



Revisiting competence for pharmacist prescribers and non- prescribers in all settings

PDA members working in England, Scotland, and Wales

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Introduction

Recent developments involving cases of pharmacists being referred to the General Pharmaceutical Council (GPhC) as a result of incidents involving questionable prescribing and non-prescribing practice and patient risk or harm have led the PDA to issue this advisory letter to all pharmacists.

In such cases, where pharmacists' prescribing is being reviewed in detail, often independent prescribing experts are engaged to provide opinion. If it is found that pharmacists cannot provide sufficient evidence of relevant training and experience to underpin and justify their prescribing competency and decision making, then sanctions have started to include suspension from the register.

Key points

- The GPhC is focussing on obtaining evidence of the competence of pharmacists and Pharmacist Independent Prescribers (PIPs) referred to them following errors and incidents.
- PIPs are expected to have knowledge of and prescribe in accordance with the following documents as well as local and national guidance on prescribing (e.g. ICS/CCG policies, NICE):
 - [Royal Pharmaceutical Society, 2021. Prescribing competency Framework](#)
 - [GMC, 2013b. Good practice in prescribing and managing medicines and devices](#)
 - [GPhC, Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet, March 2022 update](#)
 - [Royal Pharmaceutical Society 2022, Expanding Prescribing Scope of Practice](#)
- Lack of evidence of competence and the undertaking of actions which are likely to bring the profession into disrepute are resulting in GPhC investigation and action including the threat of suspension.
- Pharmacists must take responsibility for their learning – experience in one sector cannot be assumed to confer competence in another. Continuing Professional Development should also evidence ongoing learning in relevant areas.
- Paper qualifications and completion of training workshops alone are not sufficient to confirm competence.
- It cannot be assumed that qualifications/modules aimed at community pharmacy practice will provide the depth of knowledge required for general practice pharmacy.
- Supervised prescribing practice and review discussions with a senior clinician to gain experience in agreed areas of prescribing (extending beyond the IP training period), together with access to a peer group are essential to maintain good practice. Poor practice across a sector will not be accepted as justification for poor practice by an individual registrant. For example, questionable prescribing practice in online settings such as a failure to communicate with a patient's GP or other relevant clinician providing care cannot be justified by stating that the patient declined to allow the GP to be contacted; or that this practice is common amongst other online providers.

- PIPs MUST always refer/escalate where an examination uncovers symptomology which does not lie within their scope of practice.

Members will have seen several PDA articles which have been published over the past few years alerting them to the risks associated with prescribing, whether this be in a general practice, hospital, private or online setting.

Our database of incidents which members have been involved in shows that there is a significant increase in incidents involving PIPs working in online/remote settings together with the expected upturn in incidents linked to general practice work as the practice pharmacist workforce increases.

A number of recent documents from the GPhC have provided some insight into the standards they look for when considering whether a pharmacist under investigation has operated competently or not. The serious nature of some incidents and the determinations at different stages of the regulatory process have prompted us to send this communication to our members reiterating the importance of not only recording training but participating in appropriate shadowing, supervised practice and peer review and mentorship to underpin their prescribing qualifications. The GPhC expects prescribers to be able to describe and justify their prescribing and care choices on every occasion and to have suitable training and experience underpinning those choices.

Below are descriptions of the types of incidents which are leading to referrals and investigations:

- General practice pharmacist independent prescribers (PIP) working outside their scope of competence resulting in misdiagnosis leading to:
 - o Life limiting illness
 - o Delay in identifying serious disease progression
 - o Death
- PIP(s) working in online settings failing to place patient safety above issuing prescriptions, citing organisational policies as justification, even after patients have been harmed (including fatalities):
 - o Supply of significant amounts of medicines subject to misuse including opiates and salbutamol inhalers.
 - o Supply of prescription only medicines to vulnerable patients who were able to amass significant quantities which may result in harm.
 - o Supplying of medicines to patients in the absence of communication with their regular doctor or GP practice.
- PIP(s) working in online settings soon after obtaining their IP qualification and failing to support their practice with adequate additional training, peer discussion, mentoring and education to cover the wide range of medications which they prescribe.
- General practice PIPs providing high risk activities in triage, telephone triage and walk-in clinics without adequate experience and training resulting in:
 - o Misdiagnosis and subsequent patient harm including serious illness and death.
 - o Referral to GPhC by the Care Quality Commission (CQC) for working beyond competence without clinical supervision.

- Pharmacists working in general practice and prison settings referred to GPhC and FtP following concerns about their lack of competence and failure to carry out safe medication reviews and medicines reconciliation.

Potential Regulatory Impact

In relation to evidence about the conduct or behaviour of a registrant which might cast doubt on whether they meet fitness to practise requirements, the Committee will consider whether that conduct or behaviour:

- (a) presents an actual or potential risk to patients or to the public;
- (b) has brought, or might bring, the profession of pharmacy into disrepute;
- (c) has breached one of the fundamental principles of the profession of pharmacy;
- or
- (d) shows that the integrity of the registrant can no longer be relied upon.

Where the conduct of a registrant has been so far from what is expected that it is deemed to potentially bring the whole profession into disrepute, the committee may impose a sanction towards the more severe end of the scale, even where no patient has been harmed.

The committee will also consider whether the registrant's actions have breached any professional standards. As an example, a PIP working in an online pharmacy which operates a system whereby a patient can select the medicine they require online (rather akin to purchasing items from Amazon), fill in a questionnaire and then have it signed off by a PIP without any direct communication with their GP or the PIP, may find that they are deemed to have breached the following standards:

- **Standard 1** – Pharmacy professionals must provide person centred care
 - **The appropriateness of medication prescribed cannot be assured without access to patient records.**
- **Standard 2** – Pharmacy professionals must work in partnership with others
 - **Failing to communicate and work in partnership with the patient's GP is a major risk factor when providing medications remotely.**
- **Standard 3** – Pharmacy professionals must communicate effectively
 - **Failure to have any direct contact with the patients for whom they are prescribing or to communicate the actions they have taken to the patient's GP cannot be regarded as effective communication.**
- **Standard 5** – Pharmacy professionals must use their professional judgement
 - **Simply supplying what is available on the website in response to the order manifest provided by the patient is not appropriate for a prescribing professional.**
- **Standard 8** – Pharmacy professionals must speak up when they have concerns or when things go wrong
 - **Registered pharmacists should be aware that a system of POM supply which fails to include access to patients' medical records or to inform GPs about what has been prescribed for their patients cannot be regarded as safe or appropriate.**
- **Standard 9** – Pharmacy professionals must demonstrate leadership

- o **Registered pharmacists on finding that there are practices in place which threaten patient safety should raise these issues and play a leadership role in addressing the issues and advising on safer practice.**

Patient confidentiality and online services

The PDA has had the argument regarding preserving patient confidentiality presented as justification for the provision of medicines to vulnerable patients without alerting their GPs on several occasions. However, this consideration is incompatible with patient safety when the provision of medications which can be harmful in overdose, cause dependence or possibly interact with other medication are being provided.

In such cases, we would argue that the only professional choice is to explain the inherent risks to the patient and state that a prescription cannot be provided unless the patient's GP can be contacted.

Conclusion

The GPhC is taking harm and the potential for harm linked to pharmacists operating without the required level of competence extremely seriously, and committee decisions and sanctions are starting to reflect this. The Care Quality Commission (CQC) will refer clinicians where they believe that they are working outside their scope of competence.

We would urge pharmacists in all sectors to reflect on the work they currently undertake and whether their competence is sufficient. They should consider what additional training, mentorship or self-study might be required.

The PDA would also specifically advise any pharmacists working in remote settings to give serious consideration to whether there are appropriate policies and processes in place and whether they would be able to justify their prescribing practice should their place of employment be subject to GPhC or CQC inspection, or should they personally be the subject of a referral to a regulator. If there is resistance to adhering to professional standards or implementing improved safety measures, it would be advisable to reflect on whether continuing to work in such an environment may result in risk of patient harm and regulatory sanctions against individuals involved.

Additional information is available in the PDA's frequently asked questions document ([Advice and FAQs for prescribing and non-prescribing pharmacists in primary care](#)) and if members have any concerns or questions around their individual circumstances, they should contact the PDA.