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The implementation of dietetic prescribing following the introduction of supplementary prescribing for dietitians.

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Background: Successful dietetic management of several complications of chronic kidney disease (CKD) and end stage kidney disease (ESKD), particularly Chronic Kidney Disease – Mineral and Bone Disorder (CKD-MBD), often involves provision of advice about medications. However, the level of involvement of dietitians in medication management varies greatly across the UK. A change of legislation in 2016 allowed dietitians to train and qualify as supplementary prescribers (SP), however there are still limitations to using this process. The aim of this work was to ascertain how dietetic prescribing has been implemented into routine practice among renal dietitian supplementary prescribers within the UK, and assess how a prescribing dietitians network can most effectively provide peer support.

Methods: A questionnaire was devised by a small working group of specialist renal dietitians who are qualified supplementary prescribers. This was electronically- distributed to members of the Renal Nutrition Group (RNG) Prescribing Dietitians Network, and all RNG members who subscribe to the RNG Discussion Forum. Results were collated and analysed to establish trends in current prescribing practices, and assess perceived benefits and potential barriers for supplementary prescribing.

Results: Twenty questionnaires were returned - 15 from RNG Prescribing Dietitians Network members (100% response rate), and five from members of the RNG Discussion Forum. Thirteen questionnaires were from qualified SP, therefore seven questionnaires from respondents still undertaking a supplementary prescribing qualification were discounted. Eleven respondents (85%) have implemented supplementary prescribing into practice, with the majority generating between one and five prescriptions per week. Similarities in prescribing practices exist for patient groups where prescribing is used and types of medications prescribed, with 100% respondents prescribing for haemodialysis outpatients and prescribing phosphate binders. Similarities in perceived benefits of supplementary prescribing are more streamlined care (81.8%) and reduced time for patients to receive medications (90.9%), whereas the main barrier to effective prescribing was the increased workload associated with clinical management plans (CMPs). There are variations in the timescale for signing CMPs, and standards for review of patients for whom prescriptions were arranged. Only 54.5% of respondents have audited practice since implementing SP. Results for the questionnaire are comprehensively detailed in Table 1.

Conclusion: There are a small number of renal dietitians already qualified as SP who have implemented supplementary prescribing into routine dietetic practice. This number is growing judging by respondents who are currently undertaking a supplementary prescribing qualification. There are several similarities in how SP are implementing dietetic prescribing into their practice, however there are variations in practice for the use of CMPs. This indicates the need for clearer nationally agreed guidance to enable CMPs to be used appropriately and effectively. Whilst there appear to be perceived benefits for supplementary prescribing among SP, only 54.5% of respondents have audited their practice since implementing supplementary prescribing, and patient satisfaction has not been thoroughly evaluated. A national audit of supplementary prescribing practices, which specifically explores how dietetic prescribing affects the medical team, time attributed to medical prescribing, dietetic outcomes, and patient satisfaction, is therefore required to evaluate the benefits of SP.