



Independent  
prescribing  
course

University of Bradford

Report of a reaccreditation event

May 2019

## Event summary and conclusions

<b>Provider</b>	University of Bradford
<b>Course</b>	Independent prescribing programme
<b>Event type</b>	Reaccreditation
<b>Event date</b>	3 May 2019
<b>Reaccreditation period</b>	August 2019 – August 2022
<b>Outcome</b>	Approval with condition The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing programme provided by the University of Bradford should be reaccredited for a further period of three years, subject to one condition.
<b>Conditions</b>	1. The course provider must describe how they will provide feedback to DPPs on their performance, in order to meet criterion 9.5. This condition must be met before the next intake of pharmacists onto the programme.
<b>Standing conditions</b>	Please refer to Appendix 1
<b>Recommendations</b>	No recommendations were made
<b>Maximum number of all students per cohort:</b>	50
<b>Number of pharmacist students per cohort:</b>	25
<b>Number of cohorts per academic year:</b>	Two
<b>Registrar decision</b>	Following the event, the provider submitted a response to the condition of reaccreditation, and the accreditation team agreed that it had been met satisfactorily. The registrar of the GPhC accepted the team's recommendation and approved the reaccreditation of the programme for a further period of 3 years.
<b>Key contact (provider)</b>	Justine Raynsford, Lecturer
<b>Reaccreditation team</b>	Professor Angela Alexander (event Chair), Professor Emerita of Pharmacy Education, University of Reading Mrs Fiona Barber, Independent Member, Leicester City Council Mr Mike Pettit, Senior Lecturer in Pharmacy Practice, University of Sussex

<b>GPhC representative</b>	Mr Chris McKendrick, Quality Assurance Officer, GPhC
<b>Rapporteur</b>	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

The University of Bradford was accredited by the RPSGB in July 2007 to provide a pharmacist independent prescribing programme. The programme was reaccredited by the GPhC in 2010 and 2013. In 2015 the provider approached the GPhC to request an early reaccreditation event as they wished to make changes to the delivery of the programme from January 2016, moving from 16 days of face-to-face delivery to eight days face-to-face teaching and eight days of online delivery. A reaccreditation event was held in October 2015 at which the revised programme was reaccredited, subject to two conditions and one recommendation.

The conditions were:

1. The provider must implement a valid and reliable quality assurance process for the assessment of clinical and physical examination skills that is currently undertaken by the DMPs. The GPhC must be provided with evidence of how the provider will ensure consistent standards of assessment of clinical and physical examination skills in order to ensure safe and effective practice. This was to meet criteria 4.1 and 5.1.
2. The University must review its resit regulations for the pharmacist independent prescribing programme to ensure safe and effective practice. The team agreed that the current regulation that would allow an automatic third attempt at an assessment for all students at Level 6 was not consistent with achievement of this outcome. This was to meet criterion 5.3.

The recommendation was:

1. The University should review the amount of teaching of physical examination and diagnostic skills within the timetabled sessions to enable pharmacists to develop these key skills. The team agreed that the current amount of timetabled teaching appeared low for a pharmacist independent prescribing programme. This related to criterion 3.3.

The provider responded with a proposal for students to assess each other on their demonstration of a core clinical skill chosen from a range of skills to be taught across the course. This process would be facilitated by staff members who are able to ensure validity and respond to queries. A mapping of OSCE

and MCQ assessments was provided for students in their portfolio guidance document. The resit regulations were also reviewed and updated and an automatic third attempt at Level 6 was no longer allowed.

The GPhC confirmed that the conditions had been successfully met in April 2016.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 3 May 2019 to review the programme's suitability for further reaccreditation.

At the event, the provider confirmed that the programme is jointly led by a pharmacist and a nurse and that there will be two cohorts each year. Each cohort will consist of a maximum of 25 pharmacists and 25 non-pharmacists.

## 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 3 May 2019 and comprised a number of meetings between the GPhC reaccreditation team, representatives of the University of Bradford prescribing programme and students (via teleconference).

## Declarations of interest

There were no declarations of interest.

## Key findings

### Part 1 – learning outcomes

During the event 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.

**Note:** the numbering of the learning outcomes was changed between the preparation of the submission and the accreditation event. Both numbers are shown below for ease of future reference.

### Learning outcomes tested at the event

1.3/ 3	Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs
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Level: ▶ *Does*

### Accreditation team's commentary

This learning outcome was tested at the event. It is taught in a session on health and religious beliefs, addressing both the beliefs of the pharmacist and the patient. Issues with stereotyping are discussed and students are encouraged to look beyond the more obvious signals of potential health and religious beliefs, such as ethnicity, and to recognise that all patients have their own beliefs and values. Students are also taught about the legal aspects of equality and human rights.

This outcome is assessed in an OSCE consultation, in the communications section. The provider also expects to see evidence of it in the holistic patient assessment case study presented in the portfolio.

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

1.5/5

Demonstrate an 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: ► Shows how

### Accreditation team's commentary

This learning outcome was tested at the event. It is introduced in the first week of the course in a session on the steps to safe prescribing. Students take part in small group discussions, which are monitored by staff, in which they devise action plans for how communications might be altered depending on the needs of the patient. Difficult communications are discussed and students are encouraged to practice with each other. Later in the course, a carer comes into a session along with her son who has a learning disability. This gives rise to discussions about the VIP passport, advocacy and beneficence.

The team asked about how the needs of people with hearing or visual impairment were considered and was told that the communication session will be reviewed to include this as it is not comprehensively covered at present.

The Law and Ethics teaching covers power of attorney, duty of care, negligence and duty of candour.

Students are assessed on this learning outcome through the OSCE practices and through the portfolio.

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

3.3/18

Demonstrate the application of pharmacology in relation to their own prescribing practice

Level: ► Does

### Accreditation team's commentary

This learning outcome was tested at the event. Although pharmacists have more pharmacological knowledge than other professions on the course, they are keen to ensure their knowledge is up to date and to focus on the drugs they will use in their area of prescribing practice, so this is often identified as an area of development in their individual learning contracts. An online e-learning package is available to students and during the period of learning in practice this knowledge can be individualised according to their area of practice.

This learning outcome is assessed in a case study presented within the portfolio. It is marked by prescribers who are experienced clinicians in the particular clinical area.

The teaching and assessment requirements of the learning outcome are met.	
<b>3.6/21</b>	Identify relevant investigations and interpret results and data in their prescribing practice
	<b>Level:</b> ► <i>Does</i>
<b>Accreditation team's commentary</b>	
<p>This learning outcome was tested at the event. It is covered in the clinical skills training as part of the holistic investigation of the patient. It might, for example, involve looking at a patient's blood pressures, considering whether the result is normal for that patient and discussing what action would be taken if it was different.</p> <p>There is also an e-learning module that covers this learning outcome by asking students to consider and reflect on what monitoring they will be using in their role. A further e-learning module at the end of the course considers clinical decision-making. The team asked whether students share any of their e-learning activities with staff or their DMP and was told that staff can access, monitor and add comments to e-learning activities. Students must complete all e-learning elements of the course in order to pass.</p> <p>The team asked if students are encouraged to think about the practicalities of prescribing such as referring patients for blood tests and accessing results. The provider explained that students are prompted to think about this and if it will be relevant to their practice then a learning contract would be expected to focus on this element.</p> <p>This learning outcome is assessed through a case study in the portfolio, during the clinical skills assessment and through the DPP's competency assessment.</p> <p>The teaching and assessment requirements of the learning outcome are met.</p>	
<b>3.8/23</b>	Identify and respond to people's needs when prescribing remotely
	<b>Level:</b> ► <i>Shows how</i>
<b>Accreditation team's commentary</b>	
<p>This learning outcome was tested at the event. At present, the outcome is discussed in law sessions and in a clinical governance session. Issues such as the challenges of checking identity and the lack of visual clues are covered. The provider explained that this learning outcome will be enhanced in the future through a planned collaboration with a software company providing electronic prescribing software in the region. There are also plans to introduce a professional standards session with an associated case study.</p> <p>The learning outcome is assessed through the OSCE which, for example, asks students to collect data about any medicines that patients buy on the internet. It is also assessed via the competency framework during the period of learning in practice.</p> <p>The teaching and assessment requirements of the learning outcome are met.</p>	
<b>3.10/25</b>	Recognise and manage prescribing and medication errors
	<b>Level:</b> ► <i>Shows how</i>
<b>Accreditation team's commentary</b>	
This learning outcome was tested at the event. It is covered in two sessions during the eight taught days.	

The material covered includes human error theory and is related to real life scenarios with the involvement of a pharmacist from a local NHS trust. Electronic patient records have been highlighted as they have recently been introduced in the area. In a session on clinical governance, medication errors, reporting and raising concerns and the need to learn from errors and audit practice are covered.

This outcome is assessed on the OSCE and in the competency framework. The provider expects to see evidence of reflection on prescribing decisions in the case analysis 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. One criterion requires minor amendments. (See Appendix 3 for criteria)**

The course entry criteria have been made clearer on the website in response to the new GPhC standards against which the course is being reaccredited. However, there is no reference to applications being accepted from pharmacists registered with the PSNI and this should be updated.

Similarly, the programme specification does not refer to the fact that the two years' of patient oriented experience must be UK-based, although this is clear in the application form. The programme specification should be updated accordingly. The team suggested that it would be helpful if examples of relevant patient-oriented experience were provided as part of the information given to potential applicants.

A new checklist, combining the university and GPhC requirements, has been introduced for use by the course leaders when assessing applications. The checklist ensures that the reasons for rejection are clear and supports the provision of meaningful feedback to unsuccessful candidates. The checklist will be provided to the GPhC.

The new standards allow for students to be supervised during the period of learning in practice by a Designated Prescribing Practitioner (DPP) rather than a Designated Medical Practitioner (DMP). At this stage, the provider intends to maintain the requirement for supervision by a DMP. GPhC approval will be required if the provider wishes to change this in the future.

Although the admissions policy provided in the supporting documentation contains generic statements that do not apply to this programme, the team was satisfied from other elements of the submission that this standard is met.

#### 2 - Equality, diversity and inclusion

**The team was satisfied that all five criteria relating to the equality, diversity and inclusion will be met.**

At the application stage, the provider reviews whether applicants are likely to have protected characteristics and, at the university level, all students are offered a learning support assessment as part of enrolment.

Both steps of the University's course approval process involve an equality review and an equality impact assessment has also been undertaken looking at course activity and outcomes. The provider has noted that students on the course who have learning support needs are doing less well than other students. Reasons for this are being explored.

Equality and diversity issues are addressed in a taught session early in the course and students are expected to demonstrate their understanding through the OSCE and in a case study. As the student mix

is ethnically diverse, discussions about equality, diversity and inclusion in the context of ethnicity are routinely addressed throughout the course.

### 3 - Management, resources and capacity

**The team was satisfied that all six criteria relating to the management, resources and capacity will be met. Two criteria require minor amendments.**

There will be a maximum of two cohorts of 50 students per year, with up to 25 pharmacists in each cohort. The provider must seek approval from the GPhC if they wish to increase these numbers, to ensure that the course continues to be adequately resourced.

A new workload allocation model has been introduced this academic year with teaching load reviewed in advance and approved by the Head of School. The quality of teaching is monitored via student evaluation and peer review of teaching. Students confirmed that the course is well resourced in terms of staffing and physical resources and that it is well organised. The roles and responsibilities of staff are not clear from the programme specification, as stated in the submission, but from information provided in other parts of the submission, the team is satisfied that this standard is met.

The provider works with the student as part of the application process to develop an understanding of their practice environment. Information is gathered in an audit form and students are encouraged to let the provider know if they have problems. Students' learning needs are identified through completion of a self-assessment document, with a learning contract being developed to address individual learning needs. Pharmacists on the course are expected to have at least one learning contract in clinical skills.

Students are introduced to fitness to practise as part of the induction process. The University's fitness to practise policy has very recently been updated and is designed to serve both undergraduate and postgraduate (i.e. professionally registered) students.

New staff members have a comprehensive induction programme including being buddied with an experienced member of staff. All staff members are expected to undertake a teaching qualification. DMPs are invited to an induction session, although very few attend as most have acted as a DMP previously. All DMPs are provided with a handbook by their students. There is little proactive involvement between staff and DMPs, but if concerns are raised, the provider will support the student to resolve issues or, if necessary, to transfer to a new DMP.

The management structure provided as part of the submission contains out of date references to the RPSGB and to CRB checks and must be updated. An error in the application template was also noted, with reference to a DDP rather than DPP. The submission refers to a 'Learning contract for some modules'; the provider clarified that this should read 'Learning contract for some competencies' as learning contracts apply to competencies not modules.

### 4 - Monitoring, review and evaluation

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

Stakeholders and students are represented on the Programme Management Team which meets twice a year to review the course. The course is also discussed at School and Faculty level, with relevant stakeholders also involved in these discussions. The course action plan is reviewed annually and is provided to the external examiner,

Course material is updated as needed to reflect changes in the healthcare landscape. Most recently, an update was made in responses to the changes to regulations affecting the prescribing of controlled drugs. These changes are not formally tracked by the provider.

The provider will send email confirmation of the validation of changes to the course to the GPhC.

## 5 - Course design and delivery

**The team was satisfied that all ten criteria relating to the course design and delivery will be met.**

The course is delivered over 8 days of face-to-face teaching supported by an online learning package and the period of learning in practice. Although a separate teaching and learning strategy document was not provided in the submission, sufficient information was provided to reassure the team that this standard is met.

## 6 - Learning in practice

**The team was satisfied that all five criteria relating to the learning in practice will be met.**

The period of learning in practice supports students to develop the behaviours and skills, knowledge and understanding to meet the required learning outcomes.

## 7 - Assessment

**The team was satisfied all eleven criteria relating to the assessment will be met. Two criteria require minor amendments.**

Students are assessed using a variety of methods to ensure that only safe and effective practitioners pass the course. The assessments are:

- MCQ and short answer questions (80% pass/fail)
- Objective Structured Examination (80% pass/fail)
- Satisfactory completion of 12 x 7.5 hour days in practice with the DMP and completion of a competency framework (pass/fail)
- Clinical examination (pass/fail)
- Coursework presented in a portfolio, 3000 words (graded 100%)

Generic clinical skills are taught on the course and specialist skills are covered in the student's period of learning in practice. Students are peer assessed on one clinical skill selected at random. Staff facilitate and review the peer assessments. Students told the team that a highlight of the course is the clinical skills teaching. They appreciated the opportunities for formative assessment and confirmed that they have time to practise before being summatively assessed.

Multiple choice questions are carefully reviewed and are sent to the external examiner for benchmarking. The calculations element of the assessment has a 100% pass mark. Students are required to use the paper BNF in this assessment and the electronic version in the OSCEs to ensure that they are able to use both.

The provider was asked to amend the OSCE mark to cover scenarios where age is crucial to the correct dosage, for example in children and the elderly.

The provider was also asked to note that the submission and competency document refer to *registration* as an Independent Prescriber. This must be changed to *annotation* as an Independent Prescriber.

## 8 - Support and the learning experience

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

A range of mechanisms are in place to support students to achieve the learning outcomes. All students and DPPs are invited to an induction session at the beginning of the course where an overview of the programme is given including content and assessment. The competency framework is introduced and the role of the DPP explained.

Effective supervision is achieved by providing all students with an academic supervisor. Supervision requirements by the DPP are made clear during the induction and in the DPP and Student Handbooks. The Student Handbook also provides information on how students should raise concerns with the course team.

Students have not experienced issues securing the time they need for the period of learning in practice from their employers (where they are not self-employed). The period of learning in practice can be extended over two semesters if required, although most pharmacists complete in one semester. The team spoke to a number of students who confirmed that they were satisfied with the arrangements for their period of learning in practice and felt supported by their employer and their DMP.

Teaching on whistleblowing will be expanded in response to the new standards. This is currently covered in the e-learning package with a taught session focusing on reporting prescribing errors.

## 9 - Designated prescribing practitioners

**The team was satisfied that four of the five criteria relating to the designated prescribing practitioners will be met with one criterion subject to a condition.**

There are appropriate mechanisms for ensuring that DPPs are fit to be the supervisors of pharmacist independent prescribers in training. DPPs are currently either GPs, specialist registrars, medical clinical assistants or consultants with three years of recent prescribing experience in a relevant field of practice. They will also have experience of supervising and training others. These requirements are made clear in the application form which the DPP is required to complete and sign. Registration details are included to ensure the proposed DPP is in good standing with their professional body.

All DPPs are invited to an induction event which includes information on course requirements, the role of non-medical prescribers, design and delivery of the course, the role of the DPP including examples of supervised practice, feedback and assessment and raising concerns. A Handbook is also provided.

DPPs receive feedback from their student, but they are not currently given further feedback from the provider. It will be a **condition** of reaccreditation that the provider describes how they will provide feedback to DMPs on their performance. This is to meet criterion 9.5. This condition must be met before the next intake of pharmacists onto the programme.

## 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
	<b>Level:</b> ▶ <i>Knows how</i>
2	Understand and meet their legal responsibilities under equality and human rights legislation and respect diversity and cultural differences
	<b>Level:</b> ▶ <i>Does</i>
3	Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs
	<b>Level:</b> ▶ <i>Does</i>
4	Demonstrate appropriate history-taking techniques through effective consultation skills
	<b>Level:</b> ▶ <i>Does</i>
5	Demonstrate an 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
	<b>Level:</b> ▶ <i>Shows how</i>
6	Support individuals to make informed choices that respect people's preferences
	<b>Level:</b> ▶ <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
	<b>Level:</b> ▶ <i>Does</i>
8	Recognise their own role as a responsible and accountable prescriber who understands legal and ethical implications
	<b>Level:</b> ▶ <i>Does</i>
9	Apply relevant legislation and ethical frameworks related to prescribing, including remote prescribing and the handling and sharing of confidential information
	<b>Level:</b> ▶ <i>Shows how</i>
10	Recognise and manage factors that may influence prescribing decisions
	<b>Level:</b> ▶ <i>Does</i>

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

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

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| 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.

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| 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: <ul style="list-style-type: none"> <li>• a schedule of roles and responsibilities in learning, teaching and practice environments;</li> <li>• lines of accountability in the learning, teaching and practice environments;</li> <li>• defined structures and processes to manage delivery, and</li> <li>• processes for identifying and managing risk</li> </ul>
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: <ul style="list-style-type: none"> <li>• appropriately qualified and experienced professionals</li> <li>• enough staff from relevant professions to deliver the course and support the learning of pharmacist independent prescribers in training</li> <li>• sufficient resources available to deliver the course</li> <li>• facilities that are fit for purpose, and</li> <li>• access to appropriate learning resources</li> </ul>
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: <ul style="list-style-type: none"> <li>• induction</li> <li>• effective supervision</li> <li>• an appropriate and realistic workload</li> <li>• personal and academic support, and</li> <li>• access to resources</li> </ul>
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.
<b>Standard 9 – Designated prescribing practitioners</b>	
<b>Designated prescribing practitioners must be fit to undertake that role and must have appropriate training and experience.</b>	
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: <ul style="list-style-type: none"> <li>• active prescribing competence applicable to the areas in which they will be supervising</li> <li>• appropriate patient-facing clinical and diagnostic skills</li> <li>• supported or supervised other healthcare professionals, and</li> <li>• the ability to assess patient-facing clinical and diagnostic skills</li> </ul>
9.3	Course providers must provide training for designated prescribing practitioners on: <ul style="list-style-type: none"> <li>• the pharmacist independent prescribing role</li> <li>• the course for pharmacist independent prescribers in training on which they will be working, including its learning outcomes</li> <li>• the role of designated prescribing practitioners in the course</li> <li>• assessing the performance of pharmacist independent prescribers in training</li> <li>• giving feedback to pharmacist independent prescribers in training</li> <li>• supporting pharmacist independent prescribers in training, and</li> <li>• raising concerns</li> </ul>
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