**Title:** Medicines management activities and non-medical prescribing within physiotherapy and podiatry: an integrative review of the literature

**Relevance:** There is growing evidence that non-medical prescribing (NMP) enables healthcare professionals to contribute to improved services in a number of ways including greater choice and access for patients, better use of time and skills within the healthcare team and improved patient care\(^1\). Prescriptive authority was granted to UK physiotherapists and podiatrists in 2005\(^2\), and since 2013 they have been able to independently prescribe from the full range of licensed and unlicensed medicines\(^3\). There is however, little evidence regarding the ways in which these professionals use the prescribing qualification and/or its impact on patient outcomes. This international integrative review was conducted in order to evaluate activities related to medicines management and prescribing undertaken by physiotherapists and podiatrists, and explore how the NMP role has been implemented in practice.

**Purpose** An integrative review was performed to identify systematically, and critically appraise the current evidence regarding physiotherapy and podiatrist medicines management activities (MMA) and NMP and impact on service provision and patient care.

**Methods:** Electronic databases, using terms developed to identify MMAs and NMP across a range of roles, were searched from May 1985 to July 2014 for physiotherapy, and January 1968 to July 2014 for podiatry, including published and grey literature. No limit was placed on document type, design or quality and articles were accepted from any clinical speciality and healthcare setting.

**Analysis:** Data on the roles, clinical context, and patient outcomes in which MMAs and NMP were used were extracted and analysed descriptively, and quality appraised by 2 reviewers using the mixed methods appraisal tool\(^4\).

**Results:** Sixty five physiotherapy and 15 podiatry articles; 27(45.1%) and 2 (13.3%) empirical studies respectively, of moderate quality, from 7 countries were identified. The evidence largely related to physiotherapists, indicated variation in MMAs, involvement with medicines administration, providing advice re dosage and safety, and recommending new medicines. Patient satisfaction and outcomes of care were equivalent to traditional models of service provision, where extended scope physiotherapists were involved in medicines administration via injection therapy. However, pharmacology knowledge was found to be inadequate and unmet training needs identified.

Podiatry literature was limited, largely descriptive, and collectively provided a chronological account of NMP legislative developments in the UK and Australia. Two small UK audits suggested medicines adherence, and quality of care improved when podiatrists adopted the NMP role.
**Conclusions:**

Findings of the review identified MMA practices in physiotherapy and highlighted a lack of evidence regarding podiatric practice. Although there is some evidence reporting positive outcomes of extended scope physiotherapists, there is a lack of evaluation related to non-medical prescribing by physiotherapists and podiatrists that points to a need for urgent and rigorous investigation.

**Impact and implications:**

At a time of financial constraint in the NHS, non-medical prescribing by physiotherapists and podiatrists provides organisations with the ability to improve productivity and quality of patient care. There is an urgent need for robust evaluation providing clinical and economic data. Only then will the impact of non-medical prescribing by physiotherapists and podiatrists on healthcare provision be understood.

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**Key words**

Integrative review  
Physiotherapists and Podiatrists  
Medicines Management Activities  
Non-medical prescribing

**References**