Shane Costigan

Welcome everyone. Thank you very much for taking the time this evening to join us, we realise it's a Monday evening. I'm sure everyone's had very busy days and no matter where you are, it's also quite cold at the moment. I don't know what it's like with you, but it's pretty freezing like I am. So thank you for taking the time to sit here and watch the webinar.

And so my name is Shane Costigan, I'm the Pharmacy Dean for Health Education England, working across the Southeast of England. And we've got an amazing session planned with a really fabulous panel from across all sectors of pharmacy. Joining us today we have Rachel McKay from Surrey Heartlands, Director of Pharmacy Medicines Optimization and Annant Damani, cystic fibrosis Specialist Pharmacist from Frimley Health NHS Foundation Trust, Kayt Blythin, Principal Clinical pharmacist at Sussex Community NHS Foundation Trust, Sarah Trust, prescribing support pharmacist at Chapel Street Surgery in New Haven and Maureen Aruede, Community Pharmacist in Kent so a really fantastic panel. As Maria touched on, the focus of tonight's session is really going to be focusing on the experiences and insights from our pharmacist DPP colleagues of who you see on screen. So we're going to hear a bit about their roles, what it is they do, what their roles of supervisors look like and how they manage that with their day-to-day work.

We have a big work stream happening nationally, looking at how we grow supervisor capacity across England and I'll touch on that as we go in a moment but the real focus of tonight's session is really for me, hearing from our panel, their experience of being DPPs. Next slide please Sharon.

And before I get going, I just want to say massive thank you also to Sharon who's controlling the slides and all the sort of technical aspects of the webinar behind the behind the scenes. And we've also got Maria Staines. Alice Conway, Lauren, Rubber and Kat Hall as well, manning the chat and keeping us on track with everything. So I'm going to touch a bit around just setting the scene and then I'm going to swiftly move into the panel discussion.

So, one of the big drivers for this work, at the moment is really the reform that's happening to the initial education and training for pharmacists, which gives us the development of one setting of learning outcomes spanning the full five years of the education and training pathway for pharmacist right through from the MPharm program into what we now have as a year five foundation training year, which replaces what used to be the pre-reg year, and a real focus throughout the five years on equality, diversity, inclusion, addressing health inequalities in all aspects of the work we do as pharmacy professionals. Next slide please, Sharon.
So what did this mean? So it's a huge opportunity I think for us in pharmacy when you look at things like the NHS long term plan. Some of the work that's happening around things like the Fuller stocktake, which really looks at how we improve, how our patients and people in our communities access serve health and care services across the board, but most importantly for us how they access pharmacy services and the services that also pharmacy professionals provide to them, they're changing and we're sort of seeing more care in the community, more care home, more clinical services being developed in community pharmacy and delivered in community pharmacy, more pharmacists in general practice in primary care and pharmacy technicians. So a real sort of shift and

a real change in the way in which we're delivering services to our patients and there's really, really exciting and we're seeing over the next sort of 5-10 years at that will only continue.

So I talked a bit about the initial education and training reform for pharmacists coming new into the profession, but also for those the current workforce and I'm sure many colleagues on this call, will sort of identify within that, really around how we support development of independent prescribing skills within our current workforce. You will have seen recently the General Pharmaceutical Council has changed its requirements to have at least two years experience in a patient facing role to be able to apply for a prescribing course and remove that and change it to ensuring that candidates have relevant experience in a pharmacy setting and have support from the DPP to support with their prescribing practice. So we're seeing a shift in the way in which people are able to access prescribing courses moving forward as well. Again, all linked to enabling pharmacists to be able to deliver excellent care at the point of point of contact with patients in our communities. Next slide, please.

So this summer, HEE across England responding for pharmacists to undertake independent prescribing training across three main workforce groups, so we had community pharmacists, including locum pharmacists, those employed in general practice, those in ARRS funded roles or those who've completed the CPPE primary care pharmacy education pathway, and then moved on to the independent prescribing the element of that and also funding for those pharmacists working in secondary care, mental health trusts and in ICBs as well. Next slide, please, Sharon.

So in order to support and really deliver that broad agenda over the next few years, it's really, really important that we support the development of our educators and our supervisors and most importantly, in this context, our designated prescribing practitioners (our DPPs). And I think traditionally, it's probably a role that we've turned to our medical colleagues to support with traditionally, but actually things are changing and there's a requirement of change to allow both pharmacists and other health care colleagues to supervise each other as DPPs provided they have the relevance of the training and competence to do so. So we're seeing a real broadening of the scope of the supervisor workforce. Nationally across England there's a number of pieces of work happening, looking at how we increase the amount of multi professional supervisors we have across the country and there's four key domains that the working groups are looking at in this space; to look at how we begin to standardise the information we're giving, how we communicate, how we look at things like consistency and course offerings and ways in which we can apply for courses, looking at how systems can come together to find their own solutions locally, to grow their supervisor workforce, to grow their DPPs. and then around, how do we begin to look at supervision as part of a real key component as career development as colleagues move from foundation level to more into advance and consultant level practice. So how does supervision really become part of that and what does that look like? So we're going to hear a bit about that from our panel this evening. Funding is a big element of how we enable this to happen, and again at a national level, we are looking at what the funding model looks like to support the growth of supervisors moving forward. So I'm not going to focus on that this evening because I'm really keen that we hear from our panel and the experiences of them, but if colleagues do want to know more about funding and what's happening around that, please post any messages in the chat or send us an e-mail afterwards and we would be happy to pick those up with you in the future. Next slide please, Sharon

So I talked about some of that work that's happening nationally and I'd also really like to just highlight some of the fantastic work that's been happening within London and the Southeast of

England. You've got colleagues, Maria, Alice on screen here who've done a huge amount of work looking at the amount of DPPs we have across secondary care, primary care within community pharmacy settings within the London and Southeast region. And we have a number of projects and pieces of work that have really helped us to look at what the current picture looks like, what some of the gaps are and then start to think about how we grow, moving forward and this webinar is born out of that initial work that's really sort of looked at kind of where we are and began to map out the next steps, also got Lauren Reber with us on the call who's one of our early career program directors working in London. We've been working really closely with Maria and Alice in this space. So again Maria, Alice and Lauren all available in the chat if you want to ask them any questions specifically.

So I think that's probably enough for me. I'm going to go to the next slide, please Sharon and I'm going to hand over to Rachel to just give us a bit of a strategic context across a system. Rachel, over to you.

Rachel Mackay
Thanks very much, Shane. Hi everyone. I'm Rachel MacKay from Surrey Heartlands system and we're looking at working towards delivering the aspirations of the long term plan, which certainly sees an increase in independent prescribing from pharmacists and this long term plan sets out how the NHS will move to a new service model in which patients receive properly joined up care at the right time in the right care setting. I couple this with the Fullers stocktake Shane has alluded to, this highlights the need for better access to health and care, treating more people in the community. So to be responsive to these important changes, systems need to develop their prescribing workforce and we require a sustainable supply of independent prescribers.

We have a drive to increase our neighbourhood services moving towards increasing the clinical service offering from our community pharmacies and embedding community pharmacy into neighbourhoods is a key component of this plan. Utilising independent prescribing instead of using existing legal patient group direction frameworks.

So Surrey Heartlands, along with other systems, are seeing an increase in demand for designated prescribing practitioners to supervise our independent prescriber learners as more registered pharmacists seek to undertake their IP training and the demand is only set to increase in 2025 when the first cohort of Foundation training year pharmacists commence their year five training and seeing them complete their independent prescribing during this year and joining the register as a prescriber from the outset from the summer of 2026.

Currently in Surrey Heartlands, we've got no designated prescribing practitioners when we last surveyed this, and existing designated prescribing practitioners, so our nurses and GPS are already being stretched due to an increased demand from perspective IP learners. So we have this situation where we've got IP learners wanting to train as independent prescribers but unfortunately not being able to find a designated prescribing practitioner and the sector, which appears to be struggling the most in terms of finding a DPP, seems to be within the community pharmacy sector.

So Surrey heartlands we've actually joined up with Frimley, the Frimley system and we're working jointly as two systems to develop a designated prescribing practitioner supervision program to support the development of independent prescribing workforce across all our sectors of pharmacy, but paying particular focus on community pharmacy. So collaborative work has already been

happening across our two systems and we've set up a joint Frimley and Surrey Heartlands independent prescribing and designated prescribing practitioner subgroup, realising the benefit of undertaking this piece of work across the two systems, and more recently, we've been linking in with regional colleagues to focus on this area and share our thinking. So we recognize the importance of not working in Silo, focusing solely on the pharmacy profession and hence why we are engaging with other professionals to ensure that we look at this multi professionally and our subgroup that we've set up is a multi-professional subgroup.

So we have developed a project that we will be focusing on and this project looks at the creation of a register of active DPPs and independent prescribers, those that are trained and in training and this will support that local networking and being able to find future designated prescribing practitioners for prospective IP learners. We want to look at designing a PDP development pathway looking at or utilising the RPS competency framework for DPPs and we can then sign post to appropriate resources to meet gaps in capability and support the development of prescribing and supervision practice. The work extends to engaging with higher education institutes to ensure that the development of any kind of pathway that we do create meets the requirements of the DPP supervision and the 90 hours of learning and practice that's required.

We also want to ensure that our DPS because some of them, you know, will be, will be new to this, engage in action learning sets so there is a peer support and a safe space for support, for DPPs to develop and share best practice and encouraging personal and professional development.

And finally, within this project we want to look at developing mentoring champions to lead a future development within this particular work area.
So we need to make sure that whatever we do, we develop a sustainable approach and we see that actually to enable us to do this, we need to make it quite clear from the outset that with all prospective independent prescriber learners, that they will need to become a DPP once they've qualified and gained three years of prescribing practice. I suppose it's almost a pay it forward model, therefore, you know right from the outset, people know that they will in time become a DPP themselves. OK. So that's just really a bit of a snapshot, I suppose from a system perspective. So I am handing over now to the remaining panel members.

Annant Damani (FRIMLEY HEALTH NHS FOUNDATION TRUST)
Thank you. So hi everybody. My name's Annant Damani and I’m the specialist cystic fibrosis pharmacist at Frimley Park. I'm happy to be contacted directly on the e-mail address. I've been IP for about 8 or 9 years and last year for the first time became a DPP. So I'm here to, I think, give the hospital pharmacists perspective. So to go through the questions below.

I initially became a DPP simply because someone approached me and they had quite a generalist role so were finding it quite hard to find a consultant to be their DMP and they had a bit of an interest in CF so I thought I'd take it on, it seemed like something a bit different to do.

But the benefits and for me, it was really nice watching a colleague develop and grow. Prescribing pharmacists, you know, because they're a bit further on in their career, I think they're quite motivated as students, they've seen their prescribing colleagues and realised what an impact it makes being a prescriber, so they're kind of more motivated to get through the course and, you know, hit their deadlines and things. On the greater scale, It's kind of like Shane mentioned, it develops the profession, it seems strange that we're asking medics to permission to sign this off as

prescribers, as pharmacists when we've been correcting their prescriptions for years. We've got the skills and we've got the confidence within our profession, It's just about utilising it.

And then for me, I'm very fortunate, I work in a good MDT, we have specialist nurses, physios, dieticians, etc and all the MDT members that trained to be prescribers really value their time with the pharmacist and yeah, we've got good knowledge of medicines and how they work in all that. So it's nice to reciprocate and give your MDT colleagues a pharmacist to have some time with MDT colleagues. So always take the example about patient examinations like personally as pharmacist, I felt it really quite foreign, having to touch somebody and examine them, whereas you see how comfortable nurses and physios are with touching patients and it helps you realise how comfortable they can be with it. On the negative side of things, the thing I found hardest was when I became a prescriber, I was working in a specialist area, my DMP was the consultant in that area and I was training to be a specialist prescriber and when I became a DPP, as I said my tutees were aiming to be generalist prescribers, so it took me a little while to get my head around that. And then there's the usual problems with the ever-increasing workload and actually finding any time in your day to do anything. Looking at resources, when I was a DPP, the University of Reading have an online training program which I found very useful. I was the first DPP in the trust so I wasn't, you know, aware of there wasn't other colleagues to talk to her about it and things like that. About competence, I mean, yeah, there's the RPS competency framework. But in practical terms for me, I'm an active prescriber do clinics most days in the week. So now it's part of my kind of JD and part of the appraisal process for me. And basically, to summarise, I would say there are more advantages than disadvantages to being a DPP and there's always parts of your job that you don't enjoy, you don't really have time for, but this can actually be quite enjoyable and quite fulfilling. And for you as an individual, I think it looks a bit more impressive at the recruitment stage as was being said most pharmacists will be prescribers as in a few years, but currently, at the moment, you know very few are DPPs, so if you want to separate yourself from others at the recruitment stage then it can help with that. And finally, I don't think I can write out the words as it infringes on a sports company's copyright but if you're thinking about being a DPP, my advice would be 'just do it'.

Shane Costigan
Thank you so much Annant. Yeah really, really great to hear your reflections and I think next, we're going to go and just to the colleagues on the call and we're going to go through all of our panels are going to give an update, and then we're going to open up for Q&A afterwards. If you've got questions for Annant, Maureen. Sarah, do pop them in the chat and we'll come back to them afterwards. So next, we're going to have to, Kayt, principal clinical forms, associated Community Trust. So over to you.

BLYTHIN, Kayt (SUSSEX COMMUNITY NHS FOUNDATION TRUST)
Thank you, Shane. So my name's Kate. I'm the pharmacist for the medicines optimization in care homes service across East Sussex and I have just started on my third DPP. So I've done one at a time so far. I've been doing this, supporting students who are doing the course through the University of Hertfordshire and they allow you to have two students at a time, but I don't have that many students in the pipeline and I'd choose carefully. So how did I get involved in becoming a DPP? It's because I have pharmacists who are doing the primary care pathway, their NMP training is part of that and as they've got to that stage and I have more than three years prescribing experience, I think I'm now on year 6 or 7, then I was able to support them once a DPP became available.

So the benefits and the challenges of this, well, I have to say, the biggest benefit for me is supervising people that are part of the team, which means I know their work well and I know their competencies well I have supervised people who aren't directly part of my team but are doing the same job and that has been harder to look at them without being concerned or without getting bogged down in whether they're actually delivering the service requirements as a whole and focusing just on what their prescribing scope is.
I'd say some of the challenges is prescribing scope, I feel that historically people doing the NMP course have been able to pick and choose what they wanted to do their scope of practice in it's not necessarily complementary to this service or the team that they're currently working with or even the NHS goals and I think there's some work to be done around that nationally to streamline it. So the resources that we use are the RPS, prescribing competency framework, this I have turned into a RAG document, I went through it this morning with my current student, she's a very experienced pharmacist, she's been working with me for a number of years. It was a really useful document to go through each competency and work out that about 80% of it she was 'green' on and we didn't really have to worry too much on finding opportunities for her to have prescribing experience around that and we could just concentrate on the dozen or so 'amber' competencies that will form the basis of prescribing practice learning.

My own personal DPP competency, well doing it and applying it I'd say is the best way. I also did a health VLE course. This is an e-learning course, I found it really useful. It was it was quite detailed; it talked a lot about some of the legal implications of being a DPP and your responsibilities. It was kind of confirming what I already knew, but it was a good course to do and quite honestly, it took me a Saturday afternoon so it wasn't that demanding, but it was a good sort of baseline.
I also have found the university incredibly helpful, not just in terms of their induction and introductory courses, but their ongoing support, their general availability at the end of a phone or an MS Teams call very pragmatic help and really useful resource where your own employer might not have the expertise, particularly within it.
So anyone considering DPP role? Well, I think anyone who is functioning as a prescriber at the moment should be looking at this role. I can't think of a single thing why not to, it's what the what the workforce needs, its where pharmacy is going, it keeps you up to date yourself, keeps you on track and it's great fun and incredibly rewarding. So that would be my 5 minute summary.
Thank you, Shane.

Shane Costigan
Thank you and loving 'it's great fun and rewarding'. And I think that's the incoming theme through from Anant as well and thank you very much for sharing your reflections and experience in a slightly different it was role in context to Annant. So, keeping all that sort of vein, we're going to next go to Sarah to give us another perspective again. So, Sarah, I hand over to you.

Sarah Trust (CHAPEL STREET SURGERY)
Hello everyone I'm going to talk about my sort of DPP experience. I've come to it a bit unusually because I work in a GP practice setting at the moment, but my background is a hospital setting so for that you know I've been a pre-reg tutor for a number of years and I've been involved in training and mentoring pharmacists as juniors through a specialist discipline. So actually I got involved in being a DPP by a former colleague who knew I was a prescriber (and thank you Alice).

And actually, you know, I found it incredibly rewarding and exactly as Kate and Annant have said, you know, why not, I have been a prescriber for nine years and it felt like a natural extension.

Benefits and challenges of being a DPP, I find it rewarding and very gratifying and also, I'm sort of influencing the direction of the pharmacy discipline. My first and my only so far person that I'm mentoring through the prescribing course is actually a community pharmacist and they came to me and didn't naturally have a scope that he wanted and working as I do in primary care, I could see the gap and I could see the benefit of a community pharmacist actually getting involved in hypertension, so I sort of influenced the direction of the scope to be around antihypertensives, for instance, and I feel like this might be a natural extension for community pharmacy in the future and certainly something there they're able to wade into the monitoring place of with GPS at the moment.

So again, the challenge is not working with the working with him directly, but he does spend a lot of his time. In fact the University of stipulated that 50% of his time must be shadowing me, so I've actually got quite to know him over this time and that really don't have any concerns about his practice but as Kayt said, I have found the university particularly helpful here. You know, I've obviously looked at my own competency to be a DPP with the RPS framework, but actually they look at your competency around what you do every day and they also offer quite a lot of input, a lot of you know Teams and chats that we can get involved with in a lot of support that we can have for each other, particularly they focused on a non-medical prescribing group for this. So again, the RPS framework, but also my background where I've worked in hospital and now in primary care, I've found that broad spectrum of experience to be very helpful and then the connections that I've got, you know, particularly because I'm able to get this pharmacist who's doing his IP into hospitals to maybe observe hypertension clinics or to work with other colleagues in the community sector and this is because I know quite a few people in Sussex, because I worked in lots of different areas.

I maintain my DPP competency by regularly reviewing my own clinical competency, keeping a portfolio when I qualified as a prescriber, I had to keep a portfolio looking at the prescriptions I'd done, but in a particular time period and then also looking at three particular case studies and I've sort of kept that up with what I'm doing just to have a means to be interrogated I suppose to prove my own competency, which is never really asked for again, once you qualify, so that's what I do.

What advice? again a bit like an Annant. I would say it's a very rewarding thing to do and you know, as I was handheld through my own independent prescribing course, I really value being able to give that kind of opportunity back and I would say absolutely this is less arduous than being a preregistration tutor. So anybody who's ever done that should jump into this whole heartedly and good luck! That's all I've got to say really.

Shane Costigan
Thank you, Sarah. And I love that idea around helping shape or, work with someone to look at, the opportunities that are coming through in all sectors of pharmacy and just reflecting on I guess things around the hypertension case, finding work that's coming through the community pharmacy contract and other things like that and being able to support colleagues across all of our sectors to deliver those services is really exciting and I imagine really rewarding, thank you Sarah.
Next slide please Sharon and now we're going to move to Maureen who's a community pharmacist and prescriber in Kent. So Maureen, I'm going to hand over to you.

Maureen Aruede (NHSPHARMACY)
Hi, good evening all. My name is Maureen Aruede, I work in Community Pharmacy in Dover and I've been an IP for eight years before I decided to be a DPP.
How did I get into it? A friend of mine needed a DPP for one of my locum pharmacists, and he wanted to do an IP course and I said, well, it's a good idea, but you've got to find someone to be a DPP for you and we started looking, but it was quite expensive to do and then he said, well, can you do it? And I thought, Umm, that's a challenge, so why not? And I said, well, bring, you know, the university that he was attending and said, let's look at the competencies, read through it and thought, well, I'm sure I can actually do this, having a background of being a pre-reg tutor and mentoring for other pharmacists in the community, so I just sort of like just jumped into it really without knowing what I was letting myself in for, but he was happy and we both said OK, we're going to do this together and that's how it all started.

What are the benefits? that the benefits are quite rewarding, because when we first started, it was a little bit hit and miss, he has to come to clinic and shadow me and see what I'm doing and how it's been done, looking at consultation skills and all of that and I think what he was really keen on was consultation and how you can actually use non communicable consultation skills and where we were able to actually pick out a lady who had Parkinson's from just the way she walked into the clinic to see me, to get her INR done. The lady then came back and it was confirmed by the GP that she had Parkinson's. And so the questioning all started, how do you get to do this? How did you know that? and all of that and I said, well, when I was training one of the first things the GP told me is or when I was in the hospital, consultants used to say "you look at your patient when they're in the bed, you don't just go straight to the drug charts, you have to look all around, look at your patient" and that's what I did when I was doing my training and that's what I taught every single person that I had been a DPP for. So I found it quite rewarding. It was quite challenging as well because it took quite a lot from me to make sure that this first student that I had drew as much as possible from my own experience and make sure that he was able to successfully complete his IP course, which he did.
So there's time pressures as well and being a community pharmacist in the community, you also have to look after the dispensary as well and being able to manage your time was quite challenging. But we got round it and I've kind of like perfected it now, which is great.

Resources I have found quite useful; RPS framework and obviously drawing from my own experiences over the years, as pharmacists, quite a lot of us have different scopes and we have different experiences from different areas you have to bring them all when you are DPP and because you never know when you're going to be asked questions or when you're presented with cases and you have to be able to deal with it competently. So I had to familiarise myself first of all, with the competencies for the different universities because I've done the DPP for three different people and one of them was actually in my area of competence, which is much easier, but the other one was hypertension, so it's a little bit tricky when you are not working with people who are in your area of expertise but they do overlap, so there are there are cases that you can actually apply to their area or competencies as well. So being able to be able to kind of like select and separate different competencies from the one that you're used to and the one that you know it's a little bit tricky, but we worked around it and again I kind of like perfected it because I know what the different universities are looking for in the students that I'm working with. And so when they're shadowing me during clinic, I also asked for about 50% because there's 90 hours that they have to do, but once the 50% is achieved with myself then I refer them to other colleagues like nurses and out of hours doctors and hospital doctors, so that they they're able to fill up all the hours because it's quite a lot

of hours to fill. So the RPS Framework is great and for me to be able to use for my own role as a DPP now.

How do I maintain my competencies? I go through the RPS and also having my own portfolio to make sure that I'm competent in those areas and I also liaise with my other colleagues as well who are also IPs and I do liaise with the hospital, Kent and Canterbury Hospital when I do refer patients to them or when I have very challenging cases to deal with. So that's how I maintain my own competencies. Now, what advice would I give anyone who wants to do this?
We're all colleagues and we should be there to support each other, which is what we do as pharmacists. And so I would say go for it is, is it daunting? Yes, it is daunting, but It's not something that we cannot do as a pharmacist once you put your mind to actually becoming one. It's quite rewarding when someone comes to me and say, yay, I finished my course and you know I passed my exams and you can be proud to say that you were one of the people who helped that person to get to where they have gotten to, and so it is quite rewarding from that aspect, so help you know, this is always rewarding any way as pharmacist, you know, when you have just done something for a patient and they come back to you and they say, oh, thank you so much you know, for what you did the other day, yes, I understand now I'm able, I got my drugs, I got my prescription. And you do say, you know, within yourself, forgetting all the moans and groans sometimes. 'Yeah, I got that right didn't I'. And it's usually quite rewarding. So yes, go for it.
Thank you.

Shane Costigan
Thank you so much Maureen. And that was a yeah really nice reflections at the end around how rewarding and sort of fulfilling the role can be. And I think that was a theme that across everyone who spoke this evening and I really liked it as well when you talked about and we might come back to this, but this may come up in the part of the Q&A around balancing your time, you know, and that sort of tension, I guess between, you know, busy community pharmacy, you know the anti-coag service, but then you talked about how you didn't necessarily need to, have the person fulfilling their whole 90 hours with you, that actually you're able to draw on colleagues in the wider MDT to support with elements of that as well. So, it's sort of drawing on that, that kind of wider network as well, which I think is really, really, key.
So thank you so much to our panel with Rachel, Annant, Kayt, Sarah and Maureen, really fad to hear from you all, and I'm now going to sort of open it up to Q&A. And there's been well, first before I come to you and I just want to say there's a lot of hearts and a lot of likes and a lot of thumbs up in the chat. So panel you're getting a lot of love which is great.
And so I'm now going to hand over to Maria and Alice, who are going to start to lead us through a bit of a Q&A from questions that are coming up in the chat. So if you've got anything that's kind of peaked your interest or want to know more about and you haven't popped it in the chat, please do so now, we've got about 15 minutes left so we'll try and get through as many as we can. If we don't get through everything we'll make sure we follow up with people via e-mail post those sessions.