



Independent
prescribing
course

Coventry University

Report of a reaccreditation event

June 2019

Event summary and conclusions

Provider	Coventry University
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	5 June 2019
Reaccreditation period	September 2019 – September 2022
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing programme provided by Coventry University should be reaccredited for a further period of three years.
Conditions	There were no conditions
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Maximum number of all students per cohort:	40
Number of pharmacist students per cohort:	20
Number of cohorts per academic year:	5
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of 3 years.
Key contact (provider)	Alison Bardsley, Associate Professor Non-Medical Prescribing
Reaccreditation team	Professor Angela Alexander (event Chair), Professor Emerita of Pharmacy Education, University of Reading Dr Ruth Edwards, Head of Pharmacy Practice, Aston Pharmacy School Ms Leonie Milliner, Chief Executive and Registrar, General Osteopathic Council

GPhC representative	Mrs Philippa McSimpson, Quality Assurance Officer, GPhC
Rapporteur	Mrs Jane Smith, Chief Executive Officer, European Association for Cancer Research

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The reaccreditation process is based on the GPhC's standards for the education and training of pharmacist independent prescribers January 2019.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation as a pharmacist independent prescriber is the Pharmacy Order 2010. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:

<http://www.legislation.gov.uk/uksi/2010/231/contents/made>

Background

Following an accreditation event on 3 June 2016, the University of Coventry was provisionally accredited by the GPhC in September 2016, to provide a programme to train pharmacist independent prescribers, for a period of three years. Accreditation was subject to one condition:

1. The provider must provide a clear process to describe the application procedure that will be used to ensure that all pharmacists accepted on to the programme have met all pre-requisites for entry. This is because the team is not confident from the application documentation provided and the explanations given that there is a clear and robust process in place for review of applications from pharmacists. This was to meet criteria 2.1, 2.2, 2.3, and 2.4.

Following the event, the provider submitted a revised application form and application process document to meet the condition of accreditation and the team agreed that this was now met. In line with the GPhC's process for accreditation of independent prescribing programmes, a monitoring event was held on 6 September 2017 after which full accreditation was confirmed.

The programme is led by a nurse and is offered to five cohorts of up to 40 students each year, with up to 20 pharmacists per cohort.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 5 June 2019 to review the programme's suitability for reaccreditation.

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the reaccreditation team and it was deemed to be satisfactory to provide a basis for discussion.

The event

The event was held at the GPhC head office on 5 June 2019 and comprised a number of meetings between the GPhC reaccreditation team, representatives of Coventry University prescribing programme, and students (via teleconference).

Declarations of interest

It was noted that a member of staff from Coventry University has recently taken up a position at Aston University. It was agreed that this does not represent a conflict of interest.

Key findings

Part 1 – learning outcomes

During the reaccreditation process the team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of six learning outcomes during a separate meeting with the provider (see ‘learning outcomes tested at the event’ below) and was satisfied that all 32 learning outcomes would be met during the course to the level required by the GPhC standards. Please see **appendix 2** of this report for the detailed list of learning outcomes.

Learning outcomes tested at the event

2	Understand and meet their legal responsibilities under equality and human rights legislation and respect diversity and cultural differences
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Level:	▶ Does
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Accreditation team’s commentary

The provider stated that this learning outcome is integral to the course. It is implicit in all aspects of teaching and covered explicitly in some sessions. As the course is introduced, students are reminded of the need to respect the diversity of the group and to show respect for each other. Early teaching in the ethical and legal sessions covers the legal aspects of prescribing for children, adults, and those with diminished capacity. Later on, students are given scenarios in which they are expected to address these legal and ethical aspects.

This learning outcome is formatively assessed via sample exam questions available through the VLE and through feedback on draft essays. The provider encourages the students to start thinking about different scenarios, such as patients needing an interpreter, or gaining consent from a patient with learning difficulties.

Summative assessment is via ethical and legal questions in the exam, as well as in the OSCE in which scenarios are explicitly designed to require students to demonstrate understanding of diversity and cultural issues. Students are also required to provide evidence of reflection on these issues in the portfolio, drawing on examples from their period of learning in practice.

The teaching and assessment requirements of the learning outcome are met.

12	Reflect on and develop their own prescribing practice to ensure it represents current best practice
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	Level: ▶ Does
Accreditation team's commentary	
<p>With students from a very broad range of professional backgrounds, the team asked how the provider ensures that students are aware of, and working within, current best practice in their chosen specialist area. The provider explained that, from the outset, students are advised to look for examples of best practice and to highlight to the team if this changes. Students are also encouraged to look more widely beyond their specialist area. All work is expected to be evidence-based and students are offered a library session to ensure they have the skills needed to search for the latest research findings. The students who spoke to the accreditation team during the event said that they had found this session very useful.</p> <p>The team asked if staff have difficulties in supporting and assessing students working in areas with which they might themselves not be familiar. The provider said that they will often do background research themselves and discuss with each other. They can also draw on expertise across the University if needed. Students are advised that if they reference work older than five years then this must be justified. The provider uses examples given by students in their essays to inform the development of their OSCE scenarios.</p> <p>The teaching and assessment requirements of the learning outcome are met.</p>	
19	Demonstrate clinical and diagnostic skills in clinical setting appropriate to their scope of practice
	Level: ▶ Does
Accreditation team's commentary	
<p>The team was told that the theory of clinical assessment is addressed in module 1 when students learn to identify the key signs they should be looking for in patients with specific ailments. Practical clinical skills are developed in module 2 and in the period of learning in practice when students first observe and then practise clinical assessment skills.</p> <p>This learning outcome is assessed in the OSCE, which tests basic clinical skills such as taking temperature or blood pressure testing. Students are also expected to describe the other tests and examinations they would recommend for the patient and to justify their decisions.</p> <p>In the period of learning in practice, DPPs will assess students' competency in clinical and diagnostic skills. Students are expected to provide a detailed learning log, signed by their DPP. This provides evidence of students working at the Does level.</p> <p>The teaching and assessment requirements of the learning outcome are met.</p>	
25	Recognise and manage prescribing and medication errors
	Level: ▶ Shows how
Accreditation team's commentary	
<p>Students are taught that errors will be made (even with developments in electronic prescribing). This is discussed in history taking and consultation sessions and students are encouraged to recognise errors and taught how to address them, in line with clinical governance processes</p> <p>Students' numeracy skills are assessed and they are also required to provide reflective pieces in their portfolio addressing these issues. The provider recognises that students might not encounter errors in</p>	

their period of learning in practice. Nonetheless, they are required to reflect on how they would handle them if they did encounter one, in order to meet this learning outcome.

The teaching and assessment requirements of the learning outcome are met.

28 Recognise their own role and responsibilities, and those of others, in safeguarding children and vulnerable adults

Level: ► Knows how

Accreditation team's commentary

At the application stage, the provider requires evidence that appropriate clinical governance arrangements are in place in the students' place of work. All students are required to have DBS clearance and Trusts expect all staff to have safeguarding training.

At the beginning of the course, this learning outcome is introduced in discussions about the prescribing role. This is followed by individual sessions on prescribing for children and for vulnerable adults, including adults with mental health issues. Course staff members have background in these areas and share this experience with students.

This outcome is assessed in the OSCE. The provider gave an example of a student who failed an OSCE because they failed to notice and act upon a safeguarding issue. In response, the provider has strengthened teaching in this area to emphasise the importance of safeguarding, ensuring that students look at the patient as a whole and do not prescribe for one condition in isolation.

The teaching and assessment requirements of the learning outcome are met.

29 Recognise when and where to refer people appropriately

Level: ► Shows how

Accreditation team's commentary

Students are encouraged to consider alternatives to prescribing, such as referral to another professional, for example, a dietitian or physiotherapist. Students are expected to demonstrate the ability to refer appropriately in the OSCE and in the log submitted in the portfolio.

The teaching and assessment requirements of the learning outcome are met.

Key findings

Part 2 - Standards for the education and training of pharmacist independent prescribers

1 - Selection and entry requirements

The team was satisfied that all six criteria relating to the selection and entry requirements will be met. Two criteria require minor amendments. (See Appendix 3 for criteria)

Applications are considered by the course team who contact students by telephone or email if there are any areas that need clarification. Most self-funded or self-employed students are interviewed to ensure that they have the required level of experience and the support they need to complete the programme. Applications are rejected if it is not clear that the applicant has a role which will allow them to prescribe

in their intended area of practice. Applicants are given a copy of the DPP Handbook which they are asked to share with their proposed DPP. The team spoke to a number of current and former students who said that they found the application process straightforward.

The provider stated that they do not check that all applicants are registered and in good standing with the GPhC or PSNI. They carry out these checks for self-employed applicants, but assume that the employer has done this for applicants they are funding. The provider must update their processes and confirm to the GPhC that they will check the GPhC or PSNI registration of every applicant.

Staff members involved in assessing applications receive training from the University on handling applications from an equality and diversity perspective. Criteria are applied consistently and the provider ensures that all students meet the entry requirements before the start date of the course.

Although the team was otherwise satisfied with the provider's application processes, it noted that information on the provider's website and within documentation regarding entry to the programme did not reflect the new GPhC standards and agreed that this would need to be updated as part of the reaccreditation process.

2 - Equality, diversity and inclusion

The team was satisfied that all five criteria relating to the equality, diversity and inclusion will be met. One criterion requires minor amendments.

The University has a range of policies and guidance related to equality and diversity. There is a University-level Equality, Diversity and Inclusion for Change Committee and at School level there is an Equality and Diversity Officer, who students are told about via the virtual learning environment and the Handbook.

Students are offered support with their study as appropriate to their needs; this might be, for example, extensions to deadlines, access to counselling services, or additional time in examinations. One of the students the team spoke to said that they had experienced a difficult extenuating circumstance and had found the provider to be very supportive. The provider confirmed that, regardless of adjustments, all students take the same assessments and are required to meet all of the learning outcomes.

Equality and diversity data are collected by the University and used to look at the profile of students and their progression. However, it is not analysed nor used more widely, for example with reference to protected characteristics. The team suggested that the provider should have access to this data so that it can be used more fully in the design and delivery of the course.

Students are made aware by the provider that they must be inclusive and enabling in their practice.

3 - Management, resources and capacity

The team was satisfied that all six criteria relating to the management, resources and capacity will be met. One criterion requires minor amendments.

The programme is delivered by the School of Nursing, Midwifery and Health which sits within the Faculty of Health and Life Sciences. The Course Director is Clare James, Senior Lecturer NMP, who is a nurse. The team has grown to seven full-time and one part-time member of staff. This has mitigated the risk of staff shortages. There are other prescribing staff across the University who can step in to provide support if needed, as well as a number of hourly paid lecturers, seven of whom are pharmacists, who support the OSCEs, provide specialist input where needed and give general teaching support.

Clinical skills teaching is usually delivered by the course lead in conjunction with the clinical skills team. As well as having access to a new clinical skills simulation area, the provider has purchased some pieces of equipment for students to borrow and some clinical skills videos are available on the VLE, which is used as an additional resource rather than being used to deliver key course material.

There have been some issues with timetabled teaching space, notably a shortage of small group teaching spaces. The University has worked to address these issues and the team noted that further improvements would have a positive impact on the student experience.

Students and their DPP are required to complete a learning environment audit document which constitutes a learning agreement between the student, DPP and line manager or trust prescribing lead, and which outline the roles and responsibilities within the practice environment.

Staff, including the hourly paid lecturers, are well supported and have access to appropriate development opportunities. Students commented that staff were available to provide support and answer queries when needed. They found the course to be appropriately resourced.

The team asked the provider to review their Practice Education Quality Framework and all other programme materials to ensure that the GPhC is referred to as the regulatory body and that references to the GPhC standards are updated to reflect the 2019 standards.

4 - Monitoring, review and evaluation

The team was satisfied that all six criteria relating to the monitoring, review and evaluation will be met.

The programme is taught at Level 7 and consists of two 20 credit modules, the Practice Certificate in Independent Prescribing, 7051 SOH, and Practice Certificate in Independent Prescribing, 7052 SOH, and has been designed in accordance with the QAA descriptor for a qualification at Masters level (QAA 2018), the GPhC standards (2019) and the Single Competency Framework for All Prescribers (2016).

The programme has been reviewed with the introduction of the new GPhC standards. Other regulators' requirements were also considered, along with new University regulations which were introduced from September 2019. As a result of this review, the number of days of teaching in the first module has been reduced but the number of clinical skills sessions for pharmacists in the second module has been increased. In response to feedback from pharmacists, the timetable had been changed to enable them to attend the pharmacology teaching.

The assessment load has also been reviewed; the number of assessments in the second module has been reduced so that it is now assessed via an OSCE and a portfolio (which encompasses the competencies and student written reflections).

The programme was revalidated through the University Board of Study in February 2019. Appropriate University processes are in place to monitor and evaluate the standard of teaching, learning and assessment. Two external examiners report annually on the programme and their views are considered

as part of the annual quality monitoring process. The provider gave examples of changes that have been made to the course to reflect changes in clinical or legal practice.

Students are represented on the Student Forum, Board of Study and School Board, all of which normally meet two or three times per year. Student views are also sought through module and course evaluation questionnaires.

5 - Course design and delivery

The team was satisfied that all ten criteria relating to the course design and delivery will be met. Two criteria require minor amendments.

The course is delivered via a mixture of face-to face taught sessions, observed clinical practice, blended learning and facilitated independent student study. Students are encouraged to work in multidisciplinary groups to facilitate shared learning and exposure to a wide variety of specialist knowledge and experience. Simulation and role play are used across the course, and case studies look at applying national guidelines in practice. Students confirmed that the multidisciplinary nature of the course is one of its strengths.

Students are referred to the GPhC learning outcomes but are not given a copy of them. The provider will update the VLE to provide a direct link to the learning outcomes.

The provider regularly reviews the course content and delivery in response to changes in the health and care environment and regulatory changes. Major course changes are discussed at stakeholder meetings.

The provider requires 100% attendance at the clinical skills sessions for pharmacists. Whilst it is acceptable for the provider to uphold this regulation, it is no longer a GPhC requirement. The provider must state that this is a University rather than a GPhC requirement in the Handbook and other course materials.

6 - Learning in practice

The team was satisfied that all five criteria relating to the learning in practice will be met. One criterion requires minor amendments.

Processes are in place to ensure that students are appropriately supervised during their period of learning in practice. The student's DPP is responsible for confirming their prescribing competence. The provider checks that DPPs are suitable to undertake the role and have appropriate training and experience. Should a student's DPP need to change part-way through the course, then the provider reviews arrangements with the student and puts a proposal to the external examiner and to the University for formal approval. The student must resubmit the DPP element of the application form with the new DPP's details. Any hours spent with the original DPP can be used towards the 45 hours that can be spent with another supervisor; a minimum of 45 hours must be spent with the new DPP.

Until the guidance on DPPs is published by the RPS, the provider will continue to require students to use a medical practitioner as their DPP. When the provider wishes to broaden the role to DPPs they will need to submit a formal change request to the GPhC (refer to Standard 9). The provider recognises that DPPs will need more support than DMPs and will visit those who have not taken on the role before. They will also reintroduce induction days. The provider will keep a register of DPPs so that they can make suggestions to students; this will particularly help self-funded students.

An error in the course documentation refers to the Learning Outcomes being assessed by the DPPs. This must be corrected to competencies throughout.

7 - Assessment

The team was satisfied all eleven criteria relating to the assessment will be met.

The course is assessed in the following ways:

Module 1:

- Numeracy test (5 questions). Pass mark 100%.
- Coursework - short answer (10 questions) and multiple choice (10 questions). Pass mark 80%.
- 2500 word critically reflective essay relating to the student's area of practice and demonstrating that they have learnt and can apply the principles of prescribing within their role.

Module 2:

- OSCE undertaken with the University testing the student's knowledge and skills in consultation and decision making. Students are required to make a prescribing decision and to write a prescription for the client/patient, which involves a drug calculation.
- Portfolio demonstrating clinical competence and a log of supervised practice, including 3 x 1000 word critical reflections.

If a student demonstrates unsafe practice then they will fail the whole course. Unsafe practice is not defined but students are given examples and the consequences are made clear to them. Students can appeal a decision to fail on these grounds. The team reminded the provider that failure of the whole course is no longer a GPhC requirement and should not be described as such in course documentation.

The OSCEs are designed according to each student's area of practice. During the last 10 minutes of the assessment, students are given the opportunity to clarify any local guidelines and to justify and reflect on their decision. The OSCE is marked by the 'patient' (often a service user, pharmacist or nurse) and a member of the staff team, with the use of a standardised checklist.

Assessments are appropriately quality assured. It was noted that the course has not yet been delivered in Scarborough; it is expected that teaching there will start in October 2019). It will be delivered by the main staff team, with the use of some additional hourly paid lecturers. Work will be marked by the same staff that mark the Coventry version of the course. The two external examiners (one pharmacist and one nurse) cover both campuses.

DPPs do not make assessment decisions; their role is to certify that students have demonstrated the required level of competence in practice. This forms part of the student's much broader portfolio which is subject to monitoring and by course staff and which is marked and moderated by the course team at the end of the programme.

Students said that they have multiple opportunities to receive formative feedback on both their written work and practical skills. Feedback is constructive and provided promptly.

There is no compensation or condonation for any assessments on the course.

8 - Support and the learning experience

The team was satisfied that all four criteria relating the support and the learning experience will be met.

All students have an Academic Assessor (AA) to support their academic progress and to liaise with the DPP if there are issues during the period of learning in practice. The AA is a member of the course team who will be the AA for each cohort. From September 2019, each student will also have a Personal Tutor

for pastoral support. The submission does not explicitly reference the GPhC's guidance on tutoring for pharmacists and pharmacy technicians but the team was satisfied that it is taken into account.

Students are told how to raise concerns about the course and about any aspect of practice they observe when working with their DPP and they are supported in identifying and following up on such issues.

9 - Designated prescribing practitioners

The team was satisfied that all five criteria relating to the designated prescribing practitioners will be met.

The DPP is required to sign the student's application form to confirm that they are a registered prescribing healthcare practitioner who:

- Has normally had at least three years recent clinical experience for a group of patients /clients in the relevant field of practice;
- Has the support of the employing organisation or GP practice to act as the DPP who will provide supervision, support and opportunities to develop competence in prescribing practice;
- Has some experience or training in teaching and / or supervising in practice
- Normally works with the trainee prescriber. If this is not possible (such as in nurse-led services or community pharmacy), arrangements can be agreed for another prescribing practitioner to take on the role of the DPP, provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role.

Students felt that DMPs could have been provided with more information about the role at the application stage.

If the provider wishes to use other prescribers as DPPs, once the competency document is published later in 2019, they must submit a request to the GPhC and will be asked to provide a submission to demonstrate how the programme meets this standard. When the provider moves from DMPs to DPPs, they expect to strengthen the support that is offered as DPPs will be less experienced in the role. Details of this support will be given to the GPhC.

The Academic Assessor provides feedback to the DPP on their performance as a supervisor on completion of the supervised practice element of the course. When required, additional support for the DPP is provided by the module lead and course director.

Appendix 1 - Standing conditions

The following are standing conditions of accreditation and apply to all providers:

1. The record and report include other comments from the team, and providers are required to take all comments into account as part of the accreditation process. The provider must confirm to the GPhC that required amendments have been made.
2. The provider must respond to the definitive version of the record and report within three months of receipt. The summary report, along with the provider's response, will be published on the GPhC's website for the duration of the accreditation period.
3. The provider must seek approval from the GPhC for any substantial change (or proposed change) which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to:
 - a. the content, structure or delivery of the accredited programme;
 - b. ownership or management structure of the institution;
 - c. resources and/or funding;
 - d. student numbers and/or admissions policy;
 - e. any existing partnership, licensing or franchise agreement;
 - f. staff associated with the programme.
4. The provider must make students and potential students aware that successful completion of an accredited course is not a guarantee of annotation or of future employment as a pharmacist independent prescriber.
5. The provider must make students and potential students aware of the existence and website address where they can view the GPhC's accreditation reports and the timescales for future accreditations.
6. Whenever required to do so by the GPhC, providers must give such information and assistance as the GPhC may reasonably require in connection with the exercise of its functions. Any information in relation to fulfilment of these standing conditions must be provided in a proactive and timely manner.

Appendix 2 – Learning outcomes

Independent prescribing programme learning outcomes

Domain - Person-centred care

Upon successful completion of the programme, a pharmacist independent prescriber will be able to:

1	Recognise the psychological and physical impact of prescribing decisions on people
	Level: ▶ <i>Knows how</i>
2	Understand and meet their legal responsibilities under equality and human rights legislation and respect diversity and cultural differences
	Level: ▶ <i>Does</i>
3	Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs
	Level: ▶ <i>Does</i>
4	Demonstrate appropriate history-taking techniques through effective consultation skills
	Level: ▶ <i>Does</i>
5	Demonstrate and understanding of the role of the prescriber in working in partnership with people who may not be able to make fully informed decisions about their health needs
	Level: ▶ <i>Shows how</i>
6	Support individuals to make informed choices that respect people's preferences
	Level: ▶ <i>Does</i>

Domain - Professionalism

Upon successful completion of the programme, a pharmacist independent prescriber will be able to:

7	Demonstrate a critical understanding of their own role and the role of others in multi-professional teams
	Level: ▶ <i>Does</i>
8	Recognise their own role as a responsible and accountable prescriber who understands legal and ethical implications
	Level: ▶ <i>Does</i>
9	Apply relevant legislation and ethical frameworks related to prescribing, including remote prescribing and the handling and sharing of confidential information
	Level: ▶ <i>Shows how</i>
10	Recognise and manage factors that may influence prescribing decisions
	Level: ▶ <i>Does</i>

11	Apply local, regional and national guidelines, policies and legislation related to healthcare
	Level: ▶ <i>Does</i>
12	Reflect on and develop their own prescribing practice to ensure it represents current best practice
	Level: ▶ <i>Does</i>
13	Apply an understanding of health economics when making prescribing decisions
	Level: ▶ <i>Shows how</i>
14	Understand the clinical governance of the prescriber, who may also be in a position to supply medicines to people
	Level: ▶ <i>Knows how</i>
15	Recognise other professionals' practice and raise concerns related to inappropriate or unsafe prescribing by other prescribers
	Level: ▶ <i>Shows how</i>
Domain - Professional knowledge and skills	
Upon successful completion of the programme, a pharmacist independent prescriber will be able to:	
16	Apply evidence-based decision-making in all aspects of prescribing
	Level: ▶ <i>Does</i>
17	Manage the risks and benefits associated with prescribing decisions
	Level: ▶ <i>Does</i>
18	Demonstrate the application of pharmacology in relation to their own prescribing practice
	Level: ▶ <i>Does</i>
19	Demonstrate clinical and diagnostic skills in clinical setting appropriate to their scope of practice
	Level: ▶ <i>Does</i>
20	Create and maintain appropriate records which ensure safe and effective care and align with relevant legislation
	Level: ▶ <i>Does</i>
21	Identify relevant investigations and interpret results and data in their prescribing practice
	Level: ▶ <i>Does</i>
22	Utilise current and emerging systems and technologies in safe prescribing
	Level: ▶ <i>Does</i>
23	Identify and respond to people's needs when prescribing remotely

	Level: ▶ <i>Shows how</i>
24	Apply the principles of effective monitoring and management to improve patient outcomes
	Level: ▶ <i>Does</i>
25	Recognise and manage prescribing and medication errors
	Level: ▶ <i>Shows how</i>
26	Recognise the public health issues in promoting health as part of their prescribing practice
	Level: ▶ <i>Does</i>
Domain - Collaboration	
Upon successful completion of the programme, a pharmacist independent prescriber will be able to:	
27	Work collaboratively with others to optimise individuals' care, understanding their roles in the prescribing process
	Level: ▶ <i>Does</i>
28	Recognise their own role and responsibilities, and those of others, in safeguarding children and vulnerable adults
	Level: ▶ <i>Knows how</i>
29	Recognise when and where to refer people appropriately
	Level: ▶ <i>Shows how</i>
30	Collaborate with people to encourage them to take responsibility for managing care
	Level: ▶ <i>Does</i>
31	Demonstrate appropriate consultation skills to get information from individuals who are either unaware of or guarded about their health needs, to inform safe prescribing
	Level: ▶ <i>Does</i>
32	Recognise when to seek guidance from another member of the healthcare team or an appropriate authority
	Level: ▶ <i>Does</i>

Appendix 3 – Accreditation criteria

GPhC accreditation criteria for pharmacist independent prescribing programmes

Standard 1 – Selection and entry requirements.

Selection processes must be open, clear and unbiased, comply with relevant legislation and ensure that applicants meet course entry requirements.

- 1.1 Selection criteria must be clear and must include meeting all the entry requirements in these standards.
- 1.2 Selectors must apply the selection criteria consistently, in an unbiased way and in a way that meets the requirement of relevant legislation.
- 1.3 Course providers must provide clear guidance on the type of experience a pharmacist should have before applying to the course. This guidance must be available to applicants before they make an application.
- 1.4 Course providers, when considering applications, must evaluate the suitability and relevance of the applicant's clinical and therapeutic experience (which the pharmacist must demonstrate in their application) against the requirements of the course.
- 1.5 A course provider must fully evaluate each application and decide if the applicant has sufficient and relevant experience to begin a course to train as an independent prescriber. If the course provider decides that there is insufficient relevant experience, they must reject the application, clearly setting out the reasons behind this decision.
- 1.6 Course providers must ensure that all the entry requirements have been met before the start date of a course on which an applicant is enrolled.

Standard 2 – Equality, diversity and inclusion.

All aspects of pharmacist independent prescribing education and training must be based on and promote principles of equality and diversity and comply with all relevant legislation.

- 2.1 The principles of equality and diversity must be embedded in, and promoted through, course design and delivery.
- 2.2 Equality and diversity data must be used when designing and delivering courses and the learning experience.
- 2.3 Reasonable adjustments must be made to course delivery to help pharmacist independent prescribers in training with specific needs to meet the learning outcomes.
- 2.4 Teaching, learning and assessment can be modified to meet 2.3 but learning outcomes cannot.
- 2.5 Course design and delivery must ensure pharmacist independent prescribers in training understand their legal responsibilities under equality and human rights legislation.

Standard 3 – Management, resources and capacity.

Courses must be planned and maintained through transparent processes which must show who is accountable for what. The education and training facilities, infrastructure, leadership, staffing and staff support must be sufficient to deliver the course.

- 3.1** All courses must be supported by a defined management plan which must include:
 - a schedule of roles and responsibilities in learning, teaching and practice environments;
 - lines of accountability in the learning, teaching and practice environments;
 - defined structures and processes to manage delivery, and
 - processes for identifying and managing risk
- 3.2** There must be agreements in place outlining the roles and responsibilities of everyone involved in delivering a course.
- 3.3** Learning agreements must be in place with the pharmacist independent prescriber in training covering all learning, teaching and practice environments outlining roles and responsibilities and lines of accountability.
- 3.4** In all learning, teaching and practice environments, there must be:
 - appropriately qualified and experienced professionals
 - enough staff from relevant professions to deliver the course and support the learning of pharmacist independent prescribers in training
 - sufficient resources available to deliver the course
 - facilities that are fit for purpose, and
 - access to appropriate learning resources
- 3.5** Everyone involved in managing and delivering the course must understand their role and must be supported to carry out their work effectively.
- 3.6** Each pharmacist independent prescriber in training must be supported as a learner in learning and practice environments. There must be mechanisms in place for designated prescribing practitioners to liaise with course providers regularly about the progress of a pharmacist independent prescriber in training in learning and practice environments.

Standard 4 – Monitoring, review and evaluation.

The quality of a course must be monitored, reviewed and evaluated in a systematic and developmental way.

- 4.1** All relevant aspects of a course must be monitored, reviewed and evaluated systematically. When issues are identified they must be documented and addressed within agreed timescales.
- 4.2** There must be a quality management structure in place that sets out procedures for monitoring and evaluation, with timescales, including who is responsible for reporting, review and taking action where appropriate.
- 4.3** There must be procedures in place to monitor and evaluate the standard of teaching, learning and assessment to ensure that quality is maintained across all learning environments.
- 4.4** Course monitoring and review must take into account the health and care environment to ensure that courses remain up to date and reflect current practice.
- 4.5** Feedback from pharmacist independent prescribers in training must be embedded in monitoring, review and evaluation processes.

- 4.6 The providing institution must have validated the course before applying for GPhC accreditation.

Standard 5 – Course design and delivery.

Courses must develop the behaviours, required skills, knowledge and understanding to meet the outcomes in Part 1 of these standards through a coherent teaching and learning strategy.

- 5.1 There must be a course teaching and learning strategy which sets out how pharmacist independent prescribers in training will achieve the outcomes in Part 1 of these standards.
- 5.2 Courses must be designed and delivered in a way which integrates and builds on the pre-existing knowledge, skills and practice of pharmacists in training as pharmacist independent prescribers.
- 5.3 All course providers must have pharmacy professionals, including pharmacist independent prescribers, involved in the design and the delivery of the course.
- 5.4 Course providers must engage with a range of stakeholders, including patients, the public, course commissioners and employers, to refine the design and delivery of the course.
- 5.5 Courses must be updated when there are significant changes in practice, to ensure they are current.
- 5.6 Pharmacist independent prescribers in training must only undertake tasks in which they are competent, or are learning under supervision to be competent, so that patient safety is not compromised.
- 5.7 Pharmacist independent prescribers in training must be supervised using agreed mechanisms in all clinical practice environments to ensure safe person-centred care is delivered at all times.
- 5.8 Course regulations must be appropriate for a course that leads to professional annotation. That is, they must prioritise patient safety, safe and effective practice and clinical skills.
- 5.9 There must be systems in place to ensure that pharmacist independent prescribers in training understand what fitness to practise mechanisms apply to them. All course providers and employers must have procedures to deal with fitness to practise concerns.
- 5.10 Causes for concern about a pharmacist independent prescriber in training, designated prescribing practitioners or the learning environment must be addressed as soon as possible and in such a way that the cause for concern is dealt with.

Standard 6 – Learning in practice.

Courses must enable the pharmacist independent prescriber in training to develop the behaviours and the required skills, knowledge and understanding to meet the outcomes in Part 1 of these standards in learning in practice settings.

- 6.1 Part of the course for pharmacist independent prescribers in training must take place in clinical settings with direct access to patients – these are ‘learning in practice’ settings.
- 6.2 In the learning in practice settings identified in 6.1, pharmacist independent prescribers in training will prescribe under the supervision of a designated prescribing practitioner.

- 6.3 If more than one person is involved in supervising a pharmacist independent prescriber in training, one independent prescriber must assume primary responsibility for their supervision. That person will be the designated prescribing practitioner for the pharmacist independent prescriber in training.
- 6.4 Course providers must approve the designated prescribing practitioner and agree that they have the core competencies to carry out the role effectively.
- 6.5 The designated prescribing practitioner is responsible for signing off a pharmacist independent prescriber in training as being competent as a pharmacist independent prescriber.

Standard 7 – Assessment

Courses must have an assessment strategy which assesses the professional behaviours and the required skills, knowledge and understanding to meet the outcomes in Part 1 of these standards. The assessment strategy must assess whether the practice of a pharmacist independent prescriber in training is safe and clinically appropriate.

- 7.1 Courses must have an assessment strategy which ensures that assessment is robust, reliable and valid.
- 7.2 Course providers are responsible for ensuring that all learning outcomes are assessed fully, using appropriate methods, and that teaching and learning is aligned with assessment.
- 7.3 Patient safety must be paramount at all times, and the assessment strategy must assess whether a pharmacist independent prescriber in training is practising safely.
- 7.4 Monitoring systems must be in place in all learning environments. The systems must assess the progress of a pharmacist independent prescriber in training toward meeting the learning outcomes in Part 1 of these standards. They must ensure that the practice of a pharmacist independent prescriber in training is safe at all times.
- 7.5 Agreements must be in place between course providers and designated prescribing practitioners that describe the roles and responsibilities in the assessment of pharmacist independent prescribers in training.
- 7.6 Assessments must be carried out by appropriately trained and qualified people who are competent to assess the performance of pharmacist independent prescribers in training.
- 7.7 Irrespective of their location, all assessments must be quality assured by course providers.
- 7.8 Pharmacist independent prescribers in training must receive regular, appropriate and timely feedback on their performance to support their development as learners.
- 7.9 Assessment regulations must be appropriate for a course that leads to professional annotation. On completion of the course, pharmacist independent prescribers must demonstrate that their practice is safe and prioritises patient safety.
- 7.10 Pharmacist independent prescribers in training must pass all summative assessments before being signed off.
- 7.11 As a result of 7.10, and on patient safety grounds, compensation or condonation are not allowed on courses for pharmacist independent prescribers in training.

Standard 8 – Support and the learning experience

Pharmacist independent prescribers in training must be supported in all learning environments to develop as learners during their training.

- 8.1** A range of mechanisms must be in place to support trainees to achieve the learning outcomes in Part 1 of these standards, including:
- induction
 - effective supervision
 - an appropriate and realistic workload
 - personal and academic support, and
 - access to resources
- 8.2** There must be mechanisms in place for pharmacist independent prescribers in training to meet regularly with their designated prescribing practitioner and others to discuss and document their progress as learners.
- 8.3** There must be clear procedures for pharmacist independent prescribers in training to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate.
- 8.4** Everyone supporting pharmacist independent prescribers in training must take into account the GPhC's guidance on tutoring for pharmacists and pharmacy technicians in their work as appropriate.

Standard 9 – Designated prescribing practitioners

Designated prescribing practitioners must be fit to undertake that role and must have appropriate training and experience.

- 9.1** Course providers must have appropriate mechanisms for ensuring that designated prescribing practitioners are fit to be the supervisors of pharmacist independent prescribers in training.
- 9.2** Prospective designated prescribing practitioners must have:
- active prescribing competence applicable to the areas in which they will be supervising
 - appropriate patient-facing clinical and diagnostic skills
 - supported or supervised other healthcare professionals, and
 - the ability to assess patient-facing clinical and diagnostic skills
- 9.3** Course providers must provide training for designated prescribing practitioners on:
- the pharmacist independent prescribing role
 - the course for pharmacist independent prescribers in training on which they will be working, including its learning outcomes
 - the role of designated prescribing practitioners in the course
 - assessing the performance of pharmacist independent prescribers in training
 - giving feedback to pharmacist independent prescribers in training
 - supporting pharmacist independent prescribers in training, and
 - raising concerns
- 9.4** Course providers must support designated prescribing practitioners when they are acting in that role.
- 9.5** Course providers must provide designated prescribing practitioners with feedback about their performance as prescribing supervisors and arrange extra training, support and development as necessary.

Appendix 4 - Pre-requisites

Pre-requisites for entry to a pharmacist independent prescriber programme

- Before enrolling pharmacists on a pharmacist independent prescribing programme, programme providers must ensure applicants meet our pre-requisites for entry.
- Pharmacists must identify an area of practice in which they will learn to become an independent prescriber. It must be an area in which they have worked and understand.
- Pharmacists must also be able to demonstrate they have relevant clinical/therapeutic experience, to support their prescribing training before they enter onto a pharmacist independent prescribing programme. The suitability and relevance of their experience will be verified as part of the application process.
- Programme providers must ensure they set robust entry requirements that both meet their own programme requirements to pass the programme as well as that of the GPhC.
- Pharmacists must have at least two years' appropriate patient-orientated experience in a relevant UK practice setting post registration