

Pharmacists' Defence Association Response to the General Pharmaceutical Council's Consultation on Education and Training Standards for Pharmacist Independent Prescribers

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About the Pharmacists' Defence Association

The Pharmacists' Defence Association (PDA) is a not-for-profit organisation which aims to act upon and support the needs of individual pharmacists and, when necessary, defend their reputation. It currently has more than 27,000 members. The PDA Union was inaugurated in May 2008 and achieved independent certification in 2011.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practice and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- Proactively seek to influence the professional, practice and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists
- Provide insurance cover to safeguard and defend the reputation of the individual pharmacist

Summary of the General Pharmaceutical Council's (GPhC's) proposals

The GPhC is consulting from 14 March 2018 until 6 June 2018 on changes to the initial education and training of pharmacist independent prescribers.

The PDA's recommendations are:

- The learning outcome "*Understand the psychological and physical impact of prescribing decisions on people*" (Domain 1 – Person-centred care, number 1) should be at the level "Does" instead of "Knows How" since this is a fundamental part of a prescriber's role.
- The learning outcome "*Understand the clinical governance of the prescriber, who may also be in a position to supply medicines to people*" (Domain 2 – Professionalism, number 10) should be clarified. Through the training, pharmacist independent prescribers should be able to demonstrate how their practice is in line with governance requirements and how they manage conflicts of interest appropriately.
- The learning outcome "*Understand when and where to refer people appropriately*" (Domain 4 – Collaboration, number 4) should be at the level "Does" instead of "Knows How" since this is a fundamental part of a prescriber's role.
- It must be clarified within the learning outcomes that these are expected upon completion of the training, not of those who are currently *in* training.
- References in the document to 'person-centred' should be changed to 'patient-centred' to reflect the fact that pharmacists are providing professional healthcare.
- The learning outcome "*Demonstrates appropriate use of patient decision aids*" should be added to Domain 1, at the level "Does".
- The meaning of "*in good standing*" within the entry requirement "*Applicants are in good standing with the GPhC and/or PSNI and any other healthcare regulator with which they are registered*" must be explained. GPhC/PSNI registration is a separate requirement within the standards. It must be explained under what circumstances a pharmacist registered with the GPhC and/or PSNI is to be regarded as **not** being 'in good standing' with his/her regulator.

- The course standards for Domain 3 – Management, resources and capacity – should specify that the content to deliver learning outcomes should be achieved through face-to-face course delivery, but may be supported through self-directed learning.
- Course standard 9.2 “*Prospective designated prescribing practitioners must have... assessed clinical and diagnostic competence in other healthcare professionals*” must be clarified to specify who must have assessed this and how it is to be confirmed.
- Course standard 5.3 “*All course providers must have pharmacy professionals, including pharmacist independent prescribers, involved in the design and the delivery of the course*” must be rewritten thus: “*All course providers must have pharmacists, including pharmacist independent prescribers, involved in the design and the delivery of the course.*” The GPhC uses the term “pharmacy professionals” inappropriately, with intended reference to pharmacy technicians. It must avoid permitting pharmacy technicians to be involved in the design of courses for pharmacist independent prescribers.
- Course standard 7.9 “*Assessment regulations must be appropriate for a course that leads to professional annotation. They must prioritise patient safety, safe and effective practice, and clinical and diagnostic skills*” must be revised. If the GPhC is able to specify that assessment regulations must be appropriate, it must be able to evaluate such regulations and therefore ought to specify what these are, in detail.
- As part of any change to the IET standards for pharmacist independent prescribers, the GPhC must provide a syllabus specifying what must be covered on training courses.
- The GPhC should set standards for employers requiring that pharmacists are to be given protected training time during working hours to undertake independent prescribing courses.
- The GPhC must set out how it proposes to monitor the course standards. This should include details in relation to each standard – for example 5.4 “*Course providers must consult with a range of stakeholders – including patients, the public, course commissioners and employers – to refine the design and delivery of the course.*” As with its 2017 consultation on updating the initial education and training standards for pharmacy technicians, such details are notably lacking from this consultation.

- The GPhC should retain the two-year experience requirement for eligibility to train as a pharmacist independent prescriber, adding the requirement that the '*appropriate patient-orientated experience*' must be recent.

Foreword

The PDA actively supports the raising of standards and the development of roles for pharmacists as independent prescribers.

Pharmacists train to become experts in medicines, and doctors to become diagnosticians. The consultation document cites a definition of prescribing practice, stating: *"... the prescriber takes responsibility for the clinical assessment of the patient, [establishing] a diagnosis, and the clinical management required as well as the responsibility for prescribing and the appropriateness of any prescribing. National Prescribing Centre, 2005. We believe that this definition best describes the pharmacist independent prescriber and that education and training courses must be focused on it."* Establishing a diagnosis is not necessarily the same as *making a primary* diagnosis; it may be that a pharmacist confirms that a primary diagnosis has already been made and prescribes and manages the patient's medicines on that basis. This proposed definition does not make that clear and in our view it is not an appropriate definition for the GPhC to use in relation to pharmacist prescribing courses, since it risks course providers and others conflating the role of the prescribing pharmacist with that of the GP.

To become a GP requires a 5-year medical degree, 2 years' foundation training (during which time doctors can prescribe, but remain under clinical supervision and work in a highly clinical hospital environment) and then 3 years of training beyond that to become a GP (normally 18 months in an approved training practice and 18 months in approved hospital posts). This route ensures thorough training before a doctor could work as a GP assessing and diagnosing patients with varied conditions, many of which will require specialist referral. Though it would not need to be as rigorous, the PDA would like to see a similar development pathway which properly prepares pharmacists for a role in prescribing. This would start at undergraduate level and continue with appropriate post-graduate training, potentially involving a mandatory period of work in a hospital environment as part of the training.

The GPhC's proposals in this consultation would allow a newly-qualified pharmacist to become an independent generalist prescriber (supervised by another person who may only just have qualified as a generalist prescriber) and work in a GP practice. In our view this would deregulate standards, diminish professionalism and pose unnecessary risks to patients, if implemented. The proposal is antithetic to the approach we believe is necessary for the development of the profession. We are concerned that cost pressures in the NHS may be driving organisations such as the GPhC to deregulate and reduce standards; it is not the role of the pharmacy regulator to manage NHS budgets. Driven (we believe) by similar pressures, we have observed other policy approaches within pharmacy which appear to conflate the role of the pharmacist with that of the GP. This ultimately comes at the expense of patients and a safe and effective long-term healthcare strategy.

Issues with the consultation questions

We would recommend that the GPhC review the style of its questions in consultation documents. Some questions are phrased in a biased manner which may prompt agreement with the GPhC's proposals (acquiescence bias), such that the responses may not truly reflect respondents' views. We would prefer that respondents' views were given without the GPhC prompting a particular answer.

In addition, response options in some cases include both "partially agree" and "partially disagree", both of which may be true. As a result, any subsequent quantification of the proportion of respondents who had answered in such a way would be inappropriate. The GPhC often quantifies the proportion of respondents choosing each option in the reports it prepares for its governing council; we generally favour an approach based on careful and competent consideration of the arguments presented by respondents.

NHS Improvement is currently conducting a consultation on "The future of NHS patient safety

investigations.” We would like to see the GPhC frame its consultation questions in a similar manner, using open questions which invite respondents to provide ideas, rather than prompting agreement with a proposal (see Questions 5-21 and 26 of that document).

Questions

Section 1: Learning outcomes

Q1: Considering the full set of learning outcomes in Part 1 of these draft education and training standards, to what extent do you agree that these are appropriate learning outcomes for a pharmacist independent prescriber in training?

Strongly disagree

Q2: Is there anything missing from the learning outcomes in Part 1?

Yes

Q2a: In which of the following areas do you think there is something missing? (Please tick all that apply)

- ✓ Person-centred care
- ✓ Professionalism
- Professional knowledge and skills
- ✓ Collaboration
- ✓ Other

Q2b: Please give a brief description of the gap or gaps you have identified

In some cases, the wording of the outcomes is unclear and/or the levels of outcome are inappropriate. There are additional outcomes we would add.

Q3: Is there anything in the learning outcomes in Part 1 that should be changed?

Yes

Q3a: Please give details of the learning outcomes you would change and why (if possible, please give the reference number of the learning outcomes)

Recommendation

The learning outcome “*Understand the psychological and physical impact of prescribing decisions on people*” (Domain 1 – Person-centred care, number 1) should be at the level “Does” instead of “Knows How” since this is a fundamental part of a prescriber’s role.

Recommendation

The learning outcome “*Understand the clinical governance of the prescriber, who may also be in a position to supply medicines to people*” (Domain 2 – Professionalism, number 10) should be clarified. Through the training, pharmacist independent prescribers should be able to demonstrate how their practice is in line with governance requirements and how they manage conflicts of interest appropriately.

Recommendation

The learning outcome “*Understand when and where to refer people appropriately*” (Domain 4 – Collaboration, number 4) should be at the level “Does” instead of “Knows How” since this is a fundamental part of a prescriber’s role.

Q4: Please give any other feedback explaining your responses to the questions on the learning outcomes (Important: Please give both positive and negative feedback where applicable)

Each learning outcome domain is preceded by “*pharmacist independent prescribers in training will*

be able to” and at the beginning of part 1 it states “*pharmacist independent prescribers in training will have achieved the learning outcomes in these standards*”. The outcomes should specify what *qualified* pharmacist independent prescribers will be able to do upon completion of the training, as opposed to what those in training should be able to do.

Recommendation

It must be clarified within the learning outcomes that these are expected upon completion of the training, not of those who are currently *in training*.

Recommendation

References in the document to ‘person-centred’ should be changed to ‘patient-centred’ to reflect the fact that pharmacists are providing professional healthcare.

Recommendation

The learning outcome “*Demonstrates appropriate use of patient decision aids*” should be added to Domain 1, at the level “Does”.

Section 2: Standards for course providers

Q5: Considering the full set of standards and criteria in Part 2, to what extent do you agree that these are appropriate standards for a pharmacist independent prescribing course?

Strongly disagree

Q6: Is there anything missing from the standards or criteria in Part 2?

Yes

Q6a: In which of the following areas do you think there is something missing? (Please tick all that apply)

- Domain 1 – Selection and entry requirements
- Domain 2 – Equality, diversity and inclusion
- Domain 3 – Management, resources and capacity
- Domain 4 – Monitoring, review and evaluation
- Domain 5 – Course design and delivery
- Domain 6 – Learning in practice
- Domain 7 – Assessment
- Domain 8 – Support and the learning experience
- Domain 9 - Designated prescribing practitioners
- ✓ Other

Q6b: Please give a brief description of the gap or gaps you have identified.

Vague terminology, unexpected and inappropriate policy approaches.

Q7: Is there anything in the standards or criteria in Part 2 that should be changed?

Yes

Q7a: Please give details of the standards or criteria you would change and why (if possible, please give the standard or criteria reference numbers).

Recommendation

The meaning of *“in good standing”* within the entry requirement *“Applicants are in good standing with the GPhC and/or PSNI and any other healthcare regulator with which they are registered”* must be explained. GPhC/PSNI registration is a separate requirement within the standards. It must be explained under what circumstances a pharmacist registered with the GPhC and/or PSNI is to be regarded as **not** being ‘in good standing’ with his/her regulator.

Recommendation

The course standards for Domain 3 – Management, resources and capacity – should specify that the content to deliver learning outcomes should be achieved through face-to-face course delivery, but may be supported through self-directed learning.

Recommendation

Course standard 9.2 *“Prospective designated prescribing practitioners must have... assessed clinical and diagnostic competence in other healthcare professionals”* must be clarified to specify who must have assessed this and how it is to be confirmed.

The GPhC uses the term ‘pharmacy professionals’ inappropriately, with intended reference to pharmacy technicians as well as pharmacists. The PDA’s view is that the GPhC inviting pharmacy technician involvement in the design of pharmacist independent prescriber training courses is

highly inappropriate. The course content must be of the appropriate standard and quality to ensure safe prescribing practice; pharmacy technician involvement would carry a serious risk of undermining that standard and confidence in the quality of courses.

Recommendation

Course standard 5.3 *“All course providers must have pharmacy professionals, including pharmacist independent prescribers, involved in the design and the delivery of the course”* must be rewritten thus: *“All course providers must have pharmacists, including pharmacist independent prescribers, involved in the design and the delivery of the course.”* The GPhC uses the term “pharmacy professionals” inappropriately, with intended reference to pharmacy technicians. It must avoid permitting pharmacy technicians to be involved in the design of courses for pharmacist independent prescribers.

Recommendation

Course standard 7.9 *“Assessment regulations must be appropriate for a course that leads to professional annotation. They must prioritise patient safety, safe and effective practice, and clinical and diagnostic skills”* must be revised. If the GPhC is able to specify that assessment regulations must be appropriate, it must be able to evaluate such regulations and therefore ought to specify what these are, in detail.

Q8: Please give any other feedback explaining your responses to the questions on the standards and criteria (Important: Please give both positive and negative feedback where applicable)

Recommendation

As part of any change to the IET standards for pharmacist independent prescribers, the GPhC must provide a syllabus specifying what must be covered on training courses.

Recommendation

The GPhC should set standards for employers requiring that pharmacists are to be given protected training time during working hours to undertake independent prescribing courses.

Recommendation

The GPhC must set out how it proposes to monitor the course standards. This should include details in relation to each standard – for example 5.4 *“Course providers must consult with a range of stakeholders – including patients, the public, course commissioners and employers – to refine the design and delivery of the course.”* As with its 2017 consultation on updating the initial education and training standards for pharmacy technicians, such details are notably lacking from this consultation.

Section 3: Supervising pharmacist independent prescribers in training

Q9a: Will Domain 9 ensure that only appropriately trained and experienced independent prescribers will be acting as designated supervisors for the learning in practice part of pharmacist independent prescribing programmes?

No

Q9b: Please explain your response

The PDA's view is that as a practical measure, a minimum period of relevant experience since qualifying should be introduced for independent prescribers who wish to act as a designated supervisor. We have already made this recommendation in response to the GPhC's discussion paper on supervision of pharmacist independent prescribers. [1]

Section 4: Entry conditions for training

Q10a: Should the current two-year time requirement for training be removed and replaced with a requirement for the suitability and relevance of an applicant's experience to be submitted and approved as part of the application process?

No

Q10b: Please explain your response

The current requirement is that for pharmacists to train to become independent prescribers, they must *"have at least two years' appropriate patient-orientated experience in a UK hospital, community or primary care setting following their pre-registration year."* [2]

The consultation document states:

"Another point put to us by independent prescribing course providers was that the two-year time requirement was inappropriate, for three reasons:

- 1. An applicant may have worked in an area for two years but may not have gained the knowledge and skills needed to train as an independent prescriber.*
- 2. Providers sometimes felt obliged to admit applicants on the basis of time served rather than experience gained.*
- 3. There was no objective justification for having two years as the time requirement (or any other period of time, for that matter).*

These are compelling points and we have considered them carefully. We realise that removing the time requirement might introduce a risk that someone might apply to train before they are ready

(or be encouraged to do this). But we think this can be addressed by introducing a more rigorous requirement for an applicant's experience to be verified, to ensure its suitability and relevance and that they are ready to train. We will be introducing proposals to make this change."

We are concerned about this approach for various reasons:

1. Course providers have an interest in selling courses. The GPhC appears to have placed great store in the views given above.
2. These points could be argued to be equally compelling reasons to increase the time requirement.
3. Whilst it may not guarantee competence, the two-year time requirement provides a practical method of setting a minimum standard in absolute terms, and it seems likely that the majority of prospective trainees would have gained relevant experience in that time in preparation for the course. We do not suggest that that is true of each and every applicant, but we do suggest that they are unlikely to have gained sufficient knowledge and skills without the two-year minimum.
4. If the course providers questioned by the GPhC "felt obliged" to admit candidates on the basis of time served rather than experience gained:
 - a. It would seem they have not been upholding the GPhC's existing standards, and the GPhC has not taken appropriate action to address this failing
 - b. The GPhC is now proposing to trust the same providers to admit candidates only on the appropriateness of the applicant's experience – the requirement they have hitherto failed to uphold. This does not bestow confidence in the rigour of the process and suggests there is significant risk that prospective candidates will be permitted to train, who are not ready to do so.
5. The GPhC has said that it '*will be introducing proposals to make this change*'. The GPhC must clarify what is meant by this. It seems unlikely to us that it would be referring to the proposals set out in the same consultation document as that in which this comment appears. It could be interpreted by some to mean that the GPhC will be making these

proposals to its governing council, irrespective of the outcome of this consultation.

Recommendation

The GPhC should retain the two-year experience requirement for eligibility to train as a pharmacist independent prescriber, adding the requirement that the '*appropriate patient-orientated experience*' must be recent.

Section 5: Impact of the standards

We want to understand whether our standards may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. These characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Q11: Do you think anything in the standards or proposed changes would impact – positively or negatively – on certain individuals or groups who share any of the protected characteristics listed above?

No

Q11a Please describe the impact and the individuals or groups concerned

N/A

Q12: Do you think anything in the standards or proposed changes would impact – positively or negatively – on any other individuals or groups?

Yes

Q12a: Please describe the impact and the other individuals or groups concerned Section 6: Other comments

We are concerned about the impact of these proposals, as they stand, on patients and the profession. The rationale for this can be found in our responses to other questions.

Q13: Are there any other comments you would like to make about these standards or the changes we are proposing?

The PDA stands by and reiterates its position set out in its response to the GPhC's Discussion Paper on Supervising Independent Prescribers in Training. [1]

References

[1] The Pharmacists' Defence Association, "Pharmacists' Defence Association Response to the General Pharmaceutical Council's Discussion Paper on Supervising Pharmacist Independent Prescribers in Training," February 2017. [Online]. Available: https://www.the-pda.org/wp-content/uploads/Independent-Prescribers_Consultation-Response-3.pdf.

[2] General Pharmaceutical Council, "Independent prescribing entry requirements," [Online]. Available: <https://www.pharmacyregulation.org/education/pharmacist-independent-prescriber/entry-requirements>. [Accessed 20 April 2018].