General Pharmaceutical Council

Independent prescribing course

Northern Ireland Centre for Pharmacy Learning and Development

Report of a reaccreditation event

June 2019

Event summary and conclusions

Provider	Northern Ireland Centre for Pharmacy Learning and Development (NICPLD)
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	13 June 2019
Reaccreditation period	August 2019 - August 2022
Outcome	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) and to the Pharmaceutical Society of Northern Ireland that the pharmacist independent prescribing programme provided by the Northern Ireland Centre for Learning and Development should be reaccredited for a further period of three years, subject one condition.
Conditions	The condition was that: 1. NICPLD must implement mechanism(s) to ensure that all assessments are robust and reliable, and to ensure that students are submitting their own work. This is to meet criterion 7.1. Evidence of this must be sent to the GPhC. This must be done before the next intake of pharmacists onto the programme.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made.
Maximum number of all students per cohort:	110
Number of pharmacist students per cohort:	Pharmacists only
Number of cohorts per academic year:	One
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of three years.
Key contact (provider)	Dr Fran Lloyd, Assistant Director, NICPLD
Reaccreditation team	Professor Angela Alexander (event Chair), Professor Emerita, University of Reading Dr Ruth Edwards, Head of Pharmacy Practice, Aston Pharmacy School,

	Professor Dorothy Whittington, Emeritus Professor of Health Psychology, University of Ulster and Non-Executive Director of the Business Services Organisation for NI Health and Social Care
GPhC representative	Mr Chris McKendrick, Quality Assurance Officer, GPhC Mr Daniel Young (Observer), PSNI representative
Rapporteur	Professor Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde; Proprietor, Caldarvan Research (Educational and Writing Services)

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

NICPLD was first accredited to provide a Supplementary Prescribing course in 2003. In 2006, NICPLD was the first provider in the UK to be fully accredited to provide an Independent Prescribing course. To date, NICPLD has trained over 500 independent prescribers. Traditionally, the majority of these prescribers were in secondary care but due to a recent Department of Health investment of £16 million to place a pharmacist prescriber in every general practice in Northern Ireland, the majority of places are now occupied by primary care pharmacists. In line with workforce development, NICPLD has increased the number of places available from 30 to a maximum of 110 to accommodate all sectors' requirements.

NICPLD was reaccredited by the GPhC in 2015 to provide a programme to train pharmacist independent prescribers, for a further period of 3 years. In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 13 June 2019 to review the programme's suitability for reaccreditation.

Documentation

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

The event

The event was held onsite at Riddel Hall, Queens University Belfast on 13 June 2019 and comprised a number of meetings between the GPhC reaccreditation team, representatives of the Northern Ireland Centre for Pharmacy Learning and Development prescribing programme, students (via teleconference) and a tour of the University's teaching facilities.

Declarations of interest

Mr Young (Observer), PSNI, declared that he had undertaken the NICPLD independent prescribing course in 2013.

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.

Learning outcomes tested at the event

Level: Does	► Understand and meet their legal responsibilities under equality and human rights legislation and respect diversity and cultural differences

Accreditation team's commentary

The team was told that equality and human rights legislation is taught in Professionalism in Module 3 covering the differences between UK and Northern Ireland laws. A tutor from the undergraduate pharmacy course at QUB teaches the Medicines Regulatory Framework (Unit2), and an acting chief pharmacist covers Northern Ireland legislation. There is a group exercise that works through scenarios with professional decision-making in ethical dilemmas, for example transgender issues. Four-stage decision-making is covered with facts, ascribed values and consequences, options and decisions, which must be defended, with facilitators, including a consultant pharmacist, helping the students. The situational judgement tests in the course are all ethical scenarios with students getting instant feedback on the grey areas involved. Assessments are timetabled on the website at the start of each month. Assessment is by written assessment with formative feedback given at workshops.

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

Level: Does	► Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs

Accreditation team's commentary

The team was told that this is covered in Unit 5 on values and beliefs, for example on contraception, and religion. This is a live part of the programme with two to three GPs discussing patient-centred care. The GPs are not involved in the assessment which is in the practice portfolio; this requires two pieces of

reflective evidence. Two pieces of evidence are required for each competence for which extra assessors have been recruited, with guidance being given. The criterion may also be covered, but not necessarily, in communication skills teaching. The team was told that the demographic of the students is moving from experienced to relatively inexperienced pharmacists who require extra guidance in this area. Students are given various scenarios in which they may find themselves unwilling to be involved in the prescribing of certain medications; in this case they have to make arrangements for patients to receive the appropriate prescription.

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

Level: Shows how	▶Apply an understanding of health economics when making prescribing decisions

Accreditation team's commentary

This outcome is introduced in Module 2 on evidence-based practice with formulary guidelines. Four kinds of health economics are covered with the economic evaluation of public health. A live session deals with guidelines, but not restricted to NICE guidelines, discussing treatment plans using guidelines. These are applied to case studies, with workplace examples being discussed. There is formative feedback on the students' treatment plans which the students then revise and resubmit. Health economics are discussed with respect to the student's own practice formulary; in this respect, if students go outside the Northern Ireland Formulary they have to provide a rationale for their action. Assessment is through the formulary and treatment plan and approved by the DPP; in secondary care there are generic treatment plans. Students have to describe in their portfolios how they use their formulary plan in practice, and give examples of specific patients. All students have to submit at least one audit, for example on cost-saving.

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

Level: Does	▶ Demonstrate clinical and diagnostic skills in clinical setting appropriate to their scope of practice

Accreditation team's commentary

The team was told that each student undertakes a clinical skills OSCE in their area of prescribing, with the Centre having a bank of systems-based OSCEs, for example in the cardiovascular system, the measurement of blood pressure, pulse rate, and urine analysis. The DPP has to assess the student's skills on three patients and countersign to indicate approval. Safe practice must be evident at all times with NICPLD being informed if there is a breach. DPPs do not determine the skills to be assessed as there is a mandatory list of skills to ensure consistency. The team was told that occasionally a DPP will decide that a student's skills are not appropriate and suggest extra training in the area. The team noted that the tests, conducted in practice, designated as OSCEs do not represent OSCEs as normally defined but rather represent Direct Observed Practice (DOP) performed on real patients.

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

Level: Shows how	▶ Recognise and manage prescribing and medication errors

Accreditation team's commentary

The team was told that students have to report errors in their practice portfolio, providing two pieces of evidence based on their own experience. Close to the end of the course a consultant pharmacist describes an error that had been made which makes students reflect on their own and others' errors; this was described as a powerful message to make students realise that errors will happen. Managing errors is discussed, with error reporting, reflecting and sharing, standard operating procedures, and root cause

analysis. Assessment is via the portfolio entries and includes reflections on whistleblowing. The teaching and assessment requirements of the learning outcome are met.	
Level: Does	▶Work collaboratively with others to optimise individuals' care, understanding their roles in the prescribing process
Accreditation team's commentary	
The team was told that Module 1 contains a live workshop, with GPs involved, showing that pharmacists are part of a healthcare team and stressing the importance of oral and written communication, supported by a document on the importance of documentation and communication. The notion of the pharmacist as a policing person is discussed in the context of dispensing and the pharmacist being the gatekeeper against errors, and contrasted to the role of the pharmacist as a prescriber. It was emphasised that pharmacists need to become more assertive and take responsibility for medicines optimisation. Assessment is via the portfolio with two pieces of evidence required. This could include discussions with the DPP or experience of sitting in with a nurse prescriber. It was pointed out that pharmacists are now much more embedded in clinical teams with examples of pharmacists in diabetes and dermatology teams. 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. (See Appendix 3 for criteria)

The entry requirements are advertised on the NICPLD website, with all application forms and explanatory information available at least 6 months in advance of the programme start date. The applicant's registration number is checked on the NICPLD/PSNI databases. Any restrictions on an applicant's practice are noted in case this would affect their suitability for enrolment onto the programme. Applicants must outline how they meet the criteria on appropriate patient-orientated experience, and an identified area of clinical or therapeutic practice. The team noted from the submission that offers are made to around 75-90% of applicants and was told that most of the unsuccessful applicants are from the Republic of Ireland (ROI) who cannot meet the criterion of having two years' post-registration patient-facing experience in the UK. ROI students may take the course for personal development reasons, but cannot be awarded the *Practice Certificate in independent Prescribing* (although they do receive the academic qualification – PG certificate from QUB).However, the team was told that ROI pharmacists can gain the necessary two years' experience by working in a GP practice in Northern Ireland. The team noted that NICPLD only accepts Medical Practitioners as Designated Prescribing Practitioners (DPPs). The DPP is provided with written information outlining the overall aim and learning outcomes for the programme, a description of the period of learning in-practice, the role of the DPP, how the DPP would be involved in assessment and an example of a student assessment. The GMC number of the DPP is checked on the GMC register and their status is recorded on the NICPLD DPP database, checking any restrictions against their prescribing. DPPs sign a Learning Agreement in which they must confirm their commitment to the programme and the pharmacist. Accepted DPPs are sent programme information and offered the opportunity to speak to a member of staff at any time regarding the programme. DPPs must meet formally with the pharmacist at least four times during the learning in practice. During the programme the DPPs are emailed to check on progress and identify if they require any further help or support or have any concerns on the progress of their pharmacist. The selectors have undertaken QUB selection interview training as well as mandatory training on Equality and Diversity. The procedure for screening of applications is available to applicants in advance. Information for prospective trainee prescribers and guidance on Confirmation of Eligibility forms provide guidance on the experience a pharmacist should have before applying to the programme and pre-requisites for entry. NICPLD is commissioned to provide the course by the Department of Health and that NIMDTA is funded through the Workforce Policy Directorate at the Department of Health.

2 - Equality, diversity and inclusion

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

Information on age, disability, gender reassignment, marital status, pregnancy/maternity, race, religion or belief, sex, sexual orientation is not requested at the initial application stage, as it has no bearing on the decision to allocate a place, ensuring that applicants cannot be treated unfairly on the basis of a protected characteristic. The team was told that one of the main elements of a recent review of the course was to check that up-to-date elements of equality, diversity and inclusion were covered in the course. In particular, the relevant legislation in Northern Ireland differs in some respects from that in mainland UK. An example given was that legislation in the province in Section 75 of the Northern Ireland Act defines political opinion as a protected characteristic. Another difference is transgender issues, on which a member of teaching staff had attended a recent course. It was stressed that pharmacists may move from the province to mainland UK and that it is recognised that all information in the course must be relevant to the UK as a whole. Applicants that describe themselves as disabled complete a questionnaire to provide an overview of their support requirements. When designing and delivering the

course, consideration has been given to equality, diversity and inclusion, with reasonable adjustments being made to programme delivery to help students with specific needs to meet the learning outcomes. The team was told that it is common practice for reasonable adjustments to be made and that the Centre is flexible in relation to family/work balance, maternity and schooling issues; this was appreciated by students interviewed, particularly being notified of crucial dates and deadlines well in advance. There are no timed written assessments associated with the course, although there are two time-restricted OSCEs; disabled students who may require extra time for these assessments or additional time to complete distance learning assessments may make a request in writing. The low percentage of participants found to be with disabilities will continue to be monitored and information is provided to students on their right to assistance and reasonable adjustments. The documentation indicated that NICPLD cannot identify any major concerns regarding equality, diversity and fairness. Students are made aware of equality and human rights legislation in relation to prescribing.

3 - Management, resources and capacity

The team was satisfied that all six criteria relating to the management, resources and capacity will be met

A Management Plan outlines the roles and responsibilities of NICPLD and DPPs, systems and structures to manage programme delivery and to manage the period of learning in practice. The team noted that the detailed management plan included a comprehensive risk assessment but was concerned to know how the Centre planned to mitigate risks with a small number of crucial and dedicated staff. The team was told that although one member of NICPLD staff manages the programme (the teaching is undertaken by subject specialists), there is a range of staff available that can be moved around and that e-learning is increasingly used. Workforce development programmes are regarded as crucially important to development in the province and that it is essential that the independent prescribing programme continues to run. The funding stream for the course is from the Department of Health and independent of the University. A Learning Agreement clarifies what is expected from the student, the learning provider (NICPLD), the Designated Prescribing Practitioner (DPP) and the employer/sponsoring organisation during the programme. The number of Queen's University Belfast (QUB) staff associated with the programme is 8.4 WTE from NICPLD, and 2 F/T from the School of Pharmacy. The total number of staff associated with the programme (WTE) is 10.4. Only pharmacists are accepted onto the programme. There are 105 pharmacists in the current cohort which started in April 2019. This is due to the increased demand from primary care. There is one cohort per year, with a maximum of 110 students per cohort. This maximum number is dependent on the clinical skills facilities and three parallel sessions on clinical skills are provided which can accommodate a maximum of 110 students. The NICPLD accommodation includes nine syndicate rooms for 12-20 people, four larger lecture rooms which can accommodate 40-80 people, and a range of break out spaces throughout the building. A full range of audiovisual facilities is available including free Wi-Fi in all areas. There is an IT training suites with 60 networked stations. NICPLD has access to other facilities within QUB including any necessary teaching suites, e.g. clinical skills laboratory. Most of the e-learning will be carried out at home and the team was told that this had not caused any problems, for example with broadband access. There are three and a half days allocated to teaching clinical examination skills and a half-day OSCE assessment, all carried out within the University. Three of the days of teaching are delivered at the Clinical Education Centre which is part of the Department of Nursing and Midwifery at QUB. Its facilities include four practical rooms complete with the latest electronic beds, all bed areas being supplied with medical air and suction. To complement the rooms there is a large selection of teaching models, equipment and materials, along with a simulation ward containing a human patient simulator (SimMan). Students also have the opportunity to perform consultations and physical examinations of paid volunteers who are supplied from a bank of volunteers used in undergraduate medical teaching. The final half day clinical skills teaching day is delivered by staff from the Clinical Skills Education Centre in the Department of Medical Education at QUB. This training is delivered by medical practitioners working in the School of Medicine. The team was told that the feedback from students on the clinical skills teaching is excellent. The teachers of this part of the curriculum have long experience of teaching such skills to nursing and medical students, and are renowned for putting pharmacists at ease during the teaching sessions. The team was

told that the Centre will continue to use the same clinical skills teaching staff and facilities after the move from the University to NIMDTA, although it was stressed that the Centre will still be collaborating closely with the University. The Centre is considering succession planning for the training roles, and indicated that no pharmacists are involved currently in the clinical skills training. NICPLD pharmacist staff members are Fellows of the Higher Education Academy, and senior NICPLD pharmacist staff members are Fellows of the Faculty of the Royal Pharmaceutical Society. Other tutors/assessors involved in the course are recruited annually, their commitment secured via NICPLD contracts, and given appropriate training.

4 - Monitoring, review and evaluation

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

The programme has formal QUB validation and undergoes an annual review in line with the wider University Quality Assurance processes. Thus, the team was told that the current programme is validated by QUB until March 2020 and that the new programme has already been validated by the University. The programme is run through a collaborative provision agreement between QUB and NICPLD, and all staff members are QUB members of staff. This collaborative provision agreement is reviewed every three years. A collaborative provisional agreement is now in place between NICPLD and QUB. This means that this course has been allocated new separate module codes. Although NICPLD offices will be located in NIMTDA from the summer of 2019, a full merger between the two organisations cannot take place until a power sharing executive is restored in NI. In the meantime, all NICPLD staff will remain staff of QUB. It was emphasised to the provider's representatives that should these arrangements change before the next reaccreditation, NICPLD should inform the GPhC of any such changes. The team noted that NICPLD will physically relocate to NIMDTA in the summer of 2019 but was assured that quality assurance and monitoring will continue as part of the QUB QA process. The programme is subject to a review process formally undertaken by appointed reviewers, in conjunction with the course tutors and staff member responsible as well as by ongoing monitoring. All assessments are reviewed by the assessors in combination with the appointed staff member. The team was told that NICPLD had never had any issues raised by an external examiner. It appeared that the NICPLD course staff had not seen the latest external examiner reports and the team was of the view that it would expect the programme leader to have seen such reports. Student feedback is both quantitative and qualitative as students can add free text responses; all feedback is analysed and acted upon where necessary. The team noted that a Course Steering Committee had been set up with one patient member, from Diabetes UK; the team was told that the patient enjoyed their role and that there was the possibility of another patient, also with diabetes, to join them on the committee. The Committee comprises a range of internal and external stakeholders, including representation from the public, programme commissioners and employers, and meets annually, before each new cohort starts, to develop and/or refine the design and delivery of the programme. A review of the learning in practice period is undertaken via feedback from pharmacists, and all DPPs are provided with feedback. The team was told that the course team had just recently been considering establishing a staff-student liaison committee (SSLC), with a potential first meeting at the start of February, shortly before the end of the programme. It was explained to the team that there is a whole section in the programme on pharmaceutical clinical effectiveness and the Northern Ireland Formulary which is updated regularly. There is a facility in the administrative section of the Centre website that produces comments on current developments on a weekly basis. This is enhanced by student comments on changes in practice from 85 previous NICPLD courses. Policy documents are acted upon on a regular basis.

5 - Course design and delivery

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

The Teaching and Learning Strategy includes a proposed timetable, attendance monitoring and explains how the programme design takes into account the range of experience of learners. The team **noted** that

although the document provided was very detailed operationally, in reality it did not address strategic learning and teaching issues. The delivery consists of 26 days of learning delivered through an online framework, Dashboard. Formative assessment is embedded throughout the programme. The Learning Agreement outlines how the student must confirm they take responsibility for their learning and development and ensure patient safety at all times, and includes the roles of the DPP and pharmacist during the period of learning in practice. The team wished to know how the specific needs of students, for example returning to learning after a significant period of time away from formal education, would be catered for. The team was told that in relation to students' chosen area of prescribing, they have to show clinical competence in relevant areas; in this respect, there is extra support for primary care pharmacists who were said to be likely to have less clinical experience than their hospital counterparts. Students interviewed were all content with the content and organisation of the course; they all found the course time-intensive but had no problems with the e-learning components, although they appreciated the face-to-face teaching while realising that increasing the amount of such teaching would be difficult in respect to time constraints. They also appreciated receiving course information well in advance of starting the course. The Assessment Strategy is designed to provide assurance that on completion of the programme, successful graduates will have the knowledge, skills and competencies essential for safe and effective practice as pharmacist independent prescribers in both the primary and secondary care settings. The course team confirmed that the assessment regulations are appropriate for a programme which leads to annotation on the register as a pharmacist independent prescriber. The Progression Policy ensures that patient safety is paramount at all times, stating that any unsafe practice identified will override the usual university resit regulations and will result in removal from the programme. In the DPP-assessed OSCE the DPP has to confirm that safe practice was evident at all times. Students are made aware of the Dealing with Concerns/FtP Policy and the Policy for the Review of Unsafe Practice at the induction day.

6 - Learning in practice

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

The team noted that it is the intention of NICPLD to continue to use only medical practitioners as DPPs. The DPP Final sign-off of the learning in practice period must verify that the student has undertaken 90 hours of learning in a clinical setting. All learning in practice settings are either a GP setting or hospital, and the DPP must confirm that the learning in practice setting allows direct access to patients. The pharmacist may be supervised by more than one prescribing professional but only one prescribing professional can act as the DPP. Students must submit a summary of clinics/patients seen in their chosen clinical/therapeutic area during the period of learning in practice. Pharmacists are encouraged to begin their learning in practice sessions observing their DPP but to progress to carrying out consultations and prescribing themselves under supervision.

7 - Assessment

The team was satisfied that ten of the eleven criteria relating to the assessment will be met with one criterion subject to a condition.

The assessment strategy outlines the assessment regulations including: requirements for DPP assessment of learning in practice, assessment marking criteria, verification of assessment decisions, policies for resits and resubmission, procedures for suspected plagiarism and/or malpractice, appeals procedures, Master's Level of study– benchmarking exercise, mapping of assessments to learning outcomes, and assessment quality management and review. Students interviewed were generally content with the type and organisation of the assessments. The team was concerned that although it was told that the assessments are changed on a yearly basis, no form of technological check, for example by Turnitin, is made to avoid plagiarism. The team was told that the situational judgement tests in Module 1 are undertaken at a distance from the Centre and that there is no check that it is being done by the student alone. The course providers acknowledged that although the student has to log in to undertake the test, it could be undertaken by another person, as could the online MCQ tests which have no time

limit for completion, but represent only a small proportion of the overall programme mark. The team was concerned that although the course representatives indicated that they would give the matter some consideration, they did not consider that there was significant likelihood of collusion or impersonation in these assessments. Nevertheless, it will be a **condition** of reaccreditation that NICPLD must implement mechanism(s) to ensure that all assessments are robust and reliable, and to ensure that students are submitting their own work. Evidence of this must be sent to the GPhC before the next intake of pharmacists onto the programme. The assessment strategy outlines how and where feedback is provided to develop and improve students. Pass marks are higher than the usual university pass mark of 40%, as a higher level of accuracy and precision has been deemed necessary to assure patient safety. The pass marks for this programme are 50% for written assessments and OSCE, and 70% for the Situational Judgement Tests (SJTs). The DPP-assessed OSCEs are undertaken using standardised proformas developed by the Clinical Skills Education Centre, School of Medicine, QUB and are the same as those used in undergraduate medical teaching. The Practice Portfolio outlines competencies to be achieved during the period of learning in practice and provides guidance on self-assessment. It includes a method of documentation to allow the learner to demonstrate their progress during the period of learning in practice and ultimately their competence. Marking schedules are produced and disseminated to those involved in assessment. The Assessment Strategy, including the requirements for the DPP assessment of the period of learning in practice, outlines the quality assurance of summative assessments during the period of learning in practice. The Progression Policy outlines how all assessments must be passed individually and that no compensation or condonation is allowed. To ensure patient safety, in the event of any potential unsafe practice being identified this is categorised using the Policy for the Review of Unsafe Practice and managed via the Dealing with Concerns/FtP Policy.

8 - Support and the learning experience

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

An induction day is used to provide students with an overview of the workload including the taught course, associated assessment expectations and the period of learning in practice. The programme has been designed to have an appropriate workload equally distributed over the period of the programme. The course spans a ten-month period with no workshops/assessments during the summer holiday period. Students are provided with QUB and NICPLD student handbooks outlining support available, along with an ePortfolio user guide. Students are assigned an Advisor of Studies for their course of study at QUB, and have access to all support services and student facilities at QUB. DPPs must meet formally with students on at least four occasions during the course of the learning in practice as outlined in the Learning Agreement. The portfolio also facilitates discussion between DPP and student to ascertain where progress has been made and to identify areas requiring further training. Students must agree to report any issues/concerns that emerge during the programme to NICPLD, and DPPs must agree to report any issues/concerns to NICPLD that emerge during the supervision of the learning in practice. DPPs are given guidance contained within *The Role of a DPP* online resource in relation to assessment, feedback and raising concerns.

9 - Designated prescribing practitioners

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

The Information for Prospective Designated Prescribing Practitioners (DPPs) provides an overview of the criteria for a DPP and their role and responsibilities in the programme, to allow a DPP to decide if they wish to undertake this role. A DPP database can identify if the DPP has mentored a pharmacist prescriber previously to enable NICPLD to direct them to any necessary resources. A DPP training course consists of three modules, the first providing a video presentation on the role of a pharmacist independent prescriber, an overview of the programme and its learning outcomes, the role of the DPP including involvement in assessment, and how to raise concerns, while the second and third modules provide a refresher on mentoring. A review of all DPPs involved in a cohort is undertaken via the pharmacists'

reviews of the period of learning in practice. All DPPs are provided with feedback, and DPPs with negative feedback can be identified and a decision taken regarding any future mentoring role. The team wished to know the reason for retaining medical practitioners alone as the DPPs, and was told that the Centre has never had a problem in recruiting DPPs and has a bank of suitable DPPs. The Centre considered that only a small proportion of IP pharmacists trained so far would be suitable to act as DPPs and feel that medical practitioners have a more holistic experience of prescribing, with the teaching role being accepted practice in medicine. Nevertheless, the Centre considers that in the future there may be sufficient experienced IP pharmacists to become DPPs but did not anticipate any change in this policy in the next three years. Students interviewed considered that their DPPs had been well-prepared for their role and did not require much support from NICPLD, although one had expressed shock at the amount of work that would be involved. DPPs were kept up to date on the requirements of the role by email and by contact with the students. The team was told that it is possible for pharmacists to change DPP if necessary. The original DPP must sign off the experience that the trainee has had with them and the second DPP has to agree to accept the previous experience; the change must then be approved by NICPLD.

Appendix 1 - Standing conditions

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

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

Appendix 2 – Learning outcomes

Independent prescribing programme learning outcomes

Domain - Person-centred care	
Upon successful completion of the programme, a pharmacist independent prescriber will be able to:	
1	Recognise the psychological and physical impact of prescribing decisions on people
Level:	▶ *Knows how*
2	Understand and meet their legal responsibilities under equality and human rights legislation and respect diversity and cultural differences
Level:	▶ *Does*
3	Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs
Level:	▶ *Does*
4	Demonstrate appropriate history-taking techniques through effective consultation skills
Level:	▶ *Does*
5	Demonstrate and understanding of the role of the prescriber in working in partnership with people who may not be able to make fully informed decisions about their health needs
Level:	▶ *Shows how*
6	Support individuals to make informed choices that respect people's preferences
Level:	▶ *Does*
Domain - Professionalism	
Upon successful completion of the programme, a pharmacist independent prescriber will be able to:	
7	Demonstrate a critical understanding of their own role and the role of others in multi-professional teams
Level:	▶ *Does*
8	Recognise their own role as a responsible and accountable prescriber who understands legal and ethical implications
Level:	▶ *Does*
9	Apply relevant legislation and ethical frameworks related to prescribing, including remote prescribing and the handling and sharing of confidential information
Level:	▶*Shows how*
10	Recognise and manage factors that may influence prescribing decisions
Level:	▶ *Does*

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

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

Appendix 3 – Accreditation criteria

GPhC accreditation criteria for pharmacist independent prescribing programmes	
Standard 1 – Selection and entry requirements. **Selection processes must be open, clear and unbiased, comply with relevant legislation and ensure that applicants meet course entry requirements.**	
1.1	**Selection criteria must be clear and must include meeting all the entry requirements in these standards.**
1.2	**Selectors must apply the selection criteria consistently, in an unbiased way and in a way that meets the requirement of relevant legislation.**
1.3	**Course providers must provide clear guidance on the type of experience a pharmacist should have before applying to the course. This guidance must be available to applicants before they make an application.**
1.4	**Course providers, when considering applications, must evaluate the suitability and relevance of the applicant's clinical and therapeutic experience (which the pharmacist must demonstrate in their application) against the requirements of the course.**
1.5	**A course provider must fully evaluate each application and decide if the applicant has sufficient and relevant experience to begin a course to train as an independent prescriber. If the course provider decides that there is insufficient relevant experience, they must reject the application, clearly setting out the reasons behind this decision.**
1.6	**Course providers must ensure that all the entry requirements have been met before the start date of a course on which an applicant is enrolled.**
Standard 2 – Equality, diversity and inclusion. **All aspects of pharmacist independent prescribing education and training must be based on and promote principles of equality and diversity and comply with all relevant legislation.**	
2.1	**The principles of equality and diversity must be embedded in, and promoted through, course design and delivery.**
2.2	**Equality and diversity data must be used when designing and delivering courses and the learning experience.**
2.3	**Reasonable adjustments must be made to course delivery to help pharmacist independent prescribers in training with specific needs to meet the learning outcomes.**
2.4	**Teaching, learning and assessment can be modified to meet 2.3 but learning outcomes cannot.**
2.5	**Course design and delivery must ensure pharmacist independent prescribers in training understand their legal responsibilities under equality and human rights legislation.**
Standard 3 – Management, resources and capacity. **Courses must be planned and maintained through transparent processes which must show who is accountable for what. The education and training facilities, infrastructure, leadership, staffing and staff support must be sufficient to deliver the course.**	

3.1	All courses must be supported by a defined management plan which must include: • a schedule of roles and responsibilities in learning, teaching and practice environments; • lines of accountability in the learning, teaching and practice environments; • defined structures and processes to manage delivery, and • processes for identifying and managing risk
3.2	There must be agreements in place outlining the roles and responsibilities of everyone involved in delivering a course.
3.3	Learning agreements must be in place with the pharmacist independent prescriber in training covering all learning, teaching and practice environments outlining roles and responsibilities and lines of accountability.
3.4	In all learning, teaching and practice environments, there must be: • appropriately qualified and experienced professionals • enough staff from relevant professions to deliver the course and support the learning of pharmacist independent prescribers in training • sufficient resources available to deliver the course • facilities that are fit for purpose, and • access to appropriate learning resources
3.5	Everyone involved in managing and delivering the course must understand their role and must be supported to carry out their work effectively.
3.6	Each pharmacist independent prescriber in training must be supported as a learner in learning and practice environments. There must be mechanisms in place for designated prescribing practitioners to liaise with course providers regularly about the progress of a pharmacist independent prescriber in training in learning and practice environments.
Standard 4 – Monitoring, review and evaluation. **The quality of a course must be monitored, reviewed and evaluated in a systematic and developmental way.**	
4.1	All relevant aspects of a course must be monitored, reviewed and evaluated systematically. When issues are identified they must be documented and addressed within agreed timescales.
4.2	There must be a quality management structure in place that sets out procedures for monitoring and evaluation, with timescales, including who is responsible for reporting, review and taking action where appropriate.
4.3	There must be procedures in place to monitor and evaluate the standard of teaching, learning and assessment to ensure that quality is maintained across all learning environments.
4.4	Course monitoring and review must take into account the health and care environment to ensure that courses remain up to date and reflect current practice.
4.5	Feedback from pharmacist independent prescribers in training must be embedded in monitoring, review and evaluation processes.
4.6	The providing institution must have validated the course before applying for GPhC accreditation.
Standard 5 – Course design and delivery. **Courses must develop the behaviours, required skills, knowledge and understanding to meet the outcomes in Part 1 of these standards through a coherent teaching and learning strategy.**	

5.1	There must be a course teaching and learning strategy which sets out how pharmacist independent prescribers in training will achieve the outcomes in Part 1 of these standards.
5.2	Courses must be designed and delivered in a way which integrates and builds on the pre-existing knowledge, skills and practice of pharmacists in training as pharmacist independent prescribers.
5.3	All course providers must have pharmacy professionals, including pharmacist independent prescribers, involved in the design and the delivery of the course.
5.4	Course providers must engage with a range of stakeholders, including patients, the public, course commissioners and employers, to refine the design and delivery of the course.
5.5	Courses must be updated when there are significant changes in practice, to ensure they are current.
5.6	Pharmacist independent prescribers in training must only undertake tasks in which they are competent, or are learning under supervision to be competent, so that patient safety is not compromised.
5.7	Pharmacist independent prescribers in training must be supervised using agreed mechanisms in all clinical practice environments to ensure safe person-centred care is delivered at all times.
5.8	Course regulations must be appropriate for a course that leads to professional annotation. That is, they must prioritise patient safety, safe and effective practice and clinical skills.
5.9	There must be systems in place to ensure that pharmacist independent prescribers in training understand what fitness to practise mechanisms apply to them. All course providers and employers must have procedures to deal with fitness to practise concerns.
5.10	Causes for concern about a pharmacist independent prescriber in training, designated prescribing practitioners or the learning environment must be addressed as soon as possible and in such a way that the cause for concern is dealt with.
Standard 6 – Learning in practice. **Courses must enable the pharmacist independent prescriber in training to develop the behaviours and the required skills, knowledge and understanding to meet the outcomes in Part 1 of these standards in learning in practice settings.**	
6.1	Part of the course for pharmacist independent prescribers in training must take place in clinical settings with direct access to patients – these are 'learning in practice' settings.
6.2	In the learning in practice settings identified in 6.1, pharmacist independent prescribers in training will prescribe under the supervision of a designated prescribing practitioner.
6.3	If more than one person is involved in supervising a pharmacist independent prescriber in training, one independent prescriber must assume primary responsibility for their supervision. That person will be the designated prescribing practitioner for the pharmacist independent prescriber in training.
6.4	Course providers must approve the designated prescribing practitioner and agree that they have the core competencies to carry out the role effectively.
6.5	The designated prescribing practitioner is responsible for signing off a pharmacist independent prescriber in training as being competent as a pharmacist independent prescriber.
Standard 7 – Assessment **Courses must have an assessment strategy which assesses the professional behaviours and the required skills, knowledge and understanding to meet the outcomes in Part 1 of these standards. The assessment strategy must assess whether the practice of a pharmacist independent prescriber in training is safe and clinically appropriate.**	

7.1	Courses must have an assessment strategy which ensures that assessment is robust, reliable and valid.
7.2	Course providers are responsible for ensuring that all learning outcomes are assessed fully, using appropriate methods, and that teaching and learning is aligned with assessment.
7.3	Patient safety must be paramount at all times, and the assessment strategy must assess whether a pharmacist independent prescriber in training is practising safely.
7.4	Monitoring systems must be in place in all learning environments. The systems must assess the progress of a pharmacist independent prescriber in training toward meeting the learning outcomes in Part 1 of these standards. They must ensure that the practice of a pharmacist independent prescriber in training is safe at all times.
7.5	Agreements must be in place between course providers and designated prescribing practitioners that describe the roles and responsibilities in the assessment of pharmacist independent prescribers in training.
7.6	Assessments must be carried out by appropriately trained and qualified people who are competent to assess the performance of pharmacist independent prescribers in training.
7.7	Irrespective of their location, all assessments must be quality assured by course providers.
7.8	Pharmacist independent prescribers in training must receive regular, appropriate and timely feedback on their performance to support their development as learners.
7.9	Assessment regulations must be appropriate for a course that leads to professional annotation. On completion of the course, pharmacist independent prescribers must demonstrate that their practice is safe and prioritises patient safety.
7.10	Pharmacist independent prescribers in training must pass all summative assessments before being signed off.
7.11	As a result of 7.10, and on patient safety grounds, compensation or condonation are not allowed on courses for pharmacist independent prescribers in training.
Standard 8 – Support and the learning experience **Pharmacist independent prescribers in training must be supported in all learning environments to develop as learners during their training.**	
8.1	A range of mechanisms must be in place to support trainees to achieve the learning outcomes in Part 1 of these standards, including: • induction • effective supervision • an appropriate and realistic workload • personal and academic support, and • access to resources
8.2	There must be mechanisms in place for pharmacist independent prescribers in training to meet regularly with their designated prescribing practitioner and others to discuss and document their progress as learners.
8.3	There must be clear procedures for pharmacist independent prescribers in training to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate.

8.4	Everyone supporting pharmacist independent prescribers in training must take into account the GPhC's guidance on tutoring for pharmacists and pharmacy technicians in their work as appropriate.
Standard 9 – Designated prescribing practitioners **Designated prescribing practitioners must be fit to undertake that role and must have appropriate training and experience.**	
9.1	Course providers must have appropriate mechanisms for ensuring that designated prescribing practitioners are fit to be the supervisors of pharmacist independent prescribers in training.
9.2	Prospective designated prescribing practitioners must have: • active prescribing competence applicable to the areas in which they will be supervising • appropriate patient-facing clinical and diagnostic skills • supported or supervised other healthcare professionals, and • the ability to assess patient-facing clinical and diagnostic skills
9.3	Course providers must provide training for designated prescribing practitioners on: • the pharmacist independent prescribing role • the course for pharmacist independent prescribers in training on which they will be working, including its learning outcomes • the role of designated prescribing practitioners in the course • assessing the performance of pharmacist independent prescribers in training • giving feedback to pharmacist independent prescribers in training • supporting pharmacist independent prescribers in training, and • raising concerns
9.4	Course providers must support designated prescribing practitioners when they are acting in that role.
9.5	Course providers must provide designated prescribing practitioners with feedback about their performance as prescribing supervisors and arrange extra training, support and development as necessary.

Appendix 4 - Pre-requisites

Pre-requisites for entry to a pharmacist independent prescriber programme

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