Health Education England

Pharmacist Designated Prescribing Practitioner (DPP) Focus Groups

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Introduction

In 2021, Health Education England London and Southeast Pharmacy (HEE LaSE) developed a scoping survey to identify the Pharmacy workforce in terms of pharmacist independent prescribers (IP), designated supervisors (DS) and Designated Prescribing Practitioners (DPP) in the London and South East region.

One of the key findings was that there are currently very few pharmacists acting as a DPP across the LaSE region (n=12). Trainee pharmacists (TP) from 2025/26 will require a DPP to supervise the independent prescribing element of their foundation training year. To support an estimated 650 trainee pharmacists in LaSE in 2025/26 with their IP (based on projections from Oriel data), it is estimated 650 DPPs will be required in this region by 2025/26 if a one DPP to TP model is implemented.

To provide further direction in developing a DPP strategy to meet this target, HEE LaSE organised two focus groups, consisting of 5 Pharmacist DPPs and 1 Chief Pharmacist in June 2022. 10 Questions were asked of both groups and distributed to the wider group of DPPs for further comment. The purpose of the focus groups was to learn more about the role and experience of a pharmacist DPP, as well as the barriers and enabler encountered when becoming a DPP.

HEE LaSE would like to thank all those that participated and contributed to the Focus Groups:

- **Alison Warren** (Consultant Cardiology Pharmacist and DPP at Brighton and Sussex University Hospitals Trust, has been an independent prescriber (IP) for 15 years in primary and secondary care)
- **Kayt Blythin** (Principal Clinical Pharmacist and DPP at Sussex Community NHS Foundation Trust and Medicines Optimisation for Care Homes–East Sussex, has been an IP for 6 years)
- **Joanne Munns** (Antimicrobial Pharmacist and DPP at West Sussex Hospital NHS Foundation Trust, has been an IP for 4 years)
- **Joanne Crook** (Consultant Paediatric Pharmacist and DPP at Kings College Hospital NHS Foundation Trust, has been an IP for 7 years)
- **Evonne French** (Primary Care Pharmacist and DPP at a GP practice in North Central London ICS, has been an IP for 4 years)
- **Nipa Patel** (Lead PCN Pharmacist and DPP at SASSE 2 & 3, North West Surrey Heartlands, speciality Asthma and COPD)
- **Rahul Singal** (Chief Pharmacist at North East London NHS Foundation Trust)

Focus Group Questions and Summary Answers

1. What do you think needs to happen in order to develop 650 DPPs by 2025/26?

- **Funding**
  It was felt additional funding for backfill to allow for dedicated supervision time and training both for the development of DPPs and in DPPs supervising IPs. There was also recognition of GPs being DPPs in their own time and gaining a financial incentive, but this is not applicable to pharmacists, highlighting a disparity between HCPs

- **Training**
  There is a need to establish a minimum standard and training pathway for DPPs. Private companies are charging e.g. £150 one day session on how to be a DPP, which are not endorsed by RPS, HEE or GPhC. It was felt that it should be the universities responsibility to outline DPP requirements and training, however there is currently disparities between IP course providers, some direct new DPPs to the DPP framework others provide comprehensive induction and additional resources; a more consistent approach would be beneficial.

- **Job Plans**
  Incorporation of DPP responsibilities into job plans to allow for time complete supervision and mentoring

- **Multi-professional approach**
  Consideration around the multi-professional aspects of IP training, who can supervise whom, and the priorities of other HCPs. The medic perspective was seen as an invaluable insight into prescribing and development opportunities will be lost if they were no longer involved

- **Insurance**
  Clarity on the insurance requirements for DPP role and whether this would be in addition to IP insurance

2. What helped you become a DPP?

- **Refreshed clinical knowledge**
  Utilised online resources to refresh clinical knowledge within scope to be supervised e.g. NICE CKS and CPPE, also review of university resources. This was largely done during non-working hours.

- **Shared DPP role with a medic**
  Supervision mainly done by pharmacist but not recognised by trust so had to be finally signed by medic DPP, but also beneficial for own development as a DPP and the trainee to have input from both HCPs

- **Effective working relationships**
  DPPs found a well-established relationship with their IP in training improved confidence in their abilities to successfully complete course and prescribe competently. Wider links within organisation and wider networks improved understanding around prescribing governance

- **Training**
  Attending the RSP DPP training session was useful to develop skills for the role. RPS have created a competence check list which was used but it was described as not in an easy format to use, so was converted to be able to RAG rate skills by the individual.

3. What do you find rewarding as a DPP?

- **Developing others**
  Attendees highlighted it is rewarding to develop someone beyond their usual comfort zone but recognised this may be because they personally enjoy training, but this might not be the same for everyone. Trainees passing the IP course is very rewarding for the DPP and attendees felt that they were able to dedicate more time and support to trainees in certain situations than other Healthcare Professionals (HCPs)

- **Self-development**
  Taking on the DPP role was beneficial in self-development and recognition of the skill set required as they had been supporting IPs informally anyway.

4. Do you connect/network with other DPPs? Is there a pool of multi-professional DPP's to potentially tap into?

No this is the first time

5. What barriers did you encounter when becoming a DPP?

- **Employer Barriers**
  Hospital: Trust policy not recognising a pharmacist as a DPP and requirement from university to be covered by your employer, currently trying to get this changed but still in progress

  Primary care: Timescales are a challenge – many pharmacists are new to GP, joining when the pathway commenced ~ 2 years ago, and do not have sufficient experience yet to become DPP. Pathway is 18months, plus NMP 6months, plus 3 years experience

- **Lack of protected time**
  Particularly in a small team or community pharmacy where there were less team members to assist with supervision. There was experience within the group of the workplace not providing protected time for DPP activities and that this work had been carried out in personal time.

- **Lack of DPP network**
  Concerns over confidence and own competence in the DPP role and that there were no other DPPs within the organisation to go to for support although support through lead NMP nurse and HEIs had been provided.

- **Potential DPP/trainee IP barriers**
  Discussion around the considerations made for pharmacists who do not want to undertake IP, pharmacists who have the IP qualification but do not use it and pharmacist IPs who do not engaging in the development of others.

  It was also acknowledged that working with a member of your own team who you know to be a functioning proficient clinician before starting the IP course is easier than supervising

someone with whom you do not have a prior relationship with, however this could also introduce bias

6. **Is your DPP role currently carried out in your work time? / how much personal time?**

   Largely DPPs responsibilities were carried out during work time, particularly where this had been built into their job plan. It was acknowledged that this has been challenging with remote working, getting meeting time/space and booking face-to-face meetings and/or consultations. There was experience within one group of the workplace not providing protected time for DPP activities and that this work had been carried out in personal time.

7. **In your DPP role, could you work cross-sector & how do you think this could happen?**

   It was generally felt this would be challenging and would be scenario specific. It would likely also be dependant on the DPP pharmacist previous experience e.g. they have worked in that sector before and understand the prescribing practice and pathway, if not they would need to have regular visits to improve understanding of the prescribing pathways.

   Some outlined that is would not be impossible to do cross-sector, particularly if scopes overlap e.g. paediatric inpatients and paediatric outpatient clinic, however others felt it was unlikely to succeed without a financial incentive.

8. **How long were you IP qualified before pursuing the DPP role?**

   This varied greatly among the DPP attendees from 3 years to 15 years, however the majority were 3-6 years qualified as an IP before pursuing DPP role. One attendee was encouraged by their organisation to pursue DPP as soon as they met the criteria due to the increasing demand.

9. **Have you supported the development of other IPs? How many at once? What were the barriers or challenges to this?**

   All attendees had supported the development of other IPs, generally one at a time as a formal DPP, however within some organisation there are often multiple undergoing the training therefore act as an informal mentor where needed e.g. for project work

10. **What can organisations do to encourage IPs to pursue DPP? Should this be an expectation (i.e. included in JDs) for experienced IPs? Does your organisation have a target for DPPs?**

- **Address the issue of qualified IPs not practicing**
  Organisations would need to consider how they would gage active prescribing and suitability to step into DPP role

- **Create a DPP network**
  Pharmacists are generally more risk adverse, and many are nervous to become DPP, particularly in lone working environment as more support available in, for example, acute setting

- **Clarify position of medic DPPs and Pharmacist DPPs with regards to future IP training**
  It was felt that there are 2 different sets of DPPs;

1. Supervising trainee pharmacists (TP) undergoing IP as part of foundation training year
   - What are they going to be prescribing?
   - What limits (if any) will there be on their prescribing?
   - Would current DPPs be suitable as majority are specialist within a scope and would be supervising generalist TPs?
2. DPPs for specialist pharmacist e.g. legacy staff
   - More experience and independent
   - Probably more suitable to be supervised by medic DPP than TPs

- **Introduce a Prescribing Plan**
  Ultimately there is a need for a prescribing plan to know how DPPs will be utilised to supervise training, as well as a prescribing training pathway for TPs for whatever sector they are in (similar to FY doctors)

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