



Pharmacy Independent Prescribing Service: Governance arrangements

Governance arrangements for pharmacists providing NHS Pharmacy Independent Prescribing Services in Community Pharmacies in Wales

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1. DEFINITIONS

- 1.1. The definitions set out in The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022 (or subsequent iterations of this document) apply to this specification.
- 1.2. “Local Health Board” (LHB) means the Local Health Board that the pharmacy in which the service is being provided is located.
- 1.3. “National Extended Services Management Board” (NESMB) means the Board established by LHBs to facilitate national discussion around community pharmacy extended services. In the event that the name of this board changes, this definition will be taken to mean the replacement board.
- 1.4. “Pharmacist” means a person registered in Part 1 of the GPhC register or in the register maintained under Articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976.
- 1.5. “Pharmacist Independent Prescriber” means a Pharmacist who is listed in the NHS Wales approved list of Pharmacist Independent Prescribers.

2. BACKGROUND

- 2.1. This document outlines a governance structure for the safe and effective delivery of the Pharmacy Independent Prescribing Service (PIPS) in Community Pharmacies across Wales.
- 2.2. Provision of PIPS must comply with the relevant Directions and Service Specification
- 2.3. This clinical governance system described does not supersede Pharmacist Independent Prescribers’ individual professional accountability: to the General Pharmaceutical Council (GPhC); for their own actions in accordance with the code of ethics and conduct; and to work within their own level or professional competence and expertise.
- 2.4. This governance system will provide a list of all authorised pharmacist independent prescribers working in community pharmacies across Wales and will replace any requirements for Local Health Boards to maintain a local list of such prescribers, or include them in local governance arrangements.

3. NHS WALES APPROVED LIST OF PHARMACIST INDEPENDENT PRESCRIBERS

- 3.1. Clinical governance for PIPS is delivered through an **NHS Wales approved list of Pharmacist Independent Prescribers**, populated and accessed

through the All Wales Pharmacy Database (AWPD) and managed by the NHS Wales Shared Services Partnership (NWSSP).

- 3.2. Pharmacist independent prescribers will not be able to provide the PIPS within Wales unless they are included on this list. The entry onto and ongoing maintenance of the pharmacist independent prescriber on the list will be controlled through an initial declaration and annual declaration process.

4. ENTRY TO LIST AND INITIAL DECLARATION

- 4.1. Any pharmacist independent prescriber wishing to provide PIPS within Wales must apply for entry onto the NHS Wales approved list of pharmacist independent prescribers.

- 4.2. For initial entry the pharmacist independent prescriber must declare:

- 4.2.1. That they are registered with the GPhC and have an independent prescriber annotation listed on their register entry;
- 4.2.2. That they have a completed enhanced Disclosure and Barring Service (DBS) check (including adult and child barring lists) lodged with NWSSP request form and anything listed has been agreed as acceptable by a Local Health Board;
- 4.2.3. That they have completed any training (and associated refresher training, where required) identified by Health Education and Improvement Wales (HEIW) as required for Pharmacy Independent Prescribing Services;
- 4.2.4. That they have successfully completed a face to face assessment in Basic Life Support¹ and will undertake further face to face assessments of their ongoing competence at least once every 13 months²
- 4.2.5. The area(s) of prescribing practice, which will account for the majority of their prescribing practice over the next 12 months;³

¹ Such assessments must meet the UK Core Skills Training Framework standards for resuscitation at Level 2. Assessment must include training in Adult and Paediatric Basic Life Support (see subject guide at <https://skillsforhealth.org.uk/info-hub/cstf-other-organisations-in-england-or-the-uk-use-uk-cstf-v1-6/>)

² In the case of a pharmacist independent prescriber joining the list prior to 30 September 2022, this requirement does not have to be met on joining, but MUST be met by the 1st October 2022 at the latest, or their listing will be removed

³ If, during the following 12 months, the prescriber's competence has expanded and they wish to significantly broaden their scope of practice, they may make a re-declaration with a revised scope of practice, using the agreed method

- 4.2.6. That they are competent in the diagnosis, assessment and management of conditions relevant to their intended area of prescribing practice (as set out in 4.2.5) and that they will undertake such training and experiential learning as is necessary to maintain their competence
- 4.2.7. That they will prescribe only within their own scope of competence and in line with relevant regulatory and clinical guidance and local formularies;
- 4.2.8. That they are engaging with an HEIW approved mechanism to demonstrate ongoing competence in line with national standards;
- 4.2.9. That they are engaging with quality improvement and/or audit processes to demonstrate commitment to continuing improvement to patient care;
- 4.2.10. That they are engaged with clinical support networks in line with best practice standards set by relevant organisations (e.g. HEIW; RPS etc);
- 4.2.11. That they will notify the Local Health Board (using the Once for Wales Concerns Management System or a locally approved mechanism) and any other relevant services of all potential patient safety incidents identified during provision of PIPS. Such notification should be made as soon as possible after the incident and, at the latest, within 2 working days.
- 4.2.12. That they have sufficient and appropriate indemnity insurance covering the provision of the PIPS;
- 4.2.13. That they agree to provide evidence of competence and the ability to meet any of the above declarations on request.

5. ANNUAL DECLARATION

- 5.1. To remain on the NHS Wales approved list of pharmacist independent prescribers, within the month before each anniversary of their initial entry to the list, the pharmacist independent prescriber must declare:
 - 5.1.1. That there are no ongoing investigations being carried out by their employer, a relevant regulatory body, or the police (unless these have already been notified in line with clause 6.1.4).
 - 5.1.2. That they remain registered with the GPhC and have an independent prescriber annotation listed on their register entry;
 - 5.1.3. That they have completed any training (and associated refresher training, where required) identified by Health Education and

Improvement Wales (HEIW) as required for Pharmacy Independent Prescribing Services since their last declaration

- 5.1.4. That they have successfully completed a face to face assessment in Basic Life Support⁴ and will undertake further face to face assessments of their ongoing competence at least once every 13 months
- 5.1.5. The area(s) of prescribing practice, which will account for the majority of their prescribing practice over the next 12 months;⁵
- 5.1.6. That they are competent in the diagnosis, assessment and management of conditions relevant to their intended area of prescribing practice and that they will undertake such training and experiential learning as is necessary to maintain their competence
- 5.1.7. That they will prescribe only within their own scope of competence and in line with relevant regulatory and clinical guidance and local formularies;
- 5.1.8. That they are engaging with an HEIW approved mechanism to demonstrate ongoing competence in line with national standards;
- 5.1.9. That they are engaging with quality improvement and/or audit processes to demonstrate commitment to continuing improvement to patient care;
- 5.1.10. That they are engaged with clinical support networks in line with best practice standards set by relevant organisations (e.g. HEIW; RPS etc);
- 5.1.11. That they will notify the Local Health Board (using a locally approved mechanism) and any other relevant services of all potential patient safety incidents identified during provision of PIPS. Such notification should be made as soon as possible after the incident and, at the latest, within 2 working days.
- 5.1.12. That they have sufficient and appropriate indemnity insurance covering the provision of the PIPS;
- 5.1.13. That they agree to provide evidence of competence and the ability to meet any of the above declarations on request.

⁴ Such assessments must meet the UK Core Skills Training Framework standards for resuscitation at Level 2. Assessment must include training in Adult and Paediatric Basic Life Support (see subject guide at <https://skillsforhealth.org.uk/info-hub/cstf-other-organisations-in-england-or-the-uk-use-uk-cstf-v1-6/>)

⁵ If, during the following 12 months, the prescriber's competence has expanded and they wish to significantly broaden their scope of practice, they may make a re-declaration with a revised scope of practice, using the agreed method

6. CHANGE IN PHARMACIST INDEPENDENT PRESCRIBER CIRCUMSTANCES

- 6.1. It is the responsibility of the pharmacist independent prescriber to ensure that NWSSP are informed as soon as possible of:
 - 6.1.1. Any change to the pharmacist independent prescriber details as soon as it occurs e.g. change of name on marriage;
 - 6.1.2. When the pharmacist independent prescriber is no longer undertaking prescribing within community pharmacy in Wales e.g. change of role, movement to alternative sector of practice or working outside of NHS Wales;
 - 6.1.3. Any career breaks both planned and unexpected e.g. maternity/paternity leave.
 - 6.1.4. Any investigations being carried out by a current or former employer, a relevant regulatory body, or the police.

7. DATA SHARING

- 7.1.1. The information included on the NHS Wales approved list of pharmacist independent prescribers will be available for audit and review purposes and shared with Welsh Government and local health boards as appropriate.
- 7.1.2. Pharmacist independent prescriber scopes of practice will be made available to other professionals to access for the purposes of peer support.

Declaration for initial entry to the NHS Wales approved list of Pharmacist Independent Prescribers



Name: Click or tap here to enter text.	GPhC Number: Click or tap here to enter text.
Email: Click or tap here to enter text.	Phone number: Click or tap here to enter text.

I wish to apply to join the NHS Wales approved list of Pharmacist Independent Prescribers and declare that:

- ☐ I am registered with the GPhC and have an independent prescriber annotation listed on my register entry;
- ☐ I have a completed enhanced Disclosure and Barring Service (DBS) check (including adult and child barring lists) lodged with NWSSP request form and anything listed has been agreed as acceptable by a Local Health Board;
- ☐ I have completed any training (and associated refresher training, where required) identified by Health Education and Improvement Wales (HEIW) as required for Pharmacy Independent Prescribing Services;
- ☐ I will prescribe only within my own scope of competence and in line with relevant regulatory and clinical guidance and local formularies;
- ☐ I am engaging with an HEIW approved mechanism to demonstrate ongoing competence in line with national standards;
- ☐ I am engaging with quality improvement and/or audit processes to demonstrate commitment to continuing improvement to patient care;
- ☐ I am engaged with clinical support networks in line with best practice standards set by relevant organisations (e.g. HEIW; RPS etc);
- ☐ I will notify the Local Health Board (using the Once for Wales Concerns Management System or a locally approved mechanism) and any other relevant services of all potential patient safety incidents identified during provision of PIPS. Such notification should be made as soon as possible after the incident and, at the latest, within 2 working days.
- ☐ I have sufficient and appropriate indemnity insurance covering the provision of the PIPS;
- ☐ I agree to provide evidence of competence and the ability to meet any of the above declarations on request.

Basic Life Support

- ☐ I have successfully completed a face to face assessment in Adult and Paediatric Basic Life Support and will undertake further face to face assessments of my ongoing competence at least once every 13 months

Or, for applications before 30 September 2022

- ☐ I commit to successfully completed a face to face assessment in Adult and Paediatric Basic Life Support and will provide evidence of this to NWSSP before the 1st October 2022. I accept that failure to provide evidence of such by this date will result in my name being removed from this list and confirm that I will undertake further face to face assessments of my ongoing competence at least once every 13 months.

Appendix 1: Initial Declaration for entry on to the NHS Wales Approved List

Scope of practice

I declare that I am competent in the diagnosis, assessment, and prescribing for the below indicated conditions and clinical circumstances in a community pharmacy context and majority of my prescribing practice over the next 12 months will be associated with one or more of these. I will undertake such training and experiential learning as is necessary to maintain my competence.

Ear: <input type="checkbox"/> Otitis Externa / superficial infections of the external auditory canal <input type="checkbox"/> Impacted or excessive cerumen <input type="checkbox"/> Otitis Media	Upper respiratory tract <input type="checkbox"/> Sinusitis <input type="checkbox"/> Allergic rhinitis <input type="checkbox"/> Sore throat / tonsillitis <input type="checkbox"/> Oral thrush <input type="checkbox"/> Cough
Urinary tract: <input type="checkbox"/> Lower urinary tract infection <input type="checkbox"/> Upper urinary tract infection (pyelonephritis)	Contraception <input type="checkbox"/> Emergency contraception <input type="checkbox"/> UKMEC 1 <input type="checkbox"/> UKMEC 2
Skin: <input type="checkbox"/> Fungal and candida infections (excluding fungal nail infections) <input type="checkbox"/> Acne & rosacea (topical treatments only) <input type="checkbox"/> Inflammatory skin disorders and psoriasis (Topical treatments only) <input type="checkbox"/> Dry Skin <input type="checkbox"/> Herpes Zoster <input type="checkbox"/> Skin infections (e.g. Impetigo, cellulitis) & paronychia <input type="checkbox"/> Skin reactions (urticaria, hives, bites/stings, etc)	Other: <input type="checkbox"/> Viral infection <input type="checkbox"/> Pyrexia <input type="checkbox"/> Bacterial conjunctivitis <input type="checkbox"/> Gout exacerbation <input type="checkbox"/> Constipation <input type="checkbox"/> Other conditions covered by the All Wales Common Ailments Formulary where PGD supply is not appropriate
Other common ailments or contraceptive categories:⁶	
<input type="checkbox"/>	Click or tap here to enter text.
<input type="checkbox"/>	Click or tap here to enter text.
<input type="checkbox"/>	Click or tap here to enter text.
<input type="checkbox"/>	Click or tap here to enter text.
<input type="checkbox"/>	Click or tap here to enter text.

This form should be completed electronically and submitted from the applicant's **personal** NHS Wales email account

⁶ This must have been agreed **in advance** with the Local Health Board(s) in which you intend to practice. If, during the following 12 months, you intend to practice in any other LHB(s), you **MUST** obtain prior agreement to provide services for these areas before seeing patients.

Annual declaration to remain on the NHS Wales approved list of Pharmacist Independent Prescribers



Name: Click or tap here to enter text.	GPhC Number: Click or tap here to enter text.
Email: Click or tap here to enter text.	Phone number: Click or tap here to enter text.

I wish to apply to remain on the NHS Wales approved list of Pharmacist Independent Prescribers and declare that:

- ☐ there are no ongoing investigations into my practice being carried out by my employer, a relevant regulatory body, or the police;
- ☐ I am registered with the GPhC and have an independent prescriber annotation listed on my register entry;
- ☐ I have completed all training (and associated refresher training, where required) offered by Health Education and Improvement Wales (HEIW) that has been designated by the NESMB as required for Pharmacy Independent Prescribing Services;
- ☐ I have a completed enhanced Disclosure and Barring Service (DBS) check (including adult and child barring lists) lodged with NWSSP request form and anything listed has been agreed as acceptable by a Local Health Board;
- ☐ I will prescribe only within my own scope of competence and in line with relevant regulatory and clinical guidance and local formularies;
- ☐ I am engaging with an HEIW approved mechanism to demonstrate ongoing competence in line with national standards;
- ☐ I am engaging with quality improvement and/or audit processes to demonstrate commitment to continuing improvement to patient care;
- ☐ I am engaged with clinical support networks in line with best practice standards set by relevant organisations (e.g. HEIW; RPS etc);
- ☐ I will notify the Local Health Board (using the Once for Wales Concerns Management System or a locally approved mechanism) and any other relevant services of all potential patient safety incidents identified during provision of PIPS.
- ☐ I have sufficient and appropriate indemnity insurance covering the provision of the PIPS;
- ☐ I agree to provide evidence of competence and the ability to meet any of the above declarations on request.
- ☐ I have successfully completed a face to face assessment in Basic Life Support suitable for the patient groups included in my declared scope of practice and will undertake further face to face assessments of their ongoing competence at least once every 13 months

Appendix 2: Annual Declaration for listed Pharmacist Independent Prescribers

Scope of practice

I declare that I am competent in the diagnosis, assessment, and prescribing for the below indicated conditions and clinical circumstances in a community pharmacy context and majority of my prescribing practice over the next 12 months will be associated with one or more of these. I will undertake such training and experiential learning as is necessary to maintain my competence.

Ear: <input type="checkbox"/> Otitis Externa / superficial infections of the external auditory canal <input type="checkbox"/> Impacted or excessive cerumen <input type="checkbox"/> Otitis Media	Upper respiratory tract <input type="checkbox"/> Sinusitis <input type="checkbox"/> Allergic rhinitis <input type="checkbox"/> Sore throat / tonsillitis <input type="checkbox"/> Oral thrush <input type="checkbox"/> Cough
Urinary tract: <input type="checkbox"/> Lower urinary tract infection <input type="checkbox"/> Upper urinary tract infection (pyelonephritis)	Contraception <input type="checkbox"/> Emergency contraception <input type="checkbox"/> UKMEC 1 <input type="checkbox"/> UKMEC 2
Skin: <input type="checkbox"/> Fungal and candida infections (excluding fungal nail infections) <input type="checkbox"/> Acne & rosacea (topical treatments only) <input type="checkbox"/> Inflammatory skin disorders and psoriasis (Topical treatments only) <input type="checkbox"/> Dry Skin <input type="checkbox"/> Herpes Zoster <input type="checkbox"/> Skin infections (e.g. Impetigo, cellulitis) & paronychia <input type="checkbox"/> Skin reactions (urticaria, hives, bites/stings, etc)	Other: <input type="checkbox"/> Viral infection <input type="checkbox"/> Pyrexia <input type="checkbox"/> Bacterial conjunctivitis <input type="checkbox"/> Gout exacerbation <input type="checkbox"/> Constipation <input type="checkbox"/> Other conditions covered by the All Wales Common Ailments Formulary where PGD supply is not appropriate
Other common ailments or contraceptive categories:⁷	
<input type="checkbox"/>	Click or tap here to enter text.
<input type="checkbox"/>	Click or tap here to enter text.
<input type="checkbox"/>	Click or tap here to enter text.
<input type="checkbox"/>	Click or tap here to enter text.
<input type="checkbox"/>	Click or tap here to enter text.

This form should be completed electronically and submitted from the applicant's **personal** NHS Wales email account

⁷ This must have been agreed **in advance** with the Local Health Board(s) in which you intend to practice. If, during the following 12 months, you intend to practice in any other LHB(s), you **MUST** obtain prior agreement to provide services for these areas before seeing patients.