Health Education England

Independent Prescribing Scoping London & South East (LaSE) Pharmacy – Acute Trusts

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Background

In January 2021, the General Pharmaceutical Council (GPhC) published the revised Initial Education and Training (IET) standards for pharmacists.[1] For the first time, one set of learning outcomes will span the first 5 years of a pharmacist training pathway, supporting the development of a continuum of education and training from foundation into advanced and consultant practice. In addition, the incorporation of learning outcomes for prescribing will mean that from 2026/27 pharmacists will join the register as independent prescribers. A key enabler will be ensuring trainees have access to a prescribing placement and receive appropriate supervision.

To prepare the system for this change and ensure trainees have adequate support in place during the transitional period, there is a need to understand the pharmacy landscape better. Scoping current pharmacists with an independent prescribing (IP) qualification (irrespective of whether they are active prescribers or not) will help direct the developmental needs of the existing workforce and support the development of designated supervisors (DS) and designated prescribing practitioners (DPP). See Appendix 1 for definitions.

Purpose of Report

This report has been written to share the findings of the Health Education England London and South East (HEE LaSE) Independent Prescribing Scoping Survey which was disseminated to Acute Trusts in mid-2021.

HEE LaSE created the survey with the following aims:

1. To identify the IP pharmacist workforce across LaSE, and those that are in active prescribing roles.
2. To better understand the DS and DPP workforce.
3. Provide recommendations to assist in the development of the independent prescribing workforce to support the implementation of the IETP reforms.

Governance and Reporting

The report will be shared with Pharmacy leads across London, Kent, Surrey and Sussex in all pharmacy sectors and HEE LaSE Early Careers Steering Group to support local, system and regional workforce planning discussions to support service improvements and transformation. The findings will inform the development of strategies to increase supervisor capability and capacity system-wide, to include exploring multi-professional supervision models.

Methodology

1. HEE LaSE developed a survey to scope pharmacist independent prescribing across Acute Trusts in LaSE (see above for aims).
2. The survey was shared with stakeholders via the London Chief Pharmacist Group and via the Educational Programme Director (EPD) groups through September to October 2021, and it was requested that this was shared with Pharmacists who have an IP qualification. The survey was open for a total of six (6) weeks.
3. Results were analysed across four broad themes, aligned with the survey:
    a. Independent Prescribing pharmacists
    b. Designated Supervisor workforce
    c. Designated Prescribing Practitioner workforce
    d. Support for Trainees and Supervisors

Results

There were 204 responses to the survey in total. All of the respondents were IP qualified. The highest number of responses were received from the South East London (SEL) Integrated Care System (ICS), 33%, n=68. This was followed by North Central London (NCL) ICS (18%, n=37). London formed the majority of the results compared to KSS (76% vs 24% respectively). Figure 1 shows the breakdown of survey respondents per ICS.

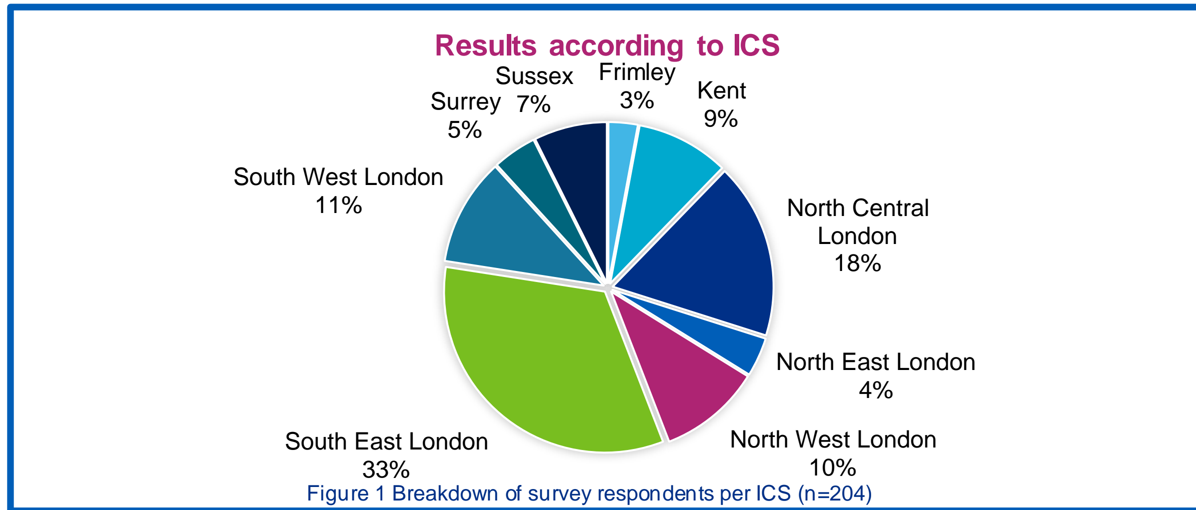

Figure 1 Breakdown of survey respondents per ICS (n=204)

Part 1: IP Pharmacist workforce across LaSE

Prescribing Practice

The most common scopes of practice were in cardiovascular and mental health conditions for London, and anticoagulation and cancer for Kent, Surrey and Sussex (KSS). (Figure 2) shows other specialities where pharmacists were prescribing. 25% expanded their scope of practice since qualifying as a prescriber (not shown).

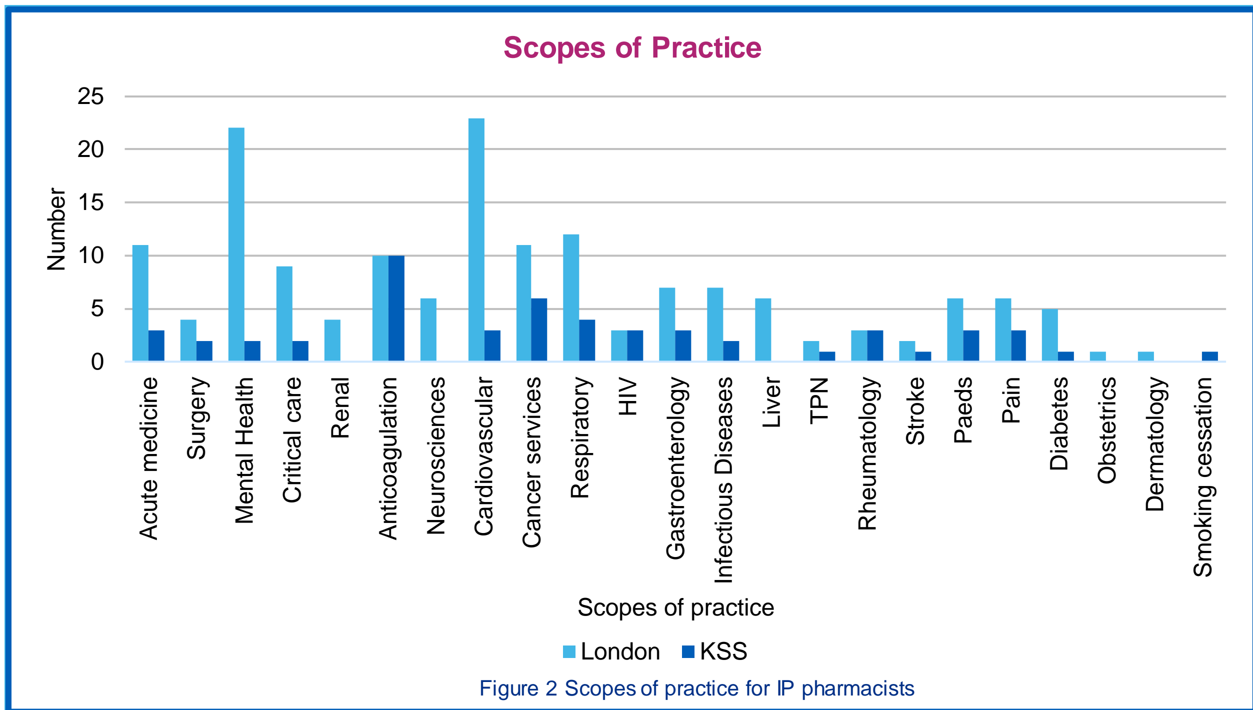

Figure 2 Scopes of practice for IP pharmacists

Most of the prescribing occurred during independent ward visits, specialist clinics, consultant-led ward rounds, medicines reconciliations in secondary care, and on discharge summary review. Figure 3 depicts an overview of prescribing activity among respondents. "Other" category includes prescribing in care homes, Emergency Departments, homecare, outpatient antimicrobial therapy, virtual biologic clinics, private clinics, and outpatient chemotherapy.

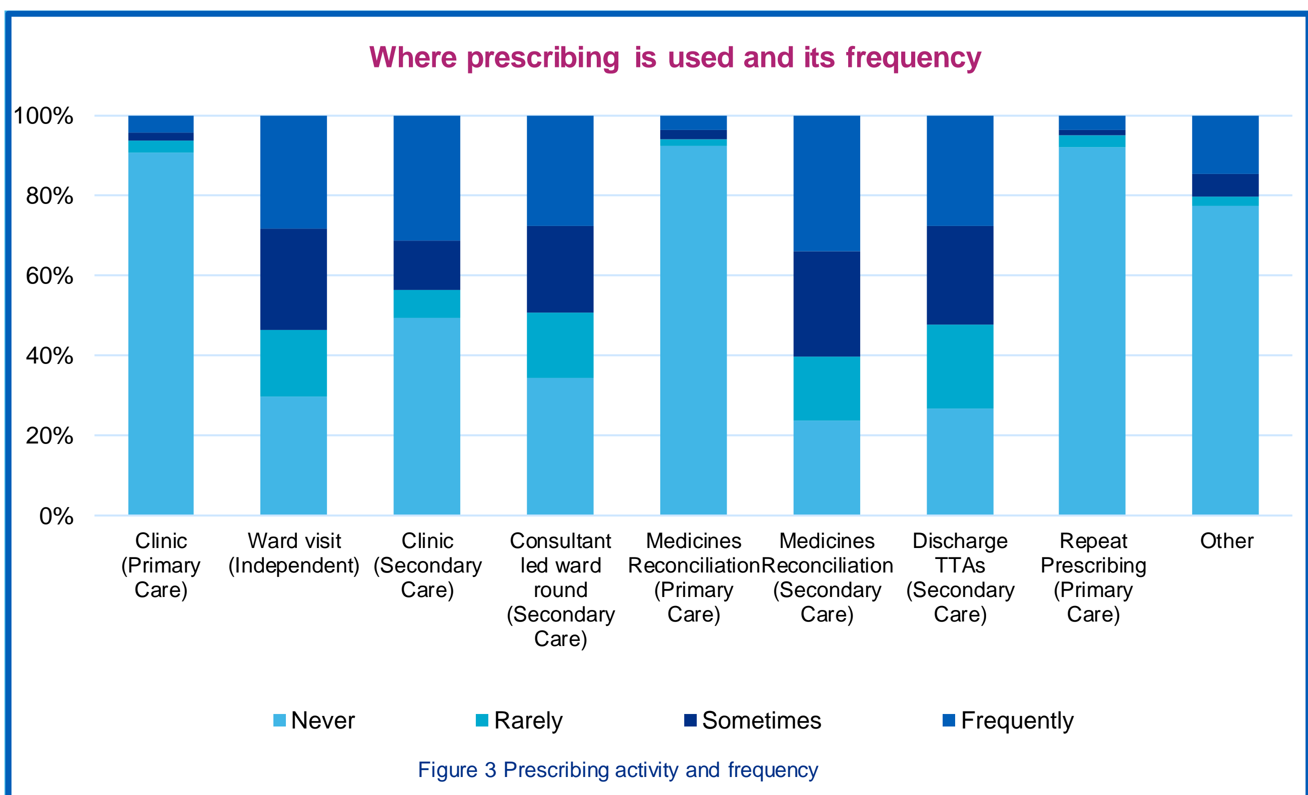

Figure 3 Prescribing activity and frequency

Time taken to utilise prescribing skills once qualified

Most of the respondents (31%, n=63) were between 1-3 years IP qualified (figure 4). Approximately 88% self-reported as 'active' prescribers in their respective scopes of practice. Results found 20% of respondents were not actively prescribing. The proportion of 'inactive' prescribers was greatest for pharmacists who were less than 6 months qualified as an IP. Almost one-third of those that self-reported as active prescribers, were prescribing at least 0.5-1 day a week. Figure 5 shows the number of days per week that they were prescribing. The most common reasons for not prescribing were due to changing jobs, lack of capacity and not being on the Trust Non-Medical Prescribing (NMP) Register (see Table 1).

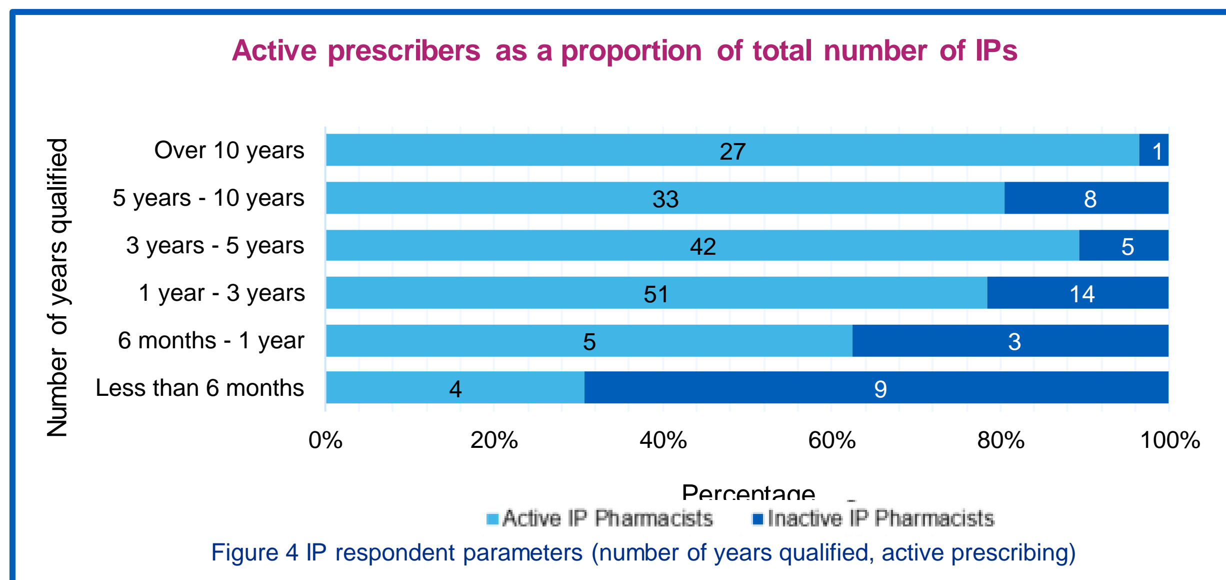

Figure 4 IP respondent parameters (number of years qualified, active prescribing)

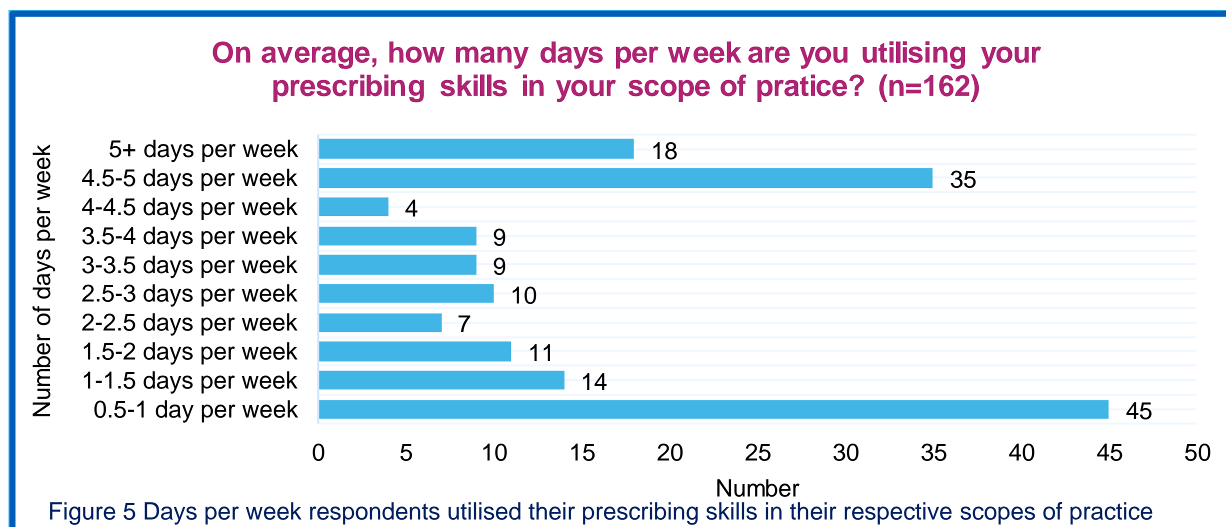

Figure 5 Days per week respondents utilised their prescribing skills in their respective scopes of practice

Reasons for not actively prescribing	%
Changing job	40
Lack of capacity	24
Not on Trust Non-Medical Prescribing (NMP) register	17
Lack of funding	12
Professional indemnity	5

Maternity leave	2

Table 1 Reasons for not actively prescribing

Confidence of prescribers

Almost 70% of IPs reported they felt confident in managing patients independently. 19% pharmacists felt they needed further support or training; commonly reported as 'support from supervisor in the initial period' and more learning around diagnostics, undertaking patient assessments and clinical examinations. See Figure 6.

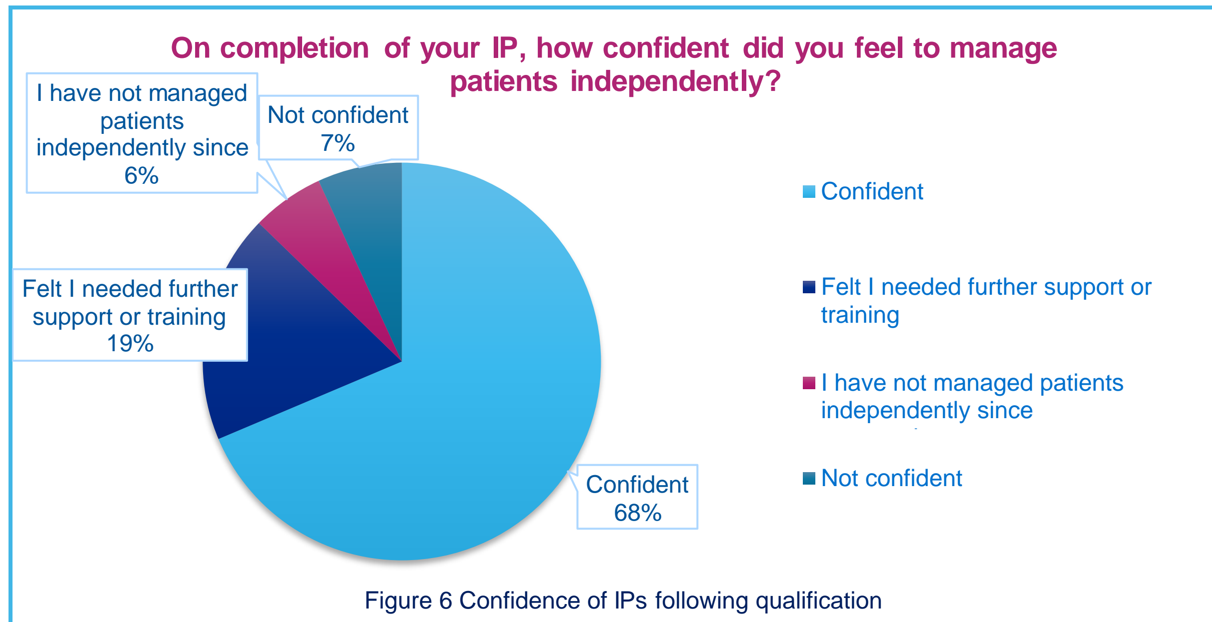

Figure 6 Confidence of IPs following qualification

Part 2: Designated Supervisors in LaSE

Designated Supervisor numbers

Approximately 25% (50) of respondents were current DSs; 53% (108) of respondents had prior DS experience.

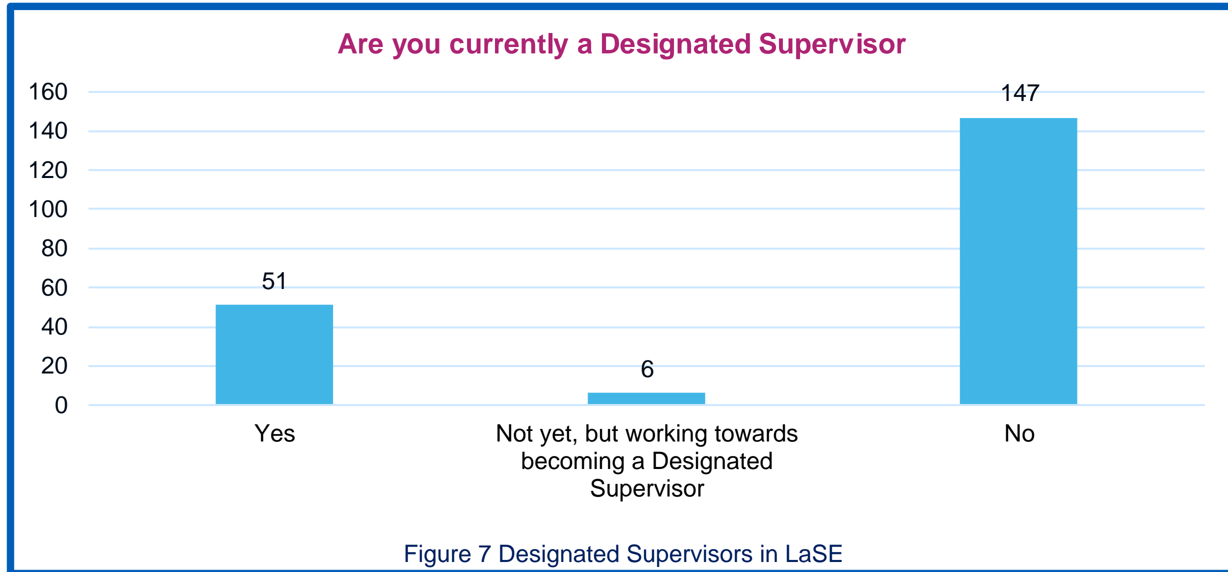

Figure 7 Designated Supervisors in LaSE

Designated Supervisor Training

49% (99) had completed a supervisor training course. Courses included the JBP Educational Supervisor Training, ProPharmace, Train the Trainer, Pharmacy Training Company, local study days and the HEE LaSE ES course.

Mentoring Experience

50% (102) of respondents had previous mentoring experience. 88% (178) of the respondents stated they would consider acting as a mentor.

Part 3: Designated Prescribing Practitioners in LaSE

DPP numbers

8 (4%) respondents were DPPs, with two in the pipeline (SEL=1, NCL=1, SWL=1, Kent=1, Frimley=1, Sussex=3). One respondent had completed the self-assessment against the RPS competency framework (Figure 7). 4 of the DPPs worked alongside a Designated Medical Practitioner (DMP) and 4 worked alone.

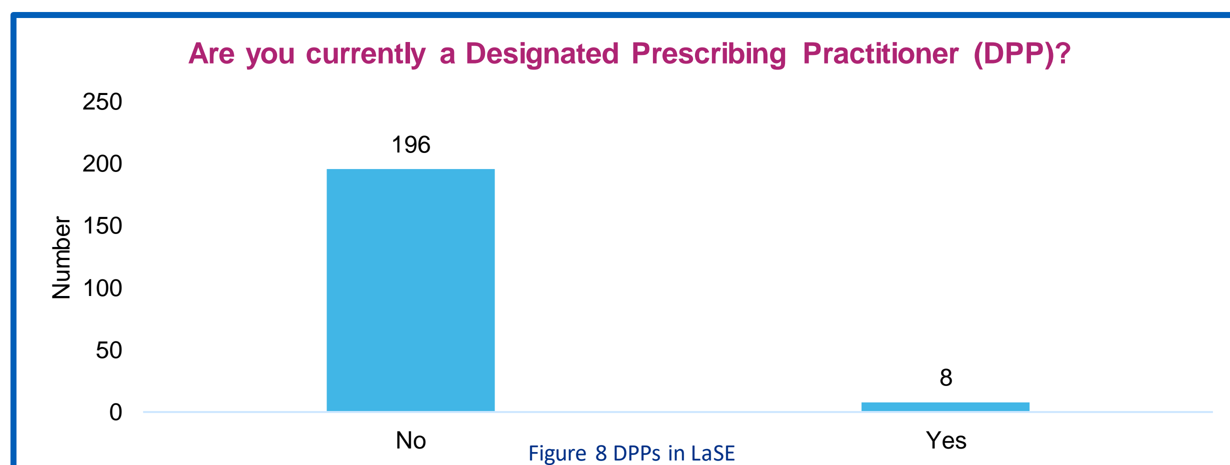

Figure 8 DPPs in LaSE

Reasons for becoming a DPP

Taking interest in the professional development of others was the primary reason that DPPs pursued this role (n=5), followed by service needs (n=3).

Supervision by DPPs

5 of the 8 DPPs had supervised nurses and pharmacists completing IP.

Confidence of DPPs

6 DPPs self-reported they were confident in this role and 2 reported they were 'somewhat confident.' Supervised training was reported as a means of improving confidence among DPPs.

Resources to support DPPs

Working alongside other DPPs (practical experience) and access to a university training manual were reported as the key resources to support this role.

Barriers to becoming a DPP

Lack of confidence, time, having the capacity to take on the additional workload were reported as some of the reasons for not pursuing the DPP role. The table below provides further information.

Reason	No
Did not feel confident to do this role	16
Not part of my Personal Development Plan (PDP)	10
Lack of awareness of the DPP role	7
Have not prescribed for at least 3 years	6
Lack of skills	4
Other: Capacity issues, Time, Retirement approaching, Lack of resource, The role being more appropriate for a medical practitioner	26

Table 2 Barriers to pursuing the DPP role (n=69)

Part 4: Support for Trainees and Supervisors

The final section focuses on the results to the two qualitative questions:

Q1. ''What support do you think needs to exist to support trainees to become safe prescribing practitioners at the end of their foundation training year?''

The key themes identified are listed below:

- Supervision and mentoring
- Knowledge and education
- Experience including MDT working
- Early clinical exposure
- Shadowing prescribers – both medical and non-medical
- Defined scope of practice
- Support from HEIs
- Workforce
- Funding
- CPD

"They should have a mentor, who has been prescribing for some time, to refer to for ambiguous situations."

Quote 1, survey participant

"Experience (including substantial 'doing' as well as shadowing) of MDT and clinical working."

Quote 2, survey participant

"Including diagnostics, physical assessment, clinical decision-making, risk evaluation, NMP legislation."

Quote 3, survey participant

"Placements. Lots of placements. Throughout the whole MPharm Programme."

Quote 4, survey participant

"'Medical training. Pharmacists are professionals in medicine, however diagnostics are what separates Doctors. There would need to be comprehensive diagnostic training for a given area to make a good independent prescriber."

Quote 5, Survey Participant

"They need to shadow clinics, be present during ward rounds with the MDT. They should undertake logs where they prescribe for a patient and this is double checked by a qualified IP pharmacist to ensure it is appropriate."

Quote 6, survey participant

"'Scope of practice needs to be defined and monitored closely as they haven't got enough experience"

Quote 7, Survey Participant

Key points

- Supervision and mentoring was most frequently reported as a means of supporting trainee pharmacists to become safe prescribing practitioners through providing feedback on clinical decision making, improving practice and having a point of contact for ambiguous clinical situations.
- Experience including MDT working included trainee pharmacists 'doing' as well as shadowing a variety of clinicians. Early clinical exposure from the start of the undergraduate programme was reported to be a means of ensuring trainees had an appropriate skill set to build upon in the foundation training year.
- Knowledge and education encompassed diagnostic training, physical assessments, clinical decision-making skills, risk evaluation and an awareness of NMP legislation.
- Greater support from higher education institutes was reported, this included expanding teaching existing modules and organising more clinical placements.
- There was a consensus that trainee pharmacists should have a defined scope of practice to begin with and learn by shadowing other prescribers before expanding their scopes of practice.
- Additional workforce to backfill time for direct supervision was reported.
- Regular Continued Professional Development (CPD) commitment, review of prescribing practice. Mini-CEX and DOPs were also reported by respondents.

Q2.What support do you think needs to exist to support current hospital pharmacists to become supervisors to foundation trainees?’

The key themes identified are listed below:

- Increasing the number of IP pharmacists and increasing the number of IPs in prescribing roles
- Time
- Increase in supervision capacity
- Knowledge, Education & Skills
- Understanding of the IETP reforms and how MPharm will change
- Access to medical staff
- Funding

“Mandatory IP qualification to become supervisors”

Quote 1, survey participant

“Time to deliver support and training. Protected time in prescribing roles.”

Quote 2, survey participant

“Increase the number of pharmacist supervisors…perhaps the next few years should target pharmacists potentially moving into supervisor roles with getting the qualification themselves”

Quote 3, survey participant

“Including physical health skills, diagnostic and examination skills, further qualifications such as ACP”

Quote 4, survey participant

“Mentoring and coaching skills”

Quote 5, survey participant

“Shadow existing DMPs, NMPs to act as potential mentors, provide advice and resources for learning and development themselves”

Quote 6, survey participant

“Funding for additional CEPIP training”

Quote 7, survey participant

"Clear understanding of the objectives, expectations and how the MPharm will change"

Quote 8, survey participant

Key points:

- There is a need to increase supervision capacity to support the IETP reforms. Additional resource, workforce, time and funding to undertake CEPIP and relevant training is a key enabler of this.
- Education and training referred to ensuring supervisors have the appropriate skill set including prescribing, mentoring, coaching as well as access to mentors and resources themselves.

Discussion

Part 1 IP Pharmacist workforce across LaSE

204 IP pharmacists working in Acute Trusts across LaSE were identified in this survey. From 2025, each trainee pharmacist will require a supervisor with an IP qualification. It is expected that there are more than the 204 IP pharmacists, accounting for those that did not complete the survey. However, it is unlikely that the number of IP pharmacists will meet the workforce requirements by 2025 in terms of supervisors with an IP qualification. Based on projections from Oriel data, there are 650 trainees each year in the region, however the proportion of those training places that would be in this sector is unknown. All trainee pharmacists would require a supervisor and based on assumptions and collective scoping, there are currently not enough supervisors with an IP in the system to support the IETP reforms (with respect to IP).

The most common scopes of practice were in cardiovascular and mental health conditions for London and anticoagulation and cancer for KSS, and only a quarter of respondents expanded their scopes of practice. This could be due to pharmacists typically enrolling onto independent prescribing courses once they are working in a specialist area. Understanding the scopes of practices of our existing workforce is important to determine where there may be sufficient support for future trainee pharmacists, and highlight where they may be gaps.

162 (79%) of respondents reported that they were using their prescribing skills in their scope of practice in some capacity (independent ward visits, consultant-led ward rounds, medicines reconciliations, discharge TTA's and clinics), though they may not necessarily be in a prescribing role. Of these, the majority stated they only used their prescribing skills up to 1 day per week (45, 28%).

As the number of years of IP qualified pharmacists increased, the percentage of those that were actively prescribing in that bracket also increased, up until 5-10 years. The decrease in active prescribing in those qualified more than 10 years may reflect the pharmacists' progression into a more senior role which does not include prescribing.

The primary reason for pharmacists not using their IP qualification was as a result of changing jobs (including as a result of COVID-19 pandemic) and not having the capacity to prescribe (Table 1).

A quarter of the respondents stated they did not feel confident to manage patients independently upon qualifying as an IP (Figure 6). The key areas identified for further training and support included: patient examination skills, diagnostic skills, clinical assessments, access to a supervisor in the initial period (Designated Medical Practitioner, DMP and a mentor were both reported) as well as having a prescribing log reflecting competency. A lack of confidence post IP qualification may result in pharmacists not prescribing and the knock-on effect would be that over time, they risk becoming de-skilled. These findings should feed into the new MPharm curriculum to help develop confident IP pharmacists upon qualification. To build confidence following IP qualification, and to support expansion of scopes of practice, there is a need to increase the number of supervisors for pharmacists in prescribing roles.

Part 2 Designated Supervisors in LaSE

50 of a possible 181 respondents were a DS. For a pharmacist to be able to act as a DS, the GPhC stipulate that a pharmacist must be registered for 3 or more years. The majority of IP courses required a pharmacist to have two years' experience, however this requirement has now been removed by the GPhC. Eligible DSs were approximated by selecting those pharmacists that were at least one year IP qualified. Over half of the respondents had prior DS experience. This is useful in understanding how many existing IPs have DS experience.

There was variation between the supervisor training courses completed. ProPharmace, Train the Trainer, Pharmacy Training Company, JBP Educational Supervisor Training, local study days and previous London Pharmacy Education and Training (LPET) were the most frequently reported.

Half of the respondents had prior mentor experience or were currently mentoring a pharmacist and 88% reported they would be willing to act as a mentor in the future. This aligns with standards for the initial education and training of pharmacists which lists mentoring as an activity for DSs as a quality control measure during the foundation training year. Mentoring was frequently reported by respondents as a means of support for trainee pharmacists from 2025/26 (see Part 4). In light of this, IPs should be encouraged to take up the DS role to build supervisor skills and experience. This will help up-skill the existing IPs to fulfil future DS roles. Additionally mentoring opportunities should be promoted within organisations so trainee pharmacists have access to mentors from early on in their career.

Part 3 Designated Prescribing Practitioners in LaSE

This scoping report revealed a significantly low number (n=8) of DPPs across LaSE, and importantly, the barriers to pursuing this role. The data identified that 102 respondents (50%) were eligible to act as DPP. The criteria for DPPs includes a minimum of three years prescribing experience and for the pharmacist to be actively prescribing, as defined in the Royal Pharmaceutical Society's Competency Framework for Designated Prescribing Practitioners.[2] There is a risk for trainee pharmacists from 2025/26 who will require a DPP to supervise the IP element of the foundation training year. The results show there may not be enough DPPs in the system to support and/or supervise this process.

Based on Oriel data, there are approximately 650 trainees each year in the region. If this trend continues, it can be assumed each of these trainees would require a DPP to supervise their IP training. Given that 102 pharmacists that met this criterion (based on the number of years qualified as an IP and actively prescribing), there is a substantial shortfall. The next steps should focus on

(a) identifying IP pharmacists that possess a minimum of 3 years prescribing experience at present and in the upcoming years

(b) investing in their training requirements to develop them to become DPPs.

Part 4 Support for Trainees and Supervisors

"What support do you think needs to exist to support trainees to become safe prescribing practitioners at the end of their foundation year?"

Supervision and mentoring was the most frequently reported theme. It was felt that trainee pharmacists should have a supervisor (often reported to also possess an IP qualification) as well as a mentor to guide them. Experience, knowledge and education were also frequently reported by respondents. It was felt they needed clinical exposure significantly earlier in their career and experience working with the MDT from early on. The key elements from knowledge and education that were often reported included: diagnostic skills, patient examination skills, risk-benefit analysis, and an understanding of the NMP legislation.

IP pharmacists also reported diagnostic skills and patient examination skills as areas where they felt they needed further support once qualifying as an IP. These findings should feed into the MPharm curriculum to develop competent prescribers with the correct skills required for practice upon qualification.

"What support do you think needs to exist to support current hospital pharmacists to become supervisors to Trainee Pharmacists?"

Increasing the number of IPs, time, increase in supervision capacity and knowledge, education and skills were the most frequently reported themes in response to this question. Respondents repeatedly reported that organisations are stretched in terms of capacity, and there is a need to increase capacity to ensure existing staff can take on supervisor roles from 2025/26.

These questions revealed important parameters that should be considered and planned into workstreams to ensure the correct infrastructure is in place leading up to 2025/26.

Key findings, workforce risks and recommendations

Independent Prescribing

<table>
<tr><td>Risks</td><td>It is unclear exactly how many IP pharmacists are in the region. If there are too few, there will be a lack of suitable supervisors for the trainee pharmacist foundation training year 2025/26 and beyond
Pharmacist IPs who are not utilising their prescribing skills risk becoming de-skilled and requiring re-training; further limiting the number of available supervisors for the 2025/26 cohort of trainee pharmacists.</td></tr>
<tr><td>Recommended next steps</td><td>HEE National to define ‘active prescribing’ within the DPP Framework.
Employers to consider increasing opportunities for pharmacists to use and maintain their prescribing skills. HEE LaSE to scope the development of a mentoring system to support this.
Employers working with partners to consider exploring ways to increase confidence of IP pharmacists.
Employers to consider refining the Trust Non-Medical Prescribing Registration process to enable new IPs and IPs that are new to the organisation to start prescribing without delay. Employers should also consider further exploring the barriers that cause delays to prescribing and work with partners to implement resolutions.
Employers to consider promoting DS experience to existing IP staff and HEE National to develop a robust mechanism to capture this data.
Systems to define prescribing role and capacity for newly qualified pharmacists. HEE National to establish a Task and Finish Group focused on ‘System Empowerment’ exploring novel supervision models and multi-professional supervision.
HEE National to improve access to system-wide workforce data sets to undertake analytics and modelling.</td></tr>
<tr><th colspan="2">Designated Supervisors and Designated Prescribing Practitioners</th></tr>
<tr><td>Risk</td><td>50 of a possible 181 pharmacists are acting as a Designated Supervisor. There may be enough DSs with an IP qualification across LaSE to provide adequate supervision to 2025/26 cohort of trainee pharmacists.
8 out of a potential 102 are acting as a DPP. There are not enough DPPs across LaSE to support trainee pharmacists during their foundation training year in 2025.</td></tr>
<tr><td>Recommended next steps</td><td>HEE National to explore support for supervisors (DS and DPP), ensuring a consistent standard of supervision as part of the quality management of foundation training.
Employers to consider promoting mentorship opportunities for pharmacists to meet DS requirements as outlined in the GPhC standards for the initial education and training of pharmacists, and also to support educational infrastructure.
Employers to consider encouraging DS experience among IP pharmacists over the next three years to develop supervisor skills and experience to meet future workforce requirements. Organisational policies should be reviewed and updated to recognise pharmacists as DPPs. HEE National team will engage with the system and establish Task and Finish groups to focus on the following areas:
Communication and Information: this will encompass all the different elements relating to independent prescribing and supervision by DPPs in a single digital home. Professional development, career pathways and development of relevant resources will be a part of this work.
Consistency and Standardisation: create a consistent approach with respect to DPP applications and approval processes, and also increase the overall capacity that DPPs have in terms of supervision.
System Empowerment: this will involve working with stakeholders to understand what is happening on an ICS level and focus on:
Developing, implementing and testing models for multi-professional and cross-sector prescribing training</td></tr>
</table>

	○ Identifying prescribing supervision capacity within systems. • Prescribing plans, DPP Network Groups, job plans for DPPs were key findings from Focus Groups and will feed into these work streams.[3] • HEE National will host a further stakeholder event in spring 2023 to review key deliverables and measurable outcomes, effectiveness of interventions and agree next steps. • HEE LaSE to identify learners who have had a pharmacist DPP and set up Focus Groups to understand the benefits and challenges to a learner who has had a pharmacist DPP.
Support for Trainees and Supervisors	
Risk	• There is currently inadequate support for trainee pharmacists to become safe prescribing practitioners in 2026. • Current supervisors may need to further develop their skill set in order to supervise trainee pharmacists undertaking an IP qualification, and also to supervise newly qualified pharmacists with an IP qualification.
Recommended next steps	• HEE to engage senior stakeholders and share these findings. • HEE to work with stakeholders to target the themes identified for: • Trainee pharmacists ○ Supervision and mentoring ○ Knowledge and education ○ Learning environment and culture ○ Developing a network ○ Defined scope of practice ○ Experience (including shadowing other prescribers) ○ Support from HEI's • Existing General Practice and PCN pharmacists ○ Knowledge, education and skills ○ Time ○ Supervisor training (including DS) ○ Understanding of the IETP, and how the MPharm will change ○ Networks: peer and regional ○ Shadowing other prescribers ○ Funding Workforce

Table 3: Key findings, workforce risks and recommendations

Report Limitations

There are some important limitations to note:

- The results do not reflect all the independent prescribers across LaSE – this was sent to Acute Trusts only.
- Most of the respondents were from the SEL ICS region, so the data may be somewhat skewed.
- Responding to the survey relied on individual's willingness to complete the survey, and responses do not reflect all of the IP pharmacists in Acute Trusts across LaSE.

- It is assumed that those that were not ‘actively’ prescribing and/or in a clinical role were less likely to complete the survey and, hence, the overall figures for inactive prescribers are much higher.
- The definition of ‘active prescriber’ was open to interpretation as the RPS framework does not state frequency of prescribing.
- It does not capture the independent prescribers that were currently enrolled onto the course (i.e. those in the pipeline).
- The qualitative questions outlined in Part 4 were thematically analysed, and therefore some meaningful data may have been lost as it was classified into a theme.
- It does not capture all the Designated Supervisors, only those that possessed an IP qualification.
- The low numbers of DPPs may not reflect the experience of all DPPs; as there may be greater numbers outside of LaSE or working in different sectors which limits generalisability to some extent.
- The survey was reported to be time consuming to complete, therefore reducing the number of respondents.

Conclusion

The results reveal some important points to consider in relation to prescribing element of the IETP.

With respect to support for trainee pharmacists from 2025/26, there are several themes that have been reported and should be considered as credible next steps to build the appropriate infrastructure for support. In addition, several ‘themes’ were identified as a means to up-skill existing staff to become suitable supervisors. An immediate next step should be to clarify the supervisor criteria for pharmacists with an IP.

Lastly, given the low number of DPPs in the system, a pathway that enables supervisors with an IP qualification to work towards becoming a DPP should be developed.

References

1. General Pharmaceutical Council, 2021. Standards for the initial education and training of pharmacists, January 2021. Accessed via: standards-for-the-initial-education-and-training-of-pharmacists-january-2021.pdf (pharmacyregulation.org)

2. The Royal Pharmaceutical Society (RPS) – A Competency Framework for Designated Prescribing Practitioners, 2021. Accessed via: The Royal Pharmaceutical Society's Competency Framework for Designated Prescribing Practitioners.

3. HEE LaSE 2022. Designated Prescribing Practitioners (DPP) Focus Group Summary, September 2022.

Appendix 1: Definitions

The following definitions have been created for the purpose of reporting, and have not been agreed nationally, with the exception of those marked ^ which are defined by the General Pharmaceutical Council (GPhC).

Early Careers	Refers to the initial period where pharmacists begin their professional development journey in practice, this includes the Foundation Training Year (previously known as the pre-registration year) and post-registration period until they develop their skills prior to advance practice.
Newly Qualified Pharmacist	Pharmacist who has been qualified up to 1 year post-registration (year 6).
Foundation Trainee Pharmacist^	An individual who is undertaking their foundation training year (also referred to as year 5 or previously known as pre-registration year).
Designated Supervisor (DS)^	Designated supervisors (previously known as pre-registration tutors) help trainee pharmacists to develop the skills, knowledge and behaviours they need to meet the standards expected of a pharmacist, and to deliver patient-centred care. A DS must be a registered pharmacist in Great Britain for 3 years or more and has been practising in the sector, or a related sector, of pharmacy in which they wish to supervise.The GPhC requirements stipulate that to become a Designated Supervisor, you must: • be a registered pharmacist in Great Britain. • have been registered for three years or more. • have been practising in the sector, or a related sector, of pharmacy in which you wish to supervise. • satisfy the assessment requirements if you are under investigation by us (have no sanctions or conditions on your registration and no current fitness to practise issues that stop you from being a designated supervisor). Click the link for further details on Designated Supervisors.
Designated Prescribing Practitioner (DPP)^	A healthcare professional with an annotation or automatic right to prescribe, for example a medical practitioner, pharmacist, nurse, physiotherapist, or paramedic who will mentor and supervise the pharmacist during the period of learning in practice. The DPP will provide a formal confirmation once they are satisfied of the pharmacist's competence in prescribing. A DPP is an active prescriber in a patient-facing role and would normally have at least 3 years' recent prescribing experience. Click the link for further details
Non-Medical Prescriber (NMP)	The term used to describe any prescribing completed by a healthcare professional other than a doctor or dentist.
Multi-Disciplinary Team (MDT)	A team of professionals including representatives of different disciplines who coordinate the contributions of each profession, which are not considered to overlap, in order to improve patient care.

Continued Professional Development (CPD)^	CPD is a process of continuing learning and development throughout the life of a professional.
Direct Observation of Practical Skills (DOPS)	Directly Observed Practical Skills (DOPS) is a method that has been designed specifically for the assessment of practical skills.
Mini-CEX	A Mini-CEX is a tool used to assess the trainee's ability to identify, action and resolve issues effectively when providing pharmaceutical care for a patient.
Higher Education Institute (HEI)	"Higher education institution (HEI) is a term from the Further and Higher Education Act 1992. Under the Act, it means any provider which is one or more of the following: a UK university; a higher education corporation; an institution designated as eligible to receive support from funds administered by the Higher Education Funding Council for England (HEFCE), aside from further education colleges". (Eurydice - European Commission).

Appendix 2 Overview of Prescribing Sectors

Table 4 Overview of prescribing sectors

Prescribing – sectors	Number
Hospital	184
Hospital, General Practice (GP)	3
Hospital, Community Pharmacy (CP)	2
GP	2
Community Health Trust	2
Community Mental Health Trust	2
Hospital, Community NHS Trust	1
Hospital, Internet Pharmacy	1
Hospital, Medical Aesthetics	1
Hospital, Mental Health	1
Hospital, CP, Private Practice	1
Domiciliary care for the Trust	1
Prison/secure environment	1

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