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Scope of Practice for Newly Qualified Pharmacist Prescribers in General Practice – 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 post qualification training, assessment and support.

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 background, definitions and additional information relating to scopes of practice.

Underpinning Principles

This document is intended to support a common approach to the implementation of prescribing for pharmacists at the point of registration to

- 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
- establish common minimum expectations for a newly qualified pharmacist prescriber in general practice
- provide a framework for newly qualified pharmacist prescribers that prevents them from expanding their scope too rapidly or prematurely introducing activities that may present significant risk to the prescriber and/or the patient

Context

The recommendations and principles within this document recognise that implementation will be dependent on supporting policies and processes (NMP policy, supervision/preceptorship etc.) and will also vary between organisations depending on multiple factors including; size and scale of the pharmacy infrastructure and service, and the employment model, for example.

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. They have been developed by NHS organisations and are expected to apply where NHS general practice services are being delivered.

These principles provide a framework to describe prescribing activities for a newly qualified pharmacist prescriber but do not override the individual's responsibility to only practice within the limit of their competence, even if that means they are unable to undertake some of the initial recommended activities. Individual newly qualified pharmacists should agree their own personal scope, aligned to the principles in this document, with their line manager and/or supervisor and this should be reviewed and updated regularly. Supervisors and employers should take steps to ensure newly qualified pharmacists are in an environment that allows them to work according to these principles.

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. In consultation with the pharmacist, individual organisations will decide which prescribing activities to introduce for their newly qualified pharmacist and any additional specific requirements or restrictions.

The activities are examples of consultations newly qualified pharmacists should be enabled to undertake. Within all stages and all activities there will be instances where the specific set of circumstances are outside of the individual's scope and require support from, or referral to, other members of the team.

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.

As an overarching principle, general practices would not be expected to employ and use a newly qualified pharmacist prescriber, without embedding them within existing pharmacy infrastructure, to provide the support required for a newly qualified/novice professional during the early consolidation phase of their professional journey. As with any recently qualified professional, newly qualified pharmacist prescribers should be afforded some protected learning time in their working time to prepare for supervision meetings and develop reflective portfolio entries.

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, including as part of in-person and virtual consultations, and desk-based reviews where appropriate.
- The principles should apply irrespective of the employment model, and general practices or PCNs should take steps to understand how any externally commissioned provider is utilising and supporting newly qualified pharmacists within their service.
- Recognising the way services are orientated in general practice, newly qualified pharmacists may be involved in prescribing whilst remote from patients; appropriate safeguards should be put in place for supervision.

- In general, a newly qualified pharmacist would not be expected to work remotely from the rest of the practice team (e.g. from home). As they become established their ability to work remotely will potentially increase.
- Prescribing should always follow a thorough review; newly qualified pharmacists should not be involved bulk authorisation or bulk issuing of prescriptions.

Practical applications of the principles in this document

Within general practice newly qualified pharmacist prescribers should be empowered to act autonomously when making changes to or initiating new medicines in line with their scope of practice. In the early stages, they should have access to very regular supervision and employers should have approaches for assuring practice is in line with their scope.

All pharmacists are expected to 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 and if they feel it is not, take immediate alternative action to rectify the issue.

If a pharmacist prescriber is concerned that a given prescription should be changed to improve a patients care but they feel this is outside of their scope, they should contact another appropriate member of the practice team to discuss the approach.

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, and are intended to support, regulatory requirements for individuals and organisations as well as organisational policies and governance. See CQC mythbuster for more information on expectations around non-medical prescribing in general practice.

Activities for a newly qualified pharmacist prescriber.

Complexity

Within the continuum of activity there are multiple references to complexity. The complexity of an individual consultation or activity is a product of multiple factors. Some considerations are highlighted below, but it is hard to be prescriptive. Approaches to determining complexity and the limits of an individual pharmacist's current scope in relation to complexity should be agreed between the pharmacist and supervisor. Each factor exists on a continuum, and the level of complexity may be determined by a single highly complex factor (e.g. a condition, medicine or psychosocial factor) or a combination of factors.

Factor	Less Complex	More Complex
Disease or condition	Slowly progressing, stable long-term conditions with highly guideline-driven care and clear diagnostic criteria	Acute or unstable long-term conditions, associated with frequent exacerbations, rapid progression, ambiguous treatment options, ambiguous diagnostic criteria or requiring complex assessment
Patient clinical features	Limited number of conditions, generally stable (infrequent acute presentations or hospital admissions)	Multi-morbidity, organ dysfunction, frailty, frequent acute presentations or hospital admissions, paediatric patients, pregnancy or breastfeeding,
Medicines factors	Wide therapeutic window, well tolerated/fewer side effects, clear prescribing, dosing and monitoring guidance, licensed for conditions being treated	Narrow therapeutic window, frequent monitoring required, associated with frequent toxicity, ambiguous or complex prescribing guidance, unlicensed/off-label use, potential for abuse, parenteral administration, increasing polypharmacy
Psychosocial factors	Patient with capacity and good social support, good health literacy	Poor social support, homelessness, issues with capacity, communication challenges, substance use, safeguarding concerns

Consultation factors	In person Direct with patient	Remote consultations Via interpreter etc

The following table sets out a continuum of potential activities that could be undertaken by a newly qualified pharmacist prescribing in general practice, with increasing complexity as their competence increases. It is important to note:

- They would not be expected to undertake/introduce all activities at the same time
- Where examples are provided (e.g. chronic diseases) it is not expected they would manage all of the conditions, they are potential examples
- At all stages the individual pharmacist, their supervisor and the practice must be assured that the pharmacist has the requisite knowledge and skills for the activity (see supervision section for more detail)
- Additional specific training and education may be required for pharmacists progressing through the continuum to increase the scope of their practice
- Despite processes of triage and planning, any patient, with any condition may be outside the scope of an individual pharmacist and processes for escalating and accessing support should be clearly established

Stage	Activity	Examples	Exclusions
1. Immediate post-registration phase (expected to be the initial 6-9 months)	Enacting medicines reconciliation	Discharge letters, clinic letters	Requests for shared care
	Enacting prescribing decisions, including repeat authorisation, as part of medicines reviews	Less complex medicines reviews (fewer conditions/medicines, patients who are more stable)	Complex medicines reviews
	Long-term condition reviews	Treatment initiation, reviews, escalation or de-escalation for less complex conditions with clear guidance and protocols (e.g. hypertension, hypercholesterolaemia, asthma, contraceptive pill checks)	Multi-morbid patients, unstable patients
	Enacting prescribing decisions in response to queries from healthcare professionals and patients,	Managing supply issues, formulation changes, side effects,	Complex medicines issues e.g. HRT, narrow therapeutic index medicines
	Prescribing as part of MDT care home reviews	Enacting prescribing decisions as part of an MDT care home review	Prescribing medicines that are beyond the pharmacist's scope/expertise
	Medicines optimisation and medicines value activities	Medicines reviews and optimisation following a protocol	
2. After initial consolidation (expected to be at least 6-9 months up to 18 months)	Enacting medicines reconciliation	Discharge letters, clinic letters including those with shared care	Accepting responsibility for shared care on behalf of the practice
	Enacting prescribing decisions, including repeat authorisation, as part of medicines reviews	More complex reviews e.g. polypharmacy, hyper-polypharmacy, patients who are less stable	Very highly complex medicines reviews, reviews that involve conditions with no guidance or protocols,
	Chronic Disease reviews	Treatment initiation, reviews, escalation or de-escalation for conditions where treatment is more complex but with clear guidance and protocols (e.g. COPD, diabetes, heart failure, obesity)	Unstable patients, more complex patients where significant deviation from guideline may be required

	Autonomous prescribing for care home patients	Falls reviews, osteoporosis prevention,	Management of acute issues
3 . Established general practice Pharmacists (working towards enhanced practice) expected to take at least 18 months	Enacting prescribing decisions, including repeat authorisation, as part of medicines reviews	Highly complex medicines reviews e,g, deprescribing opioid, hypnotic or gapapentinoid medicines,	
	Chronic Disease reviews	Treatment initiation, reviews, escalation or de-escalation for more complex disease areas (generally requiring additional specific training) (mental health, women's health and HRT)	
	Medicines reviews for housebound patients		

Out of Scope - activities associated with advancing practice and beyond the scope of an early career pharmacist	**Acute, undifferentiated presentations**
	Initiation of treatment for complex chronic diseases at the point of diagnosis (e.g Heart Failure, HRT)
	Bulk authorisation, re-authorisation or issuing of prescriptions

Support and oversight for newly qualified pharmacist prescribers

Recommended minimum timeline	**Induction** and integration within the general practice team	**Checkpoint 1: 6-9 months**	**Checkpoint 2: 18 months onwards**
Learning opportunities	- Local induction programme[1,2] - Working with and learning from experienced members of the MDT	- Working with and learning from prescribers across the MDT - Accessing appropriate formal and informal education provision	
Ongoing support	- All newly qualified pharmacist prescribers should have an identified mentor/supervisor who is an experienced general practice prescribing pharmacist (who may or may not be the line manager) - Prescribing practice should be reviewed as part of all formal and informal development meetings or appraisals - Initial review meeting would be expected to be every 1-2 weeks decreasing over time to every 2-4 weeks - Pharmacists should have access to regular clinical supervision and debrief opportunities from a range of professionals whose observations and feedback should be incorporated into developmental meetings and appraisals. - Access to and support to engage with in-house, local and any national education and training		
Assessment	- Direct observation of consultations using supervised learning events (DoPS, Mini-CEX) - Logs of activity (medicines reconciliation, responding to queries etc) with evidence of prescribing decisions (including situations where decision taken not to prescribe)	- Ongoing direct observation using supervised learning events - Multi-source feedback - Portfolio review to consider prescribing practice – e.g. reflective statements, intervention logs, case-based discussions - Review of all prescribing activity/prescription data - Consider working towards RPS Enhanced Practice Credentialing Assessment at check point 2	
Scope of practice	Aligned to stage 1 activities	Aligned to stage 2 activities	Aligned to stage 3 activities

	Decreasing oversight, increasing autonomy and complexity of prescribing practice
Notes	[1] Programme can be tailored to provide additional support for pharmacists who have completed their foundation training programme in non-GP 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.

Foundation Training year:

All newly qualified pharmacists (excluding OSPAPs) 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 checkpoint 2, 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. acute presentations, practice lead for disease states) should work within their organisational policies and processes, and access relevant education, to achieve this goal

Considerations and actions for practices employing newly qualified pharmacist prescribers

Prior to recruitment

- Familiarise yourself with the NHS England Foundation Trainee Pharmacist Practice-Based Assessment Strategy, to support your understanding of the expectations of a foundation trainee pharmacist and the assessment they have undertaken.
- Consider the role and scope of a newly qualified pharmacist prescriber as part of your general practice team, considering the significant difference compared to an experienced general practice pharmacist gaining a prescribing qualification
- If your current general practice team has the capacity and expertise to support a newly qualified pharmacist prescriber and an appropriate role aligned to the stage 1 activities set out above, then continue with recruiting an appropriate candidate.

On-boarding/Pre-induction

- Take steps to understand the pharmacist's readiness for prescribing
    - Ascertain how they met the prescribing assessment activities as part of their foundation training programme.
    - Which settings have they trained in and where was their prescribing learning setting?
- Ensure their Job Description reflects their role as a prescriber
- Set up access to IT systems including prescribing permissions
- Review the practice prescribing/non-medical prescribing policy and ensure it does not inappropriately restrict newly qualified pharmacist prescribers from prescribing and that it allows for the prescribing practices set out in the continuum above
- Identify a suitable supervisor/mentor (usually an experienced general practice pharmacist).

Induction

- Review your induction process and ensure it is inclusive of prescribing activities
    - Unless the NQPP undertook their training with the practice, employers should consider a short period of direct supervision of their prescribing practice
- Develop a supervision plan that includes who will provide day-to-day clinical supervision and who will provide more structured, regular feedback
- Describe processes and criteria for escalation for clinical support, including consideration of how and when to order diagnostic and monitoring tests
- Consider any appropriate milestones, specific supervision or local assessment requirements (e.g. logs or SLEs) and how activities from the continuum of prescribing

practice will be introduced

- Share the proposed supervision plan with rest of the practice team and ensure they are familiar with the prescribing scope of the individual
- Discuss employer clinical negligence and indemnity arrangements and the need for personal indemnity with the pharmacist
- Consider reviewing prescribing data at the end of induction and at regular period throughout

Appendix 1

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 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*

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

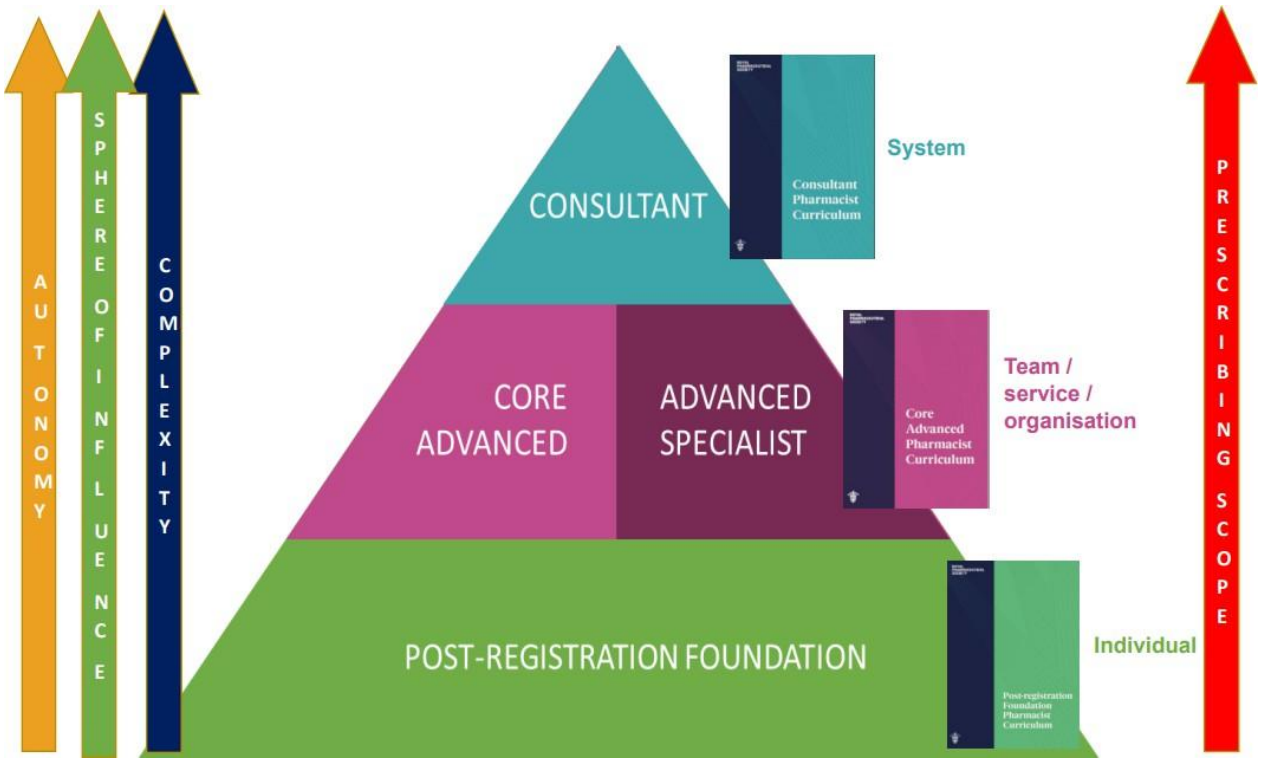
The ability to prescribe significantly broadens the tools available to pharmacists in care delivery and has an accompanying increased level of responsibility and risk. This means new qualified pharmacist prescribers will have to be operating with a broader skillset, including more well-developed physical 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, a 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 (moving to enhanced curriculum once published in 2026)	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 towards RPS Consultant Pharmacist Curriculum	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 - 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.

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