

UCL - Clinically Enhanced Pharmacist Independent Prescribing Course (CEPIP)

Frequently Asked Questions for Designated Medical Practitioners

Q - What is the aim of pharmacist independent prescribing?

A - To provide patients with quicker and more efficient access to medicines through making the best use of the skills of trained pharmacist prescribers allowing medical prescribers to focus patients with more complicated conditions and complex treatments

Q - What are the roles and responsibilities of the pharmacist independent prescriber?

A - To be the pharmacist prescriber responsible for the patient's care including diagnosis and assessment. In addition, to prescribe within the limits determined by their own clinical competence and professional code of conduct while accepting professional accountability and clinical responsibility for their prescribing practice within a clinical governance framework. They will refer patients when the patient's condition or treatment no longer falls within their competence.

Q - What conditions can be undertaken by pharmacist independent prescribers?

A - There are no legal restrictions on the clinical conditions that may be dealt with by pharmacist independent prescribers. Pharmacists are generally required to choose a scope of practice in which to train as an independent prescriber, but once qualified, can extend their scope provided that they are prescribing within their competence.

Q - Can a pharmacist Independent prescriber prescribe, unlicensed medicines, off-label medicines

A - Pharmacists independent prescribers can prescribe unlicensed and off – label medicines, subject to accepted clinical good practice for medical conditions within their competence. They can prescribe controlled drugs (Schedule 2-5) on a prescription (but not cocaine, dipipanone or diamorphine for treating addiction) for any medical condition within their competence.

Q - How can a pharmacist become a pharmacist Independent prescriber?

A – To become a pharmacist Independent prescriber a registered Pharmacist must complete an additional GPhC-accredited post-graduate qualification which will then allow them to be annotated on the GPhC register as an Independent Prescriber. There are a number of pre-requisites for undertaking this prescribing training, including having been in a patient facing role for a minimum of 2 years following registration as a Pharmacist.

Q - What is a Designated Medical Practitioner (DMP)?

A – A Designated Medical Practitioner is a medical practitioner that meets the GPhC experiential requirements to support a Pharmacist training to be an Independent Prescriber.

Q - What is the role of the Designated Medical Practitioner (DMP)?

A – The important aspects of the DMP's role are to support the trainee pharmacist prescriber by providing access to a patient-centred environment where they can safely develop and practise the skills of a prescriber under supervision. The DMP also provides training, support and feedback to the pharmacist so they can develop their prescribing skills. This includes consultation, clinical assessment and monitoring linked to their planned scope of prescribing practice. The DMP also assesses the pharmacist against the competencies required to become an independent prescriber and is required to sign that the pharmacist has achieved these competencies at the end of the course.

Q – What are the qualifications required for acting as a DMP?

A - To act as a Designated Medical Practitioner you need to be:

- A registered medical practitioner with at least three years medical, treatment and prescribing responsibility for a group of patients/clients in relation to the clinical condition(s) for which the trainee independent prescriber is going to use their independent prescribing skills

EITHER:

- within a GP practice and either vocationally trained or in possession of a certificate of equivalent experience from the Joint Committee for Postgraduate Training in General Practice

OR

- A specialist registrar, clinical assistant or a consultant within a NHS trust or other NHS employer
- Have some experience or training in teaching and/or supervision in practice
- Have the support of you employing organisation or GP practice to act as the DMP who will provide supervision, support and opportunities to develop the trainee independent prescriber's competence in prescribing practice

In addition, in line with the GPhC framework, the prospective designated prescribing practitioners must have:

- active prescribing competence applicable to the areas in which they will be supervising
- appropriate patient- facing clinical and diagnostic skills
- supported or supervised other healthcare professionals, and
- the ability to assess patient-facing clinical and diagnostic skills

Q - As a DMP how much time do I need to spend with my trainee pharmacist prescriber?

A - The trainee pharmacist prescriber is required to undertake a minimum of 90 hours of “supervised practice” time over the 6-month course. This time must be planned and consist of activities relevant to the development of the prescribing competencies, linked to the pharmacist's learning contract and scope of prescribing practice. Of the 90 hours, no more than 30 hours can be spent passively observing others practice. The trainee pharmacist prescriber must actively be involved in patient care for at least 60 hours.

The trainee pharmacist prescriber is required to maintain and submit a record of their activities in practice which is reviewed for appropriateness by the course team. The DMP is not required to directly supervise all of the 90 hours in practice, but the DMP must have responsibility for the time the pharmacist spends in practice because at the end of the course the DMP is required to confirm that the pharmacist has completed these hours.

Q - Can my trainee pharmacist prescriber have access to patients and medical records?

A – Definitely because trainee pharmacist prescribers will need to develop their communication, consultation and clinical assessment and diagnostic skills through practice and direct contact with patients. They will need to access relevant patient records to support these activities.

Q – Will my practice/clinic/department need to identify patients relevant to the clinical condition(s) for which the trainee pharmacist prescriber intends to prescribe when qualified?

A - It is helpful if you identify that systems are in place for the practice/clinic/department to identify suitable patients for trainee pharmacist prescriber to work with at the surgery/clinic/ward. IT systems and patient consultations are useful ways for you and your trainee pharmacist prescriber to identify suitable patients.

Q – What indemnity insurance does a trainee independent prescriber require?

Pharmacists are advised to check with their employer and/or their personal insurer before they begin that they are fully covered in their role as a TIP and a future role as a qualified independent and supplementary prescriber.

Q – What is the Clinically Enhanced Pharmacist Independent Prescribing Course (CEPIP)?

This means that the physical examination skills included in the course go beyond those required by the GPhC for pharmacist independent prescribing programmes. In relation to physical examination skills, the GPhC indicative content includes:

- Clinical examination skills relevant to the condition(s) for which the pharmacist intends to prescribe
- Recognition and responding to common signs and symptoms that are indicative of clinical problems. Use of common diagnostic aids for assessment of the patient's general health status; e.g. stethoscope, sphygmomanometer, tendon hammer, examination of the cranial nerves.
- Working knowledge of any monitoring equipment used within the context of the treatment/clinical management plan

The aim of the physical examination skills teaching in this CEPIP course is to enable the TIP to clinically assess patients using focused medical history taking and physical examination skills whilst having an awareness of additional tests and referral pathways to aid in diagnosis. The course will also enable the TIP to safety net patients and manage risk. The course will cover the major body systems described below. In addition TIPs will need to develop competence in any particular physical examination skills required for their scope of practice that they will have identified with their DMP.

The following body systems will be taught on the course:

1. Cardiovascular
2. Respiratory
3. Abdomen
4. Ear, nose and throat
5. Musculoskeletal
6. Neurological assessment
7. Peripheral vascular and lymphatic system
8. Visual acuity and ophthalmoscopy
9. Mental health