Duncan Rudkin
Chief Executive and Registrar
General Pharmaceutical Council
25 Canada Square
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18 May 2018

Dear Duncan

**NMC response to consultation on education and training standards for pharmacist independent prescribers**

Thank you for the opportunity to respond to your consultation on education and training standards for pharmacist independent prescribers. Please treat this letter as the NMC's official response to your consultation exercise.

Your consultation is most timely and we are pleased to give our support to your overall approach, which fits well with our new approach to the provision of prescribing education and guidance in this important and growing area of practice for nurses and midwives.

As you will be aware, the NMC is currently developing and rolling out a strategic programme of change with regard to its education and practice standards and guidance for nurses and midwives. As part of that programme, we consulted on our future approach to prescribing and medicines management during the summer of 2017. This included consulting on the future of our current *Standards of proficiency for nurse and midwife prescribers*; a proposed new standards model for prescribing programmes, including entry requirements, course content and the provision and supervision of practice within those programmes; and the future provision of guidance to inform safe and effective prescribing practice once a programme has been successfully completed and the individual concerned is engaging in prescribing practice as part of their nursing or midwifery duties.

Following due consideration of the responses to our consultation exercise, as well as the feedback from a wide range of engagement events, our Council approved our proposed way forward at its meeting on Wednesday 28 March 2018. This included approving our proposed new Standards for prescribing programmes; approving the

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adoption of the Royal Pharmaceutical Society's *A Competency Framework for All Prescribers* as our standards for safe and effective prescribing practice and the outcomes to be achieved for all NMC approved prescribing programmes; and approving changes to the future supervision and assessment of learning done in practice environments, which in future will not have to be overseen by a designated medical practitioner but can be overseen by any suitably experienced and qualified prescriber.

These measures will all come into effect as from 28 January 2019.

Our Council has also expressed its continued support for the promotion of interdisciplinary learning in the prescribing arena and the development of interdisciplinary guidance in key areas of prescribing practice that would be applicable to all prescriber professionals. Areas that have previously been identified as being suitable for such guidance include remote prescribing, particularly in the context of aesthetic and cosmetic prescribing, prescribing for children and pregnant women, and sports prescribing. We look forward to working with all interested parties in developing new guidance in these and other areas of mutual concern.

I am aware that members of our Education and Standards Directorate have already been liaising closely with colleagues at the General Pharmaceutical Council in the development of our respective proposals in this area. It is clear that both organisations share higher ambitions for enabling more nurses, midwives and pharmacists to become prescribers and to develop their skills in order to provide a crucial service to patients and the public by providing easier, wider access to prescribing services. The development of non-medical prescribing has been one of the healthcare world's success stories over the past decade or so and I'm sure we both share a desire to see this situation develop and improve further over the coming years.

I will now address the questions raised in your consultation exercise in turn.

Section 1: Learning outcomes

We strongly agree that the learning outcomes set out in Part 1 of these draft education and training standards are appropriate learning outcomes for a pharmacist independent prescriber in training.

There is nothing in the learning outcomes themselves that we would change, however, we would query the need to specify the length of the programme and in particular that structured learning activities must be a minimum of 26 days. If you are moving to a more outcomes based approach to education, should it not be for the institution delivering the programme to decide how long it would take to deliver the required outcomes safely and effectively, rather than having it stipulated in standards by the regulator? We are removing a similar requirement from our previous prescribing education standards for that precise reason.

We welcome the GPhC's proposed move towards learning outcomes based on the Royal Pharmaceutical Society's Competency Framework. This is a similar approach to that which we have adopted and will be implementing from January 2019. We believe this to be a major step towards ensuring similarly high standards in prescribing education and practice across all prescribing professions and would welcome your taking a similar approach in the future.

Section 2: Standards for course providers

We strongly agree that the full set of standards and criteria set out in Part 2 of your consultation exercise are appropriate standards for a pharmacist independent prescribing course. However, we do have a couple of comments to make.

Firstly, we would suggest perhaps including something to make it clear that arrangements should be in place to ensure equity of access onto prescribing programmes for both NHS and non-NHS employed pharmacists. We would however leave it to your discretion as to whether such a statement was better placed in domain 1 on selection and entry requirements or domain 2 on equality, diversity and inclusion.

Secondly, we support your proposals regarding the future of the Designated Medical Practitioner role and its replacement with Designated Prescribing Practitioners, and indeed we will be implementing similar requirements for nurse and midwife prescriber practice learning from January 2019.

Section 3: Supervising pharmacist independent prescribers in training

We agree that the requirements as set out will ensure that only appropriately trained and experienced independent prescribers will be acting as designated supervisors for the learning in practice part of pharmacist independent prescribing programmes. We believe that the proposed requirements as set out will be effective yet proportionate.

We would wish to ask whether you will be producing any guidance for those of your registrants who will be undertaking this supervisory role going forward, as it will of course be a new role for them. Would you be interested in collaborating with other organisations such as ourselves or the Royal Pharmaceutical Society in developing any such guidance on an interdisciplinary basis?

Section 4: Entry conditions for training

We agree that the current two-year requirement for training should be removed and replaced with a requirement for the suitability and relevance of an applicant's experience to be submitted and approved as part of the application process.

One of the key outcomes from our post-consultation assimilation work in this area is that 'time served' alone as the criteria for entry onto a post-registration education programme such as prescribing is an illusory safeguard. Basing entry requirements on evidencing knowledge and skills is a far more effective measurement of an applicant's suitability for undertaking such a programme of study.

Your approach largely reflects ours in this respect. From January 2019 we will be reducing the 'time served' element of the entry requirements for NMC approved prescribing courses from two years to zero for the V150 community prescriber programme and from three years to one for the V300 supplementary/independent prescriber programme.

We will, however, in future also be relying on applicants being able to evidence their ability to study at the level required as well as evidence of capability for safe and

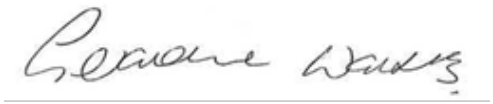
effective autonomous practice at an appropriate level in areas such as clinical/health assessment, diagnostics/care management and the planning and evaluation of care before they can commence a prescribing programme.

Section 5: Impact of the standards

We do not think there is anything in the standards or proposed changes that would impact positively or negatively on any individuals or groups who share any of the listed protected characteristics. Nor do we think they will have any impact on any other individuals or groups.

Finally, I would just like to state that we as an organisation look forward to continued collaboration with you in this important and ever-growing area of practice for nurses, midwives and pharmacists alike.

Yours sincerely



Geraldine Walters
Director of Education and Standards