

GPhC consultation on guidance for pharmacist prescribers

In general the GPhC needs to be clearer about where this guidance sits and when a pharmacist prescriber should use it. The introduction to the GPhC guidance states it supports the standards for pharmacy professionals and to a certain extent the standards for registered pharmacies. There is already a lot of guidance in this space including Medicines, Ethics and Practice so where the prescribing guidance sits would be a useful clarity. Also some of the guidance strays out of the scope of regulation and into clinical practice guidance. We would recommend that the GPhC adopted the RPS prescribing competency framework as their education standard for independent prescribers as other regulators have done.

On page 11 it says that *Prescribing can take place in different ways and in different contexts. It may involve the supply of a prescription for a prescription-only medicine or medical device, but can also include advising people on the supply of an over-the-counter medicine and giving advice or information.*

This may be taken to mean that all community pharmacists are prescribing and would benefit from rewording. Recommending an OTC medicine does meet the definition of prescribing in terms of advising the use of a particular medication to treat a particular condition

1. Have we identified all the necessary areas for ensuring safe and effective care is provided?

Yes / No / Don't know

2. For each of the nine key areas, do you agree or disagree with the guidance we have proposed?

Taking responsibility for prescribing safely

Agree **Disagree** Don't know

The guidance recognises the need to consider at risk groups of patients such as children and the elderly. However, there is no reference to drug handling or pharmacokinetics such as the importance of recognising those with renal or hepatic impairment and the impact of this on their prescribing decision. Although prescribing within the individual competency would include expertise in managing higher risk patient groups this perhaps needs to be made more explicit.

Monitoring also seems a bit vague as it is referred to within one of the points but relates more to communication and documentation. If prescribing a medicine that requires follow up monitoring, whether by the initial prescriber or another healthcare professional, it is the responsibility of the initial prescriber to ensure appropriate arrangements are in place and this needs to be made clearer within the guidance document. There should be an additional bullet point relating to ongoing and continuity of care which may include making arrangements for monitoring as appropriate.

Monitoring and follow-up to find out what resulted from treatment is implicit in the provision of pharmaceutical care. There is a duty of care to find out if the desired outcome has been achieved.

It would be useful to add a reference to safety netting advice to cover if the condition deteriorates or if there is an incorrect diagnosis. The prescriber should ensure they have appropriate signposting options for their patients and for prescribing support.

On page 14 the guidance mentions the Summary care record and the Emergency care summary, the Welsh version of this record should also be mentioned: Welsh GP record.

On page 15 the guidance mentions the prescribing of unlicensed medicines and at this point the RPS [prescribing specials guidance](#) should be referenced. This is also endorsed by RCGP, RCN and AoMRCs.

Keeping up to date and prescribing within your level of competence

Agree Disagree Don't know

The GPhC should make greater reference to the Royal Pharmaceutical Society hosted prescribing competency framework as this is being used by other professions. (<https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>). The GPhC standards of initial education and training are narrower and therefore not as robust for identifying gaps in knowledge and skills. When prescribing in a new area the competency framework should also be used to demonstrate competence. Saying that the pharmacist should undertake additional training is a bit vague and doing something else, such as work shadowing may be more appropriate for the individual. The RPS also has other frameworks to support [foundation](#), [advanced pharmacy practice](#) and [leadership development](#) which can support individuals to identify areas for development.

When the guidance talks about regular audit and monitoring of your prescribing (page 17) it is not clear what the GPhC are actually looking for here. There is a need to reference peer review and support particularly if working remotely or in isolation as a means of maintaining competence

If a pharmacist prescriber is working outside of NHS settings, particularly in areas which may not have as robust clinical governance in place, then there is a responsibility on employers to support safe practice and prescribers must be given the time to audit their practice etc. This should be stated in the guidance.

Competence and scope of practice are different things. A pharmacist should be able to prescribe outside of their scope of practice in exceptional circumstances as long as they are competent to do so and take a systematic approach in their decision-making to safeguard the patient.

Working in partnership with other healthcare professionals and people seeking care

Agree Disagree Don't know

On page 19 the section on 3.2 second paragraph is a bit unclear towards the end and we would recommend just stating clearly that the pharmacist prescriber must be comfortable taking responsibility for the decisions they make and that those decisions are made in a shared decision making manner.

Prescribing in certain circumstances

Agree Disagree Don't know

On page 20 we would recommend removing this paragraph: *They should also consider whether the person needs an independent clinical assessment by another prescriber. This is to make sure their professional judgement is not influenced or impaired by the person they are prescribing for.* And just state that if the prescriber is not confident to prescribe then they should refer them to another prescriber. Also, if the guidance is saying the pharmacist independent prescriber should not ideally prescribe for themselves or family, then surely they only should do so when there is no other

prescriber available to do so. Therefore it is assumed that there won't be anyone available to make an independent assessment, as if there was, this person should be the one prescribing.

In section 4.2 it should be made clear that patients should be free to choose which pharmacy they prefer to have their prescription dispensed from.

On page 20 the following paragraph should be emphasised as best practice: *If a pharmacist prescriber both prescribes and supplies a prescription it must be within their scope of practice, and the pharmacist prescriber should have robust governance arrangements in place. When possible, a second suitably competent person should be involved in carrying out the final accuracy check and the check for clinical appropriateness.* The professional guidance in the Medicines, Ethics and Practice currently states:

The initial prescribing, and supply of medicines prescribed, should normally remain separate functions performed by separate healthcare professionals in order to protect patient safety. Patient safety is improved by the opportunity for a second healthcare professional to check clinical appropriateness and to interact with the patient. Where exceptionally it is in the interests of the patient for the same pharmacist prescriber to be responsible for prescribing, clinical check and supply of medicines on the same occasion it would be good practice to maintain an audit trail and to document reasons.

Prescribing non-surgical cosmetic medicinal products

Agree Disagree Don't know

At the end of this section it states that *Pharmacist prescribers should make sure the person's GP is kept informed.* This would need to be with patient consent as some people may not want their GP to know about their cosmetic procedures as they may not want this recorded on their records.

Remote prescribing

Agree Disagree Don't know

On page 23 it states that *Pharmacist prescribers should make sure the medicine they prescribe has the marketing authorisation needed for it in the country of destination.* However, independent prescribers, including PIPs, can prescribe unlicensed medicines so would be able to prescribe medicines that don't have a marketing authorisation, although we recognise that this is not best practice.

Different remote prescribing models and ID verification requirements should be proportionate to the type of service offered and patient type serviced.

It should also be clarified in this section that requirements for communication, documentation and audit trail are the same as those for a non-remote consultation.

Any guidance on remote prescribing should be aligned across regulators and professional guidance so this needs to be ensured prior to the GPhC guidance being published. There may be some differences in advice as to when a face-to-face consultation is required for safe and effective prescribing.

Safeguards for the remote prescribing of certain medicines

Agree Disagree Don't know

Raising concerns

Agree Disagree Don't know

Information for pharmacy owners and employers of pharmacist prescribers

Agree Disagree Don't know

On page 26 it states that *incentives or targets do not compromise the health, safety and wellbeing of patients and the public, or the professional judgement of staff*. We would like to see this apply for all services within a pharmacy including Medicines Use Reviews, New Medicine Service and Care and Review Service.

3. Please explain your responses to the two questions above. (see comments above)

Throughout the document it mentions that certain things should be documented in the person's medical record where possible and suggests what should be documented. However, it would be useful if GPhC could provide advice on what to do if the pharmacist prescriber does not have access to the person's medical records i.e. where should they document the information and should the information be sent to other prescribers etc. This should be done within a reasonable timeframe.

Prescribing safely

In section 3.1 of our proposals we say that having all the relevant medical information about a person and their medicines is vital to ensure safe prescribing. This may be obtained by communicating with the person's regular prescriber or by having access to the person's medical records. We provide guidance on what pharmacist prescribers must do in order to prescribe safely, including:

- asking for consent from their regular prescriber to access a person's medical records
- giving the person receiving care clear information so they can make an informed decision, and
- discussing other available options when it is not appropriate to prescribe

We also describe circumstances where pharmacist prescribers must decide whether they can prescribe safely, such as when:

- they do not have access to the person's medical records
- the person refuses to give consent to contact their prescriber for more information
- the person has not been referred to the pharmacist prescriber by their own prescriber, or
- the person does not have a regular prescriber (such as a GP)

4. Do you agree or disagree that these are circumstances when a pharmacist prescriber must decide whether they can prescribe safely for a person?

Agree Disagree Don't know

However, it should not be a requirement that the pharmacist prescriber needs to contact the regular prescriber to access information. Prescribers should be able to determine the decision to prescribe from the history-taking during consultations. They should inform the GP but not seek permission from them.

Also the statement 'asking for consent from their regular prescriber to access a person's medical records' requires clarity as it should not be a requirement to access patient records as this wouldn't be required for all service types, and it should be clarified that this is about patient consent to access their medical record and not consent from the regular prescriber. We agree that the patient's regular prescriber should be informed.

It is not always necessary or appropriate to contact a person's GP before prescribing for that person. For instance, in an urgent situation or for a sexual health indication this may not be appropriate. However, if a pharmacist prescriber did not contact the GP they should log their decision so that there is an audit trail.

5. Are there any other circumstances where a pharmacist prescriber must decide whether they can prescribe safely for a person?

Yes No **Don't know**

6. Please explain your responses to the two questions above and describe any additional circumstances that should be considered.

Prescribing and supplying

In section 4.2 of our proposals we say pharmacist prescribers should usually keep the initial prescribing separate from the supply of medicines prescribed, to protect the person's safety.

We describe exceptional circumstances when it may be necessary to prescribe and supply, and have also identified certain circumstances when a pharmacist prescriber may prescribe and supply on a regular basis, for example, when administering travel vaccines.

7. Are there any other circumstances where you think a pharmacist prescriber should be able to prescribe and supply?

Yes **No** Don't know

Safeguards for the remote prescribing of certain categories of medicines

In section 7 of our proposals we describe prescribing remotely, including online, for certain categories of medicines. We say that certain medicines are not suitable to be prescribed remotely unless further safeguards have been put in place to make sure they are clinically appropriate.

In our recent discussion paper on our Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet, respondents agreed that before prescribing remotely, additional safeguards should be put in place to make sure the medicines are clinically appropriate for the person.

We have proposed five safeguards for making sure certain categories of medicines are prescribed safely. These say that the prescriber must:

- the prescriber have robust processes in place to check identities to make sure the medicines prescribed go to the right person
- the prescriber have asked the person for the contact details of their regular prescriber, such as their GP, and for their consent to contact them about the prescription

- proactively share all relevant information about the prescription with other health professionals involved in the care of the person (for example their GP)
- the prescriber have systems in place so that the pharmacy team can clearly document the prescriber's decision to issue a prescription if the person does not have a regular prescriber, such as a GP, or if there is no consent to share information
- work within national prescribing guidelines for the UK and good practice guidance

8. Are there any other safeguards that should be put in place to make sure certain medicines are prescribed safely remotely?

Yes No **Don't know**

Remote prescribing also includes teleprescribing, with a number of pharmacists working in urgent and emergency care services developing further. Therefore it is important not to be vague and give good information and advice to prescribers in this situation.

9. What kind of impact do you think our proposals will have on patients and the public?

Positive Negative **Both positive and negative** No impact Don't know

Enforcing patient ID unnecessarily for certain medicines and patient types would restrict access, for example Pharmacy Only (P) meds and low risk medicines. Care Quality Commission guidelines have adopted a risk based approach to the ID requirements to address this

10. What kind of impact do you think our proposals will have on pharmacist prescribers?

Positive Negative Both positive and negative No impact Don't know

It is useful to have guidance and standards as this was lacking and will ensure safer practice

11. What kind of impact do you think our proposals will have on other pharmacy professionals?

Positive Negative Both positive and negative No impact Don't know

12. What kind of impact do you think our proposals will have on employers or pharmacy owners?

Positive Negative Both positive and negative No impact Don't know

13. Please give comments explaining your responses to the four questions above

In the short term, it may be that some pharmacists/owners/employers may need to amend their practice to adhere to the guidance once published. This may negatively impact upon these groups personally in order to achieve/maintain the standards. This could also remove access to prescribing pharmacist services for some patients while practice is changed so that it meets the guidance. However, a prescribing pharmacist/owner/employer who finds their practice so non-compliant with these standards that they need to temporarily remove their prescribing service should really question whether they were in fact safe to be providing the service in the first place.

There is a potential for negative impact for non-prescribing pharmacist (and supervised appropriately trained individuals) surrounding the vague statement on OTC prescribing if this remains in its current form in the draft. Although not specifically stated, the extreme interpretation of what is expressed in the guidance would be that supply of OTC medicine is prescribing which can only be carried out by a PIP/PSP and therefore non-prescribing pharmacists could not supply OTC meds which would create problems in practice.

14. Do you think our proposals will have a negative impact on certain individuals or groups who share any of the protected characteristics listed below? (Please tick all that apply)

Age Disability Gender reassignment Marriage and civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation **None of the above**

15. Do you think our proposals will have a positive impact on certain individuals or groups who share any of the protected characteristics listed below? (Please tick all that apply)

Age Disability Gender reassignment Marriage and civil partnership Pregnancy and maternity Race Religion or belief Sex Sexual orientation **None of the above**

16. Please describe the impact on each of the individuals or groups you have ticked in the two questions above.