General Pharmaceutical Council

Independent prescribing course

University of Plymouth

Report of an accreditation event

June 2019

Event summary and conclusions

Provider	University of Plymouth
Course	Independent prescribing programme
Event type	Accreditation
Event date	26 June 2019
Accreditation 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 University of Plymouth should be provisionally accredited for a period of three years, with a monitoring event taking place after completion of the first cohort of students. Although the team was satisfied that standard 9 ('Designated prescribing practitioner') is met, it is expected that once published, the Royal Pharmaceutical Society's DPP guidance will be implemented fully into the programme; this will be reviewed at the monitoring event.
Conditions	There were no conditions.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Maximum number of all students per cohort:	40
Number of pharmacist students per cohort:	5-10
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 provisional accreditation of the programme for a period of 3 years.
Key contact (provider)	Beth Hawkes, Non-Medical Prescribing Programme Lead
Reaccreditation team	Mike Pettit, (Chair) Senior Lecturer in Pharmacy Practice, University of Sussex

	Sandra Hall, Retired, formerly Head of Pharmacy Practice, Leicester School of Pharmacy, De Montfort University Susan Bradford, (lay member) Non-Executive Director, South Western Ambulance Service NHS Foundation Trust
GPhC representative	Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

Introduction

Role of the GPhC

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

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit: http://www.legislation.gov.uk/uksi/2010/231/contents/made

Background

The University of Plymouth approached the GPhC with an application for accreditation of a programme to train pharmacist independent prescribers. In line with the GPhC's standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled for 26 June 2019 to review the programme's suitability for accreditation. In line with the GPhC's process for new providers of pharmacist independent prescribers, the event was held on site at the University of Plymouth to allow the GPhC's accreditation team to view the facilities available.

Documentation

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

The event

The event was held onsite at the University of Plymouth on 26 June 2019 and comprised a number of meetings between the GPhC reaccreditation team and representatives of the University of Plymouth prescribing programme, and a tour of the University's teaching facilities.

Declarations of interest

There were no declarations of interest.

Key findings

Part 1 – learning outcomes

During the event the team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of six learning outcomes during a separate meeting with the provider (see 'learning outcomes tested at the event' below) and was satisfied that all 32 learning outcomes will 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

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

Accreditation team's commentary

This outcome will be introduced at the very beginning of the programme, with qualitative research around the topic being considered. Students will be asked to consider their experiences, thoughts, and feelings in relation to how medication affects them as individuals. The outcome will also be addressed in the first session on consultation skills, which covers the structure of consultations, including building rapport with, and demonstrating respect for, the patient. This will be followed by a service user session, in which a scenario is addressed, with subsequent feedback from the service user. In delivering this outcome, the patient is the starting point and the 'knows' level is dealt with through covering the theory relating to consultation methods, addressing concordance, adherence, ethics and law, with the emphasis on person-centred care, the whole curriculum being person centred; different approaches will also be considered. The 'knows how' level will be addressed through in-class discussions, for example, considering adherence problems in the context of mental health. In response to the team's wish to know how the teaching addresses the matter of prescribers imposing their own views on issues such as abortion, the staff pointed out that the students will be entering the programme as registered, experienced healthcare professionals, and will therefore be working within their own professional and regulatory bodies. The students will also be exposed to role models within the School. Ethical decision making will be addressed through discussion of various scenarios; for example, students consider the case of a person seeking emergency hormonal contraception at 10.00 p.m. when there are no other sources of help, and the pros and cons of vaccination, as well as issues around termination of life in intensive care patients for whom there is no hope of recovery. In these discussions they will learn to respect each other's views, but with no acceptance of particular behaviours and attitudes such as homophobia. Preconceptions around mental health will be discussed and scenarios will be presented where a physician has not respected the patient and things have gone wrong. The 'does' level will be assessed through the students' portfolios, the comprehensive competency document, the case study, and the practice assessment.

1.5	Demonstrate an understanding of the role of the prescriber in working in partnership with people who may not be able to make fully informed decisions about their health needs
Level:	▶ *Shows how*

Accreditation team's commentary

The roles and responsibilities of prescribers will be addressed at the beginning of the course. This includes legal aspects, with a discussion of the issues of capacity and power of attorney, with an emphasis on what is in the best interests of individuals. When dealing with history taking and consultation, there will be discussions about using information from sources other than the patient, such as from notes and relatives, for example, in the case of children; in considering children, students must also produce an academic-style poster relating to paediatric prescribing, dealing with issues such as consent for children and assent from the child. This outcome will be assessed at the 'shows how' by the OSCE, for example, in history taking from a patient with mental health problems, or from a child, and through the student's competency document; it will also be assessed through the 3500-word case study, in which students demonstrate the application of generic aspects to their own areas of prescribing; here students will consider the prescribing competency framework, including governance and incorporating the relevant pharmacology, as well legal and psychological aspects of prescribing.

2.8	Understand the clinical governance of the prescriber, who may also be in a position to supply medicines to people
Level:	▶ *Knows how*

Accreditation team's commentary

Students will always be encouraged to try to separate the processes of supply and prescribing, although there will be instances where this separation is not possible and both are undertaken. They must be aware of the problems around not separating these activities, and they will consider models for human error, along with medication errors and the potential risks. They will learn about layers of checking, and that increasing the number of such layers can help to address and manage risks. Students will examine the potential errors in their own areas of practice, considering the governance around the various processes, for example, relating to a nurse removing an injectable product from a cupboard and then administering it. There will be a focus on evidence-based practice, and there will be lectures on evidence-based medicine along with prescribing governance. There will be in-class discussions based on 'what if' scenarios and covering accountability. Assessment of the outcome at the 'knows how' level will be through the case study and the competency document, which will be discussed with the student's assessor/DPP. It will also be assessed in the mini-clinical examinations (mini-CEx), which include record keeping and all the processes undertaken in practice. Students will be expected to critically analyse processes, including those associated with checking.

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

Accreditation team's commentary

Material relevant to this outcome will be covered extensively, including discussions relating to patients with multiple morbidities who could end up with multiple treatments, with the associated risks of poly-prescribing; here the decisions may be to de-prescribe. There will be discussions on adverse drug reactions and prescribing in patients with liver or renal impairment, as well as on prescribing in pregnancy. These include the need to educate patients in terms of understanding their treatments, as well as matters of safety netting and how to report back. An important factor in prescribing decisions is whether or not the patient can physically take the prescribed medication. Students must be aware that drug responses may differ from one patient to another, depending on circumstances. Assessment will include the pharmacology examination, the case study, and the competency document in practice, as well as the history-taking and consultation process determined through the OSCE and the mini-Cex. In their practice portfolios, students will be required to maintain a prescribing log covering the whole process from the prescribing decision onwards, including a consideration of red flags, as well as the monitoring of the

patient after prescribing.

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

Accreditation team's commentary

This outcome will be introduced with a discussion of the theory around human error, including research evidence, along with the causes of error, for example, through failure of systems, or tiredness. The importance of governance within organisations will be discussed, including who is responsible, and students will be made aware of the actions to take if errors occur, bearing in mind that patient safety is the priority. Students will be made aware of the importance of recording and reporting medication errors and serious untoward incidents; this will be part of students' competency framework document, which will be discussed with the DPP and the tutor, and in which the student will be required to demonstrate knowledge of the actions to take; where necessary, an action plan for additional learning will be agreed. Students will be required to confess to their mistakes and this will be followed by a group discussion. Wishing to know how students will deal with their awareness of errors made by others, such as the DPP, the team was told that they will be supported in raising concerns through their line managers; they will be aware that they are accountable as professionals, and that this includes assessing the risks to patients, with escalation as required. This will be linked to whistleblowing.

4.5	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

The course will cover a great deal of material on consultation skills, including the factors influencing prescribing; videos will be provided via the digital learning environment (DLE) showing frank discussions on the actions taken by prescribers if patients are not taking their medication as prescribed. The role of mental health issues will be discussed, along with other issues, such as a methadone patient being guarded about confessing what he/she is taking; here, the patient must be made to understand the risks of not revealing other substances being taken, with the patient being supplied with sufficient information to arrive at a joint decision. Students will learn that patients' reluctance to provide information may be related to mental distress and they will be aware of the context of increased rates of opioid prescribing and the parallel increase in the rates of adverse effects. Teaching videos will be made available of consultations that do not go well, frequently as a result of patient being guarded in providing information. Students will be made aware that patients come along with their own agendas that may be concealed, and that they should encourage patients to open up, and must develop the skills to do this. The problem of patients concealing information was illustrated to the accreditation team using the example of a prescriber starting a diabetic patient on a new treatment, without knowing if the patient has been taking their current medication; students will be made aware that this is universal in terms of practice experience. Students will also be required to develop health promotion skills so that they can explain why they will not prescribe; for example, patients with an infection often expect an antibiotic and, in the context of antibiotic stewardship, the prescriber may need to explain to the patient the risks of antibiotic prescribing for viral illnesses. The outcome will be assessed through the case study and practice competency document, as well as through the students' portfolios, where they will have a framework that encourages the provision of an analytical rationale for why various actions are taken; this will also be demonstrated through discussions with the DPP. History-taking OSCE stations will also assess this outcome, where students will be required to demonstrate key components, including opening the consultation, and discussing the problem of patients who might be guarded in their responses; here they may encounter a simulated awkward patient who will not provide information.

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 application process will be overseen by the School's non-medical prescribing Programme Lead. Applicants will be directed to information on the website, including a flow chart, which has been created to assist students in making an informed decision regarding their application to the programme. If candidates decide to proceed, they will be required to complete an online application form providing evidence that they meet all of the relevant criteria. These criteria include the requirement to be registered with the General Pharmaceutical Council (GPhC) or with the Pharmaceutical Society of Northern Ireland (PSNI), and to have at least two years' appropriate patient-orientated experience post registration in a relevant UK practice setting; they will be required to be in a patient-facing role, and have an identified area of clinical or therapeutic practice in which to develop an independent prescribing practice, as well as having sufficient relevant clinical or therapeutic experience in that area. Applicants will also be required to have identified a suitably qualified Designated Prescribing Practitioner (DPP), who also meets the criteria specified by the University and the GPhC's guidance. Applicants who meet the criteria will be interviewed over the telephone; during the interview, their level of experience and the appropriateness of the clinical area will be checked. Feedback will be provided to unsuccessful applicants via e-mail and telephone; this feedback will be tailored to individuals and those rejected on the grounds of insufficient relevant experience will be advised to work towards a plan to achieve this. The recruitment and selection of students will be governed by University of Plymouth policies, ensuring that the processes are open, fair and transparent; monitoring through the annual programme review ensures that underrepresentation is measured, understood and addressed through University, Faculty and School initiatives.

2 - Equality, diversity and inclusion

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

The University has equality policies that apply to all aspects of staff and student activity; these policies will be required to be supported and implemented to ensure that no discrimination or harassment take place. Equality and diversity data will be used to inform design and delivery of the programme and of the support services offered to students. The legal and ethical responsibilities involved in equality and human rights legislation will be clearly detailed to students, both within the classroom and within course materials. The ethos of the programme is person centred, with an emphasis on sharing decisions with the patient, as well as having respect for everybody independently of social background and other factors. Students will be reminded that when making prescribing decisions, they are doing something 'with' patients rather than 'to' them, this being especially important because of the high rates of non-adherence with taking medicine; students will be made aware of the human and financial costs of non-adherence, which results in failure of patients to improve their health and a wastage of medicines. Accordingly, as prescribers, students will be required to consider the social and cultural differences among people, and will be required to be fully inclusive in making their decisions, taking into account what matters to the individual patient. Variety in assessment allows a range of learning outcomes to be appropriately assessed. Inclusive and equitable assessment also ensures no group or individual is disadvantaged. Where an alternative assessment is required for a student with disability, the programme team works collegiately with the student and experts in Disability Services. The School holds an Athena Swan Bronze award.

3 - Management, resources and capacity

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

The independent prescribing programme sits within the School of Nursing and Midwifery, which is part of the Faculty of Health and Human Sciences. The Programme Lead is a registered nurse, and is also an independent and supplementary prescriber. The remaining programme team comprises prescribing registered nurses who hold teaching qualifications, as well as a wider team of associate lecturers, including pharmacists and other allied healthcare professionals. Duties associated with ensuring academic standards are shared among the staff delivering the programme. In addition to the programme team, there is a wider group of non-medical prescribers both within the University and in practice who can support the students; these health professionals include pharmacists, paramedics, physiotherapists, radiographers, podiatrists, midwives, and nurses. The Programme Lead is responsible for, and accountable to, the Head of School and the Subject Assessment Panel in relation to academic quality and standards. The Associate Head of School for Practice Learning, together with the Faculty Placement Operational Group, provide strategic direction for the management of practice-based learning in the Faculty for all healthcare students. Day-to-day operational management of the programme will be the responsibility of the Programme Lead and the programme team. The programme will be supported and advised by colleagues representing learning development, information specialists, library services, learning technologists and the Digital Learning Environment (DLE). The University's central quality office provides strategic advice and guidance on quality assurance and enhancement. The Faculty quality team administers and implements all processes of quality assurance within the Faculty of Health and Human Sciences led by the Associate Dean (Teaching and Learning) and the Faculty Registrar. The course will include ten face-to-face and 16 distance-learning days, with an additional 90 hours in practice; the 90 hours in practice will be supported by a designated prescribing practitioner (DPP), who will be responsible for determining whether the students have met the required competencies. Learning agreements will be in place both within the University and clinical practice. On commencing the programme, students will be required to access and sign a learning agreement. This will include information about their roles and responsibilities and what to do if they are having difficulties in fulfilling their learning outcomes. Students will be responsible for their learning and will be expected to be self-directed learners. As such, they will be required to attend all the face-to-face study days and to complete the additional 16 days of self-directed study; self-directed study days will be included within the timetable to assist in time management and to evidence students' need for protected time to their employers. Attendance will be monitored closely, and if attendance drops below 80% their position on the course will be reviewed. Student feedback and evaluation of the non-medical prescribing programme will be an integral and important part of the learning and teaching process, and students will be invited to evaluate the delivery and content. Appropriate resources are allocated by the Head of School of Nursing & Midwifery in discussion with the Senior Management Team of the School, and in consultation with the NMP Programme Lead; these resources include two, 5-bedded simulated hospital wards equipped with all the necessary diagnostic equipment, such as sphygmomanometers, stethoscopes and peak flow meters. The facility also has a number of computerised mannequins that allow the simulation of various disorders. The students will have access to all facilities and services provided by the University, including library services and IT, with all students registering for a computing account on enrolment; this will allow them access to the electronic library, an email account and all the information on the University's digital learning environment.

4 - Monitoring, review and evaluation

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

All relevant aspects of the programme will be monitored, reviewed and evaluated in a systematic manner in keeping with University procedures. The programme review specifically incorporates

stakeholder engagement. Stakeholders include prescribing pharmacists, students, local non-medical prescribing (NMP) leads, DPPs and service users. There are robust measures in place to ensure all issues are documented and addressed within timescales, as agreed within University protocols. The University's quality department regularly liaises with professional and regulatory bodies to enhance communication, collaboration and quality. The Programme Committee will consider the quality of the programme; this will include monitoring and evaluation of the quality of academic provision through self-critical evaluation and consideration of the opinions of staff, students, external examiners and other relevant parties. Committees associated with the assessment process are the Subject Assessment Panel, which deals with module marks, and the Award Assessment Board, which considers each student's marks, progression and award. Membership of both committees comprises the Associate Dean, programme leads, and external examiners; external examiners are required to produce an annual report on the standard of students' work, appropriateness of the assessments and the marking standards. This report is returned to the Programme Lead for comment, action and response as part of the Annual Review. In addition to annual programme review, the programme will also be considered as part the School's Periodic Review, which is undertaken every few years. The Programme Team will meet before, during and after each delivery to plan, monitor and evaluate the programme. All members of staff teaching on the programme will attend this meeting, along with stakeholders. Because this programme runs for just six months of each academic year, the Programme Lead will liaise with students, DPPs and the teaching staff on an ongoing basis to ensure parity of support for students. Quality assurance of the programme will include evaluation by students, as well as procedures to check the quality of the students' learning in practice with the DPPs, who will be carefully selected to meet the stipulated requirements, and who will be prepared for their role by the School and on whom feedback will be provided; there will be close liaison between the Programme Lead, personal tutors and DPPs throughout the duration of the programme; assessment by the DPP will be monitored by video-recording OSCEs both for history taking and clinical examination, as well as by the programme lead and teaching team attending and observing a random sample of assessments within clinical practice.

5 - Course design and delivery

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

The programme's assessed learning outcomes have all been mapped to those specified in the GPhC's current 'Standards for the Education and Training of Pharmacist Independent Prescribers', and cross-referenced to the Royal Pharmaceutical Society's 'Competency Framework for all Prescribers'; the programme has been informed by these standards and the framework, and the content of the timetable has been planned to ensure the meeting of all of the specified outcomes. The design and delivery of this programme has involved close collaboration within the School of Nursing and Midwifery and the School of Health Professions at the University of Plymouth. This process has also involved extensive discussion with past and current students, and clinical practitioners; other stakeholders consulted have included pharmacist independent prescribers, non-medical prescribing leads in NHS trusts, and service users. Discussions with these stakeholders have led to a more structured approach to the programme, including the provision of support for students. The importance of multidisciplinary training had been emphasised and the inclusion of pharmacists in the programme had been welcomed. Meeting the programme needs will be assisted by a blended learning approach; this will incorporate self-directed study utilising a web-based, distance learning package, along with work-based learning, supported by suitably-qualified prescribing assessors and supervisors. Inter-professional, peer learning will be encouraged both within the classroom and via collaborative digital platforms. Service user involvement, both in the planning stage and during teaching sessions, will further enhance the student experience. Pharmacist prescribers in training will undertake this programme at FHEQ level 7. The teaching methods will include the use of lectures, seminars, group work, workshops, tutorials, e-learning, and simulation within the clinical skills

suite. Service users will be involved in the programme delivery within teaching sessions. Students will have access to the University's student portal, which provides a wide range of library and IT services, and to the digital learning environment (DLE), the latter containing programme-specific information and announcements. Pharmacists will acquire clinical and physical examination skills through scheduled sessions, dealing with, for example, measurement of pulse rate, blood pressure and the use of the stethoscope, as well as the whole consultation process; further optional sessions will be provided if required, and there will be opportunities to practise these skills. As well as practising on each other and providing mutual support, students will also use computerised patient simulators that will allow them to obtain both normal and abnormal measurements. The needs of individual students in relation to these skills will be identified early on and incorporated into their learning contract, so that they can obtain additional experience and practice where required. If there is evidence of unsafe practice on the part of students during supervised practice or assessments, or if there is an untoward event impacting on patient safety, this would invoke fitness to practise proceedings; this is a formal, Faculty-wide process, which would also be instigated if early alerts were to be raised about a student. The subsequent events would culminate in an action plan and follow up, with a student being removed from practice if necessary. There will be systems in place to ensure that the students understand what fitness to practise mechanisms apply to them and these processes should be clearly related to the GPhC's 'Standards for Pharmacy Professionals'.

6 - Learning in practice

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

Throughout the programme students will be expected to apply the principles of prescribing to their area of practice. This period of 90 hours of learning will be supported by a suitably qualified Designated Prescribing Practitioner (DPP); the DPPs will be responsible for assessing their students and determining whether they have achieved the required competencies, as well as for signing off the pharmacists at the end of the programme as being competent as independent prescribers. DPPs must meet certain criteria and possess the necessary core competencies; their credentials will be checked as part of the application process, to ensure that students have an appropriate DPP in place before they commence the programme, this checking process being overseen by the Programme Lead. Students will gain a breadth of experience through observation and supervised practice. This will include working alongside their assessors in practice, observing history taking and assessing patients, as well as reflecting on prescribing practice, in order to demonstrate that the required competencies have been met. They will also be able to work alongside and observe other independent and prescribers, enabling them to analyse and critically evaluate their own and other prescribing practice. However, pharmacist prescribers in training will only be able to make prescribing decisions under the complete supervision of their DPPs.

7 - Assessment

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

A variety of methods will allow the appropriate assessment of a range of learning outcomes, with inclusive and equitable assessment ensuring that no group or individual is disadvantaged. The formative and summative assessments have been designed to meet students' learning needs and to demonstrate achievement of the competencies and standards required for independent prescribing. There will be numerous opportunities for students to undertake formative assessments, on which they will receive feedback. These will include practice papers, online numeracy tests, a prescription and clinical management plan outline, and a section of their case study. The course learning outcomes are aligned with assessment; together, these assessments will provide evidence that students can prescribe safely, effectively and competently. Assessments will comprise several elements including a portfolio/learning log which will demonstrate the application of theory to practice and provide a rationale for prescribing decisions and reflective practice; this will include evidence of numeracy skills, and writing prescriptions, as well as prescribing in a range of scenarios. All coursework will be included within the portfolio, within

which the student will be expected to demonstrate critical analysis and understanding of the principles of prescribing in relation to practice in their clinical area; they will be required to analyse their existing practice in relation to prescribing and future potential prescribing practice, demonstrating understanding of the context of prescribing within the multidisciplinary team and the ethical and legal issues involved, and will be required to evidence safe prescription writing and numeracy. The student must be critically aware of up-to-date evidence and guidelines related to non-medical prescribing. Competency to prescribe must be demonstrated within the portfolio and will be assessed by the DPP. Students will also undertake a critically reflective analytical case study on independent prescribing. A final written examination will test pharmacological knowledge and its application to practice, while satisfactory completion of the period of learning in practice, including sign off by a DPP, will provide evidence that the student is competent to prescribe medicines in his/her area of practice. Objective structured clinical examinations (OSCEs) will demonstrate competence in history taking and clinical examination skills, as well as numeracy within the context of prescribing practice and knowledge of pharmacology. To pass the OSCE, students must gain a pass at each of the four stations; if unsafe practice, including incomplete assessment or inaccurate clinical examination, is identified at any of the stations, the student will fail the whole of the OSCE assessment. Students will be comprehensively prepared for the summative OSCE; this will be achieved using a mock OSCE, followed by additional support if required, this being coordinated between the University and the student's practice supervisor/DPP. All elements of the assessments will be required to be successfully passed to receive the prescribing qualification, to ensure that practitioners can practise safely and competently.

8 - Support and the learning experience

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

Support and supervision will be provided through the Programme Lead, the School's non-medical prescribing teaching team, and the students' designated prescribing practitioners (DPPs), as well as through other supervisors. The Programme Lead will provide a thorough induction for students at the start of the programme, which will ensure that they are clear regarding the learning outcomes that must be achieved, how the assessment process will evidence this, and the support that will be available; students will also receive comprehensive information about all elements of the course with the Programme Handbook. In order to ensure that they have access to timely pastoral support when required, students will be allocated a personal tutor from the programme team within the School; extensive central support for studies, health and wellbeing will also be provided by the University. Students will create a learning agreement with the University and their DPP in practice; this agreement includes a review of the competencies that must be achieved during the programme. Self-directed study days are included within the timetable and a log of self-directed study is included within the assessed practice portfolio. As part of the application process, line managers/employers will be required to sign an agreement that will ensure the required minimum amount of time for the student to be released from their practice for both taught theory, assessment and supervision; the release of student for this time is essential, because contact day attendance and recorded achievement of all theory and practice hours are mandatory in order for the student to achieve the qualification. Mechanisms will be in place for students to meet regularly with their DPPs and others to discuss and document their progress; these include a mid-point review meeting with the DPP, as well as a review just before the summative assessment. There will be clear procedures for students if they have concerns, with all concerns being dealt addressed promptly by the Programme Lead, and documented action taken where appropriate; these procedures will be part of students' learning agreement, so that they are aware of the need to report concerns that will be addressed and that the students will have appropriate support.

9 - Designated prescribing practitioners

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

All students will be required to have a designated prescribing practitioner (DPP) in place before admission to the programme. The application process, which is overseen by the Programme Lead, includes ensuring that DPPs meet the GPhC's guidance, including active prescribing competence applicable to the areas in which they will be supervising, and appropriate patient-facing clinical and diagnostic skills, as well as the ability to assess these skills. The establishment of the DPP relationship before the start of the programme will allow the Programme Lead and teaching team to judge the appropriateness of the DPP's skill set in conjunction with the clinical area in which the students will achieve their competencies. Training materials for DPPs will cover the role of pharmacist independent prescribing, details of the course learning outcomes, the role of the DPP, assessment of the student's performance including the provision of support and feedback, and raising concerns. Although the team was satisfied that this standard will be met, the School should consider the Royal Pharmaceutical Society's framework on the competency of the DPP and implement it fully into the programme, when it is published; this will be addressed during the monitoring visit.

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