[GPhC Consultation on changes to requirements for training as a pharmacist independent prescriber](https://www.pharmacyregulation.org/get-involved/consultations/revising-education-and-training-requirements-pharmacist-independent-prescriber) **(Deadline 23 November 2021)**

1. ***Should the two-year time requirement for entry to free-standing pharmacist independent prescribing training be removed?***

***Yes***

We agree that the two-year time requirement should be removed. Entry to free-standing pharmacist independent prescribing training should be based on whether pharmacists can evidence the necessary skills, knowledge, and experience to undertake the training rather than the period someone had been on the register. However, we recognise that there are some challenges as well as benefits to this proposal.

***Why we support removal of two-year time requirement***

1. ***Enable initial education and training of pharmacists (IETP) and post-registration foundation level prescribers***

The RPS welcomed the publication of the new initial education and training standards (January 2021) which will enable pharmacists to better fulfil their roles as medicines experts and realise their potential as independent prescribers. Implementation of the new standards requires removal of the two-year entry requirement and a scaffolded approach to becoming a prescriber; with learning integrated throughout initial education and training. It also requires more experiential learning in the first four year of learning which must be adequately resourced.

In response to the [new IETP standards](https://www.pharmacyregulation.org/initial-training), the [RPS Post-registration foundation pharmacist curriculum](https://www.rpharms.com/development/credentialing/foundation/post-registration-foundation-curriculum) evolved to output qualified pharmacist independent prescribers; the curriculum has been fully mapped to the GPhC standards for the education and training of pharmacist independent prescribers (2019). During the phased implementation of the new IET standards over the next few years, it is essential that those graduating in the interim period have the opportunity to become prescribers without delay. The RPS post-registration foundation curriculum offers a flexible transitional programme to support phased implementation of the IET reforms and helps to avoid the creation of a two-tier profession.

While the two-year entry requirement remains, the post-registration foundation curriculum cannot be fully implemented by training providers. In the interim period until full implementation of the IET standards, we believe the optimal training delivery model for the post-registration foundation curriculum is the integrated model, where pharmacists start developing their prescribing competency and capability from the very beginning of post-registration foundation training. Core clinical skills should be introduced early and through a spiral curriculum model, pharmacists should build on and revisit key concepts developed during IET, applying their knowledge, skills and behaviours with increasing complexity. This embeds prescribing skills gradually and ensures solid foundations and a consistent trajectory towards becoming a prescriber. The integrated model also removes the urgency associated with current shorter prescribing courses by allowing test, feedback and retest of important behaviours to ensure our early career pharmacists are safe and competent prescribers.

1. ***Meet the demand for pharmacist independent prescribers as part of multi-professional teams in all health care settings***

As medication regimes become more specialised and complex, the role of pharmacy prescribers has become increasingly important in the delivery of high-quality clinical care. It offers patients and other health professionals real opportunities in improved access to care and shifting capacity in the health care system.  Removing the two-year time requirement will support the increased demand for pharmacist independent prescribers and support integration into multi-professional service models where patient access to pharmacist independent prescribers is part of routine care.

1. ***Ensure pharmacy remains an attractive career***

Pharmacy is one of the fastest growing areas of healthcare and we want it to remain an attractive career choice. When we discussed with student and trainee pharmacists what they expected their future practice to be like, it is clear that clinical practice, including IP, is what most of them expect.

We have campaigned strongly for better use of pharmacist independent prescribers and concur that prescribing will become more and more central to the practice of pharmacists as part of the natural evolution of the profession.

1. **Maintain parity with other professions**

**Nurses**

Under the new Nursing and Midwifery Council standards (2019)[[1]](#footnote-1), readiness for entry onto a prescribing programme is now determined by whether you can evidence the necessary skills, knowledge and experience to undertake the programme. Under their old standards, readiness for entry onto a prescribing programme was largely determined by how long someone had been on the register. For a V150 community prescriber programme, it was a minimum of 2 years; for a V300 independent, it was a minimum of 3 years. The NMC recognised that basing entry requirements on the period of time someone had been on the register did not guarantee that they were suitable to complete further training in prescribing theory and practice.

**Professions regulated by the Health and Care Professions Council**

The Health and Care Professions Council (HCPC) is the statutory regulator of 15 professions including physiotherapists, chiropodists/podiatrists, paramedics, Physiotherapists and radiographers. For the professions eligible to become independent prescribers, the HCPC does not stipulate a time-based entry requirement to access prescribing training. Their requirements only set out the capabilities to be achieved at the end of the training in line with the [RPS prescribing framework](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fmrs.hcpc-uk.org%2Fnews-and-events%2Fnews%2F2021%2Frps-competency-framework%2F&data=04%7C01%7CJonathan.LloydJones%40rpharms.com%7C14070390043c4b51259e08d98a54b9ca%7C99193c61658d4076952f07c345a3be97%7C0%7C0%7C637692919510193985%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=GLsOv%2BOjggmZWzbiezQ8CWDFUEOmV5k9S8PfQOLPOOk%3D&reserved=0).

Outline curriculum guidance for AHP prescribing does suggest 3 years, but this is caveated with 'normally' to place greater emphasis on other elements around suitability to enter prescribing training (practising in an area with a clinical need, support from employer, governance arrangements etc.).

**Optometrists**

The General Optical Council consultation on new requirements for independent prescribing qualifications has recently closed (4th October 2021) and one of the key proposals was to remove the two-year entry requirement and not include a specified duration of clinical experience.

If the two-year entry requirement remains, pharmacy would be very much out of step with other professions. As the experts in medicines who advise others on their prescribing practices it is essential that pharmacy remains at the forefront of prescribing practice.

***Challenges to the removal of two-year time requirement***

1. **The need for a clear definition of ‘*suitability to train*’**

If the two-year time requirement is removed it will be essential that course providers assess the quality of the applicant’s previous experience, to make sure that pharmacists have the necessary skills and experience before starting the course. The consultation proposes that eligibility will be based on:

*• pharmacists demonstrating their suitability to train as an IP on a free-standing course, and*

*• course providers will have to evaluate applications with that in mind.*

We would welcome further clarity around how applicant can ‘*demonstrate their suitability*’ which in its current format may lead to variation due to different interpretations by course providers and could indirectly contribute to unconscious bias to candidate access to training. To ensure a consistent standard of pharmacist independent prescribers, course providers must have consistent robust selection and admission processes based on clear eligibility criteria. These changes may also increase the burden on course providers.

1. **The need for greater exposure to high quality placements during academic studies**

For pharmacist to train as a prescriber they must demonstrate suitability to train as an IP. An enabler to this would be greater exposure to high quality experiential learning placements throughout their academic studies. The infrastructure required to manage undergraduate learning in practice in a truly integrated way whilst ensuring high quality placements is considerable and requires substantial investment otherwise the aspirations of these proposals will not be achieved.

Closer integration of academic study and learning in practice is important and should ultimately deliver pharmacists who are high quality, safe, accessible, acceptable to the public and in the right place. Integration needs to be applied in all senses of the word. Although the pharmacists affected by this change would be prescribers once qualified, they require quality exposure to patients and the multi-professional team during their initial education and training to develop their prescribing capabilities.

1. **Concerns about lack of experience**

Many of our members have shared concerns that the focus on becoming a prescriber may mean that newly qualified pharmacists have less time to develop and embed general competencies.

*‘I do not feel that a newly qualified pharmacist who is completely new to working should be given such responsibility’*

*‘Pharmacists need to have that post qualifying time where the learn "spider sense" for want of a better word’*

However, the prescribing activities undertaken by newly registered pharmacists should look quite different to those undertaken by more experienced, and perhaps specialist, pharmacists who have historically completed prescribing training. Prescribing activities should increase in complexity in line with their experience, competence and confidence increases and be underpinned by the appropriate governance structures. For less experienced pharmacists, protected learning time will be essential to ensure prescribers can keep up to date with knowledge and skills and embed into multi-professional teams. Failure to do so may significantly jeopardise the benefits of having more pharmacist prescribers.

1. ***Concerns about reducing access to training for the current workforce***

Many of our members have shared concerns that this change will reduce access to courses for the current pharmacy workforce in an already competitive training market.

There are questions around how the increase in demand could be managed. Solutions could include expanding provision in current HEI providers, bringing on more HEI providers or introducing a more scalable and innovative training model for IP which uses evidence of learning in practice undertaken under supervision and/or modular theoretical learning. We would like to see this explored further

Adequate resources are required, and must remain, for the existing pharmacist workforce to undertake training and qualify as pharmacist independent prescribers. Ongoing support will be essential to assure that all patient-facing pharmacists are able to access independent prescribing courses, suitable clinical supervision and ongoing education resources.

Current challenges to starting the training include funding of courses, finding cover whilst training and finding a suitable designated prescribing practitioner. There has been government funding and support to encourage uptake in Scotland and Wales. This support has been essential for many and these models should be considered across Great Britain.

1. **The need for clear opportunities for pharmacist prescribers to use their qualification effectively**

Whilst preparation for prescribing is essential, we also need to ensure that organisations have clear opportunities for pharmacist to exercise their prescribing skills in practice once qualified in order for pharmacist to maintain and build their confidence. There are risks of skills decay and patient safety if these proposals are implemented prior to these opportunities being available. We are pleased to see the GPhC recognise having services *‘up and running’* for new pharmacist prescribers as a priority. Whilst this is not specific to removal of the two-year requirement the lack of services for pharmacists IPs will be heightened by the increased numbers of new prescribers.

There is also a need to engage with the public and other professionals to help them to understand the new roles of pharmacists.

**A survey of our membership**

We asked our membership via on an online poll *‘Do you agree with the removal of the requirements for registered pharmacists to have two years of clinical practice, before they can enrol on an accredited independent prescribing course?’.* Of the 1026 responses 69 % answered yes and 31 % No. There was considerable variation between pharmacy students and foundation pharmacists, with 95% and 91 % in favour of removing compared to fully qualified pharmacists were 45 % were in favour of removing \*[[2]](#footnote-2).

1. ***Should the requirement to have relevant experience in a specific clinical or therapeutic area be removed and replaced with the requirement to have relevant experience in appropriate clinical setting(s)?***

***Yes***

As prescribing moves earlier in the career path for pharmacists, we will see it shift from being a skill associated with advanced specialist levels of practice to, initially a more generalist scope. This aligns with wider workforce ambitions of developing early careers pharmacy workforce that is more portable and flexible with a shared set of capabilities. Requiring pharmacists to specialise their practice in a narrow field at the outset is likely to threaten the portability and flexibility required at this early stage of the career framework. We recognise that there are some challenges as well as benefits to this proposal.

***Why we support removal of the requirement for relevant experience in a specific clinical or therapeutic area***

1. ***Pharmacist will develop their experience during their prescribing course***

Pharmacists will be supported during their prescribing course to develop prescribing skills that will be relevant to the prescribing activities they will undertake when qualified. They will therefore gain the appropriate experience during their prescribing training to enable them to practise safely and competently and build on this experience throughout their prescribing journey to allow their prescribing activities to grow in scope and complexity.

1. **Increased ability for pharmacists to responds to patient and service need**

It is important that pharmacists are given flexibility to train as prescribers in a clinical setting that has identified a need for a pharmacist prescriber by patients and service providers. Having to have relevant experience in this clinical setting or therapeutic area has the potential to be a barrier to effective service provision and patient care.

***Challenges of the removal of the requirement to have relevant experience in a specific clinical or therapeutic area and replaced with the requirement to have relevant experience in appropriate clinical setting(s)***

1. **Consistent and fair approach to the admissions process**

To ensure a consistent and fair approach to the admissions process for prescribing courses, we would welcome some more guidance around what constitutes ‘relevant experience’ and ‘appropriate clinical setting’. This is currently too vague and is likely to lead to variation across course providers.

1. **Increased need for quality supervision**

With some prescribers having limited experience in a specific clinical or therapeutic area before entering a prescribing course, the quality of supervision provided by designated prescribing practitioners during the period of learning in practice will be critical. When prescribing was in its infancy, medical supervisors were required to give assurance. Now that prescribing is advancing and almost a fifth of the pharmacy workforce are prescribers, it is essential that experienced prescribers are supported and supervise others. We are pleased to see the GPhC recognise this as a priority.

1. ***The need for a universal framework for prescribers***

With some prescribers having limited experience in a specific clinical or therapeutic area before entering course supporting ongoing competence will be important. This is recognised in the consultation as trainees will be expected to ‘*build up prescribing skills year-on-year’*. It is important that individual prescribers develop responsibility to practise within their idiosyncratic scope of practice.

A shared approach to prescribing competency in the profession and between professional groups will be critical. We would urge the GPhC to adopt the RPS prescribing competency framework for all prescribers.

Amongst the pharmacy workforce the RPS prescribing competency framework has been widely adopted. However, there is huge variation in how employees make sure their prescribers are suitable trained, competent, and reviewed. Need for consistency to support employers and pharmacist prescribers with the end aim of providing a safe service to the public.

1. **The need for formal ongoing professional and peer support.**

Through engagement with the profession there are clear indications that many pharmacists feel isolated from other pharmacists and the wider multi professional teams. The development of further formal ongoing support is needed. Ongoing professional support, being part of improvement networks and peer networking opportunities should be accessible for all pharmacist independent prescribers. These opportunities are likely to be increasingly important in the development of pharmacists with less experience in a specific clinical or therapeutic area that they are going to prescribe in.

**A survey of our membership**

We asked our membership via on an online poll *‘Do you agree with the removal of the requirements to have relevant experience in a specific clinical or therapeutic area before pharmacists can enrol on an accredited independent prescribing course?’*. Of the 1026 responses 73 % answered yes and 27% No. There was considerable variation between pharmacy students and foundation pharmacists, with 91% and 81% in favour of removing compared to fully qualified pharmacists were 54% were in favour of removing \*[[3]](#footnote-3).

1. ***Should we retain the requirement that applicants must identify an area of clinical or therapeutic practice on which to base their learning?***

***No***

Until now, the training model for independent prescribing typically includes a short intensive course where pharmacists are required to select an area of practice to develop their skills. In some cases, this aligns to their current or future focus of prescribing practice, while in other areas it doesn’t, particularly when the course provider doesn’t offer a therapeutic area relevant to the pharmacist’s role.

We know that lack of confidence is a reason many qualified pharmacists are ‘inactive’ prescribers and feel they can only prescribe in the therapeutic area they were assessed as being competent in during their course.

We recognise that there are some challenges to removing this requirement.

***Why we support removing the requirement that applicants must identify an area of clinical or therapeutic practice on which to base their learning***

1. ***Generalists’ roles required***

We believe a more optimal training model is incorporating prescribing into longer integrated post-registration programmes. During these programmes, pharmacists may work in different areas (including clinical areas and sectors of practice) and prescribing courses need to support and reflect the changing work experience. Most pharmacists are likely to encounter common clinical conditions which depending on the learner’s work environment could span across different sectors. Similarly, most pharmacists will need to be equipped to manage patients with multi-morbidity and frailty. We believe course providers should design their programmes to ensure the learner has acquired and can demonstrate all of the required prescribing competencies. For early career pharmacists in particular, this needs to support those who will be prescribing in generalist roles. Learners should be able to evidence the competencies using authentic examples from practice which demonstrate their prescribing capabilities in relation to their natural scope of practice.

One of the important benefits of a generalist scope is the ability of pharmacists to use prescribing as part of delivering holistic care, focusing on the patient rather than their condition

***Challenges to removing the requirement that applicants must identify an area of clinical or therapeutic practice on which to base their learning***

1. **Having a scope provides a focus for learning**

Identifying an area of clinical or therapeutic practice allows a focus for the duration of the training programme. It also forms the basis for building prescribing competence by teaching what is required when develop competence in other areas which can be replicated in future as the competence grows.

1. **Removing a scope makes it difficult to assess candidates**

There are challenges assessing an training a generalist prescriber within the current course timeframes. There are also concerns that the qualification process may become more burdensome if pharmacists need to be formally assessed as competent in a lot of areas.

**A survey of our membership**

We asked our membership via on an online poll *‘Do you agree with retaining the requirement that course participants must identify an area of clinical or therapeutic practice to focus on during the course?’.* Of the 1026 responses 57% answered yes and 43% No \*[[4]](#footnote-4). We recognise that a deviation from the way we currently train will require many changes. However, we believe a more optimal training model incorporating prescribing into longer integrated post-registration programmes should be explored.

**We want to understand whether our proposals may have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010:**

**• Age • Disability • Gender reassignment • Marriage and Civil partnership • Pregnancy and maternity • Race • Religion or belief • Sex • Sexual orientation**

**4 Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?**

We already know that there are lots of assessment and awarding issues in pharmacy practice. We strongly call for more reporting, transparency and further research to be carried out to build systems which do not disadvantage some people.

Expanding eligibility is now a good time to formalise reporting and transparency on the national picture in terms of access to and success in IP training. There is currently no external data as to who successfully accesses IP training (and whether there is any under- or over-representation of certain learner groups.) In addition, as the assessment is delegated to each HEI, there is also no national picture as to the differential attainment which occurs nationally (unlike the GPhC registration exam).

**We also want to know if our proposals will have an impact on other individuals or groups (not related to protected characteristics) – specifically, patients and the public, pharmacy owners and employers, pharmacy professionals, and pharmacy students and preregistration trainees**

5. Do you think our proposals will have a positive or negative impact on any of these groups?

**Patients and Public**

We would expect these changes to have a positive impact on patients and the public by increasing access to pharmacist prescribers. There is a need to engage with patients the public and other professionals to help them to understand the new roles of pharmacists to enable pharmacists to fully utilise their skills and maximise service opportunities.

**Pharmacy Owners and Employers**

We would expect these changes to have a positive effect on pharmacy owners and employers by contributing towards the development of the profession and the delivery of pharmacy services. However, there are some challenges that need to be addressed, such as:

* Current challenges to starting the training include funding of courses, finding cover whilst training and finding a suitable designated prescribing practitioner. These challenges are likely to be increased by the changes proposed which will allow more pharmacists to apply to enter a prescribing course
* When supporting an individual to carry out their independent prescribing qualification, service provision must not be negatively impacted from both a patient and financial point of view. There has been government funding and support to encourage uptake in Scotland and Wales. This support has been essential for many and these models should be considered across Great Britain.
* Need to establish models of care that enable pharmacist prescribers to utilise their skills fully across the whole profession in Great Britain.

**Pharmacy Professionals**

We would expect these changes to have a positive effect on Pharmacy Professionals by contributing towards the development of the profession and the delivery of pharmacy services. However, there are some concerns that these changes could lead to difficult in accessing courses as increasing numbers will lead to increased competition for places on prescribing courses.

**Pharmacy Students, Foundation Pharmacists**

We would expect these changes to have a positive effect on Pharmacy Students, Foundation Pharmacists by contributing towards the development of the profession and the delivery of pharmacy services. However, there are some challenges that need to be addressed, such as:

* Methods of competency assurance and re-validation need to be assessed to ensure a robust governance structure is in place.
* Need to ensure that pharmacist expectations are appropriately managed; i.e. develop and understanding that the change will not happen immediately.
1. *https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/standards-for-prescribing-programmes/* [↑](#footnote-ref-1)
2. *\*RPS held a member survey for 2 weeks. The respondents to the survey are just a small subset of a total workforce population of over 80,000.*  [↑](#footnote-ref-2)
3. *\*RPS held a member survey for 2 weeks. The respondents to the survey are just a small subset of a total workforce population of over 80,000.*  [↑](#footnote-ref-3)
4. *\*RPS held a member survey for 2 weeks. The respondents to the survey are just a small subset of a total workforce population of over 80,000.*  [↑](#footnote-ref-4)