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GPhC Consultation on education and training standards for pharmacist independent prescribers

Section 1: Learning outcomes

As part of this revision of the education and training standards for pharmacist independent prescribers, we have developed a set of learning outcomes which should describe the right knowledge, skills and attributes of a pharmacist independent prescriber.

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 agree X

Partially agree

Neither agree nor disagree

Partially disagree

Strongly disagree

Don't know

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

Yes X

No

Don't know

(If you have answered 'No' or 'don't know', go to question 3)

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

Person-centred care X

Professionalism

Professional knowledge and skills

Collaboration

Other (please state another area below)

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

There is little reference to the RPS *Competency Framework for all Prescribers*[i] . This multidisciplinary project included this previous statement from GPhC:

"The General Pharmaceutical Council sets standards for the education and training of pharmacists to become prescribers. These standards require that the curriculum of a prescribing programme reflect relevant curriculum guidance, which includes the prescribing competency framework. Our prescribing standards work in conjunction with the competency framework and other standard for pharmacy professionals, to help ensure consistency and quality in programme design."

The RPS has reservations about the learning outcomes approach and would urge the GPhC to adopt the RPS prescribing competency framework in line with the Nursing and Midwifery Council (other regulators are also expected to take this approach) as this describes the knowledge and skills required and is already being used by foundation level pharmacists to support their professional development and readiness for a prescribing role.

We do not follow the logic of this framework being too broad for use in training programmes and would request evidence for not adopting it. Adoption of the prescribing competency framework would also support a more bespoke approach for trainees and providers because the trainees will focus on the prescribing competency framework and the current education and training standards can be more geared towards providers i.e. entry criteria, length of programme, assessment (based on the competency framework) etc.

At the very least, we strongly suggest there is an explicit reference to support the content of the competency framework.

Some members have fed back that compassion should be more prominent in the learning outcomes**.**

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

Yes X

No

Don't know

(If you have answered 'No' or 'don't know', go to question 4)

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

Domain 3

Professional knowledge and skills point 5 "Interpret relevant investigations, results and data to make decisions about people"

Is "about people" the best terminology here? This sounds very paternalistic and at odds with the statements in the previous Person Centred Care section. Should we be thinking in terms of treatment plans and shared decision making about next steps?

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)

Section 2: Standards for course providers.

As part of this revision of the initial education and training standards for pharmacist independent prescribers, we have produced a set of standards for course providers detailed in Part 2. The standards describe the requirements for courses delivering the learning outcomes in Part 1.

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 agree X

Partially agree

Neither agree nor disagree

Partially disagree

Strongly disagree

Don't know

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

Yes X

No

Don't know

(If you have answered 'No' or 'don't know', go to question 7)

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 **X**

Domain 2 – Equality, diversity and inclusion

Domain 3 – Management, resources and capacity

Domain 4 – Monitoring, review and evaluation **X**

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 (please state)

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

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

Yes X

No

Don't know

(If you have answered 'No' or 'don't know', go to question 8)

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

Part 2 entry requirements, point h states that "If, having fully evaluated an application, a course provider decides that a pharmacist is not experienced enough to train as an independent prescriber, they should reject the application, giving their reasons"

This is an-opt out approach. Might it be better, given the shift towards trying to ensure that candidates are suitably experienced before embarking on the course, to go for an 'opt-in' approach? E.g. "If, having fully evaluated an application, and the evidence provided , a course provider decides that a pharmacist has gained enough experience enough to train as an independent prescriber, they should approve the application, giving their reasons"

If an application is not approved reasons must also be given.

Domain 1

Selection and entry requirements. More clarity is required around identifying a clinical or therapeutic area in order not to cause confusion and to illustrate that this could be a general area such and A&E or GP practice or a specialist area, as discussed elsewhere in the document.

E and f could be amalgamated to describe all the requirements of the designated prescribing practitioner in one place.

Is there a conflict of interest if providers are assessing suitability and receiving funding for each successful applicant? There will need to be transparency and standardisation around the requirements for entry to the course. Will there be clear criteria or scrutiny of this by GPhC?

Domain 3

There has been feedback in discussion with prescribers around the variation in clinical content of courses. GPhC will have to ensure the variation is reduced. It is hoped that the new standards will address this but much will depend on the transparency provided and scrutiny undertaken.

Domain 4 – Monitoring, review and evaluation.

4.4 Course monitoring and review must take into account the external environment, especially pharmacy, to ensure that courses remain up to date as they are delivered

The phrase "Especially pharmacy" is not clear. This could be expanded to give more clarity on what is meant. Does this mean providers must take into account the changes in routine pharmacy practice?

Point 4.5 states that feedback to prescribers in training must be embedded in review processes but should feedback from those in training to the provider not also be considered?

4.6 The providing institution must have validated the course before applying for GPhC accreditation

How will this be undertaken?

Domain 6 –Learning in practice.

Courses must ensure that an appropriate amount of multidisciplinary teaching and "learning in practice" is embedded regardless of which healthcare profession is undertaking the designated prescribing practitioner role. Concerns have been expressed by members of the RPS that the implementation of the DPP will mean a loss of opportunity to access to a DMP as there will not be an incentive for doctors to take part. It has been suggested that designated medical input needs to be part of the standards even if the trainee is being supervised by a DPP.

We advocate that the wording of the standards be explicit to ensure that adequate support and advice is received from other health care professionals , so that multidisciplinary teaching from other prescribers is embedded in a similar way as previously when sign off was from a medical designated prescribing practitioner i.e. " must" draw on support rather than may.

Also it should be very clear that the changes are to widen capacity in the longer term, and that it is for the trainee to choose their own designated practitioner depending on what is most appropriate for their individual circumstance

Domain 7 –

From experience and feedback from many training IP pharmacists, there is an inconsistent approach to assessment for IP examination and assessment from various providers. Some courses are more clinical challenging than others. In order to ensure we have competent pharmacists that are safe to prescribe we should reduce variation in approach to assessment within some minimum standard. This will add to the credibility and confidence in IP pharmacists amongst the public and other healthcare professionals especially around 'diagnostic skills'.

Domain 9 - Designated prescribing practitioners.

Active prescribing competence should be more explicit as the designated prescribing practitioner must be prescribing very regularly to undertake this role and be working to the definition described on page 10.

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)

Section 3: Supervising pharmacist independent prescribers in training

In a discussion paper issued in November 2016 we asked whether the role of designated medical practitioner should be expanded to allow suitably experienced and qualified nonmedical independent prescribers to act as supervisors for the learning in practice part of pharmacist independent prescribing programmes. The questions we asked were:

- **Whether supervision rights should be extended to experienced pharmacist independent prescribers and**
- **Whether they should be extended to other experienced independent prescribers.**

The responses have been reported in this consultation document, but in summary there was strong agreement with the first proposal and clear agreement with the second. With that mandate we have written a new domain, Domain 9, for an expanded group of supervisors – designated prescribing practitioners.

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?

Yes

No X

Don't know

(If you have answered 'Yes' or 'No', go to question 9b)

Q9b: Please explain your response

9.2 states "appropriate clinical and diagnostic skills". Should this not also reflect the requirement for considerable experience to emphasise the need for prior experience.

In addition our member feedback has indicated a requirement to be even more explicit in the requirement that the designated prescribing practitioner (DPP) should be regularly prescribing in practice.

9.5

Will feedback from course providers and the requirement for extra training as necessary be enough to ensure ongoing competency of the DPP. How will this be assessed in the longer term?

Section 4: Entry conditions for training

One of the present entry conditions for training as a pharmacist independent prescriber is that the pharmacist must have worked in a patient facing context in the UK for at least two years. At this point they should have acquired the clinical knowledge they need to then train to prescribe in that area. During our pre-consultation meetings, it was put to us by independent prescribing course providers 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 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 using two years as the time requirement. We accept these points and propose to remove the current two-year time requirement for training. We propose to replace it with a requirement for the suitability and relevance of an applicant's experience to be submitted and verified as part of the application process.

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?

Yes

Q10b: Please explain your response.

We support the competency based approach suggested instead of a time requirement which will give a qualitative standard and this combined with entry based on the evidence of experience submitted will ensure pharmacists enter the course only when appropriately prepared.

The RPS recommends that pharmacists should be clinically competent to foundation level (see the RPS's Foundation Pharmacy Framework) before entering independent prescribing training and that it would be advisable that a potential trainee discusses readiness for training with a tutor/educational supervisor or other appropriate person. This discussion should be logged and part of the selection criteria and is in the best interests of patient safety.

It will also be important to ensure that prior to undertaking the prescribing course the practitioner has had access to supportive measures such as supervision, mentorship, coaching, and professional development.

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 (If you have answered 'No' or 'don't know', go to question 12)

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

Yes

No X

Don't know

(If you have answered 'No' or 'don't know', go to question 13)

Q12a: Please describe the impact and the other individuals or groups concerned

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Section 6: Other comments

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

[i] RPS A Competency Framework for all Prescribers Publication date: July 2016