

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



National Dissemination Event

31st January 2025

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The views expressed in this publication are those of the author(s) and not necessarily those of the Department of Health.

Event schedule:

- 9:30 – 9:40 Welcome and Introductions
- 9:40 – 10:00 Keynote Speakers
- 10:00 – 10:30 Overview of key findings – Project Team
- 10:30 – 11:00 Fireside Chat
- 11:00 – 11:10 **Break**
- 11:10 – 11:40 Implications for policy & practice - break out groups
- 11:40 – 12:15 Implications for policy & practice - feedback
- 12:15 – 12:30 Discussion and next steps

Welcome!

Meet the team

- Multi-institution and multi-disciplinary project
- Thanks to:
 - Research assistants
 - Participants (clinicians, patients & stakeholders)
 - Project Advisory Group
 - Patient Public Voice volunteers
 - PPI contributors
 - Professor Jonathan Drennan
 - NIHR funders



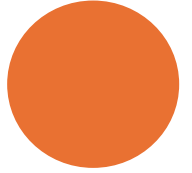
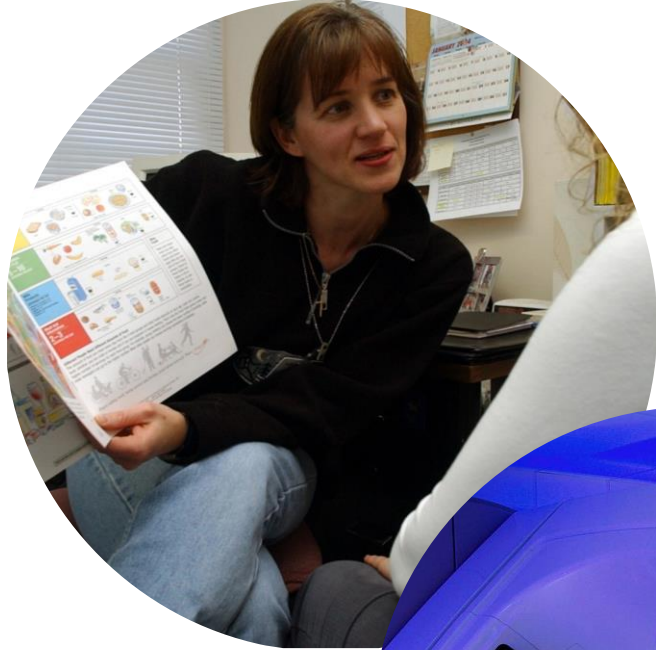
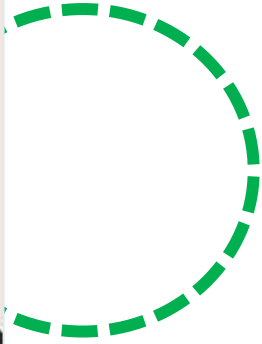
Keynote

Shelagh Morris OBE

Joint President, Association for Prescribers

“Opinions”





Keynote

Sue Johnson

Professional Officer Clinical Imaging at the Society and College of Radiographers

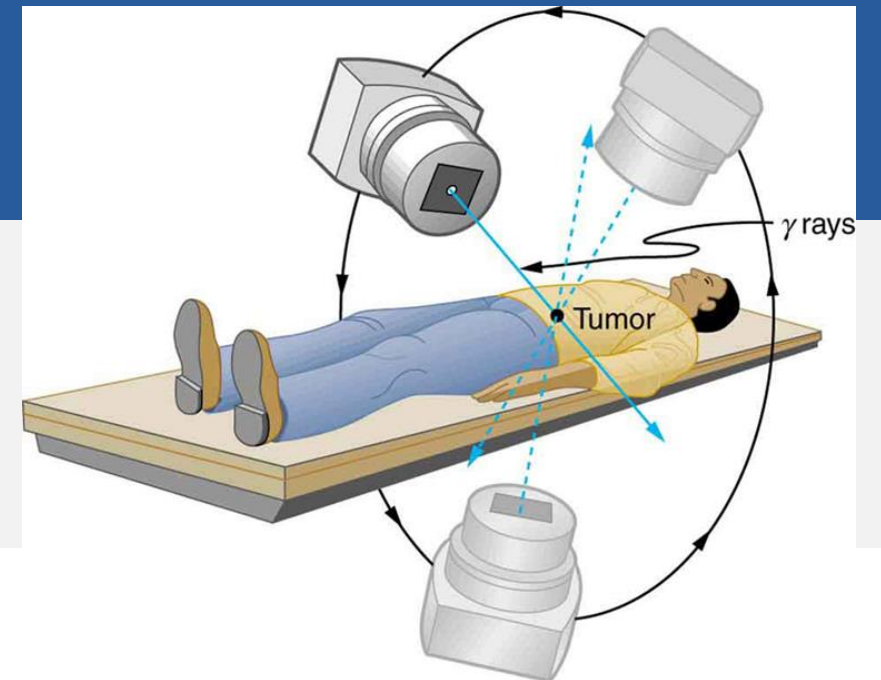
“Independent Prescribing by Therapeutic Radiographers—A Long Haul!”



Introducing therapeutic radiographers

Who are they? What do they do?

The therapeutic radiographer prescriber



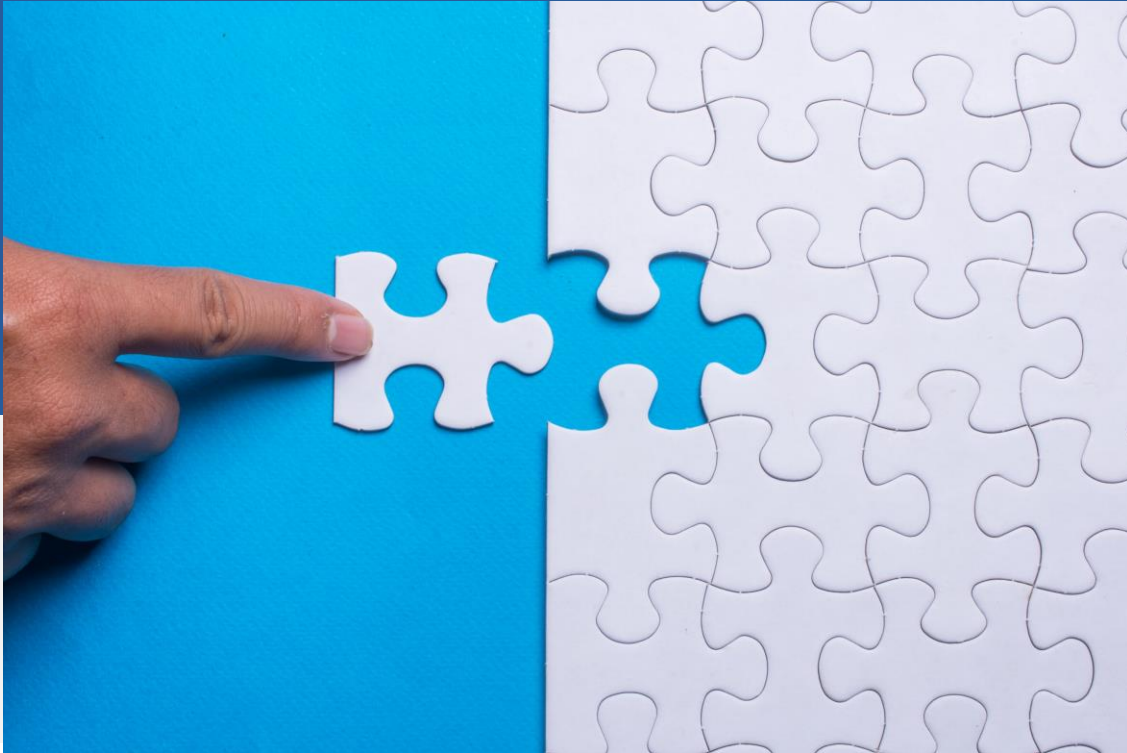
The journey!



The process

- * Case of need 2011-12
- * Practice guidance 2014
- * Outline Curriculum Frameworks 2014
- * Impact Assessment 2014
- * Consultation Documents 2014
- * Public consultation (engagement exercises) Feb-May 2015
- * Analysis of consultation responses May – June 2015
- * Summary Document for Commission on Human Medicines July 2015
- * Presentation at CHM October 2015
- * Ministerial decision Feb 2016
- * Legislation amended April 2016

The final piece?





*Thank
You*

Keynote

Sarah Lavery

Policy and Campaigns Officer – Northern Ireland, BDA


“Extend Independent Prescribing Rights to Dietitians Nationwide”



Key findings

Aim:

“To identify effective prescribing practice and innovative service models through evaluation of D-SP and TR-IP implementation in England.”



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

NIHR Policy Research Programme Project PR-R19-0617-21001

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Overview

Macro - Develop a prescribing implementation toolkit

Rapid review of literature

Describe and classify services and identify innovative service models

Quality, effectiveness and cost of prescribing educational programmes

Meso

Prescribing activity and trends

Adoption and implementation factors

Patient/carer views and experiences

Cost-consequences

Micro

Impact on patient choice, experience, access to medicines and outcomes

Quality, safety and, clinical appropriateness

Key findings



Prof Nicola Carey

- **Objective 1:** To undertake a rapid review of the literature.



Advanced practice dietitian & therapeutic radiographers role in medicines management

- Narrative synthesis, following PRISMA , 4 databases, 20 articles identified
- 14 dietitian and 6 therapeutic radiographer articles, 7 countries

Scope of practice- lack of consensus, increased autonomy, job satisfaction

Medicines management activities- limited literature; TRs unknown, D-initiation, changing, or adapting nutrition prescriptions, potential cost savings

Care & Outcomes- Improved patient safety, satisfaction & care quality, TR nothing on costs

Facilitators & Barriers

- **Facilitators:** readiness, support, funding, governance, specialist knowledge
- **Barriers:** lack of clarity re AP, regulations and restrictions, lack of understanding, organisation infrastructure, fear of increased responsibility



Key findings

- **Objective 2:** To describe and classify services and identify innovative service models.



Describe prescribing uptake and services

- Highly qualified and experienced specialists
- **D-SPs** mainly secondary care. Key disease types: diabetes, renal and gastro/intestinal, mostly prescribing (total) parenteral nutrition
- **TR-IPs** mainly hospital treatment review clinics, prescribing for side effects of radiotherapy. Others work in preparing patients for treatment, pain relief and palliative care planning

Implementation models

- 'Test the water' V 'Team' approach to build capacity
- Drive to prescribe shifts over time from 'motivated individuals' to 'demonstrating clinical need'

Innovation

- **D-SP:** use in triage, First Contact Practitioners
- **TR-IP** & nurse- led clinics, improved out-of-hours access, improving governance of medicines management, post-treatment/late effects services





Key findings

- **Objective 3:** To examine prescribing activity and trends and factors that inhibit/facilitate uptake and implementation.

Prescriber & manager surveys, self-report audits



- Prescribing uptake higher in TR with evidence of better service embedding
- Trend to temporal increase in adoption in TR and D, lower rates predicted by Ds.
- 87% TR-IPs and 61% D-SPs prescribing in practice
 - 11.6 and 3.1 items/week respectively
- Beyond prescribing, DTR highly active in optimizing medicines
 - most assessed medicines regimens, adherence & gave information at least daily or weekly
 - suggests DTR routinely manage caseloads with high need for prescription medicines irrespective of prescribing qualification



Staff interviews

- Key factors influencing implementation at preparatory, training, transition & sustainment stages:
 - leadership, culture & MDT support, organisational preparation, SP specific factors, workforce development & motivation
- Unique factors related to Covid-19 and increasingly diverse NMP workforce
 - visibility of value of D-SP/TR-IP, competition for NMP course funding against other eligible professions

Key findings

Dr Judith
Edwards



Mr Bill
Davidson



- **Objective 4:** To explore patient/carer views and experiences.

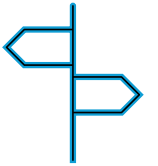
Patient interviews

- Patients reported low awareness of TR-IP/D-SP, but acceptance high with range of directly experienced or anticipated benefits cited:
 - **improved medicines access, service efficiency & convenience.**
- Difficulties noted with D services due to arrangements for accessing prescriptions via GP.
- Strong ongoing relationships, prescriber specialist knowledge & expertise perceived to enhance care quality & person-centredness.
- Conditions of acceptance:
 - **assumed governance, competence, monitoring of prescribing decisions, ongoing consultant involvement.**



Key findings

- **Objective 5:** To identify impact on patient choice, experience, access to medicines and outcomes.
 - **Prescriber interviews:** perceived patient benefits included improved efficiency and access to medicines, improved care quality and improved safety.
 - **Patient questionnaires:** seeing a prescriber did not affect satisfaction but did increase the medicine-related information and advice given.



Dr Kathryn Hart

Key findings

- Objective 6: To assess quality, safety and, clinical appropriateness.



Medicines optimisation

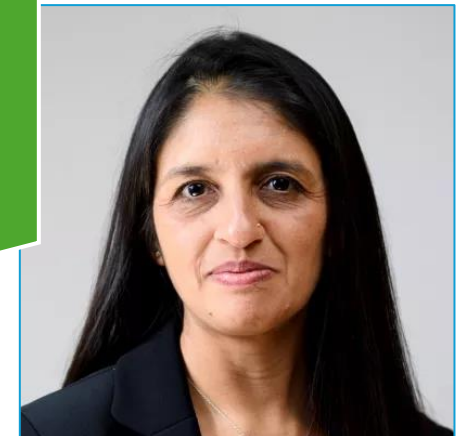
- Amending medicines: to adapt, change, and titrate
- Ability to select most appropriate medicines

Improve safety

- Reduce risk of side effects
- Identify medication errors

Professional practice

- Clarified lines of accountability
- Improved knowledge of pharmacology and prescribing



Dr Yogini Jani

Key findings

Objective 7: To explore cost-consequences of dietitian supplementary prescribing and therapeutic radiographer independent prescribing service models



Cost of non-medical prescribing training programme in the 1st year

Longer consultations with non-medical prescribers

Fewer referrals to other prescribers (e.g. GPs)

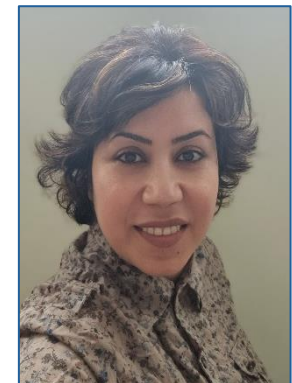
Minimal or no changes in patient's quality of life outcomes

Cost-savings over 1 and 5 years per prescriber:

Dietitians: £4,386 in year 1 and £64,269 over 5 years

Therapeutic radiographers: £16,570 over 5 years

**Non-medical prescribing
can be cost-saving
for both professions**



Key findings

- **Objective 8:** To evaluate quality, effectiveness and cost of prescribing educational programmes.



- **20 universities across the UK provide training programmes for dietitians and therapeutic radiographers (Level 6 and Level 7 studies)**
 - **Duration of training:** 3 - 13 weeks
 - **Number of training sessions:** 10 - 48
 - **Course fees:** £1,200 - £3,240
 - **Personal study time:** 7 - 60 days
 - **Employer-paid additional study time:** 1 - 14 days
 - **Personal expenses** (travel, accommodation, study materials and additional study time): £612 - £9,165
 - **Training costs excluding personal expenses:** £3,855 - £8,447
- **Trained dietitians used their prescribing powers in 64% and therapeutic radiographers in 87% of consultations.**

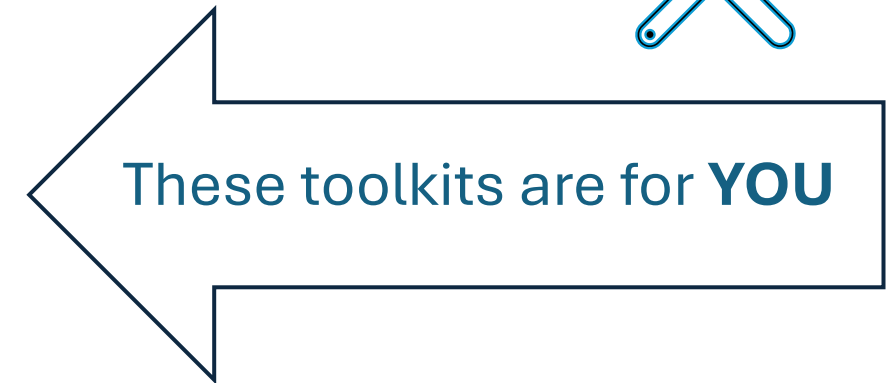
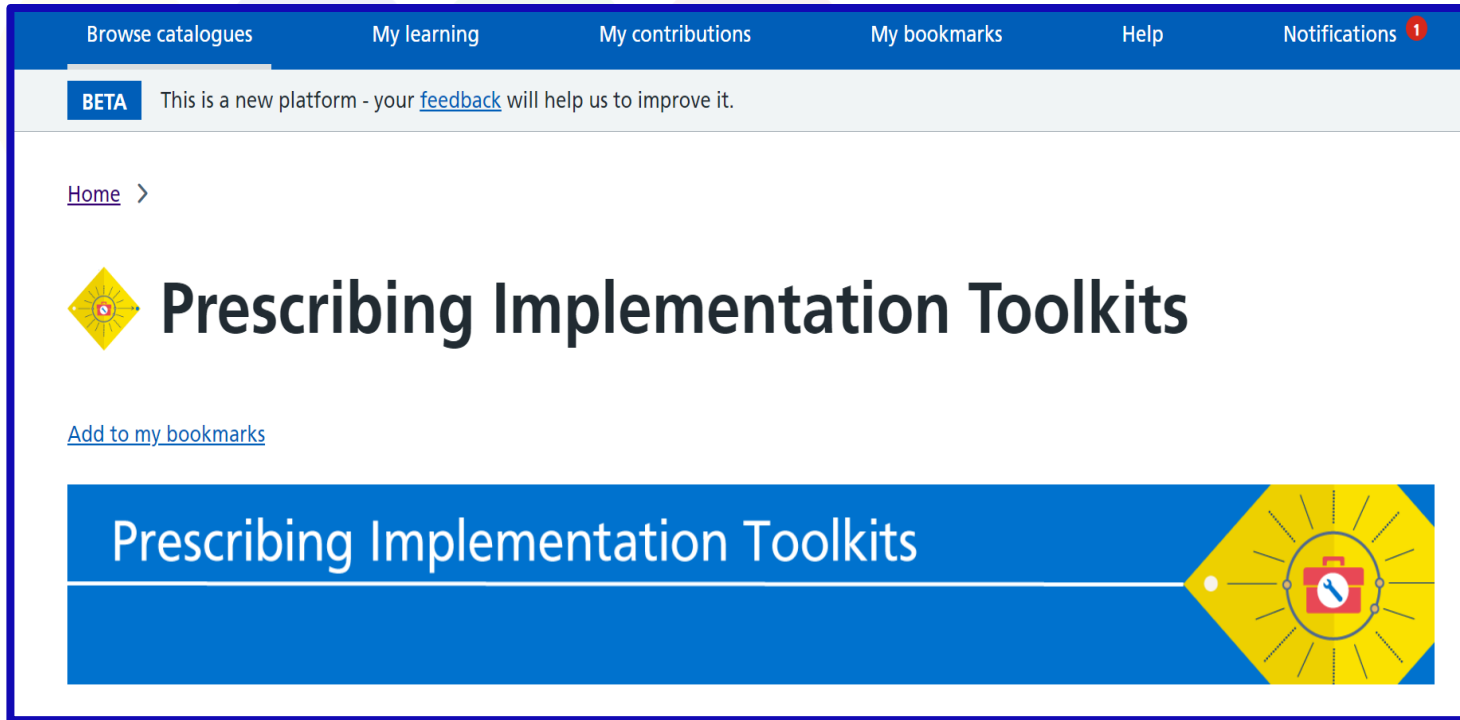
- **Referrals to other prescribers were 10x lower for trained dietitians and 3x lower for trained therapeutic radiographers compared to non-trained specialists.**



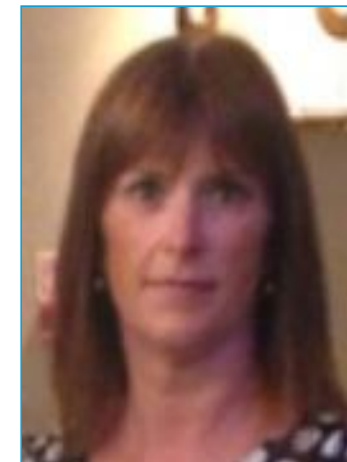
Dr Natalia Ivashikina

Key findings

- Objective 9: To develop a prescribing implementation toolkit



<https://learninghub.nhs.uk/Catalogue/prescribingtoolkit>



Sarah Griffiths



Sam Sherrington

Fireside chat

Experiences, challenges and benefits of prescribing.

Dietitian Supplementary Prescribers –

Alison Culkin [Consultant Dietitian Intestinal Rehabilitation, St Marks Hospital London]

Nicki Ruddock [Nicki Ruddock Dietetic Advanced Clinical Practitioner, University Hospitals of Leicester NHS Trust]

Therapeutic Radiographer Independent Prescribers

Jennifer Thompson [Breast Consultant Therapeutic Radiographer, Nottingham University Hospitals NHS Trust]

Gemma Dinn [On Treatment Review Advanced Practitioner at The Clatterbridge Cancer Centre NHS Foundation Trust]

Facilitator: Sam Sherrington.



Comfort break

Have your say: [@TRaDIPstudy](#) [#AHPprescribing](#)

Implications for policy & practice

What do you think?

Break out rooms (30 mins) + (30 mins feedback)

1. What are the key messages that you will take home from this research?
2. Inspired by these findings, what changes can you or your team make to enhance the use of prescribing (policy or practice)?
3. Next steps: What do you think is the most important question to be answered, or policy development to be made next to enhance the benefits of prescribing?

Implications for policy & practice

What do you think?

Feedback

- Key messages
- Key changes for policy and practice
- Next steps

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What will you do to support implementation of these findings in your workplace?

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What one action will you take to enhance the impact of these findings?

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**Who do we need to influence
to demonstrate the impact of
these findings?**

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Discussion and next steps



Event evaluation



TRADIP dissemination event -
evaluation



TRADIP dissemination event

Thank you for listening, participating and committing to
take this forward!



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