Consultation on education and training standards for pharmacist independent prescribers



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About the GPhC

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in England, Scotland and Wales. It is our job to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.

Our main work includes:

- setting standards for the education and training of pharmacists, pharmacy technicians, and approving and accrediting their qualifications and training
- maintaining a register of pharmacists, pharmacy technicians and pharmacies
- setting the standards that pharmacy professionals have to meet throughout their careers
- investigating concerns that pharmacy professionals are not meeting our standards, and taking action to restrict their ability to practise when this is necessary to protect patients and the public
- setting standards for registered pharmacies which require them to provide a safe and effective service to patients
- inspecting registered pharmacies to check if they are meeting our standards

Foreword

Pharmacist independent prescribers are already playing a vital role in delivering high-quality care to people using the health services of Great Britain. Pharmacists have been able to train and practise as independent prescribers for over a decade now, but the demand for them has significantly increased over the last few years. Also, government policies and the changing demands from health services and patients across Great Britain suggest that the need for well-trained pharmacist independent prescribers will keep growing.

To become an independent prescriber, pharmacists must complete education and training that gives them the necessary knowledge, attitudes and behaviours to successfully take on the role and provide safe and effective care to the people using their services. As the demand for well-trained pharmacist independent prescribers has increased, course providers have been expanding their provision to keep up with demand. As the regulator, we have a responsibility to make sure that this provision is fit for purpose.

Alongside an increase in the number of pharmacist independent prescribers, the prescribing role has developed significantly in recent years. When it began, pharmacist independent prescribing was based on quite narrow specialisms. But we have learnt from our own research that pharmacists have broadened their role once they have qualified. Many are now working as generalist prescribers in GP practices, emergency departments, online and in other settings.

In many cases this is in direct response to government initiatives. In light of these changes, we are making improvements to the standards for training pharmacist independent prescribers to make sure courses are fit for purpose and that the learning outcomes in them are clearly focused on the current prescribing role.

The standards presented for consultation in this document for the education and training of pharmacist independent prescribers are part of a suite of education and training standards for members of the pharmacy team. In this consultation, we are proposing to modernise the training of pharmacist independent prescribers. This is to take account of recent developments, and to give them the knowledge, attitudes and behaviours they will need to successfully provide high-quality care.

Other important changes to the standards are that:

- we are bringing forward proposals to allow experienced pharmacist independent prescribers (and other independent prescribers, including doctors) to act as practice prescribing supervisors, and
- we are proposing to improve the selection of trainee independent prescribers by focusing on the knowledge and skills of applicants and their suitability to train as independent prescribers.

We are recommending these changes in response to feedback we have had from a wide range of stakeholders as part of our preparation for this consultation.

In this consultation, we hope to hear from as many people and organisations as possible about our proposals and we will use what we hear to shape our standards over the coming months.



Nigel Clarke Chair



Duncan Rudkin Chief Executive and Registrar

Overview

We are consulting until **Wednesday 6 June 2018** on standards for the education and training of pharmacist independent prescribers. We welcome views from all interested parties, but we are especially interested in hearing from current pharmacist independent prescribers, pharmacist independent prescribers in training, independent prescribing course providers, course commissioners and pharmacists who are interested in becoming prescribers.

This consultation document is in three parts:

- Section 1: Introduction to the standards
- Section 2: Standards for the education and training of pharmacist independent prescribers
- Section 3: Consultation response form

Our report on this consultation

Once the consultation period ends, we will analyse the responses we receive. Our governing council will receive the analysis at a meeting in the second half of 2018. It will take the responses into account when considering the final initial education and training standards for pharmacist independent prescribers.

We will also publish a summary of the responses and an explanation of the decisions taken. You will be able to see this on our website www.pharmacyregulation.org

How to respond

You can respond to this consultation in a number of different ways. You can fill in the questionnaire at the end of this document or go to www.pharmacyregulation.org/
PIP consultation and fill in an online version there.

If you fill in the questionnaire in this document, please send it to:

consultations@pharmacyregulation.org with the subject 'Independent prescribers consultation'

or post it to us at:

Independent prescribers consultation response Education Team General Pharmaceutical Council 25 Canada Square London E14 5LO

Comments on the consultation process itself

If you have concerns or comments about the consultation process itself, please send them to:

feedback@pharmacyregulation.org

or post them to us at:

Governance Team General Pharmaceutical Council 25 Canada Square London E14 5LQ

Please do not send consultation responses to this address.

Section 1: Introduction

1.1. Context

Pharmacists have been independent prescribers since 2006 but it is in the last five to six years that the demand and opportunities for pharmacist independent prescribers have grown more quickly. This is reflected in national pharmacy policy initiatives and in the number of pharmacists applying to train as independent prescribers¹.

Pharmacists working as independent prescribers is part of a wider change in which pharmacy is playing a more significant part in people-facing, front-line care. Pharmacists are being used more and more to support patients. This is helping to make the most effective and cost-effective use of medicines and relieving pressure in critical parts of the healthcare system – particularly in emergency departments and in primary care (for example in GP surgeries, medical centres and care homes).

National pharmacy strategies vary across Great Britain. But what is consistent is a recognition that employing pharmacist independent prescribers across healthcare settings:

- makes the best use of pharmacists' prescribing knowledge and skills, and
- complements the skills of other members of healthcare teams, who are being asked to work together in ever-closer ways to create integrated care for people.

To achieve these benefits, all three countries have been commissioning more places for pharmacists on independent prescribing courses. In many places, this has led to an expectation that independent prescribing training will become a routine part of career development.

Since 2006 there has been a change in the profile of pharmacists training to become independent prescribers. At first, interest was from pharmacists with several years of clinical practice experience, wanting to add prescribing to an already well-developed portfolio of clinical and diagnostic skills. More recently applicants have been younger pharmacists wanting to upskill as prescribers at a much earlier stage in their careers. We are also seeing generalist prescribing in GP practices and emergency departments emerging as popular prescribing areas, rather than the more traditional, specialist ones preferred in earlier years. This is a response, in part, to strategic initiatives designed to build generalist pharmacist prescribing capacity in regions across Great Britain.

¹ On the other hand, the number of pharmacist supplementary prescribers has not increased and supplementary prescribing courses for pharmacists are no longer offered.

1.2 The pharmacist independent prescriber role

Pharmacists work in a variety of settings and in a variety of ways. This is also the case for pharmacist independent prescribers. While accepting that prescribing practice will vary, at its heart is:

"... the prescriber takes responsibility for the clinical assessment of the patient, [establishing] a diagnosis, and the clinical management required as well as the responsibility for prescribing and the appropriateness of any prescribing." National Prescribing Centre, 2005

We believe that this definition best describes the pharmacist independent prescriber and that education and training courses must be focused on it.

1.3. Key changes

We are proposing three key changes to the education and training of pharmacist independent prescribers:

- Revising the entry requirements for training
- 2. Introducing learning outcomes
- 3. Introducing 'designated prescribing practitioners'

1.3.1. Revising the entry requirements for training

At the moment, course applicants must have worked in a clinical area for two years before training to prescribe in that area. They must also have the relevant pharmacological knowledge and skills to support their prescribing training. What we have heard from some training providers is that there is too much emphasis on the time requirement and not enough emphasis on relevant knowledge and skills. Also, we have no evidence to suggest that 'time served' produces applicants of the right quality to train.

For these reasons, we propose that the twoyear time requirement should be removed. It should be replaced by an effective, but not burdensome, application process in which an applicant's experience is verified to ensure that they are ready to train. This does mean that the time required by individual applicants to demonstrate they have met course entry requirements will vary depending on their experience and skills. It may be more, or less, than two years. The kind of evidence that would be appropriate to demonstrate an applicant's suitability to train as an independent prescriber includes:

- 1. evidence of patient-facing experience
- 2. experience of clinical prescribing by others
- participating in clinical interventions and medicines optimisation activities to improve patient outcomes, and
- 4. experience of multi-disciplinary aspects of prescribing

The list above is a guide only. The responsibility for checking that an applicant is suitable to train rests with the course provider, as it does now (and as it does for any course of education and training). However, to help course application processes to be consistent across providers we will provide guidance on the types of appropriate evidence in a separate document – an evidence framework (see 1.6, Further work).

From a practical perspective, if these activities have already been captured in continuing professional development (CPD) entries or revalidation activity, they could be used as part of the evidence to support the application.

We realise that removing the time requirement may cause concern to some people. So, as an additional safeguard we will add an explicit provision to our standards that course providers should reject applicants who are not suitably experienced. Having considered the evidence, we have reached the conclusion that removing the time requirement will place the emphasis where it should belong: on the quality of prior experience not the quantity of it.

1.3.2. Introducing learning outcomes

We have developed new learning outcomes for the standards. Introducing learning outcomes brings these standards into line with contemporary practice and our other standards, which emphasise outcomes – what people can do – rather than inputs (for example, hours of study).

The learning outcomes will describe the knowledge and skills a trainee will have on successful completion of a course. We believe they are sufficient to describe what a course must cover and we do not think it is necessary to produce a detailed syllabus as well. This approach is consistent with our approach to other new sets of education and training standards.

The learning outcomes are general, not specific, and the knowledge and skills in them can be applied in any prescribing area. This means that courses may choose to focus on a relatively narrow, specialist area, or on broader ones such as general practice or accident and emergency. This reflects the reality of contemporary prescribing practice.

1.3.3. Introducing 'designated prescribing practitioners'

At the moment, only doctors are allowed to formally supervise trainees as designated medical practitioners (DMPs). In reality, while DMPs sign off trainees, other healthcare professionals offer trainees support and advice while they are on their course, sometimes using their own expertise as prescribers.

March 2018

We are proposing that in future, pharmacists training to be independent prescribers could be supervised formally not only by DMPs, but also by experienced pharmacist prescribers and other experienced prescribers. We think it is important that trainees decide what kind of prescribing supervisor they have, in consultation with their course provider. For example, if a trainee thinks that being supervised by a doctor would be most helpful to them then they should be supervised by a doctor, but if they feel that a pharmacist would be more appropriate, this is now an option.

This change would remove a potential barrier to the expansion of the number of pharmacist independent prescribers and relieve the pressure on both course providers and, ultimately, service providers. Giving this responsibility to practising pharmacist independent prescribers would also give them the opportunity to train the next generation and share their experience in the workplace.

In recognition of the change, we plan to alter the DMP title to DPP – Designated Prescribing Practitioner. While the title will change, the role will not. DPPs will sign off trainees as well as assessing their competence against the requirements of course providers and giving them support and advice. As well as having a DPP, trainees may continue to draw on the support and advice of other healthcare professionals, including other prescribers.

We will put in place requirements for the supervisors to make sure they have the necessary skills and experience to be able to

effectively supervise, assess the competence of, and sign off a trainee (see 1.6, Further work).

These proposed changes are based on the work we have done so far to develop the standards, which is summarised in the following section.

1.4 Work done so far to develop the standards

To help us develop these standards, we have worked extensively with a range of stakeholders.

In developing them we have taken a wide range of views into account. We began by considering relevant feedback we received from our discussion papers and consultations *Tomorrow's pharmacy team* (2015), *Standards for pharmacy professionals* (2016) and *Supervising independent prescribers in training* (2016) and also the results of our survey in *Prescribers' survey report* (2016). More recently we have had over 40 preconsultation meetings with all schools of pharmacy running independent prescribing courses, other independent prescribing course providers and other stakeholders. The results of these meetings are reflected in the changes we are proposing.

Before writing these new standards we decided to issue a discussion paper on one particular aspect of independent prescribing courses: the supervision of pharmacist independent prescribers in training. A summary of the results of that discussion paper is presented below.

1.4.1 Supervising independent prescribers in training: discussion paper

As described above, at the moment trainees have to be supervised by designated medical practitioners during their training. We are proposing that in future, trainees could be supervised not only by doctors but also by experienced pharmacist prescribers and other

experienced prescribers. We would put in place requirements for the supervisors, to make sure they have the necessary skills and experience to be able to effectively supervise a trainee.

In 2016 we published a discussion paper *Supervising independent prescribers in training*. You can **download the full report on our discussion paper consultation** from our website. The proposal we tested in the discussion paper was whether suitably trained and experienced independent prescribers could be used as supervisors.

The responses we received supported our proposals strongly. Respondents agreed that supervision rights should be extended to suitably experienced pharmacist independent prescribers and also to other suitably experienced independent prescribers. A common theme throughout the responses was the importance of:

- anyone acting as a practice prescribing supervisor being appropriately trained and experienced to act in that role, and
- people being trained and supported in their new role

We agree with these points and have built those requirements into our standards.

We take the responses to mean that there is clear support for our proposals. Therefore, we have built the provision for non-medical independent prescribers to act as practice prescribing supervisors into our standards as a separate standard: see *Part 2 Domain 9* –

Designated prescribing practitioners. Given the strong level of support for our proposals, we do not intend to re-consult on the principle of changing supervision requirements. However, we will be asking a question about whether Domain 9 has the relevant safeguards in it to ensure the successful introduction and use of designated prescribing practitioners.

We also propose to treat this change and its introduction as being a separate issue from the other standards. This means it can be introduced in advance of new courses based on the full set of standards. The aim of this is to allow existing courses to expand their pool of practice supervisors once the standards have been agreed and revised guidance for supervisors has been issued, but without necessarily applying for a full course reaccreditation. Our reasoning is that if a course provider has been reaccredited recently, it would be unnecessarily burdensome for them to have to resubmit again just to allow the introduction of designated prescribing practitioners.

As a safeguard, course providers wanting to implement Domain 9 will be subject to a light-touch, paper-based accreditation exercise by the GPhC, in which they will have to demonstrate how they will implement that single standard.

1.4.2 Pre-consultation engagement

In October and November 2017 we held a series of pre-consultation meetings with schools of pharmacy, independent prescribing course providers and other stakeholders. We

discussed our proposals for changing supervision and there was broad agreement with what we were proposing. One important point put to us by most of the people we met was that we should build mechanisms into our standards for ensuring that designated prescribing practitioners were suitably trained and experienced to act in that role. We have responded to this point by embedding it in Standard 9.

Another point put to us by independent prescribing course providers was that the two-year time requirement was inappropriate, for three reasons:

- 1. An applicant may have worked in an area for two years but may not have gained the knowledge and skills needed to train as an independent prescriber.
- 2. Providers sometimes felt obliged to admit applicants on the basis of time served rather than experience gained.
- 3. There was no objective justification for having two years as the time requirement (or any other period of time, for that matter).

These are compelling points and we have considered them carefully. We realise that removing the time requirement might introduce a risk that someone might apply to train before they are ready (or be encouraged to do this). But we think this can be addressed by introducing a more rigorous requirement for an applicant's experience to be verified, to ensure its suitability and relevance and that they are ready to train. We will be introducing

proposals to make this change. Also, it was suggested to us that rather than focusing on an applicant's 'pharmacological knowledge', it would be more appropriate to evaluate their 'clinical and therapeutic experience'. We agree with this, because it emphasises the application of knowledge rather than just knowledge. We have made that change in the standards.

1.5 Links to other prescribing standards and professions

1.5.1 Other standards

The learning outcomes in these standards are based on the prescribing competencies in *A Competency Framework for All Prescribers* (2016). This was developed by the Royal Pharmaceutical Society, working with bodies representing all the prescribing healthcare professions. It is a set of competencies for prescribers in practice and, therefore, too broad for prescribers in training. However, it is a suitable and logical starting point for developing learning outcomes for a course which trains pharmacist independent prescribers.

We have also taken account of other sets of prescribing standards when drafting ours. In particular, we looked at the new standards proposed in 2017 by the Nursing and Midwifery Council (NMC). Like us, the NMC are proposing to allow all non-medical prescribers (including pharmacists) to act as prescribing supervisors for nurses in training.

1.5.2 Training with other professions

One of the most important aspects of prescribing is its multi-disciplinary nature. It is unusual for a prescriber to prescribe in isolation. At the very least, they must update patient records that other people will use. More usually, pharmacist prescribing takes place as part of a care package delivered by multiple healthcare professionals. This is why many pharmacists train as prescribers alongside other healthcare professionals, often nurses, on multidisciplinary training courses. The feedback we have received from pharmacist

prescribers is that learning from and with other professionals has been one of the most valuable aspects of their training.

1.6 Further work

1.6.1 Evidence framework

When we wrote our initial education and training standards for pharmacy technicians, we produced an accompanying evidence framework. It gave more information on the standards for course providers and was developed in consultation with them. We will do the same for this set of standards.

The evidence framework will include more information on:

- some of the learning outcomes, especially those that are more open to interpretation than others
- entry requirements, including examples of quality criteria, and
- selecting and quality assuring designated prescribing practitioners

1.6.2 Guidance for DPPs

We realise that there needs to be guidance for the new designated prescribing practitioners. We are in discussions with stakeholders about how best to create it.

The guidance will include:

- core competencies for designated prescribing practitioners, and
- guidance for course providers on evaluating the suitability of prospective DPPs

1.7 Structure and content of the standards

The standards are in two parts:

Part 1: Education and training standards for pharmacist independent prescribers – learning outcomes

This part includes the knowledge, skills, understanding and behaviours required of a pharmacist independent prescriber annotated by the GPhC. As part of this consultation we need to check that the learning outcomes are the right ones and we have asked a question about this.

Part 2: Standards for education and training course providers

This part includes the requirements for a course delivering the learning outcomes in Part 1. As part of this consultation we need to check that these standards are the right ones and we have asked a question about this.

Although they are for different audiences, the two parts are closely linked to each other. This is why they have been presented in one document.

Once the standards have been agreed we will issue guidance on them for course providers in an evidence framework.

1.7.1 Part 1: Education and training standards for pharmacist independent prescribers – learning outcomes

Part 1 of these standards is presented as learning outcomes – that is the knowledge,

skills and attributes a trainee must demonstrate at the end of a course². As a set, the learning outcomes describe a pharmacist independent prescriber who is fit to practise once annotated.

The learning outcomes have been grouped under four domains, which are:

- 1. person-centred care
- 2. professionalism
- 3. professional knowledge and skills
- 4. collaboration

The learning outcomes in 'professionalism' and 'collaboration' are more general. The learning outcomes in 'professional knowledge and skills' focus on the mechanics of the role. Those in 'person-centred care' put the knowledge and skills into the context of the delivery of care, and particularly the role that prescribing plays in that.

1.7.2 Linking education and training and practice

Each of the four headings has been linked to standards from the **standards for pharmacy professionals**, of which there are nine, to show the link between education and training and practice.

In general, the standards refer to 'personcentred care' and refer to a 'person' – this means 'the person receiving care'. However, where it is more appropriate we refer to patients, carers or patients' representatives.

² Courses of education and training leading to eligibility to register are accredited by the GPhC.

Person-centred care		Professionalism		Professional knowledge and skills		Collaboration		
Person-centred care	Effective communication	Confidentiality and privacy	Professional behaviour	Professional judgement	Speaking up about concerns	Professional knowledge and skills	Partnership working	Leadership

Each of the four headings has been linked to standards from the standards for pharmacy professionals.

1.7.3 The context of prescribing in training

To train as an independent prescriber, a pharmacist must choose an area of practice in which they will learn to become a prescriber. This must be an area they have worked in and understand.

While training they will be supervised by another prescriber experienced in that area.

We are not prescriptive about the area in which someone prescribes while training. It could be a specialist one, such as hypertension or HIV, or a more general one, such as prescribing in a GP practice or emergency department.

1.7.4 Part 2: Standards for education and training course providers

Part 2 of the standards focuses on the key features of courses that deliver the learning outcomes in Part 1. Pharmacist independent prescriber education and training is delivered in a variety of different ways, so it is important to note that the standards have been written in such a way that they are not prescriptive about delivery.

Accepting that delivery and design can be varied, there are three documents essential for all courses:

- a teaching and learning strategy, to describe how the learning outcomes in Part 1 will be delivered
- an assessment strategy, to describe how the learning outcomes in Part 1 will be assessed, and
- a management plan, to describe who is responsible for what in the delivery of a

course and what the links are between learning and work

In the standards, we have been clear about what these documents must contain, but in such a way that courses can be delivered, assessed and managed in different ways.

We have taken the same structural approach to Part 2 of the standards by grouping them into domains:

- 1. Selection and entry requirements
- 2. Equality, diversity and inclusion
- 3. Management, resources and capacity
- 4. Monitoring, review and evaluation
- 5. Course design and delivery
- 6. Training in practice
- 7. Assessment
- 8. Training support and the learning experience
- 9. Designated prescribing practitioners

In each domain there are one or more standards followed by a number of requirements that have to be in place for a standard to be met. This section shows the text of the proposed standards

Section 2: Standards for the education and training of pharmacist independent prescribers

Introduction

Pharmacists have a vital role in delivering care and helping people to maintain and improve their health, safety and wellbeing. An increasingly central role for pharmacists is that of the independent prescriber. Being an independent prescriber means that you can prescribe a medicine without needing to consult another prescriber first.

Pharmacists cannot prescribe on initial registration. They must take an additional course of education and training before they can prescribe. Courses are part-time and are run by universities. A key part of these courses is learning to consult and prescribe under the supervision of an experienced prescriber.

Before training to prescribe, pharmacists must have experience of working in a particular clinical area. The area is the one in which the pharmacist will learn how to prescribe.

These standards describe:

- the knowledge and skills pharmacist independent prescribers will achieve during their education and training, and
- · other aspects of the course they will take

Once a pharmacist has successfully completed their course they can apply to the GPhC for an annotation to their entry in the GPhC's register. The annotation is a public record that they can practise as an independent prescriber.

The prescribing role

Prescribing will be applied in different ways and in different contexts but at its heart will be the following:

"... the prescriber takes responsibility for the clinical assessment of the patient, [establishing] a diagnosis, and the clinical management required as well as the responsibility for prescribing and the appropriateness of any prescribing." *National Prescribing Centre, 2005*

To successfully complete an independent prescribing course trainees must have demonstrated this.

The structure of the standards

The standards for the education and training of pharmacist independent prescribers are in two parts:

- 1. Learning outcomes
- 2. Standards for independent prescribing course providers

Part 1, the learning outcomes, describes what a pharmacist will be able to do on successful completion of the course. The learning outcomes are presented in four domains:

- 1. person-centred care
- 2. professionalism
- 3. professional knowledge and skills
- 4. collaboration

Part 2, the standards for independent prescribing course providers, describes the requirements for any course provider and also the entry requirements for a course. The standards have nine domains:

- Domain 1 Selection and entry requirements
- Domain 2 Equality, diversity and inclusion
- Domain 3 Management, resources and capacity
- Domain 4 Monitoring, review and evaluation
- Domain 5 Course design and delivery
- Domain 6 Training in practice
- Domain 7 Assessment
- Domain 8 Support and the learning experience
- Domain 9 Designated prescribing practitioners

Part 1: Education and training standards for pharmacist independent prescribers – learning outcomes

Standard: On successful completion of their education and training, pharmacist independent prescribers in training will have achieved the learning outcomes in these standards

Level of study

The level of study for pharmacist independent prescriber courses is Master's level³, as defined in national qualifications frameworks.

Minimum learning time requirements

Teaching, learning and assessment are matters for course providers, but there must be at least:

- 26 days of structured learning activities, and
- 90 hours of learning in practice

Learning activities

'Learning activities' are defined by course providers. They can include in-class work, directed study, self-directed study and distance-learning activities.

Learning in practice

'Learning in practice' time is when pharmacist independent prescribers in training practise and develop their clinical, diagnostic and prescribing skills under the supervision of other healthcare professionals. This includes their designated prescribing practitioner (who is responsible for signing off a pharmacist independent prescriber in training as being a competent prescriber).

Domains of study

Learning outcomes are presented under four domains:

- 1. person-centred care
- 2. professionalism
- 3. professional knowledge and skills
- 4. collaboration

The domains and learning outcomes are all equally important.

³ Most prescribing courses are at Master's level already.

Learning outcomes

In these standards Miller's Triangle is used to set the outcome level. Miller's triangle is a knowledge and competence hierarchy describing four levels of outcome:

- 1. 'knows' (has knowledge)
- 2. 'knows how' (can apply knowledge)
- 3. 'shows how' (demonstrates competence in a limited way)
- 4. 'does' (demonstrates competence repeatedly and safely)

The outcomes in these standards have been set at the right level for pharmacist independent prescribers in training.

The learning outcomes are:

Domain 1: Person-centred care

1.	Understand the psychological and physical impact of prescribing decisions on people	Knows how
2.	Recognise diversity and the values and beliefs of people when making prescribing decisions	Does
3.	Demonstrate appropriate history-taking techniques to get information when making informed decisions about a variety of people with simple and complex conditions	Does
4.	Understand the role of the prescriber in making decisions about people who may not be able to make fully informed decisions about their health needs	Knows how
5.	Work with patients, carers and patient representatives to make informed choices that respect patients' preferences	Does

Domain 2: Professionalism

1.	Demonstrate a critical understanding of their own role and the role of others as prescribers, and how this role contributes to multi-professional teams providing person-centred care	Does
2.	Recognise their own role as a responsible and accountable prescriber who understands legal and ethical implications	Does
3.	Understand the legislation and ethical frameworks related to prescribing	Knows how
4.	Recognise and manage factors that may unduly influence prescribing decisions	Does
5.	Understand the ethical frameworks and legislation in sharing confidential information	Knows how
6.	Understand the legal and ethical frameworks and risks in prescribing remotely (including online)	Knows how
7.	Apply local, regional and national guidelines, policies and legislation related to healthcare	Does
8.	Reflect on and develop their own prescribing practice to ensure it represents current best practice	Does
9.	Demonstrate an understanding of health economics when making prescribing decisions	Does
10	. Understand the clinical governance of the prescriber, who may also be in a position to supply medicines to people	Knows how

Domain 3: Professional knowledge and skills

1.	Apply evidence-based decision-making in all aspects of prescribing, deprescribing and non-pharmacological interventions	Does
2.	Demonstrate a critical understanding of the pharmacological, pharmacokinetic and pharmacodynamic effect of medicines and devices when making prescribing decisions	Does
3.	Demonstrate clinical and diagnostic skills in clinical settings appropriate to their training	Does
4.	Demonstrate an understanding of the importance of accurate record-keeping and the relevant legislation	Does
5.	Interpret relevant investigations, results and data to make decisions about people	Does
6.	Understand the range of systems available to prescribe medicines in different clinical settings (this may include IT, digital and shared records, and e-prescribing)	Knows how
7.	Apply the principles of effective monitoring and management to improve patient outcomes	Does
8.	Demonstrate a comprehensive understanding of the side effects, contra- indications and adverse drugs reactions of medicines within their prescribing practice, focused on person-centred care	Does

Domain 4: Collaboration

1.	Work constructively with other healthcare professionals, understanding their roles in the prescribing process	Does
2.	Recognise other professionals' practice and raise concerns when inappropriate or unsafe prescribing occurs	Does
3.	Understand their own role and responsibilities, and those of others, in safeguarding children and vulnerable adults	Knows how
4.	Understand when and where to refer people appropriately	Knows how
5.	Collaborate with patients, carers and patient representatives to encourage them to take responsibility for managing conditions	Does
6.	Implement appropriate communications techniques to draw information from individuals who are unaware of or reticent about their circumstances	Does
7.	Recognise when to refer to or seek guidance from another member of the healthcare team, a specialist or an appropriate authority	Does

Part 2: Standards for pharmacist independent prescribing course providers

Part 2 is made up of the entry requirements for a pharmacist independent prescriber course followed by nine standards and their associated criteria.

Entry requirements

The entry requirements for a pharmacist independent prescriber course are that:

- a. Applicants are registered as a pharmacist with the General Pharmaceutical Council (GPhC) or, in Northern Ireland, with the Pharmaceutical Society of Northern Ireland (PSNI).
- b. Applicants are in good standing with the GPhC and/or PSNI and any other healthcare regulator with which they are registered.
- c. Applicants have an identified area of clinical or therapeutic practice in which to develop independent prescribing practice. They must also have relevant clinical or therapeutic experience in that area, which is suitable to act as the foundation of their prescribing practice while training.
- d. As part of the application process, applicants present their relevant clinical and therapeutic experience, and providers must evaluate the relevance of an applicant's experience to the requirements of the course.
- e. Applicants must have a designated prescribing practitioner who has agreed to supervise their learning in practice. A designated prescribing practitioner is an independent prescriber who is suitably experienced and qualified to carry out this supervisory role. Although an applicant may be supervised by more than one person, one prescriber must be the designated prescribing practitioner. The designated prescribing practitioner is the person who will certify that successful pharmacists are competent to practise as independent prescribers.
- f. The applicant's designated prescribing practitioner must be a registered healthcare professional in Great Britain or Northern Ireland with legal independent prescribing rights.
- g. Course providers must make sure that all the entry requirements have been met before the start date of a course on which an applicant is enrolled.
- h. If, having fully evaluated an application, a course provider decides that a pharmacist is not experienced enough to train as an independent prescriber, they should reject the application, giving their reasons.

Domain 1 - Selection and entry requirements

Standard 1: Selection processes must be open, clear and unbiased, comply with relevant legislation and ensure that applicants meet course entry requirements.

Criteria to meet this standard

- 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 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.

Domain 2 - Equality, diversity and inclusion

Standard 2: All aspects of pharmacist independent prescribing education and training must be based on principles of equality and diversity and comply with all relevant legislation.

- 2.1 Equality and diversity must be embedded in 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.

Domain 3 - Management, resources and capacity

Standard 3: Courses must be planned and maintained using 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 training supervisors to liaise with course providers regularly about the progress of a pharmacist independent prescriber in training in learning and practice environments.

Domain 4 - Monitoring, review and evaluation

Standard 4: 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 external environment, especially pharmacy, to ensure that courses remain up to date as they are delivered.
- 4.5 Feedback to 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.

Domain 5 - Course design and delivery

Standard 5: Courses must develop the behaviours and the 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 using strategies which integrate prescribing knowledge and skills, including clinical and diagnostic skills, with the pre-existing experience 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 consult 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 carry out tasks in which they are competent, or are learning 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, supervising independent prescribers or the learning environment must be addressed as soon as possible and in such a way that the cause for concern is dealt with.

Domain 6 - Learning in practice

Standard 6: Courses must 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 described 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 agree on a designated prescribing practitioner with a pharmacist independent prescriber in training, 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.

Domain 7 - Assessment

Standard 7: 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.

- 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 towards 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 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. They must prioritise patient safety, safe and effective practice, and clinical and diagnostic skills.
- 7.10 Pharmacist independent prescribers in training must pass all summative assessments before being signed off.
- 7.11 On patient safety grounds, compensation or condonation are not allowed on courses for pharmacist independent prescribers in training .
- 7.12 Unsafe practice demonstrated by pharmacist independent prescribers in training must not be passed.

Domain 8 - Support and the learning experience

Standard 8: 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 when 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.

Domain 9 - Designated prescribing practitioners

Standard 9: 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 in the areas in which they will be supervising
 - appropriate clinical and diagnostic skills
 - · mentored or supervised other healthcare professionals, and
 - assessed clinical and diagnostic competence in other healthcare professionals
- 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 new designated prescribing practitioners when they are acting in that role by providing them with a mentor. They must do this for at least the duration of the first course on which they are acting as a prescribing supervisor (and for longer if necessary). Mentors will be familiar with the course and the designated prescribing practitioner role in the context of the course.
- 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.



Section 3: responding to the consultation

How we will use your responses

After the consultation, we will publish a report summarising what we heard.

If you respond as a private individual, we will not use your name or publish individuals' responses. If you respond on behalf of an organisation, we will list your organisation's name and may publish your response in full unless you tell us not to. If you want any part of your response to stay confidential, you should explain why you believe the information you have given is confidential. The GPhC may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). If you ask us to keep part or all of your response confidential, we will treat this request seriously and try to respect it but we cannot guarantee that confidentiality can be maintained in all circumstances. If you email a response to the consultation and this is covered by an automatic confidentiality disclaimer generated by your IT system this will not, in itself, be binding on the GPhC.

Consultation response form

Response to the consultation on education and training standards for pharmacist independent prescribers

First, we would like to ask you for some background information. This will help us to understand the views of specific groups, individuals and organisations and will allow us to better respond to those views.

Are you responding:

as an individual – please go to section A
on behalf of an organisation – please go
to section B

Section A - Responding as

Scotland

Northern Ireland

Wales

an individual Please tell us your: name: a pharmacist address: email: Please choose the obest describes the oin:

other (please give details) Are you responding as: a member of the public a pharmacy professional – please go to section A1 a pre-registration trainee a student

other (please give details)

Section A1 – Pharmacy professionals

a pharmacist
a pharmacy technician
se choose the option below which describes the area you mainly work
community pharmacy
hospital pharmacy
primary care organisation
pharmacy education and training
pharmaceutical industry
other (please give details

Section B - Responding on behalf of an organisation

Please tell us your: Please choose the option below which best describes your organisation: name: body or organisation representing professionals job title: body or organisation representing organisation: patients or the public address: body or organisation representing a trade or industry email: Independent pharmacy (1-5 pharmacies) a contact name for enquiries: Multiple pharmacy (6 or more pharmacies) NHS organisation or group Is your organisation a: research, education or training organisation pharmacy organisation government department or organisation non-pharmacy organisation regulatory body other (please give details)

Consultation questions

Section 1: Learning outcomes

As part of this revision of the education and training standards for pharmacist independent prescribers, we have developed a set of learning outcomes which should describe the right knowledge, skills and attributes of a pharmacist independent prescriber.

Q1: Considering the full set of learning outcomes in Part 1 of these draft education and training standards, to what extent do you agree that these are appropriate learning outcomes for a pharmacist independent prescriber in training?

_	
	Strongly agree
	Partially agree
	Neither agree nor disagree
	Partially disagree
	Strongly disagree
	Don't know
	there anything missing from the ing outcomes in Part 1?
	Yes
	No
	Don't know
	ı have answered 'No' or 'Don't know', go to :ion 3)

Q2a: In which of the following areas do you think there is something missing? (Please tick all that apply)

Person-centred care
Professionalism
Professional knowledge and skills
Collaboration
Other (please state another area below)
Please give a brief description of the r gaps you have identified

Q3: Is there anything in the learning outcomes in Part 1 that should be changed?	Q4: Please give any other feedback explaining your responses to the questions on the learning outcomes (Important:
Yes	Please give both positive and negative feedback where applicable)
☐ No	
☐ Don't know	
(If you have answered 'No' or 'Don't know', go to question 4)	
Q3a: Please give details of the learning outcomes you would change and why (if possible, please give the reference number of the learning outcomes)	

Section 2: Standards for course providers

As part of this revision of the initial education and training standards for pharmacist independent prescribers, we have produced a set of standards for course providers detailed in Part 2. The standards describe the requirements for courses delivering the learning outcomes in Part 1.

Q5: Considering the full set of standards and criteria in Part 2, to what extent do you agree that these are appropriate standards for a pharmacist independent prescribing course?

cours	e?
	Strongly agree
	Partially agree
	Neither agree nor disagree
	Partially disagree
	Strongly disagree
	Don't know
_	there anything missing from the ards or criteria in Part 2?
	Yes
	No
	Don't know
(If you	i have answered 'No' or 'Don't know', go to . ion 7)

Q6a: In which of the following areas do you think there is something missing? (Please tick all that apply)

Domain 1 – Selection and entry requirements
Domain 2 – Equality, diversity and inclusion
Domain 3 – Management, resources and capacity
Domain 4 – Monitoring, review and evaluation
Domain 5 – Course design and delivery
Domain 6 -Learning in practice
Domain 7 – Assessment
Domain 8 – Support and the learning experience
Domain 9 - Designated prescribing practitioners
Other (please state another area below)

Q6b: Please give a brief description of the gap or gaps you have identified.	Q7a: Please give details of the standards or criteria you would change and why (if possible, please give the standard or criteria reference numbers).
Q7: Is there anything in the standards or criteria in Part 2 that should be changed?	Q8: Please give any other feedback explaining your responses to the questions on the standards and criteria (Important: Please give both positive and negative feedback where applicable)
☐ No	
☐ Don't know	
(If you have answered 'No' or 'Don't know', go to question 8)	

Section 3: Supervising pharmacist independent prescribers in training

In a <u>discussion paper issued in November</u> **2016** we asked whether the role of designated medical practitioner should be expanded to allow suitably experienced and qualified non-medical independent prescribers to act as supervisors for the learning in practice part of pharmacist independent prescribing programmes. The questions we asked were:

- whether supervision rights should be extended to experienced pharmacist independent prescribers and
- whether they should be extended to other experienced independent prescribers.

The responses have been reported in this consultation document, but in summary there was strong agreement with the first proposal and clear agreement with the second. With that mandate we have written a new domain, Domain 9, for an expanded group of supervisors – designated prescribing practitioners.

Q9a: Will Domain 9 ensure that only appropriately trained and experienced independent prescribers will be acting as designated supervisors for the learning in practice part of pharmacist independent prescribing programmes?

Yes

	No
	Don't know
	u have answered 'Yes' or 'No', go to tion 9b)
Q9b:	Please explain your response

Section 4: Entry conditions for training

One of the present entry conditions for training as a pharmacist independent prescriber is that the pharmacist must have worked in a patient-facing context in the UK for at least two years. At this point they should have acquired the clinical knowledge they need to then train to prescribe in that area. During our preconsultation meetings, it was put to us by independent prescribing course providers that the two-year time requirement was inappropriate, for three reasons:

- An applicant may have worked in an area for two years but may not have gained the knowledge needed to train as an independent prescriber.
- 2. Providers sometimes felt obliged to admit applicants on the basis of time served rather than experience gained.
- 3. There was no objective justification for using two years as the time requirement.

We accept these points and propose to remove the current two-year time requirement for training. We propose to replace it with a requirement for the suitability and relevance of an applicant's experience to be submitted and verified as part of the application process. Q10a: Should the current two-year time requirement for training be removed and replaced with a requirement for the suitability and relevance of an applicant's experience to be submitted and approved as part of the application process?

Yes

	No
	Don't know
Q10b	: Please explain your response

Section 5: Impact of the standards

We want to understand whether our standards may discriminate against or unintentionally disadvantage any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. These characteristics are:

- Age
- Disability
- · Gender reassignment
- · Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Q11: Do you think anything in the standards or proposed changes would impact – positively or negatively – on certain individuals or groups who share any of the protected characteristics listed above?

	Yes
	No
	Don't know
-	u have answered 'No' or 'Don't know', go to tion 12)
_	Please describe the impact and the
ındıv	iduals or groups concerned
indiv	iduals or groups concerned
indiv	iduals or groups concerned
Indiv	iduals or groups concerned

Q12: Do you think anything in the standards or proposed changes would impact – positively or negatively – on any other individuals or groups?

Yes

	No
	Don't know
-	u have answered 'No' or 'Don't know', go estion 13)
∩12 a	: Please describe the impact and the
_	individuals or groups concerned
_	•
_	-

Section 6: Other comments

Q13: Are there any other comments you

would like to make about these standards or the changes we are proposing?

Equality monitoring

At the GPhC, we are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties.

We want to make sure everyone has an opportunity to respond to our consultation on education and training standards for pharmacist independent prescribers. This equality monitoring form will provide us with useful information to check that this happens.

Your answers will not be linked to your consultation responses. You do not have to answer these questions if you would prefer not to.

What is your sex?

Prefer not to say

••••	at is your sex.					
Pleas	se tick one box					
	Male					
	Female					
	Other					
What is your sexual orientation?						
Please tick one box						
	Heterosexual/straight					
	Gay woman/lesbian					
	Gay man					
	Bisexual					
	Other					

Do you consider yourself disabled?

Disability is defined in the Equality Act 2010 as "physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities". Please tick one box.

	163				
	No				
	Prefer not to say				
Wh	at is your age group?				
Pleas	se tick one box				
	16 – 24 years				
	25 – 34 years				
	35 – 44 years				
	45 – 54 years				
	55 – 64 years				
	65 + years				
Wh	at is your ethnic group?				
Choose the appropriate box to indicate your cultural background. Please tick one box.					
White					

British

Irish

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	Gypsy or Irish traveller	Arak			
	Other white background (please fill in the		Arab		
	box at the end of this section)		Other		
Black or Black British			Prefer not to say		
	Black Caribbean		Other ethnic group background (please		
	Black African		give more information in the box below)		
	Other black background (please fill in the box at the end of this section)				
Mixed		Wh	at is your religion?		
	White and black Caribbean		se tick one box		
	White and black African		Buddhist		
	White and Asian		Christian		
	other mixed background (please fill in the box at the end of this section)		Hindu		
Asian or Asian British			Jewish		
	Indian		Muslim		
	Pakistani		Sikh		
	Bangladeshi		None		
	other Asian background (please fill in the box at the end of this section)		Other (please give more information in the box below)		
Chinese or Chinese British			Prefer not to say		
	Chinese or Chinese British				

Appendix A: Collated consultation questions

Section 1: Learning outcomes

- Q1: Considering the full set of learning outcomes in Part 1 of these draft education and training standards, to what extent do you agree that these are appropriate learning outcomes for a pharmacist independent prescriber in training?
- Q2: Is there anything missing from the learning outcomes in Part 1?
- Q2a: In which of the following areas do you think there is something missing? (Please tick all that apply)
 - · Person-centred care
 - Professionalism
 - · Professional knowledge and skills
 - Collaboration
 - Other
- Q2b: Please give a brief description of the gap or gaps you have identified
- Q3: Is there anything in the learning outcomes in Part 1 that should be changed?
- Q3a: Please give details of the learning outcomes you would change and why (if possible, please give the reference number of the learning outcomes)
- Q4: Please give any other feedback explaining your responses to the questions on the learning outcomes (Important: Please give both positive and negative feedback where applicable)

Section 2: Standards for course providers

- Q5: Considering the full set of standards and criteria in Part 2, to what extent do you agree that these are appropriate standards for a pharmacist independent prescribing course?
- Q6: Is there anything missing from the standards or criteria in Part 2?
- Q6a: In which of the following areas do you think there is something missing? (Please tick all that apply)
 - Domain 1 Selection and entry requirements
 - Domain 2 Equality, diversity and inclusion
 - Domain 3 Management, resources and capacity
 - Domain 4 Monitoring, review and evaluation
 - Domain 5 Course design and delivery
 - Domain 6 –Learning in practice
 - Domain 7 Assessment
 - Domain 8 Support and the learning experience
 - Domain 9 Designated prescribing practitioners
 - Other
- Q6b: Please give a brief description of the gap or gaps you have identified.
- Q7: Is there anything in the standards or criteria in Part 2 that should be changed?

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- Q7a: Please give details of the standards or criteria you would change and why (if possible, please give the standard or criteria reference numbers).
- Q8: Please give any other feedback explaining your responses to the questions on the standards and criteria (Important: Please give both positive and negative feedback where applicable)

Section 3: Supervising pharmacist independent prescribers in training

Q9a: Will Domain 9 ensure that only appropriately trained and experienced independent prescribers will be acting as designated supervisors for the learning in practice part of pharmacist independent prescribing programmes?

Q9b: Please explain your response

Section 4: Entry conditions for training

Q10a: Should the current two-year time requirement for training be removed and replaced with a requirement for the suitability and relevance of an applicant's experience to be submitted and approved as part of the application process?

Q10b: Please explain your response

Section 5: Impact of the standards

- Q11: Do you think anything in the standards or proposed changes would impact positively or negatively on certain individuals or groups who share any of the protected characteristics listed above?
- Q11a Please describe the impact and the individuals or groups concerned

- Q12: Do you think anything in the standards or proposed changes would impact positively or negatively on any other individuals or groups?
- Q12a: Please describe the impact and the other individuals or groups concerned

Section 6: Other comments

Q13: Are there any other comments you would like to make about these standards or the changes we are proposing?

