Consultation Report on changes to requirements for training as a pharmacist independent prescriber and being annotated as an independent prescriber on the Register of Pharmaceutical Chemists

This Report was considered by the Council of the Pharmaceutical Society NI on 28 June 2022. Council agreed the five Recommendations listed.

Contents

1. About the Pharmaceutical Society of Northern Ireland

1.1 The Pharmaceutical Society NI is the regulatory body for pharmacists and pharmacies in Northern Ireland.

1.2 Our primary purpose is to ensure that practising pharmacists in Northern Ireland are fit to practise, keep their skills and knowledge up to date and deliver high quality, safe care to patients.

1.3 It is our responsibility to protect and maintain public safety in pharmacy by:

- setting and promoting standards for pharmacists' admission to the Register and for remaining on the Register and the standards for pharmacy premises;

- maintaining a publicly accessible Register of pharmacists and pharmacy premises;

- handling concerns about the Fitness to Practise of pharmacists, acting as a Concerns portal, acting to protect the public and maintaining public confidence in the pharmacy profession; and

- ensuring high standards of education and training for pharmacists in Northern Ireland.

2. About the Consultation

2.1 The consultation ran for 8 weeks from **04 April 2022 to 12 noon on 30 May 2022**.

2.2 There have been significant changes in pharmacy education and training in the last 18 months. These include the introduction of new Initial Education and Training Standards for pharmacists and the introduction of a Foundation Training Year to replace pharmacist pre-registration training.

2.3 The Governments in the United Kingdom have set a clear direction which will see pharmacist independent prescribers becoming increasingly important in the delivery of pharmacy services. This has led to one of the major changes in new standards for the initial education and training of pharmacists. Once these standards have been implemented in full, it will mean that all trainees will become independent prescribers at the point of joining the Register of Pharmaceutical Chemists (the Register).

2.4 The proposed changes in this consultation arise from this development and seek to ensure that the present requirements for annotating the Register are appropriate and workable. It also makes proposals to revise the Standards for Education and Training of pharmacist independent prescribers, for stand-alone independent prescribing courses, to ensure they can meet the requirements of future service delivery and the development of the profession whilst maintaining public and patient safety.

2.5 In summary, the main proposals consulted upon were as follows:

a. to agree in principle to removing the requirement set out in the Pharmaceutical Society of Northern Ireland (General) Regulations (Northern Ireland) 1994, (the Regulations), that a pharmacist must be on the Register for two years or more before they can be annotated as an IP;

b. to remove the two-year requirement for entry onto stand-alone pharmacist independent prescribing courses, contained in the Standards for the Education and Training of Independent Prescribers, replacing it with an assessment, by course providers, of competence to enter the course; and

c. to remove the requirement to have relevant experience in a specific clinical or therapeutic area and to replace it with the requirement to have relevant experience in appropriate clinical setting(s).

3. Consultation Engagement

3.1 **Correspondence with key stakeholders**: All registrants and key stakeholders were emailed details of the consultation and instructions on how to respond. Reminder emails were also sent out as the consultation period neared its conclusion.

3.2 **Website:** The consultation document was available to download from the website along with a response form 04 April 2022 to 30 May 2022.

3.3 **Facebook and other media**: the consultation document was advertised on our Facebook page over the consultation period.

4. Purpose of Report – approach and analysis

4.1 This report provides a summary of the responses to the consultation.

4.2 No differential weighting was given to responses, and all responses were read and considered. Comments and points from individuals were considered alongside the views of organisations. Where the views of a particular organisation were considered to be particularly relevant to a question or issue this has been highlighted in the report.

4.3 In the report, comments and direct quotes are attributed to the consultee category to which they fit i.e. individual pharmacist. With regards to organisations, we have in most instances directly attributed comments/quotes.

4.4 The report considers the direct responses to the consultation questions alongside the comments provided by respondents. It identifies themes emerging from the comments and provides analysis on those themes, making recommendations to Council.

5. Consultation Document

5.1 The Consultation document outlined how to respond to the consultation; provided the 6 consultation questions; and provided a supporting rationale for the proposals.

6. Respondents

6.1 The Pharmaceutical Society NI received 10 responses. An overview of the responses can be found in Figure 1. A list of respondents can be found at Appendix 1.

Figure 1 - Respondents			
Individuals		**Organisations**	
Pharmacists	1	Pharmacy Representative Body	
Undergraduate Students	0	Patients/Public Representative Body	2
FTY Trainees	1	Government Department	0
Community Pharmacy Owner	0	University	1
Member of Public	0	Regulatory Body	0
Other Healthcare Professional	0	Health and Social Care Organisation	0
Other	0	Other	2
Total	**3**	**Total**	**7**
Overall Total	**10**		

7. Responses to Question 1

Question 1: Should the requirement be removed from the Regulations that a pharmacist must be on the Register for a period of two years or more before they can be annotated as an IP?

Yes	No	Unsure
8	2	0
80%	20%	0%

7.1 Of the eight respondents that answered 'Yes' to Question 1, seven provided additional comments.

7.2 The majority welcomed the initial education and training reforms in general and specifically the proposals around independent prescribers, which offer an opportunity for pharmacists to have a greater role in person centred care and make an even more substantial contribution to the health service.

Two years is a nominal value

7.3 Queen's University Belfast (QUB) stated that it supports the removal of the requirement '*as two years is a nominal value and does not robustly help determine a pharmacist's suitability to be annotated as an IP*'. Going on to state that '*this stipulation is currently out of kilter with other non-medical prescribers and has the potential to be misaligned with pharmacist IP requirements in the rest of the United Kingdom which would be detrimental'*.

Necessary to fulfil objectives of broader IETP reforms

7.4 Other respondents recognised the removal of the two-year requirement in the Regulations as necessary to ensure that those completing their education and training under the new IETP and seeking to join the Register in 2026, would be able to be automatically annotated as IPs on the Register. Community Pharmacy NI (CPNI) stated: '*to facilitate the current and planned reforms across the pharmacy student and pharmacist educational spectrum, it is necessary that the requirement that a pharmacist must be on the Register for a period of two years or more before they can be annotated as an IP must be removed from the Regulations'*.

UK wide alignment

7.5 The NI Centre for Pharmacy Learning and Development (NICPLD) outlined that if this change is not made equity will not be ensured across the UK, to the disadvantage of pharmacists from Northern Ireland. NICPLD stated: "*If we do not amend the Regulations in Northern Ireland as above, pharmacists in GB would be able to enter the Register in GB as an IP but pharmacists in NI would not be able to enter the register as an IP for another two years*".

7.6 Both respondents that answered 'No' to Question 1 provided additional comments.

Patient Safety

7.7 The Pharmacy Defence Association (PDA), whilst acknowledging and supporting the growing demand for pharmacist IPs to meet changing needs of health services and patients, stated that it believes, "*it is necessary in the interests of patient safety, to ensure that before embarking on independent prescribing training, pharmacists should have a solid foundation of experience and competency gained over a minimum of two years*".

7.8 The PDA outlined that it had formally asked its members about this and those with relevant experience of independent prescribing "*strongly agreed that the qualification period should be at least two years, while students and to a lesser degree newly qualified pharmacists did not*". The PDA considered more weight should be given to those with lived experience of independent prescribing.

7.9 The PDA referenced an increase in cases of patient harm and allegations around fitness to practise arising from IP. The PDA outlined its belief that maintaining the two-year rule, in addition to the qualitative measures being introduced (relevant experience), would have been in the best interest of patient safety.

7.10 The second respondent to answer 'No' to Question 1 stated that the two-year rule must remain "to ensure professional and public confidence in our profession's ability to do so safely". Going on to state: "*The first 2 years of a pharmacist's career are tough as there is still so much learning to do. Much of that learning is gained through experience. To ask a newly qualified pharmacist to prescribe is a step too far and should not be being debated*".

Question 1 Analysis

7.11 Whilst the numbers are small, and the consultation is not a referendum, it is apparent that the overwhelming majority of respondents agreed that the requirement be removed from the Regulations that a pharmacist must be on the Register for a period of two years or more before they can be annotated as an IP, and many went on to provide supporting statements.

7.12 It was acknowledged by several respondents that this change to the Regulations is necessary to fulfil the broader IETP reform objectives and to allow those trainees who successfully join the Register in 2026 to be annotated as an IP.

7.13 It was suggested that two years is a nominal value and does not determine a pharmacist's suitability to be annotated as an IP.

7.14 Council is asked to note that, whilst the two-year requirement to be on the Register would be removed, no pharmacists will be annotated as an IP until they have successfully completed either a standalone IP course or the full IET education and training, under the Standards of Initial Education and Training, which Council endorsed in 2021. The educational outcomes through production of evidence and standards for these courses in relation to independent prescribing are the same. It is suggested that patient safety is, therefore, ensured.

7.15 It should also be acknowledged that, whilst those registering post 2026 will be annotated as an IP and be able to practise as independent prescribers, there is no requirement for them to immediately practice as an IP, upon joining the Register. Employers will continue to have a role, as they do now, in ensuring employees have the relevant experience and competency to carry out tasks assigned. Pharmacists will also continue to ensure that they only practise when they are competent to do so. Further consideration can be given to the production of guidance for prescribers

7.16 This proposal requires legislative change and will involve a further consultation on the detail of the legislative reform. The Education Reform Implementation Group is currently examining the potential suite of legislative changes that will be necessary to implement the broader IET reforms and it is considered that, if agreed, the detail of the legislative change would form part of this work. It is, therefore, recommended that Council informs the Education Reform Implementation Group of the outcome of the consultation in relation to this issue and informs it of its support that the Regulations be changed as outlined, subject to legal review.

7.17 ***Recommendation 1:*** ***Inform the Education Reform Implementation Group that based on the response to its consultation, Council agrees in principle to remove from the Pharmaceutical Society of Northern Ireland (General) Regulations 1994, the requirement that a person is only entitled to have an IP annotation where they have been registered as a pharmacist for a period of two years***.

8. Responses to Question 2

Question 2: Should the two-year time requirement for entry to stand-alone pharmacist independent prescribing training be removed?

Yes	No	Unsure
8	2	0
80%	20%	0%

8.1 Of the eight respondents that answered 'Yes' to Question 2, six provided additional comments.

8.2 Those who responded 'Yes' provided comments that generally acknowledged the proposals are important to facilitate the higher-level objectives of enabling more pharmacists to become independent prescribers.

8.3 For example, NICPLD stated: "*removing the two-year time requirement will allow earlier access to independent prescribing training for the legacy workforce and allow IP training to be included in post-registration foundation training until 2025/26 or full implementation of the IETP standards, if required*"

Two years a nominal value

8.4 QUB reiterated its rational in response to Question 1, stating that the two-year time requirement for entry to stand-alone IP training "*is an arbitrary value, not a reliable determinant of relevant experience, and it is not reflective of the requirements for other non-medical prescribers. Importantly, this two-year time requirement for entry is now misaligned with the rest of the United Kingdom following recent announcement made by GPhC*".

Assessment of applicant suitability to join IP courses

8.5 This proposal was linked in the consultation with a proposed requirement that public protection and patient safety will be maintained by course providers (NICPLD and QUB in NI), making an assessment of how applicants have demonstrated their suitability to train as an IP on a stand-alone course. A number of respondents raised questions as to the experience that will be required and the criteria used.

8.6 CPNI, for example, stated: "*It is critical that this assessment is transparent and fair to all applicants, and care must be taken to ensure that those from the community pharmacy sector are afforded every opportunity in this process. There is suggested criteria contained within the consultation document (section 46) but this needs to be discussed further and with those representing the specific pharmacy sectors to fully understand how the final criteria is based on sections 23 and 46 would look*".

8.7 The National Pharmacy Association (NPA stated: "*The NPA cautions that the collation of this evidence does not inadvertently become a barrier or create inequity to gate out the prospective Independent Prescriber as a result of their workforce setting or year of registration*".

8.8 These concerns were echoed by QUB when it stated: "*We deem that removing this time frame for stand-alone training is not without risk or challenges and recommend that education providers develop way to consistently and transparently assess relevant experience and competence before enrolling individuals on independent prescribing courses*".

Broader Access Concerns

8.9 A number of respondents that answered 'Yes' to Question 2 raised broader access to standalone IP courses based on the proposed change from a two-year requirement to an assessment of suitability and the current context of different sectors of pharmacy practice.

8.10 For example, CPNI stated: "*Clarity is needed as to whether a qualified pharmacist IP can act as the Designated Prescribing Practitioner (DPP). CPNI would suggest that this should be the case. Furthermore, we are acutely conscious that the volume of suitably qualified DPP supervisors in the community setting may be proportionately lower than in General Practice or Hospital settings. For that reason, we are concerned that this may lead newly qualified pharmacists towards employment in hospital or GP settings*".

8.11 The NPA made similar points when stating "*the average community pharmacist may not have the same access to observing the clinical prescribing of others, or indeed, take part in clinical interventions as perhaps a pharmacist from another setting such as a Hospital Trust or GP surgery*."

8.12 QUB stated that future planning should take into account the likelihood of a surge of large numbers of NI pharmacists (the legacy workforce) requiring stand-alone training. Whilst stating that additional support should be offered to those registering in the next few years (up to 2025), who will not have completed their initial education and training against the new standards, to ensure they are 'prescriber-ready' in a relatively short timescale whilst also recognising their lack of clinical experience.

8.13 Both respondents that answered 'No' to Question 2, the PDA and an individual pharmacist, referred to their answers to Question 1, which they also answered 'No' to.

8.14 In its response to Question 1, the PDA made a related point The PDA stated: "*Delegated functions within IET require employers to have adequate. supply and spread of DPPs to support trainees. It is important that changes to the requirements for existing pharmacists are not purely driven by the needs to address the fact that there are currently insufficient qualified prescribers in the system to support the changes to IET, and that the speed of developments do not compromise patient safety or professional reputation*".

8.15 The PDA went on to say that it strongly advocates "*a longer foundation period post-qualification for new pharmacists entering the Register after studying the new IET programme…. The medical foundation training model provides an excellent example of how to help young clinicians build their expertise as they move towards autonomous prescribing*".

Question 2 Analysis

8.16 Whilst the numbers are small and the consultation is not a referendum, it is apparent that the overwhelming majority of respondents supported the proposal to remove the two-year requirement for entry to a stand-alone pharmacist independent prescriber training.

8.17 It was again outlined by respondents that the current two-year requirement on the Register, to gain entry onto a standalone IP course, is an arbitrary value and not a reliable determinant of experience and is not reflective of the requirements of other non-medical prescribers. The two-year requirement, it is proposed, will be replaced by a course provider assessment of suitability to train as an IP on a stand-alone course. Appropriate experience will be necessary before pharmacists can embark on the course leading to an IP qualification. It should also be noted that this is an entry requirement to enrol on a stand-alone IP course and, before

being annotated as an IP, pharmacists will have to meet the learning outcomes specified in the accredited course.

8.18 The question is whether the proposed changes provide enhanced flexibility, without compromising patient safety, or whether retaining a two-year requirement is preferable.

8.19 It is acknowledged that several respondents sought more information in relation to the course providers' assessment as to what is required for an applicant to demonstrate their suitability to train as an IP on a stand-alone course. This is considered to be important feedback and Council is asked to note that the GPhC received similar responses to its consultation on this issue which the GPhC Council considered in March 2022. As part of its deliberations on the matter, the GPhC's Council approved that *Guidance (to be agreed by the GPhC Council) is developed to further define the requirements in advance of the changes being introduced*.

8.20 To ensure a consistent and fair approach that is appropriately focused on patient safety issues, the development of Guidance by the regulators in this area is considered appropriate. It is, therefore, recommended that the Pharmaceutical Society NI works with the GPhC and stakeholders in Northern Ireland in the development of Guidance in this area and that this Guidance be brought back to Council for consideration and approval/endorsement.

8.21 ***Recommendation 2:*** ***The Pharmaceutical Society NI is to engage with the GPhC and relevant stakeholders in the development of Guidance (to be approved/endorsed by Council) to further define the requirements for course entry in advance of the changes being introduced.***

8.22 The broader access concerns outlined by respondents is worthy of consideration. Council is reminded that it is consulting upon the narrow issues of changes to the 1994 Regulations and the entry requirements to

stand alone IP courses. The broader concerns outlined, such as access to DPPs and funding to achieve the higher-level objectives, are outside its direct areas of responsibility. However, it is also acknowledged that these broader issues may have an impact on the ability for standards to be met and pharmacists to successfully gain access to and complete IP courses. Council engages in these broader issues through the Education Reform Implementation Group and it is recommended that Council feeds back to this Group the findings of this consultation and in particular issues which are of responsibility to members of the Group.

8.23 ***<u>Recommendation 3:</u> The findings of this consultation should be presented to the Education Reform Implementation Group at the earliest opportunity.***

9. Responses to Question 3

Question 3: Should the requirement to have relevant experience in a specific clinical or therapeutic area be removed and replaced with the requirement to have relevant experience in appropriate clinical setting(s)?

Yes	No	Unsure
8	1	1
80%	10%	10%

9.1 Of the eight respondents that answered 'Yes' to Question 3, 6 provided additional comments.

Increase in accessibility

9.2 Several respondents stated that removing the requirement to have relevant experience in a specific clinical area would increase accessibility.

9.3 For example, QUB stated: "*This removal should increase accessibility to undertake training and broaden prescribing opportunities… The current term 'specific clinical or therapeutic area' implies niche working and typically generalist comes before specialist prescribing*".

9.4 CPNI stated that the proposal, "*facilitates a broader more flexible approach and will encourage those within the community pharmacy sector to engage in the IP training programme*".

9.5 The NPA stated: "*This would allow for the community pharmacist who is a generalised practitioner to apply knowledge acquired to specific therapeutic areas more aligned to their settings. For instance, management of long-term conditions and minor ailments*".

Clarification on what amounts to an 'appropriate clinical setting'

9.6 A number of respondents sought greater clarification on what an appropriate clinical setting would amount to.

9.7 For example, Boots stated that it is broadly supportive but seeks "*the opportunity to work with Higher Education Institutes (HEIs) and the regulator to identify what appropriate clinical settings are*".

9.8 This was a position echoed by QUB which stated, *"we consider that 'appropriate clinical setting(s) requires more clarification, particularly if education providers are to assess this parameter consistently*".

9.9 The PDA stated that the requirement to have relevant experience in an appropriate clinical setting should be over a minimum of two years.

2021/22 -2025/26 Cohort

9.10 The Pharmacy Forum NI raised the issue of how trainees, who will join the Register after working under the evolving transitional arrangement of interim learning outcomes, will be able to demonstrate suitable experience to enter the standalone IP course, asking "*will this be considered a 'fast track' approach combining Foundation Training Year clinical skills with suitable early career practice experience?"*

Question 3 Analysis

9.11 Whilst the numbers are small and the consultation is not a referendum, it is apparent that that the overwhelming majority of respondents supported the proposal to have relevant experience in a specific clinical or therapeutic area removed and replaced with the requirement to have relevant experience in appropriate clinical settings, before enrolling on a course. Respondents stated that this would increase access to pharmacists seeking to become IPs with potential benefit to community pharmacists. This proposal is considered important for pharmacists wanting to train as generalists. It is not considered that this shift will have patient safety issues as all learning outcomes will be required to be met prior to being annotated as an IP and applicants will still have to base their learning on an area of clinical or therapeutic practice.

9.12 The request for clarification on what amounts to relevant experience in an appropriate clinical setting is acknowledged and considered important to ensure that consistent and appropriate standards are applied.

9.13 It is considered that these issues will be covered in the development of the Guidance as outlined in Recommendation 2, along with consideration of how

the cohort working under the interim IET learning outcomes may be able to demonstrate relevant experience in an appropriate clinical setting.

9.14 Council should assure itself that the issues raised in response to Question 3, will be addressed by Recommendation 2, if approved.

10. Response to Question 4

Question 4: Should we retain the requirement that applicants must identify an area of clinical or therapeutic practice on which to base their learning?

Yes	No	Unsure
9	1	0
90%	10%	0

10.1 Of the nine respondent that answered 'Yes' to Question 4, eight provided additional comments.

10.2 In general, all supported the idea concurring that identifying an area of practice helps focus learning and it is a useful based upon which to build and potentially broaden a pharmacist's scope of practice as they develop as a practising IP.

Practicalities require the identification of a clinical area of practice

10.3 QUB raised the point that from a practical perspective they "*are unsure how a trainee IP would identify a Designated Prescribing Practitioner (DPP) without thinking of the area first (given currently the DPP needs to have experience in that clinical area)*".

Greater clarity on 'area of clinical or therapeutic practice'

10.4 Several respondents sought greater clarity on what would constitute an appropriate area of clinical or therapeutic practice, with a number of respondents seeking assurance that 'generalist' would continue to be considered an appropriate area of clinical practice.

10.5 QUB stated: "*We require further clarity about what will be acceptable as an 'area of clinical or therapeutic practice' and generalist must be a valid area….we deem it useful for pharmacist independent prescribers to have a broad range of clinical skills and knowledge (particularly in community and general practice) so that a wide range of conditions can be managed*".

Practical Considerations

10.6 The Pharmacy Forum NI supported the position that 'Generalist' be considered an appropriate area of clinical or therapeutic practice but raised the issue that the workload for those who choose generalist is higher, going on to state that: "*The changes suggested may enable a greater number of community-based pharmacists to access the training and this may lead to an increase in the number of trainees training as 'generalists'. We ask that consideration is given to the current workload placed upon trainees who wish to train in this area.*"

10.7 Linked to this, QUB considered that thought "*will need to be given to the number and type of DPPs available to support applicants with their identified area. We have outlined the benefits of being able to choose 'generalist' as a valid area, but this will require the trainee to have a 'generalist' DPP. Therefore, given the number required, this will likely require medical and non-medical prescribers acting as DPPs. Lastly, consideration should be given to how it will be managed in practice, including community, if pharmacists propose a narrow area".*

10.8 CPNI answered 'No' to Question 4 stating: "*CPNI is of a view that the area(s) if clinical or therapeutic practice on which IPs will base their learning should be as broad and as flexible as possible and would suggest the removal of this requirement or a relaxation in its tone*."

Question 4 Analysis

10.9 Whilst the numbers are small and the consultation is not a referendum, it is apparent that that the overwhelming majority of respondents agreed with the proposal to retain the requirement that applicants must identify an area of clinical or therapeutic practice on which to base their learning.

10.10 Respondents considered that an area of practice helps focus learning and it is a useful basis upon which to build and potentially broaden a pharmacist's scope of practice as they develop as a practising IP. Identifying an area of practice is considered important to ensure focused learning and appropriate oversight and training required with a DPP. In this regard, it is considered appropriate to retain this requirement.

10.11 In relation to concerns raised about what constitutes an appropriate area of practice, it is considered that this issue can be explored in the development of Guidance as per Recommendation 2 and addressed, if necessary.

11. Responses to Question 5.

Question 5: Are there any other issues relating to the medium and long-term future of the Register which we have not considered?

Yes	No	Unsure
6	2	2
60%	20%	20%

11.1Of the 6 respondents that answered 'Yes' to Question 5, six provided additional comments.

The future of the Register

11.2Two respondents directly answered the question in relation to the future of the Register.

11.3QUB sought greater clarity about whether there is going to be a drive to have all registered pharmacists in NI with an IP annotation (and if that will be the only option to remain on the Register). They also questioned if "*future pharmacists who have gained the IP annotation after their initial education and training (in accordance with the new Standards) be able to opt out of having an IP annotation in the Register if they choose not to practise in a prescribing role?*"

11.4CPNI queried the suggestion that the Register may, in future, be annotated to indicate those who are not IP qualified (rather than those who are), stating: "*this needs to be considered carefully as this would be an unusual step and a 'negative annotation' may appear to diminish the professional standing of legacy pharmacists who are not IP-qualified."*

Broader issues relating to the proposals

Opportunities to practise as independent prescribers

11.5 Several respondents referenced the need to ensure there are adequate opportunities for pharmacists to use their qualifications routinely in practice, given that there are currently IP-trained pharmacists who are unable to do so.

11.6 For example, the NPA stated: *"Once suitably trained, Pharmacists Independent Prescribers must be able to actually use their prescribing role at the end of their training. A number of NPA members have highlighted the current lack of opportunities available in the community pharmacy sector in order to utilise this qualification."*

11.7 Several respondents raised the fact that currently DPPs are not evenly distributed across all sectors within pharmacy practice, with community pharmacy being particularly underrepresented. Respondents questioned the potential impact this might have on pharmacists being able to access standalone IP courses equitably. Similarly, concerns were raised that, if this was not addressed, the community pharmacy sector may be negatively impacted upon in terms of opportunities and/or pharmacists moving to sectors where they are more likely to have access to a DPP.

11.8 For example, the Pharmacy Forum NI stated: "there are a greater number of Designated Practitioners in primary care and secondary care, more so than in community. As such, those trainees working in community generally have to leave their sector to find a tutor and training location They tend to work less frequently with their DPPs and have reduced flexibility in order to complete the required supervised training days, etc. vs. their colleagues who work daily in primary and secondary care settings." The Forum went on to ask that "*sector-specific barriers to entry are examined and removed where possible to ensure a strong pipeline of IP trainees across all sectors."*

Post-annotation support and assessment

11.9 Several respondents raised the issue of support post-annotation as an IP.

11.10 For example, QUB stated: *"an infrastructure for support post-qualification as an IP must be accessible, particularly for early-career pharmacists, and given the responsibilities and pressures of the role. The cognitive burden is already high and burn out is an issue within the pharmacy workforce. Opportunity for peer or mentor support is limited and inconsistent and the existence of a prescribing framework alone is not sufficient. The current CPD framework does not support prescribing and the demonstration of competence. There must be greater support for prescribers who are not using their qualification routinely or those who had specialised in an area initially yet wish to become a generalist."*

Role of Employers

11.11 Both CPNI and the PDA sought further clarification on the role and responsibilities of employers in ensuring that IPs in their employment are suitably trained and competent to prescribe and that a review of their competence is regularly carried out.

11.12 PDA stated that delegating responsibility in this area "*represents a significant issue for a large section of the pharmacist workforce, the PSNI needs to set out how pharmacists, both locum and employed in community pharmacy, will be adequately supported. We ask for clarification from the PSNI about the mechanism for ensuring that a review of IPs is undertaken, who is responsible for this and is there capacity within the current regulatory system to ensure that this take place in the interests of patient safety?"*

Question 5 Analysis

11.13 On those responses that addressed the future of the Register specifically, Council is asked to note and provide any feedback considered appropriate.

11.14 The future makeup of the Register is an interesting and important issue, the point made by QUB as to whether a pharmacist joining the Register post 2026, will be able to give up their annotation as an IP is relevant and clearly important for those who have gained their IP annotation through a standalone course. This issue is clearly linked to the ability of pharmacists to utilise their IP qualification in practice and their ability to appropriately remain competent, through CPD/revalidation and ongoing training.

11.15 At present, our legislation does not specifically provide for a pharmacist to voluntarily withdraw their IP annotation and right to practise as an independent prescriber. We think it is worth exploring this issue further, potentially through the legislative sub-group of the Education Reform Implementation Group. If it was considered appropriate to allow pharmacists to voluntarily remove their IP annotation, proposals would be brought back to Council and a further consultation may be necessary.

11.16 Issues raised in relation to post-annotation support and assessment are clearly linked to this point and is considered very relevant feedback. Ensuring that those with an IP annotation have the appropriate support and system to ensure their continuing fitness to practise as IPs is important to ensuring patient safety going forward. Returning to practice courses and refresher training requirements along with progressing CPD into revalidation are important considerations. The role of employers, and provision of opportunities to be seconded into prescribing sectors for short term, may be worth exploring with employers.

11.17 Similar issues emerged in the GPhC's consultation and the GPhC Council has decided that the post-registration assurance of practice group should consider any further requirements needed as part of its work. The Pharmaceutical Society NI is part of this group and we consider this to be an appropriate platform to consider the issues, whilst ensuring engagement with local stakeholders. It is, therefore, considered that Council should approve the following recommendation.

11.18 ***Recommendation 4:*** ***We should engage with the GPhC on the post-registration assurance of practice group as it considers any further requirements as part of its initial work, whilst ensuring appropriate engagement with local stakeholders.***

12. Responses to Question 6

Question 6: Do any aspects of our proposals have equality implications for groups or individuals based on one or more of the following categories? If yes, please explain what could be done to change this.

- **Age**
- **Gender**
- **Disability**
- **Pregnancy and maternity**
- **Race /ethnicity**
- **Religion or belief**
- **Political Opinion**
- **People with dependants**
- **Sexual orientation**
- **Marital Status**

Yes	No	Unsure
5	4	1
50%	40%	10%

12.1 Of the five respondents that answered 'Yes' to Question 6, five provided additional comment.

Age

12.2 All respondents that answered 'Yes' considered that there are equality implications in relation to the age, suggesting that there is a risk that older pharmacists will feel disenfranchised and excluded or have a lack of confidence in opting to become an independent prescriber. QUB suggested that potentially some might leave the profession because of this.

12.3 There was concern that the Register would become tiered or that there would be the creation of two distinct registers.

12.4 QUB also identified that there may be equality implications for people with dependents, those returning to work from maternity, and gender.

Part-time and Locum Pharmacists

12.5 QUB raised the issue that current training requirement to have DPPs "*could introduce equality issues, particularly with mop-up training of pharmacists. Many part-time or locum pharmacists (including pharmacists returning from maternity or having dependent responsibilities) do not necessarily have a relationship with one particular medical practice to access DPP supervision and support. This could introduce divisions at sector level (possibly impacting on pharmacists in community practice the most) and gender inequality too."*

12.6QUB made the following suggestions to around infrastructure and support:

- *For stand-alone IP training courses, it is important to take age (i.e. that there may be older pharmacists on the course) into consideration, particularly for unfamiliar and newer assessment types such as objective structured clinical examinations (OSCEs). Such pharmacists will require ample formative opportunities prior to summative assessment to develop confidence and competence in a safe environment.*

- *In relation to age again (and primarily based on the fact that the majority of students who complete the MPharm degree do so straight after secondary education), pharmacists who join the Pharmaceutical Society NI Register inside the next few years (up to 2025), will not have completed their initial education and training against the new standards. Additional support should be offered to these early career pharmacists to help them to be 'prescriber-ready' and gain confidence in a relatively short time frame whilst recognising their lack of clinical experience.*

- *We deem the current CPD framework is inadequate for prescribing and the demonstration of competence. We, therefore, suggest that there must be greater support for prescribers who are not using their qualification routinely (including due to maternity and/or because of dependant responsibilities) or those who had specialised in an area initially yet wish to become a generalist. Furthermore, we recommend that there must be a change in culture for CPD and fitness to practise procedures i.e. one that is remedial and supportive rather than punitive.*

Question 6 Analysis

12.7 Council is reminded that it is consulting on changes to the 1994 Regulations and the education and training requirements to enrol on IP courses. These are narrow issues and the Equality Screening focused on these areas and concluded that there were no equality issues relating to the specific changes proposed.

12.8 Council is reminded that, in response to Question 3, respondents considered that the specific changes would expand access across the pharmacy sectors.

12.9 It is considered that the specific proposals being consulted upon do not create any equality implications for the relevant categories. Council is also reminded that it has endorsed the GPhC's Standards for the education and training of pharmacist independent prescribers, published in 2019, and that these standards, when published, significantly enhanced protections in relation to equality and diversity with Standard 2 being: **All aspects of pharmacist independent prescribing education and training must be based on and promote principles of equality and diversity and comply with all relevant legislation.**

12.10 The issues raised, which may lead to equality issues, are considered outside the scope of the regulator and are linked to finance, availability of DPPs and professional support. Whilst we do not have direct control over these issues, they are clearly important in relation to delivering the broader reform objectives and ensuring our regulatory objectives are met. It is, therefore, considered important that the potential equality issues identified in response to this question are shared with the Education Reform Implementation Group. This approach is covered by Recommendation 3 which, if endorsed, will ensure that the findings are shared with the implementation group.

12.11 One area where we acknowledge further consideration of equality issues may need to be given is the development of Guidance in relation to further defining entry requirements, in advance of the changes being introduced (Recommendation 2), and it is considered important that equality issues are appropriately raised and addressed in this process. This is particularly important given the different equality regimes in GB and Northern Ireland.

12.12 Based on the overall findings of the consultation, Council is asked to approve the following Recommendation.

12.13 ***<u>Recommendation 5:</u> Subject to cross-reference with the GPhC on final wording of the changes to the Standards for Education and Training of pharmacist independent prescribers (2019), Council is asked to endorse that:***

a) the two-year requirement for entry onto stand-alone pharmacist independent prescribing courses, contained in the Standards for the Education and Training of Independent Prescribers, be removed and replaced with an assessment, by course providers, of competence to enter the course.

b) the requirement to have relevant experience in a specific clinical or therapeutic area, be removed and replaced with the requirement to have relevant experience in appropriate clinical setting(s)

Appendix 1

Respondents*	
Respondent Name	**Organisation/job Type**
1. National Pharmacy Association	Pharmacy Representative Body
2. Queen's University Belfast	University
3. Community Pharmacy NI	Pharmacy Representative Body
4. Pharmacy Defence Association	Pharmacy Representative Body
5. Boots UK	Pharmacy Business
6. Pharmacy Forum NI	Pharmacy Representative Body
7. NI Centre for Pharmacy Learning & Development	Pharmacy Deanery

*****The three individual respondents to this consultation requested that their names not be listed as respondents.