

Revising the education and training requirements for pharmacist independent prescribers: analysis report



Contents

| | |
|---|-----------|
| Executive summary | 1 |
| Background..... | 1 |
| Key issues raised in responses | 1 |
| Introduction | 4 |
| Policy background..... | 4 |
| Analysis of consultation responses | 6 |
| 1. Removing the two-year time requirement | 6 |
| 2. Changing the relevant experience requirement..... | 10 |
| 3. Retaining the requirement to identify a specific area of clinical or therapeutic practice..... | 14 |
| 4. The impact of the proposed changes..... | 18 |
| Appendix 1: Summary of our proposals | 25 |
| Part 1: Two-year time requirement..... | 25 |
| Part 2: Area of clinical or therapeutic practice | 25 |
| Appendix 2: About the consultation | 26 |
| Overview | 26 |
| Survey | 26 |
| Appendix 3: Our approach to analysis and reporting | 27 |
| Overview | 27 |
| Quantitative analysis | 27 |
| Qualitative analysis | 28 |
| The consultation survey structure..... | 28 |
| Appendix 4: Respondent profile: who we heard from | 29 |
| Category of respondents..... | 29 |
| Profile of individual respondents | 29 |
| Profile of organisational respondents | 31 |
| Monitoring questions | 32 |

| | |
|--|-----------|
| Appendix 5: Organisations | 33 |
| Appendix 6: Consultation questions | 35 |
| Appendix 7: The impact of the proposed changes on people sharing particular protected characteristics | 36 |
| Individual responses | 36 |
| Organisational responses..... | 37 |
| Appendix 8: The impact of the proposed changes on other groups | 38 |
| Individual responses | 38 |
| Organisational responses..... | 38 |

Executive summary

Background

Between 28 September and 23 November 2021, we consulted on changes to requirements for training as a pharmacist independent prescriber, which will enable more pharmacists to become annotated as an independent prescriber. The changes include:

- removing the requirements for registered pharmacists to have two years of clinical practice before they can enrol on an accredited independent prescribing course
- removing the requirement for registered pharmacists to have relevant experience in a specific clinical or therapeutic area before they can enrol on an accredited independent prescribing course
- retaining the requirement that course participants must identify an area of clinical or therapeutic practice to focus on during the course

We delivered this consultation through a consultation survey, which received **1,211** responses: **1164** from individuals and **47** on behalf of an organisation. The vast majority of these respondents completed the online version of the survey, with the remaining respondents submitting their response by email, using the structure of the consultation questionnaire. We also received **1** response from an organisation writing more generally about their views, bringing the total number of respondents up to **1,212**.

Key issues raised in responses

Views on removing the two-year time requirement

A slender majority of respondents (55%) agreed that the two-year requirement for entry to free-standing pharmacist independent prescribing training should be removed. Around two-fifths of all respondents (43%) disagreed with removing this requirement.

Respondents expressed mixed views in the explanatory comments on this proposal. Disagreeing with the change, many respondents thought that pharmacists need experience before being allowed to prescribe. Moreover, some respondents were concerned that patients would be put at risk by this proposal, while others were worried that pharmacists current education and training does not adequately equip them to become independent prescribers. On the other hand, some respondents held the view that pharmacists have the skills, knowledge and experience to prescribe before two-years served. Additionally, some respondents felt that it would be unfair on current pharmacists and trainees to retain the two-year requirement when newly qualified pharmacists will be accredited as independent prescribers at the point of registration and that this would create an unlevel playing field. It was also remarked by some respondents, in support of the proposal, that time served is not an accurate measure of competence.

Views on changing the relevant experience requirement

The proposal to remove the requirement to have relevant experience in a specific clinical or therapeutic area and replace it with the requirement to have relevant experience in an appropriate clinical setting(s) received strong support from respondents. A considerable majority of respondents (72%) agreed with this change, while only 21% of respondents indicated that they were in opposition to it.

Of those who commented, many observed that generalist knowledge and skills are required for prescribing and, as such, experience in a specific area of practice should not be a requirement for entry onto independent prescriber training. Also in support of the proposal, many felt that changing the relevant experience requirement would improve accessibility to prescribing training, while some pointed out that the proposal would broaden applicants' opportunities once qualified. Moreover, some respondents were of the opinion that pharmacists already have the skills, knowledge and experience to prescribe, and therefore should not be required to gain experience in a specific area of practice before prescribing. In opposition to the change, many respondents thought that pharmacists need experience in a specialist clinical or therapeutic area before being allowed to train as a prescriber, particularly to ensure there is no risk to patient safety.

Views on retaining the requirement to identify a specific area of clinical or therapeutic practice

Respondents views on retaining the requirement for applicants to independent prescribing courses to identify a specific area of clinical or therapeutic practice on which to base learning were fairly mixed. While a small majority of respondents (54%) indicated that they agreed with this proposal, just over a third of respondents (35%) in total felt that we should not retain the requirement.

In the comments, respondents views were also mixed. In support of the change, many respondents were of the opinion that the requirement to identify an area of practice is needed for learning. Similarly, many respondents felt that the requirement is important for patient safety, while some indicated that a specific area of clinical or therapeutic practice is needed to develop experts or specialists. In contrast, many respondents held the view that independent prescribing courses should focus on generalist skills and knowledge.

It was also suggested by some respondents that course providers should offer both generalist and specialist options. Moreover, some organisational respondents stressed the importance of independent prescribers practising within their competence.

Views on the impact of the proposals

For most of the protected characteristics, the majority of respondents (ranging from 50% to 60%) felt that proposed changes would have no impact with the exception of age and pregnancy and maternity. Many respondents thought age (38%) and/or pregnancy and maternity (31%) would be positively impacted by the proposals. With respect to the rest of the protected characteristics, a moderate proportion of respondents (between 20% to 26%) felt that the impact would be positive.

With regard to other individuals and groups, many respondents (between 49% and 53%) felt that patients and the public, pharmacy owners/employers, pharmacy professionals and pharmacy student/pre-registration trainees would be positively impacted. In contrast, between 13% and 21% respondents viewed the impact as negative for these groups.

In the comments, many respondents shared the view that patients would benefit from the proposals, and many expressed that pharmacists would be positively impacted. Some respondents highlighted that employers and owners would benefit from the changes, while others made a similar observation with respect to the pharmacy profession as a whole. On the other hand, many respondents were worried that the changes would place patients at risk of harm. In addition, many respondents felt that students, pre-registration trainees and pharmacists would experience added pressure as a result of the proposals.

Respondents also frequently observed that the proposals would or could have a negative impact on age and currently registered pharmacists. Moreover, many individual respondents identified employers and pharmacy owners as a group that would or could be negatively impacted by the proposals.

Introduction

Policy background

Pharmacist independent prescribing was introduced in 2006, with pharmacists able to have their entry on our register ‘annotated’ to show they are an independent prescriber. Since then the number of pharmacist independent prescribers has increased. There are now 11,698 on the register, which is just under 20% of pharmacists registered with the GPhC.

When pharmacist independent prescribing was introduced, pharmacists who applied tended to be in their mid to late careers and wanted to train as specialists in a specific clinical or therapeutic area. In recent years, pharmacists starting independent prescriber training courses were more likely to want to develop a more generalist set of skills in response to changing patient needs. We see this as a natural evolution. Having a balance of specialist and generalist training simply reflects the breadth and diversity of the profession and is a response to the needs of the health service. When we discussed with student and trainee pharmacists what they expected their future practice to be like, it is clear that clinical practice, including independent prescribing, is what most of them expect.

Some parts of the health and care sector are seeing the benefits of pharmacists being prescribers, although independent prescribing is not yet widely adopted in all sectors of pharmacy. Also, annotation as being an independent prescriber is not a condition of (ongoing) registration and pharmacists may decide not to practise as an independent prescriber. While accepting that point, we expect independent prescribing to become more and more central to the practice of pharmacists as part of the natural evolution of the profession.

Given the rapid developments in pharmacy practice, including during the pandemic, we published revised standards for the initial education and training of pharmacists (IETP) in January 2021. These set out key reforms, including the introduction of independent prescribing knowledge and skills throughout the five years of initial education and training. This would lead to independent prescribing annotation at the point of registration.

The introduction of the 2021 IETP standards is a significant change. This means there needs to be a ‘transition’ period before the full set of learning outcomes, which include prescribing, can be implemented. Therefore, we have introduced an interim set of learning outcomes, for student and trainee pharmacists. These do not include the requirement for trainee pharmacists to both register and have the independent prescriber annotation at the same time. These have been introduced from the Foundation Training Year 2021/22 (which began in July 2021).

We expect the 2021 IETP standards to be implemented in full by 2025/26. The first full group of pharmacists with an independent prescriber annotation at the point of registration will therefore enter the register in the summer of 2026. Statutory education bodies and universities, working with employers and other stakeholders, are implementing this.

Given the rapid changes in pharmacy and the urgent need for more pharmacist independent prescribers, we do not think it is right simply to wait until 2025/26.

We have heard from key stakeholders about the need to make sure that people who are newly qualified, or are due to join the register in the next four years, are able to start working towards independent prescriber qualifications sooner. At the moment they need to have been registered for two

years. This is to make sure that the number of pharmacists beginning their careers without an independent prescriber qualification does not continue to grow and lead to a bottleneck in the present post registration courses.

We also want to take account of the fact that, during the transition period, we expect trainees to be building up prescribing skills year-on-year. As a result, we believe that removing the two-year requirement in the present prescribing standards would help achieve the overall aim. This would apply to pharmacists who are already registered and ones who have begun their initial education and training and will register before the summer of 2026.

Under this change, two routes to independent prescriber annotation would be available: as part of the initial education and training and through a free-standing training course. It would act on proposals from some statutory education bodies for independent prescribing training to be included in their post-registration foundation training programmes. This would lead to education being continued in the first two years after registration and therefore reduces the time before newly qualified pharmacists can enrol on an independent prescriber course.

For more detail on the changes we are proposing, see [Appendix 1: Summary of our proposals](#).

Analysis of consultation responses

In this section of the report, the tables show the level of agreement/disagreement of survey respondents to our proposed changes. In each column, the number of respondents ('N') and their percentage (%) is shown. The last column in each table captures the views of all survey respondents ('Total N and %'). The responses of individuals and organisations are also shown separately to enable any trends to be identified.

See [Appendix 2: About the consultation](#) for details of the consultation survey and the number of responses we received, [Appendix 3: Our approach to analysis and reporting](#) for full details of the methods used, [Appendix 4: Respondent profile](#) for a breakdown of who we heard from, and [Appendix 5: Organisations](#) for a list of organisations who responded. [Appendix 6: Consultation questions](#) contains a full list of the questions asked in the consultation survey.

1. Removing the two-year time requirement

Table 1: Views on removing the two-year time requirement for entry to free-standing pharmacist independent prescribing training (base: all respondents)

| Q1. Should the two-year time requirement for entry to free-standing pharmacist independent prescribing training be removed? | N and % individuals | N and % organisations | N and % Total |
|---|---------------------|-----------------------|--------------------|
| Yes | 623 (54%) | 38 (81%) | 661 (55%) |
| No | 511 (44%) | 7 (15%) | 518 (43%) |
| Don't know | 30 (3%) | 2 (4%) | 32 (3%) |
| Total N and % of responses | 1164 (100%) | 47 (100%) | 1211 (100%) |

Just over half of all respondents (55%) agreed that the two-year requirement for entry to free-standing pharmacist independent prescribing training should be removed. However, agreement was much stronger amongst organisational respondents than individuals. A large majority of organisations (81%) felt that we should remove the two-year requirement, whereas a slender majority of individuals (54%) gave the same response.

Approximately two-fifths of all respondents (43%) disagreed with removing the two-year requirement. When broken down further, table 1 shows a much higher proportion of individual respondents (44%) than organisations (15%) responded in this manner.

A very small percentage of respondents in total (3%) indicated that they did not know whether we should remove the two-year requirement.

The British Pharmaceutical Students' Association (BPSA) submitted a response to the consultation which has been counted as an organisational response. Their response included the findings of a survey of 185 students. These findings will be presented in this report alongside the overall survey findings. The

comments left by students, and collated and analysed by the BPSA, have been captured in our qualitative analysis.

In response to question 1, 84.3% of students surveyed by the BPSA agreed with our proposal to removal the two-year requirement for entry to an independent prescribing training programme.

Around three quarters of all respondents left explanatory comments to question 1. Set out below is an analysis of the themes found in their responses.

1.1. Summary of themes

Respondents who left open-ended comments to this question held mixed views about the proposal. In opposition to the removing the two-year requirement, many respondents felt that pharmacists need experience before being allowed to prescribe. Additionally, some respondents were worried that removing the two-year requirement would present a risk to patient safety, while some raised concerns that the current education and training infrastructure is insufficient to accommodate this change. In contrast, some respondents thought that pharmacists have the skills, knowledge and experience to prescribe before two-years served. Moreover, those in support of the proposals felt that it would be unfair on current pharmacists and trainees to retain the two-year requirement when newly qualified pharmacists will be accredited as independent prescribers at the point of registration and that this would create an unlevel playing field. It was also remarked by some respondents that time served is not an accurate measure of competence.

The analysis below sets out the themes that emerged from the responses, in order of prevalence, as follows:

- pharmacists need experience before being allowed to join independent prescribing training
- pharmacists have the skills, knowledge and experience to become prescribers before two years of practice
- removing two-year requirement presents risk to patient safety
- current MPharm and pre-registration training is insufficient
- retaining two-year requirement will create unfairness
- time served doesn't equal competence
- entry requirements for independent prescribing courses
- removing two-year requirement increases the supply of prescribers
- may create a potential shortage of DPPs and training places
- other comments

1.2. Pharmacists need experience before prescribing

The most common theme to emerge from the responses was that pharmacists need experience before being allowed to prescribe. A much higher proportion of individual respondents made this point compared to organisations. According to these respondents, pharmacists are not ready to enrol on prescribing courses as soon as they qualify, and they should gain some experience in practice before being able to apply.

Some respondents felt that pharmacists need experience before taking on prescribing responsibilities in order to build up their competence, including developing the skills that would enable them to prescribe, such as communication and consultation skills. Similarly, some respondents stressed that the first few years in practice are important as they develop pharmacists' knowledge and understanding of pharmacy. It was also expressed that experience in practice helps pharmacists gain confidence and allows them to settle into their role before taking on the added responsibility of prescribing.

Respondents who shared these views were divided on how much experience pharmacists require before being allowed to join independent prescribing courses. For many of them, two years is a reasonable timeframe in which to gain the necessary experience. In contrast, some conceded that pharmacists may be able to obtain sufficient experience in less time, while a few felt that the two-year requirement should be extended.

1.3. Pharmacists have the skills, knowledge and experience to become prescribers before 2 years of practice

Agreeing with the proposal, many respondents felt that pharmacists have sufficient skills, knowledge and experience to become prescribers before 2 years served as a registered pharmacist. The majority of these respondents drew attention to the 5-year qualifying education and training that prospective pharmacists undergo before registering, suggesting that this would adequately equip pharmacists to become prescribers. In addition, respondents highlighted that pharmacists are experts in medicine as evidence that they should be allowed to prescribe sooner. It was also observed that other healthcare professionals – such as doctors and nurses– are able to prescribe or join independent prescribing courses from day one of their registration, so pharmacists should be allowed to do the same.

1.4. Removing two-year requirement presents risk to patient safety

Disagreeing with the proposal, many individual respondents expressed, either directly or indirectly, that allowing pharmacists with less than 2 years' experience to prescribe would put patients at risk of harm. In comparison, only a few organisational respondents raised this point. By leaving comments of this nature, these respondents clearly implied that junior pharmacists with only limited experience would be prone to making mistakes when prescribing and, in consequence, more likely to harm patients in the process.

1.5. Current MPharm and pre-registration training is insufficient

Some respondents held the view that the current MPharm and pre-registration training year do not support removing the 2-year requirement as they do not adequately prepare pharmacists to prescribe before at least two years served. This was in direct opposition to the respondents who thought that the current education and training requirement would equip newly qualified pharmacists to become prescribers before gaining 2 years' experience (see section 1.3).

Of the respondents who commented in this manner, most said that newly qualified pharmacists lacked the experience, knowledge and skills to prescribe soon after qualifying. This opinion was sometimes based on the respondent's personal experience either as a junior pharmacist or working with newly qualified pharmacists. Respondents also specified that the current education and training requirements do not prepare pharmacists with enough clinical expertise to begin prescribing within two years of qualifying.

1.6. Retaining two-year requirement will create unfairness

Some respondents observed that, in light of the introduction of the new Initial Education and Training for Pharmacists standards, it would be unfair on currently registered pharmacist and those due to register before 2026 to retain the two-year requirement. A higher proportion of organisational respondents than individuals left comments of this nature. By way of an explanation, these respondents highlighted that pharmacists qualifying in 2026 will become independent prescribers upon registration, and therefore it would only be fair to reduce the time needed for current pharmacists and trainees to become prescribers.

More specifically, respondents felt that if the two-year requirement was kept, current pharmacists and trainees would be at a disadvantage in terms of employability, pay and career progression. It was also suggested that a disparity in skill could be created between the two groups of pharmacists and that this could lead to a two-tier profession.

1.7. Times served doesn't equal competence

In support of the proposal, some organisational respondents pointed out that time served as a qualified pharmacist does not necessarily equate to competence. In their opinion, having 2 or more years' experience in practice does not mean that a pharmacist will be ready to take on prescribing responsibilities. Some individual respondents also raised this point.

More specifically, respondents thought that it is more important to judge entry to independent prescribing courses on the quality of a pharmacists' experience and their competency, rather than time served. On the other hand, respondents suggested that newly qualified pharmacists develop at different rates; therefore, some will be ready to prescribe before others. For a few respondents, the 2 years seemed an arbitrary amount of time on which to base entry to an independent prescribing course.

1.8. Entry requirements for independent prescribing courses

Many organisational respondents and a few individuals commented specifically on the requirement to demonstrate relevant experience, knowledge and skills for entry to independent prescribing courses. Generally agreeing with the proposal, some of these respondents stressed the importance of ensuring that applicants to independent prescribing courses are adequately assessed to make sure that they have the skills, knowledge and experience necessary to begin the qualification. Those respondents who tended to be against removing the two-year requirement were concerned that financial incentives would unduly influence course providers' assessments of suitability for prescribing courses, while others pointed towards potential inconsistency between course providers' entry requirements.

1.9. Increases supply of prescribers

In support of the proposal, some organisational respondents and a few individuals drew attention to the benefits of increasing the number of prescribers in the UK. For example, respondents pointed out that it would reduce the pressure on the NHS and doctors for prescribing services. Additionally, respondents highlighted how it would improve access to treatment for patients. Moreover, respondents acknowledged that the demand for prescribers had increased significantly in recent years, suggesting or stating clearly that getting rid of the two-year requirement would help meet this demand. It was also noted that access to treatment for patients would improve under the proposal.

1.10. Potential shortage of DPPs and training places

Some organisational respondents were concerned that there may be a shortage of Designated Prescribing Practitioners (DPPs) and training places to accommodate the increased number of pharmacists wishing to train as independent prescribers that would result from the proposal. In contrast, this theme was found in the comments from only a few individual respondents.

1.11. Other themes

In addition to the themes outlined above, there were a number of other, less prevalent themes that emerged from the comments, the most common of which are captured below in order of prevalence. A number of these themes were found in responses to other questions and will therefore be explored in more detail later in the report.

- Some individual respondents felt that the proposal would put unnecessary pressure on pharmacists. For example, respondents pointed out that the first few years as a newly qualified pharmacist are challenging, and therefore adding prescribing responsibilities would create additional stress for them. In addition, respondents observed that newly qualified pharmacists may be pressured to prescribe outside their competence or when they otherwise do not feel comfortable to do so. It was also suggested that non-prescribing pharmacists may feel pressured to enrol on independent prescribing courses, particularly by employers.
- A few respondents expressed that the proposal would positively impact pharmacists. The reasons given by these respondents included that removing the requirement would allow them to progress their career sooner and give them more opportunities to upskill, amongst other reasons (see section 4.4).
- A few respondents thought that the two-year requirement could be removed only if the clinical content in the undergraduate degree, MPharm and pre-registration year is sufficient.
- According to a few respondents, the 2-year requirement should be reduced but not removed.
- In support of removing the two-year requirement, a few respondents highlighted that the proposal would increase accessibility to training for pharmacists.
- A few respondents thought that pharmacists should be allowed to utilise the knowledge and skills gained from the MPharm and pre-registration year immediately. Of these respondents, some felt that it would be detrimental for pharmacists to wait two years before being allowed to prescribe as they may lose some clinical knowledge and skills or motivation to become prescribers.
- Patients were singled out by a few respondents as a group that would benefit from removing the two-year requirement. The reasons given for this view included, although not exclusively, that it would reduce waiting times, provide better access to treatment and improve patient care (see section 4.2).

2. Changing the relevant experience requirement

Table 2: Views on changing the relevant experience requirement for entry to free-standing pharmacist independent prescribing training (base: all respondents)

| Q2. 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)? | N and % individuals | N and % organisations | N and % Total |
|---|----------------------------|------------------------------|----------------------|
| Yes | 840 (72%) | 36 (77%) | 876 (72%) |
| No | 249 (21%) | 6 (13%) | 255 (21%) |
| Don't know | 75 (6%) | 5 (11%) | 80 (7%) |
| Total N and % of responses | 1164 (100%) | 47 (100%) | 1211 (100%) |

Overall, a large majority of respondents (72%) agreed that we should remove the requirement to have relevant experience in a specific clinical or therapeutic area and replace it with the requirement to have relevant experience in an appropriate clinical setting(s). The strength of agreement was marginally higher amongst organisational respondents (77%) than individuals (72%). In contrast, a modest proportion of all respondents (21%) thought that we should not change the relevant experience requirement. This view was more prevalent amongst individual respondents (21%) than organisations (13%).

A small percentage of respondents (7%) stated that they did not know whether we should change the relevant experience requirement. A higher percentage of organisational respondents (11%) did not know compared to individuals (6%).

In response to question 2, 69.7% of students surveyed by the BPSA agreed with our proposal to change the relevant experience requirement. Of the remainder, 22.2% were unsure or felt they did not have enough information to decide.

Just over half of all respondents left explanatory comments to question 2. Set out below is an analysis of the themes found in their responses.

2.1. Summary of themes

Respondents who commented on the proposal to replace the requirement to have relevant experience in a specific clinical or therapeutic area with the requirement to have relevant experience in an appropriate clinical setting(s) were largely in favour of this change. Of those in support, many were of the opinion that generalist knowledge and skills are required for prescribing, and therefore experience of a specific clinical and therapeutic area is not necessary before training to become a prescriber. In addition, many respondents were behind this change as it would increase pharmacists accessibility to independent prescribing courses. Along similar lines, some respondents highlighted how the proposal would broaden applicants' opportunities once qualified, while others thought that pharmacists already have the skills, knowledge and experience to prescribe, and therefore should not be required to gain experience in a specific area of practice before prescribing. In opposition to the proposed change, many respondents felt that pharmacists need experience in a specialist clinical or therapeutic area before being allowed to train as a prescriber, particularly to ensure there is no risk to patient safety.

The analysis that follows presents the themes that emerged from the comments, in order of prevalence, as listed here:

- generalist knowledge and skills are required for prescribing
- changing the experience requirement increases accessibility to prescribing
- pharmacists need experience before prescribing
- changing the experience requirement broadens opportunities for prescribers
- pharmacists need experience in a specialist clinical or therapeutic area before prescribing
- pharmacists have the skills, knowledge and experience to prescribe
- the proposal is too vague or further clarity is needed
- other themes

2.2. Generalist knowledge and skills are required for prescribing

The most frequently raised point from the responses to this question was that generalist knowledge and skills are required for prescribing, which negates the necessity to have experience of a specific clinical or therapeutic area before embarking on a course. This type of comment was left by a higher proportion of organisations than individual respondents. The vast majority of these respondents made this point in support of changing the relevant experience entry requirement for independent prescribing training, although a few indicated that they were not in favour of this change.

Of the respondents who held this view, many highlighted that, once qualified, independent prescribers are able to prescribe in a wide range of clinical and therapeutic areas. Another prevalent observation by these respondents was that it would be beneficial or necessary to have more generalist prescribers, who have broader clinical knowledge and skills, in the workforce. Respondents also drew attention to the fact that most pharmacists, but particularly community and newly qualified pharmacists, are generalists, and therefore will need generalist knowledge and skills to prescribe.

2.3. Changing the experience requirement increases accessibility to training

Agreeing with the proposal, many respondents held the opinion that removing the requirement to have relevant experience in a specific clinical or therapeutic area would increase accessibility to prescribing training for pharmacists. This theme was found in a much higher proportion of responses from organisations compared to those from individuals.

Many of these respondents stressed that it can be challenging to gain experience in a specific clinical or therapeutic area, thereby suggesting that the requirement acts as a barrier for some pharmacists. Along similar lines, respondents also stated that removing the requirement would allow more community pharmacists to enrol on independent prescribing courses. Newly qualified pharmacists were also singled out as a group that would have more access to prescribing training under the proposal.

2.4. Pharmacists need experience in a specific clinical or therapeutic area before training to prescribe

In opposition to the proposal, many respondents felt that pharmacists need experience in a specific clinical or therapeutic area before being allowed to train as a prescriber. For example, some respondents held the view that gaining experience in a specific area of practice before training as an independent prescriber is important for patient safety. In addition, a few respondents noted that

trainee prescribers are required to identify a specific clinical or therapeutic area on which to base their learning, and therefore experience in this area is needed for the independent prescribing training.

2.5. Pharmacists need experience before prescribing

Another common theme from the responses was the importance of gaining experience before prescribing (also see section 1.2 above), with some respondents highlighting the benefits of experience in more general terms. Those in support of changing the entry requirements went on to suggest or state explicitly that the experience should be relevant and in an appropriate clinical setting. However, some respondents went on to say that the experience must be in a specific clinical or therapeutic area (see section 2.4), thereby disagreeing with the planned change.

2.6. Changing the experience requirement broadens opportunities for prescribers

In support of the proposal, some respondents pointed out that changing the experience requirement for entry onto independent prescribing courses would broaden opportunities for prescribers. For these respondents, this change would allow, or make it easier for, pharmacy professionals to go onto various roles and prescribe in a wide range of areas once qualified as an independent prescriber.

2.7. Pharmacists have the skills, knowledge and experience to prescribe

In agreement with the proposal, some individual respondents highlighted that pharmacists already have the skills, knowledge and experience to prescribe, so they should not be required to gain experience in a specific area of practice before enrolling on an independent prescribing course. This type of comment was also left by a few organisational respondents.

More specifically, respondents observed that the education and training that pharmacists undergo before qualifying adequately equips them with the skills, knowledge and experience to prescribe. Additionally, respondents noted that doctors or other healthcare professionals are able to prescribe without gaining experience in specific area of practice. In doing so, they clearly implied that pharmacists should not have to do so either. It was also remarked that the knowledge, skills and experience to prescribe can be acquired during the training.

2.8. The proposal requires further clarity

Many organisational respondents, in addition to a few individuals, indicated that the proposal was too vague or asked for further clarity to be provided. Most of these respondents felt that the term 'relevant experience' is too ambiguous or requires clarifying. Some of these respondents also queried how 'relevant experience' would be judged and were concerned that this may make it difficult for training providers to assess this at the point of entry to the training programme. It was also suggested that guidance should be issued to ensure the term is applied consistently. Similarly, 'appropriate clinical setting' was singled out by many of these respondents as an aspect of the proposal that needs to be defined, especially to ensure that it is applied consistently by course providers.

2.9. Other themes

The following points were made by a small number of respondents each but still represented common themes from the responses.

- Some organisational respondents and a few individuals recognised the importance of applicants demonstrating sufficient levels of experience, knowledge and skills for entry onto independent prescribing courses.

- Some respondents stressed that pharmacists should prescribe within their area of competence. Many of these respondents expressed that independent prescribers should take responsibility to prescribe within their scope of competence. On a slightly different note, some said that independent prescribers should have the autonomy to prescribe when they feel comfortable to do so.
- A few respondents commented that there was not a ‘one size fits all’ approach and suggested experience in a specific area could be coupled with more general experience in an appropriate clinical setting. Similarly, they suggested course providers could offer both specialist and generalist training opportunities in order to meet the needs of pharmacists (see section 3.5).
- Agreeing with the proposal, a few respondents felt that retaining the requirement to have experience in a specific area of practice would act as a barrier to qualifying as an independent prescriber for some pharmacists, such as community pharmacist.
- In opposition to the planned change, a few respondents thought that experience in a specific area of practice should be retained in order to develop experts or specialist prescribers.

3. Retaining the requirement to identify a specific area of clinical or therapeutic practice

Table 3: Views on retaining the requirement to identify an area of clinical or therapeutic practice for entry to free-standing pharmacist independent prescribing training (base: all respondents)

| Q3. Should we retain the requirement that applicants must identify an area of clinical or therapeutic practice on which to base their learning? | N and % individuals | N and % organisations | N and % Total |
|---|---------------------|-----------------------|--------------------|
| Yes | 616 (53%) | 38 (81%) | 654 (54%) |
| No | 422 (36%) | 6 (13%) | 428 (35%) |
| Don't know | 126 (11%) | 3 (6%) | 129 (11%) |
| Total N and % of responses | 1164 (100%) | 47 (100%) | 1211 (100%) |

Table 3 shows that a narrow majority of all respondents (54%) agreed that we should retain the requirement that applicants must identify an area of clinical or therapeutic practice on which to base their learning. However, organisational respondents and individuals differed in the extent to which they agreed with the proposal. A considerable majority of organisations (81%) agreed compared to a narrow majority of individuals (53%).

Just over a third of respondents in total (35%) felt that we should not retain the requirement to identify a specific area of clinical or therapeutic practice. This opinion was much more common amongst individual respondents (36%) compared with organisations (13%).

Around a tenth of all respondents neither agreed nor disagreed with the proposal, although fewer organisations (6%) were unsure of the proposal than individuals (11%).

In response to question 3, 49.7% of students surveyed by the BPSA agreed with our proposal to retain the requirement to identify a specific area of clinical or therapeutic practice. The remainder were split equally between disagreeing with our proposal or being unsure.

Half of all respondents left explanatory comments to question 3. An analysis of the themes found in their responses is set out below.

3.1. Summary of themes

There were three dominant themes to emerge from the responses to this question. Agreeing with the proposal, many respondents felt that the requirement to identify an area of practice is needed for learning. On a similar note, many respondents held the view that the requirement to identify an area of practice is necessary for patient safety. On the other hand, disagreeing with the proposal, many respondents thought that independent prescribing courses should focus on generalist skills and knowledge.

In addition to these themes, some respondents felt that course providers should offer both generalist and specialist options, while others held the view that a specific area of clinical or therapeutic practice is needed to develop experts or specialists. Moreover, some organisational respondents highlighted the importance of independent prescribers practising within their competence.

The themes found from the comments are explored below, in order of prevalence, as follows:

- a specific area of clinical or therapeutic practice is needed for learning
- prescribing courses should focus on generalist skills and knowledge
- a specific area of clinical or therapeutic practice is needed for safety
- training providers should offer both generalist and specialist options
- a specific area of clinical or therapeutic practice is needed to develop experts or specialists
- pharmacists should prescribe within their area of competence
- other themes

3.2. A specific area of clinical or therapeutic practice is needed for learning

The most common theme to emerge for the comments on this question was that a specific area of clinical or therapeutic practice is needed for learning. For these respondents, the requirement to identify an area of practice before enrolling on an independent prescribing course is important for the applicant's learning and development whilst on the course. A higher proportion of organisational respondents left comments of this nature compared to individuals.

Many of these respondents observed that identifying a specific area of practice would help focus learning. Similarly, respondents said that having a specific area of practice when training would be useful as a base for learning or starting point from which to build upon. Respondents also noted that a narrow scope of practice during training would enable pharmacists to develop the skills and principles of prescribing in depth for one area, which can then be applied to other areas. On a slightly different note, respondents pointed out that independent prescribing courses are short, and therefore it makes sense to limit learning to one area of practice. It was also mentioned that a focus on one area makes it easier to complete the course.

3.3. Prescribing courses should focus on generalist skills and knowledge

Many respondents held the view that independent prescribing courses should focus on generalist skills and knowledge. For the most part, these respondents disagreed with retaining the requirement for applicants to identify an area of practice on which to base their learning, although a few indicated that they agreed with this change or were unsure.

Some respondents thought that generalist knowledge and skills are required for prescribing, and therefore applicants should focus on generalist prescribing during their training. Similarly, some respondents pointed out that it would be beneficial or useful for independent prescribers to have a broad range of clinical skills and knowledge. The reasons given for these views included, although not exclusively, that prescribers have to deal with a wide range of conditions, including multi-morbidities, that generalist knowledge and skills would better support patient care and that independent prescribers are not restricted to one area of practice once qualified.

Some respondents were more direct, stating clearly that independent prescriber training should be generalist in nature, rather than specialist. According to these respondents, this would better reflect the practice of prescribers, support the desire to promote more generalist prescribing and optimise care for patients.

A few respondents observed that most pharmacists, but particularly community pharmacists and those working in GP practices, are generalist. In doing so, they implied that generalist skills and knowledge are necessary in order to treat patients, and therefore independent prescribing training should reflect this. Respondents also noted that a pharmacist's area of interest may change as their career progresses, so it would be unwise to specialise when training.

3.4. A specific area of clinical or therapeutic practice is needed for safety

Another common theme from the responses was that the requirement to identify an area of clinical or therapeutic practice is needed to promote patient safety. Many respondents made this point, including a much higher proportion of organisational respondents than individuals. For these respondents, it would be unsafe to allow pharmacists to train as generalists, and therefore a specialism should be identified prior to entry.

More specifically, respondents felt that focusing on one area would allow applicants to become competent in that area, rather than spreading their knowledge and expertise too thinly. Additionally, respondents thought that in-depth knowledge of a clinical or therapeutic area is necessary to prescribe safely within that area. Similarly, respondents expressed that basing learning on one area would build applicants' confidence to prescribe. Respondents also argued that pharmacists should only prescribe within their competence, and that identifying a specific area of practice would encourage independent prescribers to practice within their competence.

3.5. Training providers should offer both generalist and specialist options

Some respondents felt that training providers should offer both generalist and specialist options for independent prescribing courses in order to meet the needs of an increasingly wide range of prescribing roles. Many of these respondents suggested that applicants should be able to choose whether they focus on a specific area of practice or general prescribing. In their view, this would allow applicants to tailor the course to the needs of the practice area they would prescribe in once qualified. On a slightly different note, some of these respondents thought that independent prescribing training should include both generalist and specialist areas, in order to accommodate the diverse needs of patients.

Additionally, respondents noted that independent prescribers should be able to train as generalists first and then specialise later.

3.6. A specific area of clinical or therapeutic practice is needed to develop experts or specialists

In support of the proposal, some individual respondents thought that applicants to independent prescribing courses should identify a specific area of clinical or therapeutic practice on which to base learning in order to develop experts or specialist prescribers. A few organisational respondents also made this point. According to these respondents, specialist prescribers or those with expertise in a specific area of practice, rather than generalist prescribers, are needed in the pharmacy workforce. Some of these respondents also mentioned that this would keep expertise diverse amongst the prescribing community, enabling pharmacists to better support patient care and treatment.

3.7. Pharmacists should prescribe within their area of competence

Some organisational respondents highlighted the importance of independent prescribers practising within their competence. A few individual respondents also left comments of this nature. For example, respondents recommended that independent prescribing courses should teach pharmacist to identify and prescribe within their competence. These respondents tended to agree with the proposal. In contrast, generally disagreeing with the proposal, respondents felt that pharmacists should take responsibility to prescribe within their competence. Similarly, respondents expressed that independent prescribers should have the autonomy to prescribe when they feel competent to do so.

3.8. Other themes

Alongside the themes already explored in this section, respondents raised a number of other points, which are captured below, in order of frequency.

- Generally disagreeing with the proposal, some respondents observed that identifying a specific area of practice for independent prescribing training would limit pharmacists to the roles they can undertake once qualified. A higher proportion of individual respondents left comments of this nature compared to organisations.
- For a few respondents, retaining the requirement to identify an area of clinical or therapeutic practice may limit the uptake on independent prescribing courses.
- A few respondents used this opportunity to highlight the importance of pharmacists gaining experience before prescribing (see sections 1.2 and 2.5).
- A few respondents felt that retaining the requirement to identify an area of clinical or therapeutic practice would positively impact the pharmacy profession (see section 4.10).
- Some organisational respondents and a few individuals thought that the proposal was too vague or further clarity was needed. For example, respondents suggested or stated explicitly that further clarity is needed with respect to the clause 'must identify an area of clinical or therapeutic practice on which to base their learning' and how it would be defined.
- A few respondents were of the opinion that independent prescriber training should focus on common clinical conditions or that this should be an option for applicants. Similarly, a few respondents remarked that training should include multiple area of practice.

- A few respondents observed that identifying an area of practice on which to focus learning would make it easier for training providers to assess an applicant’s competence.

4. The impact of the proposed changes

Figure 1: Views of all respondents (N = 1211) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

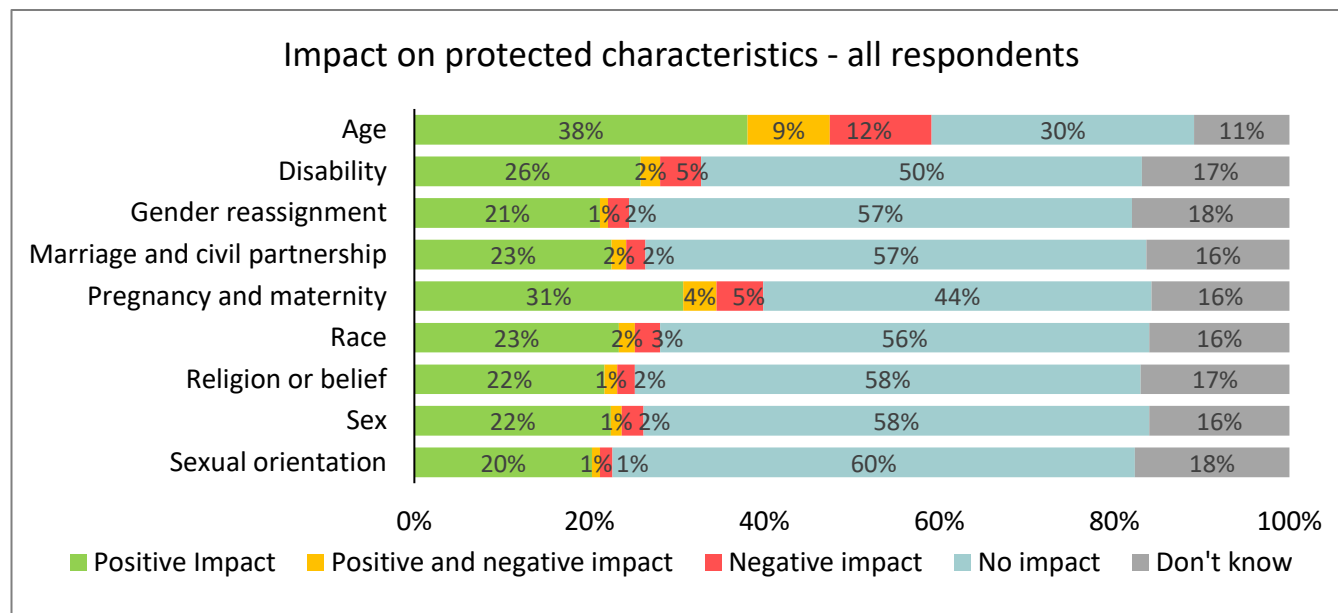


Figure 1 shows that, for seven of the nine protected characteristics, the majority of respondents (ranging from 50% to 60%) felt that the proposed changes would have no impact. The two exceptions to this were age and pregnancy and maternity where a smaller proportion of respondents selected ‘no impact’ (30% and 44% respectively).

Many respondents viewed age (38%) and/or pregnancy and maternity (31%) as protected characteristics that would be positively impacted by the proposals. For the rest of the protected characteristics, a moderate proportion of respondents (between 20% to 26%) thought that the impact would be positive.

Only a very small proportion of respondents (between 1% and 5%) felt that the proposals would have a negative impact on people sharing one or more of the nine protected characteristics, excluding age which 12% respondents thought would be negatively impacted. Similarly, a very small percentage of respondents (ranging from 1% to 4%) indicated that the proposals would have a positive and negative impact on all of the protected characteristics, with the exception of age (9%).

Across all the protected characteristics, a modest proportion of respondents (between 11% and 18%) did not know what the impact of the proposals would be.

A full breakdown of the views of individuals and organisations on the impact of the proposed changes on people sharing protected characteristics is available in [Appendix 7](#).

Figure 2: Views of all respondents (N = 1211) on whether our proposals positively or negatively impact any other individuals or groups

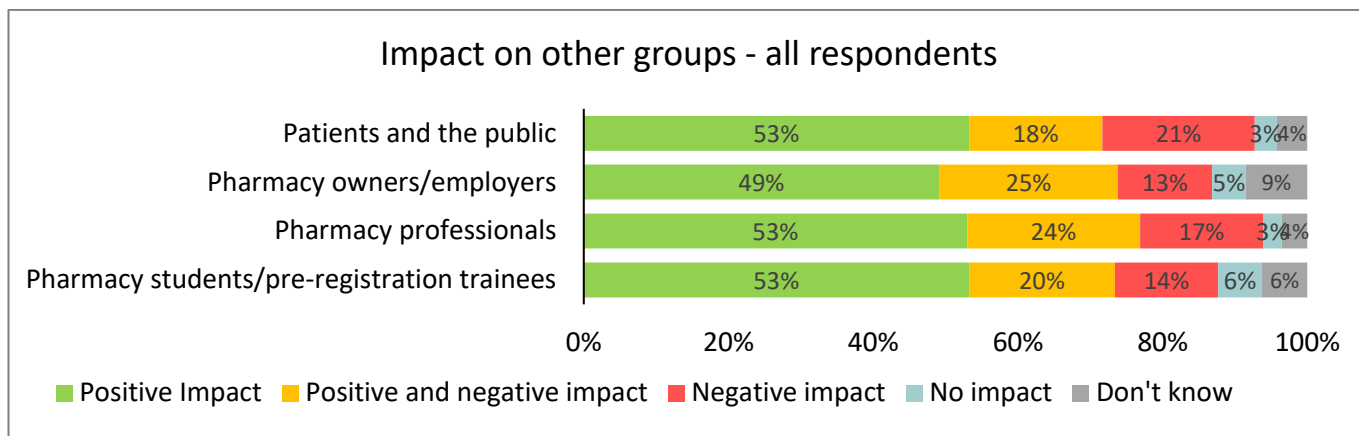


Figure 2 shows that many respondents thought that the proposed changes would have a positive impact on patients and the public (53%), pharmacy owners/employers (49%), pharmacy professionals (53%) and pharmacy student/pre-registration trainees (53%). Conversely, between 13% and 21% of respondents felt that these groups would be negatively impacted by the proposals.

A modest proportion of respondents (ranging from 18% to 25%) indicated that the proposed changes would have both a positive and negative impact on the groups identified above, while only a small percentage felt that the proposals would have no impact on people sharing certain protected characteristics or did not know what the impact would be.

A full breakdown of individual and organisational responses on the impact of the proposed changes on other groups is available in [Appendix 8](#).

Just over half of all respondents left explanatory comments on the impact of the proposals. Set out below is an analysis of the themes found in their responses.

4.1. Summary of themes

Respondents shared mixed views in the comments to the impact questions. In support of the proposals, many respondents expressed that patients would be positively impacted by the changes. Similarly, a large number of respondents recognised the benefits that the proposals would have on pharmacists. Some respondents highlighted that employers and owners would be positively impacted, while a similar proportion made the same point with regard to the pharmacy profession as a whole. On the other hand, many respondents were concerned that the proposals would put patients at risk of harm. Equally, many respondents felt that students, pre-registration trainees and pharmacists would experience added pressure as a result of the changes. It was also noted by many individual respondents that the proposals would or could have a negative impact on age and currently registered pharmacists. Similarly, many individual respondents identified employers and pharmacy owners in their comments as a group that would or could be negatively impacted by the proposals.

Set out below are the themes found in the responses to the impact questions, in order of prevalence, as listed here:

- benefits patients
- risk to patient safety
- benefits pharmacists
- pressure on students, pre-registrants and pharmacists

- negative impact on age
- cost for employers and pharmacy owners
- benefits employers and pharmacy owners
- pharmacists need experience before prescribing
- benefits the pharmacy profession
- undermines the pharmacy profession
- increases the supply of prescribers
- benefits women and primary care givers
- potential shortage of DPPs or training places
- increases accessibility to training
- retaining two-year requirement will create unfairness
- other themes

4.2. Benefits patients

The most prevalent theme from the comments on the impact questions was that patients would benefit from the proposals. This point was made by many respondents, including a higher proportion of organisational respondents than individuals. For most of these respondents, the planned changes would improve patient access to prescribing services and medicines by increasing the number of prescribers available, shortening waiting times and removing the need to get an appointment with the GP. Similarly, some of these respondents noted that the proposals would enhance the level of care provided to patients by upskilling the pharmacy workforce.

4.3. Risk to patient safety

Many respondents were concerned that the proposals would or could have a negative impact on patients by placing them at risk of harm. A higher proportion of individual respondents than organisations left comments of this nature. This theme was also common in the responses to question 1 (see section 1.4).

Where provided, respondents gave a wide range of explanations for this viewpoint. Many of these respondents stressed that the public would be put at risk from an increase in inexperienced prescribers in the workforce. In doing so, they suggested that inexperienced pharmacists are more likely to make errors when prescribing. Some respondents argued that newly qualified pharmacist do not have the skills, knowledge or experience to prescribe safely. Other explanations given included, that employers may pressure inexperienced pharmacists to prescribe outside their competence, that newly qualified pharmacists may not have the experience to prescribe for vulnerable groups or those sharing a particular protected characteristic and that prescribers may be tempted to prescribe outside of their competence.

4.4. Benefits pharmacists

Another common theme from the comments on the impact of the proposals was that pharmacists would benefit from the changes. Of the respondents who held this opinion, many made general remarks that pharmacists as a whole would benefit from the proposals. The reasons given for such remarks

included, although not exclusively, that the changes would help pharmacists progress their career, develop additional knowledge and skills, improve their employability and increase their job satisfaction. On the other hand, many of these respondents were more specific, singling out younger or newly qualified pharmacists as a group that would be positively impacted given they would be able to extend the scope of their practice sooner and the 2-year barrier to prescribing would be removed, amongst other reasons. Mature students or late starting pharmacists were also highlighted as a group that would benefit from the proposals, especially as they would not have to wait two years to take on prescribing responsibilities.

4.5. Pressure on students, pre-registrants and pharmacists

Many respondents felt that the proposals would put pressure on pharmacy students, pre-registration pharmacists and qualified pharmacists. For example, respondents expressed that newly qualified pharmacists may be pressured into becoming independent prescribers before they are ready. Similarly, respondents observed that older pharmacists or those that have been qualified for a while may feel pressured to enrol on an independent prescribing course. On a slightly different note, respondents suggested that some pharmacists, particular those that are newly qualified or have only limited experience, may receive pressure – from, for example, employers – to prescribe outside their competence or when they otherwise do not feel comfortable to do so. It was also noted that the proposals would put more pressure on students and pre-registrants by adding prescribing training to their workload.

4.6. Negative impact on age and current registrants

Many individual respondents thought that the proposals would have a negative impact on age and current registrants. This type of response was also left by a few organisational respondents. For example, respondents highlighted that the proposals would create an unlevel playing field for older or currently registered pharmacists in terms of employment compared to their younger counterparts, particularly if many of the former are not qualified as prescribers but the latter are. Similarly, respondents pointed out that older or currently registered pharmacists may find it more challenging to access independent prescribing training than younger pharmacists. It was also noted that more experienced pharmacists would be deskilled by the proposals or become second-class professionals.

4.7. Cost for employers and pharmacy owners

Many respondents identified employers and pharmacy owners in their comments as a group that would or could be negatively impacted by the proposals. A much higher proportion of organisations left comments of this nature compared to individual respondents.

Most of the respondents who shared this view pointed to the burden that would be placed on employers and owners to support pharmacists to become independent prescribers. For example, respondents highlighted the cost of employing staff to cover a pharmacist taking time off to study for the prescribing qualification and of putting additional resources in place to facilitate prescribing training, including Designated Prescribing Practitioners. Additionally, respondents noted that the proposals could create staffing issues for pharmacies, such as a shortfall of locums and a shortage of non-prescribing pharmacists, amongst others. It was also observed that employers and owners would have to bear the extra cost of an increase in independent prescribers in the workforce.

4.8. Benefits employers and pharmacy owners

In opposition to the respondents who said that the proposals would have a negative impact on employers (see section 4.7), some respondents expressed that the proposals would have a positive impact on employers and pharmacy owners. Many of these respondents suggested that the changes would help pharmacies provide a better service to patients and members of the public. On a similar note, many of them observed that the proposals would result in more qualified and skilled pharmacy staff. Respondents also argued that employers and owners would benefit financially from the proposals. By way of an explanation, respondents said the proposals would improve access to prescribers for employers, increase the range of services they could provide and drive down the price of prescribers. Additionally, it was noted that employers would benefit from a larger pool of prescribers to choose from when recruiting.

4.9. Pharmacists need experience before prescribing

Some individual respondents used this opportunity to stress the importance of pharmacists gaining experience in practice before being allowed to prescribe. This theme was commonly found in the responses to questions 1 and 2, and therefore has been explored in more detail above (see sections 1.2 and 2.5).

4.10. Benefits the pharmacy profession

Some respondents held the view that the proposals would benefit the pharmacy profession. Many of these respondents remarked in general terms that the pharmacy profession would be positively impacted by the planned changes. Others observed that the proposals would upskill the workforce as a whole. Respondents also argued that the proposals would raise the profile of the profession and improve its reputation. It was also noted that the changes would allow pharmacists to make a greater contribution to patient care.

4.11. Undermines the pharmacy profession

For some individual respondents, in addition to a few organisations, the planned changes would undermine public confidence in the pharmacy profession. This was in direct opposition to the respondents who felt that the proposals would have a positive impact on the reputation of the profession (see section 4.10).

By way of an explanation, many of these respondents pointed out that the proposals would increase the number of inexperienced prescribers in the workforce. Similarly, some of these respondents justified their viewpoint by stating that the proposals would lead to more prescribing errors. It was also observed that the proposals would lower the standard of prescribing amongst the profession as a whole.

4.12. Increases supply of prescribers

Some individual respondents and a few organisations felt that the proposals would have a positive impact by increasing the supply of prescribers in the NHS. Many of these respondents expressed that the changes would reduce the pressure on the NHS, GPs and other current prescribers. On a slightly different note, some of them pointed out that the proposals would help meet the increasing demand for prescribing services. It was also noted that the proposals would create more Designated Prescribing Practitioners to train future independent prescribers.

4.13. Benefits women and primary care givers

Some organisational respondents thought that women and primary care givers would be positively impacted by the proposals. A few individual respondents also shared this view. For example, respondents pointed out that the changes would allow more flexibility for those planning their career around having children. Some of the respondents who raised this point went on to observe that women often put off pregnancy until after they are qualified as an independent prescriber. In addition, respondents said that under the proposals taking time off to have children would have less of an impact on someone becoming a prescriber, especially given the proposed removal of the 2-year experience requirement for entry onto a prescribing course.

4.14. Potential shortage of DPPs or training places

Some organisational respondents raised concerns that the resources needed to train independent prescribers may be stretched thin by the proposals. For these respondents, the increased demand for prescribing courses that would result from the planned changes may lead to a shortage of Designated Prescribing Practitioners to train independent prescribers and training places themselves. A few individual respondents also shared this view.

4.15. Increases accessibility to training

Some organisations, in addition to a few individual respondents, pointed out that the proposals would give more access to independent prescriber training for pharmacy professionals, especially newly qualified pharmacists and those working in a community setting. In particular, the proposals to remove the two-year requirement and to change the relevant experience requirement for entry onto an independent prescribing course were singled out as changes that would increase accessibility to prescribing training for pharmacists.

4.16. Retaining 2-year requirement will create unfairness

In a similar fashion to the responses provided for question 1 (see section 1.6), some organisational respondents and a few individuals observed that retaining the 2-year requirement would create unfairness for current qualified pharmacists or those due to join the register before 2026. In their view, if pharmacists qualifying in 2026 will be accredited as independent prescribers at the point of registration, it would be unfair on those currently registered or undertaking their training to wait 2-years before being allowed to enrol on a prescribing course.

4.17. Other themes

Respondents raised several other points on the impact of the proposals in addition to those already explored. A selection of these points are highlighted below, in order of prevalence.

- A few respondents left comments expressing that the proposals would have no impact on any of the individuals or groups who share certain protected characteristics.
- A few respondents thought that the proposals would have a negative impact on community pharmacy. For example, respondents observed that pharmacists may be tempted to leave community pharmacy in order to seek prescribing roles in GP surgeries of hospitals.
- A few respondents stressed that the independent prescribing course should be accessible and affordable. Respondents felt that there should be flexible learning options for the training, such as distance learning and the option to continue working while studying. Respondents also

argued that funding should be available for pharmacists to undertake the course and that pharmacies should receive extra funding to support pharmacists to complete prescribing training.

- A few respondents felt that women, pharmacists working part time and individuals with disabilities would or could be negatively impacted by the proposals. According to these respondents, these groups, who are more likely to work part time or take career breaks (for example, to have children), would find it more challenging to access the course and to complete the training itself. They also felt that the proposals could negatively impact their employability, particularly with respect to women who have not qualified as a prescriber before starting a family.
- A few individual respondents suggested that employers may exploit the planned changes with regard to pay, resourcing or progression.
- A few respondents were worried that the proposals would take focus away from other important areas of pharmacy with regard to training and practice.
- A few individual respondents cautioned that the proposals may lead to increased fitness to practise concerns being raised or more legal action taken against pharmacists.

Appendix 1: Summary of our proposals

Part 1: Two-year time requirement

We propose to remove the requirement for registrants to complete two years in practice before becoming eligible to enrol on to an accredited independent prescribing course.

We want to enable currently registered and newly qualified pharmacists joining the register over the next few years to be able to begin their independent prescriber course as soon as they have acquired the relevant experience, rather than having to wait two years.

Course providers would still be required to assess the quality of the applicant's previous experience, to make sure that pharmacists have the necessary skills and experience before starting the course.

By removing the two-year time requirement, we believe this will result in all routes to becoming an independent prescriber being built on a stronger clinical base and which does not rely on time served as a measure of quality.

Part 2: Area of clinical or therapeutic practice

We propose to change the wording in the entry requirements in relation to the experience for entry to a free-standing independent prescribing course and separate it into two distinct points:

- a. Applicants must have relevant experience in a pharmacy setting and be able to recognise, understand and articulate the skills and attributes required by a prescriber to act as the foundation of their prescribing practice whilst training.**
- b. For the purposes of developing their independent prescribing practice applicants must identify an area of clinical or therapeutic practice on which to base their learning.**

This will enable those with limited experience in relation to one area of clinical specialty to enrol onto the free-standing independent prescribing courses as well as support the desire of many of the key pharmacy stakeholders to promote generalist prescribing as a starting point.

The course providers will still require their students to identify an area of clinical or therapeutic practice, but this could include common clinical conditions for example. The skills and attributes of a prescriber will be covered in the course and the purpose of the defined clinical or therapeutic practice area is to allow the student to focus their learning but does not mean they are restricted to that area of practice upon qualification.

More detail about our proposals is available in the [consultation document](#).

Appendix 2: About the consultation

Overview

The consultation was open for 12 weeks, beginning on 28 September 2021 and ending on 23 November 2021. To make sure we heard from as many individuals and organisations as possible:

- an online survey was available for individuals and organisations to complete during the consultation period. We also accepted postal and email responses
- we created a toolkit of materials for organisations to disseminate information about the consultation to their members, including pre-written newsletter and social media content and presentation slides
- we promoted the consultation through direct emails to stakeholders, press release to the pharmacy trade media and via our social media.

Survey

We received a total of **1,212** written responses to our consultation. **1164** of these respondents identified themselves as individuals and **48** responded on behalf of an organisation.

Of these responses, **1,211** had responded to the consultation survey. The vast majority of these respondents completed the online version of the survey, with the remaining respondents submitting their response by email, using the structure of the consultation questionnaire.

Alongside these, we received **1** responses an organisation writing more generally about their views.

Appendix 3: Our approach to analysis and reporting

Overview

Every response received during the consultation period has been considered in the development of our analysis. Our thematic approach allows us to represent fairly the wide range of views put forward, whether they have been presented by individuals or organisations.

The key element of this consultation was a self-selection survey, which was hosted on the Smart Survey online platform. As with any consultation, we expect that individuals and groups who view themselves as being particularly affected by the proposals, or who have strong views on the subject matter, are more likely to have responded.

The purpose of the analysis was to identify common themes amongst those involved in the consultation activities rather than to analyse the differences between specific groups or sub-groups of respondents.

The term ‘respondents’ used throughout the analysis refers to those who completed the consultation survey. It includes both individuals and organisations.

Full details of the profile of respondents to the online survey is given in [Appendix 4](#).

For transparency, [Appendix 5](#) provides a list of the organisations that have engaged in the consultation through the online survey and/or email responses. A small number of organisations asked for their participation to be kept confidential and their names have been withheld.

The consultation questions are provided in [Appendix 6](#).

Quantitative analysis

The survey contained a number of quantitative questions such as yes/no questions. All responses have been collated and analysed including those submitted by email or post using the consultation document. Those responding by post or email more generally about their views are captured under the qualitative analysis only.

Responses have been stratified by type of respondent, so as not to give equal weight to individual respondents and organisational ones (potentially representing hundreds of individuals). These have been presented alongside each other in the tables throughout this report, in order to help identify whether there were any substantial differences between these categories of respondents.

A small number (less than 10) of multiple responses were received from the same individuals. These were identified by matching on email address and name. In these cases, the individual respondent’s most recent response was included in the quantitative analysis, and all qualitative responses were analysed.

The tables contained within this analysis report present the number of respondents selecting different answers in response to questions in the survey. The ordering of relevant questions in the survey has been followed in the analysis.

Percentages are shown without decimal places and have been rounded to the nearest whole number. As a result, some totals do not add up to 100%. Figures of less than 1% are represented as <1%.

All questions were mandatory and respondents had the option of selecting 'don't know'. Routing was used where appropriate to enable respondents to skip questions that weren't relevant. Skipped responses are not included in the tables for those questions.

Cells with no data are marked with a dash.

Qualitative analysis

This analysis report includes a qualitative analysis of all responses to the consultation, including online survey responses from individuals and organisations, email and postal responses.

The qualitative nature of the responses here meant that we were presented with a variety of views, and rationales for those views. Responses were carefully considered throughout the analysis process.

A coding framework was developed to identify different issues and topics in responses, to identify patterns as well as the prevalence of ideas, and to help structure our analysis. The framework was built bottom up through an iterative process of identifying what emerged from the data, rather than projecting a framework set prior to the analysis on the data.

Prevalence of views was identified through detailed coding of written responses and analysis of feedback from stakeholder events using the themes from the coding framework. The frequency with which views were expressed by respondents is indicated in this report with themes within each section presented in order of prevalence. The use of terms also indicates the frequency of views, for example 'many'/'a large number' represent the views with the most support amongst respondents. 'Some'/'several' indicate views shared by a smaller number of respondents and 'few'/'a small number' indicate issues raised by only a limited number of respondents. Terms such as 'the majority'/'most' are used if more than half of respondents held the same views. NB. This list of terms is not exhaustive and other similar terms are used in the narrative.

The consultation survey structure

The consultation survey was structured in such a way that open-ended questions followed each closed question or series of closed questions on the consultation proposals. This allowed people to explain their reasoning, provide examples and add further comments.

For ease of reference, we have structured the analysis section of this report in such a way that it reflects the order of the consultation proposals. This has allowed us to present our quantitative and qualitative analysis of the consultation questions alongside each other, whereby the thematic analysis substantiates and gives meaning to the numeric results contained in the tables.

Appendix 4: Respondent profile: who we heard from

A series of introductory questions sought information on individuals' general location, and in what capacity they were responding to the survey. Further questions were asked of pharmacy professionals and trainees to identify the setting in which they usually worked and pharmacists were asked about their prescribing status. For organisational respondents, there were questions about the type of organisation that they worked for. The tables below present the breakdown of their responses.

Category of respondents

Table 4: Responding as an individual or on behalf of an organisation (base: all respondents)

| Are you responding: | Total N | Total % |
|-----------------------------------|-------------|-------------|
| As an individual | 1164 | 96% |
| On behalf of an organisation | 47 | 4% |
| Total N and % of responses | 1211 | 100% |

Profile of individual respondents

Table 5: Countries (base: all individuals)

| Where do you live: | Total N | Total % |
|-----------------------------------|-------------|-------------|
| England | 988 | 85% |
| Scotland | 118 | 10% |
| Wales | 44 | 4% |
| Northern Ireland | 1 | <1% |
| Other | 13 | 1% |
| Total N and % of responses | 1164 | 100% |

Table 6: Respondent type (base: all individuals)

| Are you responding as: | Total N | Total % |
|--|---------|---------|
| A pharmacist | 916 | 79% |
| A pre-registration/foundation trainee pharmacist | 137 | 12% |
| A pharmacy student | 73 | 6% |
| A member of the public | 14 | 1% |
| A pharmacy technician | 9 | 1% |
| A pre-registration trainee pharmacy technician | 1 | <1% |

| Are you responding as: | Total N | Total % |
|-----------------------------------|-------------|-------------|
| Other | 14 | 1% |
| Total N and % of responses | 1164 | 100% |

Table 7: Annotation type (base: all pharmacists)

| Are you annotated as: | Total N | Total % |
|---|------------|-------------|
| I am a pharmacist but not a prescriber | 568 | 62% |
| An independent prescriber | 297 | 32% |
| Both a supplementary and independent prescriber | 43 | 5% |
| A supplementary prescriber | 8 | 1% |
| Total N and % of responses | 916 | 100% |

Table 8: Main area of work (base: individuals excluding members of the public and 'other' respondents)

| Please choose the option below which best describes the area you mainly work in: | Total N | Total % |
|--|-------------|-------------|
| Hospital pharmacy | 415 | 36% |
| Community pharmacy (including online) | 395 | 35% |
| GP practice | 161 | 14% |
| Primary care organisation | 48 | 4% |
| An institution delivering an independent prescribing course | 19 | 2% |
| Research, education or training (but not offering an independent prescribing course) | 18 | 2% |
| Pharmaceutical industry | 8 | 1% |
| Care home | 4 | <1% |
| Prison pharmacy | 1 | <1% |
| Other | 67 | 6% |
| Total N and % of responses | 1136 | 100% |

Table 9: Type of community pharmacy (base: individuals working in community pharmacy)

| Which of the following best describes the community pharmacy you work in (or own): | Total N | Total % |
|--|---------|---------|
| Independent pharmacy (1 pharmacy) | 52 | 13% |
| Independent pharmacy chain (2-5 pharmacies) | 61 | 15% |
| Small multiple pharmacy chain (6-25 pharmacies) | 38 | 10% |

| Which of the following best describes the community pharmacy you work in (or own): | Total N | Total % |
|--|------------|-------------|
| Medium multiple pharmacy chain (26-100 pharmacies) | 30 | 8% |
| Large multiple pharmacy chain (Over 100 pharmacies) | 194 | 49% |
| Online-only pharmacy | 2 | 1% |
| Other | 19 | 5% |
| Total N and % of responses | 396 | 100% |

Profile of organisational respondents

Table 10: Type of organisation (base: all organisations)

| Please choose the option below which best describes your organisation | Total N | Total % |
|---|-----------|-------------|
| An institution delivering an independent prescribing course | 13 | 28% |
| NHS organisation or group | 10 | 21% |
| Organisation representing pharmacy professionals or the pharmacy sector | 9 | 19% |
| Research, education or training organisation (but not offering an independent prescribing course) | 5 | 11% |
| Registered pharmacy | 3 | 6% |
| Government department or organisation | 1 | 2% |
| Organisation representing patients or the public | 1 | 2% |
| Regulatory body | 1 | 2% |
| Other | 4 | 9% |
| Total N and % of responses | 47 | 100% |

Table 11: Type of community pharmacy (base: organisations working in community pharmacy)

| Which of the following best describes the community pharmacy you work in (or own): | Total N | Total % |
|--|----------|-------------|
| Independent pharmacy chain (2-5 pharmacies) | 1 | 33% |
| Large multiple pharmacy chain (over 100 pharmacies) | 2 | 67% |
| Total N and % of responses | 3 | 100% |

Monitoring questions

Data was also collected on respondents' protected characteristics, as defined within the Equality Act 2010. The GPhC's equalities monitoring form was used to collect this information, using categories that are aligned with the census, or other good practice (for example on the monitoring of sexual orientation). The monitoring questions were not linked to the consultation questions and were asked to help understand the profile of respondents to the consultation, to provide assurance that a broad cross-section of the population had been included in the consultation exercise. A separate equality impact assessment has been carried out and will be published alongside this analysis report.

Appendix 5: Organisations

The following organisations engaged in the consultation through the online survey and email responses (NB. a further two organisations requested for their names and responses to be kept confidential):

- Bangor University
- Boots Pharmacists Association
- Boots UK
- British Pharmaceutical Students' Association (BPSA)
- Centre for Pharmacy Postgraduate Education
- Community Pharmacy Scotland
- Community Pharmacy Wales
- De Montfort University
- Division of Pharmacy and Optometry, The University of Manchester
- Guild of Healthcare Pharmacists
- Hampshire Hospitals NHS Foundation Trust
- Health Education and Improvement Wales
- Health Education England
- Healthcare Improvement Scotland
- Mid Yorkshire Hospitals NHS Trust
- N.S Wilson Ltd
- National Pharmacy Association
- Newcastle Upon Tyne Hospitals
- NHS Education for Scotland
- NHS Lothian
- NHS Wales, Swansea Bay University Health Board
- NICPLD, Queen's University Belfast
- North West Non-Medical Prescribing Education Group
- Nursing and Midwifery Council (NMC)
- Office of the Chief Pharmaceutical Officer, NHS England
- Pharmaceutical Services Negotiating Committee
- Pharmacist Support
- Primary Care

- ProPharmace Ltd
- Response on behalf of Directors of Pharmacy (Scotland)
- Robert Gordon University
- Rowlands Pharmacy
- Royal Pharmaceutical Society (RPS)
- School of Pharmacy, Queen's University Belfast
- Surrey LPC
- Swansea University
- The CCA
- The Pharmacists' Defence Association (PDA)
- Turning Point
- UCL School of Pharmacy
- University of Bradford School of Pharmacy & Medical Sciences
- University of Huddersfield
- University of Leeds
- University of Salford
- University of Strathclyde
- University of York

Appendix 6: Consultation questions

1. Should the two-year time requirement for entry to free-standing pharmacist independent prescribing training be removed?

Please explain your answer

2. 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)?

Please explain your answer

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

Please explain your answer

We want to understand whether our proposals may have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010:

- Age
- Disability
- Gender reassignment
- Marriage and Civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

4. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?

We also want to know if our proposals will have an impact on other individuals or groups (not related to protected characteristics) – specifically, patients and the public, pharmacy owners and employers, pharmacy professionals, and pharmacy students and pre-registration trainees.

5. Do you think our proposals will have a positive or negative impact on any of these groups?

Please give comments explaining your answers to the two questions above. Please describe the individuals or groups concerned and the impact you think our proposals will have.

Appendix 7: The impact of the proposed changes on people sharing particular protected characteristics

Individual responses

Figure 3: Views of individual respondents (N = 1164) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010

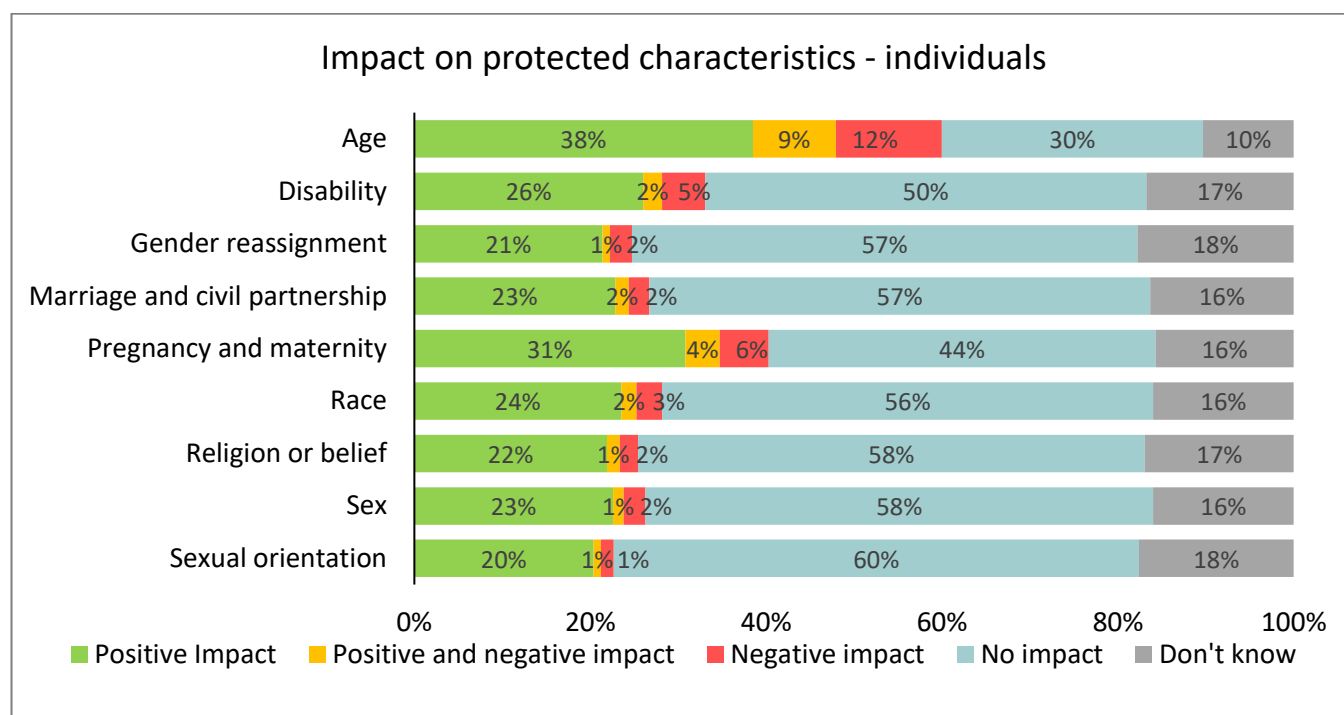


Figure 3 shows that most individual respondents (between 50% and 60%) thought that the proposals would have no impact on people sharing particular protected characteristics, except for age (30%) and pregnancy and maternity (44%).

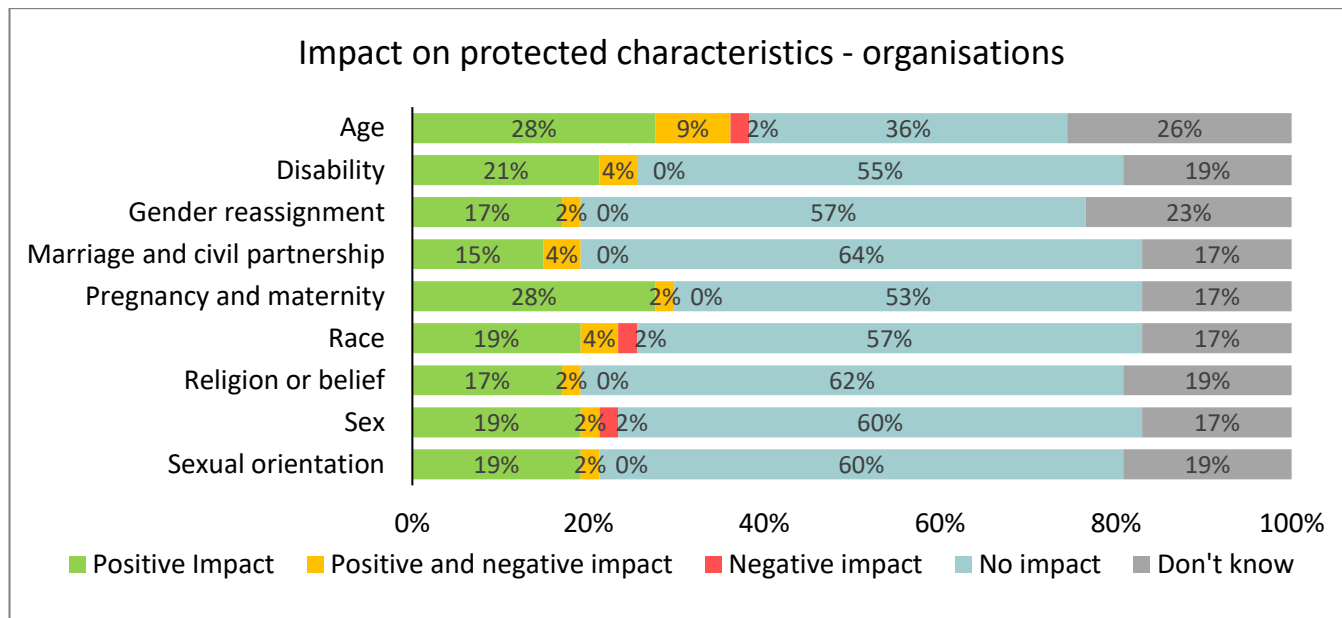
Between 20% and 38% of individual respondents indicated that the proposals would have a positive impact on the groups listed above. In contrast, only a very small percentage of individual respondents (ranging from 1% to 6%) viewed the proposals as having a negative impact on those who share particular protected characteristics, with the exception of age which received a slightly higher percentage (12%).

A small proportion of individuals thought the proposals would have both a positive and negative impact on the groups listed above (1% to 9%).

Please see section 4 in the main body of the report for the chart showing the overall responses and further analysis.

Organisational responses

Figure 4: Views of organisations (N = 47) on whether our proposals positively or negatively impact any individuals or groups sharing any of the protected characteristics in the Equality Act 2010



Most organisational respondents (ranging from 53% to 64%) thought that the proposals would have no impact on the groups shown above, with the exception of age which just over a third of organisations (36%) felt would not be impacted.

Between 15% and 28% of organisational respondents indicated that the proposals would have a positive impact on those sharing certain protected characteristics. In contrast, between 2% and 9% felt that the above groups would be positively and negatively impacted.

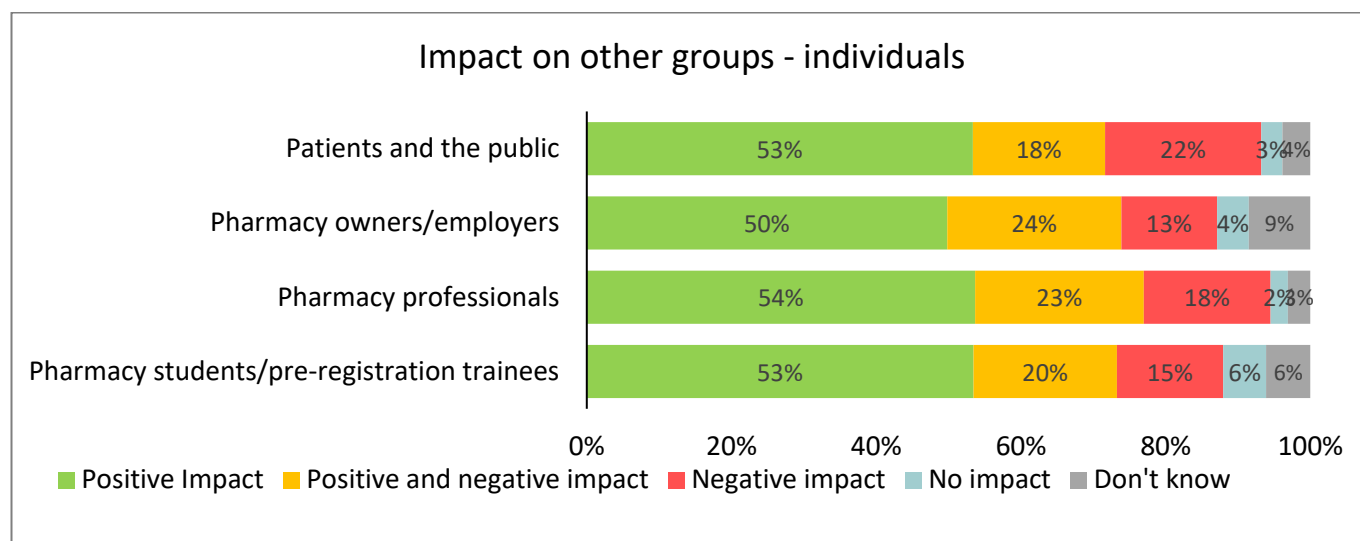
Age, race and sex were identified as protected characteristics that would be negatively impacted, but only by a very small proportion of organisational respondents (2% each).

Please see section 4 in the main body of the report for the chart showing the overall responses and further analysis.

Appendix 8: The impact of the proposed changes on other groups

Individual responses

Figure 5: Views of individual respondents (N = 1164) on whether our proposals positively or negatively impact other individuals or groups



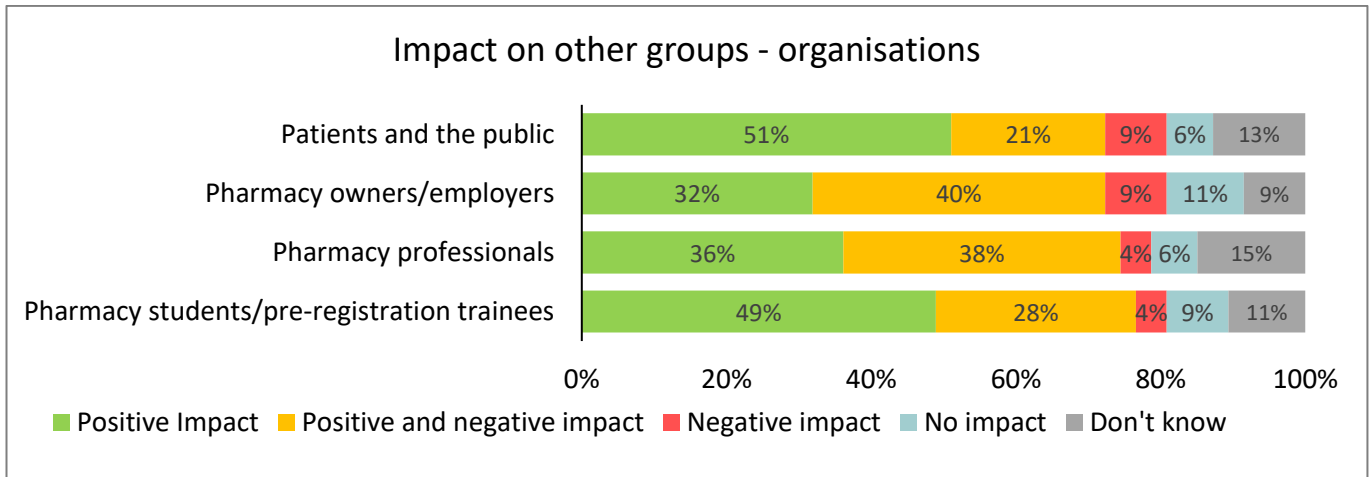
The majority of individual respondents (ranging from 50% to 54%) indicated that the groups listed above would be positively impacted by the proposed changes. In contrast, a modest percentage of individuals (between 13% and 22%) felt that the other groups would be negatively impacted. Similarly, a moderate proportion of individuals (ranging from 18% to 24%) viewed the proposals as both positive and negative for these groups.

A small number of individuals either did not know what the impact of the proposals would be or felt that they would have no impact on the groups listed above.

Please see section 4 in the main body of the report for the chart showing the overall responses and further analysis.

Organisational responses

Figure 6: Views of organisations (N = 47) on whether our proposals positively or negatively impact other individuals or groups



Patients and the public (51%) as well as pharmacy students/pre-registration trainees (49%) were frequently identified by organisational respondents as groups that would be positively impacted by the proposed changes. Organisations were, however, slightly less optimistic about the impact on pharmacy owners/employers and pharmacy professionals, with around a third (between 32% and 36%) indicating that these groups would be positively impacted.

Many organisational respondents thought that pharmacy owners/employers (40%) and pharmacy professionals (38%) would be both positively and negatively impacted by the proposals, while a modest proportion felt that patients and the public (21%) as well as pharmacy students/pre-registration trainees (28%) would be positively and negatively affected.

Only a small proportion of organisational respondents (between 4% and 9%) held the view that the proposals would have a negative impact the groups listed above. Equally, a small percentage of organisational respondents (ranging from 9% to 13%) indicated that there would be no impact.

Please see section 4 in the main body of the report for the chart showing the overall responses and further analysis.

