

General
Pharmaceutical
Council



Independent
prescribing
course

Keele University

Report of a reaccreditation event
June 2019

Event summary and conclusions

Provider	Keele University
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	3 June 2019
Reaccreditation period	August 2019 – August 2022
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing programme provided by Keele University should be reaccredited for a further period of three years.
Conditions	There were no conditions.
Standing conditions	Please refer to Appendix 1
Recommendations	<ol style="list-style-type: none"> 1. The team noted that there is basic use of equality, diversity and inclusion data within the programme design and delivery and recommend that the provider explore further integration of this data into the programme. 2. The team noted minimal engagement with patients and the public and recommend that the provider enhances patient and public involvement in the design and delivery of the course. 3. The team noted that the use of formal standard setting for OSCEs is now normal practice and recommend the adoption of this approach.
Maximum number of all students per cohort:	60
Number of pharmacist students per cohort:	60
Number of cohorts per academic year:	Three
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of 3 years.

Key contact (provider)	Jacqueline Kinsey, Academic Director of the Centre for Professional Development and Lifelong Learning, Reader in Prescribing Education
Reaccreditation team	Professor Jane Portlock (event Chair), Professor of Pharmacy Postgraduate Education, University of Sussex Mrs Sandra Hall, Retired Head of Pharmacy Practice, Leicester School of Pharmacy, De Montfort University Mrs Catherine Boyd, Chair of tribunals for the Health and Care Professions Tribunal Service
GPhC representative	Mr Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Mrs Jane Smith, Chief Executive Officer, European Association for Cancer Research

Introduction

Role of the GPhC

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

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

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

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

Background

Keele University was first accredited by the Royal Pharmaceutical Society of Great Britain in 2007 to provide a programme to train pharmacist independent prescribers. In line with the GPhC's process for reaccreditation of independent prescribing programmes, the programme was reaccredited in 2010 and 2013. In April 2016, a third reaccreditation event was held and the programme was reaccredited for a period of three years, subject to one condition and one recommendation.

The condition was that the provider must implement a valid and reliable quality assurance process for the case-based discussion that will take place during the period of learning in practice. This was because the team agreed that this assessment, undertaken by the DMPs in the workplace, was not fully under the control of the University quality assurance procedures. This was to meet criteria 4.1 and 5.1.

The recommendation was that pharmacists who fail the period of learning in practice should repeat the full 12 days. This was because the team agreed that repeating only a proportion of the number of the days on a case-by-case basis was not a robust way to ensure that all 12 days had been passed satisfactorily.

In response to the condition, the provider agreed that from September 2016 all students would be required to record the discussion they have with their Designated Medical Practitioner with regards to the Case Discussion element of assessment, with the recordings being stored by the provider and 10%

reviewed by academic staff in line with University's quality assurance processes. Recordings are also made available to the External Examiner and other members of the Examination Board as necessary.

In response to the recommendation, the provider agreed that, from September 2016, students who failed their learning in practice period would be required to repeat the full 12 days. This is allowed once only.

The accreditation team confirmed that the condition had been met and the programme was reaccredited until August 2019.

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

Documentation

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

The event

The event was held at the GPhC head office on 3 June 2019 and comprised a number of meetings between the GPhC reaccreditation team, representatives of Keele University's prescribing programme, and students (via teleconference).

Declarations of interest

There were no declarations of interest.

Key findings

Part 1 – learning outcomes

During the event the team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of five 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

3	Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs
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	Level: ▶ Does
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Accreditation team's commentary

Students are made aware of the GPhC Learning Outcomes from the outset of the course via material on the virtual learning environment (VLE). Face to face teaching is related to particular learning outcomes. This learning outcome is introduced during the first study day when students are told about the role of the prescriber and how it differs from their role as a pharmacist. Some of the ethical implications and responsibilities are introduced at this early stage. Teaching then develops to look at shared decision making; there is a taught session on this.

Learning Outcome 3 is also developed in the period of learning in practice when students have regular patient contact. Students are required to provide evidence for all of the learning outcomes in their portfolio. In the case of this learning outcome, the provider will be looking for evidence that decisions have been made with the patient and that the patient is managed effectively, including referral if that is the most appropriate course of action.

This learning outcome is assessed through the OSCE and the portfolio. In the portfolio, the provider looks for evidence that the learning outcome is demonstrated at the Does level; evidence of observation of the DMP in practice is not enough for the outcome to be met.

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

9	Apply relevant legislation and ethical frameworks related to prescribing, including remote prescribing and the handling and sharing of confidential information
	Level: ▶ Shows how

Accreditation team’s commentary

Confidentiality is covered in the first study day and online in the Chapter 1 materials. The provider has given some consideration to the issues raised by remote prescribing and covers these in a decision-making session during Study Day 5. The provider expects to see evidence in the portfolio of students’ understanding of the need for full information in order to make safe prescribing decisions. This might come, for example, from observing and reflecting on DMPs’ telephone consultations with patients.

Confidentiality is assessed in all summative assessments. In any summative assessment a disclosure of confidential patient information leads to an automatic fail and one resubmission attempt capped at 50%; this is made clear to students.

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

17	Manage the risks and benefits associated with prescribing decisions
	Level: ▶ Does

Accreditation team’s commentary

The risks and benefits of prescribing decisions are taught in face-to-face legal sessions and via material in multiple chapters on the VLE. Students are taught to balance efficacy with safety and are required to write a reflective piece on this area within their portfolio. Teaching also covers the importance of documenting the reasons for any decisions made outside of national guidance and the need to work through safe, effective, and cost-based decision-making. Later in the course, students are taught about personalising prescribing decisions for different patient groups.

This learning outcome is assessed in the reflective portfolio and in the case discussion and case presentation, using evidence based material including national or local guidance..

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

29	Recognise when and where to refer people appropriately
	Level: ▶ Shows how

Accreditation team's commentary

At the beginning of the course, the provider introduces students to the Department of Health definition of an independent prescriber and underlines to them the fact that they will be responsible for the on-going management of the patient. During Study Day 2, medical staff teach history taking and consultation skills. The first clinical skills session looks at assessing patients holistically. Students are taught that if they are not confident or competent, then they must refer on, but through the OSCEs it is made clear that students must take appropriate levels of responsibility to avoid referring on unnecessarily. In meeting 4 students demonstrated that they had understood this need to balance referral with responsibility.

The learning outcome is assessed in the OSCE and in the portfolio.

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

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

Accreditation team's commentary

During Study Day 2 students are taught to listen carefully to patients and to look for issues they are not disclosing, or disclose late in the consultation. This is put into practice in consultation skills scenarios during Study Day 3 when students are given minimal information about a patient with whom they have a practice consultation. These sessions are recorded and peer-reviewed, and despite initial nervousness students find them very helpful. Consultation skills are also developed during the period of learning in practice, first as an observation and then in practice with the DMP observing.

These skills are assessed in the OSCE and through the portfolio.

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

Key findings

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

1 - Selection and entry requirements

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

Application processes are robust and staff involved in decision-making use a checklist to ensure that all students admitted to the course meet the GPhC's entry criteria. If there are queries about an applicant's range of relevant experience, especially that of self-employed students, then the provider looks to triangulate a range of evidence to satisfy themselves that the criteria are met. This may involve telephoning applicants to discuss their experience.

The provider speaks to all applicants who are rejected to give them feedback on the reasons. In some cases, they will recommend taking a shorter postgraduate course before reapplying, especially if they have been out of formal education for some time.

The team found the examples of applicant profiles provided in the supporting documentation very helpful but noted that they contain typographical errors which should be corrected if the profiles are

made available publicly.

2 - Equality, diversity and inclusion

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

Patient safety is balanced appropriately with the need to make reasonable adjustments for students. While teaching, learning and assessment can be modified to suit individual student needs, all students are required to meet the GPhC learning outcomes with no modifications.

There is very basic use of equality, diversity and inclusion data within the programme design and delivery and it is **recommended** that the provider explore further integration of this data into the programme.

3 - Management, resources and capacity

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

The staff:student ratio for the course appears to be relatively high but the provider stated that the staffing level has improved, and the course is now well-resourced, especially as a number of staff members recently appointed to the University have an independent prescribing qualification and are available to support the course on an ad hoc basis if required. There is currently a 0.7 FTE vacancy on the academic staff team; this post is likely to be filled as a full-time appointment.

Students confirmed that the course is well-resourced and that they had been able to access staff when they needed to and had received prompt feedback on their assessments. Students commend that the online resources are well organised, useful and accessible.

A number of casual staff are used in the delivery of the programme. Although these staff members are not allowed to teach unsupervised, they are mainly used for reading and providing feedback on portfolios, for which they do not need supervision, or in clinical skills workshops where academic staff are also present. Casual staff members do not receive a formal performance review.

The team asked for more detail on the DPP role from induction to completion. The provider explained that the DPP's main role is to supervise the student through their period of learning in practice which covers elements not taught in the face to face study days and is focused on providing opportunities for the student to observe, and then practice, clinical skills.

The team asked if DMPs (as currently used on the course) engage with the induction process and was told that although there is an induction webinar, there is no monitoring of the uptake of this resource. All DMPs have to send a form to the provider to confirm that they have read the Handbook. In meeting 4, students confirmed that although their DMPs had little, if any, direct contact with the provider, they received the DMP Handbook which gave them the information they needed to fulfil the role.

As the range of staff eligible to support students expands from DMP to DPP, the provider will encourage, but not mandate, students to spend time with medics during their period of learning in practice. The provider recognises that DPPs might need more support than DMPs as they are likely to have less experience of acting in this role.

The team asked the provider to note that the Handbook needs updating in some areas to reflect the change from DMP to DPP.

4 - Monitoring, review and evaluation

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

The provider confirmed that the course was validated by the University in February 2019 and provided a letter to that effect from the University.

The University's quality management process is based on a formal Curriculum Annual Review and Design (CARD) process, which requires the provider to respond to a course-level dataset. The written response includes actions taken in response to student feedback as well as any innovations and anticipated issues. It is considered by the School Learning and Teaching Committee, the Faculty Learning and Teaching Committee and then by the University centrally.

In addition, the course team meets to review the course after each cohort has completed (therefore two to three times per year depending on number of intakes) and holds regular stakeholder meetings involving secondary care colleagues and representatives of national community pharmacy providers.

Appropriate arrangements are in place for the quality assurance of assessments. Where assessments are marked by casual tutors, these are moderated by academic staff. The external examiner observes the OSCEs once and is invited to observe subsequent exams. The external examiner is able to review the portfolios and other assessments online at any time. She also reviews a sample of portfolios at the Examinations Board.

The provider responds to student feedback and students confirmed that they had sufficient opportunities to provide feedback to the provider.

5 - Course design and delivery

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

The course is delivered as a 60 credit Masters level module, requiring 600 hours of student effort, broken down as:

- 55 hours of face-to-face teaching (delivered over 7 days)
- 455 hours of open/distance learning from structured/guided learning materials including completion of the Reflective Portfolio
- 90 hours of learning in practice with the DPP (equivalent to 12 X 7.5hr days)

Students said that the balance of face-to-face and online delivery is good and met their learning needs.

Students are encouraged to share and learn from each other's experience, recognising that this may sometimes be more advanced in specialist areas than the knowledge and experience of academic staff. Students are supported to develop broad clinical skills and to reflect on how these will be applied in their own area of practice. The portfolio is the main tool used to develop and assess students' specialist therapeutic areas.

A representative of the University's Patient Participation Group is involved in the annual course review. There is minimal engagement with patients and the public and it is **recommended** that the provider enhances patient and public involvement in the design and delivery of the course.

The team noted that students who fail the course may be allowed to re-enrol after a period of reflection and further CPD.

There are systems in place to ensure that students understand what fitness to practise mechanisms apply to them and procedures are in place to deal with fitness to practise concerns.

6 - Learning in practice

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

The period of learning in practice enables students to develop their skills and to prescribe under the supervision of a DPP. As part of the induction process it is made clear that students must not prescribe without supervision until they have successfully completed the course and been annotated on the Register by the GPhC. This requirement is also documented within both the DPP and Student Handbooks.

The DPP is required to have three formal review meetings with the student. If there are any issues with the progress of the student, the DPP is advised to contact the academic team; this process is documented in the DPP handbook. On completion of the third and final review meeting and after the case discussion assessment the DPP will provide written confirmation of the student's clinical competence in the area in which they intend to prescribe.

7 - Assessment

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

There are five elements of assessment:

- Case Presentation – an oral presentation and written summary assessed by university tutors (pass mark 50%)
- Case Discussion - conducted and assessed by the DPP. This is audio recorded and submitted to the provider. The student is also required to submit a written summary which is assessed and moderated by the provider (pass/fail)
- Practice-Based Audit up to 2500 words (pass mark 50%)
- Objective Structured Clinical Examination (OSCE) - normally 3 X 20 minute stations, held at the University and assessed by the provider (pass mark 50%)
- Reflective Portfolio (pass/fail)

The course regulations state that there can be no condonement between assessments in the module. This is a derogation from the normal University regulations. Students are allowed one resit/resubmission attempt in line with the programme regulations. Students who are deemed to have put the patient at serious risk of harm will fail the course without the opportunity for further attempt. Student progression is monitored via a review of the portfolio after two or three months. The learning in practice time is also monitored and the assessments are spaced throughout the course so that any issues can be identified at an early stage. A proportion (20%) of assessed work is second marked including borderline passes and failures.

The provider does not use a formal standard-setting system for the OSCE, such as the Angoff method. The team noted that formal standard setting for OSCEs is now normal practice and **recommended** that the provider consider adopting this approach.

A tripartite learning agreement between the DPP, the student and the University describes the roles and responsibilities relating to assessment. Students have three formal review meetings with their DPP during the course. An action plan is developed from the first two review meetings; until now the provider has not reviewed these plans, but as they are now available online, they will be able to do so in the future.

An example of a Reflective Portfolio was reviewed, including detailed staff feedback to the student. Students said that they had received timely and constructive formative feedback on their portfolios. The portfolio provides clear guidance to students about where the learning outcomes are met.

The provider has considered removing one element of assessment but has decided not to do so at the current time. The current assessment profile allows for learning outcomes to be assessed from different angles and in different ways that support different learning styles.

All work is moderated by the Programme Director. The External Examiner is invited to comment on a selection of marked work across the range of assessments before the Examination Board ratifies awards.

8 - Support and the learning experience

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

A range of mechanisms is in place to support trainees to achieve the learning outcomes. All students receive the student handbook and access to the virtual learning environment prior to the first study day. This gives students time to orientate themselves as to the requirement of the programme and to prepare any questions for the first study day. As part of their induction at the first study day students are told about:

- the structure of their training programme and their learning in practice time;
- how to demonstrate prescribing competence;
- how to evidence that the GPhC learning outcomes have been met through the medium of their reflective portfolio;
- course assessments.

In addition, students are introduced to a member of the prescribing academic team who will act as their personal tutor throughout the course. Casual staff do not take on this role. The student handbook provides details of University services that support students' wellbeing. In addition to the robust university support mechanisms, students gain support through their DPP and the networks that they are encouraged to develop as part of their future prescribing role.

Students said that the course is well-organised and that they felt supported by the course team and by their DMPs.

9 - Designated prescribing practitioners

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

It was noted that the anticipated new guidance on DPPs is unlikely to stipulate a required minimum number of years' experience. The provider's own guidance will state that DPPs should normally have at least three years' post registration experience and at least one years' experience as a prescriber in relation to the clinical condition for which the student is going to use their prescribing skills. The provider will review each DPP individually.

DPPs are supported in their role. The provider previously offered study days to prepare DMPs for their role, but there was little engagement and so a more flexible approach was introduced, with the provider meeting with the DMP in their workplace or by telephone if required. However, the provider is considering making their existing 'Teach the Teachers Day' available to DPP's to support people taking on this role in the future, in response to the widening of the role beyond DMPs. In addition a new teaching webinar has also been developed.

Appendix 1 - Standing conditions

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

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

Appendix 2 – Learning outcomes

Independent prescribing programme learning outcomes

Domain - Person-centred care

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

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

Domain - Professionalism

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

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

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

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

Appendix 3 – Accreditation criteria

GPhC accreditation criteria for pharmacist independent prescribing programmes

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

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

Standard 2 – Equality, diversity and inclusion.

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

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

Standard 3 – Management, resources and capacity.

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

3.1	All courses must be supported by a defined management plan which must include: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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