PHARMACIST PRESCRIBING

No obstacle to pharmacists prescribing

Pharmacist prescribing is no longer a dream, but is set to become a reality during 2003. On 23 September, four speakers discussed some of the benefits that the public and patients will gain and considered the barriers to widespread implementation

There is no theoretical obstacle to prevent hospital- and practice-based pharmacists prescribing by this time next year. This was the consensus of the speakers at a discussion on "Pharmacists prescribing: the benefits and the barriers", during which Dr Jim Smith, chief pharmacist for England, argued that the introduction of pharmacist prescribing would simply formalise and regulate what is already happening in, for example, diabetes and hypertension clinics.

Dr June Crown launched the discussion by reminding delegates that the speed of developments would enable pharmacists to start prescribing more quickly than nurses had been able to. Dr Crown, who chairs the Royal Pharmaceutical Society's Pharmacists Prescribing Group, pointed out that in a sense pharmacists were already "independent prescribers" in as much as they respond to patients' descriptions of their symptoms and recommend a course of action. As more medicines are "de-POM-ed" the opportunities for independent prescribing by pharmacists will increase.

Dr June Crown: opportunities for independent prescribing by pharmacists will increase

However, some key issues need to be addressed for pharmacists to become supplementary prescribers, when they take over once a diagnosis is made.

How will pharmacists know the full clinical picture of the patient? Although it will be easier for pharmacists in hospital to have an idea of the current clinical condition of the patient, this will be harder for community pharmacists, she suggested. "Patient-held records are an intermediate step," Dr Crown said, but the long term aim is for all patient records to be available electronically.

ORGANISATIONAL ISSUES

Organisational issues that will have to be addressed will include training and continuing education for pharmacist prescribers, with associated issues of registration and regulation. In addition, many community pharmacists will face problems in providing appropriate consulting space.

Dr Crown also questioned the Government's proposal that there needs to be a nominated independent prescriber working with a nominated supplementary prescriber following a clinical management plan with the agreement of the patient. This is clearly unrealistic in practice, according to Dr Crown. How patient specific would the plan have to be? What would happen when hospital and clinical management plans differ, and would clinical staff be expected to follow existing protocols? If some of these challenges are overcome, Dr Crown argued, the obvious benefits would be better patient care: patients should understand more about their medicines, and vulnerable groups would have better access.

Pharmacists would benefit through better use of their professional skills and there would be better teamwork in the health service, points all echoed by the other speakers.

Mike King, head of professional development for the Pharmaceutical Services Negotiating Committee, said that community pharmacists were in a good position to be supplementary prescribers because they knew their patients so well and patients had easy access to them. He acknowledged the suggestion in the recent report from the Pharmacists Prescribing Group that prescribing and supply could be separated virtually and the processes protected through good governance.

There were long-term contractual considerations, Mr King pointed out, for community pharmacists to undertake full prescribing duties, but in the short term there were many opportunities for prescribing to fit in with local initiatives related to the national service frameworks and repeat dispensing and medicines management schemes.

Professor Peter Noyce, of Manchester University, asked what had been learnt from nurses. Their experience has revealed, critically, that any potential supplementary prescriber required the support of medical colleagues, and access to prescribing records.

The skills required by different groups of pharmacists were different. There would be little impact of supplementary prescribing on hospital and practice-based pharmacists' workloads. New graduates would be much better equipped than those who had been on the register for some years. It would be easy to incorporate training into undergraduate training, particularly in schools of pharmacy that were developing integrated courses involving all health professionals. Professor Noyce suggested that training for established pharmacists might involve a period of supervised practice, the development of a work portfolio, a clinical examination and an assessment of a prescriber's understanding of relevant clinical and health services policy and practice. Professor Noyce also suggested that clinically based postgraduate courses could develop diagnostic skills for pharmacists.

Training needs to be evidence-based to determine what the skill base should be, but he emphasised that the profession should not be too prescriptive on how it was delivered: there should be a range of providers and formats, and skills could be developed in a variety of ways.

GOVERNMENT COMMITMENT

During the final presentation, Dr Smith confirmed the Government's commitment to pharmacist prescribing, which had been enabled by the Health and Social Care Act. The Medicines Commission and the Committee on Safety of Medicines were currently considering the responses to the consultation document on pharmacist prescribing (MLX 284).

This is a significant development for the profession and it is essential that there is a watertight legal definition on what pharmacist prescribing involved because the new role has to be legally accredited, Dr Smith explained. There would be no restrictions on what medicines pharmacists could prescribe (with the exception of Controlled Drugs in the first instance).

There has been some discussion on the idea of pharmacists having prescribing "rights", but Dr Smith said that prescribing "responsibilities" are more accurate.

UK-wide legislation was expected later this year with regulations for implementation devolved to the four home countries. Next year training programmes would be commissioned, and the Society would be expected to draw up plans to register this new breed of pharmacist. Training would need to be consolidated into undergraduate courses over the next two to three years. Meanwhile the National Prescribing Centre is to develop a competency framework.

Dr Smith pointed out that implementation would only occur if there is local need for pharmacist prescribing and even then it will depend on the initiation of the independent prescriber. Equally, however, an independent prescriber could not demand local pharmacists become prescribers if they are not interested or prepared to take the responsibility. "It has got to be a partnership," he emphasised.