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Pharmacists' Defence Association Response to the General Pharmaceutical Council's Discussion Paper on Supervising Pharmacist Independent Prescribers in Training

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Contents

About the Pharmacists Defence Association	03
Executive Summary	04
The PDA's recommendations are:04
The Consultation Document.....	.04
Consultation Response	05
1. Do you think current supervision requirements should be changed for these reasons?05
2. Do you agree that supervision rights should be extended to experienced pharmacist independent prescribers?.....	.05
3. Do you agree that supervision rights should be extended to other experienced independent prescribers?.....	.06
4a. Do you agree that they are the right measures?06
4b. Should there be any other measures?07
If 'Yes', please explain what they should be.07
5. Are there any equality, diversity or inclusion issues you think have been raised by our proposals?07
References	08

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 26,000 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

Executive Summary

The GPhC issued a discussion paper setting out the case for extending the right to supervise a pharmacist training to become an independent prescriber to other suitably experienced prescribers – including pharmacists (PIPs), doctors, nurses and others. The requirement to have a ‘designated medical practitioner’ (DMP) or ‘designated supervising medical practitioner’ (the term used in Wales) acting as the supervisor would be removed. The GPhC’s proposals are based on the suggestion that experienced practitioners, in any profession or speciality, should be able supervise trainees in their area of practice and the practical benefits for workforce planning, as there would be more available supervisors, leading to an increase in the number of PIPs. This, in turn, would help to address evolving demands for healthcare provision in the NHS.

The consultation runs from 30 November 2016 until 1 February 2017.

The PDA’s recommendations are:

1. The requirement “*Supervisors must have worked in the area in which a PIP in training wishes to learn to prescribe before becoming their supervisor*” must be changed to “*Supervisors must be competent in the clinical area in which a PIP in training wishes to learn to prescribe before becoming his/her supervisor*”.
2. A person supervising a pharmacist training to become an independent prescriber must:
 - have been practising as an independent prescriber, or have been prescribing independently, for at least three years
 - have recent, relevant experience as a prescriber such that the knowledge, skills and principles of practice that will be shared with the trainee will be current
 - provide supervision, support and opportunities to develop competence in prescribing practice
 - have some experience or training in teaching and / or supervising in practice
 - normally work with the trainee prescriber. If this is not possible, arrangements can be agreed for another independent prescriber or DMP to take on the role of the appointed supervisor, provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role.
3. The GPhC must:
 - Specify the competencies required of a supervisor and provide a training syllabus for that role
 - Describe what mentoring (of a person supervising a pharmacist training to become an independent prescriber) would involve
 - Specify the circumstances in which a period of mentoring of the supervisor would be concluded and/or a minimum period of supervision
 - Clarify what is meant by ‘course providers must support supervisors throughout their time as supervisors linked to an accredited course’, explaining what support must be provided and how it will monitor and regulate that support.
4. Panels that accredit and reaccredit independent prescribing courses for both pharmacists and other healthcare professionals, and the board(s)/group(s)/committee(s)/team(s) involved in overseeing and quality-assuring the work of those panels, must include pharmacist independent prescribers as members as well as members from other healthcare professions.

The Consultation Document

As a general principle, the PDA recommends that questions in a consultation such as this should be asked in an entirely neutral manner. Commencing questions with leading wording such as ‘do you agree’ could lead to acquiescence bias.^{[1] [2] [3] [4]} This may mean that the responses obtained will not truly represent respondents’ views. The PDA has provided the same feedback in its response to a number of GPhC consultations in the past.

Consultation Response

We set out three core reasons for changing the current supervision requirements for PIPs in training:

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

1. Do you think current supervision requirements should be changed for these reasons?

YES

The PDA supports the extension of the rights of supervision of pharmacists training to become prescribers to other suitably experienced prescribers, including pharmacist independent prescribers.

We would, however, caveat the reasons set out in this question; for example, it may not be appropriate for *all* non-medical independent prescribers to act as supervisors to *all* trainees. For example, whilst we envisage that doctors or nurses might often be able to act as supervisors to pharmacist trainee independent prescribers, the circumstances in which optometrist independent prescribers could act as such would be more limited. We have proposed controls in this regard in our responses to questions 4a and 4b. Equally, the reason “it makes sense to be supervised by other PIPs” does not in itself provide sufficient justification for the proposal; it is the reason *why* it makes sense that is important. This has been described at least in part in the consultation document and furthermore in our response to question 2.

It is important to have the necessary capacity to train sufficient PIPs to meet NHS service demands. Relevant competence and experience are the appropriate requirements for acting in a supervisory role; it should not be necessary to be a Medical Practitioner.

It is necessary to address one of the reasons for the proposed change set out in the consultation document. The document states “*The population is growing and getting older, with health needs that are getting more complicated. This is adding to the demands on, and the cost of, national health services. Governments across Great Britain (GB) have highlighted the need for the healthcare workforce to develop and adapt to meet these demands, and this includes the pharmacy workforce.*”

Prescribing is a function that should be consistent across all professions eligible to prescribe and that principle is enshrined in the Royal Pharmaceutical Society document “*A single competency framework for all prescribers*”.^[5] If a prescriber is competent, is able to demonstrate the ability to pass on knowledge and other appropriate requirements are met (see elsewhere in this response document), he or she should be able to supervise a pharmacist training to become a prescriber. However, this principle is one which stands independent of economics; although cost saving may be one of the drivers of change, patient safety must be maintained to the same degree or enhanced after the change has been implemented. It is therefore necessary to ensure that appropriate controls are put in place to that end.

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

YES

As experts in medicines, it is appropriate that pharmacist independent prescribers would be among those permitted to take on this supervisory role (again subject to appropriate controls). The experiences of those pharmacists will likely prove invaluable to trainees looking to take up the same role – for example in explaining how to overcome the challenges faced and how to ensure patient safety.

However, we do believe that the changes should be subject to additional constraints beyond those proposed in the consultation document (see our responses to questions 4a and 4b).

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

YES

We support the principle of a single competency framework for prescribing and agree with the principle that supervision rights should be extended. However, the PDA's view is that this must be subject to the stipulations that we have set out in this response.

We are proposing that four measures should be put in place if supervision rights are extended:

- a. Supervisors must have worked in the area in which a PIP in training wishes to learn to prescribe before becoming their supervisor.
- b. Supervisors must be trained for the role before they begin.
- c. Supervisors must be mentored for a period of time once supervising.
- d. Course providers must support supervisors throughout their time as supervisors linked to an accredited course.

4a. Do you agree that they are the right measures?

NO

The stipulation "Supervisors must have worked in the area in which a PIP in training wishes to learn to prescribe before becoming their supervisor" is unclear. Without qualification, "area" could be taken to mean the therapeutic area, geographical area or "healthcare area" / profession – i.e. pharmacy, for example. The consultation document used the term "prescribing area" rather than simply "area" in this context, however we feel that the stipulation must be clearly written, if it is to become a standard set by the GPhC.

Recommendation

The requirement "*Supervisors must have worked in the area in which a PIP in training wishes to learn to prescribe before becoming their supervisor*" must be changed to "*Supervisors must be competent in the clinical area in which a PIP in training wishes to learn to prescribe before becoming his/her supervisor*".

A pharmacist independent prescriber (PIP) must have had some period of experience before becoming a supervisor. We recognise that time served is not a perfect indicator of competence, but we believe it is unlikely that a PIP will have gained enough experience to supervise a trainee immediately upon qualifying as such. A specified minimum period of practice could provide a robust, quantitative, measurable standard which would allow sufficient experience to act as a supervisor to develop.

Minimum time periods are used to afford public protection in other circumstances. For example, a pharmacist wishing to act as a tutor to a pre-registration graduate must have been practising for at least three years in the sector in which he or she will act as a tutor. This ensures that the pharmacist has had sufficient time in practise to enable him or her to act as an appropriate role model and to have acquired sufficient experience (to complement his or her training) to ensure it is imparted appropriately to a trainee. We believe that it is an appropriate safety mechanism to extend the same principle to PIPs and other prescribers supervising a trainee independent prescriber.

Similarly, the current requirement for a pharmacist training to become an independent prescriber is that he or she will be supervised by a 'designated medical practitioner' (DMP). Among the Department of Health's eligibility criteria for becoming a DMP, the medical practitioner 'has normally had at least three years' recent clinical experience with a group of patients/clients in the relevant field of practice'. Other eligibility criteria for DMPs include:

- is in a GP practice and is either vocationally trained or has a certificate of equivalent experience from the Joint Committee for Postgraduate Training in General Practice Certificate or is a specialist registrar, clinical assistant or a consultant within a NHS Trust or other NHS employer
- has the support of the employing organisation or GP practice to act as a DMP who will provide supervision and support to the NMP student and opportunities to develop competence in prescribing practice
- has some experience or training in teaching and/or supervising in practice
- normally works with the trainee prescriber. If this is not possible (such as in nurse-led services or community pharmacy), arrangements can be agreed for another doctor to take on the role of the DMP, provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee prescriber will ultimately be working.^{[6] [7] [8]}

We would like to have seen these criteria set out in the consultation document; the GPhC did not make it clear that such quality assurance measures would potentially be lost if it were to implement the changes as proposed. We note, however, that a further consultation on education and training standards for pharmacist independent prescribers will be conducted before a decision is made on whether to implement the proposals set out in this one.

It is important that the supervisor have recent, relevant experience as a prescriber such that the knowledge, skills and principles of practice that he or she will share with the pharmacist trainee independent prescriber are current. A person who qualified as a prescriber but who had not practised as such for a long period of time may not be an appropriate supervisor.

Recommendation

A person supervising a pharmacist training to become an independent prescriber must:

- *have been practising as an independent prescriber, or have been prescribing independently, for at least three years*
- *have recent, relevant experience as a prescriber such that the knowledge, skills and principles of practice that will be shared with the trainee will be current*
- *provide supervision, support and opportunities to develop competence in prescribing practice*
- *have some experience or training in teaching and / or supervising in practice*
- *normally work with the trainee prescriber. If this is not possible, arrangements can be agreed for another independent prescriber or DMP to take on the role of the appointed supervisor, provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role.*

The four measures proposed in this question require clarification and further detail. We therefore make the following recommendation.

Recommendation

The GPhC must:

- *Specify the competencies required of a supervisor and provide a training syllabus for that role*
- *Describe what mentoring (of a person supervising a pharmacist training to become an independent prescriber) would involve*
- *Specify the circumstances in which a period of mentoring of the supervisor would be concluded and/or a minimum period of supervision*
- *Clarify what is meant by ‘course providers must support supervisors throughout their time as supervisors linked to an accredited course’, explaining what support must be provided and how it will monitor and regulate that support.*

4b. Should there be any other measures?

YES

If ‘Yes’, please explain what they should be.

For quality and governance purposes, it is important to enable the sharing of best practice and knowledge in prescribing between professions and to prevent the accreditation of prescribing courses being conducted exclusively within a single profession, without outside oversight or input. As experts in medicines, pharmacists would be well-placed to advise on and assist in overseeing independent prescribing courses for other healthcare professions. Similarly, pharmacist independent prescribing courses would benefit from oversight and input from other healthcare professionals such as doctors and nurses.

Recommendation

Panels that accredit and reaccredit independent prescribing courses for both pharmacists and other healthcare professionals, and the board(s)/group(s)/committee(s)/team(s) involved in overseeing and quality-assuring the work of those panels, must include pharmacist independent prescribers as members as well as members from other healthcare professions.

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

NONE ARE APPARENT FROM THE INFORMATION PROVIDED IN THE CONSULTATION DOCUMENT.

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