



# Innovation in the Allied Health Professions: Evaluation of supplementary prescribing by dietitians and independent prescribing by therapeutic radiographers

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## **Lay Summary**

Recent changes to the law allow dietitians and therapeutic radiographers, working at advanced level, to prescribe medicine for their patients. Dietitians, who manage diet and feeding, can prescribe from a treatment plan agreed with a doctor. This is known as 'supplementary prescribing'. Using independent prescribing therapeutic radiographers, who deliver radiotherapy and manage its side effects, can assess patients and prescribe medicines without a doctor. To understand the effect of this change in care a study was commissioned.

To understand how dietitians and therapeutic radiographers use prescribing in practice we looked at previous studies that had been published. We used surveys to explore how, what and where these professions prescribe. From the survey, and our contacts we chose 8 hospitals and a community-based clinic around England and put dietitian and therapeutic radiographer consultations, and prescriptions under the microscope.

We compared services provided by dietitians and therapeutic radiographers who are qualified prescribers to those provided by dietitians and therapeutic radiographers who are not prescribers. We asked these professionals, their colleagues, and patients about their experiences and views of this practice and what difference it made. We assessed any differences in the quality of care or cost of services.

Dietitian and therapeutic radiographer prescribers were found to make more medicines management decisions and provide more information. Prescribing was acceptable to most people, with

many benefits including satisfaction with information provided and improved service access. There were challenges, particularly using supplementary prescribing. There was some evidence that care is more efficient and less costly over time than prescribing by a doctor. Overall, training for the role was satisfactory but there was competition to fund this. The vast majority of medicines decisions were safe and appropriate. A toolkit, co-produced with patients, was developed to support healthcare workers get the most out of the prescribing qualification.

