

Research Round Up-

Introduction

Last month the research round-up provided you with an overview of articles looking at the role and remit of physiotherapist prescribers. This month we will be reviewing articles concerning podiatrists and their prescribing practice. The first article is a review of progress in podiatry prescribing in the UK while the second reviews podiatric prescribing in Australia. The final article looks at UK podiatric surgery and the role of the prescribing podiatrist in this advanced field of practice.

A decade of independent prescribing in the UK: a review of progress

MTJ Fitzpatrick and AM Borthwick (2022) *A decade of independent prescribing in the UK: a review of progress* Journal of Foot and Ankle Research: 15:35

<https://link.springer.com/content/pdf/10.1186/s13047-022-00541-8.pdf>

This article published in the Journal of Foot and Ankle Research is a review of progress in independent prescribing in the UK. Its publication comes marking 10 years since podiatrists secured the right to train as independent prescribers in the UK. It reviews the journey podiatrists and other allied health professionals had to take to gain the prescribing rights they now hold. Progress to independent prescribing status was slower for them than it was for nurses and pharmacists, and they still do not have equal access to all prescribing privileges compared to these other professionals. However, the milestone advent of independent prescribing has allowed a significant advance in clinical autonomy and a broader scope of practice improving access to medications for many patients. The authors go on to discuss how recent attempts by the profession to expand the scope further to allow access to more controlled drugs has highlighted the limits of the current legislative provision acutely. They suggest that the limitations applied to allied health professionals create restrictions where none are needed and that they could have full access and work within their scope and competence safely, as nurses and pharmacists already do. There is also a full discussion about medicines reclassification and the impact this has due to podiatrists having a limited list of drugs which is not updated. Specifically, this relates to reclassification of tramadol which before reclassification had been widely used by podiatric prescribers and highlights the problem of current legislation being restrictive and difficult to change in a timely manner. The data underpinning much of this paper is derived from the work undertaken by the authors as representatives of podiatry on NHS England's Chief Professions' Officers' Medicines project, in particular involving submissions to the Commission on Human Medicines and the Advisory Council on the Misuse of Medicines, spanning the years 2017–2021. The authors outline suggested options for change. The main thing they suggest is an amendment to legislation to bring them in line with other independent prescribers and remove current restrictions imposed by the specific and limited list of controlled drugs they can prescribe. Other suggestions include reforming the current misalignment between the two differing legislations which are the Misuse of Drugs Regulations of 2011 and Human Medicines Regulations of 2012 and trying to combine the process by which decisions are made to. They state that this would need to be underpinned by a joint, integrated, set of processes and procedures between the Department of Health and Social Care and the Home Office. They suggest a further option which would be to address the matter of the utility of the 'prescribing authority' embedded in the Misuse of Drug Regulations for the non-medical/non-dental professions – regulations 6b and 6c to clarify the need for such authority and remove the need for the restrictive list. They conclude that 'no change' to the current position is not a feasible option as this constitutes a hindrance to the profession but that real change may be problematic and time onerous.

Australian podiatrists scheduled medicine prescribing practices and barriers and facilitators to endorsement: a cross-sectional survey

Graham, K., Matricciani, L., Banwell, H., Kumar, S., Causby, R., Martin, S. & Nissen, L. (2022) *Australian podiatrists scheduled medicine prescribing practices and barriers and facilitators to endorsement: a cross-sectional survey*

<https://link.springer.com/content/pdf/10.1186/s13047-022-00515-w.pdf>

This article, published in the Journal of Foot and Ankle Research looks at the practices, barriers and facilitators to obtaining a prescribing qualification and endorsement for Australian podiatrists. The research utilises a quantitative, cross-sectional study approach. The authors start by outlining the current prescribing context and that the use of non-medical prescribers in areas where there is a documented shortage of medical practitioners has proved to be cost effective, acceptable to patients and has no detriment to patient care and outcomes. They state that Podiatrists are well positioned to create health system efficiencies through prescribing, however, only a small proportion of Australian podiatrists are endorsed to prescribe scheduled medicines.

The researchers approached participants who were practising podiatrists through a combination of professional networks, social media, and personal contacts. Participants were then given an online survey to complete and submit. This survey had been developed by the research team as a result of previous research and a pilot study. The information collected by the team was in three categories. The collected demographic data, information on prescribing practice and on barriers and facilitators to qualification as a prescriber. Of the 5759 registered podiatrists in Australia who would be eligible to participate, 225 responded to the survey invitation. Only 15% were already endorsed as prescribers with a further 11% currently in training to prescriber. The majority of respondents were female, aged between 25-45 and worked in private practice and were located in cities. In the group of respondents who were not endorsed to prescribe, 66% reported a desire to undertake training to allow endorsement.

The most common indications reported where prescribing was considered necessary or recommending medications occurred include nail surgery (71%), foot infections (88%), post-operative pain (67%), and mycosis (95%). The most recommended medications were ibuprofen, paracetamol, and topical terbinafine. The most prescribed medicines among endorsed podiatrists included lignocaine (84%), cephalexin (68%), flucloxacillin (68%), and amoxicillin with clavulanic acid (61%).

With regard to facilitators to undertaking the prescribing endorsement, respondents stated factors such as working with already endorsed prescribers, support and encouragement from leaders and managers, essential skill for their scope of practice and future career enhancement opportunities among the most useful. When it came to barriers, participants gave factors such as lack of incentives to train, time away from practice to train, remote areas with little opportunity, lack of funding or being too close to the end of their career to make it worth doing.

The researchers conclude that prescribing endorsement allows prescribing in areas such as pain and inflammation as well as infection which enhances patient care but the lack of funding to undertake was the major stumbling block for aspiring prescribers.

Prescribing, Supplying, and Administering Medicines. A Contemporary Review of Podiatric Surgery in the United Kingdom

Maher, A.J. & Borthwick, A. (2021) *Prescribing, Supplying, and Administering Medicines. A Contemporary Review of Podiatric Surgery in the United Kingdom* Research Square

<https://assets.researchsquare.com/files/rs-267867/v1/951678fc-7299-42b1-833b-7d3a42fc1b5e.pdf?c=1631878077>

This article published as a preprint in the Journal Research Square aimed to gain a greater understanding of the methods used by podiatric surgeons to access medications in the UK. The authors stated that with the advent of independent prescribing they were keen to identify whether prescribing was being adopted by the profession and whether alternate means of accessing medicines, such as PGDs or exemptions remain relevant in clinical practice. Data on medication access is recorded by many podiatrists via a tailored data base developed within the College of Podiatry, known as PASCOM 10. This is divided into two domains dependent on the treatment offered and consists of invasive treatments and non-invasive. The PASCOM 10 system was accessed to generate reports and gather relevant data for 2019 relating to podiatric surgery. A wide range of data was collected around episodes of care and medications as part of management.

The authors found that in 2019 there were 11,189 admissions for podiatric surgery in England recorded on the PASCOM 10 database. 103 surgery centres contributed data resulting in 18,497 procedures. Surgery was typically performed in NHS settings (91%), with 94% of procedures carried out under a local anaesthetic. In total it was seen that 18,576 medicines were supplied, administered, or prescribed from a list of 70 individual items. Of this 29% of medicines were prescribed by a podiatrist. Controlled drugs only accounted for 28.7% of prescriptions.

The authors conclude that they could see an emerging trend in the methods of access to POM medicines by podiatrists. They suggest this shows a move towards independent prescribing as a mechanism to better perform their role but that the limited access to controlled drugs to manage conditions such as acute postoperative pain was problematic. They noted the considerable use of exemptions, PGDs and recommendations for patients to purchase over the counter medicines where prescribing did not occur.

Conclusion

Like other Allied Health Professional prescribers, the number of podiatry prescribers has grown with the Health and Care Professions Council (HCPC 2021) recording numbers of podiatry prescribers as 575 Independent Prescribers in 2021 with 576 Supplementary Prescribers. It is clear that medication use is an important area of clinical podiatric practice with prescribing being seen as a great advantage however podiatrist still continued to use PGDs and exemptions for access to medication relevant to the care they provide.

Other references

[Registrant snapshot - 1 December 2021 | \(hcpc-uk.org\)](https://www.hcpc-uk.org/)