Non-medical prescribers effective in management of chronic disease

Clinical Question
Compared to medical (usual care) prescribers, how effective are non-medical prescribers for managing acute and chronic health conditions in primary and secondary care settings?

Bottom Line
Non-medical prescribers practising in a variety of settings and with varying but high levels of prescribing autonomy, achieved comparable outcomes in the management of chronic disease and preventive health care. Non-medical prescribers delivered comparable outcomes to medical prescribers for systolic blood pressure, glycated haemoglobin, low-density lipoprotein, medication adherence, patient satisfaction, and general quality of life. Pharmacists and nurses were able to deliver comparable prescribing outcomes with varying levels of undergraduate, postgraduate, and specific on-the-job training. Non-medical prescribers frequently have medical support available to facilitate a collaborative practice model. Non-medical prescribers across a range of different settings in low-, medium- and high-income countries may be able to assist in meeting the growing burden of chronic disease, or where doctor shortages or scarce health resources exist.

Caveat
The uncertainty of evidence in studies reporting adverse events and resource use made it difficult to determine the impact of non-medical prescribers compared to medical prescribers for these outcome measures.

Context
A range of health workforce strategies are needed to address health service demands in low-, middle- and high-income countries. Non-medical prescribing involves nurses, pharmacists, allied health professionals, and physician assistants complementing or substituting for doctors in a prescribing role. This is one approach to improve access to medicines.

Cochrane Systematic Review