

How will pharmacists training to be prescribers be supervised in practice?

As part of the training to become supplementary prescribers, pharmacists will be required to spend time working under the supervision of a medical practitioner. Harriet Adcock finds out what this might mean in practice

PHARMACISTS who train to become supplementary prescribers will have to undertake a period of supervised practice as part of their induction. Indeed, one of the requirements for pharmacists entering into a training programme is that they have a named medical practitioner who will act as their supervisor (see Panel, right).

The detail of the training programmes that will prepare pharmacists to become supplementary prescribers is still being hammered out. However, what has been decided is that the period of learning in practice "should be sufficiently long to enable the pharmacist to become competent in the skills of supplementary prescribing practice and in no case should it be less than 12 days". This minimum requirement is likely to reflect the fact that many pharmacists have a limited knowledge of pathophysiology and few skills in physical examination.

Dr Peter Wilson, the Royal Pharmaceutical Society's consultant on continuing professional development, explains that this period of supervised practice will allow pharmacists to put the theoretical knowledge from the training programme into practice and to learn some of the necessary practical skills, such as monitoring a patient's progress and physical examination. "On a supplementary prescribing training

programme there could be 10 pharmacists in a cohort all learning to be prescribers but for 10 totally different conditions. So in the period of supervised practice they will be learning to monitor a patient with asthma or learning to monitor a patient with hypertension or diabetes."

Dr Wilson suggests that supervisors will start by demonstrating how they consult with a patient, how they assess the patient and by explaining to the pharmacist how they prescribe. Skills would be gradually transferred to the pharmacist, who would then be observed practising the same skills.

"The physician has got to be a teacher, a mentor and also able to assess the pharmacist's progress and performance as a prescriber."

Dr Wilson sees this part of the training programme as an opportunity for pharmacists to establish that they are competent as prescribers. "It will be the element of the programme where the pharmacist will be using their clinical knowledge and will be confirming whether or not it is appropriate for prescribing and whether additional work is necessary."

He also points out that, in absolute terms, passing this period of practice is an essential component of the course. "If you do not pass, you do not get recognised as a supplementary prescriber," he says.

Learning in practice: outline curriculum

The outline curriculum for supplementary prescribing training programmes specifies that pharmacists must have a named medical practitioner who has agreed to:

- Provide opportunities for the pharmacist to develop competencies in prescribing
- Supervise, support and assess the pharmacist during his or her clinical placement

This practitioner has to be experienced in a relevant field of practice and must have the skills needed to act as a supervisor.

IDENTIFYING SUITABLE SUPERVISORS

Dr Wilson recognises that some pharmacists — working either in hospitals or in GP practices — could already have a working relationship with medical practitioners that could turn into a supervisory one. "However, that would depend on whether the medical practitioner has the necessary skills to support the pharmacist," he says.

Clive Jackson, chief executive of the National Prescribing Centre, adds that finding doctors with the right skills and the time to take on the role of supervisor will require a fair amount of advance planning. He also believes that a degree of education of supervisors will be needed. "It would clearly be unsatisfactory if a supervisor did not understand what was needed to create an effective supplementary prescriber."

Mr Jackson thinks that supervisors should have some sort of educational background so they can support the development needs of the pharmacist. "For example, some GP tutors or trainers may be potential candidates, and teaching practices would clearly be in a better position to deliver support," he says.

"There might need to be some sort of introductory support pack that brings people up to a certain level of understanding. Then people can work out what additional training or support they need to be able to deliver supervision. This will be part of the local discussions about identifying who and where the service should be delivered," says Mr Jackson.

It is vital that pharmacists have the support of medical practitioners if supplementary prescribing is to take off. For this to happen GPs and hospital doctors will have to be convinced of the benefits of pharmacists taking on some of their work.

How a GP supervised a nurse prescriber

Dr Jim Kennedy, a partner in a GP practice in Middlesex and prescribing spokesman for the Royal College of General Practitioners, provides supervision for a nurse prescriber. He believes that the supervised period of clinical practice is an essential part of the training for new prescribers. "Like any training, what may sound good in theory does not necessarily always work in practice. You have to roll up your sleeves and get your hands dirty to really know what it feels like."

He says that as well as needing professional skills and an understanding of prescribing and the context of prescribing, supervisors need to understand the educational process, how people learn and how learning can be encouraged. "They also need to have the time and interpersonal skills to support somebody through the prescribing course. And they have to have a commitment to change how they practise to allow the new prescriber to use the skills they have acquired."

Dr Kennedy says that the course for nurses training to prescribe from the nurse prescribers' extended formulary has been intense and probably too short. "I think it concentrated too much on some of the technical therapeutic areas and perhaps not enough on some of the wider psychological aspects of prescribing." He adds that there has been an underappreciation of the workload implications for practices in supporting people through courses.

Dr Kennedy believes that if pharmacists are interested in training to become supplementary prescribers, there will be strong benefits for the practice, for pharmacy and most especially for patients. However, he thinks that the supervision of pharmacists may be complicated. "They will not be within the team in quite the same way [as a practice nurse]. There may also be issues surrounding access to patients and access to confidential data within the practice."