

Supervising pharmacist independent prescribers in training

Summary of responses to the discussion paper

Introduction

1. Two of the General Pharmaceutical Council's core activities are setting standards for the (initial) education and training of pharmacy professionals and quality assuring courses leading to registration or annotation. Currently, we are in the middle of a significant review of all our education standards, as stated in our *Strategic Plan 2017-2020*.
2. One set of standards due to be reviewed in 2017 is for the education and training of pharmacist independent prescribers and a key part of those standards relates to the practice supervision of pharmacist independent prescribers in training.
3. Currently pharmacist independent prescribers in training are supervised by a medic, a designated medical practitioner, and we want to explore whether that role can be extended to other independent prescribers. This report is the summary of responses to a discussion paper about that issue.

About this report

4. In November 2016 we published a discussion paper, *Supervising pharmacist independent prescribers in training*, for consideration. The discussion period ran for eight weeks and closed on 1 February 2017.
5. In developing our proposals, we took into account feedback we received on our discussion paper *Tomorrow's pharmacy team* (2015) and the *Prescribers Survey Report* (2016).
6. The discussion paper was set out in two parts to test our thinking on:
 - a. three core reasons for changing the current supervision requirements for pharmacist independent prescribers in training (see box below); and
 - b. four measures that we proposed should be put in place if supervision rights are extended (again, see box below).

Three core reasons for changing the current supervision requirements for pharmacist independent prescribers in training:

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

Four measures should be put in place if supervision rights are extended:

- Supervisors must have worked in the area in which a pharmacist independent prescribers in training wishes to learn to prescribe before becoming their supervisor
- Supervisors must be trained for the role before they begin
- Supervisors must be mentored for a period of time
- Course providers must support supervisors throughout their time as supervisors linked to an accredited course

7. The discussion paper asked five questions to test our proposals. In addition to responding with binary answers, we asked people to share their views in free-text responses in order to secure as wide-ranging feedback as possible.
8. This report sets out the themes we identified in responses, in order of the questions asked in the discussion paper. The questions are listed below.

Question 1: Do you think that current supervision requirements should be changed for these reasons?

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

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

Question 4a: Do you agree these are the right measures?

Question 4b: Should there be any other measures?

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

How we engaged

9. The discussion paper was published on our website with an online survey that was also available in hard copy, and was shared with key stakeholders. We used social media to raise awareness of the discussion paper among patients and the public, pharmacy professionals, current prescribers, current supervisors, trainees, representative bodies, and education and health service organisations across England, Scotland, Wales and Northern Ireland.

Who we heard from

10. We received 576 responses to the discussion paper. The majority (88 per cent) were submitted by individuals.
11. Many individual respondents were pharmacy professionals, working in community pharmacy, primary care or hospital settings; however fifty people (10.5 per cent) said they worked in 'other' settings within pharmacy. Having investigated this designation further, it is apparent that 'other' was often selected where a respondent practises in more than one sector.
12. A table of respondent data is included in Appendix A and the list of organisations we heard from is listed in Appendix B.

What we heard

13. The questionnaire comprised five questions with binary answers and comments requested. Responses to the discussion paper questions were analysed using an iterative coding process that identified themes. Collated response data is included in Appendix C.
14. In the following sections we report the degree of agreement or disagreement with the questions and summarise the themes that emerged.

Question one responses

15. The discussion paper set out three core reasons for changing the current supervision requirements for pharmacist independent prescribers in training, and question one asked:
 - *“Do you think current supervision requirements should be changed for these reasons?”*
16. We received 571 responses to this question, and 365 comments.
17. The majority (76 per cent) agreed that it is right in principle to extend supervision rights to experienced non-medical prescribers. Individuals were 75 per cent in favour, and organisations even more so, with 90.5 per cent in agreement. Those respondents identifying as representing pharmacy organisations were overwhelmingly in favour, with 97.5 per cent supporting the reasons for change.
18. In agreeing with our case for changing current arrangements, respondents emphasised the following points that also recurred in responses to questions two and three:
 - Respondents thought that if experienced healthcare professionals (pharmacists, in particular) have attained a prescribing annotation they should be able to act as supervisors to pharmacist independent prescribers in training because they have relevant skills and knowledge.
 - Health services will benefit from increased prescribing capacity by allowing a greater number and wider range of non-medical prescribers. Respondents often said that greater flexibility to meet demands and opportunities in different practice settings would benefit the pharmacy profession, health services and patients, and was in keeping with the drive for enhanced use of the multi-professional workforce.
 - Pharmacists wanting to train will benefit if there are a greater number of experienced prescribers to act as supervisors, as they will be able to join an independent prescribing course with a supervisor

from another profession (or their own), rather than being limited to designated medical practitioners as they are currently.

- Many respondents acknowledged the difficulty of finding a designated medical practitioner to supervise pharmacist independent prescribers in training. Respondents discussed their experience as pharmacists seeking to join an independent prescribing course but being unable to find a supervisor who was willing to take on the extra burden.

19. Many people replied to question one with further comments to explain their binary responses. In doing so, they raised themes that recurred in responses to other questions. These common points are presented in the bullet points below.

- Many respondents highlighted the benefit to both the trainee and the pharmacy profession of multi-professional working and training, which allows exposure to different perspectives as well as the exchange of diverse expertise and knowledge.
- Many respondents wanted designated medical practitioners to continue their involvement in supervision in some way, because of their unique training and experience. Working with a designated medical practitioner was believed to provide the trainee with exposure to a broader range of healthcare considerations and interactions with patients. By contrast, they felt working with a pharmacist as supervisor may risk a solely medicines management perspective.
- Some respondents thought the designated medical practitioner should continue to be the supervisor responsible for oversight and sign-off, while others thought a mandatory period with designated medical practitioners (in particular in regard to clinical skills) should be retained even if supervision rights are extended.
- Many respondents agreed that supervisors should be actively using their prescribing expertise but queried what 'appropriate' experience and training for all supervisors should be.
- Quality assurance of supervisor competence was considered crucial.

20. Most respondents who said they did not agree with question one provided comments to explain their views. Broad themes are set out below:

- Some respondents thought that non-medical prescribers are more limited in their training and that trainees need the broader experience and knowledge they gain from designated medical practitioners, particularly in regard to patient-focus, clinical assessment and diagnosis.
- Some respondents thought non-medical prescribers did not have sufficient depth or breadth of experience using their independent prescribing skills, or were concerned about whether they had appropriate training.

21. A few respondents specifically commented that increasing capacity in courses to meet service demands should not be a reason to change supervision requirements for pharmacist independent prescribers in training. They argued that the rationale for change should be based on non-medical prescribers having appropriate qualifications, skills and experience in prescribing and supervision, rather than on meeting demand.

Question two responses

22. This question explored views on extending supervision to experienced pharmacist independent prescribers.
 - *“Do you agree that supervision rights should be extended to experienced pharmacist independent prescribers?”*
23. We received 566 responses to this question, and 328 comments.
24. There was strong support for extending supervision to experienced pharmacist independent prescribers (79.5 per cent overall). Individuals were 76.5 per cent in favour. For the 94 per cent of organisations that agreed, 85 per cent of non-pharmacy and 98 per cent of pharmacy organisations were in favour.
25. Many respondents were strongly in support of pharmacist independent prescribers being able to supervise trainees. Common themes included:
 - Pharmacist independent prescribers have relevant experience for mentoring trainees in this role given their significant training and expertise in pharmacology and therapeutics.
 - Pharmacist independent prescribers are already qualified and working as independent prescribers and have been through the same training, so should understand the requirements of the supervisory role.
 - Given their hands-on, practical knowledge and experience working collaboratively in multi-professional teams, pharmacist independent prescribers will add value to trainees’ experience and be able to adapt training appropriately to meet particular learning needs.
 - Some respondents thought that a pharmacist would potentially be a more appropriate supervisor than a medic if they have experience in the area that the trainee is placed in, because of the unique role that pharmacist independent prescribers undertake.
 - Experienced pharmacist independent prescribers will likely have more time to mentor and develop trainees than medics with many competing demands, and will be interested in developing the profession by supporting trainees.
26. A common theme among respondents was the value of retaining involvement of designated medical practitioners in the supervision of pharmacist independent prescribers in training. Views expressed included:
 - the involvement of medics in supervision ensures there is broad clinical experience, and training in patient consultation and examination, diagnostics and patient evaluation
 - the suggestion that training might be less safe if experienced prescribing medics were not involved in supervision
 - involving experienced prescribing medics in a course gave it external credibility.

27. Many respondents agreed strongly with the discussion paper proposal that supervisors should be experienced, and trained appropriately. However, there were mixed views on the following two aspects:
- the ‘experience’ for pharmacist independent prescribers that is sufficient to provide assurance of their ability to supervise trainees. Respondents throughout the questionnaire requested further clarification on this.
 - whether there was currently sufficient prescribing expertise in the profession overall. Some respondents thought pharmacists were sufficiently experienced, others did not.

Question three responses

28. Following discussion about extending supervision rights to experienced pharmacist independent prescribers, question three asked for views about whether other non-medical prescribers should be able to supervise pharmacist independent prescribers in training:
- *“Do you agree that supervision rights should be extended to other experienced independent prescribers?”*
29. We received 565 responses to this question, and 325 comments.
30. Compared to views about pharmacist independent prescribers’ supervision, fewer respondents, though still a majority, supported this proposal (67 per cent). Individuals were 64 per cent in favour, with 85 per cent of organisations also supporting the proposal. Pharmacy organisations overwhelmingly agreed (93 per cent), while non-pharmacy organisations mirrored individuals with 65 per cent in favour.
31. The case for extending supervision rights to other experienced independent prescribers was closely aligned to the responses to other questions. Themes included:
- Suitably trained and experienced should be allowed to supervise pharmacist independent prescribers in training, if their experience included prescribing that was relevant to the trainee.
 - Extending supervision rights to other independent prescribers responds appropriately to the need to expand the pool of available supervisors across healthcare settings.
32. Some respondents put forward a range of views about using supervisors who were not either medics or pharmacists:
- Some respondents felt that non-medic/non-pharmacist supervisors might not have the right skill set or range of experience to supervise pharmacist independent prescribers in training.
 - In addition, some respondents felt that nurse independent prescribers would be valuable additions to the supervising team, especially given their clinical skills.
33. Several respondents highlighted differences in professional training and practice areas as being reasons for not extending supervision to other experienced prescribers. As each non-medical prescriber has their own area of expertise, they may not be qualified to advise on prescribing in areas outside of their area of competence. The caveat suggested was that further training could mitigate this potential risk.

Question four responses

34. The discussion paper proposed that four quality measures should be put in place to support supervisors if supervision rights are extended (see box 2), and asked:
 - 4a: *“Do you agree that they are the right measures?”* and
 - 4b: *“Should there be any other measures?”*
35. We received 566 responses to question 4a and 540 to question 4b, and 360 comments. Overall, 77.5 per cent agreed with the measures proposed. The level of agreement was consistent between individuals (77 per cent, and organisations (75 per cent). A total of 239 respondents made other suggestions about quality measures.
36. There was strong support for measures to ensure the quality and competence of supervisors and supervision with most respondents supporting our four proposed quality measures.
37. Respondents also agreed strongly with the proposals that supervisors should be trained for their supervision role, and be mentored and supported by course providers.
38. In commenting on the proposed measures, people felt strongly about the need to align training requirements across professions.
39. There was some concern expressed about the potential new requirements for course providers and for supervisors to complete, and whether this might be detrimental and potentially unworkable.

Question five responses

40. Question five sought to elicit views on whether there were risks that people with protected characteristics could be disadvantaged by our proposals.
 - *“Are there any equality, diversity or inclusion issues you think have been raised by our proposals?”*
41. We received 566 responses to this question, with 93 per cent responding that there were no equality, diversity or inclusion issues raised.
42. In the 48 comments provided, some respondents emphasised the importance of monitoring the diversity of prescribers and supervisors to ensure inclusion and avoid unintended barriers to entry.
43. A suggested potential benefit of enabling non-medical prescribers to supervise was that it could increase the number of supervisors from less-represented groups.
44. A few respondents thought that it was important to consider mentor and supervisor availability especially in rural areas.

Next steps

45. We have heard from a wide range of people and organisations and are grateful to all those that contributed their views.
46. The broad-based agreement with our ideas provides an effective foundation for developing and consulting on specific proposals to supervision of pharmacist independent prescribers in training. This will

take place within our upcoming consultation on the education and training standards for pharmacist independent prescribers.

Appendix A: Respondent data

1. We received 576 completed responses to the discussion paper. Most were via the online survey tool, and 12 emails were received. Individuals submitted 504 responses.
2. A series of introductory questions sought information on individuals' general location, and in what capacity they were responding to the online questionnaire.
3. Pharmacy professionals were asked to identify their role and setting where they usually work. All the individual pharmacy professionals who replied were pharmacists.
4. People who responded on behalf of an organisation were asked to identify the type of organisation they represented and if it was a pharmacy or non-pharmacy related organisation.
5. Numbers and percentages for each category are presented. Percentages are rounded to the nearest 0.5 per cent, where respondents totalled less than two per cent this is expressed as <2. Categories with no respondents are marked with a dash. Respondents that chose chosen not to complete the introductory questions are not included.
6. The tables below present the number and type of respondents selecting different responses to questions in the online survey.

Where are you located?

Location	Number	Percentage ¹
England	374	75%
Scotland	72	14.5%
Wales	50	10%
Northern Ireland	0	0%
Other	3	<2%

How are you responding?

Respondent type	Number	Percentage
A member of the public	3	<2%
A pharmacy professional	467	92.5%
A pre-registration trainee	4	<2%
A student	4	<2%
Other	26	5%

¹ Percentages are rounded to nearest 0.5%

Pharmacists: which option best describes the area you mainly work in?

Main area of work	Number	Percentage
Community pharmacy	91	19.5%
Hospital pharmacy	169	36%
Primary care organisation	133	28.5%
Pharmacy education and training	21	4.5%
Pharmaceutical industry	3	<2%
Other	50	10.5%

Responding of behalf of an organisation: which option best describes your organisation?

Type of organisation	Number	Percentage
Body or organisation representing professionals	13	19.5%
Body or organisation representing patients or the public	1	<2%
Body or organisation representing a trade or industry	4	6%
Community pharmacy – corporate multiple pharmacy	4	6%
Community pharmacy – independent pharmacy	1	<2%
NHS organisation or group	22	33%
Research, education or training organisation	14	21%
Government department or organisation	2	3%
Regulatory body	0	-
Other	6	9%

Appendix B: Organisations that responded to the discussion paper

Aneurin Bevan University Health Board	NHS Scotland Directors of Pharmacy
Association of Pharmacy Technicians UK	NHS Scotland Non-medical Prescribing Leads' Group
Association of Prescribing	NHS Specialist Pharmacy Service
Aston University	NHS Specialist Pharmacy Service
Bexley, Bromley & Greenwich LCP	NHS Wandsworth CCG
Boots	National Pharmacy Association (NPA)
Boots Pharmacists' Association	Pharmacists' Defence Association (PDA)
British Pharmaceutical Students' Association	Pharmacy Forum NI
Cardiff School of Pharmacy and Pharmaceutical Sciences	Pharmacy London
Celesio UK	Pharmacy Schools Council
Chesterfield Royal Hospital NHS FT	Pharmacy Voice
Community Pharmacy Scotland	Pharmacy, University Hospital Southampton NHSFT
Dispensing Doctors' Association (DDA)	PPSU, NHS Greater Glasgow & Clyde
Division of Pharmacy and Optometry, University of Manchester	PSNC
Guild of Healthcare Pharmacists	Rowlands Pharmacy
Health Education England	Royal College of General Practitioners
Health Education England - Yorkshire and the Humber	Royal Pharmaceutical Society
Health Education England London and South East - Pharmacy	School of Pharmacy, Keele University
Health Education England North East Pharmacy Subgroup	South and East Leeds GP Federation
Health Education England, London and South East - Pharmacy & Workforce Group	South West Joint Senior Pharmacy Managers Group
Healthcare Improvement Scotland	United Lincolnshire NHS Trust
HEE - North West	University Hospital Southampton
Lloyds pharmacy	University of Bath
NHS East Region Directors of Pharmacy	University of Chester

NHS Education for Scotland	University of Hertfordshire
NHS England	University of Reading
NHS Lanarkshire	University of Strathclyde
	University of Hull

Appendix C: Response data

Question	Number responding yes	Number responding no	Total responses to question
Question 1: Do you think current supervision requirements should be changed for these reasons?	435	136	571
Question 2: Do you agree that supervision rights should be extended to experienced pharmacist independent prescribers?	450	116	566
Question 3: Do you agree that supervision rights should be extended to other experienced independent prescribers?	381	184	565
Question 4a: Do you agree that they are the right measures?	439	127	566
Question 4b: Should there be any other measures?	239	301	540
Question 5: Are there any equality, diversity or inclusion issues you think have been raised by our proposals?	40	526	566