



INDEPENDENT PRESCRIBING A CALL TO ARMS

Independent prescribing is set to revolutionise patient care and the practice of podiatry in the UK, and is possibly the most important development of this century to date in podiatry

The last 50 years have seen tremendous developments and advancements of podiatry across the UK and in many different spheres.

Who would have thought, 50 years ago, that we would have forensic podiatrists analysing criminal evidence, consultant podiatrists leading diabetes teams and podiatric surgery widely accessible on the NHS? Undergraduates now have a plethora of potential career pathways open to them with options in academia or professional practice across both the public and private sectors. We are now a graduate profession, and each year more podiatrists are gaining postgraduate qualifications and higher degrees, embracing research and evidence-based practice.

The advancement of podiatry would not have been possible had it not been for some key developments affecting the profession as a whole, such as the

early work of the Croydon Post Graduate group, and later the Podiatry Association, the setting up of formal training programmes, professional examinations, academic training, the Camden Accord and perhaps more recently acknowledgement and regulation of our scope of practice by our regulators the Health and Care Professions Council.

But perhaps the most significant moment for our profession occurred in 1972, when following many years of campaigning by a hardy core of podiatrists the Chiropodists Board of the CPSM finally approved our initial access to local anaesthetics leading to an amendment to the then Medicines Act of 1968.¹ Without such access to anaesthetics I think it is fair to say that podiatry would be a very different profession today and podiatric surgery would in all likelihood not exist at all. Can anyone now practising imagine our profession not routinely offering nail surgery under a local anaesthetic digital



ANTHONY MAHER

block? Access to medicines (or lack of) has therefore been a gatekeeper, both preventing and allowing an increasing breadth of scope of practice.

Access to local anaesthetics clearly allowed for a significant expansion to scope of practice, perhaps nowhere more so than in the direction of podiatric surgery; but this brought with it a host of new medical and pharmacological difficulties: how to manage post-operative pain, how to treat a surgical site infection etc.

The answer came, in part, through exemptions or amendments to the Medicines Act. The exemptions are a list of specific drugs that podiatrists with appropriate training can legally supply or administer without the need for a doctor's prescription. In addition to local anaesthetics, these exemptions allowed podiatrists to supply various topical medicaments, simple analgesics, and, more recently, a small list of antibiotics. The limited nature of the exemptions list meant that podiatric surgeons and podiatrists were (and still are) also heavily reliant on cooperative GPs in prescribing necessary medicines, and in the 1990s, in the age of GP fundholding, relationships and services blossomed.

However time pressures and the fraught nature of modern healthcare within the NHS means that relying on GPs to write prescriptions for routine medication is inefficient, time-consuming and frustrating for patients who are often caught in the middle. A better solution has been sought with the advent of patient group directions (PGDs) but even these are suboptimal, often being slow to produce and bureaucratic in nature, requiring regular review and renewal.

Meanwhile our colleagues in the nursing profession, who were also frustrated by having to rely on medics to write routine prescriptions, found a better solution; non-medical prescribing. Initially limited to topical treatments and dressings (nurse prescribers' formulary), nurse independent prescribers now have access to the full BNF and more than 14,000 have gained the qualification to date.²

Developments in nursing opened the door to supplementary prescribing for AHPs, which has been available to podiatrists since 2005. Supplementary prescribing is great for those working in a medically led multidisciplinary team, as in diabetes, but often less helpful for those working in community-based teams such as musculoskeletal and podiatric surgery services. Independent prescribing for