

Sharing experience of implementing Dietitian prescribing – forewarned is forearmed.

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On completion of a non-medical prescribing qualification, Dietitians are now able to prescribe for their patients as a Supplementary Prescriber (SP) using a Clinical Management Plan (CMP). Prescribing of medications by Dietitians used in the management of Chronic Kidney Disease – Mineral Bone Disorder (CKD-MBD) will have potential benefits for all stakeholders however, changing roles and new processes need to be embedded in practice and evaluated. As financial and workplace support is necessary to allow this extended role to be introduced, it is important to share perspectives so that those considering entering into this new arena are prepared and benefit from the experiences of others.

Two Dietitian prescribers from one Nephrology Department have reflected on their journeys from completing the non-medical prescribing course to implementation of the qualification in practice. Positive and negative aspects have been observed and sharing of these will inform future Dietitian prescribers. Key reflections are described below.

Positives

- Increase in knowledge, skills and confidence through undertaking the course
- Role fully supported by Clinicians
- Enhanced working relationships and mutual respect
- More timely prescribing of binders
- More coherent approach
- Closer monitoring as fully invested in maximising treatment / more momentum
- Patients have all agreed to Dietitian prescribing when asked for their consent
- Patients seem to like the open discussion about options and appear to respond well to the confidence and authority when Dietitians are able to make diet and medication recommendations concurrently and independently

Negatives

- Supplementary prescribing is a less familiar format of non-medical prescribing in most NHS Trusts affecting ease of implementation.
- Clear national guidance on the detail of working as a supplementary prescriber is lacking
- Different NHS Trusts are endorsing different practices of using CMPs
- CMPs are cumbersome and, depending on how they are used locally, can affect timeliness of prescribing
- Roles and responsibilities between Clinicians, Dietitians and other non-medical prescribers are still being established
- More time-consuming as often exposing other issues (may be beneficial to patients)
 - o Many patients don't know what medications they take
 - o Spending time contacting General Practitioners (GPs) and pharmacies to clarify current medication status
 - o GP records and hospital records for medication don't always match
 - o Dosette boxes can complicate medication changes
 - o Often uncovering other medication issues which then need to be referred back to Clinician

These early reflections will help to prepare new Dietitian prescribers for their developing extended roles. Insight into potential challenges will enable a more streamlined transition while assuming the increased responsibility. Perspectives of all stakeholders should be sought to broaden understanding of the impact of Dietitian prescribing. Patient views are critical to ensure it is an acceptable change for them and is beneficial. Working as Independent Prescribers will negate many of the negative reflections.