GPhC accreditation criteria, learning outcomes and indicative content for pharmacist independent prescribing conversion programmes

**Independent prescribing conversion programme accreditation criteria**

**Section 1: The programme provider**

1.1 Must be recognised by the General Pharmaceutical Council (GPhC) or the Pharmaceutical Society of Northern Ireland (PSNI) as a provider of an accredited independent prescribing programme or as a previous provider of an accredited supplementary prescribing programme.

1.2 Must be part of, or be closely associated with, a higher education institution which implements effective quality assurance and quality management and enhancement systems and demonstrates their application to prescribing programmes. The programme must be validated by its higher education institution.

1.3 Must have adequate physical, staff (academic and administrative) and financial resources to deliver the programme including facilities to teach clinical examination skills.

1.4 Must have identified staff with appropriate background and experience to teach the programme, ideally including practising pharmacists with teaching experience and staff with clinical and diagnostic skills.

1.5 Must have an identified practising pharmacist with appropriate background and expertise who will contribute to the design and delivery of the programme. The identified pharmacist must be registered with the General Pharmaceutical Council (GPhC), and where possible should be a pharmacist independent prescriber.

**Section 2: Pre-requisites for entry**

2.1 Entrants must be a registered pharmacist with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI).

2.2 Entrants must currently be annotated as a supplementary prescriber and able to provide evidence of prescribing experience within the UK that is no longer than 2 years’ old.

2.3 Entrants must provide a statement of support from a medical practitioner that confirms their competence as a supplementary prescriber.

2.4 The provider must ensure that the DMP, identified by the pharmacist, has training and experience appropriate to their role. This may be demonstrated by adherence to the Department of Health Guidance (2001). The DMP must have agreed to provide supervision, support and shadowing opportunities for the student, and be familiar with the GPhC’s requirements of the programme and the need to achieve the learning outcomes.

2.5 Entrants should demonstrate how they reflect on their own performance and take responsibility for their own CPD.
Section 3: The programme

3.1 Must be taught at least at bachelor’s degree level (FHEQ (2008), level 6) and reflect the fact that since June 2002, pharmacists have graduated and practise at master’s degree level (FHEQ (2008), level 7).
3.2 Must achieve the learning outcomes identified in the curriculum for an independent prescribing conversion programme.
3.3 Must include teaching learning and support strategies which allow pharmacists to build on their background knowledge and experience as and acquire competence in prescribing.
3.4 Must provide opportunities for pharmacists to demonstrate how they will apply their learning to the conditions for which they will be prescribing.
3.5 Must contain learning activities equivalent to 2 days including a minimum of one day of face to face learning activities. The programme will be expected to contain a range of appropriate delivery methods
3.6 Must have a clear policy on attendance and participation and the obligations of pharmacists who miss part of the programme. Pharmacists must attend all scheduled teaching and learning sessions that provide instruction on clinical examination and diagnosis.
3.7 Candidates will be subject to the full assessment process for the conversion programme.

Section 4: Learning in Practice

4.1 The provider must support the DMP with clear and practical guidance on helping the pharmacist successfully to complete the period of learning in practice including the arrangements for the quality assurance of summative assessments. The roles of the programme provider and the DMP for teaching the skills for clinical assessment of patients must be clearly set out.
4.2 The provider must support the DMP with clear and practical guidance on their role in the assessment of the student.
4.3 The provider must obtain formal evidence and confirmation from the DMP using the specified wording; “the pharmacist has satisfactorily completed at least 2 x 7.5 hour-days supervised practice”.
4.4 The provider must obtain a professional declaration from the DMP using the specified wording; “In my opinion as the DMP, the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an Independent Prescriber”.
4.5 Failure in the period of learning in practice cannot be compensated by performance in other assessments.

Section 5: Assessment

The programme provider should ensure that assessment strategies meet the requirements of the curriculum particularly:

5.1 Evidence from a range of assessments that the student has achieved the intended learning outcomes for the conversion programme.
5.2 The programme is freestanding and will be assessed separately from any other programmes and programme.
5.3 The assessment scheme should demonstrate that the criteria for pass/fail and any arrangements for compensation between elements of assessment, together with the regulations for resit assessments and submissions, are consistent with safe and effective prescribing and the achievement of all learning outcomes.
5.4 In any assessment, a failure to identify a serious problem or an answer which would cause the patient harm should result in overall failure of the programme.
Section 6: Details of Award

6.1 The provider should award successful candidates a ‘Practice Certificate in Independent Prescribing’ confirming that the candidate has successfully completed the programme and the period of learning in practice.

6.2 The provider should send a certified copy of the pass list to the Registrar of the GPhC, via the Applications Team, containing the names and registration numbers of the pharmacists who have successfully completed the programme and confirming that they are eligible for annotation on the GPhC Register as independent prescribers.

Independent prescribing conversion programme learning outcomes

All GPhC accredited independent prescribing conversion courses need to ensure that following qualification pharmacist independent prescribers are be able to:

1. Understand the responsibility that the role of independent prescriber entails, be aware of their own limitations and work within the limits of their professional competence – knowing when and how to refer / consult / seek guidance from another member of the health care team.

2. Describe the pathophysiology of the condition being treated and recognise the signs and symptoms of illness, take an accurate history and carry out a relevant clinical assessment where necessary.

3. Use common diagnostic aids e.g. stethoscope, sphygmomanometer

4. Able to use diagnostic aids relevant to the condition(s) for which the pharmacist intends to prescribe, including monitoring response to therapy.

5. Apply clinical assessment skills to:
   - inform a working diagnosis
   - formulate a treatment plan for the prescribing of one or more medicines, if appropriate
   - carry out a checking process to ensure patient safety.
   - monitor response to therapy,
   - review the working differential diagnosis and modify treatment or refer
   - consult/seek guidance as appropriate

6. Demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing.
Independent prescribing conversion programme indicative content

It is expected that education providers will use the indicative content to develop a detailed programme of study which will enable pharmacists to meet the learning outcomes.

The following should form the basis of the conversion course:

**Consultation, decision-making, assessment and review**

- Clinical examination skills relevant to the condition(s) for which the pharmacist intends to prescribe.
- Recognition and responding to common signs and symptoms that are indicative of clinical problems.
  Use of common diagnostic aids for assessment of the patient’s general health status; e.g. stethoscope, sphygmomanometer, tendon hammer, examination of the cranial nerves.

**Legal, policy, professional and ethical aspects**

- Professional competence, autonomy and accountability of independent and supplementary prescribing practice

Note: The standards of proficiency for supplementary prescribers are included in the standards for independent prescribers.