



Independent  
prescribing  
course

Robert Gordon University  
Report of a reaccreditation event  
August 2019

<b>Event summary and conclusions</b>	
<b>Provider</b>	Robert Gordon University
<b>Course</b>	Independent prescribing programme
<b>Event type</b>	Reaccreditation
<b>Event date</b>	29 August 2019
<b>Reaccreditation period</b>	August 2019 – August 2022
<b>Relevant standards</b>	GPhC education and training standards for pharmacist independent prescribers, January 2019
<b>Outcome</b>	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing programme provided by Robert Gordon University should be reaccredited for a further period of three years.
<b>Conditions</b>	There were no conditions.
<b>Standing conditions</b>	Please refer to Appendix 1
<b>Recommendations</b>	No recommendations were made
<b>Maximum number of all students per cohort:</b>	100 (but note GPhC approval already received for 105 students for September 2019 cohort only)
<b>Number of pharmacist students per cohort:</b>	100 (but note GPhC approval already received for 105 students for September 2019 cohort only)
<b>Number of cohorts per academic year:</b>	Two
<b>Registrar decision</b>	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.
<b>Key contact (provider)</b>	Dr Trudi McIntosh, Senior Lecturer in Pharmacy Practice, Course Leader Pharmacist Independent Prescribing Practice Certificate and MSc Advanced Pharmacy Practice
<b>Reaccreditation team</b>	Professor Chris Langley (event Chair), Professor of Pharmacy Law & Practice and Head of the School of Pharmacy, Aston University; Associate Dean, Taught Programmes, School of Life and Health Sciences

	<p>Professor Angela Alexander, Professor Emerita of Pharmacy Education, School of Pharmacy, University of Reading</p> <p>Professor Helen Howe, Retired Hospital Chief Pharmacist (not present at the event, but provided comments on the documentation in advance)</p> <p>Leonie Milliner, Chief Executive and Registrar, General Osteopathic Council (GOsC)</p>
<i>GPhC representative</i>	Chris McKendrick, Quality Assurance Officer, GPhC
<b>Rapporteur</b>	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/ukxi/2010/231/contents/made>

### Background

Robert Gordon University has delivered an accredited independent prescribing programme since 2003. The programme was last reaccredited in May 2016, subject to one condition which was that the provider must articulate a strategy for the assessment of physical examination and diagnostic skills and implement a valid and reliable quality assurance process for this assessment. This was to meet criteria 4.1, 4.2 and 5.1.

In response, the provider developed a comprehensive programme to support and assess students' development of these skills. This includes a requirement for students to complete a compulsory pre-residential checklist demonstrating increasing competence in four basic clinical assessments (blood pressure, heart rate, respiratory rate and temperature). They are also required to undertake some reading and to relate this to the patient group they will be treating. These skills are further developed during the residential week and are assessed in the OSCE which takes place at the end of the week. These developments were communicated to the GPhC and the condition was confirmed as having been met in July 2016.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 29 August 2019 to review the programme's suitability for further reaccreditation. The course is led by a pharmacist and is only offered to pharmacists. The provider is seeking approval to deliver two cohorts per year to a maximum of 100 pharmacists per cohort. A request to be allowed 105 students in the September 2019 cohort only had already been approved by the GPhC.

## 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 29 August 2019 and comprised a number of meetings between the GPhC reaccreditation team, representatives of Robert Gordon University's prescribing programme, and students (via teleconference).

## Declarations of interest

It was noted that Professor Angela Alexander was an external examiner at Robert Gordon University until 2017. This had been highlighted in advance of the event and all parties had agreed to the inclusion of Professor Alexander as a team member.

## Key findings

### Part 1 – learning outcomes

During the event the team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of six learning outcomes during a separate meeting with the provider (see 'learning outcomes tested at the event' below) and was satisfied that all 32 learning outcomes would be met during the course to the level required by the GPhC standards. Please see **appendix 2** of this report for the detailed list of learning outcomes.

## Learning outcomes tested at the event

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

This learning outcome was tested at the event.

As all students registered on the programme are registered pharmacists, there is an expectation that they will always work within GPhC standards, including delivering care that is not compromised by personal beliefs. In the therapeutic topics, students are expected to address the need to support patients to make informed choices. This is also covered in the clinical skills sessions as part of the consultation, and teaching on public health covers governance and clinical audit. The provider stated that as a result of the new standards, material on equality and diversity and safeguarding has been added to the programme and contributes to students achieving this learning outcome.

The learning outcome is assessed in TMA 1 (a therapeutic case study in the student's chosen therapeutic topic) and in TMA 2 (the OSCE). Evidence of reflection on this topic is also expected in the portfolio.

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

<b>10</b>	Recognise and manage factors that may influence prescribing decisions
	<b>Level:</b> ▶ Does
<b>Accreditation team's commentary</b>	
This learning outcome was tested at the event.	
<p>The topic is covered in the therapeutic case study. During a communication skills workshop in the residential week, students are asked to identify areas that they would like to explore and these are then addressed in the consultation skills session. Typical topics include delivering bad news and addressing preconceptions.</p> <p>The team asked how the programme addresses the issue of commercial influences on prescribing and was told that one of the competencies to be met during the period of learning in practice is about developing and maintaining professional relationships with representatives of the pharmaceutical industry. Students are also encouraged to take the cost effectiveness of prescribing decisions into account as well as clinical effectiveness.</p> <p>The clinical elements of this learning outcome are assessed in the TMA1 (therapeutic case study) and in TMA 2 (the OSCE). Other elements are assessed through evidence of learning during the period of learning in practice and provided in the portfolio.</p>	
<b>The teaching and assessment requirements of the learning outcome are met.</b>	
<b>14</b>	Understand the clinical governance of the prescriber, who may also be in a position to supply medicines to people
	<b>Level:</b> ▶ Knows how
<b>Accreditation team's commentary</b>	
This learning outcome was tested at the event.	
<p>At the beginning of the residential week, students are encouraged to highlight issues they would like to cover during the week. These are shared with prescribers (one from hospital pharmacy and one from primary care) who attend at the end of the week and discuss with students.</p> <p>Given the provider's location, governance issues associated with prescribing in remote areas is a topic that is covered in some depth using NHS Education for Scotland guidance.</p> <p>This learning outcome is assessed during the period of learning in practice.</p>	
<b>The teaching and assessment requirements of the learning outcome are met.</b>	
<b>19</b>	Demonstrate clinical and diagnostic skills in clinical setting appropriate to their scope of practice
	<b>Level:</b> ▶ Does
<b>Accreditation team's commentary</b>	
This learning outcome was tested at the event.	
In order to be eligible to attend the residential week, students are required to complete a pre-residential	

checklist demonstrating increasing competence in four basic clinical assessments (blood pressure, heart rate, respiratory rate and temperature). They are also required to undertake some reading and to relate this to the patient group they will be treating. These skills are further developed during the residential week and are assessed in the OSCE which takes place at the end of the week.

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

**27** Work collaboratively with others to optimise individuals' care, understanding their roles in the prescribing process

**Level:** ▶ Does

#### **Accreditation team's commentary**

This learning outcome was tested at the event. The programme asks students to consider multidisciplinary working in the therapeutic case study. They are encouraged to consider referral to professionals other than clinicians, for example for smoking cessation advice or to physiotherapists. The team asked how students would meet this learning outcome if they were in a practice setting with a limited number of healthcare professionals and was told that they would be expected to demonstrate reflection on this topic, even if they did not have direct experience of it. Issues of remote and rural care are also developed, for example with discussions about telemedicine.

This learning outcome is assessed in the record of learning outcomes.

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

**28** Recognise their own role and responsibilities, and those of others, in safeguarding children and vulnerable adults

**Level:** ▶ Knows how

#### **Accreditation team's commentary**

This learning outcome was tested at the event.

The provider explained that safeguarding issues have been added to the programme in response to the new standards. As registered pharmacists, students are expected to know and understand their responsibilities, but this knowledge is further developed in the public health topic. During the residential week students identify difficult issues that they would find it helpful to address; safeguarding is often raised as one of these issues. Discussions will focus on the need to be alert to potential issues and to refer on appropriately to other professionals.

This learning outcome is assessed as one of the competencies to be demonstrated during the period of learning in practice.

**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 is met. One criterion requires minor amendments. (See Appendix 3 for criteria)**

The programme is available as a stand-alone programme and as a mandatory module in the Postgraduate Diploma stage of the provider's MSc Advanced Pharmacy Practice course. All students must meet the GPhC's entry requirements in order to be admitted to the programme. In addition to the Pharmacist Independent Prescribing application form, which includes a line manager form and DMP form, applicants complete the University's standard application form which records demographic information including information on any health issues or disability, and also information on any previous enrolment on a pharmacist independent prescribing course. All staff involved in making admissions decisions receive equality and diversity training. Applicants are not offered a place on the programme unless all entry criteria have been met, and this offer is not be made after the start date of the module.

The programme attracts a mixture of funded and self-funded students. Self-funded students with no line manager must nonetheless identify someone who can vouch for them. Admission is refused if there is not enough evidence of support for the student, or of relevant and suitable clinical experience. Applicants are given opportunities to expand on the information given in their initial application and are given feedback on the reasons for rejection.

The application form has been updated to take into account the requirements of the new accreditation standards. The provider must amend the information given to applicants about relevant work experience to include the fact that this must be UK-based.

## 2 - Equality, diversity and inclusion

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

The principles of equality and diversity are embedded in, and promoted through, course design and delivery and students are taught about their legal responsibilities under equality and human rights legislation.

Reasonable adjustments are made to course delivery to support students to meet the learning outcomes. For example, students are taught about the differences in responses to pain and hypertension medication depending on age, ethnicity and gender. Ethnically diverse names are used in case studies and students are encouraged to consider cultural issues that may arise, such as patients wishing to avoid animal-derived medicines. In terms of the operational aspects of the course, the timetable is adjusted to accommodate the timing of Friday prayers for Muslim students. Adjustments are also made to assessments if required, but learning outcomes are not changed.

## 3 - Management, resources and capacity

**The team was satisfied that all six criteria relating to the management, resources and capacity is met.**

The team spoke to four students who had completed, or almost completed the programme. All four had attended the residential week. The students stated that the programme is appropriately resourced. Staff are responsive and supportive and the virtual learning environment (VLE) provides plenty of resources as well as links to further reading on particular topics.

The Course Leader is a pharmacist and works full-time on the programme. In addition, there are a number of other full and part-time staff contributing to the programme, most of whom are also pharmacists. This number has grown since the last accreditation and the number of staff who are prescribers has also increased. Clear lines of responsibility are in place for all staff involved in delivering the programme.

A new role of Pharmacist Independent Prescribing tutor has been developed. These are three part time staff who are practising prescribers able to bring examples from their practice to the programme. They also contribute by reviewing students' formative submissions and providing feedback; they receive

training for this including benchmarking to ensure consistency of approach. Nine pharmacist eTutors (0.5 FTE in total) are also used on the course. eTutors are involved in the development, delivery and review of therapeutic and public health materials, the moderation of online discussion fora, the development of formative and summative assessments, and the assessment of the therapeutic case study, using model answers and guidance from the provider.

The DMP is supported in their role through information provided in the DMP Handbook. The provider has in the past provided an online DMP forum, but it was used infrequently and so is no longer offered. RGU encourage the DMP to raise any concerns as soon as possible with the Course Leader so that they may be addressed. As part of normal quality control, the DMP will be emailed by the Course Leader three and six months into the period of learning in practice. The team suggested that the provider will need to give further consideration to the support provided for DPPs when the role is expanded beyond medical doctors to other prescribers.

Although only pharmacists and nurses are involved in the programme at a university level, students usually work with other professions during their period of learning in practice.

The residential week takes place during non-teaching weeks in the simulation centre and elsewhere in the Sir Ian Wood Building. Specialist equipment is available from the Nursing and Midwifery clinical skills suite if required. The provider has a formal agreement for nursing staff to take part in the OSCEs during the residential week.

A student learning agreement sets out the responsibilities of the student, the University and the DMP in relation to the student's progress through the course.

#### 4 - Monitoring, review and evaluation

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

The programme is not subject to a separate validation process but is validated as part of the MSc Advanced Pharmacy Practice, which was validated by the University in January 2019. It is subject to a formal annual review process. This includes annual reporting to the School Academic Board and the involvement of the External Examiners who attend the Assessment Board as members twice each year.

Feedback from students is collected during the residential week, both informally and through an end of module questionnaire. Students confirmed that this was the case. Feedback is acted upon and examples of changes made to the programme as a result of student feedback were provided.

RGU encourage the DMP to raise any concerns as soon as possible with the Course Leader so that they may be addressed. As part of normal quality control, the DMP will be emailed by the Course Leader three and six months into the period of learning in practice. The provider is encouraged to formalise the processes for seeking feedback from DPPs.

#### 5 - Course design and delivery

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

The programme is delivered via University-based learning and a period of learning in practice. The GPhC learning outcomes have been mapped to the course curriculum.

The University-based learning comprises 210 hours of notional student effort, 35 hours of which is delivered face-to-face during a residential week. The remaining material is delivered by self-directed private study supported through the VLE. The students that the team spoke to had all found the course structure straightforward and thought that the balance between online and face-to-face teaching is



good. They also commented that the VLE is well organised and easy to use, and had been further improved by the provider in response to student feedback.

Students choose one of eight therapeutic topics on which to base their learning. Students are expected not only to demonstrate their knowledge of the topic but also about their understanding of the patient, taking a holistic view and including referral to other professionals if appropriate. There is an online discussion forum for each topic, moderated by an eTutor. The forum is monitored to ensure that all students engage. Students commented that they value the choice of one of these eight therapeutic topics and confirmed that there is an appropriate balance between underpinning knowledge and additional prescribing skills.

Online material is reviewed each semester, except for the therapeutic material which is reviewed once a year. In terms of ensuring that the course reflects all four home nations, the external examiners are from outside Scotland, as are many of the students and former students who contribute to the course. All students are registrants of the GPhC, as are all of the pharmacist teaching staff.

From the period of learning in practice, students must provide evidence of a minimum of 90 hours supervised prescribing-related practice. They work with their DMP to identify their own learning needs based on their current knowledge and expertise and develop a plan which, on completion of the period of learning in practice, will allow them to demonstrate achievement of the relevant learning outcomes. The Student learning agreement and DMP handbook both emphasise that students must be supervised using agreed mechanisms in all clinical practice environments to ensure safe person-centred care is delivered at all times. Appropriate fitness to practise systems and procedures are in place.

A stakeholder group had been established to consider changes to be made to the programme in response to the new GPhC standards. There are no formal plans to continue the group, but the provider is involved in frequent discussions with NES and is a member of a North Scotland joint board to consider all aspects of pharmacy education. The provider should ensure that it continues to seek feedback via these other mechanisms and that it covers all four UK countries, given the broad geographical spread of its student cohorts.

Simulated patients are sometimes asked to feedback to students on their performance during the physical assessment and history taking part of the formative OSCE. Focus group participants asked for guidance on how to do this and we will provide training. RGU have no plans formally to continue this group, although RGU seeks and welcomes informal feedback from all simulated patients.

## 6 - Learning in practice

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

The requirements for the period of learning in practice are outlined in the DMP handbook; by agreeing to take on the DMP role for a student the DMP agrees to ensure that these requirements are met. Almost all of the 90 hours must be patient-facing, prescribing-related activities; no more than 15 hours is allowed for activities such as attendance at training events or conferences where the student plays an active role. CPD is not considered 'learning in practice' and may not be counted towards the minimum of 90 hours.

An up to date record is kept of the learning in practice and supervision arrangements of students. Students are required to submit a progress report after three and six months on the course, and DMPs are contacted at the same time by the course leader. Should any issues be apparent these are addressed by the course leader and more widely as required. In the rare event that a DMP is no longer able to fulfil this role, for example as a result of illness, an alternative, suitably qualified DMP is identified and approved.

## 7 - Assessment

**The team was satisfied all eleven criteria relating to the assessment is met.**

The programme is assessed via three elements:

- A therapeutic case study (100% weighting)
- An OSCE taken in the University at the end of the residential week (pass/fail)
- A portfolio of evidence and reflective pieces built up during the period of learning in practice (pass/fail)

Some changes have been made to the assessments since the last reaccreditation; namely:

- OSCE - all students are now assessed on the treatment of hypertension in adults, rather than on their chosen therapeutic topic. The assessment includes a consultation with a patient, preparing an evidence-based treatment plan and writing a prescription based on the plan. Hypertension was chosen as a common and important condition across all life stages which all students might come across.
- Portfolio - this is now an online rather than paper submission consisting of a single template with a specific area for each piece of evidence. The provider envisages this will be more straightforward for students and staff to use and will give a clearer picture of the student's progression as it will be marked as a whole. Some changes to the information required in the portfolio have also been made. External examiners were consulted on these changes.

DMPs are supported in their assessment role through the DMP Handbook. In order to be eligible to act as a DMP, there must be evidence of previous experience in the role. The DMP Handbook outlines expectations and responsibilities and links to the guidance on providing feedback to pharmacy professionals. In terms of the quality assurance of the DMP's decisions, the DMP sign off is taken as evidence, given their prior experience. This is acceptable while the role is restricted to DMPs but more robust quality assurance mechanisms will be needed when the provider wishes to move to the use of DPPs.

Students stated that they receive appropriate feedback on formative and summative assessments and are able to contact the course team to ask for more details if they feel this is needed.

The provider has updated the Patient Harm procedure since the submission was made to reflect the fact that is no longer a GPhC criterion for students to fail the whole course if they take an action which could cause serious harm.

Students who fail the programme are not allowed to re-enrol; this is a University regulation.

## 8 - Support and the learning experience

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

Appropriate mechanisms are in place to support students to meet the learning outcomes. The online discussion forums are valuable in this respect; there is a general forum as well as one for each of the eight therapeutic areas and a polypharmacy forum. Students make good use of these and also set up their own groups via social media. Students confirmed that the discussion forums are helpful and well-used.

It is made clear to students who they should contact with concerns about the programme. All staff are made aware of the GPhC's guidance on tutoring for pharmacists.

## 9 - Designated prescribing practitioners

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

The application process ensures that DMPs are appropriately qualified and experienced. The DMP Handbook provides support and information on the role and DMPs are encouraged to contact the provider at any time if they have questions or concerns.

Students are asked by email to give feedback on their DMP to the provider, but the provider stated that it is difficult to provide individual feedback to DMPs as students can be reluctant for their comments to be passed on. The provider is therefore planning to give a summary of cohort feedback to DMPs but there are currently no formal structured mechanisms in place to gather or provide this feedback. The team advised the provider to look at accreditation reports from other independent prescribing providers for examples of how this is being achieved elsewhere.

The provider is awaiting the publication of the RPS guidance on DPPs before considering how the DMP role will change. The GPhC will ask for a resubmission of Standards 7 and 9 at the point that the provider wishes to move to the use of DPPs.

## 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*



### 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.

### 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