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High quality prescribing is the holy grail

Pharmacists, nurses and other health professionals gathered in London last week to discuss effective prescribing by non-medical professionals and changing roles in primary care. **Dawn Connelly** reports

A conflict of interests between prescribing and dispensing is something that pharmacists will have to deal with, David Pruce, director of practice and quality improvement at the Royal Pharmaceutical Society, told participants at the conference.

He believes that, ideally, prescribing and dispensing should be separated. However, he pointed out that pharmacists effectively prescribe every day when they sell over-the-counter medicines. Pharmacists working in deprived areas often push generic over-the-counter medicines as opposed to selling branded products which would improve their profit margin, he said. "There is no conflict of interest there. It is about being a professional," he added. He stressed, however, that it will be important that independent prescribing is monitored by primary care trusts to ensure that it does not end up costing more than prescribing by doctors.

David Pruce: PCTs will monitor for conflict of interests

Michael Dixon, chairman of NHS Alliance, suggested that practice-based commissioning might address some of the issues arising from a potential conflict of interests for pharmacists. He said that, when practice-based commissioning is implemented, primary care providers will have a secondary interest in making sure that the services they provide are cost effective.

High quality dispensing

Mr Pruce believes that high quality prescribing, rather than simply prescribing, is the holy grail for pharmacists. "We need to convince our medical colleagues it is safe and effective, and people are not just going to go off and do their own thing," said Mr Pruce. He told participants that the National Prescribing Centre, in conjunction with the Society and the Department of Health, has been developing a competency framework for pharmacist independent prescribers. The framework is already at an advanced stage and he hopes that it will be published before Christmas. "The competency framework defines what you need to have in place to be an independent prescriber," he said. The compentencies will also define the initial training course required as well as continuing professional development needs.

Pharmacist training

Mr Pruce was asked when details of pharmacist training will be published. He replied that since the Society was not aware that the announcement on extending prescribing rights was going to be made two weeks ago, or which option the Department of Health would choose, it was impossible for the training requirements to be prepared in advance. "The Society will be meeting with the Department of Health in the next two to three weeks to look at training requirements for pharmacists," he said. "We are currently redefining the training that pharmacists will need to be independent prescribers, and what training they might need to top up supplementary prescribing."

Paul Robinson, the Department of Health's policy lead on non-medical prescribing and extended prescribing, added: "There are aspects of pharmacists' training that will need to be strengthened, for example, diagnosis." This could be something separate before the course, or linked to the course, he said.

Competence

Mr Pruce assured participants that pharmacists will only prescribe within their competence. "Pharmacists are used to working within their own competence and are used to referring on," he explained. "I do not expect pharmacists to diagnose cancer and I would be concerned if they tried to," he said. But he added that they should be able to recognise whether something is not right and refer the patient on to a doctor. "GPs do not use the whole British National Formulary, they refer on, and so will non-medical prescribers."

Three components necessary for high quality prescribing

Three components are required to ensure quality prescribing: regulation, clinical governance and monitoring, and communication, said Mr Pruce.

Regulation The Royal Pharmaceutical Society updated its professional code of ethics in October to include a section on prescribing. Independent prescribers will need to undertake training accredited by the Society and will be required to register with the Society. Prescribers will be expected to complete CPD relevant to their role. Regarding revalidation, Mr Pruce said that it is unlikely that this will be something that is only for doctors. "I predict that revalidation will be a requirement for all health care professionals at some stage in the future," he said. Systems will also need to be in place to identify and remedy poor performance, he added.

Clinical governance and monitoring The Society has developed a clinical governance framework for pharmacist prescribers and organisations commissioning or participating in pharmacist prescribing. The framework is published on the Society's website (www.rpsgb.org). The framework makes recommendations for NHS organisations, employers and individual prescribers. It provides indicators of good practice and practical examples to illustrate these. Mr Pruce highlighted that prescribing data need to be available to non-medical prescribers so that prescribing can be monitored and refined. "I would expect peer review from doctors and other prescribers," he said. "I would also expect pharmacists to take part in clinical audit." He added that non-medical prescribers must work as part of a team. "As the number of prescribers grows, the potential for error grows. We need to make sure that the rest of the team know, and agree with, what they are doing." We also need to conduct national research into how independent prescribing is working, he added.

Communication Access to patient records before prescribing is essential, said Mr Pruce. "All prescribers must be aware of what is prescribed for their patients, and of the patient's conditions and treatment plan." He stressed that good communication is essential and IT will be the key. "This is worrying because Connecting for Health hasn't delivered on anything yet particularly," he noted. He admitted that he is worried about whether the IT will be delivered in time and whether it will be to the sort of quality that is wanted.

"Effective prescribing and changing roles in primary care: improving access, ability and choice" was organised by **Policy Review Magazine**, in association with the **Chartered Society of Physiotherapy** and **NHS Alliance**. It took place in London on 24 November.

Pharmacists' skills underused for too long

"We have been underutilising the skills of nurses and pharmacists for too long," Paul Robinson, the Department of Health's policy lead on non-medical prescribing and extended prescribing, told participants at the conference.

The aim of the non-medical prescribing programme is to maximise benefit to patients and the NHS through increased flexible use of workforce skills.

Paul Robinson: communication will be key to non-medical prescribing

Regarding comments made by the British Medical Association when extended prescribing rights for pharmacists and nurses were announced (*PJ*, 19 November, p619), Mr Robinson believes that it is significant that no negative comments from the royal colleges have been reported in the press.

Like Mr Pruce, Mr Robinson believes that communication between all prescribers and access to patient records is the key principle underlying non-medical prescribing. "Without access to records, supplementary and independent prescribing will not be safe, with the exception of out-of-hours work and walk-in centres," he said.

He reminded participants that Controlled Drugs can now be prescribed by pharmacist and nurse supplementary prescribers. In addition, extended formulary nurse prescribers can currently prescribe six CDs for palliative care and pain relief. Following changes to medicines regulations expected in December, CDs for coronary care, palliative care and acute alcohol withdrawal will be added to this list, he said.

Independent pharmacist prescribers will not be allowed to prescribe CDs initially. However, Mr Robinson believes there is no logical reason for this, and said that it is something the Department of Health intends to pursue.

Shelagh Morris, health professions officer at the Department of Health, told participants that three groups of allied health professionals (AHPs) — chiropodists/podiatrists, physiotherapists and radiographers — have recently been granted prescribing rights and, after suitable training, will be able to practise as supplementary prescribers. Ms Morris sees these prescribers as "individuals for whom supplementary prescribing is an adjunct to high level clinical practice". They will be experts in their field, she said. To qualify to undertake training, they will need to be registered with the Health Professions Council, have three years' post-qualification experience, practise in an environment where there is an identifiable prescribing role, have support from their employer and access to a doctor who will act as their mentor.

When asked when AHPs will be able to prescribe independently, Mr Robinson said that the DoH will want to see the results from AHP supplementary prescribing first to make sure that the opportunity is being used and to evaluate the outcomes. However, he used the analogy of pharmacists, pointing out that they have progressed from supplementary to independent prescribing within three years.

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