Designated Prescribing Practitioners – A National Conversation for Community Pharmacy
June 2024

Introduction

The National Pharmacy Association (NPA) and the Royal Pharmaceutical Society (RPS) brought together a range of stakeholders across community pharmacy to facilitate a discussion about the challenges and opportunities for securing access to designated prescribing practitioners (DPPs) to support the pharmacy workforce to be independent prescribers in England.

The objectives of this event were to:

- Bring together key stakeholders involved in the development of DPPs in England
- Provide a forum for a focussed conversation on access to DPPs for training programmes registered with the National Recruitment Scheme (Oriel) in England for foundation training from 2025/26.
- To share best practice and insight on how to support the development of DPPs for community pharmacy
- Foster a shared understanding and purpose supporting the development of prescribing education supervision in England.

While a significant focus of the discussions was on access to DPPs for foundation trainee programmes in the National Recruitment Scheme (Oriel) for the training year 2025/26 onwards, there were also wide-reaching discussions about the access to DPPs for the current registered workforce.

This document provides a narrative summary of the discussions, and the areas explored by the participants, as well as the recommendations for future collaborative action.

Areas of Discussion

Experience of Students and foundation trainees

Central to all the considerations was ensuring that students and foundation trainees have a positive experience. Fundamentally, all sectors of practice need to work together to ensure that trainee pharmacists get the best experience, successfully demonstrate all General Pharmaceutical Council (GPhC) learning outcomes in practice during the training period, pass the registration assessment and fly through to registration to be able to support patients. Driven in part by the strong student voice and representation around the table, there was an agreed sense of collective need for action. The group recognised that they are creating the future of the profession, and it is vital that all parts of the profession align around this shared goal. We need to ensure that not only those registering as prescribers from 2026 are considered, but also the current cohorts of 4th year students and foundation trainees joining the register who aren't going to be independent prescribers (IP) at the point of first registration. These new pharmacists will also need support to enable them to become prescribers.

Local Relations and Local Solutions

Contributors discussed the importance of working within the regions of NHS England, and the healthcare systems (Integrated Care Systems). Participants discussed how the setup and organisation of the NHS in England had driven a more localised approach, which requires new ways of working to be developed for national organisations to engage and support with. Some national pharmacy employers shared details of the complexity and scale of the challenge they are working within whilst seeking to find placements and DPPs centrally.

However, this setup presents local opportunities, and the group heard of examples where this system-based approach can help enable solutions. A community pharmacy chain based predominantly in the North West and Yorkshire demonstrated the value of these local conversations, explaining how networking across sectoral interfaces allowed them to effectively highlight the benefits of community pharmacy rotations to employers of trainees in other sectors of practice. This not only allowed for the formation of multi-sector reciprocal trainee rotations but also the sharing of DPP capacity.

In addition, the group heard about novel opportunities for cross-sector placements, with prescribers based in the Health and Justice system as an example of supporting different approaches locally.

Direct examples from the Teach and Treat initiative in the Southwest which supports community pharmacists across Devon, and the investment made in the East of England, were discussed. Some local systems had made the conscious decision to provide targeted investment to support DPPs in community pharmacy, but this was not universal.

Local Matchmaking Service

The people function of the Integrated Care Board (ICB) describes the convening role of the ICB, and therefore these organisations can help support the development of the workforce, building on the NHS England Educator workforce strategy[1]. There is a recognition that ICBs are now central to delivering this, and the pharmacy workforce leads could be supported further to help DPP implementation locally. As a result, there was further discussion about how to facilitate a local "matchmaking service" and that these need positive relationships to be successful.

The National Recruitment Scheme (Oriel)

The participants discussed the National Recruitment Scheme and understanding the current picture. At a national level there are currently more placements offered in the scheme than there are students seeking a foundation training place. It was acknowledged that not all of these students will require a DPP due to being trained on an OSPAP (Overseas Pharmacists Assessment Programme) course or due to interruption of their studies on an MPharm course and graduating against the previous educational standards and learning outcomes.

Students flagged their concerns that currently they are making preferences with the risk that a provider may not be able to secure a DPP and could pull out. NHS England explained that they continue to review the plans for DPP access within each foundation placement for 2025/26, with reference to plans for access to a prescribing learning environment. This approach is being pursued within regions, at ICB level, in collaboration with ICB pharmacy workforce leaders. Many placements already have DPPs secured, others have pathways or approaches that mean that the DPP will be secured by the start of the programme. The result of this work will support NHS

England regional teams and ICB workforce leads to better understand where they should focus their targeted support.

Differences between Foundation and Post Registration IP

It was noted by the group that there are several misconceptions about the requirements in foundation training to become a prescriber when compared to post registration IP courses provided by universities.

The changes to the initial education and training standards mean that the development of skills and experience required to become a prescriber is embedded through the undergraduate course. Therefore, prescribing in the foundation programme is not standalone, but part of a five-year continuum of training and development. These students will have had independent prescribing woven throughout their undergraduate education, with the skills needed to be a prescriber embedded through their undergraduate course.

This contrasts to the current independent prescribing course in post registration practice, which is a standalone training course. It was agreed that it would be helpful for pharmacy organisations to provide clarity around the actual and potential differences between pre-registration and post-registration independent prescribing training.

Using Prescribing Skills to improve Patient Care

Prescribing skills will be a core part of the professional identify of a pharmacist going forward and there is a need for this to be embraced by all parts of the profession. The group discussed the disparity between having the skills and ability to prescribe and then having the opportunity to use these in practice to support patient care - as one participant described this -*"Get Pharmacist Prescribers, Prescribing"* . There has been a strategic direction of travel in creating more pharmacist prescribers in secondary care and Primary Care Networks (PCNs), with future ambitions in community pharmacy. Although examples of prescribers not having adequate opportunity to use their skills were not confined to community practice, but also included hospital and primary care, where the pharmacists had received the training, but service pressures and pathway design hadn't yet allowed them to maximise the use of their prescribing skills.

There was a collective understanding that all organisations have a role to play in supporting the existing prescribing pharmacy workforce, of which there are approximately 15,000 in England, to be able to use their prescribing skills in practice. It was believed that having greater opportunities to be active prescribers would help many of the existing prescribers be confident to act as DPPs.

In community pharmacy there was further discussion about all parties supporting the faster roll out of IP pathfinder sites in community pharmacy, which have been delayed. Many shared their ambition for a national prescribing service being implemented in community pharmacy, and therefore the need to support more pharmacists to be prescribers. Indeed, several contractors described the development of private pharmacy services which could support use of pharmacists' IP skills.

Creating a prescribing environment

Many called for commissioning of pharmacist prescribing services on a national scale. There were some positive messages about future political ambitions in this area, specifically in the Community Pharmacy Pathfinder sites, which are testing and understanding the prescribing environment required in community pharmacy. However, there were concerns raised about the speed at which pathfinder sites have been able to go live.

It was also discussed and recognised that where private prescribing services are present in community pharmacy, these services would be appropriate training settings for foundation trainee pharmacists, as long as they are providing healthcare services and align with the other principles that NHS England have provided that guide the selection of a 'nominated prescribing area' for a trainee. For example, provision of aesthetics injections would not be appropriate.

Challenges with the current infrastructure within community pharmacy settings, in particular the difficulties with IT were discussed. These ranged from investment in the hardware by contractors, the flexibilities of Patient Medication Record (PMRs) systems, to the speed of internet connections in community pharmacies.

Although NHS England have recently invested to improve the digital infrastructure in community pharmacy, there is still more to do. Recent changes to allow updates to the GP patient record, streamlined electronic referrals from GP to community pharmacy and real time access to GP patient record including investigations and observations are all welcome enhancements to enable clinical services and improve interoperability.

There is an onus on us all to create a prescribing environment that can provide high quality care for patients, enable pharmacist prescribers to use their skills and qualification and in turn provide the learning environments for foundation trainee pharmacists as the prescribers of the future. As a result, it is key that the infrastructure challenges are recognised and addressed.

Contracting

Relating to the National Recruitment Scheme, several attendees discussed the challenges with the legal contracts for trainee provision being different across ICBs, and the differing approaches to vicarious liability that need to be considered. This creates challenges for all sizes of pharmacy to get appropriate legal advice and support to implement contractual agreements. There was a clear desire for greater standardisation of contracts, with a national template, to simplify the process for all involved. The group discussed the draft template contract that NHS England is developing. The benefits of this will be that it can be used by any site employing a foundation trainee pharmacist to contract with another organisation providing a rotational training site.

The template contract development was initiated in response to requests from the Community Pharmacy Workforce Development Group and is being reviewed by stakeholders for review prior to release.

Offering Placements

It was explained by some present that a pharmacy contractor will decide whether or not it is appropriate for them to provide a placement for a trainee. The factors involved include benefits, costs and the challenges of the current ambiguity. Different contractors will make an assessment of the risks for their business which may preclude some providers from being able to offer

placements, especially where there is uncertainty. Therefore, minimising ambiguity for all parties involved may help to improve the provision of placements.

Investment in Training Provision

There were discussions about the challenges with the investment and funding that is made centrally in training provision.

The level of funding provided to contractors is accepted as a contribution to all of the costs of training, and not to cover all costs. The funding recognises that the trainee will make a contribution to the delivery of pharmacy services and help support the operation of the pharmacy. It was recognised that a setting hosting a pharmacy foundation trainee should benefit overall. However, the case for the benefits isn't always clear to practices, pharmacies and trusts. More can be done to demonstrate the benefits, particularly of working collaboratively across sectors.

There were positive discussions about how the community pharmacy training grant had been brought up to a level that is on par with other pharmacy sectors. This represented a significant increase in the overall funding allocated to foundation training, with community pharmacy seeing an uplift of £8,000 per trainee. It was recognised that in some areas this harmonisation had impacted programmes where secondary care was the primary employer. However, this had also allowed for new models and training partnerships to be formed in which secondary care was a rotation within a programme where the employer was not a secondary care organisation.

It was noted that the previous Health Education England (HEE)-provided GP Training funding has been incorporated into the model of harmonised funding for trainee pharmacists from 2025/26, as part of the component contributing to the costs of supervision. As a result, it will no longer be provided as a separate payment, which has affected the appetite of some GPs to support placements. This stimulated some discussion about the differences in funding provided to medical trainee placements compared to pharmacy, with some calling for greater parity.

The case was made for supporting and clarifying the benefits to organisations from having trainees and from supporting them with DPPs. Several compelling examples of community pharmacy-based trainees then supporting GP practice demonstrated that this is possible. These examples were based on local leadership and connections, which need to be fostered.

Building Relationships with Changing Staff

Building a relationship between a trainee and a DPP is vitally important to have a safe and effective learning experience and environment. We heard from students about how important it is that there is a positive relationship with mentors to help them grow and develop.

Therefore, concerns were expressed about how to maintain continuity and realise the value of the investment in the workforce by keeping trainees within the organisation. This was articulated in some of the challenges of cross-sector working, where there are blocks of activity in different settings, which make continuity of support across the year challenging. The group heard of positive examples of trainees in community and general practice working closely together which

allowed a rotation on a weekly or almost daily basis. These approaches helped to ensure relationships were forged and that the placements were truly integrated. It was noted that data from the National Recruitment Scheme also highlighted that programmes including multi-sector rotations were more popular than single sector programmes, indicating a general preference amongst the applicant cohort for this type of experience.

Capacity to Train - Prioritisation in Job Descriptions

There is a recognition by all providers about the current pressures being experienced across the health service, not just in community pharmacy, but across primary care and in secondary care settings. These capacity constraints create challenges for the infrastructure to support trainees, as practitioners are seeking to manage current workforce pressures and increasing service demand.

There was discussion about the competition for DPPs between undergraduate students due to enter foundation training, but also DPP requirements for supporting the registered pharmacist workforce who are not yet prescribers. At times these may be in competition with each other, and some providers described how they have needed to consider choosing between allocating support to existing registrants versus future foundation trainees. There was an understanding that ideally provision should be there for pharmacy teams to create this training opportunity across the profession.

Some perspectives were shared about updating and improving job descriptions and job plans to enable staff to have the time and capacity to be DPPs. In any organisation and setting it is important that people have time to develop others and develop themselves. Local leadership is needed by all employers, in all sectors, to consider how they can deliver an effective approach to education within each business or organisation.

Consistency

Students raised the importance for them of consistent quality in their placements. It was explained that the foundation training programme from 2025/26 will be quality managed by NHS England, who will be accredited by the GPhC to fulfil this role for all training sites. Supervisors supporting foundation trainees from 2025/26 (including DPPs) will have the assurance that they are working within a regulator-accreditation quality assurance approach, underpinned by the NHS England Quality Framework.

It was discussed that the RPS DPP competency framework[2] offers a useful reference point which can support standardisation. The NHS England commissioned ProPharmace programme for DPPs was recognised for its positive way of providing confidence for DPPs[3] having helped over a 1000 DPPs get the training and support needed.

Supervision Ratio

There are some misconceptions about the permitted ratios of DPPs to trainees. NHS England have stated that in the foundation training year from 2025, a DPP can support more than one trainee at a time. This approach is not always taken by Higher Education Institutions (HEIs) running post-registration IP courses. Some HEIs have strict criteria that are embedded in their accreditation criteria which prevent them from allowing DPPs to support more than one student. It was discussed that this isn't mandated by the regulator and is at the discretion of each HEI operating their IP course. As a result, further communication could be made to HEIs to support them in changing this rule. Therefore, the ratio and efficiency of one DPP to support more than one

student could help manage numbers. For example, in a split placement environment between general practice and community pharmacy, the DPP in the GP could support both trainees. The group also heard of the NHS England Teach and Treat model in the South West where a single DPP is able to support and provide a high-quality training experience for multiple students.

Myths about IP – 90 Hours of Learning

Discussion was had around how the GPhC requirement of 90 hours of learning relating to prescribing can be accrued during the 2025/26 foundation training year. Lots of activities happen in a community pharmacy that can contribute to the 90 hours of clinical practice that support the learning requirements to become a prescriber. It was clarified that the 90 hours of practice does not all need to be in a clinic or physically prescribing. It is about making sure that the wider skills that contribute to the prescribing process are understood. As an example, it was discussed that a Pharmacy First consultation, where someone is assessing a patient, using communication skills, carrying out a physical assessment and engaging in shared clinical decision making, can and should all contribute to the 90-hour requirement, even if a prescription hasn't been written. In addition, multi-professional meetings, discussing a patient also can contribute. The group heard examples of where hospital trainees may benefit from being in a community pharmacy setting as it allows them the opportunity to carry out high volumes of physical assessments, such as blood pressure testing, which may be harder to do in a managed care environment. This precipitated a discussion about ensuring that when services are commissioned that foundation trainees are considered in the service specification, making it clear which elements they can complete under appropriate supervision.

Myths about IP – 3 year rule

There was significant discussion about the misinterpretation of the requirement for a DPP to have been a practicing prescriber for more than 3 years. This 3 years "rule" is often described as a barrier to some pharmacist prescribers becoming a DPP. It was discussed that the RPS DPP Competency Framework describes practice that is "normally 3 years", but this isn't a hard and fast rule, but has been misinterpreted by some HEIs and practice providers as being fixed. The NHSE Workforce, Training and Education Directorate (WTE) approach for their accreditation process has moved away from the specific number of years and instead adopted a person specification approach to ensure that the DPP has sufficient knowledge, skills, ability and experience to support the trainee.

Removal of Barriers

There were positive comments about some of the barriers that had been removed for foundation trainees. One being the removal of the requirement for 28 hours over 4 days with a supervisor. In addition, challenging the belief that the Designated Supervisor (DS) and the DPP cannot be the same person, and permitting a DS to supervise more than one trainee. Further, there was sometimes the misconception that a DPP always needed to be a pharmacist in order to supervise a foundation trainee pharmacist. This is not the case and DPPs from any profession could supervise a trainee pharmacist.

Improvement with Time

Mirroring current IP register growth, as the current cohorts work through the system, there will be more and more pharmacists that are prescribers. As this becomes the case it will become easier and easier to identify pharmacists that can be DPPs and support trainees. While the challenge is more acute at the moment, as time passes this should become less acute.

Educating and training is not separate to service provision

The group discussed that some of the services that are commissioned in community pharmacy preclude a trainee pharmacist from undertaking the services. As a result, future commissioning should ensure that it is cognisant of education and training within the service specification to ensure that pharmacy trainee can maximise their input into clinical services.

Recommendations

Based on the evidence presented and the discussion the group created a series of recommendations for action

1. **Understand the scale of the challenge**

Organisations that have submitted a training site into the National Recruitment Scheme (Oriel) should engage with the NHS England WTE regional teams and ICS pharmacy workforce leads to support the focused assessment of the current programmes with reference to access to a prescribing learning environment and supervision from a DPP. This can be assessed on a risk basis and will provide greater visibility to NHS England and ICS pharmacy workforce leads and support the delivery of training in 2025/26

2. **Create a targeted locally based matchmaking service**

In line with the NHS England ICB People Function guidance, ICBs have a strength in their convening power. ICB Pharmacy Workforce leads, working in collaboration with training site providers and pharmacy deans should provide focused support to help with locally based "matchmaking" for placement providers supporting access to a DPP for the start of the trainee year. It is important to address geographical disparities and where possible consider local initiatives, and opportunities for multi-disciplinary working.

3. **Support the standardisation of contracts**

Employers of foundation trainees, and organisations providing rotational placements should seek to adopt the use of the standardised template contract that NHS England has supported the development of. This should ensure greater standardisation across providers and geographies. Pharmacy trade bodies and organisations should support community pharmacy employer organisations to understand and facilitate the use of the template contract. This should reduce bureaucracy, speed up placement provision, and simplify processes for all parties involved.

4. **Enhance communication to remove misconceptions**

NHS England, the GPhC, Professional Bodies, employer bodies and pharmacy associations should work collaboratively to provide communication and information to HEIs, Students, Pharmacists and training site providers to help dispel some of the misconceptions related to DPPs. Specific examples need to be provided in relation to what constitutes 90 hours of practice, the ability for a DPP to support more than one student at a time, and what are appropriate nominated prescribing areas.

5. **Current Graduates and foundation trainees should be included**

It is recommended that the provision of Post Graduate IP training currently provided by NHS England through the Pharmacy Integration Programme be continued to ensure that the registered workforce have funded routes to become prescribers, and then ultimately DPPs. This scheme has already created thousands of prescribers and there is strong support for it to continue.

6. **Training plans should be shared to support best practice**

Professional Bodies and employer bodies and associations (e.g. NPA, RPS, Guild of Healthcare Pharmacists (GHP), Primary Care Pharmacy Association (PCPA)) should work together to support the sharing of template and example training plans to help foster best practice across the profession.

7. **Trainees Pharmacists should be enabled to participate in the provision of clinical services**

NHS England and Community Pharmacy England (CPE) should consider the inclusion of pharmacy foundation trainees working under appropriate supervision into the service specification for all nationally commissioned clinical services. Many clinical services provide an opportunity for trainees to demonstrate clinical skills and provide direct care with the appropriate support and supervision from a Responsible Pharmacist.

8. **Support the greater use of Pharmacist Prescribers in Clinical Settings**

There is an opportunity for clinical settings in all sectors to consider their service pathways to ensure they are maximising the use of pharmacists that are qualified as prescribers. Hospital Trusts should seek to understand how they can continue to amplify the use of pharmacist IPs in the provision of routine clinical services. General Practice should understand if their prescribers are being used to greatest effect. Community Pharmacy Contractors that are involved in the existing Community Pharmacy IP Pathfinder service should continue to help create a successful path for clinical services that support independent prescribing in Community Pharmacy, in line with the Labour Manifesto.

9. **Investment in digital prescribing infrastructure**

It is recommended that CPE, Department of Health and Social Care (DHSC), NHS England and pharmacy contractors continue to consider the wider investment in the pharmacy infrastructure to support an enabled prescribing environment in community pharmacy and that creates a system that brings primary care closer together.

10. **Demonstrating the benefits of having a trainee**

Further case studies and examples should be shared and published by professional bodies to demonstrate the benefits that can be achieved by GP practices and hospital trusts from supporting community pharmacy trainees.

Attendees to the Event

Name	Organisation
Atif Shamim	Pharmacy Dean, NHS England
Benjamin Leung Hok Bun	Suffolk and Northeast Essex ICB
Craig Ndip	BPSA
Clare Thomson	RPS, CPhO Clinical Fellow
Danny Bartlett	RPS English Pharmacy Board & University of Brighton
David Webb	CPhO, NHS England
Emeka Onwudiwe	BPSA
Graham Stretch	PCPA
Helen Chang	RPS
Helga Mangion	NPA
Jainil Patel	Hollowood Chemists
James Davies	RPS
Jess Hall	Well Pharmacy
Khalid Khan	Imman Healthcare
Leah Davies	Rowlands Pharmacy
Lucy Dean	Dean and Smedley and Independent Pharmacy Association (IPA)
Mark Voce	GPhC
Nick Haddington	Pharmacy Dean, NHS England
Nick Kaye	NPA
Nonyelum Anigbo	BPSA
Richard Cattell	Deputy CPhO, NHS England
Richard Dunne	Boots
Roisin O'Hare	GHP
Sam Chidlow	CCA
Sanjay Ganvir	Greenlight Pharmacy, NPA Board Member
Sanjeev Panesar	NPA Board Member
Vicky Webb	Teach and Treat, University Hospitals Plymouth NHS Trust
Yvonne Dennington	RPS

References

[1] NHS England Educator Workforce Strategy - https://www.hee.nhs.uk/our-work/educator-workforce-strategy
[2] RPS Designated Prescribing Practitioner Competency Framework (2021) https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework
[3] ProPharmace (2024) Training for Designated Prescribing Practitioner (DPP) ihttps://propharmace.com/est/