

Scoping across London and South East (LaSE): Independent Prescribing (IP) and Designated Prescribing Practitioners (DPPs)



Executive Summary

Zena Uppal, Early Careers Training Programme Director, London: zena.uppal@nhs.net
Maria Staines, Early Careers Training Programme Director, Kent: maria.staines@nhs.net
Lauren Reber, Early Careers Training Programme Directors, London: lauren.reber@nelft.nhs.uk

Purpose of the Report

In January 2021, the General Pharmaceutical Council (GPhC) published the revised [Initial Education and Training \(IETP\) standards](#) for pharmacists.¹ One set of learning outcomes will now span the first 5 years of pharmacist training, supporting the development of a continuum of education and training from foundation into advanced and consultant practice. The incorporation of learning outcomes for prescribing will mean that from 2026 pharmacists will register as independent prescribers. Key enablers will be access to prescribing placements and supervision. Understanding the current pharmacist landscape will help prepare for this change. In light of this, HEE LaSE has scoped:

1. Current pharmacists with an IP qualification (irrespective of whether they are active prescribers or not), Designated Supervisors (DS) and DPPs working in Acute Trusts and GP/PCNs. Two surveys were disseminated regionally to obtain this data.
2. Experiences of pharmacist DPPs. HEE LaSE organised a series of Focus Groups for pharmacist DPPs (identified through prior surveys).
3. DPP requirements on application to IP training courses by Higher Education Institutes (HEI). HEE LaSE reviewed IP application forms and handbooks of nine HEI IP providers, and compared similarities and differences.

Collectively, the findings will help direct the developmental needs of the existing workforce and support the development of designated supervisors (DS) and designated prescribing practitioners (DPP).

Key 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. Understand the role and experience of Pharmacist DPPs, including the barriers and enablers.
4. Identify commonality and differences in LaSE region HEI requirements to be a DPP for IP courses, and the potential barriers.
5. Provide recommendations to assist in the development of the independent prescribing workforce to support the implementation of the IETP reforms.

The reports 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.

Key words:*

Independent Prescribing (IP), Designated Supervisor (DS), Designated Prescribing Practitioner (DPP), Non-Medical Prescribing (NMP), Multidisciplinary Team (MDT), Higher Education Institute (HEI). *Abbreviations in brackets

Key findings, workforce risks and recommendations

Aim 1-2: Results are based on responses from 389 pharmacists across LaSE. 204 were from hospital (all respondents were IP qualified) and 185 were from GP/PCN (133 were IP qualified). The key findings are below (*detailed findings are in the full reports*).

Aim 3: Results are based on experiences of 5 Pharmacist DPPs and 1 Chief Pharmacist.

Aim 4: Results are based on DPP guidance and application documents of the nine HEIs most commonly used by IPs in the LaSE region.

Independent Prescribing

Risk

- 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.²⁻³
- 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.

Recommended Next Steps

- 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 mentor 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 processes to enable new and new to organisation IP pharmacists to start prescribing without delay. Employers should further explore 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.

Designated Supervisors and Designated Prescribing Practitioners

Risk

- 69 of a possible 296 pharmacists are acting as a Designated Supervisor (50 of a possible 181 in the Acute sector, and 19 of a possible 115 in the GP/PCN sector). There may not be enough DSs with an IP qualification across LaSE to supervise the 2025/25 cohort of trainee pharmacists.²⁻³
- 12 out of a potential 157 are acting as a DPP (8 out of 102 in Acute Trusts, and 4 out of 55 in GP/PCN sector). There are not enough DPPs across LaSE to support trainee pharmacists during their foundation training year in 2025.²⁻³

Recommended Next Steps

- 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 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:

- (i) **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.
 - (ii) **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.
 - (iii) **System Empowerment:** this will involve working with stakeholders to understand what is happening on an ICS level and focus on:
 - a. Developing, implementing and testing models for multi-professional and cross-sector prescribing training
 - b. 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.⁴
 - 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.

HEI DPP Scoping

Risks

There was significant variation in the DPP self-declaration at application required by HEIs⁵:

- Differences in the level of formal training in educational supervision required.
- Differences in the types and volume of evidence to be provided.
- Whether the DPP must work in the same organisation as the IP trainee.
- Whether the DPP must work in the same clinical specialism as the IP trainee.
- Individual DPP requirements are covered across multiple documents and not collated on one single document or check list.
- Not all DPP requirements are available publicly or easily accessible on course website pages.

Recommended Next Steps

- Raise awareness of RPS and GPhC frameworks for DPPs to facilitate prospective evidence gathering for pharmacists planning for the role.
- HEE to work collaboratively with HEIs to provide a clear pathway for supervision skills assurance.
- HEIs to consider implementing a summative checklist of all requirements in a single location, which are easily available to prospective DPPs
- Inclusion of streamlined and standardised DPP requirements as part of HEE commissioning of IP courses.

Limitations

Although there were 389 responses in total (204 from the acute sector, and 185 from the GP / PCN sector), the survey relied on an individual's willingness and capacity to complete it. It is expected that the number of IPs working across Acute Trusts in LaSE is higher, and that the number of pharmacists that are not 'actively prescribing' is much higher than reflected in the results. The definition of 'active prescriber' was open to interpretation. The survey does not capture the number of IPs that are currently in training.

Conclusion

The survey provides an indication to what LaSE looks like in terms of IP Pharmacists, Designated Supervisors and Designated Prescribing Practitioners. The next steps should consider the following areas:

- Scope of prescribing for pharmacists (from 2026).
- Supervisor criteria for pharmacists (from 2025/26).
- How to best transition from a DS to DPP.

HEE will be establishing three Task and Finish Groups to take this work forward, and inviting key stakeholders to participate, and the outcomes will be reviewed in spring 2023.

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. HEE LaSE 2022. Independent Prescribing Scoping London and South East (LaSE) – Acute Trusts, October 2022
3. HEE LaSE 2022. Independent Prescribing Scoping London and South East (LaSE) – General Practice and Primary Care Network, October 2022
4. HEE LaSE 2022. Designated Prescribing Practitioners (DPP) Focus Group Summary, September 2022
5. HEE LaSE 2022. Scoping of Designated Prescribing Practitioner Requirements for Independent Prescribing courses used within LaSE Region, October 2022.