

Discussion paper on supervising pharmacist independent prescribers in training

November 2016



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About the GPhC

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in England, Scotland and Wales. It is our job to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

Our main work includes:

- setting standards for the education and training of pharmacists, pharmacy technicians, and approving and accrediting their qualifications and training
- maintaining a register of pharmacists, pharmacy technicians and pharmacies
- setting the standards that pharmacy professionals have to meet throughout their careers
- investigating concerns that pharmacy professionals are not meeting our standards, and taking action to restrict their ability to practise when this is necessary to protect patients and the public
- setting standards for registered pharmacies which require them to provide a safe and effective service to patients
- inspecting registered pharmacies to check if they are meeting our standards

Foreword

Pharmacy professionals' roles and their contributions to healthcare and public health are growing, and so are the public's expectations and those of service providers. There is every sign that this will continue for many years to come. As roles change, education and training must change too, so that pharmacy professionals are able to deal with the new challenges they face.

Although the scope of this discussion document is narrow – the supervision of pharmacist independent prescribers (PIPs) in training – the evidence is that the pharmacist's role as a prescriber is developing rapidly. If we are to meet our commitment to being an agile and proportionate regulator, this is an important topic to deal with.

This discussion document will be part of our wider review of the standards of education and training for PIPs, which is scheduled for 2017. We hope that by considering this narrow, but important, issue in advance we can become clearer about the direction the education and training of PIPs may take in the future. We also hope this discussion paper will help contribute to and encourage wider discussions about the healthcare workforce and the role of pharmacists as educators, trainers, clinicians and prescribers.



Nigel Clarke
Chair



Duncan Rudkin
Chief Executive and Registrar



This discussion paper

This discussion document is about the supervision of pharmacist prescribers in training. We will not make or implement a final decision on this important matter until we have completed a full consultation on revised education and training standards for pharmacist independent prescribers in 2017.

In developing the document we have taken a range of views into account, including the feedback we received from our discussion paper *Tomorrow's pharmacy team* (2015) and the information in our *Prescribers Survey Report* (2016). Through this document we want to test our thinking about one aspect of the education and training of pharmacist prescribers – the supervision of pharmacist prescribers in training.

The discussion period will run for eight weeks, until **Wednesday 1 February 2017**. During this time we welcome feedback from individuals and organisations. We will send this document to a range of stakeholder organisations, including: other health professional regulators (particularly those who regulate prescribers), funders of health education and training, professional representative bodies, employers, education and training providers, and patients' representative bodies.

We hope you will read this discussion paper and consider responding. You can get more copies of this document on our website **www.pharmacyregulation.org/** **PIPconsultation** or you can contact us if you would like a copy of the document in another format (for example, in larger type or in a different language).

How to respond

You can respond to this consultation in a number of different ways. You can fill in the questionnaire at the end of this document or go to www.pharmacyregulation.org/PIPconsultation and fill in an online version there.

If you fill in the questionnaire in this document, please send it to:

consultations@pharmacyregulation.org with the subject 'PIP consultation response'

or post it to us at:

**PIP Consultation Response
Education Team
General Pharmaceutical Council
25 Canada Square
London E14 5LQ**

Comments on the consultation process itself

If you have concerns or comments about the consultation process itself, please send them to:

feedback@pharmacyregulation.org

or post them to us at:

**Governance Team
General Pharmaceutical Council
25 Canada Square
London E14 5LQ**

Please do not send consultation responses to this address.

Our report on this discussion paper

Once the discussion period ends, we will analyse the responses we receive. Our governing council will receive the analysis. It will take the responses into account when considering a consultation on a draft of our education and training standards for pharmacist independent prescribers.

We will also publish a summary of the responses we receive and an explanation of the decisions taken. You will be able to see this on our website www.pharmacyregulation.org

Pharmacist independent prescribers

The developing role of pharmacist independent prescribers

The delivery of healthcare has been changing quickly in recent years in response to the needs of a changing population. The population is growing and getting older, with health needs that are getting more complicated. This is adding to the demands on, and the cost of, national health services. Governments across Great Britain (GB) have highlighted the need for the healthcare workforce to develop and adapt to meet these demands, and this includes the pharmacy workforce.

Government policies across GB have specifically highlighted the important role of pharmacists in general and the importance of non-medical prescribing. Traditionally, doctors (and dentists) would use their clinical assessment and diagnosis skills to prescribe medicine; pharmacists would oversee the preparation and dispensing of medicine; and nurses would administer medicine or supply it to people for them to take themselves. The 1999 Crown Review was the first formal recognition that this strict separation of roles was inefficient and did not make the best use of healthcare professionals' skills or time¹.

Among the Crown Review's main recommendations was that as pharmacists and nurses had an appropriate level of knowledge and skills they should be allowed to prescribe medicine. This would be after a period of

¹ *Review of prescribing, supply and administration of medicines* (the 'Crown Review'), 1999.

suitable education and training which would be decided by their respective regulators. The review expected there to be two kinds of prescribing:

- *independent* – prescribers could prescribe without consulting another prescriber, and
- *dependent* – prescribers could only prescribe within a patient-specific clinical management plan drawn up by another prescriber, usually a doctor. (Over time, *dependent* prescribing became known as **supplementary** prescribing.)

The recommendations of the Crown Review were accepted by government and by 2003 pharmacist supplementary prescribing was allowed. By 2006 pharmacist independent prescribing was also allowed.

The Royal Pharmaceutical Society of Great Britain, then the regulator for pharmacy in Great Britain, defined the education and training that pharmacist prescribers would need, based on broad guidelines from the Department of Health. It began to accredit courses that would lead to pharmacists having an 'annotation' on its register as either a supplementary or an independent prescriber. Demand for courses has increased steadily since then and there are now 39 accredited pharmacist independent prescribing courses in GB, with another four ready to be accredited².

² The number of pharmacist independent prescribing courses continues to increase. But interest in supplementary prescribing has decreased sharply and all

On 15 September 2016 there were 3189 annotated independent prescribers, 389 annotated supplementary prescribers and 964 pharmacists with dual annotations.

This document will cover only pharmacist independent prescribers (PIPs), because all the signs are that it is the independent role not the supplementary one that will grow in the future.

The use of PIPs has grown in volume and widened in scope since the first courses were accredited. In 2015, as part of a public consultation *Tomorrow's pharmacy team*, we analysed GB pharmacy policy documents. It was striking that the use of PIPs was central to pharmacy policy in all three GB countries. The use of PIPs in multi-disciplinary teams in multiple healthcare settings – with some differences between English, Scottish and Welsh contexts – is already happening and is set to expand.

In 2016 we carried out a survey of prescribers on our register. We did this to:

- get a more detailed understanding of the state of prescribing practice, and
- understand what barriers might be preventing the uptake and use of pharmacist independent prescribing³

supplementary prescribing courses have closed. Four courses converting supplementary prescribers to independent prescribers are still open, but they are likely to close in the next few years. New courses are accredited by expert panels of pharmacist prescribers appointed by the GPhC. There is a full list of accredited prescribing courses at

www.pharmacyregulation.org/education/pharmacist-independent-prescriber/accredited-courses

³ GPhC prescribers survey report (2016); in 2013, as part of our all-registrant survey, we carried out some research

Our survey confirmed that pharmacist independent prescribing was happening in places, but that some prescribers thought there were barriers to their developing their role.

These included:

- a lack of opportunities to prescribe
- a perceived lack of support from some within their healthcare teams, and
- a lack of financial or career incentives to develop their prescribing skills

The survey also showed that PIPs were not prescribing in relative isolation in narrow areas of practice (even though this was a view that we had heard expressed). In fact, PIPs were using their broad knowledge of medicines to prescribe across a range of conditions in multi-professional teams. This has been borne out by the types of new independent prescribing courses people have asked us for. These have begun to shift from requests for general prescribing courses for a particular area, to courses commissioned by local NHS organisations to support specific prescribing initiatives: such as training groups of pharmacists to work as clinicians and prescribers in accident and emergency departments.

The targeted use of PIPs is being rolled out nationally too, through initiatives such as Health Education England's programme for PIPs wanting to work in GP practices. At the moment 480 PIPs are enrolled on a training course⁴ commissioned from and delivered by the

into pharmacist prescribing and the 2016 survey was a follow-up to that.

⁴ www.cppe.ac.uk/career/gp-pharmacist-training-pathway

Centre for Postgraduate Pharmacy Education (CPPE). There is a commitment to delivering 1500 more places in a second phase. Taking these initiatives together, we can say with some confidence that the emerging picture is one in which PIPs are being used more and more as clinicians and prescribers in front-line care teams where the best use can be made of their medicines expertise.

The education and training of pharmacist independent prescribers

In this section we look in more depth at the education and training of PIPs, especially the supervision of PIPs in training.

Education and training requirements

Pharmacists wanting to become PIPs must undertake additional education and training before being annotated in our register as an independent prescriber. Being annotated means that they have passed a course accredited by us, and have the necessary skills and abilities to work as an independent prescriber within the scope of their practice.

Before being accepted on a course, a pharmacist must meet minimum requirements, which include that they must:

- be a pharmacist in GB or Northern Ireland with two years' experience of working with patients
- have chosen an area of clinical practice in which to develop their prescribing skills and have relevant up-to-date knowledge of that area, and
- have a designated medical practitioner (DMP)⁵ who is willing and appropriately qualified to mentor them in periods of training in practice while they are studying on a course

⁵ The term 'designated supervising medical practitioner' (DSMP) is used in Wales.

The requirements for courses⁶ are that they must:

- deliver our learning outcomes for independent prescribing training
- be based on our 'indicative syllabus'
- include at least 26 days of learning activities – these can be wholly face-to-face at a university, delivered at a distance or can be a combination of the two
- include at least 90 hours (12 x 7.5 hour days) of learning in practice. This is where a PIP in training develops their clinical and diagnostic skills and decision-making abilities while learning to prescribe under the supervision of a DMP
- make sure that DMPs are appropriate for the needs of the PIPs in training on the course and have been trained for the role

As well as delivering our learning outcomes, all courses must deliver a national set of competencies common to all prescribers. This means that all prescribers – whether they are pharmacists, doctors, nurses or any other prescriber – have the same basic set of skills. These competencies are set out in *A single competency framework for all prescribers* (written and maintained by the Royal Pharmaceutical Society on behalf of the prescribing professions⁷, 2016).

⁶ These requirements are set out in ***Accreditation of independent prescribing programmes: guidance for course providers*** which we will consult on in 2017 as part of the consultation on education standards for pharmacist prescribers.

⁷ The non-medical prescribing professions are pharmacists, nurses and optometrists (independent prescribers); and physiotherapists, podiatrists,

chiropractors, and diagnostic and therapeutic radiographers (supplementary prescribers). See the **NHS Choices website** for more information. The framework is endorsed by the Association for Prescribers, Association of UK Dieticians, British Dental Association, British Pharmacological Society, Chartered Society of Physiotherapy, Royal College of Radiographers, College of Optometrists, College of Podiatry, Royal College of General Practitioners, Royal College of Nursing, Royal College of Physicians and Royal Pharmaceutical Society.

Increasing capacity and expertise in supervision

Context

The DMP role arose to support the expansion of prescribing skills in non-medical healthcare professions. However, we have heard many of our stakeholders – including healthcare providers, professionals and education bodies – say that the need for a DMP may be a barrier to the expansion of pharmacist independent prescribers. A number of compelling arguments have been made that the supervision requirements should change to support the improved high-quality education and training of pharmacist independent prescribers. These arguments are summarised below and explained in more detail in this section:

- the principle that experienced practitioners in any profession or speciality should supervise trainees in their area of practice
- the opportunity to involve the expertise of pharmacist independent prescribers in training the next generation, and
- the practical benefits for workforce planning, as there would be more available supervisors leading to an increase in the number of PIPs

Supervision by experienced prescribing practitioners

As we have heard already, there is a common set of skills for all prescribers. We want to test the idea that active and suitably experienced prescribers, whether they are pharmacists, doctors, nurses or other prescribers, should be allowed to supervise PIPs in training during their periods of learning in practice. This would mean that the current requirement for a designated medical practitioner (DMP) for practice supervision would be replaced with a requirement for practice supervisors who are independent prescribers. These could be from a range of professions. Pharmacist and nurse independent prescribers are the most likely practitioners to join the education supervision team, but we should not rule out using other prescribers when that is appropriate.

We do not believe any change in legislation is needed to alter the supervision requirements for PIPs, as these are set by the regulator. However, we understand the importance of keeping the confidence of stakeholders when considering a change.

Making best use of the pharmacist independent prescribing workforce

Being inspired by role models in one's own profession is a powerful incentive to develop one's practice. PIPs are at the forefront of practice as clinical prescribers and many of them are, or would like to be, educators too.

PIPs who are working with PIPs in training can already give them the benefit of their experience in the workplace. However, because of the current restrictions, they cannot act formally as their supervisors. To not allow an experienced practitioner to act in a role they are already carrying out is undermining for the individual and is not in the spirit of the Crown Review. Our proposed changes will allow PIPs to supervise PIPs in training, both in the workplace and while studying, making the fullest and most effective use of their expertise.

It is important that PIPs should be allowed to be supervised by prescribers from a variety of healthcare professions. We are not suggesting that PIPs in training should automatically be supervised by PIPs. PIPs in training may well benefit substantially from being supervised by non-pharmacist professionals. The key point that supervisory arrangements should be based on the specific needs of a PIP in training.

Increasing the pharmacist prescribing workforce

To increase the pharmacist prescribing workforce, we must increase our capacity to educate and train PIPs. Although local, regional and national initiatives to boost the number of PIPs may be welcome from a service perspective, the strain on DMPs is likely to become ever greater. This may begin to restrict the development of new courses (and therefore limit the growth of pharmacist independent prescribing in those services). By changing supervision requirements, the pressure on both course providers and the services should be reduced, allowing the services to expand as needed.

Quality assuring supervisors

There is an established quality-assurance framework for supporting and developing DMPs. This could be modified and applied to other prescribing supervisors. Taking that framework into account we think that the following four measures should give appropriate support to non-medical prescribing supervisors:

- 1 Supervisors must have worked in the prescribing area in which a PIP in training wants to learn to prescribe, before becoming their supervisor. We do not want to specify how long they should have worked in the area – time served does not guarantee competence. But supervisors could have to demonstrate to a course provider that they were appropriately equipped to fulfil a prescribing supervisory role. This would make sure that supervisors were appropriately experienced as independent prescribers before working as a supervisor.
- 2 Supervisors must be trained for the role before they begin. We think that this training – and ‘signing-off’ potential supervisors – would be a role for course providers, working with the supervisor’s employer and work colleagues. This would make sure that supervisors understood how to supervise trainees and what was required of them as supervisors.
- 3 Supervisors must be mentored for a period once they start supervising. This will allow them to be supported while they are developing their tutoring skills. This would make sure that a supervisor’s effectiveness



would be supported and verified by another, more experienced, prescribing supervisor.

- 4 Course providers must support supervisors while they are linked to an accredited course. The nature of the support will be based on the needs of the individual. This would make sure that supervisors understood their role in the context of a course.

We have included a question about these measures in this discussion paper. If you think they are the right measures, or if you think they are not, please let us know.

Equality, diversity and inclusion implications of the proposed changes

We have considered the equality, diversity and inclusion (EDI) implications of the changes we are suggesting in this document and have not identified any significant issues at this stage.

Our 2015 survey of prescribers highlighted barriers to prescribing. But it did not raise issues about practice supervision, and we have no evidence to suggest that changing supervision requirements will affect EDI adversely. We will review our position in the light of the feedback we receive from this discussion document and will include an equality assessment when we issue revised education and training standards for pharmacist independent prescribers.

Next steps

We have given some preliminary conclusions in this paper, which we need to test. If there is support for our conclusions, we will:

- use them to develop specific supervision requirements for pharmacist independent prescribers in training, and
- include them in our formal consultation on revised education and training standards for pharmacist independent prescribers in 2017

If our conclusions are not supported, and there is evidence to challenge our assumptions, we need to be told so that we can rethink our approach. Confirming, rejecting or challenging our initial conclusions will be an important outcome of this discussion.

A review of the standards for the education and training of pharmacist independent prescribers

Our standards review begins with this discussion paper. We will consult on draft standards in the summer of 2017 and we hope to publish revised standards by the end of 2017. The draft standards will include learning-in-practice supervision proposals taking into account the responses to this discussion paper.

The present versions of the standards for the education and training of pharmacist independent prescribers will stay in force until revised versions are agreed by our council.

Letting us know your views

We want to hear from a range of stakeholders, including pharmacists and pharmacy technicians, pharmacist independent prescribers, other health professional regulators (especially those who regulate prescribers), funders of health education and training, professional representative bodies, employers, education and training providers, and patients' representative bodies.

We welcome your views on the issues covered by this paper.

Next steps

Your responses to this document will help us shape our standards for PIP training courses. We aim to begin a public consultation on these in 2017.

Tell us your views by going to www.pharmacyregulation.org/PIPconsultation and responding by **Wednesday 1 February 2017**.



How we will use your responses

Following the discussion, we will publish a report summarising what we heard. We may quote parts of your response in that report or in other documents but if you respond as a private individual, we will not use your name unless you give consent for us to do so.

We may publish your response in full unless you tell us otherwise. If you want your response to remain confidential, you should explain why you believe the information you have given is confidential. However, we cannot guarantee that confidentiality can be maintained in all circumstances.

The GPhC may need to disclose information under access to information legislation (usually the Freedom of Information Act 2000).

If your response is covered by an automatic confidentiality disclaimer generated by your IT system, this will not in itself, be binding on the GPhC.

Any diversity monitoring information you give us will be used to review the effectiveness of our process. It will not be part of a published response.

Discussion paper response form

Response to the discussion paper on supervising pharmacist independent prescribers in training

If you want your response to stay confidential, please explain why you think the information you have given is confidential. We cannot give an assurance that confidentiality can be maintained in all circumstances.

- Please remove my name from my published response

Please tell us if you have any concerns about our publishing any part of your response:

Background questions

First, we would like to ask you for some background information. This will help us to understand the views of specific groups, individuals and organisations and will allow us to better respond to those views.

Are you responding:

- as an individual – please go to section A
- on behalf of an organisation – please go to section B

Section A – Responding as an individual

Please tell us your:

name:

address:

email:

Where do you live?

- England
 - Scotland
 - Wales
 - Northern Ireland
 - other (please give details)
-

Are you responding as:

- a member of the public
 - a pharmacy professional – please go to section A1
 - a pre-registration trainee
 - a student
 - other (please give details)
-

Section A1 – Pharmacy professionals

Are you:

- a pharmacist
- a pharmacy technician

Please choose the option below which best describes the area you mainly work in:

- community pharmacy
 - hospital pharmacy
 - primary care organisation
 - pharmacy education and training
 - pharmaceutical industry
 - other (please give details)
-

Section B – Responding on behalf of an organisation

Please tell us your:

name:

job title:

organisation:

address:

email:

a contact name for enquiries:

Is your organisation a:

- pharmacy organisation
- non-pharmacy organisation

Please choose the option below which best describes your organisation:

- body or organisation representing professionals
- body or organisation representing patients or the public
- body or organisation representing a trade or industry
- community pharmacy
- corporate multiple pharmacy
- independent pharmacy
- NHS organisation or group
- research, education or training organisation
- government department or organisation
- regulatory body
- other (please give details)

Discussion paper questions

We set out three core reasons for changing the current supervision requirements for PIPs in training:

- a. It is right in principle to extend supervision rights to experienced non-medical independent prescribers.
- b. It makes sense to be supervised by other PIPs – people who are already working in that role.
- c. Supervision capacity needs to increase to allow pharmacist independent prescribing courses to grow to meet service demands.

1. Do you think current supervision requirements should be changed for these reasons?

Yes No

Please add your comments here:

2. Do you agree that supervision rights should be extended to experienced pharmacist independent prescribers?

Yes No

Please add your comments here:

3. Do you agree that supervision rights should be extended to other experienced independent prescribers?

Yes No

Please add your comments here:

We are proposing that four measures should be put in place if supervision rights are extended:

- a. Supervisors must have worked in the area in which a PIP in training wishes to learn to prescribe before becoming their supervisor.
- b. Supervisors must be trained for the role before they begin.
- c. Supervisors must be mentored for a period of time once supervising.
- d. Course providers must support supervisors throughout their time as supervisors linked to an accredited course.

4a. Do you agree that they are the right measures?

Yes No

4b. Should there be any other measures? If 'Yes', please explain what they should be.

Yes No

Please add your comments here:

5. Are there any equality, diversity or inclusion issues you think have been raised by our proposals?

Yes No

Please add your comments here:



Equality monitoring

At the GPhC, we are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties.

We want to make sure everyone has an opportunity to respond to our discussion paper. This equality monitoring form will provide us with useful information to check that this happens.

You do not have to fill it in, and your answers here will not be linked to your consultation responses.

What is your sex?

Please tick one box

- Male
- Female
- Other

What is your sexual orientation?

Please tick one box

- Heterosexual/straight
- Gay woman/lesbian
- Gay man
- Bisexual
- Other
- Prefer not to say

Do you consider yourself disabled?

Disability is defined in the Equality Act 2010 as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. Please tick one box.

- Yes
- No
- Prefer not to say

What is your age group?

Please tick one box

- 16 – 24 years
- 25 – 34 years
- 35 – 44 years
- 45 – 54 years
- 55 – 64 years
- 65 + years

What is your ethnic group?

Choose the appropriate box to indicate your cultural background. Please tick one box.

White

- British
- Irish
- Gypsy or Irish traveller

- Other white background (please give more information in the box below)

Black or Black British

- Black Caribbean
- Black African
- Other black background (please give more information in the box below)

Mixed

- White and black Caribbean
- White and black African
- White and Asian
- other mixed background (please give more information in the box below)

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- other Asian (please give more information in the box below)

Chinese or Chinese British

- Chinese or Chinese British
- Other ethnic group (please give more information in the box below)

Arab

- Arab
- Other ethnic group background (please give more information in the box below)

What is your religion?

Please tick one box

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- None
- Other (please give more information in the box below)
- Prefer not to say



Appendix A: Collated discussion paper questions

1. Do you think current supervision requirements should be changed for these reasons?
2. Do you agree that supervision rights should be extended to experienced pharmacist independent prescribers?
3. Do you agree that supervision rights should be extended to other experienced independent prescribers?
5. Are there any equality, diversity or inclusion issues you think have been raised by our proposals?

We are proposing that four measures should be put in place if supervision rights are extended:

- a. Supervisors must have worked in the area in which a PIP in training wishes to learn to prescribe before becoming their supervisor.
 - b. Supervisors must be trained for the role before they begin.
 - c. Supervisors must be mentored for a period of time once supervising.
 - d. Course providers must support supervisors throughout their time as supervisors linked to an accredited course.
- 4a. Do you agree that they are the right measures?
 - 4b. Should there be any other measures? If 'Yes', please explain what they should be.



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