

Prescribers reflect on their first year

In this final feature in a series following four pharmacists as they develop as independent prescribers, Dawn Connelly asks them how the first year has gone and what advice they have to offer those thinking of following in their footsteps

Rachel Hall, a practice pharmacist who manages chronic conditions

Working as an independent prescriber has restored Rachel Hall's faith in the pharmacy profession.

Five years ago, Ms Hall, now a clinical pharmacist at The Old School Surgery in Fishponds, Bristol, was working as a community pharmacist for a large multiple. "I was on the verge of leaving the profession. I was extremely demoralised by the job and the profession and felt I was not developing in my career as a pharmacist," she says. Instead of leaving, she decided to cut back on her hours in the pharmacy, undertake a clinical diploma and work half a day a week for the local primary care trust as a practice pharmacist. She has not looked back since.

Ms Hall has spent the past 10 months consolidating her skills and building on what she learnt during the independent prescribing conversion course. She has gradually developed her role within the primary health care team and now feels fully integrated: "The number of referrals I receive from other members of the team and the fact that my clinics are now always fully booked is an encouraging sign. Patients are more than happy to see me as an alternative to their GP."

Choosing type 2 diabetes as her speciality has made it easier for Ms Hall to expand into

other areas, such as hypertension, chronic kidney disease and coronary heart disease. "I find the area of diabetes particularly interesting and rewarding, and have now been trained to initiate insulin in type 2 diabetic patients who are uncontrolled on oral medication," she says.

Looking to next year, Ms Hall plans to continue with her chronic disease clinics and is hoping to free some time from her other responsibilities, including reauthorisation of repeat prescriptions, so that she can take on more of the minor illness workload from the GPs.

She will also be involved in the training of future independent prescribers, marking their portfolios for the University of Bath.

Ms Hall is adamant that prescribing is the way forward for pharmacists wishing to take on extra responsibility to expand their roles and improve patient care.

"Even though the independent prescribing course is hard work, the end result is worth it. Being able to make clinical decisions, and to have that autonomy, is very satisfying," she says.

"Qualifying as an independent prescriber is just the first step. Building on these skills and continuing the learning is essential to en-



Rachel Hall

sure safe, competent practice and to enable expansion of the role," she adds.

Ms Hall hopes that many more GP practices will invest in the services of a prescribing pharmacist, which she believes is an excellent way to ensure cost-effective prescribing, improve access to patients and relieve some of the GP workload.

Nicola Stoner, a hospital pharmacist who specialises in cancer care



Nicola Stoner

By September next year, all four senior members of Nicola Stoner's team will be trained as independent prescribers. Dr Stoner, consultant cancer pharmacist at

Churchill Hospital, Oxford Radcliffe Hospitals NHS Trust, is then aiming to expand the service that the team provides to the hospital's cancer directorate.

"We are running a rolling programme of training so that as other members of the team become experienced, they will also have the opportunity to train to become independent prescribers," she says.

Dr Stoner explains that the team currently prescribe patients' own drugs and supportive therapies independently but that they prescribe chemotherapy as supplementary prescribers. In the future, she hopes to develop the service so that adjuvant chemotherapy and monoclonal antibodies are prescribed independently. However, she adds: "It is important that we are able to offer a consistent service. I may feel competent to prescribe chemotherapy but I have to ensure that my colleagues are happy to do so before I can take the service in that direction."

In the meantime, she plans to expand the current model to other adjuvant

chemotherapy clinics and to a newly established haematology inpatient pre-assessment clinic.

Dr Stoner's only regret in terms of becoming a prescriber is that she did not do it earlier. "Being a prescriber has allowed me to develop my skills professionally, and to maximise the use of my existing skills," she says.

For pharmacists who are considering training as non-medical prescribers, Dr Stoner recommends that they make sure they have an area to practise in once they are qualified.

"It is satisfying to be able to use your skills to the maximum in this new role. Pharmacists should ensure they have a baseline of knowledge in the area where they are going to prescribe, and that they have the support of the multidisciplinary team and managers," she adds.

Dr Stoner believes that the secret to managing her heavy workload is to prioritise patient care and staff needs equally. "That way I have a happy team and happy patients," she says.

Beth Hird, a primary care trust pharmacist who runs an asthma clinic

Pharmacists need to think creatively to find a niche for pharmacist prescribing, according to Beth Hird, a prescribing adviser at Nottinghamshire County Teaching Primary Care Trust. "There are many nurses already prescribing in many areas. We, as pharmacists, need to find the relevant clinical areas that are not already covered by nurses, or work out how to work alongside other professions," Mrs Hird remarks.

Since January, when she became the first pharmacist in the UK to qualify as an independent prescriber, Mrs Hird has gained confidence in diagnosing asthma in patients who attend her weekly clinic at a local surgery. "The past year, acting as an independent prescriber, has been an exciting time. I took the natural step from supplementary to independent prescribing within the asthma clinics that I run. Running the clinics has been a challenge, mainly due to time constraints and other pressures within my role," she explains.

Mrs Hird is content with the specialty she has chosen since it is one that she feels competent to work within. "However, time permitting, I would have liked to have had the opportunity to expand into chronic obstructive pulmonary disease. This is an area that causes many hospital admissions and, hopefully, one where pharmacists could impact on care."

Incorporating the independent prescriber qualification into undergraduate courses is an idea that has been mooted but Mrs Hird believes that some basic clinic experience is essential before becoming a prescriber. "It really helped me to be able to decide to prescribe within a specific area, which would be harder to do at degree level," she argues.

Due to other work constraints, Mrs Hird does not have plans to develop her prescribing role next year. However, she hopes that in the future, with the development of practice-based commissioning and the Department of Health push to move services into primary care, there will be more opportunities for pharmacists to work alongside other professions and make use of their prescribing skills.

Mrs Hird recognises that a future professional body will play an important role in supporting pharmacists as their roles expand. She argues that any new professional body for pharmacy should represent all sectors. "I would like to see a future professional body that supports and actively promotes the development of all pharmacists working across all areas from industry, to hospital, through community pharmacy and primary care."

Finding the right work-life balance is difficult in a high-pressure job. Mrs Hird has found that prioritising her workload is a nec-



Paul Saxby

Beth Hird

essary part of her day-to-day role and she recommends the information mastery course offered by the National Prescribing Centre. "It has certainly helped me to prioritise my reading piles," she declares.

Mrs Hird is happy with her chosen career and would encourage other pharmacists to become independent prescribers: "Running a clinic and prescribing is rewarding and really uses pharmacists' knowledge and skills."

Mahesh Sodha, a community pharmacist who runs weekly clinics



Mahesh Sodha

Few primary care trusts are willing to fund community pharmacists as independent prescribers, says Mahesh Sodha, a community pharmacist in Essex who runs weekly clinics at a local GP practice.

"Although many of my colleagues admire the concept of independent pharmacist prescribing they are, quite rightly, sceptical about who is going to pay for these services. The

Government has made this a local PCT issue and few are willing to fund community pharmacists in this role," he explains. He adds that, in his experience, PCTs are happy to pay PCT prescribing pharmacists to carry out the same role.

On a more positive note, Mr Sodha explains that he now feels very much a part of the team at the practice where he runs clinics for patients with type 2 diabetes, hypertension, dyslipidaemia and chronic renal disease.

"I shall be starting an accredited course in management of erectile dysfunction in the New Year as well as one in sexual health, since this is a priority for the local PCT," he says. He also hopes to start prescribing for patients with chronic pain, an area in which he believes he has sufficient expertise.

Mr Sodha has few regrets about the way he has approached the past year. However, given the time again, he would have liked to undertake a course in diagnostic skills. "The only trouble is that most of these courses are aimed at the nursing profession only," he argues.

He would also advise community pharmacists who are thinking of training as independent prescribers to take a further course to improve their clinical skills. Mr

Sodha believes that post-registration experience is essential for pharmacists to gain the consultation and clinical decision-making skills required to be an independent prescriber.

Mr Sodha hopes that any future professional body for pharmacy will have an important role in accrediting specialist pharmacists. "Membership of the new body ought to be an endorsement of the competency of a pharmacist both as a generalist as well as a specialist. I would then expect employers to be looking for this membership in their workforce as proof of competency to practise as an advanced practitioner," he says.

However, he is not in favour of technicians being part of the new body, something he recognises may be a controversial stance to take. "Technicians support pharmacists very well and should have their own body. While I support doctors in their surgeries, it does not entitle me to become a member of the Royal College of General Practitioners, even if I were to pass their examinations," he points out.

In five years' time, Mr Sodha plans to semi-retire. "That is to sell up my business and to teach at a university part time and treat patients part time," he explains.