General Pharmaceutical Council

Independent prescribing course

University of Sunderland

Report of a reaccreditation event

November 2019

Event summary and conclusions	
Provider	University of Sunderland
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	29 November 2019
Reaccreditation period	January 2020 - January 2023
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	Approval with conditions The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing programme provided by the University of Sunderland should be reaccredited for a further period of three years, subject to two conditions.
Conditions	The conditions are: 1. that the provider must submit evidence of course validation to the GPhC before commencement of the new iteration of the independent prescribing course. This is because the team noted that the course has not been formally validated by the University. This is to meet criterion 4.6. 2. that the provider must develop and implement robust fitness to practise procedures, specific to the independent prescribing course, before the next intake of pharmacists onto the course and submit these to the GPhC to review. This is because the team noted that there are no formalised fitness to practise procedures in relation to the course. This is to meet criterion 5.9.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made.
Maximum number of all students per cohort:	Forty (in two groups of twenty)
Number of pharmacist students per cohort:	Forty (in two groups of twenty)
Number of cohorts per academic year:	Two (each comprising of 2 parallel groups in each cohort)
Registrar decision	Following the event, a satisfactory response was received to meet the conditions of reaccreditation. The Registrar of the General Pharmaceutical Council agreed with the accreditation team's recommendations and approved the course for reaccreditation for a further period of three years, until the end

	of January 2023.
Key contact (provider)	Dr Keith Holden, Principal Lecturer
Reaccreditation team	Dr Ruth Edwards (event Chair), Head of Professional Experience, Aston Pharmacy School Professor Angela Alexander, Professor Emerita of Pharmacy Education, University of Reading Fiona Barber, Independent Member, Leicester City Council
GPhC representative	Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde; Proprietor, Caldarvan Research (Educational and Writing Services)

Introduction

Role of the GPhC

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

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

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

Background

The Practice Certificate in Independent Prescribing has been delivered by the University of Sunderland for over a decade and a half, evolving from the original Supplementary Prescribing programme through to its current iteration of an Independent Prescribing programme. The University was first accredited by the GPhC to provide a programme to train pharmacist independent prescribers in 2007. The course was reaccredited in 2010 and again in 2013 for a period of four years. No conditions were set or recommendations made at the latter event. The programme was last accredited by the GPhC in 2016 for a period of 3 years. At this reaccreditation event the accreditation team set a condition that the assessment regulations must ensure that in any assessment a failure to identify a serious problem or an answer that would cause the patient harm must result in the overall failure of the programme. This had to be communicated to all students and DMPs in all materials. This was to meet criterion 5.4. In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 29 November 2019 to review the programme's suitability for reaccreditation.

Documentation

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

provide a basis for discussion.

The event

The event was held at the GPhC head office on 29 November 2019 and comprised a number of meetings between the GPhC reaccreditation team, representatives of University of Sunderland prescribing programme and five students (via teleconference).

Declarations of interest

Professor Alexander declared that she had acted as external examiner for the University's OSPAP programme from 2010 to 2014. It was agreed that this did not represent a conflict 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 would be met during the course to the level required by the GPhC standards. Please see **appendix 2** of this report for the detailed list of learning outcomes.

Learning outcomes tested at the event

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

Accreditation team's commentary

The team was told that the provider tries to introduce problems that allow the students to reflect and discuss. The taught sessions include influences on prescribing and there is a section on the VLE concerning patient autonomy and legal frameworks. The outcome is taken into consideration in sessions on competencies and in structured case studies. The outcome is examined in reality during the period of learning in practice which takes place after the taught element of the course, taking into account the Royal Pharmaceutical Society competency framework on equity of patient care. In addition to the assessed case studies, students have the opportunity to reflect on their own practice including producing a log of interaction with patients. The outcome is also related to public sector equality duty, illustrated by the NHS policy document on the VLE. In terms of assessment, students are expected to document in narrative style the reflective part of case studies. There are three detailed case studies required and relevant information on the outcome must be discussed in two of the three cases.

This learning outcome is met

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

Accreditation team's commentary

The team was told that students have to be aware of health economics although there is no formal session on the subject. There is some reference to the outcome on the VLE but not highlighted. Nevertheless,

cost-effectiveness is built in to the case studies considered. There is a series of competencies that must be met in the period of learning in practice, including economic consequences. It was stated that students from primary care have a background in health economics. NICE guidance is considered in terms of how it arrives at decisions. Assessment is achieved through the portfolio and case studies with again three detailed case studies required and relevant information on the outcome must be discussed in two of the three cases.

This learning outcome is met

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

Accreditation team's commentary

The team was told that students undertake clinical skills learning from Day 1 of the programme, starting with biochemical and haematological data and its relevance to patients. Students are introduced to diagnostic, including blood pressure, spirometry and the use of tendon hammers, at an early stage, all assessed in OSCEs. Interpretation of clinical data is assessed in two OSCE stations and in MCQS, and in case studies where the interpretation of laboratory data is considered. There is a sequential clinical assessment, in the form of a long OSCE. Students are required to undertake a clinical assessment of patients in the period of learning in practice; they are observed for their ability to transfer knowledge from the taught elements of the course to patients in practice. This experience is included in the student's reflective log. The team observed that the OSCE criteria did not include evidence of checking patient identity details such as name and date of birth, but was told that the provider emphasises a stepwise approach to check patient identity although this is not reflected in the marking criteria.

This learning outcome is met

Level:Does	▶ Utilise current and emerging systems and technologies in safe prescribing

Accreditation team's commentary

The team was told that the provider had struggled with the interpretation of this learning outcome. The team was told that the example of electronic prescribing is used although there are no facilities to simulate this type of prescribing. There is also reference to GPhC and GMC standards for prescribing which include electronic prescribing. The learning outcome is assessed and marked against the RPS competencies, looking for evidence that the student can cross-reference the case studies to the competencies. The team informed the provider's representatives that the new GPhC guidance on pharmacist prescribing had become available during the event.

This learning outcome is met

Level:Does	▶ Work collaboratively with others to optimise individuals' care, understanding their roles in the prescribing process

Accreditation team's commentary

The team was told that collaborative working was emphasised in most teaching sessions, citing the example of multidisciplinary working in diabetic care. In assessments, reference to collaborative working is expected to be included in student portfolios, and students are expected to reflect on collaborative working in case studies. It was emphasised that pharmacists working with designated medical practitioners (DMPs), as opposed to DPPs ensured that multidisciplinary working was a real experience for pharmacist students.

This learning outcome is met	
Level: Knows how	▶ Recognise their own role and responsibilities, and those of others, in safeguarding children and vulnerable adults

Accreditation team's commentary

It was emphasised that safeguarding is an issue that is considered before the start of the programme. Thus, the application requires a declaration on awareness of safeguarding and evidence of appropriate training. The team was told that most NHS applicants will already have undertaken such training and be aware of the issues. The team was told that there is a section on the VLE on safeguarding and that it forms an element of the case-based learning. Assessment is by self-declaration and is included in the reflective element of the assessment and in the required competencies.

This learning outcome is 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 of the six criteria relating to the selection and entry requirements will be met. (See Appendix 3 for criteria)

The entry requirements for the course are based on the GPhC's Standards for the Education and Training of Pharmacist Independent Prescribers (2019). These include registration date and details with professional regulators, along with details of relevant clinical experience, signed declaration from their employer, Designated Prescribing Practitioner (DPP), non-medical prescribing lead and the student that they are a suitable candidate for the course. Relevant employment history and CPD in the relevant area of prescribing are also required. The guidance in the application pack indicates that candidates must possess a minimum of 2 years post-registration, patient-focused experience in a relevant UK hospital, community or primary care setting. It is also recommended that applicants have a clinical qualification at postgraduate diploma level or equivalent clinical experience. Applicants must identify an area of clinical practice in which to develop their independent prescribing competencies prior to enrolment and must be able to provide evidence that they have experience in this clinical area; this includes having worked in that specialist area and undertaken courses or CPD in that specialist area within the last 2 years. Applicants must provide documentary evidence of the registration status of their nominated Designated Prescribing Practitioner (DPP), including proof of registration and registration status together with any information relating to stipulations to practice made against their registration. There is also a face-to-face assessment to check eligibility and suitability for the course. The selection criteria are applied consistently and include documentation and records of the selection process for each applicant. Any reasons for rejection are documented and made available to the applicant in a timely fashion. Advice on the types of experience and skills a rejected applicant could consider acquiring before reapplying will be provided.

2 - Equality, diversity and inclusion

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

All staff members involved in the delivery of the course are trained to consider equality in the design and delivery of programmes and programme materials. The University employs policies that promote the adoption of reasonable adjustments to course delivery, materials and assessments if required to meet students' specific needs. Learners, as registered practitioners, are expected to have awareness of equality and human rights legislation in accordance with the principles set out by the General Pharmaceutical Council. The fundamentals of the importance of awareness of legislation are included in lecture materials and links to appropriate legislation are provided. All learners are expected to include a reference to diversity, human rights and equality in the learning contract with their DPP. The course has been designed according to University policies and procedures and has undergone a quality assurance process to ensure that equal opportunities for access to the course, non-discrimination policies and health and safety policies are all taken in to account. Both staff and students have access to the University disability support team for advice to ensure that students with specific needs are given appropriate support and any reasonable adjustments required to meet the learning outcomes. Meeting the learning outcomes is a requirement to pass the IP course for all students and the learning outcomes cannot be modified. However, any students with specific needs which require reasonable adjustments, including in the period of learning in practice, in order to meet the learning outcomes are considered.

3 - Management, resources and capacity

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

The Programme Lead is a pharmacist, with another five pharmacists, academics, a nurse and a medical practitioner involved in the programme. A pharmacist independent prescriber has recently been appointed to shadow the Programme Lead with a view to adopting the role in the future. Additionally, the University has links

with local acute and teaching hospitals and employs a number of staff on embedded appointments from hospitals, GP practices, community pharmacies and Sunderland Clinical Commissioning Group. The course has access to new, purpose-built and well-equipped clinical skills teaching facilities designed to simulate various clinical environments including private examination rooms and a ward facsimile; students interviewed spoke highly of these facilities. There is access to a variety of simulated patients designed to replicate clinical responses to physical and pharmacological stimuli. The clinical skills laboratories are equipped to allow the exploration and development of a number of practical clinical skills using a variety of diagnostic tools and near-patient testing. Students interviewed spoke highly of the facilities. The University is directly funded for NHS employed pharmacists by Health Education England North East. External staff members are employed with an academic tutor contract and are supported by the Programme Lead. The roles and responsibilities of the DPP and course provider are set out in the management plan and supported with written guidance. The Programme Lead has worked with internal and external stakeholders and advisors to ensure that the course provides a contemporary experience for students and gives the requisite learning opportunities that map both to the RPS Competency Framework for All Prescribers (2016) and the GPhC Standards for the education and training of pharmacist independent prescribers (2019). Course content and delivery is reviewed and adapted by the Programme Lead working in conjunction with other academic staff, internal and external stakeholders, and external advisers. To ensure that the course remains relevant, the programme contracts a medical practitioner to help facilitate the practical examination skills element of the course. A number of academic staff and clinical staff from local Trusts are also engaged as advisers for programme development, course content, delivery, and assessment methods where appropriate. The students' learning in practice will usually occur on NHS- or GPhC-regulated sites with health and safety risk assessments embedded in the workplace. The learner signs a self-declaration which includes their commitment to the nine University study days and 90 hours of supervised learning in practice. The DPP and learner must complete and co-sign a Learning Contract, a negotiated contract between the two participants which details the expectations, roles and responsibilities of the learner and the DPP.

4 - Monitoring, review and evaluation

The team was satisfied that five of the six criteria relating to the monitoring, review and evaluation will be met with one criterion subject to a condition.

The current programme, the University Certificate of Postgraduate Study: Practice Certificate in Independent Prescribing for Pharmacists was validated by the University in September 2013 and is currently being revalidated within a simultaneous cycle with the re-accreditation process. The module has been recently reviewed by the University (June 2016) as an element of a larger programme as an element of the revalidation of the MSc Clinical Pharmacy and is now validated to 2023; it remains a stand-alone programme with the previously agreed validation documentation. However, the team was told that the validation was still in the terminal phase of the internal process, but that the January 2020 intake to the course will be on the new programme even though the existing programme has two years of the internal validation remaining. Because the team was told that the course has not yet been formally validated by the University it will be a **condition of reaccreditation** that the provider must submit evidence of course validation to the GPhC before commencement of the new iteration of the independent prescribing course. This is to meet criterion 4.6. The programme of study is compliant with a FHEQ Level 7 programme descriptor and is quality assured against the relevant descriptors for a course of study with a predominant scope of professional development. The external examiner has experience in academic planning, design and delivery of postgraduate pharmacy courses including non-medical prescribing for pharmacists and has not raised any issues about the existing programme. The course is periodically reviewed at stakeholder meetings and by programme advisors in clinical practice who provide feedback. Where changes in legislation are relevant to the IP course, the Programme and Module Assessment Board ensures that relevant aspects of the course are reviewed. Students provide feedback by completing a mandatory Module Evaluation Form for HEE which is evaluated at the end of each cohort. DPPs also have the opportunity to provide feedback to the Programme Lead where necessary. The clinical currency is reviewed periodically by programme advisors in clinical practice and stakeholders to allow for advisory changes to ensure that the content reflects contemporary practice.

5 - Course design and delivery

The team was satisfied that nine of the ten criteria relating to the course design and delivery will be met with one criterion subject to a condition.

The programme employs a variety of teaching techniques centred on clinical case-based learning and supplemented by factual and physical skills development. The use of case studies is employed throughout the taught component of the course. The taught element of the course aims to cover knowledge and skills which will be applicable to the majority of pharmacists and that learners can use as a foundation. The programme takes its learning outcomes directly from those published by the GPhC, supplemented by the use of the RPS Competency Framework for All Prescribers (2016) with learning outcomes cross referenced with individual competencies. The course has an indicative course content that equates to 400 h. of learning activity over 12 months (equivalent to approximately 60 days of full-time study). There are nine full days at the University's main teaching campus inclusive of one day for OSCE and MCQ assessment. Within the examination skills sessions there is a combination of a lecture-style introduction, formal demonstration of clinical examination and reference to diagnostic approaches. All learners have opportunity to practise these skills on volunteers who are members of University staff or from a panel of expert and representative patients. The team was told that there was a patient group within the School and that the IP programme had access to this group. However, the provider indicated that there had not been a great deal of use of the patient/public group so far as it was still a new initiative, but anticipated greater use in the future. The team considered that this aspect of the provision was weak and that, given the facilities that had been developed for the MPharm, an opportunity was being missed. The course is designed with the central philosophy of patient-safety at its core. The importance of working within frameworks of competency and the consequences of migrating outside of demarcated areas of competent practice is highlighted to learners. The team was told that any fitness to practise concerns are assessed by the postgraduate team for monitoring and escalation where appropriate. Concerns raised within the learning and practice placement environments are also discussed with the employer/line manager. Any serious concerns regarding fitness to practise that could affect registration would be referred to the GPhC. However, the team was told that there is no specific internal fitness to practise panel for the programme and that the University does not have a postgraduate fitness to practise process. Accordingly, the team agreed that it will be a **condition of reaccreditation** that the provider must develop and implement robust fitness to practise procedures, specific to the independent prescribing course, before the next intake of pharmacists onto the course and submit these to the GPhC to review. This is to meet criterion 5.9.

6 - Learning in practice

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

Students are required to spend a minimum of 90 hours (equivalent to 12 days) in clinical practice with their DPP and are required to write a fully referenced portfolio of evidence to support their assessment. The DPP must confirm that they have the required number of years' experience in the student's area of practice and identify what experience they possess with respect to their supervision and assessment of non-medical prescribers including previous supervision of pharmacist independent prescribers. The programme does not have any non-medical DPPs preferring to use medically qualified supervisors. Any future non-medical DPPs must provide evidence to prove their competence against the RPS competency framework, such as work history, testimonial from employer, and CPD. The DPP signs a self-declaration stating that they agree to meet the requirements of the course, and learners are required to obtain the agreement of employers and line-managers to allow training in practice. The portfolio of evidence contains sections evaluated as part of the student's overall assessment within the course, including confirmation of attainment and demonstration of competencies as described within the RPS Competency Framework for All Prescribers (2016). The DPP can comment on the student's progression throughout the course and to sign a declaration that 'the pharmacist has satisfactorily completed at least 12x7.5h days supervised practice'. The DPP Guide outlines the legal limitations of prescribing in the context of training, that a learner is not qualified to sign a prescription for a prescription-only medicine until they are annotated as a prescriber with the GPhC.

7 - Assessment

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

The programme employs a variety of assessment techniques to examine a student's ability to demonstrate their factual, interpretive, applied and physical knowledge and skills. All assessments are subject to standard University internal moderation procedures and are reviewed by the external examiner as part of the quality assurance process to ensure appropriateness, levelness of assessment, and equity. All staff members engaged in assessments are pharmacists or medical staff working in an academic capacity, with the majority of pharmacists assessing being independent prescribers. The submission of the portfolio of evidence is allowed only after OSCE, MCQ and oral presentation assessments have been completed and successfully attained and confirmed by an appropriate module board. The assessment methods test the learners' knowledge and competencies at the required level of Miller's triangle. The MCQ and oral presentation enable assessment of the students' knowledge and can demonstrate 'knows' and 'knows how'. The OSCE allows assessment of 'shows how' and 'does' whereas the portfolio of evidence with DPP-assessed competency log demonstrates 'does'. Within any clinical assessment, any act or omission that would result in patient harm automatically results in course failure. Attendance is confirmed by registration on each of the taught days at the University. Additionally, learners have to complete a detailed diary of their contact hours with the DPP. DPPs are provided with the RPS Competency Framework which details the broad domains of prescribing competency together with the individual underpinning competencies within each of the domains. Students interviewed agreed that they receive immediate and constructive feedback throughout the taught sessions from the session leader, including from a medical practitioner. The students also have an opportunity to undertake a mock OSCE and MCQ assessment which enables them to practise their practical skills under examination conditions and receive feedback from examiners. DPPs provide feedback throughout the period of learning in practice to assist in the attainment of the required competencies. There are no arrangements for compensation between elements of assessment within the programme; this includes compensation between the taught component and the assessments based upon a pharmacist's supervised time in practice**.** Learners have the opportunity to re-sit any individual element of assessment once; if the learner is referred after a second attempt they are deferred in the entire programme and are subject to re-sitting with attendance if they wish to re-attempt the course.

8 - Support and the learning experience

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

An introductory lecture provides course-specific information to students including a summary of the educational approach adopted in the programme and a summary of the types of assessment they will encounter. The learner has access to the Programme Lead, who is the *de facto* personal tutor, and other academic staff at any point during the course for academic and pastoral support. Learners and their DPP are required to meet at the start of the training period to agree and sign a learning contract which details the expectations, roles and responsibilities of both. A VLE page outlines the process for raising concerns about the quality of the course, the supervision of the DPP, the practice of healthcare professionals and safeguarding.

9 - Designated prescribing practitioners

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

All DPPs are required to meet the requirements and standards of their respective regulatory bodies and must self-declare their competence to carry out this supervisory activity with pre-course checks are made against their registration and any appropriate annotations or stipulations. It is a requirement that a medical DPP has 3 years' experience and a non-medical DPP has 5 years' experience of patient medical assessment, treatment and prescribing experience in the student's area of practice. A separate declaration from the local non-medical prescribing lead and employer is also required to ensure that appropriate consideration has been made from both the student and supervisor perspective. Students are asked to provide feedback on their DPP at the end of the course. This is part of a mandatory feedback form for HEE which is required to be submitted as part of the portfolio in order to pass. Any concerns raised by a DPP would be reviewed in a timely manner by the

Programme Lead and appropriate support put in place where possible.

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