Scope of Practice for Newly Qualified Pharmacist Prescribers in Secondary Care – Recommendations and Principles

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Background

In 2021 the GPhC published new standards for the initial education and training of pharmacists (IETS).

The new standards represent a significant shift in the way pharmacists are trained at both undergraduate level and during their foundation training programme (previously pre-registration training year).

The new standards set out that all pharmacists will be prescribers at the point of registration, requiring the integration of prescribing education within the undergraduate programme and the inclusion of prescribing practice and assessment in the foundation training year. They set out the expected capabilities of a prescribing pharmacist within the learning outcomes, which includes, enhanced communication and consultation skills, clinical assessment and diagnostic skills, clinical reasoning and managing risks associated with prescribing.

The implementation of prescribing at the point of registration represents a significant change for the profession. For the first time, we will be developing pharmacist independent prescribers, who have not yet consolidated their professional learning and experience in their role as a pharmacist. This will require a new approach to training, assessment and support post qualification.

Newly qualified pharmacist independent prescribers will have a different scope of practice to that of experienced pharmacists who have undertaken a post-registration independent prescribing course and will need ongoing support and supervision to develop and expand their scope of prescribing practice.

See Appendix 1 for a toolkit to support local implementation and Appendix 2 for background, definitions and additional information relating to scopes of practice.

Underpinning Principles

The following principles have been developed based on the outputs of the northwest (NW) secondary care prescribing workshop and refined by the NW Task and Finish group. It is based on consensus and linked to high priority areas and current service delivery.

The principles are intended to support a common approach to the implementation of prescribing for pharmacists at the point of registration to:

- reduce unwarranted variation between trusts
- maximise the potential for pharmacists to safely utilise their prescribing capability as part of care delivery, to ensure they maintain and further develop their competence after registration
- minimise the risk to patients and the public of inappropriate prescribing activities by newly qualified pharmacists
- provide guidance on prescribing capabilities and limitations to other healthcare professionals and at organisational level

The principles below recognise that implementation will be dependent on supporting policies and processes (Non-Medical Prescriber (NMP) policy, supervision/preceptorship etc.) and will also vary between organisations depending on several factors including; size and types of services provided, the supporting infrastructure, etc.

The principles provide a starting point to allow service leads to consider how to safely implement prescribing for newly qualified pharmacists so that individuals can develop competence and confidence before expanding their scope of practice.

The prescribing activity described includes deprescribing or the amendment of a prescription. It also includes the prescribing of controlled drugs and unlicensed medicines as appropriate to the context.

General principles for the scope of a newly qualified pharmacist prescriber

The following general principles are proposed and apply in the context of the scope described below, having clear and appropriate policies and pathways, and having the appropriate supporting infrastructure:

- Prescribing activity may happen in any location that a newly qualified pharmacist prescriber would work (e.g. ward areas, in-patient or out-patient dispensaries).
- In general, prescribing would be expected to take place during normal working hours (this may include extended or out of hours provision if appropriate support processes and additional staff are in place).

For newly qualified prescribers, making changes to or initiating new medicines will usually be when working as part of a multidisciplinary team, following a discussion with the team responsible for the patient.

In general prescribers should adhere to accepted prescribing etiquette:

- avoid making prescribing decisions in isolation and communicate all changes with the relevant prescriber/team in advance of prescribing (where possible)
- avoid altering other prescribers' decisions unless;
    - making a change on the grounds of safety,
    - making changes that don’t significantly alter the initial prescription e.g. inhaler device, or formulation,
    - clarifying a prescription for legal or good practice reasons.

All pharmacists must take action when they identify that a prescribed medicine poses a risk to an individual’s safety. As a newly qualified pharmacist prescriber, this may involve discontinuing a prescription and/or initiating a new prescription. The pharmacist must decide whether making that change is within their scope of practice and if they feel it is not, take immediate action to rectify the issue.

If a pharmacist prescriber is concerned that a given prescription should be changed to improve patient’s care, they should contact a member of the patient’s medical team to discuss and agree a plan. Once a team decision is agreed and ensuring timely documentation, the pharmacist may then prescribe according to said plan.

Prescribing activities have been organised into a continuum to demonstrate where a newly qualified pharmacist would be expected to begin their prescribing journey and how this would expand over time with appropriate experience. Individual organisations will decide where it is

appropriate for their newly qualified pharmacist to begin on the continuum and any additional specific requirements or restrictions.

As with all professional activity, newly qualified pharmacists should only prescribe where they agree it is the correct course of action for the patient and organisations should have processes to allow the pharmacist to access support where there is a difference of opinion.

The principles do not replace, but are intended to support, regulatory requirements for individuals and organisations as well as organisational policies and governance.

Continuum of prescribing activities for a newly qualified pharmacist prescriber.

Category	Activity	Examples of activities
1	Prescribe as part of medicines reconciliation to ensure that pre-admission medicines are prescribed accurately.	Prescribing, deprescribing or adjusting medicines to correct errors following medicines reconciliation considering a patient's co-morbidities and new clinical parameters.
2(a)	Adjust doses of pre-existing medicines based on clinical parameters and co-morbidities.	Prescribing, deprescribing or adjusting a medicine to manage physiological changes, side effects, drug interactions or changes in route of administration. Correction of a prescribing error. Discontinue treatment
2(b)	Initiate new treatments based on clearly defined trust protocols and guidelines.	Prescribing of nicotine replacement therapy, VTE prophylaxis, formulary substitutions.
3	Initiate following others' assessment & diagnosis.	Prescribing of medicines as part of/following an MDT discussion or ward round. Prescribing of medicines for discharge. Optimising treatments for chronic conditions.
4	Develops own scope of practice in a defined area, including responsibility for diagnosis and initiation of treatment.	Chronic disease clinic. Independent meds optimisation clinic. Diagnosis and treatment of low and medium acuity conditions.

Support and oversight for newly qualified pharmacist prescribers

All newly qualified pharmacists will need support and supervision as they embark on their pharmacy career.

New registrants, who are prescribers, should have prescribing support and supervision integrated into general supervisory processes as much as possible as prescribing will be an integrated capability alongside their other clinical skills and attributes.

Pharmacists may also need access to more structured or formal education programmes to support specific areas of clinical practice or clinical assessment and diagnostic skills.

Figure 1 below sets out an approach to providing support, including the consideration of integrating key checkpoints that allow pharmacists to begin to widen their scope, moving through the continuum described above.

The scope of practice recommendation is the time at which the pharmacist would be expected to begin to integrate this prescribing practice into their care provision. It is not expected that they would be undertaking this prescribing practice for every patient they see and must continuously demonstrate that they understand the limits of their own competence.

Recommended minimum timeline	**Induction: newly registered pharmacist**	**Checkpoint 1:**	**Checkpoint 2:**
Learning opportunities	• Local induction programme • Working with and learning from experienced NMPs / members of the MDT	• Working with and learning from prescribers across the MDT • Accessing appropriate formal and informal education provision	
Assessment ***(To include input from a pharmacist independent prescriber)***	• Medicines reconciliation and clinical intervention logs with evidence of prescribing decisions (including situations where decision taken not to prescribe) • Structured Learning Events (SLE) e.g. DOPS, MiniCex	• Portfolio review (formal sign off via RPS NQPP at checkpoint 2) to consider prescribing practice – e.g. reflective statements, intervention logs, case-based discussions. • Feedback from rotation supervisor If current prescribing practice satisfactory: • SLEs targeted at reviewing knowledge and skills required for the additional scope of practice	
Scope of practice after sign-off	Introduction of category 2	Introduction of category 3	Introduction of category 4, work towards individualised scope
	Decreasing oversight, increasing autonomy and complexity of prescribing practice		
Ongoing support	1. Prescribing practice should be reviewed as part of end of rotation review process and any 1:1 meetings organised as part of organisation's induction programmes 2. Completion of the Royal Pharmaceutical Society's Foundation Pharmacist Curriculum 3. Ongoing support from prescribing practitioner(s) at base organisation (e.g. peer mentoring, coaching, critical reflection on prescribing and justification of actions taken) 4. Education and training programme (in-house, HEI delivered training, cross-organisation offer)		
Notes	1. Programme can be tailored to provide additional support for pharmacists who have completed their foundation training programme in non-hospital setting but the same basic approach should be adopted for all newly qualified pharmacists. 2. This framework is not intended for pharmacists who are changing sectors, and who have experience of prescribing in other healthcare settings. 3. Can also be considered as time since start of employment if employment does not immediately follow registration.		

Figure 1: Support Approach Table

Foundation Training year:

All newly qualified pharmacists will have undertaken the requisite training in prescribing and clinical examination skills to enable registration. Individual organisations should not require newly qualified pharmacist to re-do training (as part of standard induction processes) that has been previously completed and signed off during the foundation training year.

Onward prescribing practice:

Upon successful completion of the second checkpoint, ongoing review of prescribing practice should be undertaken as part of the annual appraisal process.

Individual pharmacists wishing to develop advanced/specialist prescribing roles (e.g. prescribing in outpatient clinics, Advanced Clinical Practitioner roles) should work within their organisational policies and processes to achieve this goal.

Appendix 1 – Implementation Toolkit

This appendix has been designed to support organisations to implement the recommendations and principles from this scope of practice document. The points described in the table below are a series of prompts to help teams determine the operational principles, agreed actions, and next steps for their specific organisation.

The examples provided within this toolkit are general recommendations for consideration and will need to be adapted to internal governance structures and processes.

Implementation toolkit and action plan					
Action 1. Sharing the scope of practice with internal stakeholders					
Consideration	**Guidance**	**Examples and resources**	**Agreed actions**	**Action owner**	**Deadline**
Who needs to be sighted on this document to support implementation?	Consider senior level stakeholders, relevant clinicians across different professions, and organisations/colleagues that provide services under SLAs. Are there existing forums that can be utilised?	Consultants, directorate leads, senior operational pharmacy teams, medicines governance committees (or equivalent), NMP leads, safe medicines practice committees, executive directors, business managers etc.			

Does the proposal require internal approval or ratification?	Consider the most appropriate groups, the frequency of their meetings, and a timeline for implementation.	Education governance groups/panels, NMP forums, clinical lead meetings, consultant team meetings, safe medicines groups/committees, senior trust committees, quality committees, medical leaders' cabinets/fora etc			
What can be done to support the document to land effectively?	Consider the context within which the scope is sent to different stakeholders, what needs to sit alongside it, and how it should be presented.	Include a presentation and/or paper alongside the document clearly articulating the nuances between newly qualified pharmacist prescribers and post registration pharmacist prescribers, a cover sheet that describes any change in pharmacy services etc.			
Action 2. Supervision requirements					
How will supervision, assessment, and appraisal be carried out for newly qualified pharmacist prescribers?	Consider how prescribing supervision and assessment can be integrated into existing processes; which people in	Utilising line managers and clinical/rotational supervisors (who do not necessarily have to be prescribers themselves),			

	the organisation are best placed to supervise; the level of supervision required at different points; the frequency of reviews and tools that can be used e.g. SLEs and any additional assessments/activities to incorporate as part of checkpoint reviews.	additional activities/ assessments such as formalised simulated assessments, measuring softer skills such as prioritisation and leadership, leveraging existing tools like the RPS assessments and NQPP e-portfolio etc.			
Action 3. Governance considerations					
Are there any areas not covered by NMP policies that need to be addressed?	Consider governance surrounding different types of prescribing (e.g. continuation of treatment on admission and discharge, amending the prescriptions of others), where prescribing decisions can occur, and prescribing etiquette whilst working alongside other healthcare professionals.	Specific requirements relating to prescribing as part of medicines reconciliation, outpatient prescribing, prescribing for discharge, making recommendations to other sectors, altering prescriptions from other prescribers, transferring medicines between systems etc.			

Are the current reporting and assurance routes appropriate?	Consider whether responsibility for prescribing activity should sit with the Chief Pharmacist (or equivalent)				
Are organisations and team members aware of professional indemnity requirements?	Consider existing policies and procedures, the organisation's stance on the level of cover required, seeking legal advice if required based on internal processes, and consider how all of this is communicated to newly qualified pharmacist prescribers	Potentially useful resources include Indemnity requirements | General Pharmaceutical Council, In practice: Guidance for pharmacist prescribers etc.			
What is the organisation's approach to clinically checking prescriptions written by newly qualified pharmacist prescribers?	Consider the organisations current approach to clinical checks for pharmacist prescribers and whether this is appropriate for newly qualified pharmacist prescribers; the impact of this approach on medicines supply; how to communicate agreed ways	Optimising workforce deployment, utilising trackers/electronic systems to enable other team members to clinically check, embedding this into organisational plans and inductions, evaluating outcomes post implementation and			

	of working to support safe prescribing and evaluating impact/outcomes.	optimising processes accordingly etc			
4. Other actions to prepare for implementation					
Are newly qualified pharmacist prescribers set up to prescribe?	Consider job descriptions, existing policies and processes, electronic systems, and any relevant progression programmes.	Updating job descriptions to incorporate prescribing across different bandings, local NMP policies, clinical checking policies, electronic prescribing systems, band 6 to 7 progression programmes etc.			
How will the organisation manage newly qualified pharmacists changing rotations / joining from other organisations?	Consider whether existing governance arrangements and induction processes need updating, current requirements are appropriate and proportionate for newly qualified pharmacist prescribers using the proposed scope (consider the sectors in which they may have trained) and the wrap around support	Optimising supervision requirements, reviewing the need for a named DPP or whether a more integrated approach could be used, streamlining inductions to focus on local processes, training and development resources from NHS England (NQPP), CPPE (extending scope of prescribing practice) etc.			

	available through external resources.				
Are line managers and supervisors prepared for the changes?	Consider current job descriptions, the need for additional training and support, access to peer support and experienced prescribing supervisors, updating existing paperwork/processes, and who is responsible for what.	Additional training sessions for colleagues supervising newly qualified pharmacist prescribers, establishing who is responsible for different checkpoints and assessments, building general supervision skills and educator capability within the workforce, updating rotational paperwork, integrating prescribing into annual reviews and declarations etc.			
How will changes for newly qualified pharmacist prescribers be integrated with the non-prescribing pharmacy workforce?	Consider existing pharmacists without a prescribing qualification and newly qualified pharmacists training against the GPhC Interim Learning Outcomes.	Managing the deployment of newly qualified pharmacist prescribers into clinical areas, optimising current education and training alongside credentialling, integrating			

		prescribing and non-prescribing activity, ensuring all pharmacists completing a diploma are supported to undertake prescribing etc.			
How will changes be integrated with other prescribers in the organisation?	Consider the key differences between the scope described for newly qualified pharmacists and other prescribers in your organisation, policies which need to be updated, and how this message needs to be delivered.	Utilising generalist prescribing skills, updating NMP policies, incorporating prescribing into the pharmacy governance structure, linking the foundation training year to day one as a newly qualified pharmacist prescriber, how prescribing activity is audited etc.			

Appendix 2 - What is a Scope of Practice?

There are various definitions of scope of practice, provided by regulators or other professional groups or organisations.

- Some definitions rely on what a practitioner is legally permitted to do based on their professional registration and/or qualifications.
- Other definitions of scope of practice focus on what you might expect a particular professional group's activities or practice to look like.
- Most commonly, scope of practice is individual and refers to the activities an individual carries out aligned to and within the limits of their knowledge, skills, and capabilities.

As set out in the RPS Professional Guidance: Expanding Scope of Prescribing Practice.

Prescribing Scope of Practice *is defined as the prescribing activities a healthcare professional carries out within their professional role. The healthcare professional must have the required training, knowledge, skills and experience to deliver these activities lawfully, safely and effectively. They must also have appropriate indemnity cover for their prescribing role. Prescribing scope of practice may be informed by regulatory standards, the professional body's policy, employer procedures, guidance from other relevant organisations and the individual's professional judgement.*

An individual's scope of practice is dynamic; it develops and expands as their knowledge, competence and confidence grow based on their experience, learning and feedback from others.

A scope of practice is not the same as a specialist area or area of clinical practice:

- Within a specialist area there will be limits on scope and for any prescriber. As newly qualified pharmacist independent prescribers will be at the early stages of their skills development their scope is likely to be very limited, irrespective of area of clinical practice.
- A scope will likely include generalist skills, aligned to processes or types of prescribing, irrespective of the area of clinical practice (e.g. prescribing relating to medicines reconciliation on transition of care).
- Scope is also linked to autonomy and the available support and therefore scope may be determined by the operating model (e.g. ability to run a type of clinic may be dependent on the availability and type of supervision).

A scope of practice is therefore highly dynamic, individualised and something that evolves over time. Some extension of scope may require defined education, assessment and/or qualifications. Whilst in other situations the extension of scope will be gradual, in agreement with clinical supervisor(s), employers and the individual practitioner.

The role, scope and experience of independent prescribing in pharmacy has evolved quickly over the last 20 years, from only those at the most experienced end of the profession using supplementary prescribing to the widespread deployment of independent prescribing by advanced and more recently advancing pharmacists and ultimately now toward the inclusion of prescribing as a capability for all pharmacists at the point of registration.

This of course requires an adjustment to how independent prescribing is viewed, the associated scope of independent prescribing pharmacists, and the support, supervision and post-graduate education required by pharmacists.

Enabling pharmacists to prescribe at the point of registration must be viewed as an extension to the role of the pharmacist. Newly qualified pharmacists have always been responsible for the diagnosis and management of low and medium acuity conditions with the responsibility of excluding and identifying high-acuity or serious illness, taking appropriate action. They have also taken responsibility for ensuring the appropriateness of both newly initiated and long-term medicines for people.

Aligning scope of prescribing practice to the levels of practice

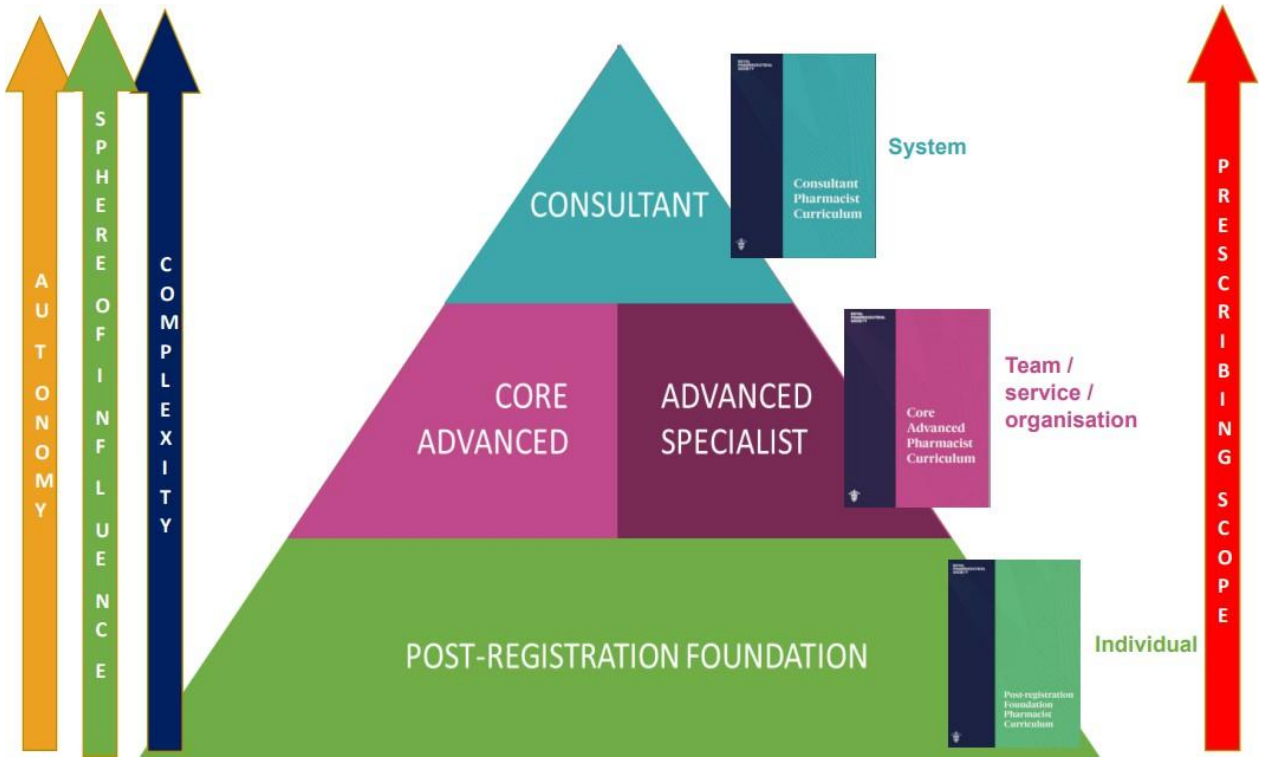
The ability to prescribe significantly broadens the tools available to pharmacists in care delivery and has an accompanying increased level of responsibility and risk. This means new qualified pharmacist prescribers will have to be operating with a broader skillset, including more well-developed physical assessment and consultation skills, from an earlier point in their career. The training and assessment of pharmacists must assure their ability to practice safely as an independent prescriber at this level.

However, this must not be conflated with traditional understanding of independent prescribing as a marker of an advanced level of pharmacist practice. Independent prescribing as a practice cannot be assumed to align with the expectations of pharmacists working at enhanced, advanced or consultant level who undertook post-graduate prescribing qualifications.

The implementation of the new initial education and training standards for pharmacists creates a drive to review and reform both the way pharmacy services are provided and the way pharmacists are supported. Services, systems and governance arrangements must evolve to consider how newly qualified pharmacist prescribers fit into the workforce and are

appropriately supported to deliver care as prescribers and to continue to safely expand their scope of practice.

The scope of a pharmacist's prescribing practice must be considered holistically as an integrated part of their scope of practice generally. It is useful to consider the levels of practice as articulated by the RPS post-registration curricula for pharmacists.



The table below sets out some general considerations for the scope of prescribing practice that might be expected at each level of pharmacist practice. It is offered to help contextualise the different expectations at each level. As stated above, scope of practice is highly individualised but the indicators below are provided to support the development of appropriate education, development and assessment for pharmacists at each level and in particular trainee and newly qualified pharmacist prescribers.

Alignment of scope of prescribing practice with the levels of pharmacist practice		
Level of practice ***Levels of pharmacist practice***	Curriculum *The curriculum used to support development/assure practice at the next level*	Indicators for prescribing scope of practice at that level *These are broad indicators of the expected level of prescribing practice for pharmacists operating at the level of practice. These are non-exhaustive and are individual scopes of practice will vary based on a wide range of factors.*
Trainee Pharmacist	Mandatory assessment against the GPhC IETS to allow registration as a pharmacist	Trainee pharmacists are not independent prescribers. They will be developing their person-centred prescribing capability in a range of areas, in particular. - Developing clinical assessment and consultation skills - Diagnosing and managing low and medium acuity conditions, safely excluding serious illness (in community pharmacy) - Application of clinical assessment to the diagnosis of long-term conditions - Application of clinical reasoning in therapeutic decision making - Establishing the limits of the competence and appropriate routes of onward referral
Newly Qualified Pharmacist	Working towards RPS Post-Registration Foundation curriculum	At the point of registration a newly qualified pharmacist independent prescriber should be able to apply rules to their prescribing practice and safely undertake person-centred prescribing activity. This would likely include: - Diagnosing and managing low and medium acuity conditions, safely excluding serious illness (in community pharmacy) - The appropriate optimisation of medicines for people based on a thorough history and assessment.

		- Safe, effective management of medicines for people when they transition sectors of care It may include: Diagnosis and management of a limited range of long-term conditions, safely excluding complex cases (e.g. hypertension diagnosis in the community)
Enhanced/Advancing Pharmacist	Working towards RPS Core Advanced Pharmacist Curriculum	Pharmacists who have moved beyond the initial consolidation phase of their prescribing capability will continue to expand their scope. This may be within generalist practice or moving towards specialist practice. Generally enhanced level prescribers will: - Apply their prescribing skillset to a more complex caseload, maintaining a person-centred approach - Build on their existing diagnostic capability. - Have a higher degree of autonomy and take more responsibility for their prescribing decisions as part of care delivery. - Move away from rules based approaches to prescribing and care delivery building on their experience to take a more nuanced approach They may: Run their own long-term condition or specialist clinic
Advanced Pharmacist	Having achieved the level of practice described in the Core advanced curriculum they may be working	Advanced pharmacists operate with a high degree of autonomy and are capable of managing episodes of care (within their scope) for people with highly complex needs. This may be in generalist or specialist roles. They will: - Have well developed diagnostic skills which they apply to their prescribing and care they provide to people with complex needs

	towards RPS Consultant Pharmacist Curriculum	- Regularly make person-centred prescribing decisions in the face of ambiguity, negotiating the challenges of multi-morbidity and clinical complexity - Be capable of supervising and supporting other prescribers to develop their capability They may Autonomously manage episodes of care in specialist or generalist settings
Consultant Pharmacist		Consultant pharmacists roles can vary widely and as such their prescribing remit may also vary widely. It may be: - Similar to that of an advanced pharmacist with increased responsibility for the oversight, support and development of the service, including across organisational boundaries. - Autonomous care provision for people with highly complex or specialist needs with specific referral into the service provided by the consultant pharmacist from other senior clinicians. Some consultant pharmacist roles have more limited face to face practice with a higher responsibility for system level work.

Across the levels of practice pharmacists will need support with defining, articulating and realising their scope of practice.

Employers, commissioners and service leads must work together to ascertain how development is supported, where assurance is required in relation to expansion of scope of practice and how this assurance is achieved.

More general information on expanding scope of practice is available in the RPS Professional Guidance: Expanding Scope of Prescribing Practice.