Independent and Supplementary Prescribing

Pharmacist information
The following information is provided in order to help a pharmacist decide whether or not the Independent and Supplementary Prescribing Course is suitable for them:

1. **Who can apply to become an independent & supplementary prescriber?**

   All entrants to this education programme must meet the following requirements:
   
   1. Current registration with PSNI*.
   2. At least two years **UK-based** post registration experience as a pharmacist.
   3. Support from the sponsoring organisation (e.g. employer or a primary care organisation or NHS Trust, including confirmation that the pharmacist will have appropriate supervised practice in the clinical area in which they are expected to prescribe and that there is an identified service need for this extension of role).
   4. Have a named medical practitioner, recognised by the employing/Health Service commissioning organisation a) as having experience in a relevant field of practice, b) training and experience in the supervision, support and assessment of trainees, c) who has agreed to:
      - provide the student with opportunities to develop competencies in prescribing;
      - supervise, support and assess the student during their clinical placement.
   5. **Basic clinical competence in the area they wish to prescribe.**
   6. An outlet for their training i.e. you must have an agreement with a doctor or dentist confirming your intention to prescribe after successful completion of training.

   * The full course is only offered to pharmacists registered with the PSNI/GPhC and who provide services to the Health and Social Care sector in Northern Ireland. However, pharmacists in the Republic of Ireland may undertake the taught components of the programme but not the period of supervised practice. Therefore, upon successful completion these pharmacists are awarded a Post Graduate Certificate from Queen’s University Belfast but not a Practice Certificate in Independent Prescribing.

2. **What is the difference between independent and supplementary prescribing?**

   **Independent prescribers** are responsible for the assessment of patients with undiagnosed or diagnosed conditions, and for decisions about the clinical management required and drawing up a treatment plan. The independent prescriber also has the authority to prescribe the medicines required as part of the plan.

   **Supplementary prescribers** are authorised to prescribe for patients whose condition had been diagnosed or assessed by an independent prescriber, within the parameters of an agreed treatment plan.

   Successful completion of this course qualifies you as both an independent and supplementary prescriber. After qualification you can choose to practise as either or both an independent and supplementary prescriber.

3. **What conditions can be treated by pharmacist prescribers?**

   A pharmacist independent prescriber may prescribe autonomously for any condition within their clinical competence. This currently excludes 3 controlled drugs for the treatment of addiction.

   Supplementary prescribers can prescribe any medicine (including controlled drugs) within the parameters of an agreed treatment plan.

   Pharmacist prescribers should not prescribe any medicine that they do not feel competent to prescribe.
4. What does the prescribing training course consist of?

Training consists of (a) a six modular course and (b) 12 days in-practice training.

(a) Modular course

The course lasts 10 months and the total time commitment (excluding in-practice training) is 470 hours. The number of live workshops is indicated below for each module.

The live course dates shown below relate to the cohort beginning in April 2019. Subsequent cohorts will have similar live course requirements, the final details of which are published between March to July each year.

Please note that the live workshops are compulsory (except Module 5 optional evening workshop) and no alternative courses can be provided. Therefore, by applying to the course you are committing to all live courses.

<table>
<thead>
<tr>
<th>Module Name</th>
<th>Live course(s) date</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Development and implementation of a T/CMP as part of a multi-disciplinary approach to patient care</td>
<td>Wed 3rd April 2019 or Thursday 4th April 2019</td>
<td>100</td>
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<tr>
<td></td>
<td>Wed 4th Dec 2019 or Thurs 5th Dec 2019 or Fri 6th Dec 2019</td>
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<td></td>
<td>You will be allocated to one day in April (either 3rd or 4th) and one day in December (either 4th or 5th or 6th) in this module</td>
<td></td>
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<tr>
<td>Influences on and psychology of prescribing</td>
<td>None</td>
<td>50</td>
</tr>
<tr>
<td>Disease management</td>
<td>None</td>
<td>65</td>
</tr>
<tr>
<td>Clinical examination skills and patient monitoring</td>
<td>Group A: Tues 27/08/19, Wed 28/08/19, Thurs 29/08/19, Fri 30/08/19 Assessment – Fri 20th Sept 2019</td>
<td>85</td>
</tr>
</tbody>
</table>
**Legal, Policy, Professional and Ethical Aspects**

Tues 5/11/19 or Wed 6/11/19

You will be allocated to one day in November (either 5th or 6th) in this module

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### (b) In-practice training

You will also need to complete 12 x 7.5 hour days in-practice training during this period. The 12-day period does not have to be completed as one block. However, it is your responsibility to identify a suitable mentor and secure their agreement to supervise you during this period. 

GPhC/PSNI has specified that a mentor should be a named medical practitioner with the following criteria:

a) having experience in a relevant field of practice.

b) training and experience in the supervision, support and assessment of trainees.

c) who has agreed to:

- provide the student with opportunities to develop competencies in prescribing;
- supervise, support and assess the student during their clinical placement.

The Designated Medical Practitioner (DMP) who acts as your mentor could be a General Practitioner in primary care or Consultant Physician in secondary care with whom you currently work closely in daily practice.

Listed below are a few examples of how your Designated Medical Practitioner (DMP) could provide learning opportunities:

- Dedicated time and opportunities to observe how the medical practitioner conducts a consultation/interview and the development of a subsequent management plan.
- Opportunities to allow in-depth discussion and analysis of clinical management when patient care and prescribing behaviour can be examined further.
- Facilitate learning by encouraging critical thinking and reflection using the practice portfolio.
- Allow opportunities for the pharmacist to carry out consultations and suggest clinical management and prescribing options, which are then discussed with the supervising medical practitioner.
- Video the pharmacist carrying out a patient consultation (with the consent of the patient), allow the pharmacist to self-reflect on their performance and provide feedback on how to improve their consultation skills.

### 5. How to find a Designated Medical Practitioner (DMP)

A pharmacist is responsible for finding their own Designated Medical Practitioner (DMP) to mentor them through the course. A DMP is usually someone that you have worked with a long time or intend to begin working closely with. The DMP must have experience in the training, supervision and assessment of students. In primary care DMPs tend to be GPs and in secondary care DMPs tend to be Consultant Physicians.
NICPLD do not hold a list of potential DMPs.

6. Intended clinical area of prescribing

Before coming onto the course you need to decide which clinical area you intend to prescribe in. This course does not teach clinical competence but rather allows you to demonstrate it, so you must be clinically competent in your intended area of prescribing before starting the course. You must specify your intended area of prescribing on the application forms.

Irrespective of the clinical area chosen, when you qualify from this course, you will be legally entitled to prescribe in any area. However, as a professional practitioner, you would be required to restrict your prescribing to areas in which you are clinically competent. If you decide to move from one clinical area to another after qualification, you do not need to undertake the course again but we suggest that you document how you are clinically competent in the new area through the usual CPD channels.

The clinical area you choose affects two main components of the programme as outlined below:

- The clinical skills that your DMP must assess you upon in practice
- How you demonstrate your clinical competence as part of Module 3 of this programme

Choosing your clinical area if working in hospital

Many people in this sector choose to work across a number of areas (antimicrobials, diabetes, respiratory conditions and cardiovascular disease) and are referred to as a generalist prescriber in this setting. This is usually decided by their Line Manager and Trust Pharmacy Manager. A generalist prescriber is usually more useful to the hospital as they can work in general areas such as medical or surgical admissions and care of the elderly wards. This broader approach avoids duplicating the work of nursing and medical colleagues who tend to work in more narrow, specialised areas. However, some pharmacists only work in specialised areas (e.g. renal, oncology) and the Trust Pharmacy Manager may decide it is not appropriate for them to work as a generalist.

A generalist prescriber in the hospital setting would be expected to be competent in prescribing antimicrobials and prescribing for people with diabetes, respiratory conditions and cardiovascular disease. If you choose to become a generalist prescriber you would have to:

- Be assessed in 7 separate clinical skills by your DMP
- As part of Module 3, submit a list of a minimum of 30 hours (for each of the four clinical areas) demonstrating how you have kept up-to-date in these areas. This list could include (but is not limited to) live courses, print-based courses, online courses, journal articles, COMPASS notes, BNF reading, NICE guidelines etc.

Any learning undertaken within the past five years could be included. For pharmacists beginning the course in April 2019, this list would have to be submitted by June 30th 2019, so any learning undertaken since 1st July 2014 would be valid. However, recent learning must be evident.
Choosing your clinical area if working in community/primary care

Some people choose a single clinical area based on their clinical expertise and the needs of the GP practice. Some practices suggest a clinical area based on the current Quality Outcomes Framework (QOF).

Within the community/primary care setting it is anticipated that many people in this sector will wish to work in general medical practices and intend to apply for a job in this setting should they become available. These pharmacists may wish to discuss their job role with their employer before deciding upon a particular clinical area.

If working in the community/primary care setting you may choose to prescribe in one or more than one area. The broader approach of prescribing in more than one area avoids duplicating the work of nursing and medical colleagues who tend to work in more narrow, specialised areas.

The number of clinical areas chosen will alter the following:

- The number of clinical skills your DMP must assess you on. The greater the number of clinical areas chosen, the greater the number of clinical skills assessments to be undertaken.
- The total number of hours of learning to be submitted in Module 3. A list of 30 hours (minimum) for each clinical area must be submitted demonstrating how you have kept up-to-date in these area(s). This list could include (but is not limited to) live courses, print-based courses, online courses, journal articles, COMPASS notes, BNF reading, NICE guidelines etc.

Any learning undertaken within the past five years could be included. For pharmacists beginning the course in April 2019, this list would have to be submitted by June 30th 2019, so any learning undertaken since 1st July 2014 would be valid. Ensure recent learning is evident.

In order to support the learning of prescribers in practice based roles, NICPLD intend to host a set of workshops to complement their training.

Confirmation of your eligibility

Whichever clinical area you decide to prescribe in must be specified on the Confirmation of Eligibility (COE) form. In the section you need to briefly outline how you have kept up-to-date in that area(s). You will be given an opportunity within Module 3 (June) to detail exactly the learning you have undertaken in this area(s).

7. How will my performance on the course be assessed?
There is no final examination for this course. However, each module has an assessment exercise that you must pass. In addition to this the period of in-practice training must be completed and a practice portfolio submitted.

8. What qualification will I receive?
Upon successful completion of the course and 12 days in-practice training you will be awarded a Postgraduate Certificate in Independent Prescribing from Queen’s University Belfast and a Practice Certificate from NICPLD to allow you to be annotated on the PSNI and/or GPhC register as an Independent Prescriber.
9. What are the course costs?

If you are undertaking the course as a stand-alone Post Graduate Certificate course (not part of an extended programme of study), are registered with the PSNI and working as a pharmacist in Northern Ireland the course fees (£250) are paid by NICPLD. However, if you withdraw from, or do not complete the course, you will be asked to refund the course fees to NICPLD.

If wishing to undertake the course as part of an extended programme of study (Advanced Pharmacy Practice Master’s course) or working outside Northern Ireland, please contact Brian McCaw (b.mccaw@qub.ac.uk) for more information on course fees.

10. Further information

If you would like to discuss your possible application please contact Fran Lloyd (f.lloyd@qub.ac.uk) or Laura O’Loan (l.oloan@qub.ac.uk) at NICPLD (028 9097 4477).