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## Pharmacists supplementary prescribing

Pharmacists have long been a major source of information about medicines and have advised on, and dispensed prescription and “over the counter” (OTC) medicines. In recent years, an increasing range of medicines formerly only available on prescription can now be supplied “over the counter”. For those patients with more serious conditions, a visit to the doctor was always necessary as only doctors (and dentists) were recognised as practitioners authorised to sign a prescription. With an estimated 75 per cent of all prescriptions written for repeat medication, this has meant that doctors spend a great deal of their time dealing with routine and repeat prescribing for chronic conditions. This comes at a time when medicines and treatments are becoming increasingly complex with an increasing pressure to fully utilise the skills and expertise of all health professionals appropriately.

It is now recognised that the NHS and patients could benefit if prescribing was extended to a wider range of skilled professionals. Pharmacists (and nurses) can now be supplementary prescribers and measures are now being considered to allow them to become independent prescribers – utilising their extensive expertise in the use and administration of medicines, freeing up and enabling GPs to concentrate more on the diagnosis and more acute elements of disease.

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A supplementary prescribing agreement is a partnership between a doctor and a pharmacist (or nurse) and covers the treatment of any clinical condition with most medicines except those classified as controlled drugs and unlicensed. With the agreement of the patient, the pharmacist and doctor work together to provide an agreed treatment and follow-up plan. The doctor makes the diagnosis and normally initiates treatment of the patient’s condition with a prescribed treatment. For a period of up to 12 months, monitoring and adjustment of the patient’s treatment is undertaken by a nominated supplementary prescriber. Working to an agreed clinical management plan, the supplementary prescriber takes responsibility for the patient’s care, referring back to the doctor when necessary.

- the patient benefits from better access to care and more detailed advice on his or her treatment
- the doctor benefits from having more time to concentrate on new patients and on those who need the care that only a doctor can provide
- the pharmacist benefits from making better use of his or her professional skills and being able to make a valuable contribution to the work of the healthcare team
- the NHS benefits from being able to make the best use of the resources available to it.

All pharmacists who want to become supplementary prescribers must undergo 25 days’ training at a university – either face-to-face or by open learning and 12 days supervised practice. For pharmacists, both the Scottish Schools of Pharmacy at The Robert Gordon and Strathclyde Universities provide supplementary prescribing training courses which are fully accredited by the Royal Pharmaceutical Society of Great Britain. To date, approximately 140 pharmacists are in training and around 17 have already qualified.

# Pharmacy Briefing



Royal  
Pharmaceutical  
Society  
of Great Britain

from the Royal Pharmaceutical Society of Great Britain - Scottish Department

A growing body of research evidence shows that, for some conditions, patients are just as happy to consult a pharmacist as their GP. In a study of repeat prescribing by pharmacists in Dundee, 81 per cent of patients who experienced pharmacist managed repeat prescribing preferred it to the traditional system of requesting a prescription from their GP. They felt it was more convenient, saved time and were reassured by the increased clinical input provided by the community pharmacist. Patient satisfaction has also been demonstrated in the *DirectCare at the chemist* scheme, currently being developed across Scotland.

**“Some very real benefits to the quality of patient care are being realised.”**

Some very real benefits to the quality of patient care are being realised. In a pharmacist-run hypertension clinic in Midlothian, 20 per cent of the patients seen by the pharmacist were identified as also needing a statin and 75 per cent should have been taking aspirin for the primary or secondary prevention of coronary heart disease.

The Royal Pharmaceutical Society of Great Britain (RPSGB) has created a framework for supplementary prescribing by pharmacists, which it views as a positive development for the pharmacy profession. The RPSGB accredits university training programmes for pharmacist supplementary prescribers and registers pharmacists as supplementary prescribers. Through the RPSGB's continuing professional development framework, pharmacist supplementary prescribers will continue to demonstrate that their commitment to prescribing practice is supported by CPD. The RPSGB has developed guidance on clinical governance for supplementary prescribing.