



**British
Pharmaceutical
Students' Association**

Requirements for Training as a Pharmacist Independent Prescriber Survey Report 2021

A Report of Students'
and Trainee Pharmacists' Responses (2021)

November 2021

www.bpsa.co.uk



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1. Introduction

The British Pharmaceutical Students' Association (BPSA) is the official student body of the Royal Pharmaceutical Society, and the official representative body of pharmacy students and foundation trainee pharmacists in Great Britain. Established in 1942, the Association aims to support, advocate for and represent students and trainees on their path towards registration.

The GPhC is consulting on changes to requirements for training as a pharmacist independent prescriber. The GPhC is asking for views on the following three proposals:

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

For more information about the proposed changes, follow this link to the GPhC website: <https://bit.ly/3G4ZN84>.

[Read the consultation document to see GPhC's proposals in full.](#)

The BPSA created a survey based on the mentioned proposals and opened responses to members from 21st – 24th October 2021. In addition to gathering data on whether respondents agreed with each proposal, the survey gave the opportunity to add any further comments about each proposal, including in a summary box at the end. There were 185 responses to the survey (data can be seen below). This report is a summary of the findings from this survey and includes the data for each question, as well as an outline of the common themes/opinions brought forward by respondents.



We hope that the outcomes of this survey will help guide the GPhC's decisions in their revisions and modifications to the independent prescribing course, and ensure that our members' voices are heard.

The raw data from this survey can be requested by emailing the BPSA's Graduate Officer at graduateofficer@bpsa.co.uk.

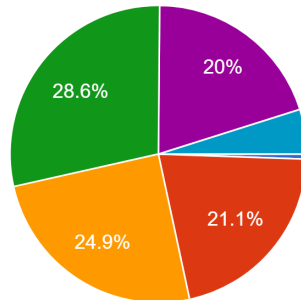
Please see the responses from each question below.



2. Survey results

2.1. Survey responses:

Are you a:
185 responses



- University Foundation course (Year 0)
- Pharmacy student (Year 1)
- Pharmacy student (Year 2)
- Pharmacy student (Year 3)
- Pharmacy student (Year 4)
- Foundation Trainee Pharmacist

University foundation course: 1
Pharmacy student (year 1): 39
Pharmacy student (year 2): 46
Pharmacy student (year 3): 53
Pharmacy student (year 4): 37
Foundation Trainee Pharmacist: 9

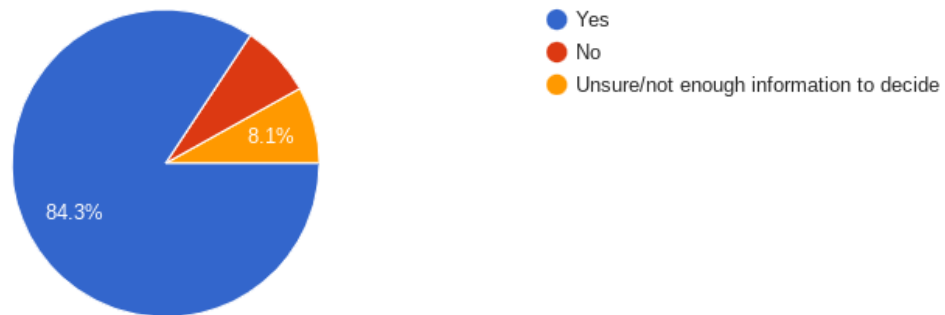
Total: 185 respondents



2.2. Question 1: Do you agree with the removal of the requirements for registered pharmacists to have two years of clinical practice, before they can enrol on an accredited independent prescribing course?

Do you agree with the removal of the requirements for registered pharmacists to have two years of clinical practice, before they can enrol on an accredited independent prescribing course?

185 responses



Yes: 156

No: 14

Unsure/not enough information to decide: 15

Most common themes from written responses to this question:

1. It would be unfair if those graduating soon can practise as an IP (from 2026) but some qualified pharmacists with more experience cannot - 33 mentions

Explanation: The most common theme expressed by respondents is that retaining the 2-year requirement would be unfair on pharmacists that graduate and qualify before 2026, including the concern that they will be at a disadvantage in comparison.



2. The Pharmacy degree/Foundation year/placement opportunities already equip students/pharmacists with the required skills to enrol on the independent prescribing course without the further requirement of two years - 31 mentions

Explanation: A decent number of respondents suggested that the MPharm course and/or the foundation training year already equips them with the required knowledge and skills needed for the independent prescribing course enrollment. The requirement of a further two years is unnecessary.

3. Beneficial for patients and the NHS workload - 14 mentions

Explanation: A decent number of respondents highlighted the positive impact having more IP Pharmacists could have on patient experience and the NHS, as well as notably relieving the burden on other healthcare professionals such as GPs/doctors.

4. The two year requirement (or at least one year) should remain to ensure that pharmacists are competent and, therefore have had significant clinical exposure - 12 mentions

Explanation: A reasonable number of respondents highlighted their concerns surrounding the removal of the 2 year requirement with the overarching themes of inadequate clinical competency and the risks to patient safety. Retaining the requirement of 2 years (with a few suggestions of 1 year instead), will ensure that pharmacists have the appropriate clinical knowledge required and will reduce the risk of errors.



5. It will increase learning opportunities and job prospects for pharmacists
- 6 mentions

Explanation: A smaller number of respondents expressed that it is an important learning opportunity for pharmacists that will ultimately enhance their professional development. Many people also expressed that this is something pharmacists are capable of, and should be given the opportunity to utilise their expertise in this way.

6. Graduates will be more motivated/better equipped to complete the course straight out of university - 4 mentions

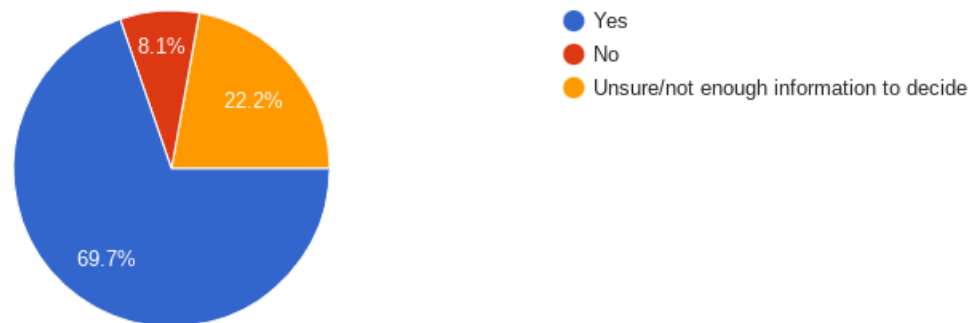
Explanation: A small number of respondents highlighted that recent graduates will be much more motivated and passionate to complete the IP course and waiting could reduce this motivation. They also expressed that students are better equipped to complete the course straight after university as the skills they learn, such as effective studying/research, may be reduced/forgotten after 2 years of full-time work.



2.3. Question 2: Do you agree with the removal of the requirements to have relevant experience in a specific clinical or therapeutic area before pharmacists can enrol on an accredited independent prescribing course?

Do you agree with the removal of the requirements to have relevant experience in a specific clinical or therapeutic area before pharmacists can enrol on an accredited independent prescribing course?

185 responses



Yes: 129

No: 15

Unsure/not enough information to decide: 41

Most common themes from written responses to this question:

1. Not everyone is able to get sufficient experience in specialist areas - 12 mentions

Explanation: A dozen respondents suggested that “the requirement of needing to gain relevant experience” is unfair because not all pharmacists have access to experience in these areas. They mentioned, by removing this requirement, more pharmacists would be able to specialise in different clinical areas, giving them more opportunities.



2. The knowledge and experience students gain through their MPharm course and foundation training year should be sufficient - 12 mentions

Explanation: A dozen respondents mentioned that the clinical placements and teaching embedded into the MPharm curriculum should provide sufficient knowledge for the IP course without gaining more specialised experience. Some also acknowledged that through the foundation training year, trainee pharmacists will also gain clinical knowledge and experience, and therefore further requirements are not necessary.

3. It is important for pharmacists to have specific clinical knowledge and experience to make wise clinical decisions - 8 mentions

Explanation: A number of respondents highlighted that it is important for pharmacists to gain specialised clinical experience and knowledge. The general consensus of these responses showed that prescribing and making clinical decisions are very important, and in order to avoid situations where misdiagnosis or medical neglect takes place, pharmacists should gain a certain amount of experience before starting the IP course.

4. The knowledge and experience students gain through the IP course should be sufficient - 7 mentions

Explanation: Many respondents felt that pharmacists should be able to gain relevant clinical experience and knowledge throughout the IP course, therefore, they should not be required to have acquired a set level of experience before beginning the course.



5. The IP course should teach a broad amount of clinical knowledge - 7 mentions

Explanation: Similar to the theme above, a number of respondents mentioned that pharmacists should not be required to specialise at all, and the IP course should cover a broad amount of clinical knowledge. The general consensus among these respondents was that IP should be broad so that pharmacists can prescribe in any area and have the option to change specialty.

6. Benefits patients and the NHS - 4 mentions

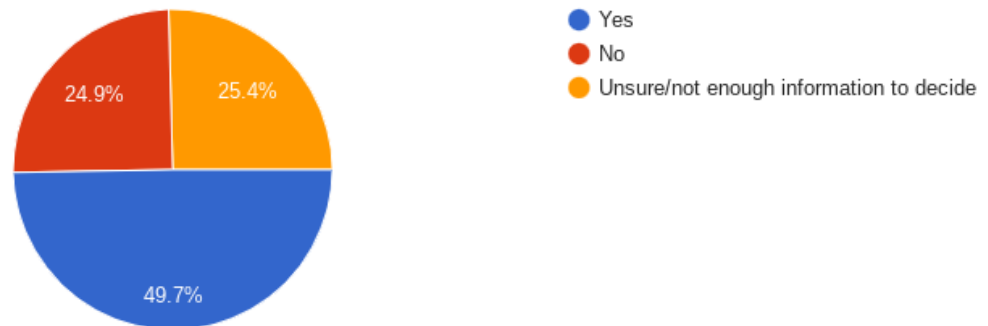
Explanation: A few mentioned that quickening the process for pharmacists to become independent prescribers (by removing the requirements to have relevant experience in a specific clinical or therapeutic area) will be of benefit to patients and the NHS. The general consensus of these respondents is that since the role of a pharmacist is expanding, having more pharmacists who can prescribe will help with NHS workload. Also, a few respondents mentioned that it will help with clinical research, as more pharmacists could get involved and contribute to clinical research, with the added benefit of their experience and clinical knowledge as a pharmacist.



2.4. Question 3: Do you agree with retaining the requirement that course participants must identify an area of clinical or therapeutic practice to focus on during the course?

Do you agree with retaining the requirement that course participants must identify an area of clinical or therapeutic practice to focus on during the course?

185 responses



Yes: 92

No: 46

Unsure/not enough information to decide: 47

Most common themes from written responses to this question:

1. Identifying an area of clinical or therapeutic practice allows for better focus and understanding into a specialist area - 19 mentions

Explanation: The most common theme gathered from this question indicated that a decent number of respondents felt that having a specific area of expertise allows for a deeper clinical understanding of the chosen speciality to provide patients with a higher standard of care. They believed this would be more straightforward as an area that they are particularly interested in can be focused on.



2. The requirement would limit the individual to a speciality. A broader and general scope of practice is best suited for a pharmacist's role - 12 mentions

Explanation: Contrastingly, the second most prevalent theme was a criticism of the requirement being too limiting and that specialising does not utilise the full potential of pharmacists, who are exposed to patients with varying conditions.

3. The requirement should be retained to ensure patient safety - 7 mentions

Explanation: Many respondents believed that the requirement would provide a higher standard of care and reduce the risk of patient harm. An area of focus would allow pharmacists to reach a greater level of knowledge leading to safe and effective prescribing.

4. Learning about multiple areas enables a pharmacist to be more well-rounded and better equipped to deal with numerous scenarios - 7 mentions

Explanation: Many respondents felt that exploring more specialties gives a pharmacist a broad range of knowledge allowing them to cater to more patients with varying conditions. They thought that pharmacists would be more useful if they were given the knowledge and skills for a larger scope of practice.



5. Individuals may be unsure on what specialty to choose and may want to change their area of focus - 5 mentions

Explanation: Several respondents felt that an overwhelming array of specialties could lead to some being unsure on what area to specialise in. Some may have multiple areas of interest and may want to do more than one, and others that may want to change their mind later in their career will have to repeat the course.

6. The requirement allows pharmacists to act within their competence - 4 mentions

Explanation: A number of respondents thought that it was important for pharmacists to act within an area of competence as it reduces harm to the patient and also protects pharmacists from ambiguity in their competence if a patient does come to harm.

7. There are limits to how much we can effectively learn - 3 mentions

Explanation: A few regarded learning a vast array of specialties as too difficult, with a specialty allowing pharmacists to prescribe safely and effectively within their area of expertise being more achievable.

8. Individuals should have a choice in what they want to do - 2 mentions

Explanation: A couple of respondents felt that it should be up to the individual whether they want to specialise or have a broader depth of knowledge.



2.5. Question 4: Any further comments?

Total number of responses: 185

No further comments to questionnaire: 133

Further comments: 52

There are 4 responses that state it is a good/great idea, with 2 responses adding no further comment. It is an assumption that this refers to participants having answered yes to the questions concerning proposed changes and does not refer to the survey being a good idea. The other 2 responses added that the proposed changes to IP prerequisites are important.

Overall, the feedback included in this section shows that there is support in the push to enable more pharmacists to become independent prescribers. This is also shown in the responses stating that this is an important step forward for the profession, further highlighting the key role that pharmacists can play in the delivery of healthcare and the importance of putting a pharmacist's clinical knowledge to good use.

The most prevalent themes amongst the recorded 'further comments' are as follows:

1. By far the most prevalent concern is the potential disadvantage for current MPharm students in years 2-4, and foundation trainees, who will be the final few cohorts to marginally miss out on qualifying as independent prescribers. This concern was voiced in 29 out of 52 responses. Furthermore, of those not expressing direct concern about how the above mentioned cohorts would be disadvantaged, there are multiple responses commenting that the removal of the current requirements would make it easier and fairer for them to access the IP course upon qualifying. There are a few responses that suggest



alternatives to bridge the gap and make the transition more smooth should be looked into. It is also pointed out that for those students currently in second year, resitting a year may seem like an “attractive” option, as this means they have the additional qualification. In general, the majority of the responses are enthusiastic to see some form of a transition plan being put in place to ensure no one is put at a disadvantage.

2. There are multiple responses that question how this will affect competition in the job market and disadvantage those who qualified a couple of years before the IP addition to the MPharm degree.
3. A couple of responses highlighted that it is beneficial for pharmacists to alleviate some of the pressures placed on GPs, but that this might put pharmacists under even more pressure. With mental health being an important topic, one which the BPSA believes is of the utmost importance, the GPhC should take additional pressures into consideration, including how to tackle these.
4. There are 4 responses that allude to the potential higher financial burden for those who do not graduate and qualify as IPs due to the cost of undertaking an accredited independent prescribing course.



3. Conclusion

In conclusion, the responses from this survey are mostly in favour of the proposals put forward by the GPhC.

Proposal one (removal of the requirements for registered pharmacists to have two years of clinical practice before enrolment) returned 84.3% of responses in agreement. Proposal two (removal of the requirement to have relevant experience in a specific clinical or therapeutic area before enrolment) returned slightly less responses in agreement at 69.7%. Proposal three (retaining the requirement that course participants must identify an area of clinical or therapeutic practice) was less conclusive with slightly less than 50% (49.7%) in agreement.

It can be concluded that most of our members feel the changes set out in proposal one and two will help pharmacists, trainees and students have equal opportunities and access to professional development, the job market and training. Most members also feel confident that the MPharm course and foundation training year already sufficiently equips them for enrollment onto the course.

Proposal three is more inconclusive with a number of members expressing the importance of competency in a particular area, in contrast to the concerns that this could be limiting to a pharmacist's expertise. Perhaps the flexibility of this final proposal needs to be further explored.

It is also evident from this report that our members see the benefits of pharmacists enrolling as IPs due to the positive impact on the NHS, highlighting the key role that our profession can play.