

Prescribers Survey Report

May 2016

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1 Executive Summary

1.1 This report presents the analysis of the responses we received to a survey sent to all pharmacist prescribers on our register, which was launched in early July 2015. The main objective of the survey was to gain a more holistic picture of prescribing practice with regard to:

- the extent to which pharmacist prescribers are using their prescribing qualification
- how prescribers keep their knowledge and skills up to date
- the nature of prescribing practice
- the barriers and enablers to prescribing, and
- the resources that prescribers use.

1.2 Survey responses provided a wealth of feedback across various areas of pharmacist prescribing practice.

1.1 We heard a positive account of survey participants' professional experience as pharmacist prescribers. Many respondents outlined how the role was a source of great personal satisfaction which had enhanced their career. Many of the respondents to the survey outlined how they were motivated to become a pharmacist prescriber in order to develop professionally and advance their role. And we heard how respondents' decision to train as prescribers was often borne from a motivation to improve patient outcomes and the services they work within.

1.2 We also heard from respondents how support, or the lack of it, was formative to their professional experience as pharmacist prescribers. Support and assistance provided by other health care professionals and managers could play an important role in respondents' professional practice as pharmacist prescribers. The overall working culture and the level of support perceived by respondents was also an important issue highlighted in the responses. The opportunity for peer-support and mentoring was also mentioned.

1.3 Linked to the level of support experienced by pharmacist prescribers is also the awareness of the pharmacist prescriber role more generally. Feedback indicated that, at times, there can be a lack of understanding of the role, both by patients and other health care professionals, which can act as a barrier for pharmacist prescribers.

1.4 The opportunity to work as part of a multi-disciplinary team was highlighted by respondents as an empowering experience, with collaboration between various professionals contributing to a good service. Gaining the trust and respect of colleagues was an important factor in allowing for pharmacists to develop as prescribers.

- 1.5 However, we heard from some respondents that this could be a challenge because of lack of awareness about what pharmacist prescribers can do, or due to 'competition' between different prescriber roles, especially pharmacist and nurse prescribers.
- 1.6 Respondents outlined how funding for their pharmacist prescriber roles could be challenging. Often, we heard that funding was not available for them to train as pharmacist prescribers, or that indeed there was no funding to offer services and run clinics. Some commented that pharmacist prescribers might be overlooked for opportunities because of higher salary costs compared to some other non-medical prescribers.
- 1.7 A number of respondents drew attention to the lack of financial incentive in taking on an enhanced role with increased responsibilities. Often, respondents found that they did not receive any additional remuneration above their general salary.
- 1.8 Respondents highlighted how pharmacists are by background generalists and how their vast knowledge and expertise in medicines should be used more widely for the benefit of patients. In this respect, some respondents argued how their knowledge was being underutilised.
- 1.9 A few respondents had a perception that the undertaking the practical training within the independent prescribing course in one clinical area could be restrictive. However, when it came to practice, respondents often valued having a defined scope and felt it was necessary to have strong knowledge of a clinical specialism in order to find opportunities to practise.
- 1.10 Despite their expertise in medicines, we heard that respondents could feel they lacked clinical assessment skills after qualifying and that they did not always feel confident in diagnosing. It was highlighted that pharmacists do not generally receive opportunities to develop physical assessment skills as part of their training. However this lack of confidence in assessment could be addressed through working alongside others within the multi-disciplinary team, such as nurses, who were felt to have more clinical experience from through training.
- 1.11 One of the initial objectives in undertaking this survey was to establish to what extent there is a need for further guidance for pharmacist prescribers. The responses to this survey would suggest that there is a lot of guidance and advice that pharmacist prescribers use in their practice, but there were helpful suggestions about enhancing accessibility to these resources. Ethical case studies to facilitate reflection of practice were mentioned as something that could be helpful. Possible other areas of further guidance are discussed in more detail in the main report.

2 Introduction

- 2.1 The General Pharmaceutical Council (GPhC) was established in 2010 as the regulatory body for pharmacists, pharmacy technicians and registered pharmacies in Great Britain.
- 2.2 As part of our regulatory functions, we approve qualifications for pharmacists and maintain a register of qualified professionals. Once a pharmacist has successfully completed a GPhC-accredited prescriber training course, they are eligible to apply for an annotation to their GPhC register entry.
- 2.3 Our latest strategic plan¹ sets out priorities in relation to increased use of knowledge and data and the importance of understanding issues in pharmacy. This research contributes to meeting those strategic aims and specifically to enhancing our use of evidence to inform the development of policy and our wider regulatory work.
- 2.4 We have conducted this survey among registered (annotated) pharmacist prescribers across Great Britain, in order to gain a more complete picture of their professional practice as prescribers and to build a more robust evidence base in this area. As well as providing a more holistic picture of prescribing practice, the survey also aimed to identify what, if any, further guidance might be required.

Background

- 2.5 Non-medical prescribing offers healthcare professionals the opportunity to improve patient care and enhance their role and skills. Pharmacist prescribers are becoming increasingly prominent in the delivery of effective healthcare services. They often work as part of a wider multi-disciplinary team in a hospital or a primary care setting, such as a GP practice. However, pharmacist prescribers can also exercise their prescribing role in a community pharmacy or in other settings, including prisons, care homes or substance misuse clinics.
- 2.6 To be accepted onto a prescribers training programme, pharmacists must have been practising for a minimum of two years.
- 2.7 Independent prescribing can be undertaken by pharmacists and nurses who have completed the relevant training and been annotated as prescribers, and who are therefore able to prescribe for any medical condition within their area of competence, including the prescribing of controlled drugs. By comparison, optometrist prescribers can prescribe any licensed medicine for ocular conditions affecting the eye and surrounding tissue, but are not authorised to prescribe any controlled drugs. Physiotherapists, podiatrists and chiropodists can prescribe drugs

1 GPhC (2015) Strategic Plan 2015-2018. Available online at http://www.pharmacyregulation.org/sites/default/files/gphc_strategic_plan_2015-18.pdf

which fall within their area of competence, and can prescribe a specific, limited group of controlled drugs.

- 2.8 Pharmacist supplementary prescribers can prescribe a number of different medicines, including controlled drugs, within the framework of a patient-specific clinical management plan, which has been agreed by a doctor. Pharmacist supplementary prescribers will work with a medical or dental prescriber in relation to the patient-specific clinical management plan and will have access to the same patient health records as the doctor or dentist.
- 2.9 The pharmacist supplementary prescriber role was created in 2003, following the NHS Plan 2000, which set out the policy for the development of non-medical prescribing to bring about improvements in patient care, choice and access, patient safety, better use of health professionals' skills and more flexible team working across the NHS. In working towards these objectives, the NHS started to increase the scope and responsibilities of non-medical prescribing. Prescribing by pharmacists was part of this initiative to develop the area of non-medical prescribing.
- 2.10 Then, in 2006, the pharmacist independent prescriber role was created. Initially, the range of drugs that a pharmacist independent prescriber was allowed to prescribe excluded controlled drugs. However, the scope of pharmacist independent prescribing has broadened since 2012, to include controlled drugs, with just a few exceptions².
- 2.11 After the creation of the pharmacist independent prescriber role in 2006, the then pharmacy regulator, the Royal Pharmaceutical Society of Great Britain, accredited conversion training courses to allow pharmacists already qualified as pharmacist supplementary prescribers to gain the full qualification and become independent prescribers.
- 2.12 One of the key differences of the pharmacist independent prescriber role, over the pharmacist supplementary prescriber role, is that the former can make a diagnosis for the patient concerned and can prescribe independently to them, without the need to consult other independent prescribers; whereas the latter can only prescribe within the framework of a patient-specific clinical management plan, agreed by a doctor. Pharmacist independent prescribers, however, must only prescribe within their area of competence.

2 From 23 April 2012 pharmacist independent prescribers can prescribe, administer and direct others to administer, any controlled drug in Schedule 2, 3, 4 and 5 for any medical condition, except cocaine, dipipanone and diamorphine for the treatment of addiction. They can prescribe, administer and direct others to administer cocaine, dipipanone and diamorphine for treating organic disease or injury - www.legislation.gov.uk

Summary Table	Pharmacist Supplementary Prescriber	Pharmacist Independent Prescriber
Year introduced	2003	2006
Annotation to register required	Yes	Yes
Prescribe independently	No (need clinical management plan)	Yes
Prescribe NHS/privately	Yes (as long as covered by a clinical management plan)	Yes
Prescribe all POMs	Yes (in accordance with a clinical management plan)	Yes
Prescribe controlled drugs	Yes (in accordance with a clinical management plan) Schedules 2,3,4 and 5	Yes Schedules 2,3,4 and 5
Prescribe unlicensed medicines	Yes (in accordance with a clinical management plan)	Yes
Administer	Yes	Yes
Give directions	Yes	Yes

2.13 One condition included within the prescriber training programme is that all individuals must have an assigned designated medical practitioner. One of the key responsibilities of a designated medical practitioner is to support the pharmacist to transfer the theoretical knowledge learned in training into patient-focused prescribing practice.

Policy Context

2.14 Increasingly, pharmacy is recognised as an untapped resource in healthcare delivery, particularly having the potential to alleviate pressures in both primary and secondary care. This is reflected in recent policy visions, such as the Scottish Government's *Prescription for Excellence*³, as well as *Your Care, Your Medicine*:

³ Scottish Government. September 2013. *Prescription for Excellence - A Vision and Action Plan for the right pharmaceutical care through integrated partnerships and innovation*. Available at: <http://www.gov.scot/resource/0043/00434053.pdf>

*Pharmacy at the heart of patient centre care*⁴, which is the result of work led by the Welsh Pharmaceutical Committee and supported by the Royal Pharmaceutical Society.

- 2.15 A similar vision for the future direction of pharmacy is presented in the Royal Pharmaceutical Society's publication *Now or Never*⁵ which sets out the conclusions of the Commission on future models of care delivered through pharmacy, set up by the English Pharmacy Board of the Royal Pharmaceutical Society and led by an independent Chair.
- 2.16 By becoming prescribers, pharmacists have the opportunity to expand their role and take on all aspects of the patient journey, from diagnosis to prescribing, advice and follow-up.
- 2.17 Pharmacist prescribers also have scope to take on a more 'active' role within the multi-disciplinary team which, as part of the progressive health agenda, represents the idea of a more joined-up care.

Existing GPhC research

- 2.18 In 2013 GPhC commissioned NatCen Social Research to undertake a survey of our registrants, with the objective of gaining greater insight into their work, training and professional practice. The survey included a component on prescribing, for the purpose of which all pharmacist prescribers on the GPhC register (2,954 at the time of the survey, 2013) were sampled and approached. The prescriber component achieved a response rate of 61.7 per cent, with 1,823 prescribers responding to the questionnaire.⁶

In the 2013 survey some of the key points around prescribing included:

- Three quarters (74 per cent) of prescribers said they had prescribed at some point since their annotation. 61 per cent of those with an annotation had prescribed in the past 12 months
- Most commonly pharmacists prescribed in hospital setting (61 per cent), followed by primary care organisations (30 per cent) and community pharmacies (13 per cent)
- The three most frequently given areas for prescribing were antibiotics (39 per cent), pain management (38 per cent) and cardiovascular (37 per cent)

4 Royal Pharmaceutical Society Wales and NHS Wales. October 2014. *Your Care, Your Medicines: Pharmacy at the heart of patient-centred care*. Available at: <http://www.rpharms.com/wales-pdfs/YourCareYourMedicines.pdf>

5 Royal Pharmaceutical Society. November 2013. *Now or Never: Shaping Pharmacy for the Future*. Available at: <http://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf>

6 NatCen. March 2014. *GPhC Registrant Survey 2013 Findings*. Available at: https://www.pharmacyregulation.org/sites/default/files/gphc_registrant_survey_2013_main_report_by_natcen.pdf

- Prescribers who had not prescribed in the last 12 months, were asked to provide reasons for not prescribing. These can be summarised as lack of opportunities, changes in circumstances, and for personal reasons such as retirement and maternity leave⁷.

⁷ ibid

3 Methodology

3.1 For the current research, we carried out an online-based survey, hosted on the Survey Monkey platform, which ran between August and October 2015. A link to the survey was circulated to all prescribers on the GPhC register, for whom we had an email address – 3746 in total.

3.2 As of the beginning of November 2015, there were 3944 annotated prescribers on the GPhC register, representing about eight per cent of the total number of pharmacists on our register.

Of those, there were:

- 2567 independent prescribers
- 425 supplementary prescribers
- 952 both independent and supplementary prescribers

3.3 We received a total of 651 responses – a response rate of 17.4 per cent.

3.4 More than half of the 651 respondents (55 per cent) were qualified as independent prescribers, while around 40 per cent were qualified as both an independent and a supplementary prescriber.

3.5 Only around five per cent were qualified just as a supplementary prescriber. This is explained by the fact that all accredited courses for supplementary prescribers ran out at the end of 2009. As it was no longer possible to train as a supplementary prescriber, pharmacists would have trained as independent prescribers instead, or applied for a conversion course to become independent prescribers.

3.6 The analysis of the results was carried out by the GPhC research team. Thematic analysis was carried out on the qualitative data, collected through the open-ended questions. A number of graphs and tables were produced to support the analysis of the closed questions. Both types of analysis are included within this report.

3.7 The report begins with a qualitative analysis section, which is structured around a thematic coding framework. The coding framework was devised and applied to the analysis of the open-ended questions responses. The framework was built around four themes:

1. The Prescriber
2. Professional Engagement
3. The Environment
4. Opportunities

- 3.8 The report continues with an outline of the analysis carried out on results from the survey's closed questions. This second part of the report also includes the analysis of some of the more structured open-ended questions.
- 3.9 A number of specific codes and sub-themes sat underneath the four coding framework themes listed above. The individual codes were applied to the analysis of the responses to open-ended questions. The qualitative analysis section of this report is built around the four themes and the respective sub-themes.
- 3.10 The Prescriber theme is focused on the individual and their personal journey as a pharmacist prescriber. For example, their personal confidence in the role and their view of the skills that they have or need in relation to the role.
- 3.11 The Professional Engagement theme is based on the range of interactions that the prescriber role often entails. This includes the individual's relationships with other health care professionals, line managers, patients, etc.
- 3.12 The Environment theme captures concrete aspects of the work setting which have an impact on respondents' experience as pharmacist prescribers, such as physical space within premises, funding opportunities, staffing levels, as well as the overall working environment.
- 3.13 The Opportunities theme captures the requirements and circumstances of pharmacist prescribers, as well as the opportunities for prescribing within the context of the changing nature of the profession and perceptions held by others regarding the role.
- 3.14 There were some qualitative responses that appeared to occur in relation to a particular setting of practice and although this was not systematically analysed, these differences have been reported as indicative findings.
- 3.15 The full questionnaire is included in the Appendix to this report.

4 Thematic Analysis

The Prescriber

Key points:

- The opportunity to develop professionally and advance their career was a key motivational factor in respondents' decision to undertake the IP training. We heard how some respondents saw prescribing as the future of the profession and did not want to be left behind.
- The opportunity to improve the services they are engaged in and subsequent patient outcomes was also an important motivational factor according to respondents.
- Respondents highlighted how pharmacists are by background generalists and their expertise in medicines could mean that they would be able to prescribe across a range of areas. In this respect some respondents argued how their knowledge was being underutilised. A few respondents held a perception that the focus of the practical training in a narrow clinical area could be restrictive.
- There were a few comments about the lack of clinical assessment skills especially early on in prescribers' career, and how this could be problematic for pharmacist prescribers. Whilst pharmacists were referred to as experts in medicines, nurses and doctors were felt to have more training and experience in diagnosis.
- Many respondents gained great satisfaction from their prescribing role, and felt that it had enhanced their career.

4.1 A considerable volume of the feedback we received related to the experiences of individual prescribers as part of their professional practice. We have categorised the feedback received into the following areas:

- Driver and motivation
- Knowledge and skills
- Education and training
- Professional and/or personal fulfilment

The analysis will address each of these categories in turn.

Driver and motivation

- 4.2 Both professional and personal development were instrumental factors in respondents' overall journey to become pharmacist prescribers.
- 4.3 We heard from a number of respondents how they had chosen to become a pharmacist prescriber in order to benefit their career and improve their professional prospects. Becoming a pharmacist prescriber was associated with increased earning potential and career advancement.
- 4.4 The developmental opportunities believed to be available through becoming a pharmacist prescriber also included role development. For example, we heard how respondents thought the qualification would allow them to develop more patient-facing roles or allow them to make better use of their clinical skills.

“To push the boundaries of the profession, to create a clinical pharmacist role within GP practice and demonstrate how it can help with workload and income from Quality and outcomes framework.”

Supplementary and independent prescriber, GP Practice, England

- 4.5 Survey respondents also addressed motivation in the context of their previous experience which, according to some respondents, had set them on a path to become a pharmacist prescriber.

“In order to be able to prescribe anticoagulation medication in this case warfarin as I was already doing warfarin clinics I was getting frustrated running up and down corridors chasing after signatures for urgent prescriptions for patients who had run out.”

Independent prescriber, GP Practice, England

- 4.6 It appeared that becoming a pharmacist prescriber was often a logical progression based on existing ways of working, particularly for those in more specialised roles.
- 4.7 Another aspect of motivation that respondents mentioned was their personal desire to improve the services they work in. For example, we heard how respondents undertook the pharmacist prescriber training in order to work more efficiently and effectively, and speed up the prescribing process within their workplace. Their choice of specialism could also be determined by their desire to improve services.

“To provide better patient care, in the inpatient, outpatient and homecare settings.”

Independent prescriber, Hospital, England

“To be able to correct prescribing⁸ errors on admission to hospital, improving patient safety and care”

Supplementary and independent prescriber, Hospital, England

- 4.8 Another important driver was to improve patient experience and outcomes, and be more directly engaged within these efforts. Some pharmacists were motivated to become a pharmacist prescriber to provide a more complete service for patients.

“My passion and vision that pharmacists can do much more to improve the quality of health care delivery.”

Independent prescriber, Community Pharmacy, England

“The prescribing service we offer for discharge medication is currently based across the medicine division - this was targeted as a key area where medication is vastly used and there is potential for more expert pharmacy input.”

Independent prescriber, Hospital, England

- 4.9 A significant number of respondents stated how their enhanced role as a pharmacist prescriber had affected services positively. For example, we heard how respondents’ prescribing had made their practice more efficient and provided quicker access to medicines. Other respondents stated how their practice as a prescriber had made the patient journey more seamless; improved patient medicines management; or reduced the duration of hospital stays.

“I consider my prescribing improves patient care, supports doctors & nurses in their respective roles & helps reduce duration of hospital stay & readmissions caused by lack of patient understanding or communication on transfer of care.”

Supplementary and independent prescriber, Hospital, England

Clinical knowledge and skills

- 4.10 The knowledge and skills associated with the role of a pharmacist prescriber was a theme on which we received substantial feedback. An issue on which we received

⁸ Please note, minor spelling corrections have been made in relation to all quotations included in the report.

feedback was in relation to clinical assessment skills. A number of respondents reported that they lacked such skills and did not feel confident in making initial diagnoses. This feedback should be understood in the context of changes to pharmacist training more broadly – the new MPharm does have more emphasis on clinical skills so this is likely to be less of an issue for newly graduating pharmacists.

- 4.11 It was highlighted that, in terms of their overall background and training, pharmacists are generally not equipped with physical assessment skills as part of their journey in becoming pharmacists. The feedback received on this point came mainly from respondents based in GP practice settings.

“Pharmacists particularly lack physical assessment skills and generally do not touch patients until train[ed] to be a prescriber!”

Independent prescriber, Hospital, England

“The need for detailed essential differential diagnosis skills to know red flags and when to refer.”

Independent prescriber, Hospital, England

- 4.12 Pharmacists are medicines experts and they should use this knowledge more to the benefit of patients.

“Understanding applied pharmacokinetics also enables prescribing: if you interpret serum drug concentrations [in] high risk clinical cohorts such as premature neonates taking on prescribing responsibility follows naturally.”

Independent prescriber, Hospital, England

Specialisms in training and practice

- 4.13 The training for independent prescribers equips pharmacists with skills in prescribing in general, although course participants will select a clinical area in which they will undertake a practical element of their training. After being annotated prescribers can then expand their scope of prescribing practice within their competence.
- 4.14 There was however a perception among some respondents that the narrow clinical focus of the practical element of independent prescribing training courses was limiting and not helpful. Some respondents expressed how, in their view, having to choose a specialist or specific clinical area was not reflective of pharmacists’ underpinning medicines knowledge across a breadth of areas.

- 4.15 However we also heard from other respondents how they valued having a defined scope of their prescribing training, which they would then take forward into their professional practice. It was, in fact, felt necessary to have sound knowledge of a specific area to find prescribing opportunities.

“To utilise prescribing qualification it is now necessary to become competent in a different clinical speciality to that in which I was trained. IP training should be tailored to areas where pharmacists can actually eventually practise and not in areas already provided in GP Practice by Practice Nurse Teams e.g Respiratory”

Independent prescriber, GP practice, Scotland

“The current courses do not allow for someone to be a 'generalist' and also (maybe because of this) the roles for pharmacist prescribers are tailored for chronic disease management - my GP mentor felt this was not the best use of a pharmacist's skills/knowledge.”

Independent prescriber, GP Practice, Scotland

- 4.16 We heard from others how, in their professional practice, pharmacist prescribers could be put into positions they were not comfortable with and were unprepared for. Some respondents referred to a limited knowledge of certain conditions, others - to difficulties in managing patients with co-morbidities.

“Barriers Lack of guidance over how we can/should use our qualifications. The courses and GPhC say ONLY in our very narrow area, but many NHS trusts are putting pressure on us to prescribe hugely varied medicines on wards, admission rounds and on discharge. Huge issues around how we tackle this.” ”

Independent prescriber, Hospital, England

- 4.17 The mixed feedback on this issue highlights the need to explore this issue further as part of our review of the independent prescribing guidance [scheduled for 2016/17] as well as consider how better to communicate that the focus of the training is ‘prescribing’ rather than a specific clinical area.

- 4.18 We heard from respondents how good communication skills were an enabling factor. Respondents commented that experienced pharmacists will already be good communicators, which helps develop good consultation skills, and patient skills more broadly.

Education and training

- 4.19 Access to good quality education and training, for example, a post-graduate diploma, was mentioned as an enabling factor in the development of respondents as pharmacist prescribers.
- 4.20 Some respondents referred to other informal opportunities for learning, such as through a medical library, or as picked up through their engagement with medical colleagues and through peer networks.
- 4.21 We also heard some less positive feedback from respondents in relation to their experience of their initial education and training, with some stating that the training did not equip them with the necessary skills. Other barriers mentioned were access to training or a general lack of opportunity.
- 4.22 Some respondents thought it would be helpful for prescribing to become part of the generic education and training for pharmacists, and to be taught within the MPharm degree syllabus. However, other respondents thought that pharmacists should not become prescribers by default, as it was only after building up sufficient practice in the profession that pharmacists were in a position to extend their role and take on greater responsibility.
- 4.23 We heard from respondents how opportunities for research were appreciated within the workplace, as part of informal opportunities for education and training. We also heard that respondents could experience situations in which they did not have sufficient chance to get up to speed with an area through their own investigation and research.

Professional fulfilment

- 4.24 Autonomy, satisfaction and confidence were areas that respondents drew attention to in their responses.

Autonomy

- 4.25 We heard how respondents greatly valued the autonomy and decision-making influence that prescribing entailed. They valued how the prescribing role allowed them to make decisions directly, rather than act in a purely advisory role. This was often instrumental in their decision to train as a prescriber. Respondents outlined how being prescribers meant that they were able to complete a full consultation, without needing a GP to sign a prescription, providing them with much greater professional freedom.

“To enable greater autonomy as a specialist, to act quicker to prevent errors and to help the medical teams”

Independent prescriber, Hospital, England

Satisfaction

- 4.26 We heard how respondents derived a high degree of satisfaction from undertaking the prescribing training and gaining a higher degree of responsibility.
- 4.27 'Enjoyable' and 'rewarding' were frequently used terms, with many respondents outlining how their enhanced role as a prescriber had been a very positive experience, and how it had fully brought into practice all elements of their education and training en-route to becoming a pharmacist.

"I love my role it gives me a great deal of satisfaction to be able to help patients at a more clinical and disease level than just advisory."

Independent prescriber, GP practice, Wales

"I feel total accomplishment of my career aspirations as a Pharmacist Prescriber."

Supplementary and independent prescriber, GP practice, England

Confidence

- 4.28 Personal confidence in their ability as prescribers was an issue that was highlighted by respondents as either a barrier or enabler.
- 4.29 A number of respondents made reference to a shortfall in confidence as a barrier. However, we also heard how confidence could pertain to a specific area of professional practice, such as in relation to diagnosing patients.

"The biggest barrier I have found to pharmacist prescribing is lack of confidence. Personally, I am happy to prescribe within my specialties, however I am aware that many of my colleagues who have prescribing qualifications are less keen to do so. I wonder if this is perhaps because we do not learn clinical assessment skills sooner in our careers?"

Independent prescriber, Hospital, Scotland

- 4.30 Conversely, confidence could be an enabling factor in respondents' progression to become a practising pharmacist prescriber. Having the requisite confidence to undertake the role was deemed as important. Some respondents commented how their confidence in the role as a pharmacist prescriber had developed with time, as they became more accustomed to the role.

“I thoroughly enjoy my work as a prescriber and value the experience it has given me over the years. From the first clinic I set up, I was encouraged to give regular feedback about my work, and this feedback has allowed others to be aware of how I have coped with difficult cases and the changing needs of patients, as well as with new guidelines and ways of working. This has allowed me to become involved in extending my prescribing role as other opportunities have come up. It is often difficult to juggle multiple prescribing roles and maintain an up-to-date knowledge in each clinical area but this is a very rewarding role and one which I am proud of. It has increased my confidence in other aspects of my role, and compliments the other pharmacy work I do, giving skills which are transferable to any clinical setting.”

Supplementary and independent prescriber, GP Practice, Scotland

- 4.31 We also heard how confidence can suffer when there is a break in practice, and that it can be more difficult to resume prescribing duties after not having done so for some time.

Professional Engagement

Key points:

- The multi-disciplinary team was mentioned as an enabling factor that could help develop and embed respondents in their role as pharmacist prescribers. Through working in multi-disciplinary teams, pharmacist prescribers benefitted from a transfer of skills with other healthcare professionals, and were able to share their pharmacy-specific knowledge and skills.
- Respondents' interactions and relationships with GPs and other doctor colleagues appeared to be formative in their development as a pharmacist prescriber.
- The working environment and the degree to which the culture supported pharmacist prescribers was highlighted as an important issue – expressed in both positive and negative terms.

4.32 Survey respondents provided rich feedback in relation to their interactions with other professionals, as well as patients, and how these interactions and the relationships underpinning them had impacted on their role as a pharmacist prescriber. We have approached the feedback in the following areas:

- other healthcare professionals and the multi-disciplinary team
- patients
- management and employer
- working culture

Other healthcare professionals and the multi-disciplinary team

4.33 Relationships with GP and other doctor colleagues, as well as nurse colleagues, featured prominently in the survey responses received. A number of respondents outlined how they had benefited from the support of doctors, who had encouraged them to expand their role and develop as pharmacist prescribers.

“I have only had enablers!.....a job description which included prescribing, supportive and encouraging management, a great prescribing training course, a medical consultant willing and happy to be a mentor and to provide space for me to prescribe in his team, supportive medical and nursing colleagues, colleagues (medical and nursing) who have confidence in my clinical and prescribing abilities. When I started prescribing a barrier might have been some

medical and nursing staff being unsure of how to work with a pharmacist prescriber e.g. should they take referrals from me in the same way they would a doctor? This was all quickly ironed out by having a great consultant to assist.”

Independent prescriber, Hospital, Scotland

- 4.34 Respondents also drew attention to the need for doctors to understand the specific strengths of a pharmacist and what the profession can contribute, as well as accepting pharmacist prescribers as part of their team.

“GPs who understand our role and appreciate what we can add to their business and support their workload.”

Supplementary and independent prescriber, GP Practice, England

- 4.35 However we also heard from respondents how relationships with other health professionals, such as GPs and other doctor colleagues, could sometimes be challenging to their development as a pharmacist prescriber. Much of this feedback focused on a lack of support from doctors with respondents having experienced lack of sufficient confidence in their pharmacist prescriber abilities or not being accepted in the team (as a prescriber). Overall, this seemed to be more of an issue to those pharmacist prescribers working in the community setting or in GP practices.
- 4.36 Similarly to their interactions with GPs and other doctor colleagues, respondents provided mixed feedback in terms of their interactions with nurses, who could be supportive or less so. Relationships with nurse colleagues especially could at times be characterised by a sense of professional ‘competition’.

“Setting up initially was a challenge which I accepted as I was the first prescriber in my area to set up regular clinics in primary care BUT my main issue four years ago and is still ongoing is that of the practice nurse. Despite meetings with her and the lead GP, who was very accepting of me, she would not accept me in her territory of diabetes. As a result I do not prescribe in this area despite specifically training in this and knowing I have much to offer diabetics in terms of education and encouragement. The GP seemed unwilling to facilitate team working in this area, despite my explanations to both parties that I wanted to work with the PN as a team. Strangely however this same GP was definitely an enabler for me to set up!”

Independent prescriber, GP Practice, Scotland

- 4.37 While some respondents had encountered difficulties in their working relationships with both doctors and nurses, we also heard how, over time, relationships could improve, with respondents experiencing a greater level of acceptance from their doctor and nurse peers, in relation to their role as a pharmacist prescriber.
- 4.38 Working as part of a multi-disciplinary team and with a range of other professionals was something that many respondents drew attention to within their feedback. Much of this feedback centred on how their role as a pharmacist prescriber was enhanced through a multi-disciplinary team approach, and how, through this enhanced role, they felt better equipped to function within the multi-disciplinary team and provide assistance to their colleagues. This dynamic within their teams could also result in an improved sense of personal value held in respect of their role as pharmacist prescribers.
- 4.39 With good working relations, working as a pharmacist prescriber as part of a multi-disciplinary team was an empowering experience, with collaboration between various professionals contributing to a good service.

“Working in a multidisciplinary team facilitates the opportunity to prescribe since you can learn from the team and they can see clearly what input a pharmacist can make.”

Supplementary and independent prescriber, GP Practice, Scotland

- 4.40 Pre-existing working relationships in a multi-disciplinary team or even the appeal of the idea to be working in one, could define a pharmacist’s choice to train as a pharmacist prescriber.
- 4.41 Working as part of a team could help establish the pharmacist prescribers’ role and shine light on the bespoke knowledge and skills that they hold in comparison to other health care professionals – i.e. their depth of knowledge of medicines.

“At the start of my role in pre-op I was met with some resistance from the pre-op nursing team as they felt their job was under threat. However once they realised my role was to support them as well as ensuring patients were given the best and safe service they finally became more encouraging of my role and referred to me at times when they were unsure of medicines.”

Independent prescriber, Hospital, England

- 4.42 This sharing of skills could also work both ways, with respondents mentioning the areas of competence where nurses could be helpful, namely clinical assessment skills.

- 4.43 Working in multi-disciplinary teams can facilitate the transfer of skills and knowledge and this can help embed relationships and establish the pharmacist prescriber role within the team. This seemed to be the case particularly for those practising in hospital settings.
- 4.44 We also heard how lacking acceptance or an unwillingness to engage collaboratively as part of a multi-disciplinary team created hurdles for pharmacist prescribers. Often at the root of this unwillingness to engage in multi-disciplinary working was either a poor understanding of the pharmacist prescriber role.

Patients

- 4.45 Patient support and confidence in the pharmacist prescriber role was stated as helpful and working with patients was described as a rewarding experience. We heard experiences of interactions with patients in which the prescriber had seen how their patients appreciated the knowledge that pharmacists hold.

“Most enjoyable, patients accept role and are happy to see pharmacist...”

Supplementary and independent prescriber, GP practice, England

- 4.46 However, some respondents outlined how for some patients there was a relative lack of knowledge of the role of a pharmacist prescriber, which could undermine their professional practice. On occasions, this has resulted in patients not wanting the pharmacist to prescribe for them.

Management and employer

- 4.47 Some respondents stated that they chose to train as a pharmacist prescriber as a result of a direct request or an encouragement from their employing organisation or line manager. Managers and employers were also cited as being influential in respondents' choice of a clinical area of training.
- 4.48 We also heard how the support and encouragement provided by managers was helpful and appreciated by respondents in their establishment in the role as pharmacist prescribers.

“for me - I had the support of my line manager as well as the lead anaesthetist for pre-op. Both were very keen to put to practice my proposal of prescribing in the pre-op clinic. My line manager was very keen to see me utilise my prescribing skills at ward level also.”

Independent prescriber, Hospital, England

- 4.49 However, we heard from other respondents that their line managers could be unhelpful and create barriers. For example, we heard how a lack of time and interest invested by the designated medical practitioner was a barrier. We heard how managers could be unsure of how to properly and effectively use non-medical prescribers. More generally, a poor attitude or lack of understanding on the part of the line manager was mentioned as a barrier by respondents.
- 4.50 We heard how the support and leadership on the part of the employer could provide an enabling function. Respondents commented on how having support from clinical commissioning groups or a forward thinking clinical leader has helped them in their path to becoming a pharmacist prescriber.

Yet a number of respondents outlined how the lack of recognition by commissioners or the lack of support by their employer could create boundaries for them.

“Barrier - lack of recognition by commissioners of potential of pharmacist prescribers in transformation agenda”

Supplementary prescriber, Community pharmacy, England

Working culture

- 4.51 Respondents told us that the overall working environment and the culture in their workplace could be influential in their decision to train as a pharmacist prescriber, and could be instrumental in their establishment in the pharmacist prescriber role. Some respondents referred to a supportive environment, others to a supportive pharmacy department, or a supportive mentor or GP practice as being essential. Support from other prescribers was also mentioned in this regard.

“The greatest enabler is a supportive practice environment that encourages development and autonomy but within a framework that provides oversight and advice when needed.”

Supplementary and independent prescriber, GP Practice, England

- 4.52 Other respondents told us how the working culture they encountered could be a barrier to their aspirations - either to become a pharmacist prescriber or to develop in the role. For example, respondents often referred to a lack of organisational support and the fact that the working environment simply did not have the networks through which to facilitate support. Others referred to a lack of incentive to train as a prescriber, lack of support during their training, or lack of a mentor to guide them.
- 4.53 Record keeping requirements were identified by some respondents as a barrier. They mentioned the burdensome levels of red tape and paperwork involved in their prescribing role.

The Environment

Key points:

- Lacking financial support was outlined as a barrier in relation to respondents' practice as pharmacist prescribers. We heard frustration that salaries did not reflect their greater responsibilities as prescribers.
- A lack of structural funding to establish clinics was also felt to be a problem.
- Some respondents identified a lack of time in which to fulfil their primary duties as a pharmacist, as well as their additional prescribing tasks.

4.54 Issues related to the working environment were often raised by respondents, presented in either a positive or a negative light. In addressing the substantive feedback that we heard on this theme, we have separated findings into the following key areas:

- Technology and infrastructure
- Resources

Technology & infrastructure

4.55 A number of respondents stated how lacking access to medical records hampered their practice as a pharmacist prescriber. Without the medical history provided through medical records and documented vaccination histories, respondents felt that they were less equipped to fulfil their prescriber role efficiently.

4.56 A further barrier to respondents' professional practice related to difficulties with various IT systems. Some respondents complained that due to lacking or inadequate IT systems and technology, prescriptions had to be handwritten, which was time consuming and laborious. These issues were raised more frequently by respondents working in primary care and community settings, in comparison to those working within a hospital setting.

4.57 Conversely, respondents also outlined how having ease of access to electronic patient records was an important enabling factor.

- 4.58 In relation to infrastructure, having a room in which clinical prescribing could take place was also mentioned by respondents as an enabler, or as a barrier, whenever it was lacking.

Resources and funding

- 4.59 In relation to resources, a number of respondents told us how they required sufficient time to be able to fulfil their enhanced role as a pharmacist prescriber. Most frequently among the responses we received, pharmacist prescribers outlined how a lack of time to perform prescribing duties was problematic.
- 4.60 Where respondents had been allocated a specified amount of time for their prescribing practice, this was mentioned as an enabling factor and commented on as helpful and facilitative.
- 4.61 Funding was an issue on which we received a substantial amount of feedback. We often heard how funding was not available for respondents to become pharmacist prescribers, or that there were cost pressures in the workplace which acted as a barrier to their ability to practise as one (for example a lack of funding to run clinics or provide services in primary care).
- 4.62 Separately, a number of respondents drew attention to the lack of financial incentive for taking on their enhanced role with its increased responsibility. Respondents often found that they did not receive any additional remuneration above their general salary.
- 4.63 Respondents also referred to structural funding issues which impeded their opportunities to practice as a pharmacist prescriber. We heard that nurse prescribers are less costly to hire than pharmacist prescribers and thus respondents could often be overlooked for opportunities, as employers and doctors would have a financial rationale to select nurse prescribers over their pharmacist equivalents.

“Although I recognise that I have been lucky to have spent 5 hours a week as an independent prescriber, I have not been able to do more despite my efforts. My GP practice see me as being more expensive than a nurse practitioner and while they recognise that I add value to the practice, unfortunately they don'[t] receive any cost benefit from my prescribing savings.”

Independent prescriber, GP Practice, England

- 4.64 Some respondents also identified barriers in terms of inability to obtain financial support to train as a pharmacist prescriber.
- 4.65 When referring to funding as an enabling factor, respondents mentioned: being allowed to access the course; being allowed to run more clinics; and the fact that their prescribing was financially beneficial to the GPs with whom they worked.

- 4.66 Other resource-related aspects on which we received feedback included staffing and existing workload. For example, we heard how a lack of staffing could have an impact on respondents' opportunities to practise as a pharmacist prescriber. An issue was raised in relation to the challenges presented by having to arrange for a second pharmacist to provide a clinical check.
- 4.67 In relation to existing workload, we heard from respondents how this could present difficulties in their attempts to practice as a pharmacist prescriber. Meeting their primary job demands as well as fulfilling their prescribing duties could be challenging.

Opportunities

Key points:

- There seems to be a lack of awareness of the role of pharmacist prescribers, both among some healthcare professionals and among the public. This appeared to be the case particularly in GP practice and community pharmacy settings.
- Many respondents experienced a lack of opportunity to develop their prescribing practice, for example within their workplace. This was linked to the difficulty in establishing the value of the pharmacist prescriber role.

4.68 The theme of opportunities covered the following areas:

- the changing role of pharmacy
- the perceptions of others (regarding the prescriber's role)
- requirements associated with specific roles (e.g. posts asking for applicants to be qualified pharmacist prescribers) and other factors

The changing role of pharmacy

4.69 A number of respondents stated that the likely future changes in the nature of the pharmacy profession and the role played by pharmacists were factors in their decision to undertake the training and become a pharmacist prescriber.

4.70 Respondents saw it as the future of the profession and the future direction of travel overall.

“This is a role for the future. It gives great satisfaction to be using my clinical skills as part of the primary healthcare team.”

Independent prescriber, GP Practice, England

Perceptions of others

4.71 The way in which others, including other health care professionals and patients, perceived pharmacist prescribers was a commonly raised issue among survey respondents.

- 4.72 Respondents felt that there was often a lack of awareness of the role of the pharmacist prescriber.
- 4.73 Some respondents stated that the negative attitudes of their colleagues , such as lack of acceptance or trust, could often act as a barrier in their professional development. The negative perceptions of other non-medical prescribers seemed to be an issue particularly true for those working in community settings and GP practices.
- 4.74 However, other respondents reported positive experiences in relation to the attitudes of their colleagues, patients and the public. They mentioned being seen as integral to the team, as well as being highly valued as an expert in medicines.

“Patients have always been complimentary to me as a prescriber, particularly as I spend more time with them advising on the medication risk / benefits / side effects etc than most medical prescribers are able to. I am careful to prescribe only within my competency. There have been occasions where I have been put under pressure to prescribe a medication but have declined as I did not feel I had enough knowledge on the condition to do so.”

Supplementary and independent prescriber, Primary care organisation, England

Need for pharmacists

- 4.75 Some respondents explained how their decision to become pharmacist prescribers was influenced by an identified need for their specific services, for example, in their local area.
- 4.76 Those who mentioned the need for pharmacists as an enabling factor referred to: target numbers for non-medical prescribers; overall demand; and workforce needs.

Lack of doctors

- 4.77 We heard how shortages of GPs and doctors more generally and a reduced number of junior medical staff could result in greater opportunities for pharmacist prescribers.
- 4.78 The lack of doctors active in a particular area of clinical specialism was highlighted by some respondents as influential in their choice.

“I work in palliative care and oncology. The oncologists are often not on site when patients may need a prescription. It made sense to help to cover the gaps in service provision.”

Supplementary and independent prescriber, Hospital, England

Population health need

- 4.79 Population health need appeared to be a driver for pharmacists when deciding which clinical area to specialise in. Some respondents told us of how a high prevalence of a condition among their local population could drive their choice of an area to train in.
- 4.80 In more general terms, we heard how the context of an ageing population in which prevalence of multi-morbidity was rising, influenced pharmacists to become prescribers.

“Our area has a high percentage of elderly patients 33% and the growing burden of hypertension and related conditions was putting a strain on GP resources. Having an additional clinical professional who could run their own autonomous clinics has helped the practices enormously and over the years has developed according to the needs of the local population.”

Independent prescriber, GP Practice, Wales

“complex patients with multimorbidity and need for holistic pharmaceutical support across interfaces. Prescribing has many aspects - pharmacological, pharmaceutical, adherence (practical/perceptual), transfer of care etc”

Independent prescriber, Care home, England

Job availability and organisational opportunity

- 4.81 Among the responses we received there were a number of factors outside of the respondents’ control that could have an impact on their individual prospects as pharmacist prescribers.
- 4.82 Organisational opportunity and job availability were mentioned by respondents as an enabling factor in their decision to become a pharmacist prescriber. For example, a prescriber role may have arisen in a clinic, or a gap within a service may have emerged. Respondents also mentioned opportunities in terms of a rising volume of patients, a clearly identified client group to prescribe for, and a general need for non-medical prescribers.

“To implement a new service at my hospital where an independent prescribing pharmacist can prescribe the discharge medication for inpatients”

Independent prescriber, Hospital, England

- 4.83 Respondents stated that sometimes opportunities to develop their career emerged in their employing organisation and could define their choice of clinical specialism - for example, the opportunity to run a hypertension clinic at a GP practice. Similarly, respondents mentioned how their choice fitted in with a certain business decision.

“To develop a solid foundation in as many clinical practice areas possible hence general practice was the perfect avenue for this.”

Supplementary and independent prescriber, GP Practice, England

- 4.84 Lacking opportunities was often mentioned by respondents as a barrier. Some respondents outlined how their narrow scope of practice often prevented them from undertaking more prescribing work and how they thought that pharmacist prescribers would benefit from the opportunity to expand their area of practice.
- 4.85 Others cited a more generic lack of opportunities or a lack of willingness from GP practices to employ pharmacist prescribers.

Policy framework

- 4.86 We heard how external policy drivers (such as *Prescription for Excellence*) could be influential in respondents' decision to train as a pharmacist prescriber, but also in their choice of a particular clinical area to train in.

“Enablers - the PfE document demonstrates the importance of pharmacist prescribing as we move forward, and this will hopefully allow a focus on prescribing to provide solutions to the barriers. The solutions will come from more than the prescribers themselves, as the organisations who commission clinic provision, and/or any organisation who delivers it (via a pharmacist prescriber) will require to support the pharmacist prescriber in many of the tricky areas, such as HR.”

Supplementary and independent prescriber, GP Practice, Scotland

- 4.87 The recently initiated NHS pilot to place pharmacists with GPs⁹ was also mentioned as a policy driver which has had an impact on the opportunities for pharmacist prescribing.

“Enablers - the new initiative to get pharmacist prescribers to work with GPs”

Supplementary and independent prescriber, Other setting, England

9 NHS England (2016) Clinical Pharmacists in General Practice Pilot. Available online at <https://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/cp-gp-pilot/>

4.88 A lack of a national strategy was cited as a barrier to pharmacist prescribing.

“main barrier is the lack of a national strategy to involve pharmacist prescribers as part of a multidisciplinary team”

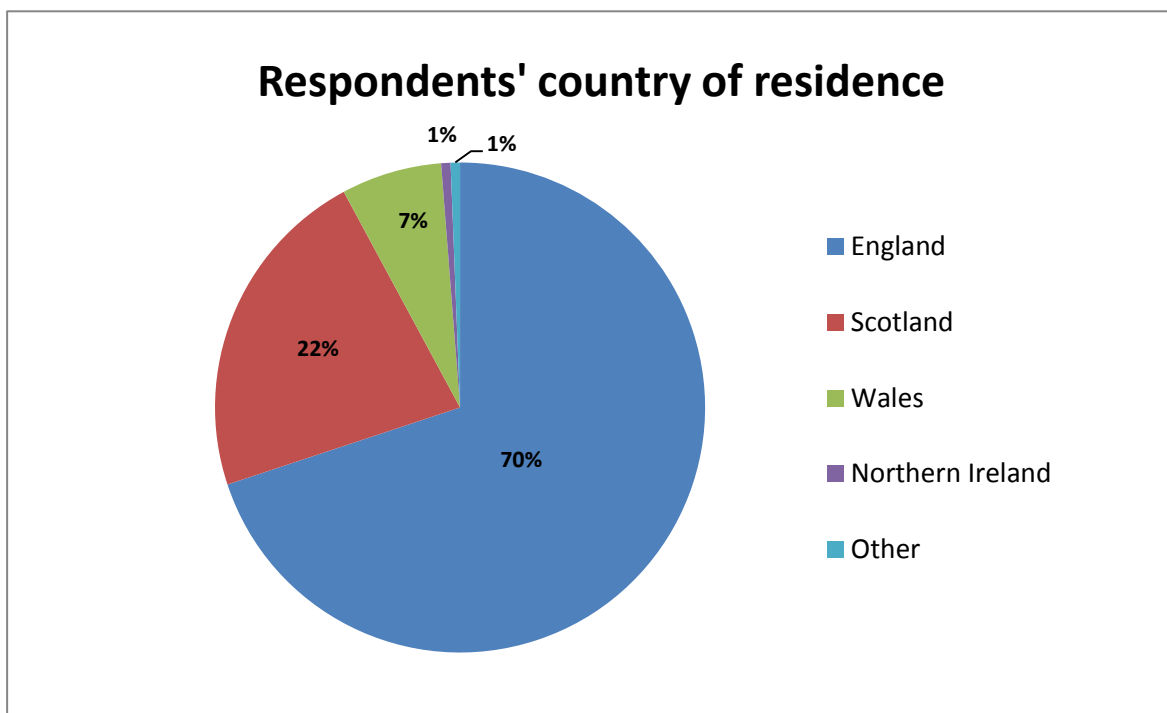
Independent prescriber, Community Pharmacy, Scotland

5 Who we heard from

5.1 This section of the report addresses the responses to the closed questions included in the survey, as well as some of the more structured open-ended questions. Reporting broadly follows the order in which the questions were asked, beginning with a demographic account of the prescribers who responded to the survey, before moving on to questions pertaining to aspects of prescribing practice.

Geographical location of respondents

5.2 Of the 648 prescribers who responded to this question, the large majority (circa 70 per cent) lived in England. More than one fifth of respondents (22 per cent) lived in Scotland, while around seven per cent lived in Wales. A few respondents lived in Northern Ireland, the Isle of Man, or abroad.

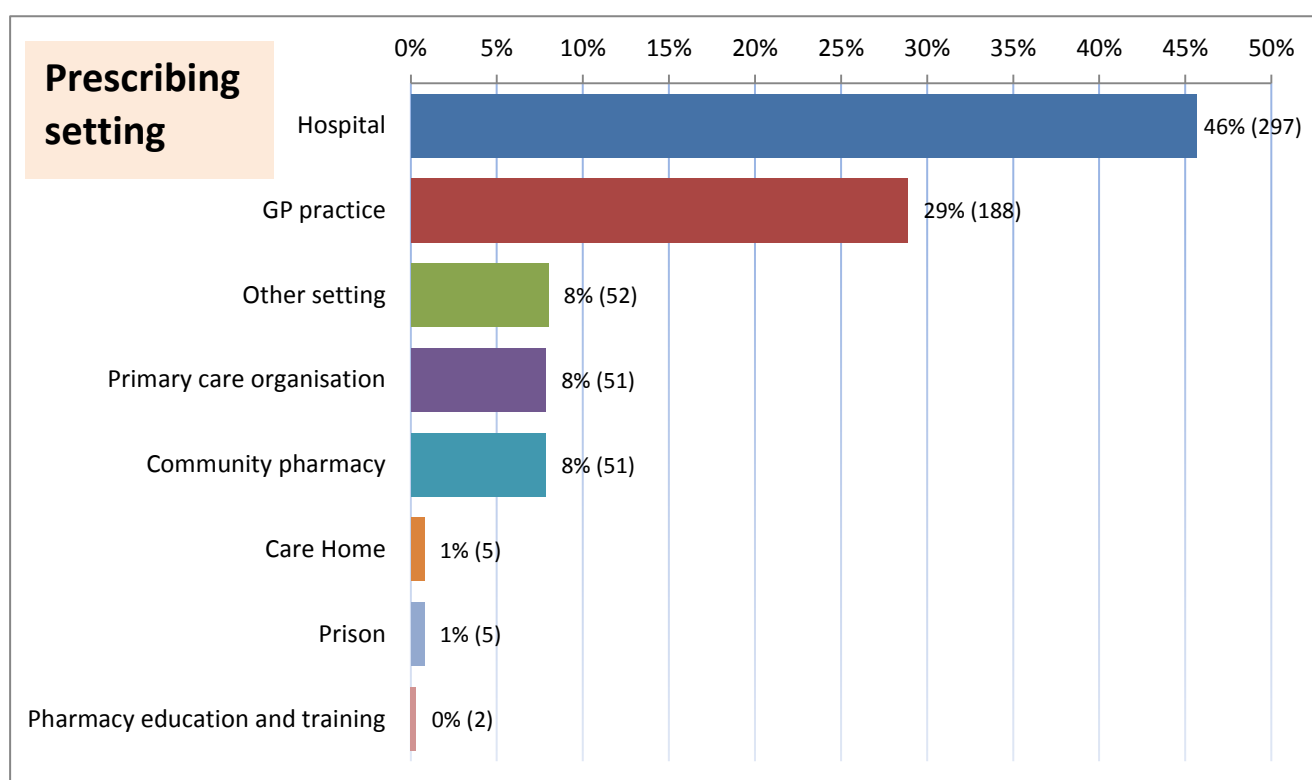


Base: 648 respondents

** Please note that all percentages in the graphs have been rounded to the nearest whole number.*

Professional setting

- 5.3 Almost half of respondents (over 45 per cent) primarily prescribed in a hospital setting. Just under 30 per cent indicated working in a GP practice.
- 5.4 Eight per cent of respondents worked in a primary care organisation. The same percentage prescribed primarily in a community pharmacy setting.
- 5.5 A further eight per cent indicated working in other settings. Among the latter group, there were a number of people prescribing in substance misuse settings (drug and/or alcohol) and a few prescribing in community services, or in multiple settings. There were also quite a few people who indicated working in other settings but did not currently prescribe, or no longer prescribed.

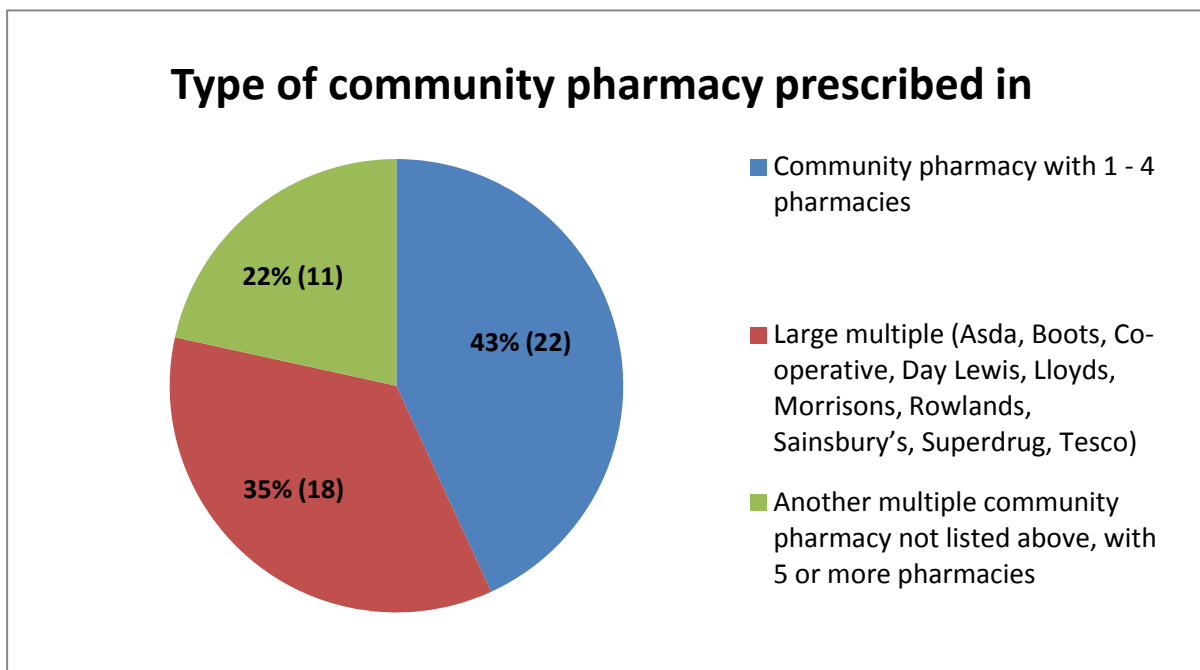


Base: 651 respondents

** Please note that all percentages in the graphs have been rounded to the nearest whole number.*

Community pharmacy type

- 5.6 Of the 51 respondents who prescribed in community pharmacy, 22 worked in a community pharmacy with 1-4 pharmacies. A slightly lower number of respondents – 18 – worked in one of the top 10 large multiples (Asda, Boots, Co-operative [the former name of Well Pharmacy], Day Lewis, Lloyds, Morrisons, Rowlands, Sainsbury's, Superdrug, Tesco). Around a fifth worked for another multiple community pharmacy with 5 or more pharmacies.



Base: 51 respondents

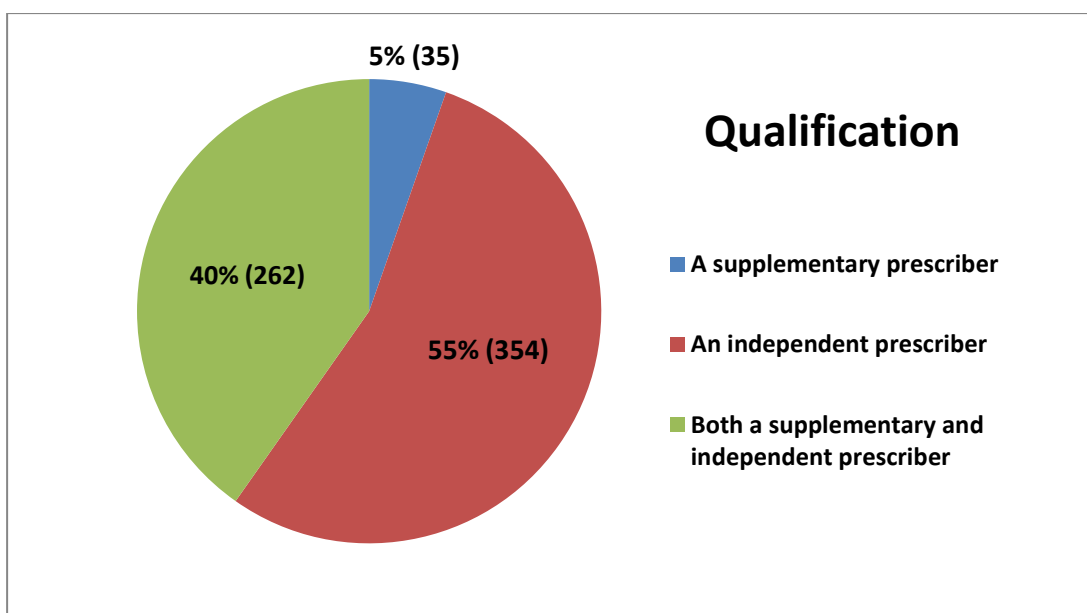
** Please note, all percentages in the graphs have been rounded to the nearest whole number.*

Hospital type

5.7 Almost all respondents who prescribed in a hospital setting worked in an NHS hospital / clinic (295 out of 297 respondents). Only two respondents did so in a private hospital / clinic.

Prescriber qualification type

5.8 More than half of the 651 respondents (54 per cent) were qualified as independent prescribers, while around 40 per cent were qualified as both an independent and a supplementary prescriber. Only around five per cent were qualified just as a supplementary prescriber.



Base: 651 respondents

** Please note that all percentages in the graphs have been rounded to the nearest whole number.*

Length of time as an independent prescriber

- 5.9 Around three-quarters of all independent prescribers had been registered as such for between 1 and 6 years. Of those, around 40 per cent had been independent prescribers for between 1 and 3 years, and around 35 per cent had been independent prescribers for between 4 and 6 years.
- 5.10 Almost 14 per cent had only been independent prescribers for under a year.
- 5.11 Just below 12 per cent of independent prescribers had been registered as such for between 7 and 9 years.

How long have you been an independent prescriber?	
Less than a year	49 (14%)
1 – 3 years	141 (40%)
4 – 6 years	124 (35%)
7 – 9 years	40 (12%)
Base (total)	354 (100%)

** Please note, all percentages in the tables have been rounded to the nearest whole number.*

- 5.12 For those who indicated being both an independent and a supplementary prescriber, it was most common to have been an independent prescriber for between 4 and 9 years (nearly three quarters of respondents). Around a fifth had been independent prescribers for between 1 and 3 years.
- 5.13 Around half of the respondents who were both an independent and supplementary prescriber (47 per cent) had been a supplementary prescriber for between 7 and 10 years. There was large variation in how long the remainder of them had been supplementary prescribers for.

Length of time as a supplementary prescriber

How long have you been a supplementary prescriber?	
3 - 4 years	1 (3%)
5 - 6 years	4 (11%)
7 - 8 years	11 (31%)
9 - 10 years	12 (34%)
11 - 12 years	7 (20%)
Base (total)	35 (100%)

** Please note that all percentages in the tables have been rounded to the nearest whole number.*

Intention to train as an independent prescriber

- 5.14 A small number of survey respondents were supplementary prescribers (only 35). Two-thirds of these had been a supplementary prescriber for between 7 and 10 years, and a fifth had been supplementary prescribers for between 11 and 12 years.
- 5.15 A handful of respondents had been on the register as supplementary prescribers for between 3 and 6 years. None of the respondents had been a supplementary prescriber for less than 3 years, but this is not surprising as the course for supplementary prescribers is no longer available.
- 5.16 Around a half of supplementary prescribers (16/35) were not considering becoming independent prescribers, while 13 of them were planning to do so.

Time on the register prior to becoming a prescriber

- 5.17 Over 35 per cent of the 651 respondents had been on the register for between 10 and 19 years before their first annotation as a pharmacist prescriber. Around a fifth had been on the register even longer – between 20 and 29 years.
- 5.18 Around a fifth had been on the register between 7 and 9 years, while around a sixth had been registered as a pharmacist for between 4 and 6 years.
- 5.19 There were small numbers of respondents who had been on the register for a very long (i.e. 30 years or more) or a very short period of time (i.e. between 2 and 3 years), before applying for their first annotation.

How long were you on the register as a pharmacist before you obtained your (first, if applicable) annotation as a pharmacist prescriber?

2 – 3 years	27 (4%)
4 – 6 years	102 (16%)
7 – 9 years	129 (20%)
10 – 19 years	231 (35%)
20 – 29 years	137 (21%)
30 years or more	25 (4%)
Base (total)	651 (100%)

** Please note that all percentages in the tables have been rounded to the nearest whole number.*

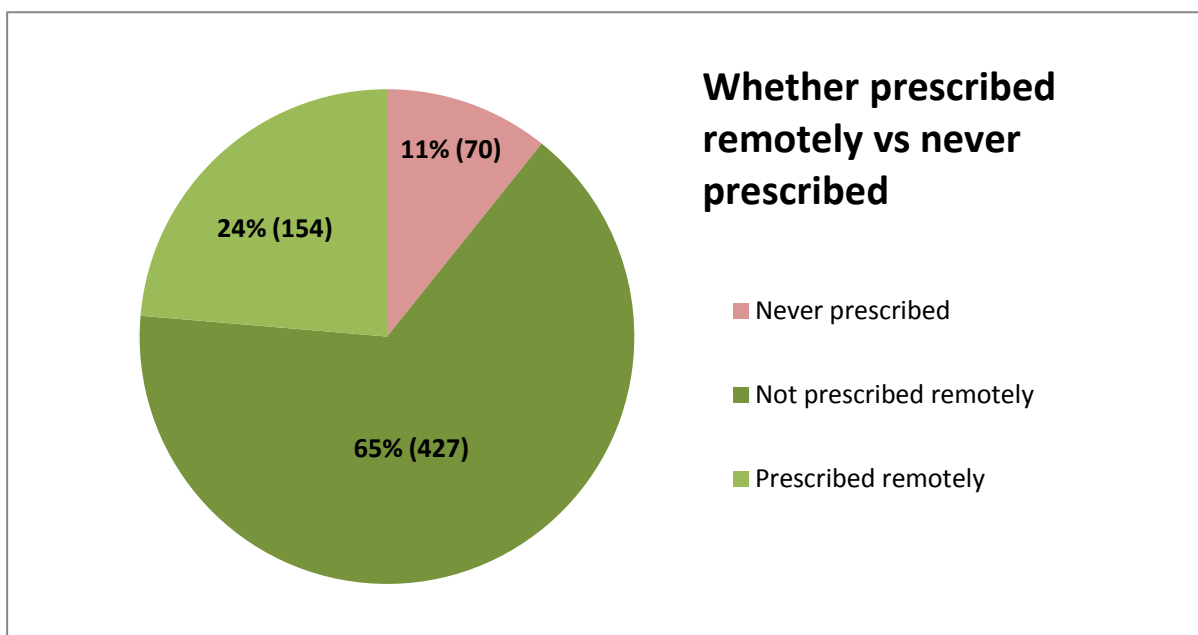
Prescribing practice

- 5.20 The majority of respondents (60 per cent) had not specialised in any new clinical areas. The remaining 40 per cent had done so.
- 5.21 The vast majority of respondents (nearly 90 per cent) had prescribed. The remaining 11 per cent hadn't.

- 5.22 The percentage of those who had prescribed is higher compared to that reported in our 2013 registrant survey. At the time only three quarters (74 per cent) of prescribers had prescribed at some point since their annotation¹⁰.

Prescribing remotely

- 5.23 Over a quarter of those who had prescribed (154/581), had experience of prescribing remotely.
- 5.24 The majority of respondents, however, had not done so at the time of the survey (around 73 per cent).
- 5.25 For the majority of the 154 respondents who had prescribed remotely, this was done over the telephone (77 per cent). Nearly a tenth had prescribed online.



Base (Have you ever prescribed?): 651

Base (Have you ever prescribed for a patient remotely?): 581

** Please note that all percentages in the graphs have been rounded to the nearest whole number.*

¹⁰ It should be noted that the registrant survey had a much higher response rate among prescribers – circa 62 per cent, whereas only around 17 per cent of all prescribers on the register responded to the prescriber survey hereby discussed. Also, it could be assumed that those directly involved in prescribing could have self-selected themselves for responding to this survey, while the reach and scope of the 2013 one was broader, and therefore less prone to a self-selection bias.

Frequency of prescribing

5.26 When asked how often they prescribed, over 40 per cent of the 581 respondents reported prescribing every day. Around a third prescribed at least once a week (34 per cent). Around 14 per cent prescribed at least once a month or less frequently. Around a tenth of respondents were no longer prescribing.

Which one of the following options best describes how often you prescribe?	
Every working day	241 (41%)
At least once a week	198 (34%)
At least once a month	53 (9%)
Less frequently	28 (5%)
No longer prescribing	61 (11%)
Base (total)	581 (100%)

** Please note that all percentages in the tables have been rounded to the nearest whole number.*

Number of patients prescribed for

5.27 Nearly a third of respondents (154/518) prescribed for 5 or fewer patients in a typical week. A quarter of prescribers prescribed for between 6 and 10 patients a week. Around 17 per cent of respondents prescribed for between 11 and 20 patients in a typical week. Around a tenth prescribed for between 21 and 30 patients in the same time period. Under a fifth of respondents (18 per cent) prescribed for over 30 patients per week.

How many patients do you prescribe for in a typical week?	
5 or fewer	154 (30%)
6-10	129 (25%)
11-20	86 (17%)
21-30	56 (11%)
31-40	31 (6%)
41-50	16 (3%)

More than 50	46 (9%)
Base (total)	518 (100%)

** Please note that all percentages in the tables have been rounded to the nearest whole number.*

Volume of items prescribed

5.28 Over a quarter of respondents (26 per cent) prescribed 5 or fewer items in a typical week. Respondents were pretty much equally split between those prescribing 6-10 items per week (19 per cent), 11-20 items per week (19 per cent), and those prescribing over 50 items per week (18 per cent). The same combined proportion of respondents (18 per cent) prescribed between 21 and 50 items weekly (21-30 (9 per cent), 31-40 (6 per cent) and 41-50 (3 per cent) items).

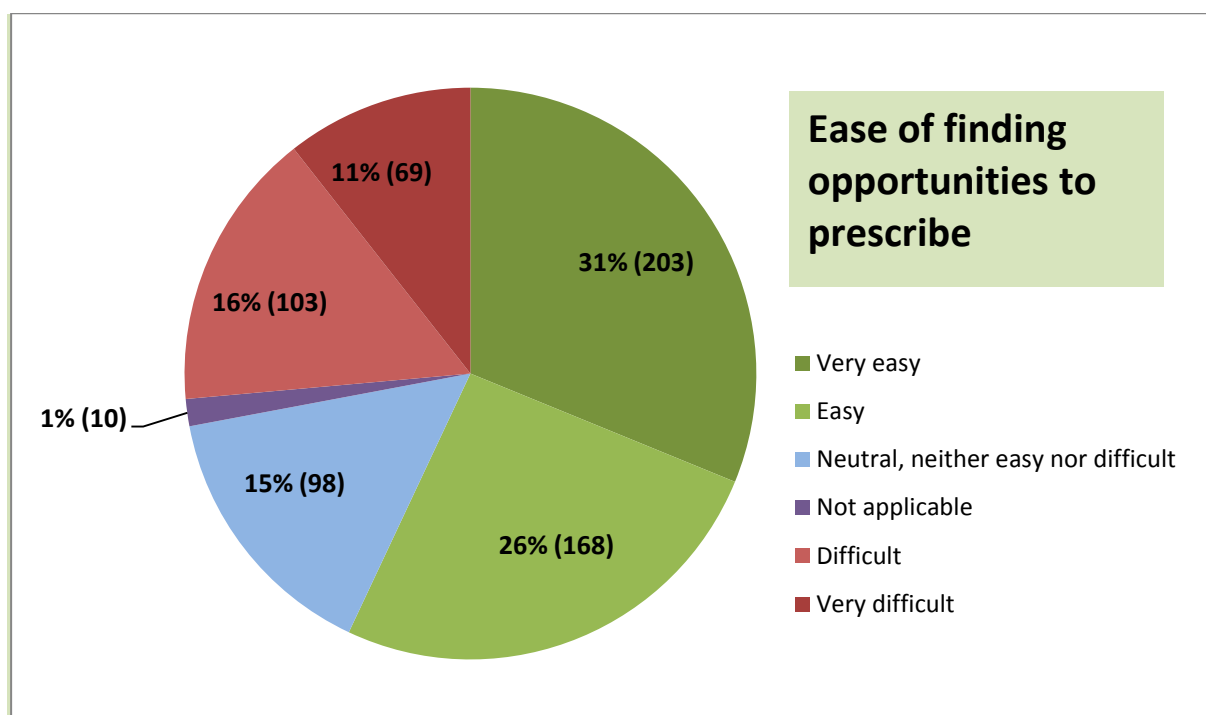
How many items do you prescribe in a typical week?	
5 or fewer	134 (26%)
6-10	97 (19%)
11-20	96 (19%)
21-30	48 (9%)
31-40	31 (6%)
41-50	17 (3%)
More than 50	93 (18%)
Base (total)	516 (100%)

** Please note that all percentages in the tables have been rounded to the nearest whole number.*

Opportunities to prescribe

5.29 The majority of respondents (57 per cent) found it either easy or very easy to find opportunities to prescribe. Over a quarter of respondents (26 per cent), however, found it difficult or very difficult. Around a sixth of respondents thought that finding such opportunities was neither easy, nor difficult.

It appeared that finding opportunities to prescribe was more difficult for those working in community pharmacy and in “other settings”, compared to those working in hospitals and GP practices.



Base: 651 respondents

** Please note that all percentages in the graphs have been rounded to the nearest whole number.*

Keeping prescribing knowledge and skills up to date

5.30 In one of the survey questions we asked prescribers how they kept their prescribing knowledge and skills up to date. Below are some of the main areas that emerged from analysis of the responses to this specific question.

CPD

- 5.31 A large number of respondents (just under 40 per cent) mentioned continuing professional development (CPD) as one element they used to keep their prescribing skills up to date.
- 5.32 The majority of these respondents referred to their regular mandatory CPD activities. However, some talked about self-directed learning or self-driven CPD instead. There were a few mentions of the fact that this was carried out in respondents' own time, due to work pressures and no structured support or training available for this.
- 5.33 When referring to their CPD, a small number of respondents reported focusing on their speciality or their area of interest.

Reading and horizon-scanning

- 5.34 Reading was frequently mentioned as a way of keeping up to date with prescribing knowledge and skills. Just under 40 per cent of respondents mentioned reading relevant journal articles, papers and books.
- 5.35 However, just under a fifth also mentioned reading clinical guidelines (e.g. NICE) and keeping abreast of clinical trial results, product information and safety alerts.
- 5.36 Respondents often subscribed to newsletters and updates on these that they received automatically by email. Others would actively check websites that they found interesting.

Training and events

- 5.37 Over a quarter of respondents talked about attending training sessions, courses and workshops – either internally- or externally-provided.
- 5.38 Online modules, distance learning modules and webinars were also popular as a way for refreshing one's knowledge and skills.
- 5.39 Respondents also frequently attended conferences, symposia and industry events, as well as different meetings. These included regular meetings in their workplace, meetings with peers (e.g. non-medical prescribers meetings) or meetings with the multi-disciplinary team.
- 5.40 Around six per cent of respondents mentioned study days as an opportunity to update and develop their skills and knowledge.
- 5.41 A smaller percentage of respondents took formal education and training, such as a university course.
- 5.42 Around five per cent of respondents were keeping their knowledge and skills up to date by providing training and teaching themselves. Some wrote or edited websites and books.

Practice

5.43 Just under a fifth of respondents kept their knowledge and skills up to date through their normal work practice, which included regular prescribing and review of patient cases. Some of these respondents talked about reflective practice – reflection and self-audit of their own work.

Communication: peer discussion, mentoring, networking

5.44 Just under a third of respondents had peer review and peer discussion embedded in their practice. This allowed them to meet with their colleagues on a regular basis and to discuss patient cases, incidents, etc.

5.45 Around a sixth of respondents participated in some form of group learning – often in prescriber networks and fora, or as part of their work in a multi-disciplinary team.

5.46 A smaller number of respondents indicated their general networking with colleagues as a way of keeping their knowledge and skills up to date.

5.47 Some respondents were part of professional groups and specialised groups or associations (e.g. Royal Pharmaceutical Society, UK Clinical Pharmacy Association, etc.), which allowed them to keep on top of their knowledge and skills.

5.48 Other ways of keeping up to date with knowledge and skills, which similarly involved communication and joint working with other non-medical prescribers, clinicians and nurses, included:

- Participating in ward rounds and audits
- Receiving or providing mentorship, appraisals or clinical supervision
- Shadowing colleagues
- Receiving feedback from colleagues and other healthcare professionals, and/or from users

Resources and support tools for pharmacy prescribing

5.49 One of the initial objectives of the survey was to find out if further guidance was needed in the area of prescribing practice. In the first instance, respondents were asked what tools they use in their practice as a prescriber.

5.50 Respondents listed a wide variety of information sources they used, ranging from guidance on clinical specialisms, to formularies, different decision making tools and information and advice from other health professionals.

5.51 The British National Formulary was, perhaps expectedly, mentioned most frequently. Guidance from the National Institute for Health and Clinical Excellence (NICE) was also commonly mentioned, the Clinical Knowledge Summaries in particular. Guidance local to the trust, health board or clinical commissioning group

relevant to the prescriber's practice also came up frequently as did guidance on specific clinical specialisms, such as HIV guidelines by the British HIV Association or the Renal Drugs Handbook or Database.

5.52 Guidance and advice were also commonly sought from other health professionals, including doctors and medicines information teams.

5.53 In addition, different reference sources for drug information (such as Stockley's Drug Interactions, and electronic Medicines Compendium (eMC) / Medicine Summary of Product Characteristics) were mentioned, as well as electronic prescribing tools such as calculators or tools supporting decision making.

Clinical Guidance

5.54 Respondents were also asked whether they had sufficient levels of access to different clinical and legal guidance.

5.55 On clinical guidance, the view of 92 per cent of respondents was that there was either *sufficient* (70 per cent) or *somewhat sufficient* (22 per cent) access to this type of guidance.

Degree of access	Percentage
Insufficient	1%
Somewhat insufficient	3%
Neither insufficient or sufficient	4%
Somewhat sufficient	22%
Sufficient	70%
Total	100%

Base: 513 respondents

Legal Guidance

- 5.56 On legal guidance, the view of 73 per cent of respondents was that there was either *sufficient* (43 per cent) or *somewhat sufficient* (30 per cent) access to legal guidance.
- 5.57 It should be noted that access to certain types of guidance, in particular ones requiring paid subscription, was raised as an issue by a small proportion of respondents.

Degree of access	Percentage
Insufficient	3%
Somewhat insufficient	9%
Neither insufficient or sufficient	15%
Somewhat sufficient	30%
Sufficient	43%
Total	100%

Base: 518 respondents

Resources and support tools that would be helpful

- 5.58 Finally, we also asked about any further resources or support tools that prescribers might find helpful, as opposed to clinical or legal guidance.
- 5.59 A significant proportion of respondents commented on the need for and importance of peer support and mentoring, in one form or another. Overall, it was recognised that working in isolation can be problematic and that having a network of peers, for example working in the locality or in the same speciality, could benefit individuals' practice.
- 5.60 Given there is such a vast number of guidelines, handbooks and tools relevant to prescribing, it is perhaps not surprising that there were many requests for a central repository of these resources or some method of signposting prescribers to up to date reference sources.
- 5.61 Many respondents mentioned existing resources and tools which often require a paid subscription, and commented that access to these is an issue and something that could be improved.
- 5.62 It appeared that further clarity on how to decide what is within competency and how to expand one's scope of prescribing practice was needed.
- 5.63 Many respondents also mentioned case studies of ethical dilemmas relevant to prescribing as something that would be useful to reflect on. Although no specific scenarios or issues stood out in particular, some situations were mentioned a few times, such as: dealing with vulnerable patients; being asked to prescribe for another prescriber's patient; or overriding another prescriber's decision.
- 5.64 There were also some practical issues and difficulties to do with prescribing that were mentioned on a few occasions, such as: prescribing remotely; prescribing unlicensed or off-label medicines; access to and use of prescribing tools; and managing the impact of restrictive formularies or policies on prescribing. There were also a few mentions of guidance needed in relation to specific settings, such as prisons and care homes.
- 5.65 Finally, in terms of resource and support that would be beneficial, respondents mentioned the following: refresher training after breaks in practice, or between initial training and taking up practice; and also support to develop clinical skills, such as physical examination and diagnostic skills.

6 Conclusions/ Next steps

- 6.1 We now have a much better picture of how prescribers are using their qualification, which gives us some cause for optimism. We were encouraged to hear that in general, respondents were very satisfied with having trained as prescribers and the enhanced roles that they have as a result. Overall participants reported positively on their experience as pharmacist prescribers and found this motivating, satisfying as well as career enhancing.
- 6.2 We heard that the organisational culture as well as the more immediate environment – for example, working in a multidisciplinary team – can play an important role both in enabling and acting as a barrier to prescribing practice. While many had positive experiences, some respondents had encountered a lack of awareness of the pharmacist prescriber role.
- 6.3 Funding was also frequently mentioned as an issue – with lack of funding for posts, or training, to run clinics or to provide primary care services, qualified prescribers can find it difficult to find opportunities to practice. The GPhC will share the findings of this research with commissioners and funders, professional bodies, as well as other stakeholders across Great Britain, so that they are aware of the opportunities, as well as the barriers.
- 6.4 A number of the findings will directly feed into a review of independent prescribing standards and requirements, including course design and content, as well as an important and pressing review into the role of the designated medical practitioner.
- 6.5 As part of their independent prescribing training course, pharmacists must also successfully complete at least 12 days of learning in a practice environment whilst being mentored by a medical practitioner. This practical learning focuses on a specific clinical area dependent on the setting as well as the specialism of the designated medical practitioner. Often placements are in an area in which the pharmacist already practises – indeed many respondents said this had been a deciding factor in choosing the clinical area in which they did their practical learning.
- 6.6 There were mixed views on the matter - a few respondents had a perception that undertaking the practical training within the independent prescribing course in one clinical area could be restrictive. However, when it came to practice, respondents often valued having a defined scope and felt it was necessary to develop skills and have confidence in a clinical specialism in order to find opportunities to practise.
- 6.7 Some respondents highlighted how pharmacists are by background generalists and how their vast knowledge and expertise in medicines should be used more widely, for the benefit of patients. In this respect, some respondents argued how their knowledge was being underutilised.

- 6.8 'Generalist' prescribing in settings such as A&E might indeed be an area in which more and more pharmacist prescribers could work in the future and it was clear from a number of respondents that they prescribe more generally, rather than in a limited number of specialist areas.
- 6.9 We would like to emphasise that the IP training prepares pharmacist to prescribe, rather than specialises them in a specific clinical area. Once annotated the pharmacist independent prescriber may prescribe autonomously for any condition within their clinical competence. Indeed, 40% of respondents had moved beyond the clinical area their prescriber training was in.
- 6.10 We will also need to explore the issue around possible lack of confidence and clinical expertise, particularly in the early days of qualifying as a prescriber, and to make sure that the design of IP courses addresses this. The current MPharm syllabus does have more focus on clinical skills and so this should be less of an issue for newly qualified pharmacists.
- 6.11 There was no overwhelming desire for additional guidance, but respondents reported using a variety of resources, support and guidance in their prescribing practice. However, there are some gaps and opportunities to communicate existing resources better including resources easily accessed online. Again, the GPhC will be sharing these findings with different stakeholders so that any gaps are addressed and resources are signposted better.
- 6.12 We were also encouraged that prescribing is embedded in the practice and continuing professional development of the majority of prescribers. Utilisation of knowledge and skills on a regular basis, as well as undertaking development activities, provides further assurance that non-medical prescribing practice is both safe and effective. It is particularly noted that interaction with peers is a powerful tool used by pharmacist prescribers to keep their knowledge and skills up to date. Peer discussion is an area which we are exploring in our development of new requirements to further assure standards throughout pharmacy careers.

Appendix

Survey questionnaire

The aim of this survey is to gain a better understanding of current prescribing practice. We are keen to understand the extent to which pharmacists are prescribing, where prescribing takes place, the barriers and enablers to prescribing and the resources that pharmacist prescribers use.

This survey may take you around 30 minutes to complete. As there are several open ended questions you may want to find somewhere quiet away from the workplace, and set aside some time, to complete this survey.

You may complete this survey without providing your contact details, (at the end), if you prefer.

About you:

1. Where do you live?

England
Scotland
Wales
Northern Ireland
Other (please specify)

2. Please choose the option below which best describes the setting in which you primarily prescribe

Community pharmacy
Hospital
GP practice
Care Home
Pharmaceutical industry
Pharmacy education and training
Primary care organisation
Prison
Other setting

3. What kind of community pharmacy do you primarily prescribe in?

Large multiple (Asda, Boots, Co-operative, Day Lewis, Lloyds, Morrisons, Rowlands, Sainsbury's, Superdrug, Tesco)
Another multiple community pharmacy not listed above, with 5 or more pharmacies
Community pharmacy with 1 - 4 pharmacies

4. What kind of hospital do you primarily prescribe in?

NHS hospital / clinic
Independent / private (non-NHS) hospital / clinic

About your qualification:

5. Are you qualified as:

An independent prescriber
A supplementary prescriber
Both a supplementary and independent prescriber

6. How long have you been an independent prescriber?

Less than a year
1 – 3 years
4 – 6 years
7 – 9 years

7. How long have you been a supplementary prescriber?

- Less than 1 year
- 1-2 years
- 3-4 years
- 5 - 6 years
- 7 - 8 years
- 9 - 10 years
- 11 - 12 years

8. Are you planning to become an independent prescriber?

- Yes
- No
- I don't know

9. How long have you been a supplementary prescriber?

- Less than 1 year
- 1-2 years
- 3-4 years
- 5 - 6 years
- 7 - 8 years
- 9 - 10 years
- 11-12 years

10. How long have you been an independent prescriber?

- Less than a year
- 1 – 3 years
- 4 – 6 years
- 7 – 9 years

11. How long were you on the register as a pharmacist before you obtained your (first, if applicable) annotation as a pharmacist prescriber?

- 2 – 3 years
- 4 – 6 years
- 7 – 9 years
- 10 – 19 years
- 20 – 29 years
- 30 years or more

About your training and development:

12. Why did you decide to train as a prescriber?

13. Which area of clinical practice did you train in?

14. If there were specific reasons you chose your area of clinical practice please tell us about these.

15. How do you keep your prescribing knowledge and skills up to date?

16. Have you specialised in any new clinical areas?

- Yes
- No

17. If you have specialised in any new areas of clinical practice, what are they?

About your prescribing practice:

18. Have you ever prescribed?

Yes

No

19. Which areas of clinical practice do you prescribe in, or have you previously prescribed in?

20. Have you ever prescribed for a patient remotely, for example online or over the telephone?

Yes

No

Other (please specify)

21. Can you tell us if it was:

Online

Over the telephone

Other, please describe

22. Which one of the following options best describes how often you prescribe?

No longer prescribing

Every working day

At least once a week

At least once a month

Less frequently

23. If you ticked "less frequently", please describe:

24. How many patients do you prescribe for in a typical week?

5 or fewer

6-10

11-20

21-30

31-40

41-50

More than 50

25. How many items do you prescribe in a typical week?

5 or fewer

6-10

11-20

21-30

31-40

41-50

More than 50

Resources, support tools and guidance:

26. Do you use any resources or support tools to help you in your role as a prescriber? If so, please give a brief description below.

27. There are different types of guidance that might assist you in your role as a pharmacist prescriber. Guidance can be categorised into the following different types:

- Clinical - clinical reference sources that give evidence-based factual information about medical conditions, and /or the use of medicines.
- Legal – information on the legal requirements and restrictions on prescribing and prescriptions.

To what degree do you have sufficient access to these?

Clinical

Insufficient
Somewhat insufficient
Neither insufficient nor sufficient
Somewhat sufficient
Sufficient

Legal

Insufficient
Somewhat insufficient
Neither insufficient nor sufficient
Somewhat sufficient
Sufficient

28. Can you tell us about any situations where you have needed prescribing guidance that doesn't relate to clinical situations or the law?

29. In the box below, can you suggest any further resources or support tools which you think would assist a pharmacist prescriber?

Enablers and barriers:

30. How easy was it for you to find opportunities to prescribe?

Very easy
Easy
Neutral, neither easy nor difficult
Difficult
Very difficult
Not applicable

31. Barriers are the things that stop, stand in the way of or stifle the pharmacist's ability to prescribe. Enablers are the opposite of this, and are the things that encourage or help a pharmacist to prescribe. Some things could act as either a barrier or an enabler, for example: working environment, experience, or education and training.

What are the barriers and enablers to prescribing?

32. Is there anything else you would like to tell us about your experience as a pharmacist prescriber?

About you - personal details:

You may submit this survey without providing your contact details, if you prefer.

33. Contact details

Name
Address
Address 2
City/Town
State/Province
ZIP/Postal Code
Country
Email Address