dietitians that is approved according to local arrangements and frequently monitored/reviewed. This may include strategic planning, risk management, evaluation of clinical governance, medicines management, organisational change and innovative service redesign using supplementary prescribing.

2.4 Continuing professional development (CPD)

Once registered, dietitians must undertake CPD and demonstrate that they continue to practise both safely and effectively within their changing scope of practice, in order to retain their registration. The HCPC sets standards for CPD, which all registrants must meet. Registrants are required to maintain a continuous, up-to-date and accurate portfolio of their CPD activities, which must demonstrate a mixture of learning activities relevant to current or future practice. The portfolio declares how CPD has contributed to both the quality of their practice and service delivery, whilst providing evidence as to how their CPD has benefited the service.

The HCPC randomly audits the CPD of 2.5% of each registered profession on a 2-year cycle of registration renewal. Those registrants who are chosen for audit must submit a profile to show how their CPD meets the minimum standards of the regulator.

The BDA, the professional body for UK dietitians, supports the HCPC in its requirement for dietitians to engage in CPD and makes recommendations to its members regarding CPD activities required to achieve the standards set by the regulator.

Dietetic departments and individual dietitians often use the HCPC and BDA frameworks to support their CPD requirements and to structure annual appraisal processes.

2.5 Education programmes for dietitians using supplementary prescribing

Approved programmes are currently multi-professional, with the training for non-medical prescribing provided for both independent and supplementary prescribers jointly. On successful completion of the training programme however, dietitians will only be able to use supplementary prescribing on their practice.

The HCPC will have the authority to approve education programmes for the provision of dietetic supplementary prescribing training and has published *Standards for prescribing*³ which set out the required competencies for all registrant prescribers who successfully complete an approved course. An *Outline Curriculum Framework (OCF) for Education Programmes to Prepare Dietitians as Supplementary Prescribers*⁴ has also been developed and can be accessed [here](#). The OCF is aimed at education providers intending to develop education programmes, and individuals interested in training as a non-medical prescriber.

2.6 Eligibility for training as a dietetic supplementary prescriber

Not all dietitians will be expected to train to become supplementary prescribers. The safety of patients is paramount and the strict eligibility criteria for acceptance on supplementary prescribing education programmes reflect this.

In line with other AHP's who are able to train as supplementary prescribers (e.g. physiotherapists, podiatrists and radiographers), it is proposed that all dietitians wishing to gain entry to a HCPC approved training programme would need to meet the following requirements:

- Be registered with the Health and Care Professions Council as a dietitian.
- Be professionally practising in an environment where there is an identified need for the individual to regularly prescribe.
- Be able to demonstrate support from their employer/sponsor* including confirmation that the entrant will have appropriate supervised practice within the clinical area in which they are expected to prescribe.
- Be able to demonstrate medicines and clinical governance arrangements are in place to support safe and effective supplementary prescribing.
- Have an approved Designated Medical Practitioner (DMP) to supervise and assess their clinical training as a supplementary prescriber.

³ Health and Care Professions Council (2013) *Standards for Prescribing*. London, HCPC
<http://www.hpc-uk.org/aboutregistration/standards/standardsforprescribing/>

⁴ Allied Health Professions Federation (AHPF) (2016) *Outline Curriculum Framework for Education Programmes to Prepare Dietitians as Supplementary Prescribers*
<https://www.engage.england.nhs.uk/consultation/supplementary-prescribing-dietitians>

- Have normally at least 3 years relevant post-qualification experience within the clinical area in which they will be prescribing.
- Be working at an advanced practitioner or equivalent level.
- Be able to demonstrate how they reflect on their own performance and take responsibility for their own Continuing Professional Development (CPD) including development of networks for support, reflection and learning.
- In England and Wales, provide evidence of a Disclosure and Barring Service (DBS) or in Northern Ireland, an Access NI check within the last three years or in Scotland, be a current member of the Protection of Vulnerable Groups (PVG) scheme.

* If self-employed, must be able to demonstrate an identified need for prescribing and that all appropriate governance arrangements are in place

2.7 How supplementary prescribing would be used in dietetic practice

Dietitians must only work within their scope of practice and competence, and the same will apply to the use of supplementary prescribing. If a dietitian extends their role to a new area of practice, they must be competent in that area before they can use supplementary prescribing within this role.

The development of supplementary prescribing by dietitians is part of a drive to make it easier for patients to have access to the medicines that they need, reduce inequalities (within access to medicines), improve the patient experience and make better use of the skills of dietitians within the multi-disciplinary team at a time where there is an increasing demand on services for patients with long-term conditions.

The extension of prescribing responsibilities is an important part of developing health professionals' roles in order to support the delivery of innovative dietetic care pathways and patient-centred services.

The examples provided overleaf describe the way in which dietitians use the current supply and administration mechanisms available to them and how their practice will change once changes to legislation have been laid to enable advanced level dietitians to become supplementary prescribers. Any dietitian working at an advanced level will need to gain entry to and successfully complete a HCPC approved training programme in order to have their HCPC registration annotated before they can act as a supplementary prescriber.

For example:

Chronic Kidney Disease (CKD)

Renal consultants refer their patients to an advanced dietitian as the most appropriate healthcare professional to assess the patient's diet and advise on the optimum phosphate binder medication and dosage in relation to this. Poor phosphate management results in a higher risk of fractures in weakened bones and a hardening of the blood vessels (cardiovascular disease), leading to heart failure.

The frustration amongst doctors and patients alike is that the current system requires the patient's consultant or GP to initiate and adjust medicines as advised by the dietitian in a separate additional appointment/consultation. As such, there can be several days delay between the dietitian's appointment, and obtaining the prescription from the consultant or GP. Due to the need for additional appointments, patients often wait for their next routine review appointment with the consultant to get their prescription. This results in a continuation of suboptimal treatment and risk of further deterioration in the condition.

With supplementary prescribing rights the dietitian will be able to advise the patient on their diet, and supply the patient with a more tailored and timely prescription against an agreed clinical management plan (CMP), for dispensing at a local pharmacy without the need to refer back to a prescribing physician. This saves hospital/GP appointments, streamlines the patient pathway and improves the patient experience of coordinated seamless management.

Cystic Fibrosis (CF)

Patients with CF are required to take prescribed digestive enzymes from birth to help them digest food and get the nutrients they need, with every meal and snack. They also need to take vitamin supplements. Some of the symptoms of poorly managed CF are abdominal cramping, pain, nausea, constipation and diarrhoea and can lead to hospital admissions to manage the symptoms.

Advanced CF dietitians can manage patients who require pancreatic enzyme replacement therapy (PERT) and vitamins, however, a doctor is required to prescribe the PERT/vitamin preparations and any associated changes necessary as the condition progresses. The long term nature of CF means that patients will require regular review by the advanced CF dietitian. Adjustment of PERT medication is common to treat CF and manage acute symptoms. Currently the dietitian needs to request a prescription from the GP which can lead to delays in treatment, further exacerbation of symptoms and hospital admission.

With supplementary prescribing, a clinical management plan would be developed at diagnosis, and the advanced dietitian could manage the PERT medication in relation to the patient's diet and lifestyle more timely and accurately. The benefits include prompt resolution to a particularly sensitive set of symptoms as well as preventing hospital admissions.

Intestinal Failure

Patients with intestinal failure (IF) do not have adequate bowel function to absorb enough fluid and nutrition to survive and rely on parenteral nutrition (PN). PN is a type of nutrition which is infused into the bloodstream to prevent dehydration and malnutrition and correct imbalances. Many patients will only require PN until the medical condition can be resolved, whilst others will require PN at home for life.

The advanced nutrition support dietitian completes a clinical and nutritional assessment, calculates the nutritional requirements including fluid, energy, nitrogen, electrolytes and duration of infusion, and according to the patient's blood results requests a prescription for PN to be made up in a pharmacy compounding unit.

Currently the dietitian needs to access an independent prescriber (usually a doctor) to generate the prescription advised by the dietitian. Getting the PN prescription signed is frequently a time limiting step to making the changes required, which can put the patient at risk of metabolic complications including malnutrition, dehydration/fluid overload and electrolyte abnormalities and deterioration in liver function.

With supplementary prescribing, the advanced nutrition support dietitian could prescribe against a clinical management plan which would be developed with the independent prescriber and agreed with the patient, which included the initiation and adjustments of the PN. This would mean the patient receives the correctly formulated PN for their needs, without unnecessary delay.

2.8 Benefits of supplementary prescribing

Supplementary prescribing can enable new roles and new ways of working to improve quality of care - delivering safe, effective services focused on the patient experience.

It has the potential to improve patient safety by reducing delays in care and creating clear lines of responsibility and accountability for prescribing decisions. The development of supplementary prescribing by dietitians will also make it easier for patients to secure timely access to the medicines they need, and makes better use of the skills of advanced dietitians within the multi-disciplinary team.

Supplementary prescribing is intended for on-going care and is therefore ideally suited for use by dietitians who work as part of the multi-disciplinary team in treating patients with conditions such as diabetes, renal disease, gastrointestinal disease and cancer.

2.8 Antimicrobial stewardship

All healthcare workers, including dietitians have a vital role to play in preserving the usefulness of antimicrobials by controlling and preventing the spread of infections that could require antibiotic treatment. Medicines management is not an activity that occurs in isolation, so dietetic supplementary prescribers will continue to communicate with other practitioners involved in the care of patients.

*NICE Guideline NG15 Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use*⁵ provides detailed recommendations for both organisations (commissioners and providers) and individual prescribers, and other health and social care practitioners, regarding the use of antibiotics and antimicrobial stewardship. Like all healthcare providers, dietetic supplementary prescribers and their employing organisations will be required to consider antimicrobial stewardship whilst following national and local policies and guidelines for antibiotic use.

The local policy is required to be based on national guidance and should be evidence-based, relevant to the local healthcare setting and take into account local antibiotic resistance patterns. The local policy should also cover diagnosis and treatment of common infections and prophylaxis of infection. Dietitians will also be required to follow *Antimicrobial Prescribing and Stewardship Competencies*⁶.

⁵ National Institute for Health and Care Excellence (NICE) (2015) Guideline NG15: *Antimicrobial stewardship: systems and processes for effective antimicrobial medicines use*
<https://www.nice.org.uk/guidance/ng15/resources/antimicrobial-stewardship-systems-and-processes-for-effective-antimicrobial-medicine-use-1837273110469>

⁶ Department of Health and Public Health England (2013) *Antimicrobial prescribing and stewardship competencies*
<https://www.gov.uk/government/publications/antimicrobial-prescribing-and-stewardship-competencies>

3 Consultation Process

3.1 General

The changes to medicines legislation will apply throughout the United Kingdom and therefore the consultation was 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.

The UK-wide consultation was held between 26 February and 24 April 2015.

3.2 Communications

Invitations to respond to the public consultation were sent to the Chief Executives of NHS Trusts, Clinical Commissioning Groups, Royal Colleges, Healthcare Regulators and other national professional organisations. Medical Directors, Directors of Public Health, Directors of Nursing, Directors of Adult Social Services, and NHS England Regional and Area Directors also formed part of the target audience.

Organisations and groups with an interest were contacted including third sector organisations, patient groups, arm's length bodies and NHS networks.

NHS England also undertook engagement meetings with a number of Royal Colleges and Professional Bodies during the consultation period to support their responses to the consultation. Notification of the consultation was published on the NHS England website with links provided on the BDA website.

3.3 Methods

Responses to the consultation were submitted in one of the following ways:

1. By completing the online consultation on the NHS England Consultation hub website.
2. By downloading a PDF copy of the reply form from the NHS England consultations webpage and emailing the completed form to the AHP mailbox.
3. By printing the reply form or requesting a hard copy to complete and return by post.

The consultation documents were also available in alternative formats, such as easy read, Welsh language, large print and audio upon request.

3.4 Patient and public engagement

During the consultation period, public and patient engagement events were held in England, Scotland and Northern Ireland (the latter event was held after the closing date for the consultation on the proposal to introduce supplementary prescribing by dietitians).

The events were an opportunity for patients, carers and the public to develop their understanding of the four proposals being taken forwards as part of the AHP Medicines Project and which included:

- Independent prescribing by radiographers
- Independent prescribing by paramedics
- Supplementary prescribing by dietitians
- Use of exemptions by orthoptists

Attendees had an opportunity to take part in small group discussions and ask questions in order to seek clarity on the proposals.

An event was not held in Wales as it was decided by the Welsh Government that the communications strategy they already had in place was sufficient and therefore did not warrant further engagement.

3.5 Equality and health inequalities

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services, and to ensure services are provided in an integrated way where this might reduce health inequalities.

The extension of medicines mechanisms aims to improve patients' access to the medicines they need in a variety of settings. It may specifically benefit and reduce barriers in access to medicines for different equality groups included in, but not restricted to, those included in the Equality Act 2010:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Additionally, other specific groups should be considered when developing policy, including: children and young people, travelers, immigrants, students, the homeless and offenders.

The potential impact of the proposal on equality and health inequalities were addressed twofold:

1. As part of the patient and public engagement exercises (see section 3.4) a health inequalities tabletop discussion was held to gain feedback from participants and consider the impact of proposed changes on all of the above protected characteristics and specific groups.
2. Two questions were posed as part of the public consultation to identify any impact on the protected characteristics and specific groups (see section 3.6).

It can be concluded from the responses to the consultation that changes to legislation to introduce supplementary prescribing by dietitians would have a positive impact on many of the protected characteristics and groups but no negative impact on any particular characteristic or group.

Any future work in respect of monitoring and evaluation will also take into account our *Equality and Health Inequalities legal duties*⁷.

⁷ NHS England (2015) *Equality and Health Inequalities legal duties*. NHS England, London
<https://www.england.nhs.uk/about/gov/equality-hub/legal-duties/>

3.6 Consultation questions

Respondents to the consultation were required to give their name as well as responses to the following questions:

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?

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

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, travelers, immigrants, children, offenders?

4 Consultation Responses

The consultation received 464 responses in total. 456 responses were received via the online portal (Citizen Space) and 8 were received in hard copy.

Responses were received from all four countries of the UK as outlined in table 1 below.

Responses by country	Number of responses received
England	363
Scotland	67
Northern Ireland	10
Wales	9
Not answered	15
Total responses	464

Table 1: Breakdown of consultation responses by country

As outlined in table 2 below, 58 organisations responded to the consultation and 402 responses were received from individuals. 40 of these were from patients, carers or members of the public, while 362 responded as a health or social care professional, including: doctors, nurses, pharmacists and allied health professionals.

Responses by individuals	402
Healthcare professionals	362
Public, carers/patients	40
Responses by organisations	58
Did not state if responding as an individual or organisation	4
Total responses	464

Table 2: Breakdown of respondents

The responses were categorised into 6 groups as outlined in table 3 below; groups 1 to 5 comprise all of the organisational responses, sorted by organisation type, while the 6th group includes all individual responses.

Group 1:	National Organisations and Networks; Professional Bodies and Royal Colleges; Regulators; Government & Arm's Length Bodies
Group 2:	Allied Health Professional Organisations, Professional Bodies and Advisory Groups
Group 3:	Educational Bodies/Establishments
Group 4:	Commissioning, Commercial and Non-Commercial Organisations; Service Providers; Independent Sector; and Trade Associations
Group 5:	Patient and Public Representatives; Charitable and Voluntary Associations
Group 6	Responses from Individuals

Table 3: Organisational groups

Appendix A lists all organisational responses to question 1, as this was the only question that directly related to the proposal, with the remainder of the questions relating to the supporting documents and the impact of the proposal on equality and health inequalities.

4.1 Summary of responses by question

4.1.1 Responses to question 1

- 1) *Should amendments to legislation be made to enable dietitians to supplementary prescribe?*

Response options:

- Yes
- No

100% (58) of organisations and 98% (393) of individuals supported the proposal.

The breakdown (number and percentage) by group can be seen in table 4 overleaf.

	Organisations											Individuals		Other **		
	Group 1		Group 2		Group 3		Group 4		Group 5		All Organisations *		Group 6			
Option		%		%		%		%		%		%		%		%
Yes	9	100	13	100	7	100	23	100	4	100	58	100	393	98	4	100
No	0	0	0	0	0	0	0	0	0	0	0	0	9	2	0	0
Total	9	100	13	100	7	100	23	100	4	100	58	100	402	100	4	100

* Two responses were submitted on behalf of anonymous organisations. These responses were included in the column "All organisations" though were not categorised into a specific group. Therefore the total number of responses for all organisations is two greater than the totals for groups 1 to 5.

** Did not say whether they were responding on behalf of an organisation or as an individual.

Table 4: Breakdown by group for responses to question 1

The themes identified in responses to this question from both organisations and individuals included: the positive impact of the proposal on patient experience, by reducing the number of appointments needed to access medicines; the potential to facilitate service re-design (e.g. through the development of new community based services); and the potential to improve patient safety through timely treatment.

The comments below are a selection from those who supported the proposal.

Malnutrition is both a cause and consequence of illness and injury. Huge numbers of patients and community living individuals are generally malnourished or at risk of developing general malnutrition, whilst others with specific conditions are at potential risk of specific nutrient deficits etc. Most health professionals, however, neither understand the nature of the significant nutritional vulnerability that ensues nor the specific nutritionally related treatments that may be required. Many of these individuals need the prescription of specific drugs, supplements or specialised foods for medical purposes and the obvious experts in this field are dietitians. It is therefore illogical that dietitians should not be able to prescribe appropriately. **British Association of Parenteral and Enteral Nutrition (BAPEN)**

We are generally supportive of the proposals to extend prescription rights to enable allied health professionals, such as dietitians, to prescribe or supply and/or administer medicines to patients. This is of course providing that the prescriber works within their competency and training. The proposals would enable new ways of working to make better use of allied health professionals' skills, providing a more efficient and convenient service for patients, while reducing demand on other services. Given that the training is likely to be rigorous and expensive, we would need to ensure that these new skills are used in practice. **British Medical Association (BMA) GP Committee**

Dietitians are well informed about this specialist field and more than capable to prescribe in their areas of expertise. **Betsi Cadwaldr University Health Board**

There is a close relationship between medicine and food for many conditions such as diabetes, renal disease, gastrointestinal disorders and malnutrition, and as such dietitians have been engaged with food/drug interactions for decades. Supplementary prescribing by dietitians has the potential to improve patient safety by reducing delays in care and creating clear lines of responsibility and accountability for prescribing decisions. The development of supplementary prescribing by dietitians is part of a drive to make better use of their skills and to make it easier for patients and individuals to get access to the medicines that will give them the most benefit. Due to the complex interaction between nutrition and drugs; in sickness and in health, dietitians have a high level of pharmaceutical knowledge regarding the impact of a wide range of medication on nutrition status and medical conditions they are used to treat. Diabetes, kidney disease and cystic fibrosis are only three examples of conditions where this interaction between dietary intake and medication is key to optimising treatment. For particular conditions this provides different opportunities, for example in the case of diabetes and tweaking insulin. This could mean fewer visits to outpatients for care home residents or prevention of admission. **Care Inspectorate**

This will facilitate service redesign and implementation of national dietetic pathways of care currently being developed e.g. coeliac disease and diabetes to become more person centred. There will also be benefits for our GP partners as this will reduce surgery time for prescription renewal. **NHS Education forScotland**

The proposal emphasises the benefits that may result from avoiding the use of Patient Group Directions (PGDs) and Patient Specific Directions (PSDs)... **National Institute for Health and Care Excellence (NICE)**

Dietitians are well trained in evidence based practice and regulated by the HCPC. Their regular contacts with patients, especially those with long term conditions, will enable more efficient and safer management rather than requiring the dietitian to contact their medical prescriber and request / advise. **University of Hertfordshire**

Dietitians who are DAFNE educators in the field of diabetes already advise on the alteration of dosages under local guidelines. The introduction of supplementary prescribing will regularise this position as well as allow the other benefits listed in the consultation document. **Doctor**

*They are highly qualified and competent practitioners who with appropriate training would be more than capable of doing this safely. In specialist areas such as diabetes this would be very valuable to the team. **Doctor***

*A strong and convincing case has been made in the supporting documentation, particularly the case for improving the existing quality of service provided to patients and clients. **Member of the Public***

A minority of comments were not supportive of the proposal and included reference to the need to ensure appropriate training is in place, or questioned the knowledge and experience of dietitians to be able to prescribe medicines.

*Don't have faith in their clinical knowledge. **Member of the Public***

*Dietitians are excellent in the service they provide but do not have the background knowledge or experience of administering drugs. **Nurse***

*Dietitians have sufficient workload. They aren't medically trained. **Health or social care – Manager***

4.1.2 Responses to question 2

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

There were 259 comments in response to this question with dietitians being recognised as specialists in their field, possessing extensive knowledge and experience of dietary modification and the interaction between nutrition and medication.

It was commonly recognised that advanced dietetic practitioners provide a significant amount of support to the multidisciplinary team and doctors in relation to prescribing medications which are most suited to the patients' individual dietary requirements and therefore, supplementary prescribing by dietitians would be a logical step forward. A further theme highlighted if legislation is changed to allow dietitians to train to become supplementary prescribers, it will help streamline services by reducing the time it takes for patients to receive the medications they need, therefore improving patient outcomes and the overall patient experience.

*As a Consultant Gastroenterologist and expert in the field of Nutrition Support, a Senior Lecturer in Medicine & Nutrition and current President of BAPEN, I have wide experience of the many problems and delays in instigating proper patient care that are generated by the fact that dietitians are currently unable to prescribe. I and all of the many other BAPEN colleagues with whom I have discussed this matter are fully supportive of this change. **British Association of Parenteral and Enteral Nutrition***

While dietary advice is important in the earlier stages of kidney disease, specialist care for those who are approaching or undergoing dialysis is essential and will affect patient outcomes if not delivered in a timely way. The challenges of medication understanding and adherence plus dietary restrictions must not be underestimated. Kidney dialysis patients report two key things, the first is that they do not consistently have access to specialist dietetic advice, and secondly that they are being given advice which is not personalised enough and can be confusing. So enabling specialist practitioners to deliver care and prescribe quickly is helpful. **British Kidney Patient Association**

Dietitians have unique knowledge regarding the impact of medicines on nutritional status and have the necessary skills and experience to manage a patient's dietary intake in conjunction with prescribed medication, especially in complex conditions. As supplementary prescribers, dietitians could therefore improve outcomes for patients. **Guild of Healthcare Pharmacists**

'Diabetes specialist dietitians are competent to alter insulin doses and would be invaluable in contributing to the workforce, especially for out of hours services to patients' **Doctor**

Absolutely - as the parent of a child who is enterally fed it has always astounded me that a dietitian doesn't even have the most basic of prescribing rights and must take up the valuable time of a GP every time a minor change is made to a feed... **Carer**

Many experienced specialist dietitians advise doctors to review medication like pancreatic enzymes, insulin, phosphate binders etc. and will often suggest dose changes. Giving these dietitians prescribing rights will allow a more effective way of working, and legislation will make sure that prescribers uphold and abide by national standards- ensuring safest practices. **Dietitian**

4.1.3 Responses to question 3

- 3) *Do you have any additional information as to why the proposal for supplementary prescribing by Dietitians SHOULD NOT go forward?*

There were 27 comments in response to this question. All of these were comments from individuals. The majority of those who commented felt there was no reason why the proposal should NOT go forward. The comments from those who had concerns covered a perceived deficiency in underlying education and training of dietitians on pharmacology and medicines. Several responses recommended that in order to meet the needs of patients and maximise the utilisation of the dietetic workforce, dietitians require independent prescribing rights rather than supplementary prescribing.

I do not feel that the training undertaken by dietitians means that they have a comprehensive understanding of pharmacology to allow for this. Pharmacist

Dietitians have sufficient workload. They aren't medically trained. Manager

Only if the practitioner were not advanced and trained and competent in the use of the additional powers. Dietitian

Safety risk from unexperienced prescribers. Dietitian

4.1.4 Responses to question 4

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

In total 451 responses were received to this question with the majority making no further comments. 83% (386) of respondents agreed that the consultation stage impact assessment did give a realistic indication of the likely costs, benefits and risks of the proposal with a further 10% (45) of respondents only partly agreeing with the content of the proposed impact assessment. A further 4% (20) of responses did not agree that the impact assessment gave a realistic indication of the likely costs, benefits and risks of the proposal. 13 respondents did not answer this question.

The themes identified in response to this question included examples of how the proposal could save NHS resources by: reducing demand for additional appointments; reduced medical time required to sign prescriptions; and greater opportunity for orthoptists to spend their time more effectively with patients.

Comments from respondents who agreed that the Consultation Stage Impact Assessment gave a realistic indication of the likely costs, benefits and risks of the proposal included:

The risks associated with prescribing outside of the indication are minimised as the dietitians would be supplementary prescribers. Baxter Healthcare

Yes - It's a thorough examination of likely scenarios and the conclusions seem sound. Pancreatic Cancer UK

Yes - the economic efficiency and patient benefits articulated make sense. Patient

In as much as this can be predicted. In my experience this is very low risk given appropriate staff. Doctor

Very thorough assessment. Doctor

The document is very thorough and explains everything well. **Member of the Public**

Very few comments were received from those who only partly agreed that the Consultation Stage Impact Assessment gave an accurate indication of the likely costs and benefits of the proposal.

Not completely aware of all issues, so don't feel sufficiently informed to answer this. **Robert Gordon University (Aberdeen)**

There are good indications of potential costs, benefits and risks, however I feel that the benefits will only be partially realised with the use of supplementary prescribing and again from the learning we have developed from the previous AHP professions the question must be asked as to why Independent prescribing was not one of the initial options. **Nurse Healthcare Professional**

Comments from respondents that did not agree that the Consultation Stage Impact Assessment gave an accurate indication of the likely costs and benefits of the proposal included:

The estimation that, approximately 60 dietitians will be trained in year one and the same number for the next 2-10 years, which is 600 advanced practitioners trained over ten years, is a hugely over exaggerated figure. If we are to learn from the other AHPs who undertook supplementary prescribing from 2005, it is unlikely that there would be any more than 50 in total trained over the next ten years. **Health Education Kent Surrey and Sussex**

Dietitians generally not concerned of impact to NHS in decision making focussed only on "habitual" product use. **Member of the public**

Dietitians in the community are few and far between, allowing them to concentrate on the diet and leave the medication alone would be far more time efficient - or working with a nurse or pharmacist prescriber to free up GP times. In hospitals, this is not needed. **Pharmacist**

4.1.5 Responses to question 5

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

In total, 138 comments were received. Of these, 40 comments were on behalf of organisations. The majority commented that the practice guidance was robust and comprehensive.

The specific suggestions for improvements were the need for regular review of the guidance and the importance of all professions meeting the same standards.

All comments received have been taken into consideration and appropriate amendments have been made in the development of the final practice guidance which is available [here](#).

NICE is pleased to see the Single competency framework for all prescribers acknowledged in the proposed practice guidance, and that the BDA expects members to be able to demonstrate how they meet this competency framework. The framework was developed by the National Prescribing Centre (NPC), which is now the NICE, Medicines and Prescribing Centre.

National Institute for Health and Care Excellence (NICE)

We believe the Practice Guidance is reasonable. We recommend that it is reviewed on a regular basis, like with all professions. **Royal College of Speech and Language Therapists**

In our opinion the practice guidance seems well thought out. The criteria for eligibility for training as a supplementary prescriber are clearly defined and builds in protection for the patient. **Care Inspectorate**

Should be run as a pilot and evaluated before being rolled out nationally. **Patient**

Proposed practice guidance should be mindful of local CCG NHS Prescribing Guidance and Formulary items to ensure equitable access to products where indicated. **Pharmacist**

Should be regular review of all professions practice guidance on a regular basis. **Dietitian**

4.1.6 Responses to question 6

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

In total, 86 comments were received, 30 of which were comments received on behalf of organisations. The majority of comments stated the Outline Curriculum Framework document was comprehensive with no further changes suggested.

Comments received that expressed support for the draft outline curriculum framework document included:

NICE is pleased to see the Single competency framework for all prescribers is fundamental to the draft outline curriculum. As above, the curriculum will need to align with any update to the competency framework. **National Institute for Health and Care Excellence**

These have also been carefully constructed and I can see no reason why they should not work well, particularly in the light of similar approaches in other professions that have sought and attained prescriber status. **British Association of Parenteral and Enteral Nutrition**

Pleased to see this curriculum framework was developed in partnership with other AHP professional bodies. This will support a more co-ordinated and inter-professional approach to implementation and delivery of the programme. **NHS Education for Scotland**

Again, sensible and thorough. **Pancreatic cancer UK**

I welcome this rigorous, standardised approach. **Dietitian**

To support the implementation of the education program funding and financial support should be identified to ensure best practice as a supplementary prescriber. **Dietitian**

There were a small number of respondents who wanted to stress the importance of adequate funding and support being available for eligible dietitians to undertake the training in addition to the availability of Designated Medical Practitioners (DMPs).

Comments received which suggested amendments to be made to the outline curriculum framework document included:

Organisations and services will need to ensure that dietetic staff are given shadowing and training opportunities to ensure evidence-based practice. **North East London Foundation Trust**

Support will be required centrally to provide opportunity and funding locally to enable take up of courses and training. The length of the course may be prohibitive in some departments unless backfill is available. Sometimes within N Ireland it can be difficult for dietitians to access courses and requires travel, higher cost etc. Therefore efforts need to be made to provide courses and training locally. **Northern Ireland Board BDA**

We do have a general concern about the impact on capacity and availability of medical mentors to support the extension of prescribing rights to additional healthcare professions, and the extension of the general pool of non-medical independent prescribers. **North Cumbria University Hospitals NHS Trust**

All comments have been taken into consideration and appropriate amendments have been made in the development of the final outline curriculum framework which can be accessed [here](#).

4.1.7 Responses to question 7

- 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?*

In total, 97 comments were received in response to this question, of which 19 comments were made on behalf of organisations. All responses indicated that there would be a positive impact on people, including those with learning disabilities, physical disabilities, older patients, and people of all ethnicities.

The impact of supplementary prescribing by dietitians should be beneficial to a wide population by making it easier for patients to access appropriate treatment and medicines. In line with other AHP supplementary prescribers, dietitians will practise in line with approved guidelines and taking account of patients need and best interest. Communication across all groups of people, and working effectively in teams with other health and social care professionals, is a vital part to ensure the success of this transition. **Council of Deans for Health**

There will be no detrimental impact on the above groups. **County Durham and Darlington Foundation Trust**

We do not consider there to be any negative impacts. **College of Podiatry**

I can see little impact in the area of equality on the grounds listed. **Doctor**

*I would expect positive impact on equality and reduce need for repeated appointments. **Doctor***

*Positive impact on ethnicity issues where interpreting service is required - much more likely to have effective interaction if changes and advice can all be delivered in the same session rather than having to book a second session with prescriber...**Doctor***

*I think if supplementary and eventually independent prescribing goes ahead it has the potential to improve the access to healthcare that is on offer to the most vulnerable members of our society, e.g. the elderly and the disabled. **Patient***

*Think it will mean those individuals with disabilities or in a more at risk ethnic group will have access to better nutritional care and support in a quicker time frame. **Dietitian***

4.1.8 Responses to question 8

- 8) *Do you have any comments on how this proposal may impact either positively or negatively on any specific groups, e.g. students, travelers, immigrants, children, offenders?*

There were 97 comments in total with the majority of respondents having no further comment to make. Those that did make additional comments felt strongly that the proposed changes would benefit patients from minority groups in relation to timely access to medicines, improved patient outcomes, more patient centred treatment, and improved convenience for patients who would not be required to attend unnecessary appointments just to access the medicines they need.

*We do not believe there will be any negative impacts in relation to equality and will only improve access and outcomes to all of the population. **Allied Health Professions Federation (AHPF)***

*We think this proposal would impact positively on the care given to people who experience insecurity either financially, economically or both. An example would be individuals from the traveller community who find it difficult to access healthcare and would need a 'one stop shop', i.e. get a prescription from the dietitian when they see one. In short, this is an approach which will assist in reducing barriers to accessing good quality healthcare. **Welsh Board BDA***

*I cannot see any obvious negative impacts. **Healthwatch Bolton***

*There can only be positive outcomes on all equality characteristic groups. The dietitian knows the patient and many of their needs, especially those related to their characteristics. **Member of Public***

*Will impact positively on all patients but particular those who are hard to engage as will result in short clinic visits and avoid duplicate visits. **Nurse***

*The team approach is important and having an additional member of the team treating patients will increase diversity. **Doctor***

*Disabled patients will probably have to attend less appointments as a result which may well be positive. **Doctor***

*Supplementary prescribing by dietitians has the potential to impact positively on all equality characteristic groups equally. Further potential benefit could be achieved if the proposal was changed to Independent Prescribing. **Nurse***

5 Next Steps

The results of the public consultation were presented to the Commission on Human Medicines (CHM) for their consideration in September 2015.

The CHM supported the proposal to introduce supplementary prescribing by dietitians and they published their recommendations in November 2015, a summary of which can be accessed [here](#).

The CHM recommendations were submitted to Ministers for approval, and agreement to extend supplementary prescribing responsibilities to dietitians was announced in February 2016.

MHRA are taking forward the necessary amendments to UK-wide medicines legislation and the NHS Regulations in England will be amended accordingly. The NHS Regulations in Wales, Scotland and Northern Ireland are matters for the Devolved Administrations.

Where there is an identified need for dietitians to use supplementary prescribing, they will be required to gain entry to, and successfully complete an HCPC approved non-medical prescribing course before gaining annotation on the HCPC register as a supplementary prescriber.

If 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 prescribing education programme could be in the summer of 2016, with dietitians using supplementary prescribing within their practice by the end of 2016.

6 Appendices

6.1 Appendix A: List of organisational responses by group

All the organisational responses to question 1 are listed, as this was the only question that was directly related to the proposal, with the remainder of the questions relating to the supporting documents and the impact of the proposal on equality and health inequalities.

<p>Q1. Should amendments to legislation be made to enable Dietitians to supplementary prescribe?</p> <ul style="list-style-type: none"> ▪ Yes ▪ No

Group 1: National organisations and networks; professional bodies and royal colleges; regulators; government & arm's length bodies

Organisation	Response
British Association of Parenteral and Enteral Nutrition	Yes
British Medical Association GP Committee	Yes
Care Inspectorate	Yes
Critical Care Leadership Forum	Yes
Guild of Healthcare Pharmacists	Yes
Health and Care Professions Council	Yes
NICE	Yes
Royal Pharmaceutical Society	Yes
Scottish Directors of Pharmacy	Yes

Group 2: Allied health professional organisations, professional bodies and advisory groups

Organisation	Response
BDA Oncology Specialist Interest Grp	Yes
British & Irish Orthoptic Society	Yes
Chartered Society of Physiotherapy	Yes
College of Paramedics	Yes
College of Podiatry	Yes
Dietitians in Critical Care Specialist Interest Grp BDA	Yes
England Board BDA	Yes
NI Board BDA	Yes
Royal College of Speech and Language therapists	Yes
The Allied Health Professions Federation	Yes
The College of Occupational Therapists	Yes
Welsh Board BDA	Yes
Wales Dietitians Leadership Advisory Group	Yes

Group 3: Education bodies/establishments

Organisation	Response
Council of Deans for Health	Yes
Glasgow Caledonian University	Yes
Health Education Kent, Surrey & Sussex	Yes
Medway School of Pharmacy	Yes
NHS Education for Scotland	Yes
Robert Gordon University Aberdeen (Response 1)	Yes
Robert Gordon University Aberdeen (Response 2)	Yes

Group 4: Commissioning, Commercial and non-commercial organisations; Service providers; independent sector and Trade associations

Organisation	Response
Abbott Labs Ltd	Yes
Baxter	Yes
B Braun UK	Yes
Betsi Cadwaladr University Health Board	Yes
British Specialist Nutrition Association Ltd	Yes
County Durham and Darlington Foundation Trust	Yes
Dorset NHS CCG (Response 1)	Yes
Dorset NHS CCG (Response 2)	Yes
Eastbourne Hailsham & Seaford CCG / Hastings & Rother CCG	Yes
East Lancashire Hospital NHS Trust	Yes
Gloucestershire Hospital NHS Foundation Trust	Yes
Herefordshire CCG	Yes
NHS Lancashire	Yes
North Cumbria University Hospital NHS Trust	Yes
North East London Foundation Trust	Yes
North Middlesex University Hospital	Yes
Nottingham North & East CCG	Yes
Nottingham University Hospital	Yes
NMPrescribing	Yes
Nutrition Support Team Croydon University Hospital	Yes
Queen Elizabeth Hospital Birmingham	Yes
Renal Dietetics East Kent Hospitals University NHS Foundation Trust	Yes
Southern Health and Social Care Trust	Yes

Group 5: Patient and public representatives; charitable and voluntary associations

Organisation	Response
British Kidney Patients Association	Yes
Crohn's & Colitis UK	Yes
Healthwatch Bolton	Yes
Pancreatic Cancer UK	Yes

6.2 Appendix B: Glossary of terms

Allied health professions (AHP's):	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
British Dietetic Association (BDA):	The British Dietetic Association (BDA) is the professional body representing the dietetic workforce including, practitioners, assistant practitioners, support workers and student dietitians in the United Kingdom.
Commission on Human Medicines (CHM):	The CHM advises ministers on the safety, efficacy and quality of medicinal products. It is an advisory non-departmental public body, sponsored by the Department of Health.
Controlled drugs:	Drugs that are listed in the United Kingdom Misuse of Drugs Act 1971, which can be prescribed to patients for medicinal purposes , e.g. morphine for pain relief.
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"> • 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 which is much more engaged in ensuring its own health and well-being; and <p>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.</p>
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.

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.

Licensed medicines:

A medicine must be granted a licence by the appropriate body before it can be widely used in the UK. A licence indicates all the proper checks have been carried out and the product works for the purpose it is intended for.

The Medicines and Healthcare products Regulatory Agency (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 healthcare 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.

Patient Group Direction (PGD):

A written instruction for the supply and/or administration of a licensed medicine (or medicines) in an identified clinical situation, where the patient may not be individually identified before presenting for treatment. Each PGD must be signed by both a doctor and pharmacist; and approved by the organisation in which it is to be used.

Patient Specific Direction (PSD):

A prescribers (usually written) instruction for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

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.

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.