

Independent Prescribing Scoping: London and South East (LaSE) – General Practice and Primary Care Network (PCN) Pharmacists



Zena Uppal, Early Careers Training Programme Director, London:
zena.uppal@nhs.net

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Background

In January 2021, the General Pharmaceutical Council (GPhC) published the revised [Initial Education and Training \(IET\) standards](#) for pharmacists. For the first time, one set of learning outcomes will span the first 5 years of a pharmacist training pathway, supporting the development of a continuum of education and training from foundation into advanced and consultant practice. In addition, the incorporation of learning outcomes for prescribing will mean that from 2026/27 pharmacists will join the register as independent prescribers. A key enabler will be ensuring trainees have access to a prescribing placement and receive appropriate supervision.

To prepare the system for this change and ensure trainees have adequate support in place during the transitional period, there is a need to understand the pharmacy landscape better. Scoping current pharmacists with an independent prescribing (IP) qualification (irrespective of whether they are active prescribers or not) will help direct the developmental needs of the existing workforce and support the development of designated supervisors (DS) and designated prescribing practitioners (DPP). See Appendix 1 for definitions.

Purpose of Report

This report has been written to share the findings of the Health Education England London and South East (HEE LaSE) Independent Prescribing Scoping Survey which was disseminated to General Practice (GP) Pharmacists and Primary Care Network (PCN) Pharmacists between December 2021 and January 2022.

HEE LaSE created the survey with the following aims:

- To identify the current and future IP pharmacist workforce in LaSE, and those in active prescribing roles.
- To better understand the DS and DPP workforce.
- Provide recommendations to assist in the development of the independent prescribing workforce to support the implementation of the IETP reforms.

Governance and Reporting

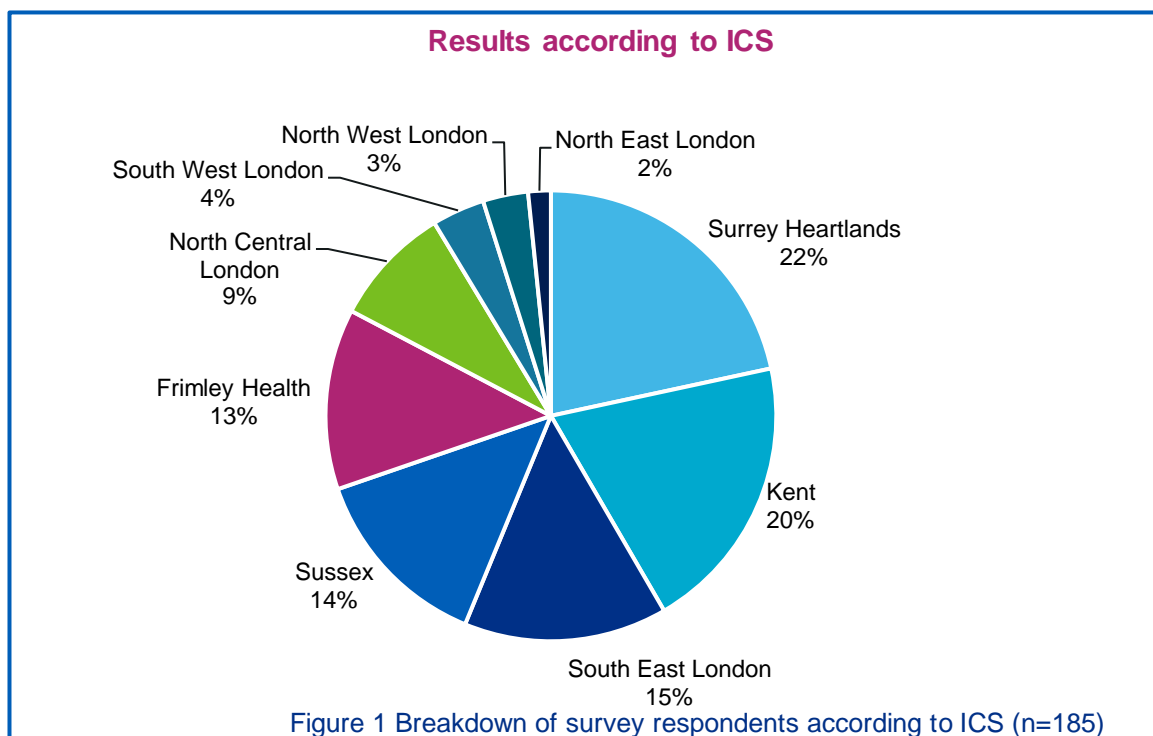
The report will be shared with Pharmacy leads across London, Kent, Surrey and Sussex in all pharmacy sectors and HEE LaSE Early Careers Steering Group to support local, system and regional workforce planning discussions to support service improvements and transformation. The findings will inform the development of strategies to increase supervisor capability and capacity system-wide, to include exploring multi-professional supervision models.

Methodology

1. HEE LaSE developed a survey to scope pharmacist independent prescribing across General Practices and PCNs in LaSE with guidance from colleagues working in these areas (see above for aims).
2. The survey was shared with stakeholders via the Early Careers Training Programme Director to their respective Integrated Care System (ICS) level engagement groups (i.e. Training Hubs) and via social media (Twitter, LinkedIn) between December 2021 and January 2022.
3. Results were analysed across four broad themes, aligned with the survey:
 - a. Independent Prescribing Pharmacists
 - b. Designated Supervisor workforce
 - c. Designated Prescribing Practitioner workforce
 - d. Support for Trainees and Supervisors

Results

There were 185 responses to the survey from pharmacists in total. The highest number of responses were received from the Surrey Heartlands ICS (22%, n=41) and Kent ICS (20%, n=37). KSS formed the majority of results compared to London. (68% n=126 vs 32% n=59 respectively). See Figure 1 below.



Part 1
IP

Pharmacist workforce across LaSE

Prescribing Qualification

72% (n=133) of respondents had a prescribing qualification and a further 11% (n=20) were undertaking the qualification at the time of the survey. See table 1.

| Prescribing qualification | No (%) |
|-------------------------------|----------|
| Yes | 133 (72) |
| Currently doing it | 20 (11) |
| No, but planning to do this | 30 (16) |
| No and do not plan to do this | 2 (1) |

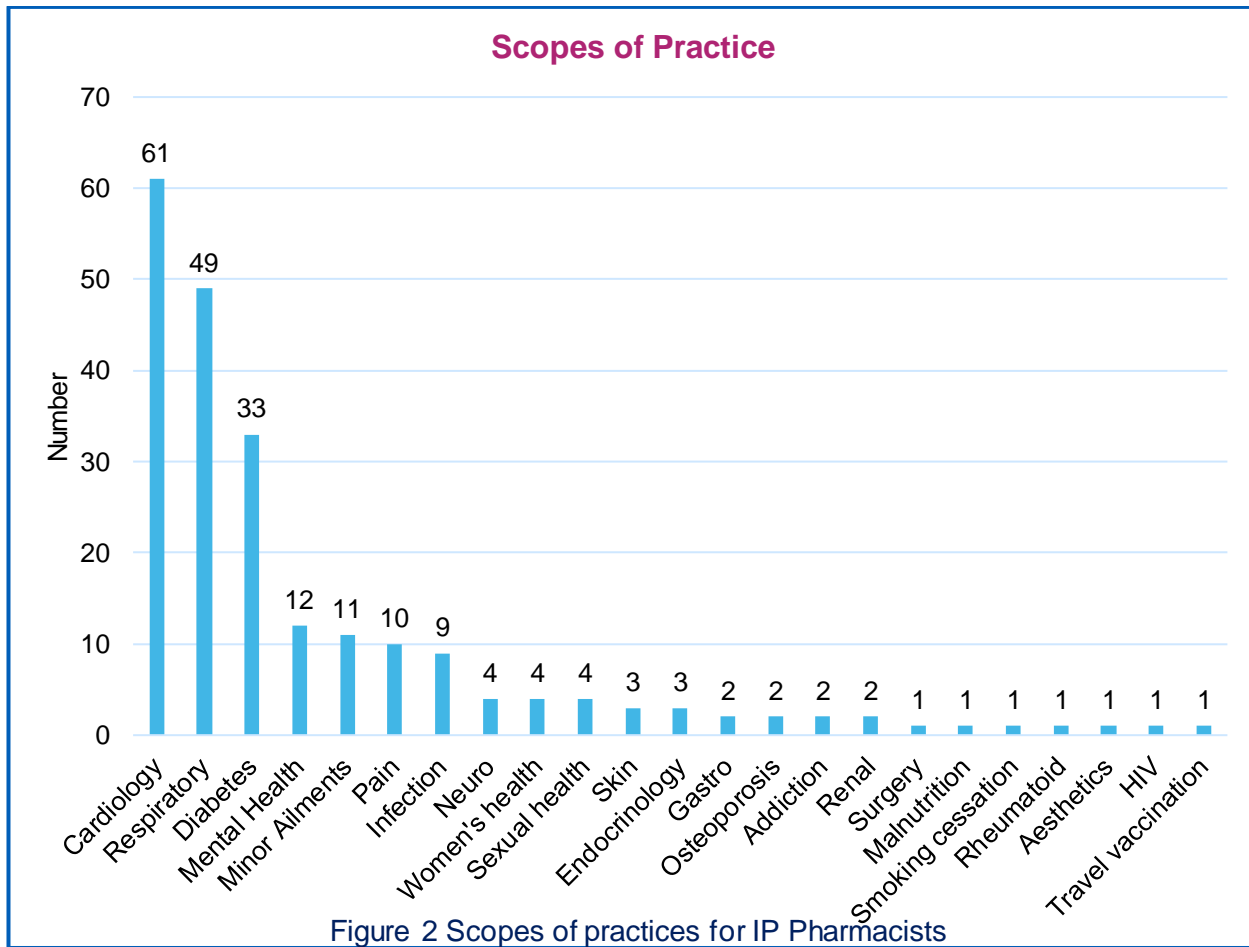
Table 1 Overview of responses from pharmacists with respect to IP qualification

Prescribing Practice

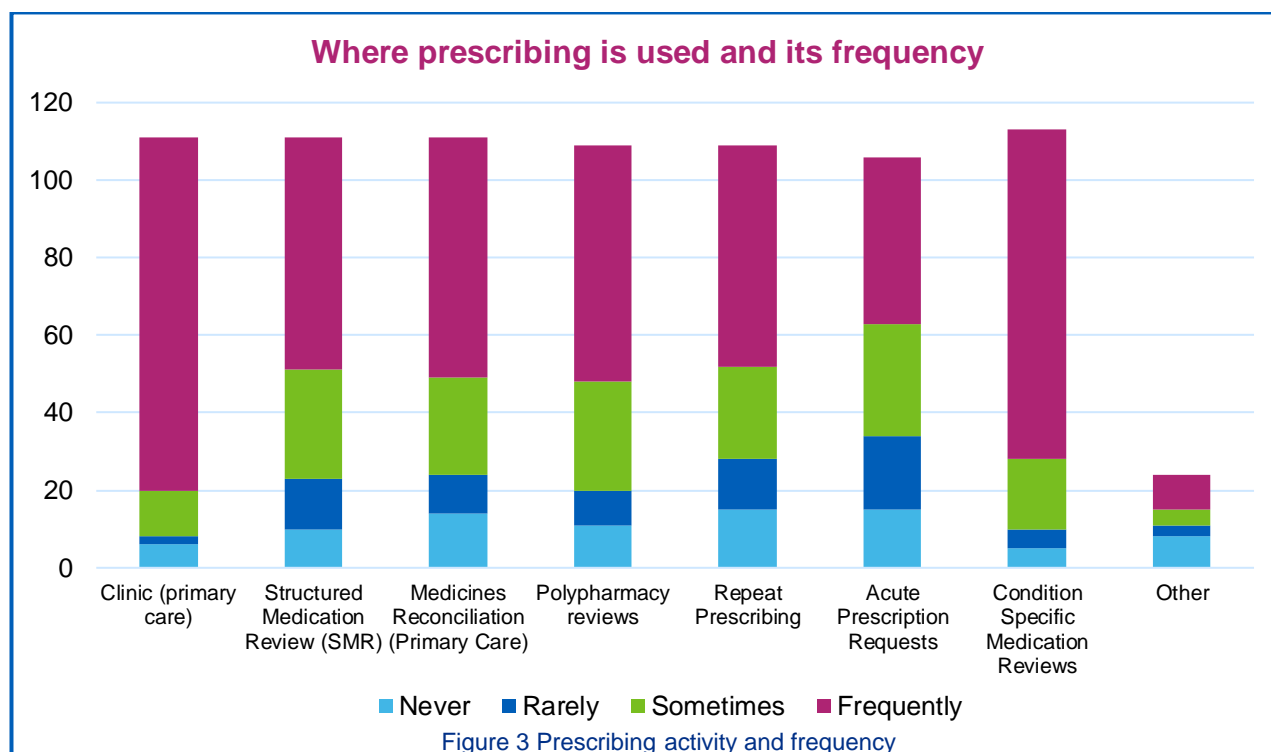
The most common scopes of practice for the 133 pharmacists with an IP, were in cardiology (61%), respiratory diseases (49%) and diabetes (33%). Figure 2 shows other specialities where

Independent Prescribing Scoping Survey, LaSE – General Practice and Primary Care Network (PCN) Pharmacists

pharmacists were prescribing. Approximately 77% of respondents had expanded their scope of practice since qualifying as a prescriber (not shown).

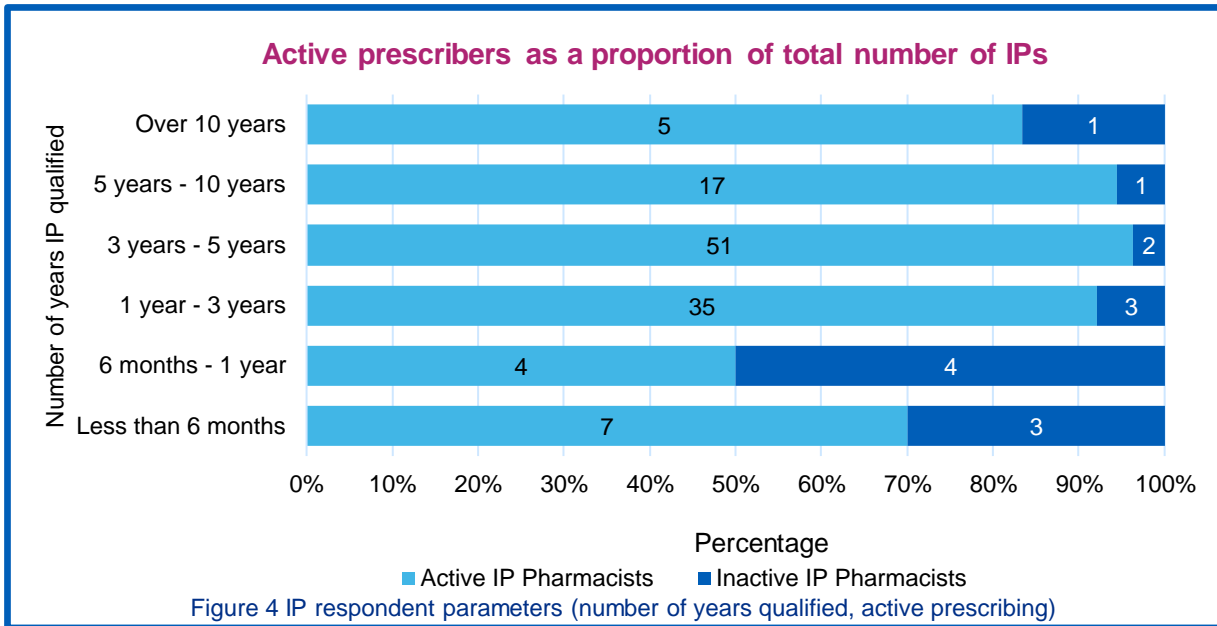


Condition specific medication reviews and clinics were reported as the most frequent areas of prescribing. Other areas of prescribing activity included care home prescribing, community pharmacy warfarin clinics, anticoagulant clinics, reducing regimens for benzodiazepine and opioids and aesthetics. These are shown below in Figure 3.



Time taken to utilise prescribing skills once qualified

The majority of IP pharmacists (40%) were between 3-5 years IP qualified. Nearly 90% of IP pharmacists overall were 'active' prescribers (Figure 4). The proportion of 'inactive' IPs are greatest for pharmacists who are up to 1 year qualified with an IP (38%, n=7). For 45% (n=60) of pharmacists, it took between 3 and 12 months to start prescribing after joining the IP register (Figure 5). The most common reasons for the delay in prescribing were due to lack of time, funding and lack of support for the role (see table 3). For pharmacists that did not prescribe at all, the key reasons were due to a lack of understanding and a lack of safety netting of the role (see table 4).



| Reasons for not prescribing immediately | % |
|--|----|
| Not provided with access code for prescribing | 23 |
| Current service design meant there was no capacity for me to prescribe | 17 |
| Moved jobs | 14 |
| Did not feel confident | 13 |
| Not provided access to NHS FP10 | 10 |
| Lack of clinical / supervisor support | 4 |
| Indemnity cost | 2 |

| Reasons for not prescribing immediately | % |
|---|----|
| Other | 16 |

Table 2 Reasons for not prescribing immediately

| Reasons for not prescribing at all |
|--|
| Lack of safety netting for the role |
| Not enough understanding of the role |
| No capacity in the role to prescribe |
| Changed role – no longer patient facing |
| Lack of funding for the role |
| Professional indemnity costs |
| No salary increase with additional skill |

Table 3 Reasons for not prescribing at all

Confidence of prescribers

Following completion of IP course: 55% of pharmacists felt they needed further support, either through direct supervision with the GP or through additional training. See **Error! Reference source not found.** Additional support to expand scope of practice: additional supervision at work and more diagnostic skills day to day were the two most frequently reported support measures. This is shown in Figure 7.

On completion of your prescribing skills, how confident did you feel managing patients independently since?

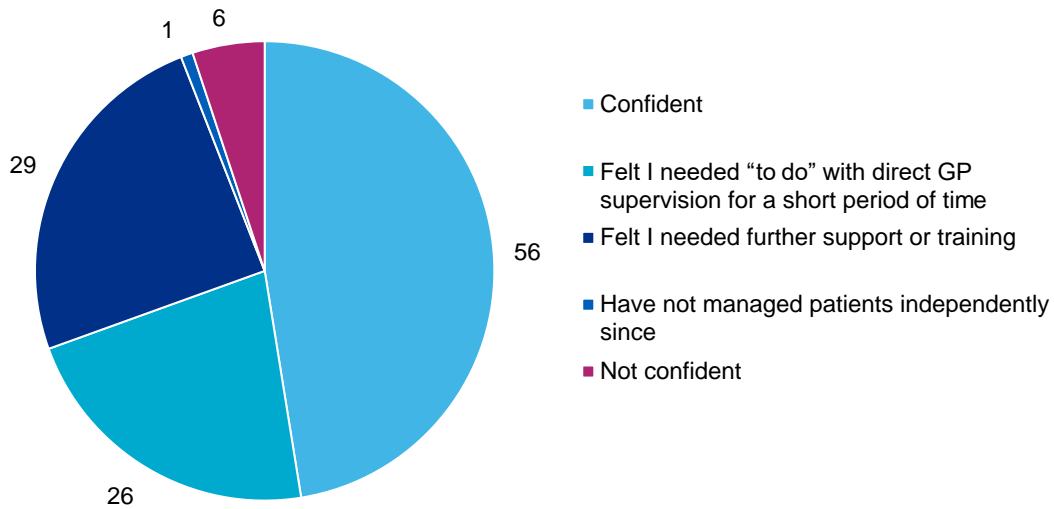


Figure 6 Confidence on completing IP

What additional support do you think is required for a pharmacist who wishes to expand their scope of practice?

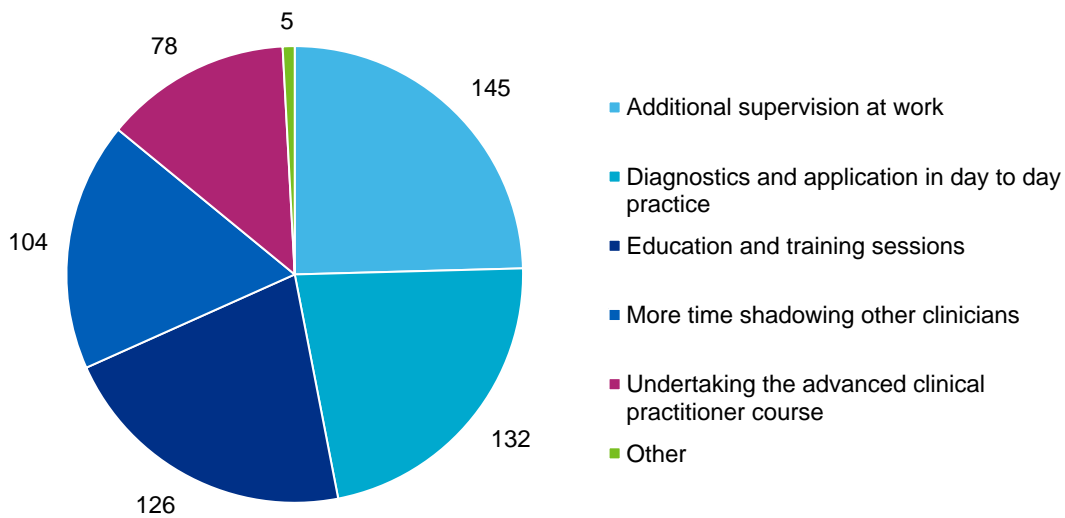
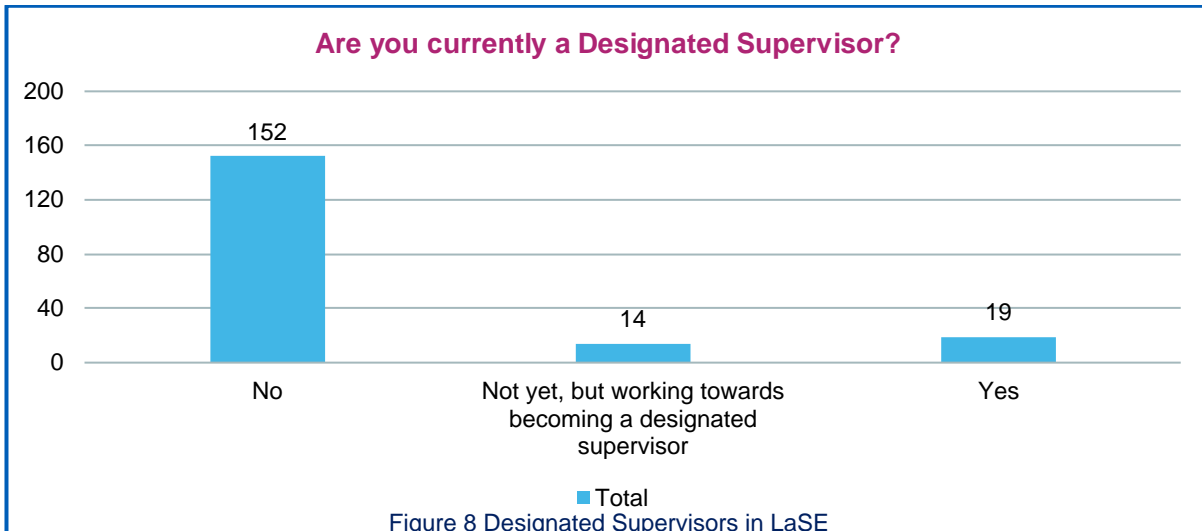


Figure 7 Additional support for IP pharmacists to expand their scope of practice

Part 2 Designated Supervisors in LaSE

Designated Supervisor numbers

19 (10%) of respondents were acting as DS (Figure 8). 73 (39%) stated they had prior experience of acting as a DS (not shown). 115 respondents met the GPhC criteria for a DS.



Designated Supervisor Training

A quarter of respondents had completed a supervisor training course (a variety of different courses were quoted including HEE Educational Supervisor Course, ProPharmace and CPPE clinical supervisor courses).

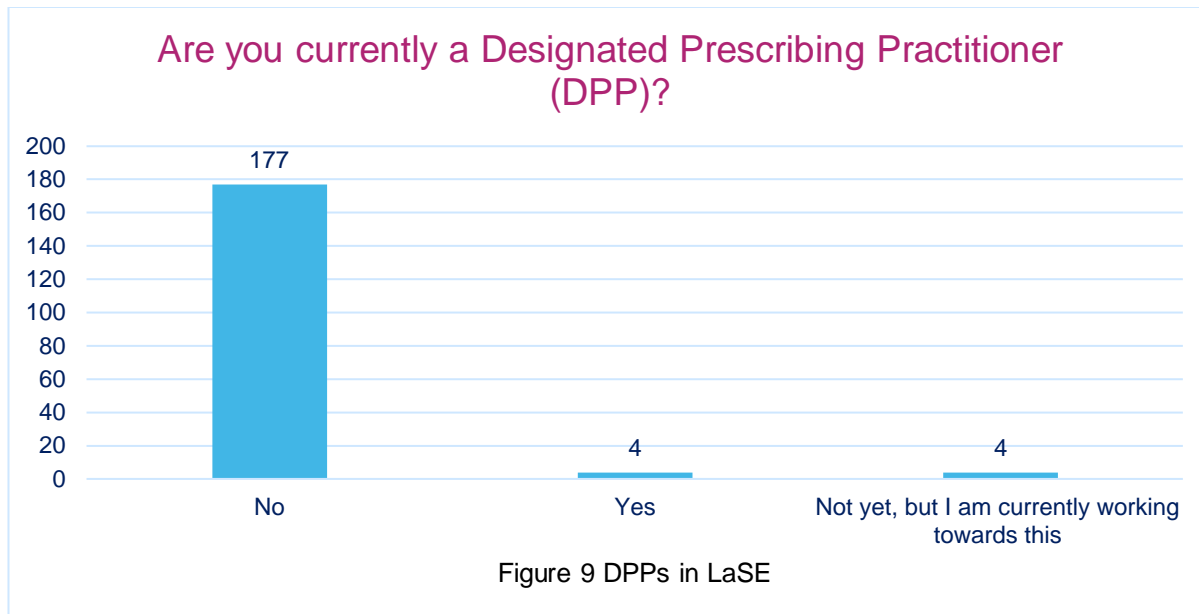
Mentoring Experience

69 (37%) of respondents were currently or had previously mentored a pharmacist. 45 (24%) specified they had not previously mentored a pharmacist but would like the opportunity to undertake this role.

Part 3 Designated Prescribing Practitioners in LaSE

DPP numbers

4 (2%) of respondents were DPPs (and an additional 4 in the pipeline (see below, Figure 9)).



Reasons for becoming a DPP

Service needs, career progression and the DPP role being part of the individual's personal development plan were the reasons as to why the individuals chose to become a DPP.

Supervision by DPPs

DPPs had experience supervising physiotherapists, pharmacists and nurses.

Confidence of DPPs

All DPPs reported they were confident in doing this role.

Resources to support DPPs

Documents provided by HEI's, the RPS Competency Framework for DPPs and CPPE consultation skills were reported as the key resources for DPPs.

Barriers to becoming a DPP

Lack of awareness that pharmacists can act as a DPP was reported by approximately a quarter of respondents. An overview of all the reasons are presented below in Table 4.

| Barriers to pursuing the DPP role |
|--|
| Lack of confidence |
| Lack of awareness |
| Lack of skills |
| Have not prescribed for at least 3 years |
| Not part of my personal development plan |
| Limited scope of prescribing practice |
| Time |
| No salary increase with additional skill |

Table 4 Barriers to pursuing the DPP role

Part 4 Support for Trainees and Supervisors

The final section focuses on the results to the two qualitative questions:

Q1. What support do you think is needed to support trainee pharmacists to become safe prescribing practitioners at the end of their foundation training year?

The key themes identified are listed below:

- Supervision and mentoring
- Knowledge and education
- Learning environment and culture
- Developing a network
- Defined scope of practice
- Experience (including shadowing other prescribers)
- Support from HEI's



“Current foundation training is very much dictated by exam content and right/wrong answers but prescribing is much more of a "grey" area at times. They need more scenario based learning where there might be more than one outcome for patients. The foundation training year would also benefit from multi-disciplinary learning sessions as we rarely work entirely by ourselves but often with a team, or with links to a team. Sharing prescribing decisions helps learning and working towards becoming an autonomous practitioner.”

Quote 1, Survey Participant

Key points

- Supervision and mentoring was most frequently reported as a means of supporting trainee pharmacists to become safe prescribing practitioners through providing feedback on clinical decision making and improving practice.
- Greater support from higher education institutes was reported, this included expanding teaching existing modules and organising more clinical placements.
- Developing a network for trainee pharmacists was felt to be an important element of support to enable shared learning and discussion between peers.
- There was a consensus that trainee pharmacists should have a defined scope of practice to begin with, and learn by shadowing other prescribers before expanding their scopes of practice

Q2. What individual support do you think needs to exist to support current PCN pharmacists to become designated supervisors to trainee pharmacists?

The key themes identified are listed below:

- Knowledge, education, and skills
- Time
- Supervisor training (including DS)
- Understanding of the IETP, and how the MPharm will change
- Networks: peer and regional
- Shadowing other prescribers
- Funding
- Workforce



“GP organisations need to be aware of the need to support and not over burden PCN pharmacists who are supporting trainees.”

Quote 2, survey participant



“Scheduled/allocated hours for meeting with trainee for teaching, reviews and discussions not whilst shadowing or during clinic sessions.”

Quote 3, survey participant



“Support in shaping pharmacy services in smaller PCNs to allow a structured approach to being a DPP. A training course in being a competent DPP.”

Quote 4, survey participant



“Support from PCN to give them training time to develop in this role. Support system in place for the tutor.”

Quote 5, survey participant

Key points:

- Time was reported as a limiting factor for General Practice and PCN Pharmacists to undertake the DS role.
- It was reported that there is a need for General Practice partners, practice managers and PCN leads to understand the DS role in order to support its uptake in this setting.
- The other themes identified such as time, workforce, funding and appropriate supervision structures and resources should be developed to support this move.

Q3. What organisational support do you think needs to exist to support current General Practice and PCN pharmacists to become designated supervisors to trainee pharmacists?

The key themes identified are listed below:

- Supervision

- Support
- Time
- Education and Training
- Resource
- Workforce
- Funding



“The PCN/CCG should actively support this, highlighting to the practices that this is happening. It would be supportive if there were a group of us transitioning to DMP roles, to help actively support one another. Maybe there should be a designated GP within the PCN to help support the DMPs and with whom we would be able to meet, particularly initially, fairly regularly.”

Quote 6, survey participant



“The organisation needs to have a clear understanding of what is the role and scope of a prescribing pharmacist and the difference with GPs and other clinicians.”

Quote 7, survey participant



“Need protocols and guidelines in place, assessments to ensure the PCN pharmacist is competent to teach others, frameworks to work from.”

Quote 8, survey participant

Key points:

- There is a requirement for buy-in from the wider organisation. Additional resource, funding, workforce, and time is required to enable this.
- Education and training referred to implementing appropriate supervision structures, and a better understanding of the DPP pathway. General Practice and PCN pharmacists also reported that support networks would be beneficial for them in order to become designated supervisors.

Discussion

Part 1 IP Pharmacist workforce across LaSE

133 IP pharmacists were identified in this survey. In 2025, each trainee pharmacist will require a supervisor with an IP qualification. It is expected that there are more than the 133 IP pharmacists, accounting for those that did not complete the survey. However it is unlikely that the number of IP pharmacists will meet the workforce requirements in 2025 in terms of

supervisors with an IP qualification. Based on projections from Oriel data, there are 650 trainees each year in the region, however we do not know how many of those training places would be in this sector. All trainee pharmacists would require a supervisor and based on assumptions and collective scoping, there are currently not enough supervisors with an IP in the system to support the IETP reforms (with respect to IP).

The most common scopes of practice were in cardiology, respiratory and diabetes and it was common for pharmacists to expand their scopes of practice. The Quality Outcomes and Framework (QOF) and DES contracts influence the scopes of practices that pharmacists in this sector pursue. Often, pharmacists work towards managing long term conditions in this sector demonstrating broad prescribing expertise. The data shows that the majority of IP pharmacists in this setting are using their prescribing skills in various tasks (Figure 3).

For the majority of the IP pharmacists, it takes up to one year to start utilising prescribing skills. The reasons for this delay included not being provided with an access code in order to prescribe, lack of capacity and supervisor support. The data also found that a lack of safety netting for the role, and not enough understanding of the role were some of the reasons as to why pharmacists did not prescribe. This is further explored in section 4.

Less than half of the pharmacists reported they were confident in managing patients independently once they had completed their IP course. Pharmacists felt they required further support from a GP and/or further training in the form of patient examination skills and diagnostic skills. Collaborative working between current IP providers and organisations would be beneficial for improving confidence of newly qualified IPs. In order to expand a scope of practice, the themes presented in Figure 7 should be considered in workplaces to enable the continuity of safe practice. To build confidence following IP qualification, and to support expansion of scopes of practice, there is a need to increase the number of supervisors for pharmacists in prescribing roles.

Part 2 Designated Supervisors in LaSE

In order for a pharmacist to meet the GPhC criteria for a DS, they need to be registered for three years or more. As most independent prescribing courses require at least two years registration experience as a pharmacist, IP pharmacists that were at least one year qualified were considered to be eligible DSs. 115 respondents met the DS criterion however in practice, 19 were acting as a DS. 46 (25% of the respondents) had previous DS experience and had completed relevant supervisor training courses. This highlights there are barriers for pharmacists in this sector taking on the DS role. These should be further explored to enable implementation of appropriate supervision structures for trainee pharmacists.

The [standards for the initial education and training](#) of pharmacists list mentoring as an activity for DSs as a quality control measure during the foundation training year. The survey also revealed an appetite in the system for mentoring. Mentoring opportunities within organisation should be promoted to build experience and also so that trainee pharmacists have access to mentors from when they start their career. Brighton North & Central PCN implemented a successful mentoring scheme for junior pharmacists. This was based on the RPS mentoring scheme, and *Developing clinical pharmacists in general practice* developed by the Centre for Pharmacy Postgraduate Education (CPPE) and the Royal College of General Practitioners' GP mentoring model. Some key aspects of the mentoring programme included²:

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- Mentee, professional supervisor, mentor, and PCN agreeing the meeting frequency and duration at the first meeting
- 3-4 hours of protected learning time divided into twice-weekly meetings
- Mentoring sessions being undertaken virtually
- Content was aligned to the mentee's learning needs, outcomes of the learning needs assessment of the CPPE pathway, and credentialing for the foundation level RPS Framework
- Content and structure were flexible and responsive to the immediate support needs of the PCN.

Part 3 Designated Prescribing Practitioners in LaSE

This survey found a very low number (n=4) of DPPs across LaSE and also identified some of the key barriers to pursuing this pathway. The data from the survey identified 55 (30%) individuals that would be eligible to meet the DPP criteria: a minimum of three years of prescribing experience and are considered an active prescriber. For details, see [The Royal Pharmaceutical Society's Competency Framework for Designated Prescribing Practitioners](#).³ However, only 4 were working as a DPP across LaSE in this setting. With the upcoming changes to the profession, the current trend poses a risk in that there will not be enough DPPs in the locality to support and/or supervise pharmacists that will qualify with a prescribing annotation.

With approximately 650 trainees per year across LaSE, each requiring a DPP to supervise the IP element of their foundation training year, it can be assumed 650 DPPs would be required across the system by 2025 (at present, it is unclear how many would be required in this sector specifically). There are 4 DPPs at present, 55 identified as 'eligible,' highlighting a substantial shortfall forecasted for 2025. Those who were actively prescribing and had a minimum of 3 years prescribing experience were deemed as eligible DPPs. To meet the future demand, it is imperative that there is a focus on (a) identifying individuals who currently meet the DPP criteria and (b) identifying individuals who would meet the DPP criteria in years 2023/24, 2024/25 and 2025/26. These individuals should be offered the opportunity to expand their portfolio from IP to DPP.

Part 4 Support for Trainees and Supervisors

“To enable the development of safe prescribing practitioners in 2026, there is a need to invest in supervision and mentoring which aligns with the IETP reforms. Pharmacists in this sector often expand their scopes of practice, however it was felt that trainee pharmacists should initially have a defined scope of practice to ensure safe prescribing. Earlier clinical experience with appropriate supervision was also felt to be important to develop safe prescribing practitioners.

In order to improve DS numbers in this sector, collaborative working with HEIs to understand the necessary changes to the MPharm was reported. This could help current pharmacists implement the necessary changes to their practice.

Developing support networks for DSs (peer and regional) was also commonly reported. There are several supervisor training courses available for pharmacists and these should be offered to eligible pharmacists in their workplaces.

Organisational buy-in was identified as a key means of supporting the IETP reforms. Engagement with the nursing and medical directorates in this sector would be necessary to ensure time and resource is invested.

Key findings, workforce risks and recommendations

| Independent Prescribing | |
|---|--|
| Risk(s) | <ul style="list-style-type: none"> It is unclear how many IP pharmacists are in the system. If there are not enough pharmacists with an IP in the system; this may result in a lack of suitable supervisors for the 2025/26 cohort of trainee pharmacists. Pharmacists with an IP that are not utilising their prescribing skills risk becoming de-skilled and require re-training; further limiting the number of available supervisors for the 2025/26 cohort of trainee pharmacists. |
| Suggested next steps | <ul style="list-style-type: none"> HEE National to define 'active prescribing' within the DPP Framework. Employers to consider increasing opportunities for pharmacists to use and maintain their prescribing skills. HEE LaSE to scope the development of a mentoring system to support this. Employers working with partners to consider exploring ways to increase confidence of IP pharmacists. Employers should consider further exploring the barriers that cause delays to prescribing and work with partners to implement resolutions. Employers to consider promoting DS experience to existing IP staff and HEE National to develop a robust mechanism to capture this data. Systems to define prescribing role and capacity for newly qualified pharmacists. HEE National to establish a Task and Finish Group focused on 'System Empowerment' exploring novel supervision models and multi-professional supervision. HEE National to improve access to system-wide workforce data sets to undertake analytics and modelling. |
| Designated Supervisors and Designated Prescribing Practitioners | |
| Risk(s) | <ul style="list-style-type: none"> 19 of a possible 115 are acting as a Designated Supervisor. Reduced DS numbers and experience in this sector mean there may not be enough to supervise trainee pharmacists from 2025/26. 4 out of 55 eligible pharmacists are acting as a DPP. There will not be enough DPPs in the region to support pharmacists doing their foundation training year in 2025. |
| Suggested next steps | <ul style="list-style-type: none"> HEE National to explore support for supervisors (DS and DPP), ensuring a consistent standard of supervision as part of the quality management of foundation training. Employers should consider promoting mentorship opportunities for pharmacists to meet DS requirements as outlined in the GPhC standards for the initial education and training of pharmacists, and also to support educational infrastructure. Employers should consider encouraging DS experience among IP pharmacists over the next three years to develop supervisor skills and experience to meet future workforce requirements. Organisational policies should be updated to recognise pharmacists as DPPs. HEE National team will engage with the system and establish Task and Finish groups to focus on the following areas: Communication and Information: this will encompass all the different elements relating to independent prescribing and supervision by DPPs in a single digital home. Professional development, career pathways and development of relevant resources will be a part of this work. Consistency and Standardisation: create a consistent approach with respect to DPP applications and approval processes, and also increase the overall capacity that DPPs have in terms of supervision. System Empowerment: this will involve working with stakeholders to understand what is happening on an ICS level and focus on: <ul style="list-style-type: none"> Developing, implementing and testing models for multi-professional and cross-sector prescribing training |

| Designated Supervisors and Designated Prescribing Practitioners | |
|---|---|
| | <ul style="list-style-type: none"> ○ Identifying prescribing supervision capacity within systems. ● Prescribing plans, DPP Network Groups, job plans for DPPs were key findings from Focus Groups and will feed into these work streams.⁴ ● HEE National will host a further stakeholder event in spring 2023 to review key deliverables and measurable outcomes, effectiveness of interventions and agree next steps. ● HEE LaSE to identify learners who have had a pharmacist DPP and set up Focus Groups to understand the benefits and challenges to a learner who has had a pharmacist DPP. |
| Support for Trainees and Supervisors | |
| Risk(s) | <ul style="list-style-type: none"> ● There is currently inadequate support for trainees to become safe prescribing practitioners in 2026. ● The current infrastructure does not allow for General Practice and PCN pharmacists to take on the Designated Supervisor role. |
| Suggested next steps | <ul style="list-style-type: none"> ● HEE to engage senior stakeholders (including medical and nursing colleagues) in primary care about the changes in the pharmacy profession. ● HEE to inform the stakeholders on the findings and implement work streams targeting the themes identified for: <ul style="list-style-type: none"> a. Trainee pharmacists <ul style="list-style-type: none"> i. Supervision and mentoring ii. Knowledge and education iii. Learning environment and culture iv. Developing a network v. Defined scope of practice vi. Experience (including shadowing other prescribers) vii. Support from HEI's b. Existing General Practice and PCN pharmacists <ul style="list-style-type: none"> i. Knowledge, education and skills ii. Time iii. Supervisor training (including DS) iv. Understanding of the IETP, and how the MPharm will change v. Networks: peer and regional vi. Shadowing other prescribers vii. Funding viii. Workforce |

Table 5 Key findings, workforce risks and recommendations

Report Limitations

There are some important limitations to note:

- The results do not reflect all of the independent prescribers across LaSE – this was sent to General Practice and PCN pharmacists only via the Early Careers Training Programme Directors. As a result, the findings are only applicable to pharmacists in this sector.
- The majority of the respondents were from the KSS region, so the data may be somewhat skewed to reflect the practices of these regions.
- Responding to the survey relied on individual's willingness to complete the survey, and responses do not reflect all of the IPs in this sector.
- Oriel data on number of trainees (650) in 2025/26 is an approximate figure. It is unclear where those training places will be, and therefore the recommendations are reflective of the region and are not specific to this sector.
- Eligible DSs were calculated by identifying pharmacists that were at least 1 year IP qualified (assuming they would then meet the 3 year experience criteria for DSs).
- There low numbers of DPPs may not reflect the experience of all DPPs; as there may be greater numbers outside of LaSE, or working in different sectors which limits generalisability to some extent.
- The qualitative questions outlined in Section 5 were thematically analysed, and therefore some meaningful data may have been lost as it was classified into a theme.
- The survey was time consuming to complete, therefore reducing the total number of respondents.

Conclusion

The majority of General Practice and PCN Pharmacists do use their prescribing skills, although over half felt they needed further support or training when they first qualified. Additional supervision at work and developing diagnostic skills were the most frequently reported areas for further support. This highlights that in practice, further training upon completion of IP needs to be implemented to ensure competence of prescribing.

The survey revealed very low numbers of Designated Supervisors and Designated Prescribing Practitioners. This presents a risk for future pharmacists who will require both a DS, and a DPP to supervise the IP element of their foundation training year. A lack of pharmacist DPPs will mean we will need to rely on willing medical colleagues to supervise trainee pharmacists undertaking IP during the foundation training year.

Overall, the themes identified provide a useful foundation to begin working with in order to ensure there is appropriate support for trainee pharmacists and existing General Practice and PCN Pharmacists.

References

1. General Pharmaceutical Council, 2021. Standards for the initial education and training of pharmacists, January 2021. Accessed via: [standards-for-the-initial-education-and-training-of-pharmacists-january-2021.pdf \(pharmacyregulation.org\)](https://www.pharmacyregulation.org/publications/standards-for-the-initial-education-and-training-of-pharmacists-january-2021.pdf)
2. E. Moroney, A. St Claire Jones, 2021. Mentoring PCN Pharmacists to harness their potential, Pharmacist focus, Guidelines in Practice. Accessed via: [Mentor PCN pharmacists to harness their potential | Pharmacist focus | Guidelines in Practice.](#)
3. The Royal Pharmaceutical Society (RPS) – A Competency Framework for Designated Prescribing Practitioners, 2021. Accessed via: [The Royal Pharmaceutical Society's Competency Framework for Designated Prescribing Practitioners.](#)
4. HEE LaSE 2022. Designated Prescribing Practitioners (DPP) Focus Group Summary, September 2022

Appendix 1: Definitions

The following definitions have been created for the purpose of reporting, and have not been agreed nationally, with the exception of those marked ^ which are defined by the General Pharmaceutical Council (GPhC).

| | |
|--|--|
| Early Careers | Refers to the initial period where pharmacists begin their professional development journey in practice, this includes the Foundation Training Year (previously known as the pre-registration year) and post-registration period until they develop their skills prior to advance practice. |
| Newly Qualified Pharmacist | Pharmacist who has been qualified up to 1 year post-registration (year 6). |
| Foundation Trainee Pharmacist[^] | An individual who is undertaking their foundation training year (also referred to as year 5 or previously known as pre-registration year). |
| Designated Supervisor (DS)[^] | <p>Designated supervisors (previously known as pre-registration tutors) help trainee pharmacists to develop the skills, knowledge and behaviours they need to meet the standards expected of a pharmacist, and to deliver patient-centred care. A DS must be a registered pharmacist in Great Britain for 3 years or more and has been practising in the sector, or a related sector, of pharmacy in which they wish to supervise.</p> <p>The GPhC requirements stipulate that to become a Designated Supervisor, you must:</p> <ul style="list-style-type: none"> • be a registered pharmacist in Great Britain • have been registered for three years or more • have been practising in the sector, or a related sector, of pharmacy in which you wish to supervise • satisfy the assessment requirements if you are under investigation by us (have no sanctions or conditions on your registration and no current fitness to practise issues that stop you from being a designated supervisor) <p>Click on the link for further details on Designated Supervisors.</p> |

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| | |
|--|--|
| Designated Prescribing Practitioner (DPP)^ | A healthcare professional with an annotation or automatic right to prescribe, for example a medical practitioner, pharmacist, nurse, physiotherapist, or paramedic who will mentor and supervise the pharmacist during the period of learning in practice. The DPP will provide a formal confirmation once they are satisfied of the pharmacist's competence in prescribing. A DPP is an active prescriber in a patient-facing role and would normally have at least 3 years' recent prescribing experience. Further details are available on the RPS DPP Competency Prescribing Framework . |
| Non-Medical Prescriber (NMP) | The term used to describe any prescribing completed by a healthcare professional other than a doctor or dentist. |
| Multi-Disciplinary Team (MDT) | A team of professionals including representatives of different disciplines who coordinate the contributions of each profession, which are not considered to overlap, in order to improve patient care. |
| Continued Professional Development (CPD)^ | CPD is a process of continuing learning and development throughout the life of a professional. |
| Direct Observation of Practical Skills (DOPS) | Directly Observed Practical Skills (DOPS) is a method that has been designed specifically for the assessment of practical skills. |
| Mini-CEX | A Mini-CEX is a tool used to assess the trainee's ability to identify, action and resolve issues effectively when providing pharmaceutical care for a patient. |
| Higher Education Institute (HEI) | "Higher education institution (HEI) is a term from the Further and Higher Education Act 1992. Under the Act, it means any provider which is one or more of the following: a UK university; a higher education corporation; an institution designated as eligible to receive support from funds administered by the Higher Education Funding Council for England (HEFCE), aside from further education colleges". (Eurydice - European Commission). |

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