

EXPLORING PROFESSIONAL PERSPECTIVES OF NON-MEDICAL PRESCRIBING WITHIN AUDIOLOGY

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INTRODUCTION

Expanding the scope of practice of audiologists has been an active endeavour in recent years, as audiology has moved from a supportive role within ENT to its own diagnostic and management service.

Non-medical prescribing (NMP) can be defined as *“the prescribing activity of healthcare professionals outside of doctors and dentists, which is permitted following relevant advanced training”* (Cope, Abuzour and Tully, 2016).

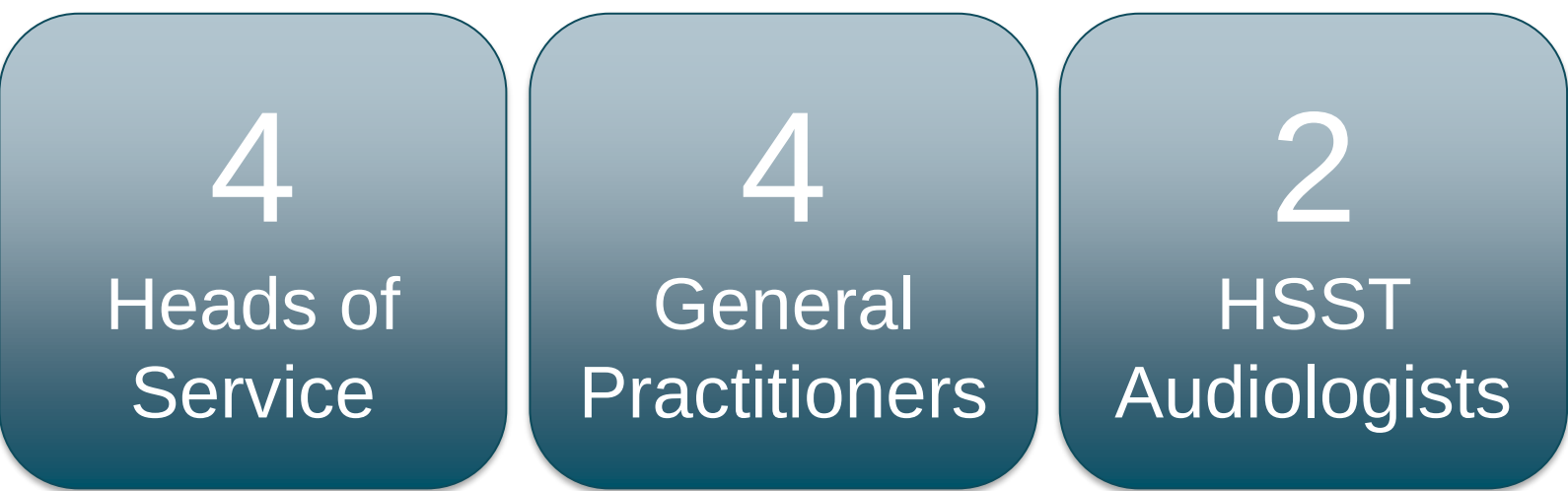
There are several frequently encountered conditions of the ear that it has been proposed could be handled directly by appropriately trained and experienced clinical staff within audiology, minimising referrals onward to the GP or ENT specialists that put pressure on the service and delay access to treatment for patients.

RESEARCH QUESTION

“How do Clinical Scientists undertaking the Higher Specialist Scientist Training (HSST) Programme in Audiological Science, General Practitioners, and the Heads of Service in Wales construct and frame their perspectives regarding NMP by the audiology workforce?”

METHODS

An exploratory qualitative design using **semi-structured interviews** (approximately 25–35 minutes, via Microsoft Teams) and **reflexive thematic analysis** (Braun and Clarke, 2006).



The semi-structured interview guide explored three key areas:

- opinions regarding NMP in audiology
- underlying professional experiences shaping these views
- evidence requirements for supporting implementation

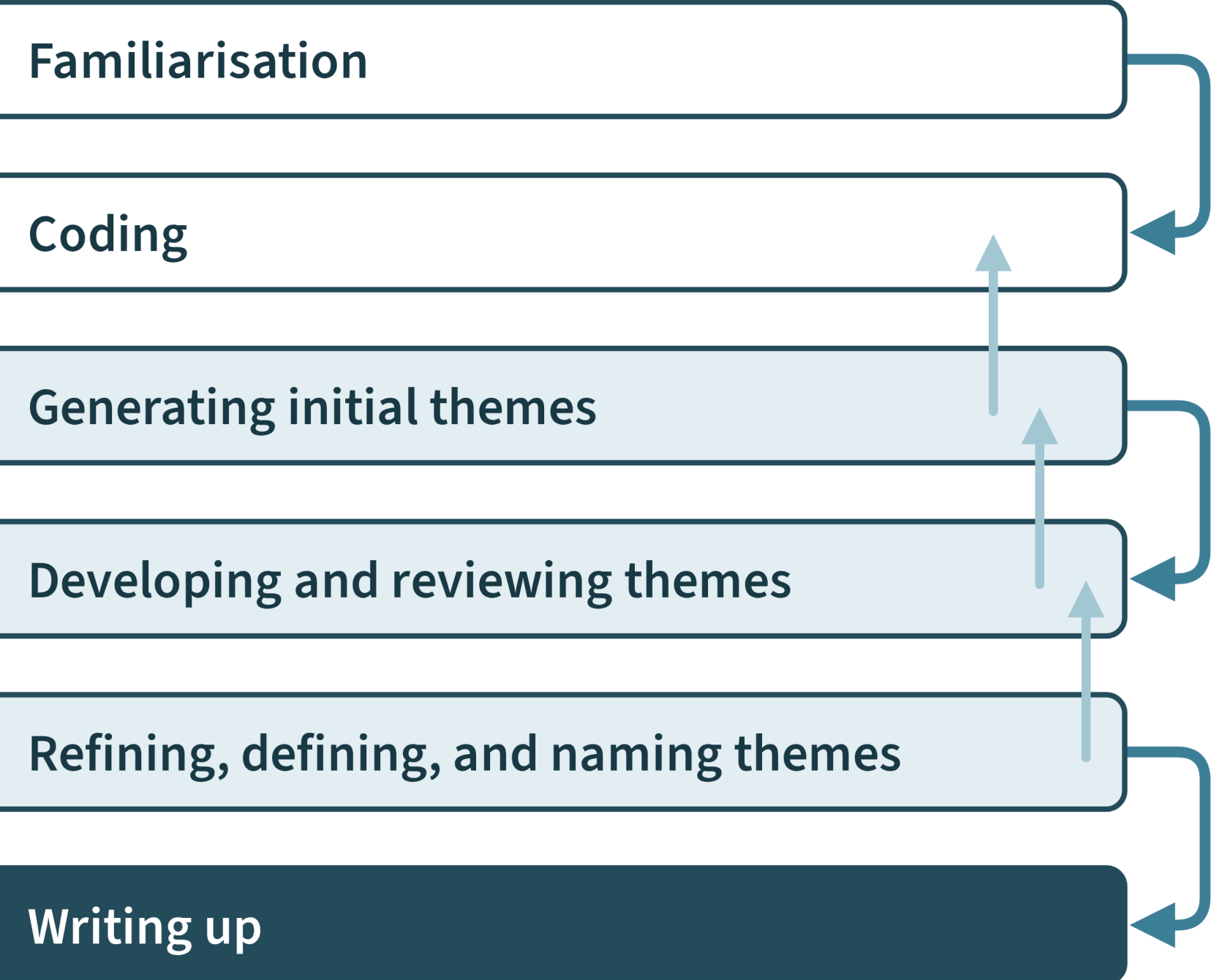


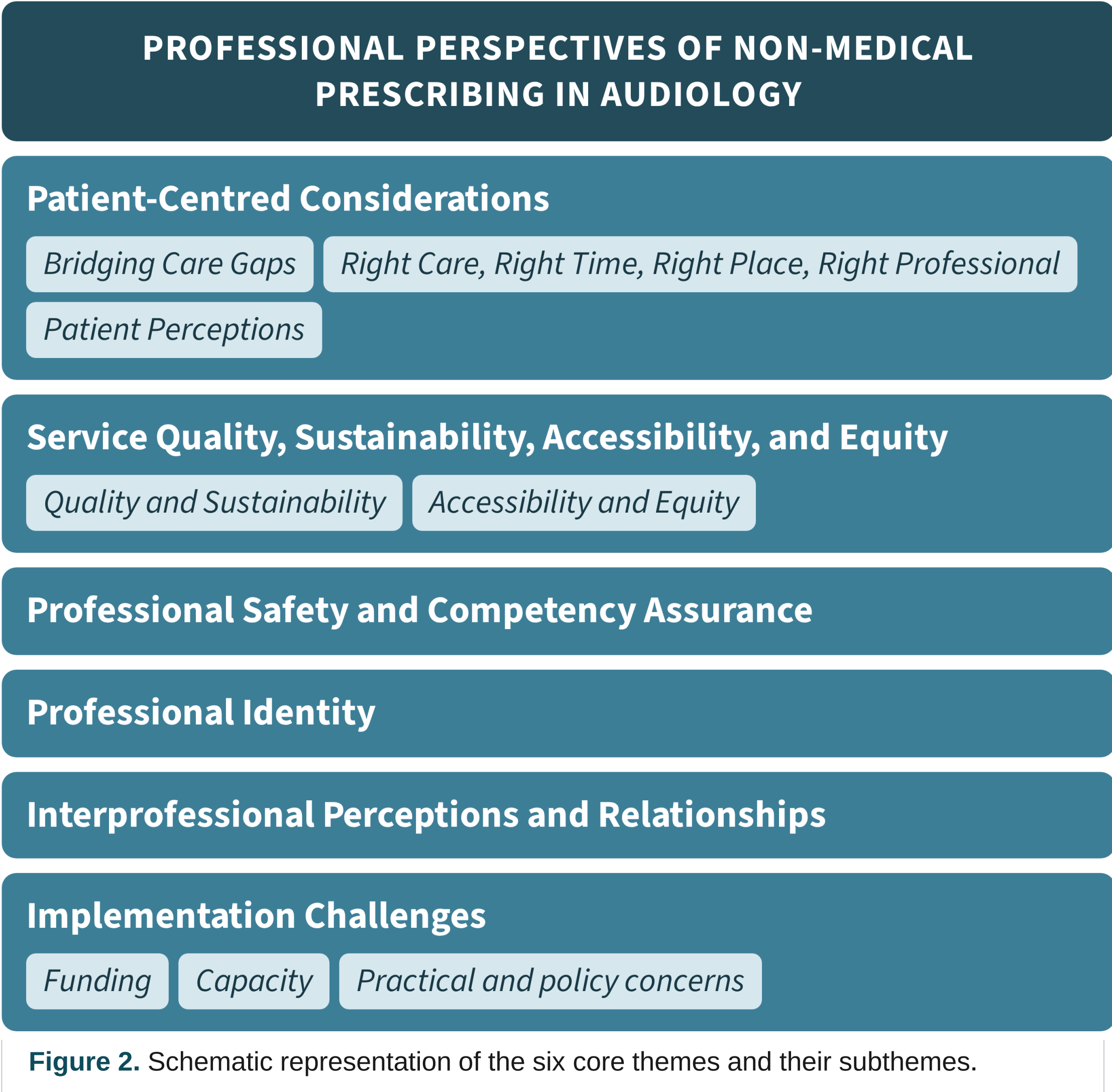
Figure 1. The six phase iterative process of reflexive thematic analysis.

LIMITATIONS

Thematic analysis was conducted by a sole researcher; the sample includes a majority of professionals based in Wales; and the study may not have achieved theoretical saturation across all professional groups.

RESULTS

Analysis of the transcripts produced **six core themes** recurring throughout the dataset, some of which can be split into more specific subthemes.



KEY QUOTES

Patient Centred Considerations

“There’s quite a few patients that we probably deal with not as well as they could be dealt with, who the audiologist could deal with brilliantly” **GP4**

Service Quality, Sustainability, Accessibility, and Equity

“It’s about how do you make it consistent so that it’s equitable across the whole of Wales or the whole of the UK.” **HoS1**

Professional Safety and Competency Assurance

“The safety net is registration, isn’t it?” **HoS2**

“needing a mentoring process... just getting that backup, especially initially, that you’re doing the right thing.” **HSST2**

Professional Identity

“We know what the condition is. We’ve got the knowledge to treat it. The law needs to change so we can do what we’ve got the expertise to do.” **HSST2**

Interprofessional Perceptions and Relationships

“I suspect that an audiologist would be better placed to prescribe [for ear conditions] than some other non-medical prescribers” **GP1**

“I think there’s some traditional hierarchical problems locally where medics don’t want to give up the right to prescribing” **HSST2**

Implementation Challenges

“The elephant in the room is the funding” **GP4**

“Just expecting people to do more without the resource to do it, basically?” **HoS3**

DISCUSSION

The capability of appropriately banded audiologists or clinical scientists to carry out prescribing activity following training was not in question.

The same themes were evident across all professionals, but their **weighting differed between professional groups** and appeared to align with their professional priorities:

- **GPs** drew on experiences with existing NMPs within their practice
- **HoS** focused on practical service delivery challenges
- **HSST** participants emphasised their clinical expertise in ear conditions

Concerns regarding this development were typically discussed alongside potential solutions or as speculative alternative views. There was a recurring pattern of speculation regarding negative perceptions from other healthcare and medical professionals; however, none of the participants themselves viewed the development negatively.

It was raised that the qualification and registration requirements may create artificial barriers to competent practitioners. Despite perceived patient benefits and professional enthusiasm, if widespread service delivery isn’t practicable, this may negatively impact acceptance and support

KEY FINDING

All professional groups expressed **positive attitudes toward the introduction of NMP by the audiology workforce**, with enthusiasm for patient care improvements balanced against practical implementation concerns, and a clear influence of professional experiences on their perspectives.

CONCLUSION

This study demonstrates the existence of **professional support for the implementation of NMP in audiology**, contingent upon producing robust training frameworks, competency assurance mechanisms, and interprofessional governance structures.

REFERENCES

- Braun, V. and Clarke, V. (2006) ‘Using thematic analysis in psychology’, *Qualitative Research in Psychology*, 3(2), pp. 77–101.
- Cope, L., Abuzour, A., and Tully, M. (2016). Nonmedical prescribing: where are we now? *Therapeutic Advances in Drug Safety*, 7(4), 165–172.

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