

Establishing training for pharmacist prescribing will be a challenge for 2003

The Department of Health expects the first cohort of pharmacists to start training to be supplementary prescribers this spring. Harriet Adcock finds out how far things have progressed

NOW that supplementary prescribing has been given the official go ahead by the Government (PJ, 23 November 2002, p731) the challenge of getting pharmacists trained for their new role is being tackled head on.

The primary legislation for supplementary prescribing applies across the whole of the United Kingdom. How it is implemented, however, is for each devolved administration to decide. Scotland is ahead of the game with pharmacists already prescribing as part of pilot schemes (see p26). In England, supplementary prescribing by pharmacists is expected to start by the autumn.

Beth Taylor, community pharmacy services team manager at Southwark Primary Care Trust, speaking at a conference on modernising pharmacy services held in London in December 2002, pointed out that the timescale for the introduction of supplementary prescribing has been markedly different to that for the introduction of nurse prescribing. "Essentially it took nearly 10 years for community nurses actually to get the prescription pads in their hands from the time the idea of community nurse prescrib-

ing was first promoted. We are being asked to do it in about six months," she said.

Although she welcomes the change in approach, she said that education providers are concerned about how they are going to get courses off the ground in the time available.

The outline curriculum for training pharmacists to be supplementary prescribers was finalised in November last year. It is hoped that training for the first cohort of pharmacists will start in spring and the Government expects up to 1,000 pharmacists to be trained and prescribing by the end of 2004. How training is going to be delivered, however, is still being debated.

Gul Root, principal pharmaceutical officer at the Department of Health, says arrangements are yet to be finalised as to which higher education institutions will provide training for pharmacist supplementary prescribing. "If we want pharmacists to be in training by spring 2003, there is a lot that needs doing," she says. However, she points out that the number of education providers needed for pharmacists will be fewer than



Pharmacists will need to undertake formal training before they can issue prescriptions

was needed for nurses. "Workforce development federations now need to consider who the local education providers will be and ensure that it will happen," she says.

Training for nurses to become supplementary prescribers is expected to start later this month and will involve at least 26 days of formal instruction and study (desk-based learning) plus 12 days of supervised practice spread over a period of three to six months. As far as pharmacists are concerned the total length of training will probably be similar but this has not been finalised. "Higher education institutions will put forward courses and the Royal Pharmaceutical Society will accredit them," says Mrs Root.

Whether or not pharmacists will have to undertake the whole of their training as desk-based learning is also still to be decided. "We have kept our minds open about incorporating an element of computer-assisted learning and distance learning, within this 25–26 day period," she says. Self-directed study will also be needed and initial discussions are being held to determine

Funding

Direct costs for prescribing training will be funded centrally by the Department of Health through NHS workforce development federations.

The Department is keen to stress that training costs for all pharmacists, including community pharmacists, will be met. However, decisions on how to cover additional costs, such as locum fees, will need to be taken locally. This is likely to cause considerable headaches for independent community pharmacists and, to a lesser extent, employee community pharmacists, whose employers might find ways of shuffling workloads to accommodate training requirements.

However, Gul Root, principal pharmaceutical officer at the Department of Health, says that there may be more flexibility later this year about how the workforce development federations use their funding.

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whether some of the training could be provided through open-learning methods.

"What we want to ensure is that when [pharmacists] come out of the prescribing training, they will have a consistent level of knowledge," says Mrs Root.

"Some pharmacists will have been qualified a long while, some will have qualified more recently. Some are specialist clinical pharmacists, others are not." However, Mrs Root believes all pharmacists will find the peer review and peer support that comes through desk-based learning valuable.

A LOCAL VIEW

Claire Grout, head of pharmacy education and training for north west England, Greater Manchester Workforce Development Confederation, says that in her case, the next phase of work will be to liaise with education providers and with employers to identify individuals who will undergo training.

"It is important that the identification of need comes from the organisation. Organisational support is essential not just for the training but for providing the service when the pharmacist becomes accredited. There is no point in training individuals who will not be able to practise subsequently," she warns.

At first there will be only a small number of pharmacists undergoing training so to ensure viability there may need to be some collaborative approaches. The support of current prescribers will also be vital because of the requirement for practice-based mentorship. "There is a lot to achieve in a short

timescale, and lots of stakeholders to involve. We also need the support of the profession itself to see the benefit of this and to take on the role," she says.

She also points out the importance of promoting the benefits of supplementary prescribing to the general public, many of whom would not have thought of pharmacists performing this kind of activity before. "Despite the challenges, it is a tremendous opportunity for the profession to demonstrate its capabilities and show how it can improve access for patients," she concludes.

WILL TRAINING EQUIP PHARMACISTS?

Annie Coppel, chairman of the Faculty of Prescribing and Medicines Management, College of Pharmacy Practice, believes the curriculum that has been developed for training pharmacists to be supplementary prescribers will equip them for the role. "The curriculum has been developed in a rigorous way using the skills of pharmacists, nurses and doctors. "As such, there should be a real reflection of the skills required to become a competent prescriber."

However, Ms Coppel warns that the contribution pharmacists can make, and the potential benefits for patients and the National Health Service must be highlighted and recognised if supplementary prescribing is to succeed.

Dr Angela Alexander, visiting fellow, school of health and social care, Reading University, suspects that pharmacists will be more enthusiastic about the role of supplementary prescribing than nurses.

"Pharmacists may see that supplemen-

tary prescribing can be linked in with other medicines management services, which primary care trusts may be willing to fund, whereas nurses will be expected to prescribe within their current paid employment. Because of that there may be more enthusiasm from pharmacists," she says.

In terms of the curriculum, Dr Alexander thinks that the physical examination skills will present the biggest challenge to pharmacists doing the course. "We are not used to being 'hands on'." She also expects that the 'period of learning in practice' will create some logistical difficulties.

Linked to this period of learning in practice is the requirement for independent prescribers to act as mentors to pharmacists. Before this can happen, medical practitioners need to be made fully aware of the moves towards supplementary prescribing by pharmacists and nurses. "Based on local experience, I think that doctors are the people who are a bit out of the loop at the moment. They will need to understand what this is about. Clearly we need their support for this to go forward," says Beth Taylor.

SUPPORT FOR PHARMACIST PRESCRIBERS

Ms Coppel says the faculty is considering what support it will be able to offer pharmacists taking up the prescribing role in practice and what support will be needed to help them maintain competency once qualified as a prescriber.

"This may include support for continuing professional development through education and training. We may also look at developing a peer-support network and at promoting and sharing best practice," she says. The faculty is also contemplating a mentor network but has yet to consider how this will link into supplementary prescribing.

LOOKING AHEAD

At the moment there are no training programmes ready for pharmacists who want to take on the role of supplementary prescriber. The Department of Health does not appear to be unduly concerned by this and expects training to start this spring. For this to become a reality, things need to start happening fast. Of course, spring in Whitehall does not always coincide with spring elsewhere in the country so there may be some flexibility to this timescale.

So where now? The next step on this journey is to identify the first cohort of pharmacists who will become supplementary prescribers. The value these pharmacists add to the prescribing process must then be established. In the longer term, consideration will need to be given to the undergraduate degree course so that all pharmacy graduates are equipped with the underpinning knowledge required for them to become supplementary prescribers.

Meanwhile, emphasis needs to be put on breaking down any barriers to implementation. If pharmacists are going to be trained and prescribing this year then urgent thought needs to be given about the policies and infrastructure required to support this.

Supplementary prescribing road shows

The Department of Health is organising a number of road shows intended to stimulate discussion about how training will be commissioned and how supplementary prescribing will be implemented locally. The first two have already taken place in London and Leeds. More will follow in Leicester, London and the South West.

Joe Asghar, regional pharmaceutical adviser for the Directorate of Health and Social Care North, was involved in organising the road show in Leeds and says the aim of the day was to provide information on supplementary prescribing, to give people an opportunity to explore issues that surround supplementary prescribing and to identify challenges. In Leeds, the audience included representatives of higher education institutions, schools of pharmacy, workforce development confederations, representatives from primary and secondary care, and regional nurse prescribing leads. Following presentations from the Department and the Royal Pharmaceutical Society, the audience was broken up into discussion groups to consider

- How pharmacists will be identified for supplementary prescribing?
- How the demand for training will be quantified?
- How training will be commissioned?
- How appropriate mentors for the supervised practice component of the curriculum will be identified?
- How performance management will be managed locally?

Mr Asghar says that despite identifying challenges, the groups were all positive about the introduction of supplementary prescribing by pharmacists. "Almost every group asked the question 'Do we want to do this?' and every group came back and said unreservedly 'yes' because there would be significant benefits to patients, to the NHS and to the profession." Access to patient records, identifying suitably experienced mentors and engaging independent community pharmacists were seen as potential problems by the groups. "However, none of the challenges that were identified were considered to be insurmountable," says Mr Asghar.