

# Independent prescribing: pharmacists to be given access to the full formulary

The Government has announced that pharmacists will be able to prescribe all licensed medicines (except Controlled Drugs) for all conditions. This will affect your role as a pharmacist in the future and, as a student, you may witness changes in the undergraduate curriculum. Here, prominent pharmacists comment on the Government's decision

By Dawn Connelly,  
news and features writer at  
*The Pharmaceutical Journal*

**F**rom spring, 2006 suitably trained pharmacists will be able to prescribe any licensed medicine for any medical condition, with the exception of Controlled Drugs.

## How and when will pharmacists independently prescribe?

**D**avid Pruce, director of practice and quality improvement at the Royal Pharmaceutical Society, says that he imagines that most pharmacists will prescribe following a diagnosis by a doctor, although there are those who will use their diagnostic skills. "In the same way that GPs know their limits and refer more complex cases on to secondary care, I would expect pharmacists to do the same," he adds.

Gul Root, principal pharmaceutical officer at the Department of Health, explains: "It is likely that, in the main, pharmacist prescribing will follow a primary diagnosis by a doctor. However, pharmacists who diagnose minor ailments could, of course, prescribe independently without a diagnosis being made by a doctor. There may be situations when a pharmacist could be trained to make a diagnosis and prescribe independently." She predicts that as time progresses and more pharmacists become experienced the situation may change.

Mrs Root expects that, in the first instance, independent prescribing will be carried out by pharmacists who have been influencing prescribing decisions within multidisciplinary teams in specialised areas. "These pharmacists will, under normal circumstances, have contemporaneous access to the relevant patient record. Community pharmacists who have undertaken the prescribing course, and who have access to the patient record as well as access to a prescribing budget, should be able to prescribe independently," she says.

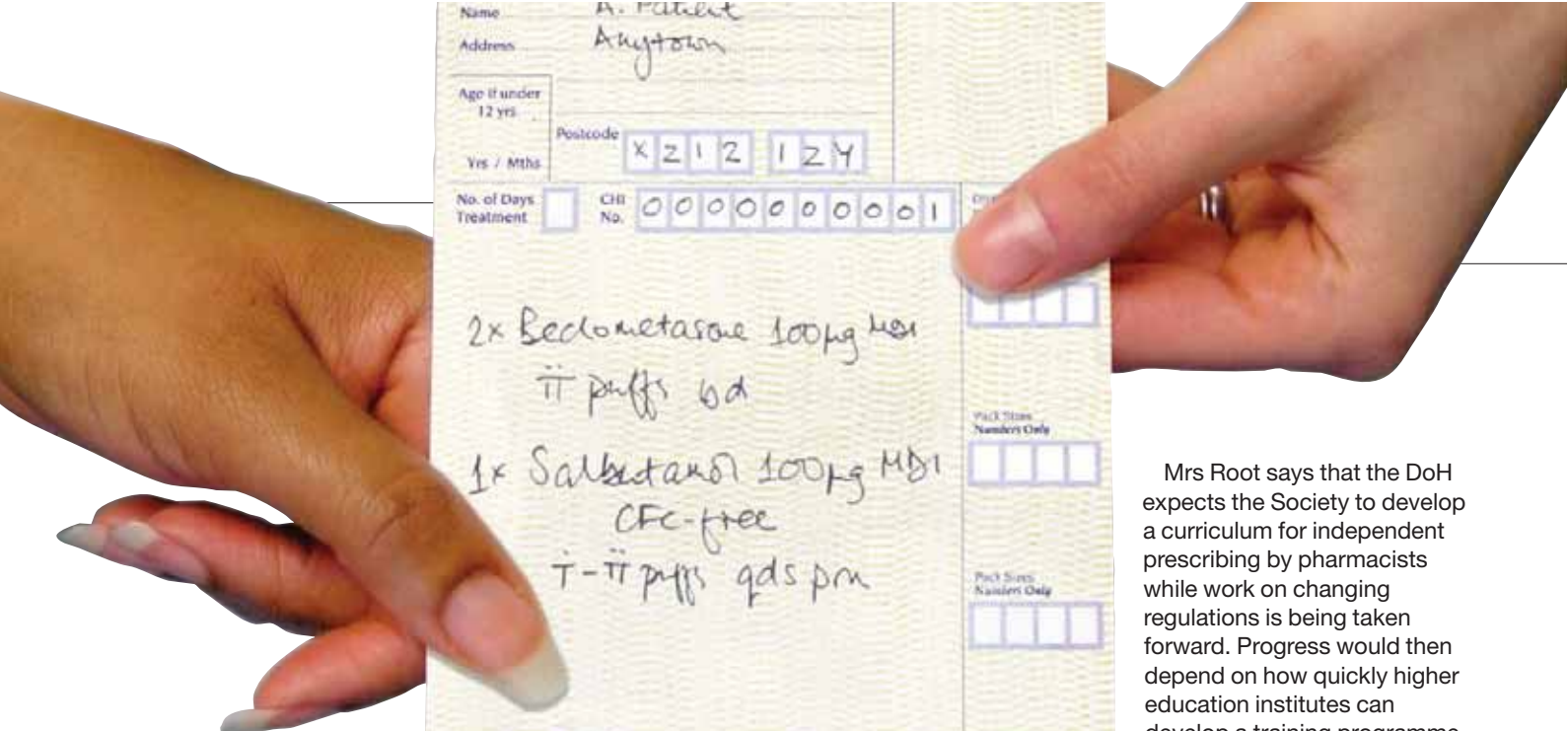
Helen Williams, pharmacy team leader, cardiac services, at King's College Hospital, London, is a supplementary prescriber in a heart failure clinic. "I wouldn't want to diagnose heart failure for these patients but once the diagnosis has been made I am quite happy to manage that and a number of other co-morbidities that have been prespecified," she comments. "Within our clinic, I think that our independent prescriber will be happy that we are able to have more autonomy to determine treatment," she adds.

Ms Williams, who has worked as a supplementary prescriber for a year, says that while the process allows some degree of flexibility, it soon became apparent that most patients do not have a single disease or condition that needs managing. "These co-morbidities impinge on the primary condition that you are treating. If we can manage all the patients' medicines it will stop them from having to bounce between different specialties," she says.

She believes that part of the strength of having nurses and pharmacists working together with doctors in the heart failure clinic is that each professional deals with aspects of patients' management that is within their own area of expertise.

## Effect on community pharmacy

**M**ahesh Sodha, a community pharmacist and supplementary prescriber in Chelmsford, Essex, recognises that diagnostic skills are an area of weakness for pharmacists, but says that, in a multidisciplinary team, these skills are not always necessary. A lack of diagnostic skills is compensated for by pharmacists' strengths in therapeutics, he says. "It is great news, indeed, that pharmacists are recognised as clinicians and given the responsibility to treat and manage patients holistically," he says.



“However, I strongly believe that this should not be simply seen as a right to prescribe but seen as an authority which is accompanied by the responsibility to ensure that pharmacists only prescribe within their competency,” he says. He adds that the key to success will be good partnerships with GPs. “My own success is entirely due to good working relationships with GPs, where there is mutual respect for each other’s skills. These need to be developed nationally for independent prescribing,” he argues.

### Minor ailments

Campbell Shimmins, a community pharmacist and supplementary prescriber in Doune, Perthshire, predicts that minor ailments will be one of the first areas in which community pharmacists will be exercising their independent prescribing powers. He says that another obvious area, particularly in Scotland, is the chronic medication service. “If, as a pharmacist, you can make changes legally and conveniently for the patient, then that is good for all concerned. It frees time at the GP practice and it is convenient and accessible for patients.” He points out that access to patient records is fundamental to patient prescribing and it is important that the communication links and IT are in place. He believes that improvements in IT will also help to forge closer links between health care professionals.

### Training

The Royal Pharmaceutical Society will be responsible for developing the

curriculum and the accreditation criteria for the education and training programmes that will be developed by higher education institutions. “The Society is working closely with the DoH looking at how best to serve the training needs of pharmacists wishing to prescribe independently. In particular, conversion courses will need to be developed for those supplementary prescribers wishing to extend their prescribing powers,” said Mr Pruce. Details of the training are still to be finalised. Mr Pruce added that the undergraduate curriculum is about to be reviewed and he imagines that this will take into account the extension to pharmacists’ prescribing powers.

Once qualified, independent prescribers will be regulated by the Society in the same way as supplementary prescribers. They will be expected to submit records of continuing professional development that include activities around prescribing, says Mr Pruce. Independent prescribers will then have the right to prescribe throughout the UK although the NHS will not necessarily permit them to do so. “People will be able to move around the country with their qualification, but they will have to meet a health need and be commissioned by the local primary care organisation,” he explains.

Mrs Root says that the DoH expects the Society to develop a curriculum for independent prescribing by pharmacists while work on changing regulations is being taken forward. Progress would then depend on how quickly higher education institutes can develop a training programme and be accredited by the Society. “We would expect to see the first pharmacist [independent] prescribers working in 2007,” she says.

### Delivering the goods

Ms Williams is clear about what pharmacists need to do to make a success of their new prescribing rights. “It will be down to pharmacists and nurses with these new powers to demonstrate that they can do it safely, that they recognise their limitations, and that they know when to manage a patient independently and when to refer for additional support.”

Mr Shimmins says: “I still believe that the GP should have absolute control over a patient’s health but I do believe that pharmacists have a valuable, and currently undervalued, role to play in that. We meet a lot of political imperatives — certainly we have set ourselves up to do that — so we had better deliver.”

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