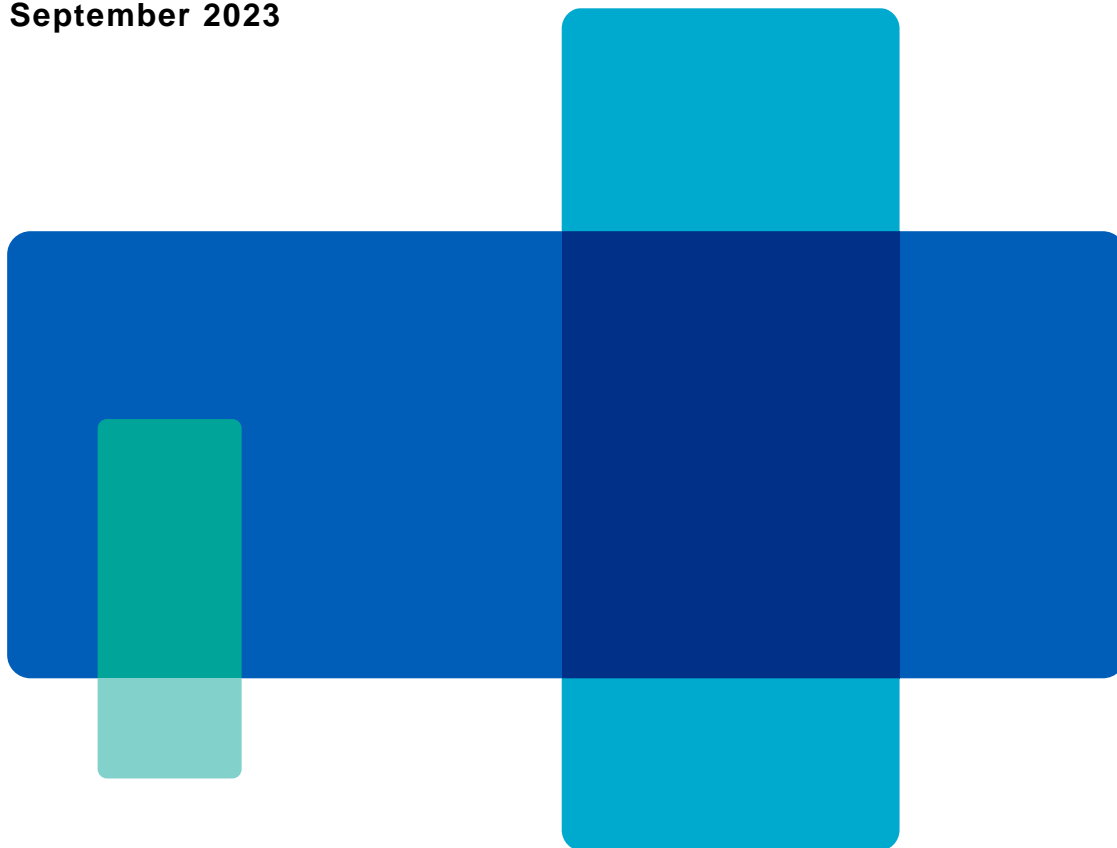


# Pharmacist Independent Prescribing Mentoring Pilot

## NHS England Workforce, Training and Education Directorate: Pharmacy London

12 September 2023



### **Authors:**

Trishna Patel, Methodology – Report Writing, Reviewing and Editing  
Lauren Reber and Alice Conway – Methodology  
Jennifer Guffie – Report and Editing of report

**For further Information**, please contact the Corresponding Author: Katie Reygate:  
[katie.reygate@nhs.net](mailto:katie.reygate@nhs.net), Associate Head of Pharmacy, London.

### **Disclaimer:**

This project commenced under Health Education England London and South East (HEE LaSE). Now known as NHS England Workforce, Training and Education Directorate – Pharmacy London.



## Contents

Pharmacist Independent Prescribing Mentoring Pilot	1
1. Background	3
2. Aim	4
3. Methodology	4
3.1 Recruiting participants and mentor/mentee pair formation	5
3.2 Mentoring introductory session and independent mentoring sessions	5
3.3 Mentor and mentee focus groups and end of pilot evaluation survey	6
4. Results and discussions	7
4.1 Baseline enrolment demographic data	7
4.2 Introductory session evaluation	8
4.3 Quantitative and Qualitative data from end of project evaluation and focus groups	9
5. Recommendations	17
5.1 Support from Organisations and the Integrated Care System	17
5.2 Support from NHS England WT&E	18
6. Next Steps	19
7. Limitations	19
References	20
Appendices	23
Appendix 1 – Initial background email and survey	23
Appendix 2: Evaluation Survey for Introductory session	29
Appendix 3: Evaluation Survey	30

## 1. Background

The General Pharmaceutical Council (GPhC) published the standards for the Initial Education and Training for Pharmacists (IETP)<sup>1</sup> in January 2021. The standards detail the future vision for the education and training for pharmacists and incorporate an Independent Prescribing qualification for all pharmacists successfully joining the register from 2026 onwards.

Several factors were considered in the development of these changes: the growing reliance on the pharmacist workforce within healthcare systems, the expanding roles and demand for pharmacists in Primary Care Networks (PCN), hospitals, specialist and consultant roles, the increasing complexity of patient care, and the shift towards integrated care system working. These reforms will revolutionise pharmacists' education, ensuring that they are better prepared to meet the evolving healthcare needs and contribute effectively to NHS service delivery and patient care, as described in the NHS Long Term Plan<sup>2</sup> and the NHS Long Term Workforce Plan<sup>3</sup>.

Mentoring has been highlighted as a key element for the training and professional development of future pharmacists as shown in various literature<sup>4,5,6</sup>, IETP standards<sup>1</sup> and within Royal Pharmaceutical Society (RPS) resources<sup>7,8</sup>. It is acknowledged that mentoring plays a significant role in staff retention as individuals seek opportunities for continuous development and growth in their careers. Additionally, those that experience mentoring are likely to experience greater satisfaction within their careers, a lower risk of burn-out, job-related stress, and greater opportunities for success within the organisations by having an experienced mentor<sup>5,9,10</sup>.

NHS England Workforce, Training and Education Directorate Pharmacy London, formerly known as Health Education England London and South East (HEE LaSE), undertook a scoping survey reviewing current Pharmacist Independent Prescribers within the region. The work identified that a significant number of pharmacist Independent Prescribers (IPs) lack confidence in utilising their prescribing skills or are not actively prescribing, despite having gained the qualification. It also highlighted the lack of Designated Prescribing Practitioners (DPPs) within the profession across the region and organisational support being imperative for successful mentoring<sup>11</sup>.

As a result of the pharmacist IP scoping survey results, HEE LaSE undertook further work to pilot a model for providing mentoring to newly qualified Pharmacist IPs and evaluate the impact mentoring support may have on prescribing confidence and activity.

## 2. Aim

This aim of this pilot was to evaluate the potential positive influence of mentoring on the issues identified in the HEE LaSE pharmacist IP scoping survey.

Objectives were to:

1. Improve the prescribing confidence of Pharmacist IPs with little or no experience of prescribing
2. Increase prescribing activity of Pharmacist IPs with little to no experience of prescribing
3. Improve the awareness of mentoring and resources
4. Increase the interest of experienced Pharmacist IPs to become a DPP
5. Demonstrate the value of mentoring networks to service delivery and workforce development to stakeholders.

## 3. Methodology

The pilot method involved several stages, each of which is described in Table 1 below.

Table 1 Timeline and key outputs

Timeline	Key Outputs
<b>February 2023</b>	Recruit participants and pair formation: Call for expression of interests and enrolment questionnaire capturing baseline data.
<b>March 2023</b>	Introductory session: Participants attended an orientation session including an introduction to each mentoring pair.
<b>March – April 2023</b>	Independent mentoring sessions: Participants independently conducted a minimum of two mentoring sessions.
<b>June – July 2023</b>	End of pilot evaluation survey and focus groups.
<b>August - September 2023</b>	Analysis of results and report.

### 3.1 Recruiting participants and mentor/mentee pair formation

We invited individuals to express interest in participating in the pilot as mentors or mentees using the below criteria:

- Mentors to be actively prescribing for three or more years.
- Mentees to have an independent prescribing qualification with little to no experience of prescribing.

The request for participants was shared with individual IPs actively involved in other HEE LaSE workstreams, and the London region independent prescribing provider course leads (London South Bank University and University College London) for further dissemination to their alumni.

Participants were requested to complete a mentee or mentor specific enrolment survey with the purpose of obtaining pilot participation consent, confirming commitment to the pilot and collecting baseline data such as prescribing scope, current frequency of prescribing, sector of practice, prescribing confidence for mentees, and mentoring confidence for mentors.

[Appendix 1](#) includes the full set of questions from the baseline survey.

These responses were utilised to form mentoring pairs. Pairs were matched based on prescribing scope and sector of practice. If this was not possible, then same sectors alone, irrespective of prescribing scope were paired.

### 3.2 Mentoring introductory session and independent mentoring sessions

Two virtual introductory sessions were facilitated in March 2023 over Microsoft Teams by the project leads to outline the aims and plan for the pilot (see Table 1), signpost to different mentoring resources, and provide an opportunity to meet the assigned mentor or mentee in pre-arranged breakout rooms. The session also outlined the key differences between mentoring, coaching and buddying as often they have been used interchangeably, incorrectly.

Following the session, mentee-mentor pairs were expected to have a minimum of two self-directed sessions over the next two months, arranged according to their convenience. The pairs were encouraged to maximise the benefits of mentoring by exploring the various resources and methods provided, such as utilising a formal mentoring contract and establishing clear ground rules. Literature suggests that setting ground rules and/or a contract can aid a mentoring relationship hence pairs were encouraged to set these in their

initial meeting<sup>12, 13</sup>. A template for mentees and mentors to set agreed ground rules for their mentoring relationship was provided during the introductory session to aid this.

It was also recommended that participants informed their organisations, to ensure they received support to carry out the pilot, especially as previous HEE LaSE scoping work demonstrated organisational support has been highlighted as key for successful mentoring<sup>11</sup>.

At the end of each session an evaluation survey was distributed to be completed by all participants. See [Appendix 2](#) for the full set of survey questions sent to participants to complete for the evaluation of the introductory session.

At least two self-directed sessions between mentors and mentees were to be organised by the participants between March and May 2023. These were arranged at the mentees' and mentors' own convenience.

Guidance and mentoring resources for these sessions were outlined in the introductory sessions, and participants were able to choose to utilise any of these.

These included:

- Charlotte Mannion/CPPE – “a useful guide to mentoring”<sup>13</sup>
- Paula Higginson – CPPE Facilitator Support Book<sup>14</sup>
- E-Learning for Health, medical mentoring<sup>15</sup>
- Royal Pharmaceutical Society mentoring page<sup>7</sup>
- NHS Leadership academy coaching and mentoring hub<sup>16</sup>
- Open University – explore career coaching and mentoring<sup>18</sup>

Participants were provided with session handouts to ensure they had a chance to use the resources provided and were notified that the focus groups would take place after June 2023.

### 3.3 Mentor and mentee focus groups and end of pilot evaluation survey

To facilitate open discussions, promote transparency and ensure confidentiality, separate focus groups were organised for mentors and mentees. These focus groups took place on two different days in March 2023.

Both groups were asked four key questions:

1. What did you find beneficial from participating in the mentoring pilot?

2. What worked well with your mentor/mentee relationship?
3. What do you think Pharmacy London team should do next? What are your
4. recommendations for next steps?
5. Did you encounter any challenges and if we were to run this again what would you suggest we do differently?

A comprehensive evaluation survey was created to gather qualitative and quantitative data on aspects that were not covered during the focus groups. The survey included a range of questions designed to elicit valuable insights into the mentees' prescribing activity and confidence, organisational support and reasons why participants initially enrolled onto the pilot.

The survey was distributed on 14 June 2023 and remained open for two weeks. See [Appendix 3](#) for the full end of pilot evaluation survey questions.

## 4. Results and discussions

### 4.1 Baseline enrolment demographic data

12 mentors and 10 mentees were initially recruited for the pilot. Three mentors withdrew for capacity reasons and one mentee later withdrew as they felt it did not align with their current job plan.

Nine mentoring pairs were formed, with representation from pharmacists currently working in General Practice (GP), Acute care, Teaching Hospitals and Mental Health pharmacy sectors. Unfortunately, no current community pharmacist IPs enrolled to the pilot; however, one mentor had previously worked as an IP in this sector.

Mentor participants comprised of two mentors from London and nine from Sussex. For mentee participants, there were four mentees from London, four from Sussex, and one from Kent.

The most common scopes of practice among the participants included: anticoagulation, hypertension, gastroenterology, mental health and diabetes. Other participants had either general scopes or more specialised scopes, such as prescribing in HIV, and infective endocarditis.

Out of the nine pairs, three were formed based on shared scopes and same sector of practice, while six pairs were formed based on sector of practice only.

Eight mentees successfully completed their independent prescribing qualification in 2022. Out of the mentors, five had previous mentoring experience, whereas for four mentors, this pilot represented their first opportunity.

All mentees stated in the baseline questionnaire that they enrolled onto the pilot to gain access to a more experienced independent prescriber and to increase their prescribing confidence.

## 4.2 Introductory session evaluation

Sixteen out of 18 participants attended the introductory session. One mentor and one mentee were unable to attend due to conflicting schedules. The session slides were shared with the individuals who did not attend and additional support was offered.

All 16 attendees were asked to complete an evaluation survey for the introductory session, which had a response rate of 50% (three mentors and five mentees). Reasons for the low response rate were not collated.

All evaluation respondents found the session to be useful or very useful, with seven reporting an improved understanding of the pilot.

The opportunity to meet with the mentor/ mentee was identified as a particularly beneficial element of the session and was mentioned by four respondents. Two participants highlighted the value of IP peer discussion and networking. Other key learning points identified through the evaluation included a lack of awareness of mentoring resources and recognition of the need for further mentoring training.

Furthermore, all respondents expressed interest in attending future sessions on mentoring and all would recommend the session to their colleagues.



### 4.3 Quantitative and Qualitative data from end of project evaluation and focus groups

Figure 1 End of project evaluation and focus group response themes



There was overlap in the qualitative data identified between the focus group and end of project survey evaluation responses, therefore the results for both have been grouped together into themes.

The response rate from the evaluation survey was 100% and 16 participants (nine mentors, seven mentees) were able to attend the focus groups.

The pilot demonstrated excellent results in terms of compliance with the pilot outline and the effectiveness of mentee-mentor relationships. There was 100% compliance with the minimum requirement of two meetings between mentees and mentors, indicating a strong commitment to the pilot's objectives.

Furthermore, six pairs were planning to continue their mentorship beyond the pilot period, underscoring the positive impact and value of this initiative.

The implementation of a mentoring contract was evident in five out of the nine pairs. Within these pairs, three mentees and four mentors expressed its advantages. The mentoring contract was found to be valuable in steering the direction and purpose of the pilot, establishing boundaries pertaining to confidentiality and communication, as well as setting

practical and attainable objectives for each pair. In the view of one pair, the mentoring contract served as a "highly positive, transparent, and candid approach to initiating the mentoring relationship."

#### **4.3.1 Theme 1: Improved prescribing confidence of mentees**

Prescribing confidence levels in mentees showed some positive changes, with five out of nine reporting an increase in confidence and four remaining at the same level.

*"The mentor that I was assigned is incredible and truly helped me  
with increasing my confidence in prescribing."*

The majority of mentees reported that having a prescribing mentor increased their prescribing confidence and motivated them to utilise their prescribing skills more.

One mentee was finding it difficult to prescribe using their scope within their current role and the mentor suggesting de-prescribing as an alternative.

The mentors were able to give a broader perspective of the prescribing landscape, signpost to resources and, in some cases, offer advice on complex clinical issues to improve understanding and confidence. The mentoring relationship went beyond simply teaching prescribing skills and encompassed a broader scope such as networking within the profession, managerial and workflow process advice, legality assistance and career development.

Mentors also focused on developing important skills, such as consultation, problem solving and facilitating meaningful discussions, which allowed the mentee to feel more comfortable and confident in making prescribing decisions.

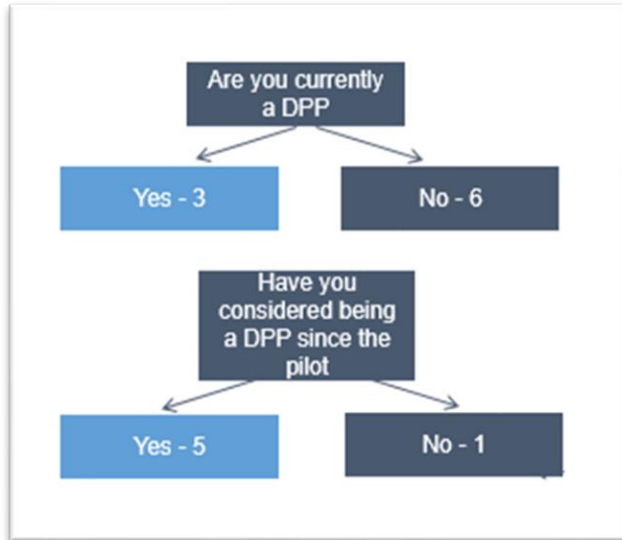
#### **4.3.2 Theme 2: Mentors' confidence and Designated Prescribing Practitioners' interest**

Two out of nine of the mentors reported feeling more confidence in continuing their roles as mentors. The remaining seven felt their confidence remained the same, however all mentors had reported being either quite confident or confident in their mentoring abilities prior to the pilot.

Importantly, the pilot succeeded in raising awareness and interest in the DPP role. Six out of the nine mentors were not DPPs, and five have now expressed interest in considering the

role, with two actively working towards it. One mentor however cited job plan restrictions as a reason for not considering the role.

Figure 2 DPP Interest



Majority of mentees indicated that they would consider taking on the role of DPP in the future. They emphasised the importance of additional mentoring training and felt that more preparation would be needed before they could confidently and comfortably undertake this responsibility.

One mentee expressed concerns about the substantial workload associated with becoming a DPP and questioned whether it aligns with their roles as hospital pharmacists. It was suggested DPP responsibilities should primarily rest with consultant clinicians however, also suggested that this role might be better suited for pharmacists in GP and PCN settings.

### 4.3.3 Theme 3: Prescribing frequency for mentees

There was no significant increase in prescribing frequency across the participants, as eight out of nine mentees maintained the same prescribing frequency and one increased prescribing frequency.

The mentee who observed an increase in their prescribing activity also noted that they felt an increase in their confidence level. This could be attributed to the mentee receiving organisational support in the form of protected time, actively engaging with recommended resources, and formalising their mentoring relationship through the completion of a contract with their mentor.

The absence of the expected rise in prescribing frequency was attributed to factors external to this pilot. These included inadequate organisational backing to exercise their prescribing credentials, resulting in mentees remaining in positions that didn't allow for independent prescribing. Additionally, limited time within their job plans to effect a change posed a significant hindrance. Mentees also cited the brief duration of the pilot as another contributing factor.

#### 4.3.4 Theme 4: Benefits of Independent Prescribing Mentoring

Seven out of nine mentees and all nine mentors recommended having an independent prescribing mentor to their colleagues, highlighting the pilots perceived value and benefit.

Mentees highlighted a number of benefits of having an independent prescribing mentor including:

- Providing support for decision-making and confidence-building.
- Offering guidance and reassurance to mentees.
- Enabling discussions about complex patient cases.
- Addressing potential barriers to prescribing.
- Handling ethical prescribing dilemmas.
- Able to share their networks and contacts.
- Facilitating broader career discussions.
- Applying learning to practical situations.
- Supporting discussions about expanding the scope of practice.
- Serving as a resource to address organisational obstacles, aiding in solutions and advice.
- Signpost their mentee to networks or organisations for appropriate help.

“Having a mentor has helped me immensely to apply learning to practice, facing clinical/ethical dilemmas, supportive discussions regarding expanding existing scope of practice relevant to my role.”

Mentees working with the GP field, stated they preferred discussing complex queries with their pilot mentor, in comparison to the GPs as mentors would give them an opportunity to discuss the decision making process rather than give the answer straight away. This had helped mentees to develop robust process for thinking and decision making. It was also stated as useful to have a pharmacist who understood a similar thought process and generally helped to build confidence by discussing the process. Two mentees from

secondary care found it useful to have a mentor as it allowed them to keep prescribing at the forefront of their practice.

“Prior to the pilot it was felt easy to put off finding where to use prescribing as so busy but has helped to re-prioritise.”

GP Mentee: “Helpful having a more experienced pharmacist to speak to about complex patients - they will understand your thought process and possible barriers to prescribing/ making a decision better than another prescriber may (i.e. a doctor). I also found it helpful to discuss my career more broadly with my mentor which is important too.”

Six out of nine mentees had not previously had a mentor, indicating that this pilot provided them with valuable support and guidance for the first time as an independent prescriber.

One of the main benefits of having a mentor was the opportunity to network. Establishing connections with pharmacy professionals, particularly those embarking on their journey in independent prescribing, is crucial. It is worth noting that not all organisations offer this opportunity. Mentors unanimously emphasised the significant advantages of networking.

A mentor, working within a PCN, emphasised the multifaceted benefits of networking, citing the wealth of specialist knowledge available in hospital pharmacy to assist PCN pharmacists with intricate prescribing enquiries. It was suggested that pharmacists pursuing their independent prescribing qualifications should ideally have both a mentor and a professional network in place.

One proposal is to explore collaboration with universities to develop comprehensive guidance outlining the prescribing planning process for pharmacist independent prescribers, identifying their subsequent actions, and specifying their support network. Depending on the pharmacist's workplace, this mentorship could potentially involve professionals from different fields.

All mentors highly recommended the role of an independent prescribing mentor, emphasising the rewarding nature of the process and its critical role in the development of pharmacists. They recognised that being a mentor and supporting the growth of the next generation of prescribing pharmacists benefits both the mentee and the mentor, fostering their professional capabilities.

### 4.3.5 Theme 5: Sector, scope and speciality of mentors

The mentee-mentor pairs were matched by scope of practice, where possible. If this could not be accommodated, then they were matched by sector and outliers were matched randomly.

There was a mixed response as to which pairing worked best. The consensus was that matching sectors was more helpful to understand service delivery and the nuances, which occur in individual sectors, and to provide a more tailored approach to mentoring.

The majority preferred to have a mentor outside of the organisation to enable more open discussion, without the potential impact on the daily work environment and professional relationships. However, it was recognised that a prior professional relationship with a mentor enables a rapid acceleration of outputs as trust and an effective working relationship have already been established.

“Enables you to discuss situations within your organisation such as barriers why you are unable to actively prescribe and they can help to come with solution or offer advice. Enables you to think outside of the box. Helps with talking to an experienced pharmacist about development and increases the confidence of one.”

The majority of mentors expressed confidence in being matched with mentees whose scope of practice differed from theirs. They believed that mentoring shouldn't rely solely on clinical knowledge but should emphasise legal, consultation, and communication skills development, along with expanding the mentees' professional networks. One mentor who had a similar sector and scope but a different organisation felt that the relationship resembled coaching more than mentoring.

“Don't need to have same scope. Sector – probably helps if that person has an understanding, as can be more difficult and challenging as need to have an understanding of day to day. It's more about mentoring skills rather than clinical knowledge.”

The mentee-mentor relationship also offered the chance to professionally develop beyond the remits of prescribing. Many took this opportunity to develop a better understanding of the intricacies of a specific service or sector, navigate complex sector landscapes, discuss career progression, and manage the expectations of the wider multidisciplinary team (MDT), particularly within GP and boundary setting.

### 4.3.6 Theme 6: Communication and engagement

Communication was recognised as core to an effective mentee-mentor relationship. Methods varied considerably between the mentoring pairs from regular communication over WhatsApp, email, virtual and face-to-face meetings to short 10-minute catch ups on two occasions.

Ultimately, it was evident that those who had limited engagement with their mentors did not find the experience as positive for independent prescribing but benefitted in other ways such as a way of sharing resources and managerial and work flow process advice. The mentee found this level of engagement sufficient.

Mentoring pairs who establish a mentoring contract during their initial meeting have found it beneficial for creating a framework for their sessions, establishing a clear understanding of their respective roles and expectations, and directing the focus of both the mentor and mentee.

Additionally, some mentor-mentee pairs have also set ground rules that cover areas like maintaining confidentiality and determining the frequency of their meetings. These ground rules, discussed and agreed upon during their first meeting, have played a significant role in structuring their subsequent meetings.

“The mentoring contract was really useful to clarify what the mentee wanted to achieve and set a structure for our meetings. It helped set ground rules and felt like a very positive, honest and open way to start the mentoring relationship.”

### 4.3.7 Theme 7: Organisation Support

Despite encouragement, three mentees and five mentors did not inform their organisations of their involvement with the pilot.

The mentees in this pilot were relatively new to independent prescribing, however all possessed substantial experience as pharmacists, therefore typically they manage their own time and suggested that direct discussions with Senior Leadership Team might not be the norm.

The rest of the mentors and mentees were granted, "protected time" by their respective organisations. This allocated time was specifically for attending the introductory session and the two subsequent mentoring sessions. One mentee whose line manager was aware of the

pilot participation, still encountered challenges in finding suitable working hours to accommodate the pilot.

Nevertheless, both mentors and mentees believed that having this dedicated time enabled them to more effectively participate in the mentoring sessions and address subsequent action points. Notably, two mentors stated that their mentees' prescribing challenges were largely organisational in nature, underscoring the need for adequate support to undertake prescribing activities.

Mentors discussed that pharmacy as a profession is poor at allocating time to self-development and that pharmacy professionals are not given time to develop. They felt that allocated time for mentoring and networking was essential and thus felt organisational support was essential. Hence, all participants stated that they felt mentoring should be incorporated into work plans, to ensure allocated time is accounted for and to ensure it occurs.

One mentor stated that they had started an education programme paid by their trust which allowed one hour of mentoring per week to their pharmacists. It was felt these sessions help with retaining staff as staff will not stay if there are no development opportunities, as similarly seen in literature<sup>10</sup>. Thus, it was encouraged that organisations reserve half a day per week for early careers pharmacists to spend time with a mentor to develop professional areas. Another mentor mentioned the concept of having role models within each organisation to demonstrate good clinical pharmacy practice.

#### **4.3.8 Theme 8: Resources**

The pilot introductory session signposted all participants to five different learning resources to improve understanding of mentoring. Six mentors and three mentees had used at least one of these.

There was no notable variation in mentees' use of additional mentoring resources as mentees did not access or use the resources suggested as part of the introductory session. Mentees heavily relied upon the expertise of the mentor to structure and guide the first session. This was echoed in the focus groups as mentees stated either they did not have the time to look at the resources or there was no need as their mentors was very experienced and were able to learn from them.

The feedback from the focus group participants included a suggestion to improve the promotion of mentoring courses, particularly through more effective advertising methods. They expressed a preference for face-to-face interactions as part of these courses.



## 5. Recommendations

The following recommendations from this mentoring pilot are intended for consideration by Integrated Care Systems, individual organisations and future mentors and mentees.

### 5.1 Support from Organisations and the Integrated Care System

The pilot explored the reasons behind the mentees' lack of prescribing confidence and identified the benefits of organisation support.

#### **Consider integrating mentoring into appraisals, personal development plans (PDPs) and job plans.**

Firstly, there was a strong consensus from participants, particularly mentors that organisation support and dedicated time should be allocated for mentoring roles, similar to the structure seen in other professions<sup>18</sup>. This recognition reflects the need to prioritise and value the mentoring process as a fundamental component of professional development.

The experience of the pilot participants suggests that integrating mentoring into work plans is considered desirable for its successful implementation. Incorporating mentoring responsibilities into individuals' work plans helps guarantee that mentoring receives the attention and time it deserves. This integration also helps to establish clear expectations and accountability for mentors and mentees alike.

#### **Develop an independent prescribing network group if not already implemented.**

Networking emerged as a significant advantage in this pilot. It allowed mentees to connect with their mentors, and in certain instances, mentors provided guidance and introductions to other professional networks. While there are existing independent prescribing networks, this pilot has highlighted the potential benefits of providing exposure to such networks for all pharmacists holding independent prescribing qualifications. Many organisations have IP networking groups but they often are multi-professional, findings from this report suggests pharmacists would value peer support from other pharmacists cross organisationally.

#### **Increase opportunities for mentees to find mentors.**

The findings from this pilot suggest that there may be a significant population of qualified IP pharmacists who have not yet had the benefit of mentorship. Consequently, it becomes crucial to expand the avenues for pharmacists to connect with mentors. This objective extends beyond merely bolstering their confidence and prescribing frequency; it

encompasses broader aspects such as self-development, career advancement, and staff retention. Therefore, it would be of advantage to explore various approaches that can enhance opportunities for mentees to connect with mentors across the pharmacy profession.

### **Encourage the development of mentoring roles.**

Mentors perceived that they play an important role in inspiring mentees and shaping their future attitudes and behaviours. To further enhance the appeal of mentoring, it is suggested that efforts should be made to make mentoring more attractive. By emphasising the benefits and advantages of mentoring, it becomes possible to draw a greater number of individuals toward assuming these roles, establishing avenues for their personal professional development and learning.

Recognising the presence of mentors within organisations holds significant importance as it offers numerous benefits to the organisations themselves. For instance, having mentors can play a vital role in supporting the growth of independent prescribers who actively utilise their qualifications, ultimately improving patient care. Overall, having mentors offers valuable guidance, support, and growth opportunities, leading to enhanced professional development and personal fulfilment for individuals involved, as well as the potential for better patient experience and outcomes.

Additionally, mentoring can potentially increase the number of DPPs as shown in this pilot.

## **5.2 Support from NHS England WT&E**

### **Making mentoring resources available**

The findings from the mentee focus groups strongly emphasised the need for mentoring resources to be made more readily available and easily accessible. Mentees expressed a clear message indicating that they require enhanced awareness and convenient access to such resources to fully benefit from mentoring. One of the recommendations was to create and promote a comprehensive library of resources, including mentoring platforms and networks, to facilitate and strengthen mentoring within organisations. This included collaborating with local community pharmacists as their involvement can play a vital role in generating the necessary resources and support systems. It would also further support effective mentoring practices within the trusts.

## 6. Next Steps

1. There are several proposals related to mentoring within the pharmacy profession.
2. Organisations to consider integrating mentoring into pharmacists' appraisals, personal development plans (PDPs) and potentially into job plans.
3. All pharmacist IPs should be encouraged to have a mentor post qualification to support their professional development.
4. Newly qualified IPs should consider looking to work with employers to set clear expectations in practice, including how they will utilise their IP and how this will be supported.
5. Organisations should consider expanding services and service needs where pharmacists can utilise their prescribing qualification
6. Mentoring resources should be made more accessible, including a dedicated page on mentoring on NHS England WT&E Website.
7. Explore the possibility of conducting an extended and broader-scale project, to involve community pharmacists. This is important in order to identify challenges, particularly since they often experience isolation and a lack of adequate support.

## 7. Limitations

The pilot study had several limitations that should be acknowledged. Firstly, despite efforts to include experienced community pharmacists, the study faced challenges in recruiting pharmacists actively working in this sector, which may have influenced the perspectives and outcomes observed.

The evaluation survey for the introductory session yielded a response rate of only 50%. Moreover, there were conflicting results obtained from the focus groups compared to the evaluation survey, suggesting potential discrepancies or variations in participant responses.

Confidence was measured using a Likert scale rather than a validated confidence scale. Future projects would ensure that validation processes had been completed using a representative sample, demonstrating adequate reliability and validity.

The study acknowledged the limitations of a small sample size and a relatively short duration for the pilot.

## References

- General Pharmaceutical Council.(2021) Standards for the initial education and training of pharmacists.2021. Available at: <https://pharmacyregulation.org/initial-education-and-training-for-pharmacists>. Accessed 1 July,2023
- NHS England. (2019). The NHS Long Term Plan. [Online]. NHS. Last Updated: 7 January 2019. Available at: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/> [Accessed 7 September 2023].
- NHS England. (2023). NHS Long Term Workforce Plan. [Online]. NHS England. Last Updated: 30 June 2023. Available at: <https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/> [Accessed 7 September 2023].
- Mantzourani, E., Chang, H., Desselle, S & Canedo J. (2022) Gail Fleming. Reflections of mentors and mentees on a national mentoring programme for pharmacists: An examination into relationships, personal and professional development. Research in Social and Administrative Pharmacy. 18(3): 2495-2504
- Metzger, A. Hardy, Y. Jarvis, C. Stoner, S. Pitlick, M. Hilaire, M. Hanes. (2013). Essential Elements for a Pharmacy Practice Mentoring Program. American Journal of Pharmaceutical Education. 77(2), p.23. [Online]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3602847/> [Accessed 7 September 2023].
- Desselle, S. Chang, H. Fleming, G. Habib, A. Canedo, J. Mantzourani, E. (2021). Design fundamentals of mentoring programs for pharmacy professionals (Part 1): Considerations for organizations. Research in Social and Administrative Pharmacy. 17(2), pp.441-448. [Online]. Available at: <https://www.sciencedirect.com/science/article/abs/pii/S1551741120303946> [Accessed 7 September 2023].
- Royal Pharmaceutical Society Website. (2021). Mentoring. [Online]. What is our Mentoring platform?. Available at: <https://www.rpharms.com/development/mentoring> [Accessed 7 September 2023].
- Royal Pharmaceutical Society. (2013). Advanced Pharmacy Framework (APF). [Online]. Royal Pharmaceutical Society. Available at: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Frameworks/RPS%20Advanced%2> [Accessed 7 September 2023].

Straus, S; Johnson, Mallory, J; Marquez, C; Feldman, M. (2013). Characteristics of Successful and Failed Mentoring Relationships. Journal of the Association of American Medical Colleges. 88(1), pp.82-89. [Online]. Available at: [https://journals.lww.com/academicmedicine/Fulltext/2013/01000/Characteristics\\_of\\_Successful\\_and\\_Fail](https://journals.lww.com/academicmedicine/Fulltext/2013/01000/Characteristics_of_Successful_and_Fail) [Accessed 7 September 2023]. [Characteristics of Successful and Failed Mentoring Relations... : Academic Medicine \(lww.com\)](https://journals.lww.com/academicmedicine/Fulltext/2013/01000/Characteristics_of_Successful_and_Fail)

Fuller, K. Maniscalco-Feichtl M. Droege, M. (2008). The Role of the Mentor in Retaining Junior Pharmacy Faculty Members. American Journal of Pharmaceutical Education. 72(2), p.41. [Online]. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2384216/> [Accessed 7 September 2023].

Health Education England (2023). London and South East Pharmacy (HEE LaSE) Independent Prescribing Scoping Survey. Available at: <https://www.lasepharmacy.hee.nhs.uk/pharmacists/ietp-reform/early-careers-tpd-programme-of-work/>. Accessed 5 June 2023

University of Sussex. (2023). Organisational Development; Establishing ground rules of the mentoring relationship.. [Online]. www.sussex.ac.uk. Available at: <https://www.sussex.ac.uk/organisational-development/mentoring/guidance-for-mentors/ground-rules> [Accessed 7 September 2023].

Mannion, C. A useful guide to mentoring.(2010). Pansophix Online. Available at: [display.aspx \(manchester.ac.uk\)](https://www.pansophix.com/mentoring/guide-to-mentoring.aspx) [Accessed 7 September 2023].

Higginson, P. (2012). Facilitator Support: maximising your potential. [Online]. www.cppe.ac.uk. Last Updated: June 2012. Available at: [https://www.cppe.ac.uk/learningdocuments/pdfs/cppe\\_facilitatorsupport\\_book\\_1.pdf](https://www.cppe.ac.uk/learningdocuments/pdfs/cppe_facilitatorsupport_book_1.pdf) [Accessed 7 September 2023].

NHS England. (2022). Medical Mentoring. [Online]. E-Learning for Health. Last Updated: 2023. Available at: <https://www.e-lfh.org.uk/programmes/medical-mentoring/> [Accessed 7 September 2023].

NHS Leadership Academy. (2022). Coaching and Mentoring. [Online]. Leadership Academy NHS. Last Updated: 2023. Available at: <https://www.leadershipacademy.nhs.uk/programmes/coaching-and-mentoring/> [Accessed 7 September 2023].

The Open University. (2018). 17. Open university – explore career coaching and mentoring. [Online]. The Open University; Open Learn. Available at: <https://www.open.edu/openlearn/money-business/exploring-career-mentoring-and-coaching/content-section> [Accessed 7 September 2023]

Royal College of Surgeons. (2018). Mentoring. [Online]. <https://www.rcseng.ac.uk/standards-and-research/standards-and-guidance/>. Available at: <https://www.rcseng.ac.uk/-/media/files/rcs/standards-and-research/standards-and-policy/good-practice-guides/new-docs-may-2019/rcs-mentoring.pdf>. [Accessed 10 October 2023].

## Appendices

### Appendix 1 – Initial background email and survey

#### Independent Prescribers Mentoring Pilot

##### Email to DPPs

The new General Pharmaceutical Society (GPhC) Standards for the initial education and training of pharmacists published in 2021, detailed the vision for all pharmacists undertaking foundation year training beyond 2026 to gain an Independent Prescribing qualification upon successfully joining the register. HEE London and South East undertook a scoping survey reviewing IP within the region and identified a significant number of pharmacists lacking confidence in utilising their prescribing skills or not actively prescribing despite having gained the qualification, as well as a lack of designated prescribing practitioners (DPPs) within the profession.

This mentoring pilot aims to evaluate the potential positive influence of mentoring in improving these statistics, as well as providing those acting as mentors with access to additional training and resources to further develop in this area.

This short questionnaire for potential mentors will identify the scope of practice, sector of prescribing and previous mentoring experience (not necessarily required to participate) to aid pairing with mentees and should take no longer than 5 mins to complete.

**Data management:** The survey will be managed by Health Education England (HEE). This initial survey will be collecting personal identifiable data to aid pairing, however any future data collection or published work will remain anonymous.

**Next steps:** Once the data is collected, it will be analysed and mentors paired with mentees post the mentoring training session.

##### Anticipated time commitment from mentors:

- Initial group session and mentoring introduction with all participants (1 hour).
- 2 independent mentoring sessions with mentee
- Evaluation focus group for mentors and questionnaire (1 hour)

##### *Email to IP schools: LSBU, Medway, UCL*

Dear IP course leads,

Please circulate the below email to recent graduates and alumni who have completed the IP course

##### **F.A.O Pharmacist Independent Prescribing Graduates**

The new General Pharmaceutical Society (GPhC) Standards for the initial education and training of pharmacists published in 2021, detailed the vision for all pharmacists undertaking foundation year training beyond 2026 to gain an Independent Prescribing qualification upon successfully joining the register. HEE London and South East undertook a scoping survey reviewing IP within the region and identified a significant number of pharmacists lacking confidence in utilising their prescribing skills or not actively prescribing despite having gained

the qualification, as well as a lack of designated prescribing practitioners (DPPs) within the profession.

This mentoring pilot aims to evaluate the potential positive influence of mentoring in improving these statistics and prepare for the future landscape, as well as providing those acting as mentors and mentees with access to additional training and resources to further develop in this area.

We are looking for volunteers who have been actively prescribing for more than 3 years to participate as mentors, as well as qualified prescribers with little or no experience utilising their prescribing skills to participate as mentees in this pilot.

### **Anticipated time commitment from participants:**

- Initial group session and mentoring introduction with all participants (1 hour).
- 2 independent mentoring sessions between mentor and mentee
- Evaluation focus group and questionnaire (1 hour)

Please complete the relevant sign-up survey below, this should take no longer than 5 mins to complete.

Link for mentors (Actively prescribing for more than 3 years):

Link for mentees (qualified prescribers with little or no experience utilising their prescribing skills):

### **Mentors Survey**

1. I agree to participate as an IP mentor in this pilot
  - a. Name
  - b. Email address

2. Which region do you work in as an IP

- London
- Kent
- Surrey
- Sussex

3. Please indicated your scope of prescribing practice

Free text box

4. Please indicate the sector (s) you currently prescribe in – Tick all that apply

- Acute Hospital Settings
- Care Homes
- Community Health Trusts
- Community Pharmacy (including locum pharmacists)
- Health and Justice Teams
- Integrated Care Board



- Mental Health Trusts
  - Primary Care Teams and GP practices
  - Substance Misuse services
  - Academia
  - Other (please describe) - free text
5. Are you currently and/or have ever been a mentor?
- Yes – please continue onto the next question
- No – please skip to Q. 7
6. How many people have you mentored?
- 1 person
- 2 people
- 3 people
- 4 or more people
7. Are you currently a mentee?
- Yes – please continue onto the next question
- No – please skip to Q.9
8. How many people have you had as a mentor?
- 1 person
- 2 people
- 3 people
- 4 or more people
9. On a scale of 1-5, how confident do you feel as a mentor?
- Multiple choice
- 1 – Not at all confident
- 2 – Not very confident
- 3 – neither confident nor unconfident
- 4 – Quite confident
- 5 – Confident
10. Please indicate which mentoring platform(s) you have used, if any. Please select all that apply.
- None
- Pharmacy department mentoring platform
- Trust mentoring platform
- RPS mentoring platform
- South East Leadership Academy
- Other (please state)
11. Have you completed any training or used any resources to support your role as a mentor? Please select all that apply.
- None
- Pharmacy department mentoring platform

- Trust mentoring platform
- RPS mentor platform resources
- RPS mentor webinars
- South East Leadership academy resources
- Other(s) please state

12. As a mentor, what would you find most beneficial to be included in the introduction to mentoring session?

Free text box

Thank you for completing this survey.

### Mentee survey

**13. I agree to participate as an IP mentee in this pilot**

- a. Name
- b. Email address

14. How often do you use your prescribing skills

- a. Daily
- b. Weekly
- c. Monthly
- d. Never

15. What year did you complete the IP qualification

Free text box

16. On a scale of 1-5, how confident do you feel in prescribing

Multiple choice

- 1 – Not at all confident
- 2 – Not very confident
- 3 – neither confident nor unconfident
- 4 – Quite confident
- 5 – Confident

17. Which region do you work in

- London
- Kent
- Surrey
- Sussex

18. Please indicate your scope of prescribing practice?

Free text box

19. Please indicate the sector (s) you work in. Tick all that apply

- Acute Hospital Settings
- Care Homes
- Community Health Trusts
- Community Pharmacy (including locum pharmacists)
- Health and Justice Teams
- Integrated Care Board
- Mental Health Trusts
- Primary Care Teams and GP practices
- Substance Misuse services
- Academia
- Other (please describe) - free text

20. Are you currently and/or have ever been a mentor?

- Yes – please continue onto the next question
- No – please skip to Q. 9

21. How many people have you mentored?

- 1 person
- 2 people
- 3 people
- 4 or more people

22. Are you currently a mentee?

- Yes – please continue onto the next question
- No – please skip to Q.11

23. How many people have you had as a mentor?

- 1 person
- 2 people
- 3 people
- 4 or more people

24. Please indicate which mentoring platform(s) you have used, if any. Please select all that apply.

- None
- Pharmacy department mentoring platform
- Trust mentoring platform
- RPS mentoring platform
- South East Leadership Academy
- Other (please state)

25. Have you completed any training or used any resources to support your role as a mentor? Please select all that apply.

- None
- Pharmacy department mentoring platform
- Trust mentoring platform

- RPS mentor platform resources
- RPS mentor webinars
- South East Leadership academy resources
- Other(s) please state

26. As a mentee, what would you find most beneficial to be included in the introduction to mentoring session?

Free text box

Thank you for completing this survey.

## Appendix 2: Evaluation Survey for Introductory session

1. Please identify if you are a mentor or mentor
  - a.  Mentor
  - b.  Mentee
  
2. Did the session meet its stated objectives?
  - a.  Yes. Free text box to expand
  - b.  No. Free text box to expand
  
3. How would you rate the quality of content delivered?  
Please RATE the session on a scale of 0-5 (0 being not useful, 5 being very useful.)
  
4. Please provide a brief description of what you have learnt  
  
Free text box
  
5. How will you use this learning to benefit the mentoring sessions you will have with your mentor/mentee.
  - a. Free text box
  
6. What was the most useful part of this session for the mentor/mentee pilot?
  - a. Free text box
  
7. Do you have any concerns about being involved with the project?  
Free text box
  
8. If future session are provided on mentoring, would you be interested in attending?
  - a.  Yes
  - b.  No
  
9. Please provide any suggestions of further resources, topics, speakers or further information that would help you to develop the skills and confidence needed to take on the role of a mentee or mentor
  - a. Free text box
  
10. Would you recommend this session to other joint mentor and mentee training sessions?
  - a.  Yes
  - b.  No - Please expand, Free text box

Thank you for completing this survey.

## Appendix 3: Evaluation Survey

1. Please State whether you are a mentor or Mentee
- Mentee – continue to question 2
- Mentor – go to question 6

### Questions for Mentee

2. Are you currently registered as an independent prescriber with the GPhC?
- Yes
- No
3. How often do you use your prescribing skills after completing the mentoring pilot?
- a. Daily
- b. Weekly
- c. Monthly
- d. Never
- e. Other: Text box
4. On a scale of 1-5, how confident do you feel in prescribing after completing the mentoring pilot?
- Multiple choice - select one
- 1 – Not at all confident
- 2 – Not very confident
- 3 – Neither confident nor unconfident
- 4 – Quite confident
- 5 – Confident
5. Would you recommend having an experienced independent prescribing mentor to colleagues?
- Yes – why? Free text box
- No – why? Free text box

Mentees go to question 10

### Questions for Mentors

6. On a scale of 1-5, On a scale of 1 to 5, how confident do you feel as a mentor after completing the mentoring pilot?
- Multiple choice
1. – Not at all confident
2. – Not very confident
3. – Neither confident nor unconfident
4. – Quite confident
5. – Confident
7. Would you recommend being an independent prescribing mentor to colleagues?
- Yes
- No
8. Are you currently a designated prescribing practitioner (DPP)?
-

- Yes – go to question 10
- No – Continue to question 9a

9a. Have you considered working towards becoming a DPP since participating in this pilot?

- Yes – go to question 9c
- No

9b. If no, please state your reasons: (more than one box can be selected)

- Do not feel confident to do this role
- Not part of my job description or work plan
- Lack of time within current role
- Lack of understanding of the DPP role
- Other, please state

9c.  Yes I have considered it but I am not currently working towards becoming a DPP – Go to question 10

Yes I have considered it and I am currently working towards becoming a DPP – Go to question 10

### Questions to both

10. Why did you initially enrol into this pilot?- please select all that apply

- Increase prescribing confidence
- Have access to a more experienced independent prescriber
- To develop mentoring skills
- To support the development of the future workforce
- Continue professional development
- Personal interest
- Other: Free text box

11. Did you complete a mentoring contract between yourself and your mentor/mentee?

- Yes – Go to question 11a
- No – Go to question 12

11a. Did you find this beneficial?

- Yes – Why? Free text box
- No - Why? Free text box

12. How many times did you meet with your mentor/mentee during the pilot? (excluding the HEE led initial introductory mentoring session on 2<sup>nd</sup> or 9<sup>th</sup> March)

- Nil – Please elaborate why you were unable to meet at least twice:
- Once – Please elaborate why you were unable to meet at least twice:
- Twice
- Three or more

13. How did you conduct these meetings?

- Virtual
- In person
- Mixed virtual and in person

14. Please indicate which mentoring resource(s) you have used, if any, to support the role of mentor/mentee. Please select all that apply.

- None
- Pharmacy department mentoring platform
- Trust or organisational mentoring platform
- RPS mentoring platform
- South East Leadership Academy
- Other (please state)
- CPPE

15. Do you agree with following statement: "I have an improved understanding of the role of a mentor since participating in the pilot"

- Yes
- No – Why not? Free text box

16. Did you receive organisational support for your participation in this pilot?

- Yes – Go to question 16a
- No – Go to question 16b

16a. What support did you receive?

- Protect time
- Funding for training
- Signposting to additional resources
- Incorporation into personal development plan
- Other: free text box

16b. Why did you not receive organisational support?

- Did not inform my organisation
- Support declined by organisation
- Other: free text box

17. This pilot was for 3 months – are you planning to continue your mentor/mentee arrangement?

- Yes
- No
- Uncertain

### Final Page

NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

This publication can be made available in a number of alternative formats on request.