

Evaluation of a novel early career prescribing programme to support workforce development, retention and diversification of pharmacists in the East of England

Acknowledgement of funder

The project team would like to thank the Norfolk Initiative for Coastal & Rural Health Equalities (NICHE) for funding this evaluation into pharmacist independent prescribers. This evaluation has enabled academics at the UEA to better understand the training needs of early career pharmacists, to equip them for prescribing roles, and work alongside local organisations to utilise this new workforce to their full potential. This is particularly important in the coastal and rural parts of the region, where workforce recruitment and retention of pharmacists is more challenging. In partnering with local employers of pharmacists, and designing course materials that will ensure early career pharmacist prescribers can thrive in their prescribing role, will help to secure better workforce recruitment and retention, thus resulting in better access to pharmacists for people living in coastal and rural communities in the region. This evaluation would not have been possible without this funding and the project team are grateful to NICHE for recognising the importance of pharmacist prescribing within the region.

Project overview

Since 2006 pharmacists in the UK have been able to train as independent prescribers following a period of at least 2 years post-registration practice and subject to passing a General Pharmaceutical Council (GPhC) accredited Independent Prescribing course. In 2021 the GPhC announced that from 2026 all pharmacists (who trained in the UK), upon completion of their foundation training year would be able to register as an Independent Prescriber, without the need for additional post-registration training.

Between 2021 and 2026, an estimated 16,000 pharmacist would graduate as non-prescribers, entering the workforce with a significantly limited scope of activity relative to post-2026 registrants. In order to limit the generation of non-prescribing pharmacists and to ensure a robust approach to upskilling novices into high risk roles, the University of East Anglia admitted 10 students, from four acute NHS Trusts, to the pilot Newly Qualified Pharmacist training programme with Independent Prescribing (NQP-IP) in January 2023.

Nationally, the newly registered pharmacist workforce consists of around 3300 pharmacists per year. Around 9% (approximately 300) complete their training with East of England employers, in community pharmacies, general practice and hospitals, with a small number splitting the training with industry partners. Most patient-facing organisations have the capacity to retain their foundation trainees in entry-level clinical roles but this is a highly mobile workforce and many practitioners move (both within an

ICS and between ICS's) at this time, with rural and coastal healthcare organisations struggling to retain early career staff who tend to gravitate towards larger cities and teaching hospitals. This latter concern is particularly acute in Norfolk and Waveney ICS, where currently it is estimated that over 18% of full-time equivalent posts in community pharmacy are vacant (CPWS 2022). In some of the regional hospitals, there is currently a complete absence of entry-level pharmacists and vacancy rates of up to 50% in the higher grades, and this affects immediate service delivery but also recruitment to higher grade posts for which the entry-level pharmacist is a pipeline.

Notably, one of the flaws of traditional Independent Prescribing training for experienced pharmacists is the significant number of pharmacists who hold the prescribing qualification but who do not prescribe. They cite a lack of confidence at the point of registration, a lack of support to expand scope and a lack of service demand for prescribing pharmacists. This limits the complexity and flexibility of prescribing services that patients can access, placing pressure on other prescribing professionals, but has also led to a supervision desert that has severely limited the number of experienced pharmacist prescribers who can take on the Designated Prescribing Practitioner role for these new foundation pharmacists, affecting availability of foundation placements and subsequent registrant numbers.

Moreover, organisations need to adapt to ensure there are suitable job roles available for prescribing pharmacists to use their skills. Inertia after completion will lead to deskilling, increasingly limiting their ability to participate in prescribing services and/or putting patients at risk due to lack of contemporary capability.

If the roles aren't available then pharmacists will risk becoming deskilled in their prescribing practice, potentially putting themselves and their patients at risk of harm. It is therefore important that pharmacists graduating from the NQP-IP programme do not meet the same fate and are intent on using their prescribing skills to provide patient care.

The NQP-IP programme seeks to address these workforce issues proactively through good pedagogical design. It aims to create a consistent, interchangeable, confident prescribing workforce that is prepared to prescribe at the point of completion, able to provide year-round service to increase access to optimal medicines and is able to respond to service pressures at times of acute systems stress such as winter pressure and industrial action. It requires a robust evaluative process to ensure envisaged benefits translate to true outcomes and to determine where further work could be directed to expand those benefits and that agility across the ICS.

Aim

Explore newly qualified pharmacists' intention to prescribe, identifying the role employers play in pharmacist prescribing and establish utilisation of prescribing by newly qualified pharmacists.

Objectives

1. Describe pharmacist and employer attitudes towards independent prescribing
2. Explore normative beliefs surrounding newly qualified pharmacists carrying out prescribing activities
3. Identify any perceived behavioural control over prescribing
4. Describe newly qualified pharmacists and employers' perception of their competence, confidence and comfort to prescribe
5. Establish the utility of the NQP-IP programme for newly qualified pharmacists
6. Describe the behaviours and clinical activities of newly qualified pharmacist prescribers during training and post-qualification
7. Determine the impact of the NQP-IP programme on workforce retention, satisfaction with role and pharmacists' perception of utility

Process

The project team, consisting of Dr Hannah Kinsey, Dr Lindsay Morgan and Dr Martyn Patel met to convene the data collection strategy for the project. It was agreed that the data collected through this project would be done in three stages by the Chief Investigator (HK):

Stage 1: Focus groups with pharmacists undertaking the Newly Qualified Pharmacist with Independent Prescribing course at the UEA.

Stage 2: Interviews with pharmacists working either as educational leads or organisational leads in the East of England.

The findings from Stage 1 and 2 went on to inform the design of the data collection tool used in Stage 3.

Stage 3: A survey (the design of which was based on findings from stage 1 & 2) with pharmacists undertaking the Newly Qualified Pharmacist or the Newly Qualified Pharmacist with Independent Prescribing course at UEA.

Findings

Stage 1

Two focus groups were held with a total of nine NQP-IP pharmacists. Framework analysis has been undertaken on the dataset, using the Theory of Planned Behaviour as a guide for the development of the framework.

The key findings from the data are as follows:

Theme	Finding (summary)
Attitude towards prescribing	Scared to prescribe – whilst also looking forward to it
Normative beliefs on prescribing	Unaware of prescribing pharmacists
Control over prescribing	Want there to be control
Competence to prescribe	Competent to prescribe in scope but not outside of this
Confidence to prescribe	Confident to prescribe in scope but lacks confidence outside of this
Comfort to prescribe	Comfortable within scope/environment but not comfortable outside
Enablers/Barriers to prescribing	Enablers – supportive team Barriers – lack of organisational/team support for safe prescribing

Stage 2

Six interviews were held, three with educational leads and three with organisational pharmacist leads working in NHS organisations within the East of England. Framework analysis was undertaken on the dataset, using the Theory of Planned Behaviour as a guide for the development of the framework.

The key findings from the data are as follows:

Theme	Finding (summary)
Attitude towards prescribing	Good that pharmacists will be prescribing but pharmacists still need to deliver core pharmacy service
Normative beliefs on prescribing	Everyone else will love there being more pharmacist prescribers
Control over prescribing	Desire to control prescribing
Competence to prescribe	Perception that the UEA course has prepared pharmacists for prescribing roles
Confidence to prescribe	Some individuals have confidence whilst others lack it – down to the individual
Comfort to prescribe	The organisation is a comfortable place for pharmacist prescribers
Enablers/Barriers to prescribing	Enablers – Course built competence

	Barriers – Lack of national guidance/documentation on prescribing in early career
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Quotations from a participant

Researcher: So I want to ask you a little bit about your attitude. So what would you say your attitude is towards newly qualified pharmacists prescribing in your organisation?

Participant: “Terrifies me. If I'm being, you know, very truthful it, I think it's happening too soon before the infrastructure is in place. We've got a lot of pharmacists who are independent prescribers who don't utilise their prescribing at the moment just because of the way that the hospital runs... I just worry that if everybody's coming out with prescribing qualifications, they're not going to quite recognise where their limitations are. 'Cause you don't. Do you know? If you're newly qualified and you think, oh, I can prescribe now. Once you've got 10 years of experience, you know, just because I can doesn't mean I should. But I think as a newly qualified, you don't have that experience behind you to be able to to do that. And I'm particularly worried about Newly qualifieds going into settings where there is an expectation to prescribe.”

Participant: “we've got independent prescribers who have offered to go into clinics...But they are always leapfrogged, by normally a prescribing nurse or junior doctors, we've had cases where they don't want the junior doctors to not get the experience in a certain area because it teaches them a lot. So I think yes, they do [want to prescribe in a clinic]. It's just the opportunities aren't always there [for pharmacist prescribers].”

Stage 3

Nine pharmacists responded anonymously to the survey surrounding their beliefs about prescribing as a pharmacist. Some key findings:

- No respondents believed the foundation year was well set-up for delivering independent prescribing training for foundation pharmacists.
- Most respondents felt under pressure to acquire an IP qualification as subsequent pharmacists joining the profession would be IPs
- Most respondents believed that patients did not understand the role of a Pharmacist Independent Prescriber.
- The prescribing practice of respondents was not restricted by their organisation(s)
 - Most respondents believed there should be restrictions over what newly qualified PIPs can prescribe
- Most respondents believed they will be competent to prescribe and possess the knowledge and skills to prescribe

- Most respondents felt comfortable with the idea of prescribing in their organisation and did not feel under undue pressure to prescribe
- All respondents have the confidence to say 'no' in situations where it wouldn't be appropriate for them to prescribe

Outputs

This work has been/is due to be presented at the following conferences:

- Clinical Pharmacy Congress London 2024: Lessons from the Newly Qualified Pharmacist training programme with Independent Prescribing
- Clinical Pharmacy Congress London 2025: Using a programmatic assessment approach and the RPS portfolio to demonstrate post-registration assurance of practice in early career pharmacists
- Royal Pharmaceutical Society Conference 2025 (Submitted): Exploring Newly Qualified Pharmacist Prescribers' intention to prescribe

Our increasing understanding of the needs of early career prescribing training, gleaned with the support of NICHE, has implications beyond Norfolk and Waveney ICS to the whole of the UK, hence national conferences have been an important medium through which these findings have been communicated. The team has been invited to inform the approaches of the following organisations with respect to early career prescribing training:

- University of Sunderland PGDip and MSc in Clinical Pharmacy
- NHS Sussex
- Hertfordshire and West Essex ICB
- Improving Access to Medication CPD event for prescribers (UEA School of Health Sciences)

The following outputs for the project are in preparation. They include:

- Two peer reviewed published articles
- Stakeholder event with organisational leads in the East of England to share findings

Learning from success

The research has nurtured the relationship the UEA maintains with organisations who educate/train pharmacists in the East of England. Mutual engagement and a desire to see newly qualified pharmacists thrive in their early careers has brought colleagues closer together in seeking to achieve their shared goal and has led to spin off projects around specialist prescribing curricula and consulting engagements to inform the approach of others. Organisational and educational leads were appreciative of the

opportunity to have their views heard and articulate their thoughts and ideas regarding how the new workforce will need to be trained and supported going forwards.

Learning from failure

Owing to the need to recruit staff working in the NHS to participate in the research study, Health Research Authority approval was necessary for conducting this research. Acquiring this approval took 11 months, which significantly delayed the start of the research study. As a result, data collection periods were shorter. Hence, fewer people were recruited to the study (particularly stage 3 – survey) than the research team would have desired. Nevertheless, the survey was open for 3 weeks, with reminders/prompts sent out but a still only a small number of respondents completed the survey.

In future, it may be better to focus more time and resources on getting ethics/HRA approval through as quickly as is reasonably possible, owing to the long delays that exist waiting for all of the approvals that need to be in place before research can commence.

Quotations from participants

Researcher: Next, I want to talk a little bit about competence. Would you say that the newly qualified pharmacists who you see in your organisation at the moment are competent to prescribe?

Participant: “No. Because they're still learning the basics of providing pharmaceutical care to complex patients. There are some areas that after six months I would be happy for them to look at, say for example, changing VTE doses based on weight and renal function. But even then, I would expect them to do that in collaboration with the wider MDT. We've had new, so our newly qualifieds that we've got have come from, one of them to come from a community background, for example, so she's never actually done any hospital work up until coming to us, and I would be really concerned...it's taken us nine months to get her used to the workings of a hospital and the different types of drugs we've prescribed...and different protocols, procedures etcetera. So. Yeah, I would not have wanted them to be able to prescribe from day one. The other thing is that they're still learning how to use the right resources, so they could quite easily make a prescribing decision based off using the wrong resource. Just because that that's the resources that they would have used in community, whereas we based some of our decisions on other things.”

Next steps

The project team will be working with special interest groups to create the early career prescribing blueprints for various clinical specialities, using a Delphi approach to achieve consensus.

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The Project team and their affiliations

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