



Topic: Medicines mechanisms

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Context

The ability to participate in meaningful daily activities (occupations) is fundamental to health and wellbeing. The core skills of an occupational therapist focus on the assessment of occupational needs and the facilitation of occupational performance/engagement. Consequently, any activity or intervention that occupational therapists use, in order to enable or enhance occupational performance is considered within the professional scope of practice. An occupational therapist role in medicines optimisation (1) contributes to a person's ability to participate in meaningful activities.

Pre-registration occupational therapy students are taught about medicines as part of their training, and this learning is built upon through the course of an occupational therapist's career.

Under UK law, occupational therapists are one of the registered professionals able to supply and administer medications using the mechanisms Patient Specific Direction (PSD) and Patient Group Direction (PGD) (2). Occupational therapists do not currently have the legal authority to supply/administer medications under legal exemptions, or to prescribe medicines using supplementary or independent prescription mechanisms (3).

Occupational therapists are using the medicines mechanisms currently available to them to support personalised care to deliver improved outcomes for patients, which is the strategic direction for health and care services across all four UK nations. This is especially pertinent to meet the requirement of developing further capacity to meet increased need.

RCOT View

The Royal College of Occupational Therapists is committed to developing a case of need for increased responsibilities regarding medicines mechanisms for occupational therapists at advancing levels of practice. Given the wide range of areas in which occupational therapists work, the Royal College believes that there are many areas where increased medicines responsibilities will facilitate the delivery of a more personalised approach to care.

The Royal College's view is that occupational therapists should integrate medication-related work into their practice, where this would improve the patient pathway. In doing so, they must be professionally competent and have professional indemnity insurance in place (4).

Responsibility for non-medical prescribing involves complex skills which should only be undertaken in certain roles by practitioners working at an advanced level of practice with the correct skills, training and support structures in place.



The Royal College believes that increased responsibility for occupational therapists' in medicines mechanisms would:

- result in fewer hand-offs to others for the supply/administration and prescribing of medicines
- simplify the patient pathway and improve their experience
- avoid duplication of tasks
- have the potential to reduce medication dosage or the number of medicines a person requires through offering alternatives to medicine. This would further people's independence and ability to self-manage.

For further information visit:

- 1: <https://www.england.nhs.uk/medicines/medicines-optimisation/>
- 2: <https://www.rcot.co.uk/practice-resources/occupational-therapy-topics/medicines-optimisation/pgds>
- 3: <https://www.hcpc-uk.org/about-us/what-we-do/medicine-entitlements/>
- 4: <https://www.rcot.co.uk/about-us/join-us/membership/tax-relief-and-insurance-rcot-members>