General Pharmaceutical Council

Standards for the education and training of pharmacist independent prescribers: guidance to support implementation

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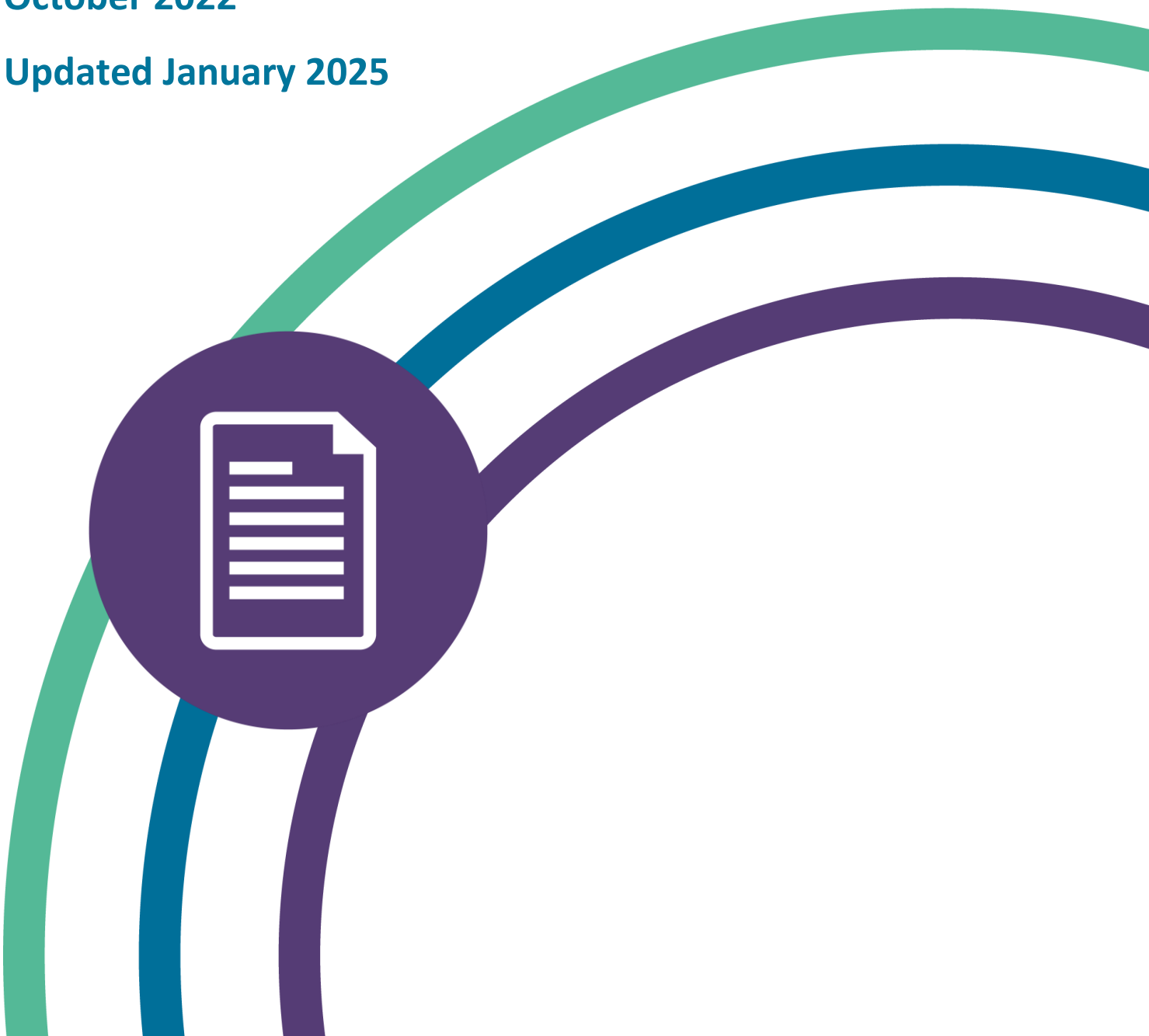

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Introduction

Education and training of pharmacist independent prescribers

The publication of our standards for the initial education and training of pharmacists (IETP) in January 2021 introduced some major changes that will allow pharmacists to play a much greater role in providing clinical care to patients and the public from their first day on the register, including through prescribing medicines.

From 2026, pharmacists joining the GPhC register will automatically be annotated as independent prescribers if they:

- have been fully trained to the 2021 initial education and training of pharmacists standards
- passed the GPhC registration assessment, and
- meet our criteria for registration

We do, however, recognise that a large proportion of pharmacists who are already registered, as well as those due to join our register before 2026, will not automatically receive this annotation. They will need to achieve a Practice Certificate in Independent Prescribing before they can apply for annotation as a prescriber. To be awarded the practice certificate they must successfully complete a GPhC-accredited pharmacist Independent Prescribing (IP) course. Accredited independent prescribing courses are offered by higher education institutions (usually universities) and are typically delivered through a combination of face-to-face teaching sessions and self-directed study.

Currently, there are two routes to gaining an independent prescriber annotation:

- as part of the initial education and training, and
- through a free-standing training course

Following a consultation in November 2021, we have revised the entry requirements for training as a pharmacist independent prescriber which will enable more pharmacists to begin their independent prescribing training, and have removed the following requirements:

- for registered pharmacists to have **two years of clinical practice** before they can enrol on an accredited independent prescribing course
- to have relevant experience in a **specific clinical or therapeutic area** before they can enrol on an accredited independent prescribing course

These have been replaced with new entry requirements that state:

- Applicants must have **relevant experience** in a UK pharmacy setting and be able to **recognise, understand and articulate the skills and attributes required by a prescriber**. This experience and awareness will act as the basis of their prescribing practice whilst training.
- For the purposes of developing their independent prescribing practice applicants must identify **an area of clinical or therapeutic practice on which to base their learning**.

This guidance

The purpose of this document is to support the introduction of the new entry requirements. It is relevant for course providers, course applicants, and GPhC accreditation panel members, and gives some specific suggestions and examples of what we may expect the course provider and course applicant to demonstrate. It should not, however, limit or prevent course providers and applicants from using other examples and/or experiences. In addition to this guidance, consideration should also be given to any other appropriate documents (see the useful resources section below).

The learning and professional development continuum

Training to be a pharmacist independent prescriber is part of a learning and professional development continuum. It begins before registration and continues once registered. Until 2025, when independent prescribing training will be embedded in the five years of initial education and training, pharmacists will train to become independent prescribers by studying on a free-standing course accredited by the GPhC. It can be supplemented and enhanced by other post-registration activity provided by professional bodies, training providers, universities, and others.

Applicants must have relevant experience in a UK pharmacy setting

Applicants must be able to provide examples of relevant experience in a UK pharmacy setting and course providers must demonstrate that they have a process in place to consider and review these.

An applicant's experience should be meaningful and highlight outcomes that evidence both significant and positive impact on patient care.

Whilst patient care will be central to every applicant's experience, it is important to recognise that 'relevance' will look different from applicant to applicant. Therefore, the experience should be assessed by the course provider on an individual basis to determine whether the applicant is ready to enrol on the course.

Their experience could have been obtained, for example:

- whilst studying pharmacy, and could include experiential learning, simulation, summer placements and other relevant activities
- during their foundation training year (referred to as 'pre-registration training' prior to the 2021/22 academic year)
- whilst employed in a pharmacy setting

It is important that reference is made to:

- patient-orientated/person centred experience
- clinical/therapeutic experience
- evidence of continuing professional development

Examples of relevant experience may include, but are not limited to:

- counselling patients whilst working in collaboration with multidisciplinary hospital pharmacy teams on a ward where shared decision making and consideration of patient dignity, capacity and consent are essential

- drug history taking and medication reviews whilst assessing patients' medicines as part of an annual review in a GP practice and where consideration of diversity and cultural differences influences their recommendations
- resolution of prescribing queries potentially in a community pharmacy where service provision to a care home is part of their role
- dealing with ethical dilemmas whilst working in a community pharmacy on a weekend and having to decide whether to supply medicines to a patient who has run out and they cannot discuss this with the patient's GP
- observation/involvement in specialist clinics in their local GP surgery where maintaining patient confidentiality will be essential, particularly as they know many of the patients who attend their community pharmacy
- reflection on practice and recognising their limitations in competence potentially when faced with a request to treat a patient or issue a prescription for a condition that they are unfamiliar with whilst working in a GP practice

The above examples should not be seen as a checklist. They are intended to demonstrate the wide ranging and unique nature of relevant pharmacy experience that can contribute to a pharmacist's overall readiness to enrol on an accredited independent prescribing course. There is not a specific length of time that will determine this. It is the overall breadth and range of relevant experience that is important.

Applicants must be able to recognise, understand and articulate the skills and attributes required by a prescriber

It is important to note that many of the skills required by a prescriber are the same as those of a non-prescriber. Our **Standards for Pharmacy Professionals** should, therefore, underpin an applicant's suitability. There are nine standards that every pharmacy professional is accountable for meeting. They describe how safe and effective care is delivered through 'person-centred' professionalism. The standards are a statement of what people expect from pharmacy professionals and reflect what pharmacy professionals have told us that they expect of themselves and their colleagues. The meaning of each of the standards is explained, and there are examples of the types of attitudes and behaviours that pharmacy professionals should demonstrate, and therefore, are consistent also for prescribing.

An understanding of **scope of practice**, the activities a healthcare professional carries out within their professional role, is fundamental. The healthcare professional should understand that they must have the required training, knowledge, skills and experience to deliver prescribing activities lawfully, safely and effectively. Scope of practice should be informed by the individual's professional judgement as well as, for example, regulatory standards, the professional leadership body's position, employer guidance and evidence-based documents and guidance from other relevant organisations, such as NHS guidelines or journals.

The 2021 IETP standards have determined key learning outcomes that a trainee pharmacist would be expected to demonstrate upon registration in relation to being a prescriber, and we would expect the applicants to understand these and their importance when prescribing medicines. These also align to the RPS Prescribing Competency Framework (see below).

These are:

- recognise the psychological, physiological and physical impact of prescribing decisions on people
- consider the quality, safety and risks associated with medicines and products and take appropriate action when producing, supplying and prescribing them
- take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices
- apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice
- critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing of, medicines, devices and services
- apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing
- prescribe effectively within the relevant systems and frameworks for medicines use
- understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people
- use tools and techniques to avoid medication errors associated with prescribing, supply and administration

The **RPS Prescribing Competency Framework for all Prescribers** describes the demonstrable knowledge, skills, characteristics, qualities and behaviours for a safe and effective prescribing role and sets out what good prescribing looks like. It is a generic framework that can be used by any prescriber at any point in their career, regardless of their professional background. It should, however, be contextualised to reflect different areas of practice, levels of expertise and settings.

There are ten competencies within the **framework** which are presented in two domains and describe the knowledge, skill, behaviour, activity or outcome that prescribers should demonstrate.

Domain one - the consultation

This domain looks at the competencies that the prescriber should demonstrate during the consultation.

Domain one contains the following competencies:

1. Assess the patient
2. Identify evidence-based treatment options available for clinical decision making
3. Present options and reach a shared decision
4. Prescribe
5. Provide information
6. Monitor and review

Domain two - prescribing governance

This domain focuses on the competencies that the prescriber should demonstrate with respect to prescribing governance.

Domain two contains the following competencies:

7. Prescribe safely
8. Prescribe professionally

9. Improve prescribing practice
10. Prescribe as part of a team

Each of these competencies contains several supporting statements related to the prescriber role, which describe the activity or outcome that the prescriber should actively and routinely demonstrate.

We would expect applicants to have a broad understanding of this framework and use this as the basis for recognising, understanding and articulating the skills of a prescriber specifically. This, alongside their understanding of the standards for pharmacy professionals and consideration given to scope of practice, is fundamental to confirm that an applicant has the appropriate knowledge to commence as a pharmacist independent prescriber in training.

Based on the above, we would suggest some notable examples of the skills and attributes required by a prescriber that may include, but are not limited to:

- demonstrating person-centred care
- applying professional judgement and professionalism
- using effective communication skills
- utilising diagnostic and consultation skills
- using wide ranging information gathering skills
- using critical appraisal, clinical reasoning, and decision-making skills
- considering prescribing governance
- cognisant of reflective practice
- collaboration, team working and multi-disciplinary engagement

Applicants should be able to demonstrate a thorough understanding of how their personal experience has strengthened their understanding of the role of prescriber and has supported how they recognise, understand and articulate the skills of a prescriber. This will be unique to each applicant, however, this in combination with their relevant experience in a UK pharmacy setting should be considered on an individual basis, to gain assurance that they are suitable candidates to commence on an independent prescribing course.

Applicants must identify an area of clinical or therapeutic practice on which to base their learning

Pharmacist independent prescribers in training will need to identify an area of clinical or therapeutic practice on which to base their learning and develop their independent prescribing practice. This does not necessarily have to align to previous experience or a specific area of competence.

The purpose of identifying an area of clinical or therapeutic practice is to focus learning and support course providers to make it simpler to contextualise the theory when translating that to prescribing. The skills and attributes of a prescriber, however, are generic and transferrable across any clinical or therapeutic area.

The identified area of clinical or therapeutic practice can be either specialist or generalist.

Once a pharmacist has successfully completed the training, they can apply to the GPhC for an annotation to their entry on the GPhC's register. The annotation is a public record that they can practise as an independent prescriber. Pharmacists should, however, only prescribe within their area of competence upon annotation.

It is accepted that, provided the pharmacist independent prescriber expands their scope of practice subsequently, they can prescribe accordingly.

Assessing an applicant's suitability

Any process to assess an applicant's suitability must be consistent, not disadvantage any individual or sector, and should include acquiring an understanding of their:

- work experience (including pre-registration/foundation training)
- clinical or therapeutic experience
- patient-based experience
- evidence of CPD

This information could also provide evidence that are able they recognise, understand and articulate the skills and attributes required by a prescriber, however, would need to be confirmed by the course provider. It is worth noting that applicants do not need to demonstrate evidence of having the skills and attributes, only that they are be able to recognise, understand and articulate them.

Course providers can ascertain this information in any way they choose, however, they must be satisfied that the applicant is suitable to commence training. For example, they may wish to:

- review and assess the submission of a supporting statement from the applicant
- review the applicant's CV
- review a template listing the skills and attributes of a prescriber to which the applicant has provided evidence of their understanding
- carry out an interview
- consider a letter of recommendation/supporting statement

It is also the applicant's responsibility to ensure that they consider any key documents, possibly provided by the course provider or proactively by themselves, that they provide evidence and give thought to their area of clinical or therapeutic practice on which they intend to base their learning.

Course providers should be satisfied that an applicant's individual experience and supporting evidence of their relevant experience in a UK pharmacy setting, alongside their ability to recognise, understand and articulate the skills of a prescriber, are credible and meaningful in their totality. These should provide assurance that they are suitable candidates for commencing an independent prescribing course.

Useful resources

This document should be read alongside the following relevant publications:

GPhC documents

- **Standards for the education and training of pharmacist independent prescribers**, January 2019, updated October 2022
- **Standards for pharmacy professionals,** May 2017
- **Guidance on tutoring and supervising pharmacy professionals in training**
- **In practice: Guidance for pharmacist prescribers**, November 2019
- **Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet**, updated March 2022

RPS documents

- **A Competency Framework for all Prescribers**, September 2021
- **A Competency Framework for Designated Prescribing Practitioners**, December 2019

Developing and delivering a pharmacist independent prescribing (IP) course

Developing the pharmacist IP course

The guidance in this section provides further information on what course providers should consider when designing and developing a pharmacist IP course and what the accreditation panel should look for as evidence.

Course providers must ensure that equality, diversity, and inclusion (EDI) is embedded throughout both the design and the delivery of the prescribing course.

Course providers should also embed the guiding principles of the design, development, and management of the pharmacist IP course in the below three core documents:

- management plan
- teaching and learning strategy
- assessment strategy

The three core documents have the following functions:

Table 1: *The function of the three core documents*

Management plan	Teaching and learning strategy	Assessment strategy
• Sets out the roles, responsibilities and lines of accountability of the course provider, the DPP and the pharmacist independent prescriber in training. • Defines structures and processes to manage course delivery, learning in practice and communication channels, including addressing fitness to practise concerns. • Is clear, realistic, and achievable.	• Sets out how providers will deliver a course that allows pharmacist independent prescribers in training to develop their knowledge and competence in order for them to meet the learning outcomes set out in the standards. • Embeds the standards for pharmacist independent prescribers into the course.	• Sets out the mix of methods used by course providers and DPPs to assess the learning outcomes. • Demonstrates how the chosen mix of assessment methods are robust and appropriate to assess competence in the learning outcomes. • Sets out course regulations that are appropriate for master's level (level 7), as defined in national qualifications frameworks.

The course provider must ensure that a management plan is in place, which clearly sets out how various aspects of the course will be delivered and by whom.

It is the responsibility of the course provider to establish and manage agreements that apply to all aspects of the course, with the relevant people involved in its delivery

Supervision of pharmacist independent prescribers in training

During the course, pharmacist independent prescribers in training must be supervised by a suitably experienced Designated Prescribing Practitioner (DPP). A DPP must be an independent prescriber – they could be a medical practitioner, a pharmacist, or any other independent prescriber with suitable experience. The must also be able to meet the requirements for supervising learning in practice.

The DPP is expected to have:

- oversight and accountability for the safety and educational development of the pharmacist independent prescriber in training, and
- the ability to confirm to the provider that the pharmacist is fit to become an independent prescriber through a review of their assessment and performance during the learning in practice period

It is the responsibility of the pharmacist independent prescriber in training to find a suitable DPP, although course providers can choose to assist them; however, the course provider is ultimately responsible for assessing and approving the suitability of the DPP.

Other prescribers and health/care professionals might be involved with the pharmacist independent prescriber in training during the learning in practice element of the course. Where more than one person is involved, the DPP must take primary responsibility for the overall supervision and assessment in practice. The DPP will also act as a means of support and advice for the pharmacist independent prescribers in training to whom they are responsible.

Working in collaboration with a multidisciplinary team

Prescribing is often multi-disciplinary in nature. It is unlikely that a pharmacist independent prescriber will prescribe in isolation. Pharmacists must have exposure to working with other health/care professionals as part of multidisciplinary teams. They must be able to work collaboratively and should always consider the nine standards for pharmacy professionals, paying particular attention to partnership working, effective communication and speaking up about concerns.

The DPP and the pharmacist independent prescriber in training must ensure together that there is opportunity to work with other health/care professionals, and it should be included in the pharmacist independent prescriber in training's learning agreement.

Raising concerns

The course provider must explain how fitness to practise concerns involving a pharmacist independent prescriber in training will be addressed, including procedures, communication with the pharmacist and the DPP, and if necessary, notification to the GPhC. More information about raising concerns can be found within standard 5, criterion 5.9.

Consideration of climate change and environmental sustainability

In aligning with our commitment to ensure that individuals receive safe and effective pharmacy care, the GPhC acknowledge the pressing challenges posed by the climate crisis and environmental issues.

The health and wellbeing of individuals are inextricably linked to planetary health, making it imperative to address and mitigate our environmental impact.

As a regulator, we are committed to playing our part to address climate change and have published in August 2024 our **carbon net zero action plan for sustainable pharmacy regulation** which sets out GPhC's plans to become a 'net zero' organisation by 2040 and drive environmental sustainability improvements in pharmacy care.

Medicines are the most common intervention in healthcare, meaning that pharmacy teams play a key role in helping work towards more environmentally sustainable use of medicines and decrease their associated carbon footprint and environmental risks. This includes pharmacist independent prescribers as they can prescribe medicines autonomously for any condition within their clinical competence.

Education is a key strategy in influencing positive changes to practice meaning that sustainable healthcare approaches need to be embedded at all levels of practice from early education to system leaders in order to drive and maintain positive change. For providers of pharmacy education and training, this can mean considering incorporating environmentally sustainable practice into their curriculums. Providers should consider how their course provision will support future pharmacist independent prescribers to be well informed in relation to environmental factors affecting pharmacy and patients in their care, and that they are equipped with appropriate knowledge, skills, understanding and behaviours to make a positive impact in this area through their practice.

Additional resources

- **Centre for Sustainable Healthcare**
- **Greener Practice**
- **Pharmacy Declares**
- **Sustainability in Pharmacy Education (SPE) Group**
- **UK Health Alliance on Climate Change**

Standards for the education and training of pharmacist independent prescribers

We approve pharmacist independent prescribing courses against a set of standards.

The standards consist of two parts:

Part 1: Learning outcomes – these describe what a trainee pharmacist independent prescriber must be able to demonstrate when they successfully complete their independent prescribing education and training. The learning outcomes are presented in four domains: person-centred care, professionalism, professional knowledge and skills, and collaboration.

The full set of learning outcomes can be found in the **standards**.

Part 2: Standards for education and training course providers – these describe the requirements for any independent prescribing course provider and also the entry requirements for a course.

Part 1: Learning outcomes

Part one of the standards includes the learning outcomes for trainee pharmacist independent prescribers. These describe the skills and competencies which they must be able to demonstrate on successful completion of the course. They are generic and can be applied to any field of practice, in any sector. In these standards, Miller's Triangle is used to set the outcome level. The outcomes in these standards have been set at the right level for pharmacist independent prescribers in training with the understanding that they will be suitably qualified to be able to prescribe medicines upon completion of the course.

Prescribing will be applied in different ways and in different contexts but at its core will be the following:

'the prescriber takes responsibility for the clinical assessment of the patient, establishing a diagnosis, and the clinical management required as well as the responsibility for prescribing and the appropriateness of any prescribing' (National Prescribing Centre, 2005)

Considerations

- **Is there assurance that the teaching and learning plan for each learning outcome is sufficient to allow the independent pharmacist prescriber in training acquire the necessary breadth and depth of knowledge/understanding/skills required?**
- **Is the balance of teaching underpinning knowledge and skills, and the practical application of the knowledge and skills appropriate for this learning outcome?**
- **Are the methods for assessing the learning outcome appropriate to achieve valid and reliable assessment of competency at the required level?**
- **Is there assurance that the assessment pass threshold for this learning outcome is at an appropriate level to reflect the knowledge, understanding and skills required at the end of the course?**

Part 2: Standards for education and training course providers

Entry requirements

The entry requirements for a pharmacist Independent Prescribing course (relating to criterion 1.1 below) assess an individual's suitability for independent prescribing practice. They are:

Table 2:- *Entry requirements*

Entry requirements	Considerations
a. Applicants are registered as a pharmacist with the General Pharmaceutical Council (GPhC) or, in Northern Ireland, with the Pharmaceutical Society of Northern Ireland (PSNI).	Is there a process in place to verify that course applicants are registered as pharmacists with the General Pharmaceutical Council (GPhC) or the Pharmaceutical Society of Northern Ireland (PSNI)?
b. Applicants are in good standing with the GPhC and/or PSNI and any other healthcare regulator with which they are registered.	Is there a process in place to check for any restrictions on an applicant's practice which may affect their appropriateness to undertake the course?
c. Applicants must have relevant experience in a UK pharmacy setting and be able to recognise, understand and articulate the skills and attributes required by a prescriber to act as the foundation of their prescribing practice whilst training.	Is there a process in place to review each applicant individually and assure that they have relevant experience gained in a UK pharmacy setting along with the ability to recognise, understand and articulate the skills and attributes required by a prescriber? Is the process for reviewing each applicant clear, consistent, and not disadvantaging to any sector of practice? Readiness for joining the course should be determined through a partnership between the applicant and the provider, does the provider take ownership of the selection process and provide feedback to all unsuccessful applicants?
d. For the purposes of developing their independent prescribing practice applicants must identify an area of clinical or therapeutic practice on which to base their learning.	Is there a process in place to check that each applicant has identified a clearly defined area of clinical or therapeutic practice on which they will base their independent prescribing learning?
e. Applicants must have a designated prescribing practitioner who has agreed to supervise their learning in practice. The applicant's designated prescribing practitioner must be a registered healthcare professional in Great Britain or	Are there measures in place to ensure that each applicant has a DPP who will supervise their learning in practice? Is there a process in place to check if the DPP is a registered healthcare professional in Great Britain

Entry requirements	Considerations
Northern Ireland with legal independent prescribing rights, who is suitably experienced and qualified to carry out this supervisory role, and who has demonstrated CPD or revalidation relevant to this role. Although an applicant may be supervised by more than one person, only one prescriber must be the designated prescribing practitioner. The designated prescribing practitioner is the person who will certify that successful pharmacists are competent to practise as independent prescribers.	or Northern Ireland with legal independent prescribing rights? How does the provider ensure that the DPP is in good standing with their healthcare regulator with no restrictions on practice? Does the provider ensure at the application stage that the DPP is suitably experienced and qualified to carry out the supervisor role with up to date and relevant CPD or revalidation?

The standards

Standard 1 – Selection and entry requirements

Selection processes must be clear, consistent and unbiased, comply with relevant legislation, and ensure that applicants meet the course entry requirements.

Table 3:– *Selection and entry requirements*

Criteria		Considerations
1.1	**Selection criteria must be clear and must include meeting all the entry requirements in these standards.**	Are the selection and entry requirements criteria for the IP course clearly outlined within the selection process? Do the selection criteria include meeting all of the entry requirements set by the GPhC within these standards? Does the selection process ensure that only those pharmacists who meet the entry requirements are admitted onto the course? Is there a process in place to determine whether a pharmacist is fit and ready to train as an independent prescriber?
1.2	**Selectors must apply the selection criteria consistently, in an unbiased way and in a way that meets the requirements of relevant legislation.**	How does the course provider ensure that the approach to the selection process is consistent and unbiased? Do all aspects of the selection process comply with relevant legislation, including equality and human rights legislation? Is there a process in place to ensure that the records of individual applications to the course are accurate and maintained in line with relevant legislation? Are staff involved in selection appropriately trained and are they aware of relevant legislative requirements, including equality and human rights 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.**	Does the provider evidence how the course entry requirements are made publicly available to potential applicants? Has the provider used, or clearly highlighted/referenced, this guidance document when creating/providing their own guidance for prospective applicants? In cases where the provider sets entry requirements in addition to those of GPhC's, how are these informed and communicated to prospective applicants?

Criteria		Considerations
1.4	**Course providers must check at the selection stage that they are satisfied each applicant has:** • **relevant experience in a UK pharmacy setting** • **the ability to recognise understand and articulate the skills and attributes required by a prescriber, and** • **an identified area of clinical or therapeutic practice** **The applicant must clearly demonstrate this in detail as part of the selection process.**	What process is there to ensure that the selectors review, in a systematic and structured way, the evidence of each applicant's experience and ability to recognise, understand and articulate the skills and attributes of a prescriber? How are the areas of clinical or therapeutic practice for each applicant reviewed by the selectors? Is there a process in place for recording the decisions made and the rationale behind them?
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.**	How does the course provider ensure that there is set criteria for accepting and rejecting applications which link to the entry requirements used by selectors? Are rejected applicants notified of the outcome of their application in a timely manner? How does the provider explain to applicants who do not have sufficient relevant experience the basis on which they do not meet the entry requirements for admission onto the course? Does the provider indicate the types of experience and abilities that the candidates could consider acquiring before reapplying? Are accurate and detailed records of the applications that have been rejected being kept? Is analysis of this information considered by the provider to help inform the training of selectors, development of information for applicants, and course development?
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.**	Do the admission processes include systems that prevent applicants who do not meet the entry requirements from starting the course?

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.

Table 4: *Standard 2 – Equality, diversity and inclusion*

Criteria		Considerations
2.1	**The principles of equality and diversity must be embedded in, and promoted through, course design and delivery.**	What steps are taken to ensure that equality and diversity is considered by the provider in both the design and the delivery of the course? How does the provider ensure that applicants are not treated unfairly or discriminated against?
2.2	**Equality and diversity data must be used when designing and delivering courses and the learning experience.**	Are there systems and policies in place for capturing and analysing equality and diversity data (e.g., data should, where possible, be broken down by relevant protected characteristics)? How the equality and diversity data collected informs policy and procedures and improves course's design and delivery? How does the provider ensure that policies and procedures are fair and do not discriminate against applicants, pharmacist independent prescribers in training or anyone involved in the education and training of pharmacist independent prescribers?
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.**	How can the provider demonstrate that they are aware of their duties regarding equality and human rights legislation? What process is in place to ensure that reasonable adjustments are made to meet applicants' specific needs (as defined by relevant equality and human rights legislation)? How can the provider demonstrate that they make reasonable adjustments in support of the specific needs of pharmacists to meeting the learning outcomes? Does the provider work with others, such as DPPs, to provide and implement reasonable adjustments for pharmacists with specific needs?

Criteria		Considerations
2.4	**Teaching, learning and assessment can be modified to meet 2.3 but learning outcomes cannot.**	Are there measures in place to modify aspects of the course delivery to help pharmacists with specific needs to meet the learning outcomes? Does the provider demonstrate that there are clear and robust processes in place for reviewing and making decisions on reasonable adjustment requests? Does this process consider that course providers may modify the teaching, learning and assessment methods for trainees with specific needs, whereas the learning outcomes cannot be modified and must be met?
2.5	**Course design and delivery must ensure pharmacist independent prescribers in training understand their legal responsibilities under equality and human rights legislation.**	Where and how are the learning outcomes related to equality and human rights legislation in relation to prescribing practice covered by the course? How is pharmacists' understanding in this area assessed? How does learning take place in an environment that is consistent with 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.

Table 5: *Standard 3 – Management, resources and capacity*

Criteria		Considerations
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**	Is there a management plan that is clear, realistic, and achievable? Does the plan clearly set out the roles and responsibilities of the course provider in the delivery of the course and the DPP in the practice environment, including lines of accountability and authority to act when concerns are raised? Does the plan ensure that there are policies and procedures in place, such as whistleblowing policy, to encourage all involved to speak up if they have any concerns about safety in the learning in practice environment? Does the plan demonstrate that systems and structures are in place to manage the learning of pharmacists in all learning environments and ensure that they are engaging with the course? Does the plan include processes that enable risk assessment of key issues and a means to mitigate them, such as the use of risk registers, periodic programme monitoring and review, external examiner reports, student feedback and retention, and/or management of staff and budget?
3.2	**There must be agreements in place outlining the roles and responsibilities of everyone involved in delivering a course.**	Are there formal agreements in place to describe working arrangements between stakeholders, in particular DPPs, and the course provider? Do these agreements describe the range of roles and responsibilities, including those of the course providers and DPPs? Do these agreements clearly set out expectations regarding the indemnity insurance required, including the responsibilities of the course provider, the service provider, the trainee and the DPP so that any patients harmed in the learning in practice context can be compensated? Is the course provider aware that they may also require an agreement with the learning in practice placement provider, if this is not covered by their agreement with the DPP?

Criteria		Considerations
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.**	Are there learning agreements for all pharmacists, which outline the pharmacist's role and responsibilities, support the pharmacist to meet the learning outcomes by establishing clear lines of responsibility for course delivery and assessment, are consistent with the provider's teaching, learning and assessment strategy, and explain how the pharmacist can raise concerns about their course? How is the learning agreement implemented and used to provide support to the pharmacist throughout the delivery of the course?
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**	Does the course provider confirm details of the intended course provision, such as the number of cohorts to be delivered each academic year, the maximum number of students per cohort, and the ratio of pharmacists to other health professionals per cohort (multi-disciplinary courses)? Is there evidence of sufficient number of appropriately qualified and experienced professionals to deliver the course and provide support? For example, registered pharmacy professionals, other members of the pharmacy team, doctors and annotated independent prescribers, relevant healthcare professionals with a range of experience or relevant qualifications. Will pharmacist independent prescribers in training be supported in their practice and learning environment by staff who have relevant experience in the area of practice in which the pharmacist is training? Are there sufficient resources to deliver a pharmacist IP course to an acceptable standard? Is there evidence that teaching facilities are suitable and have sufficient capacity to support the planned student numbers? Is there evidence that facilities and equipment are fit for purpose to deliver the course's teaching and learning strategy, particularly the facilities for the teaching and assessment of clinical and diagnostic skills? Is there evidence that learning resources are appropriate, fit for purpose and accessible to the pharmacists on the course?

Criteria		Considerations
3.5	**Everyone involved in managing and delivering the course must understand their role and must be supported to carry out their work effectively.**	Is there evidence that everyone involved in delivering the course has their roles and responsibilities set out in the management plan and formal agreements, including descriptions with clearly defined roles and responsibilities? Is there evidence of effective support provision for all staff, including appropriate personal and professional development opportunities?
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.**	Does the teaching and learning strategy clearly set out the roles and responsibilities of both the DPP and provider in delivering the course and supporting the pharmacist on their placement? Are these supported by formal agreements or the learning agreement, so the pharmacist understands what resources and support are available to them? Are there processes and communication channels in place between the course provider, DPP and the pharmacist, to monitor and provide feedback on the progress of the pharmacist, including processes to address any barriers to progression?

Standard 4 – Monitoring, review and evaluation

The quality of a course must be monitored, reviewed and evaluated in a systematic and developmental way.

Table 6: *Standard 4 – Monitoring, review and evaluation*

Criteria		Considerations
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.**	Are the quality assurance processes robust, rigorous, and transparent? Is there evidence of quality monitoring data from a variety of sources such as feedback from pharmacists undertaking the course, staff student liaison meetings, external examiner reports? Has provision developed as a result of quality assurance and monitoring, taking into account the views and feedback of relevant stakeholders and patients? Is there compliance with any legal obligations which apply to them, including reviewing any aspects of the course which could be affected by changes to legislation? Is the provider aware that it is a requirement of the Pharmacy Order 2010 that they assist the GPhC in its work by providing information on request? The provider must be open with the GPhC about matters affecting an approved pharmacist IP course and raise relevant issues proactively with the GPhC.
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.**	Is there evidence of quality management procedures, including their application and the staff holding overall responsibility of these?
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.**	Is course provision monitored and evaluated using evidence from a variety of sources? These can include staff appraisal, peer review and feedback from pharmacists undertaking the course, DPPs, patients and recently annotated prescribing pharmacists. Is there external and independent evaluation of assessment, e.g., use of external examiners? Are the outcomes of evaluation and feedback considered and actioned?

Criteria		Considerations
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.**	How are advances in pharmacy practice, changes to national standards/frameworks and developments within a wider healthcare context potentially impacting on pharmacy considered? Does this occur both during course design and delivery, where a significant change in practice must be reflected in a course?
4.5	**Feedback from pharmacist independent prescribers in training must be embedded in monitoring, review and evaluation processes.**	Is there evidence of how feedback is actively sought from pharmacist independent prescribers in training? Feedback may relate to the pharmacist independent prescriber's education or learning in practice environment. How is feedback used to improve the course?
4.6	**The providing institution must have validated the course before applying for GPhC accreditation.**	Is the name of the institution that holds overall responsibility for the course's quality management confirmed? If a partner or affiliated institution is to be involved in course's quality management or certification/qualification awarding for successful completion of the course, full details must be provided of the arrangements in place. Is there evidence that the course is validated, i.e., approved by the internal governance of the institution that holds overall responsibility for the course? Are details provided on the frequency of the internal revalidation cycle and/or other routine quality assurance processes through which the course will be reviewed?

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.

Table 7: *Standard 5 – Course design and delivery*

Criteria		Considerations
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.**	Is there a clear and achievable teaching and learning strategy that sets out how the course's content, design and delivery will allow pharmacists to demonstrate that they have the necessary skills and knowledge to meet the learning outcomes? How will the course deliver the skills, knowledge, understanding and professional behaviours necessary to meet the learning outcomes in part 1 of the standards? Does this include clear mapping of the course curriculum to the learning outcomes, as a minimum? How will formative assessment be used on the course? Is there evidence that the course includes the required 26 days of structured learning activities, along with a breakdown of the 26 days against the course content? Is there a breakdown of how the 26 days are apportioned to each of the chosen learning methods, if a combination of teaching and learning methods are used?
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.**	Do the entry requirements ensure that all pharmacists will enter the course with the necessary baseline skills and experience in which to develop their practice as an independent prescriber? Does the provider demonstrate through their teaching and learning strategy that they are aware that there is likely to be a diverse range of prescribing areas, experience, and depth and breadth of knowledge amongst pharmacists undertaking the course? Is there a strategy in place which shows how the pre-existing knowledge, skills and practice of pharmacists will be recognised and addressed to build upon their knowledge and develop their skills, in order to support them to achieve the learning outcomes and acquire competence in prescribing? Is this also demonstrated through an analysis of the profiles and experience of pharmacists entering the course, and through plans made to support pharmacists to meet specific learning outcomes?

Criteria		Considerations
5.3	**All course providers must have pharmacy professionals, including pharmacist independent prescribers, involved in the design and the delivery of the course.**	Is the course designed and delivered by an appropriate range of pharmacy staff and practising pharmacist independent prescribers?
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.**	How does the provider engage with, and consider the views of, internal and external stakeholders, including patients, the public, course commissioners and employers, in the design and delivery of the course? Is there engagement with course commissioners, current employers/pharmacist independent prescribers, current medical and non-medical independent prescribers, patients, public, recently qualified pharmacist independent prescribers, and pharmacists undertaking the course? How is the engagement activity used to develop and/or 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.**	Are there quality assurance processes in place for reviewing changes in practice and assessing the impact on course content, for example on teaching materials and assessment questions? Are there action plans in place with clear timeframes of who is responsible for what part of the updating process? Is the provider aware that any changes to the course content should be highlighted to pharmacists undertaking the course, a log should be maintained, and changes documented? Is the provider aware that they must seek approval from the GPhC for any proposed substantial changes to an accredited course which is, or has the potential to be, material to its delivery?
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.**	Is there evidence of the quality assurance mechanisms put in place by the provider to avoid risk to patient safety?

Criteria		Considerations
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.**	Are there details of the expected supervision arrangements in all learning and training environments (including placements) and how these are embedded in the learning agreement? Is there guidance on the role and requirements of DPPs that is consistent with the GPhC's **Guidance on tutoring and supervising pharmacy professionals in training**? How does the provider ensure that when DPPs delegate supervision of pharmacist independent prescribers in training, they do so to appropriately qualified and experienced members of staff?
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.**	Is there evidence that the course regulations are appropriate for a course leading to professional annotation as a pharmacist independent prescriber? Are there formal mechanisms in place for identification and review of cases of potential harm (unsafe practice) demonstrated during assessment or supervised practice? Do the course regulations include relevant policies such as plagiarism, grievance, and appeals?
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.**	How does the provider ensure that pharmacists are aware of the fitness to practise mechanisms in place, including the possibility of a concern being referred to, and investigated by, the GPhC? How does the provider monitor, raise and escalate concerns where appropriate? Are there procedures in place to investigate and deal with concerns, including those about a pharmacist's fitness to practise, within the learning and practice placement environments? How does the provider inform the GPhC of any serious concerns that relate to a pharmacist's fitness to practise and could affect their registration?

Criteria		Considerations
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.**	Are there procedures in place to deal with concerns about a pharmacist independent prescriber in training, a DPP, or the learning environment? Does the provider address any concern raised in a timely manner? Does the provider document how concerns are addressed? Is there any provision of relevant policies or process maps, and case studies or examples of concerns being dealt with according to a relevant policy or process?

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.

Table 8: *Standard 6 – Learning in practice*

Criteria		Considerations
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.**	Is there evidence that the pharmacist independent prescribers in training undertake at least 90 hours of learning in practice in clinical settings that are appropriate and relevant to their area of prescribing practice and with direct access to patients? Is there documented evidence of the steps taken to communicate the requirements of the learning in practice placement and that the DPPs and placement providers have agreed to meet those requirements? Is there documented evidence of up-to-date records of the learning in practice and supervision arrangements of pharmacists on the prescribing course? Is there documented evidence of the mechanisms used to identify and address situations in which learning in practice requirements are not being met? Is there evidence that the teaching and learning strategy requires actual interaction with patients?

Criteria		Considerations
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.**	Is there evidence that pharmacist independent prescribers in training only prescribe under the supervision of a DPP?
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.**	Is there evidence that each pharmacist independent prescriber in training is supervised by a DPP who assumes primary responsibility for their supervision? Are there mechanisms in place for liaising with DPPs regularly about the progress of the pharmacist independent prescribers 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.**	Is there a documented approval process in place that includes a process for assessing potential DPPs against the criteria described in standard 9, consideration of the relevant guidance on the role requirements of DPPs that are taken into account when considering their suitability, and steps to ensure that DPPs are in good standing with their professional regulator and do not have any restrictions on their practice?
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.**	Does the provider have a formal process to seek confirmation from the DPP on pharmacist's competence as an independent prescriber, as demonstrated in practice, which is supported by documentary evidence? Is the DPP provided with appropriate information and support to allow them to facilitate the learning in practice and make an informed decision on the pharmacist's competence? How does the provider ensure that DPPs are familiar with the requirements for assessing competence in practice, and that they abide by standards 6.3 and 9.2?

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.

Table 9: *Standard 7 – Assessment*

Criteria		Considerations
7.1	**Courses must have an assessment strategy which makes sure that assessment is robust, reliable and valid.**	Does the provider have an assessment strategy that sets out clearly how a pharmacist will be assessed? Does this include assessment regulations, and requirements for DPPs for assessment of learning in practice? Does this include marking criteria for each assessment method, such as grade descriptors? Does this include verification of assessment decisions, such as second marking or moderation arrangements? Does this include policies for resits and resubmissions? Does this include procedures for suspected plagiarism and/or malpractice, and appeals procedures? Does this include mapping of assessments to learning outcomes, and how assessments are quality assured and reviewed?
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.**	Is there evidence of how the approach and mix of assessment methods proposed will test the knowledge and competency requirements of the learning outcomes at the required level of Miller's triangle? Do the assessment methods chosen clearly align with the teaching and learning strategies, to ensure that they are coherent and integrated?

Criteria		Considerations
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.**	Does the assessment strategy clearly set out how pharmacists will learn and demonstrate competency without posing a risk to patient safety? Does this include providing the pharmacist independent prescribers with feedback and opportunities to identify and address errors throughout the course, to allow them to learn and train safely? Does this evidence how assessment methods will allow the pharmacist independent prescribers to develop and improve without posing a risk to patients? Does this ensure that the assessment pass criteria reflects safe practice? Does this ensure that the pharmacist independent prescribers in training do not complete and pass an approved course if they are assessed as being a risk to patients and the public? Does this include a process, in line with criterion 5.8, for reviewing incidents of potential harm demonstrated during the assessment?
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.**	Is there evidence that the pharmacist independent prescribers in training are monitored and assessed throughout their training to ensure that they can practise safely and effectively, which may include formative and summative assessment feedback? Is there evidence that monitoring and assessment supports progression? Do regular reviews take place between the pharmacist independent prescriber in training and the DPP in practice? Do monitoring systems include processes and timescales to address concerns? Is there a clear policy on attendance, and that attendance is monitored effectively?
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.**	Does the provider evidence that they have formal agreements with the DPPs?

Criteria		Considerations
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.**	Does the provider describe what range of assessments will be used and who will be responsible for each? Is there evidence that those responsible for assessment have relevant and current qualifications? Is there evidence that clear guidance to support consistency of marking is provided?
7.7	**Irrespective of their location, all assessments must be quality assured by course providers.**	Does the provider demonstrate that there are quality assurance processes in place? Do these apply to all assessment types, including those undertaken in a practice setting or remotely? Are these clearly set out in the assessment strategy? How does the provider quality assure and maintain oversight of assessment decisions made in practice? e.g., second marking, sampling of assessments, provider run OSCEs. If using multiple delivery or assessment locations, is it clear who is responsible for the oversight of all locations to ensure consistency? Are there clear lines of responsibility and is each location monitored appropriately? Is resourcing fit for purpose across all locations, and are the assessments and marking consistent across all locations?
7.8	**Pharmacist independent prescribers in training must receive regular, appropriate and timely feedback on their performance to support their development as learners.**	Are there appropriate feedback mechanisms in place which include set timelines and action that will be taken if deadlines are not met? Does appropriate feedback mean constructive feedback, i.e., focussing on understanding how the learner can improve their performance against the outcomes of the course? Are links between assessments provided, including formative and summative? Is feedback made clear to the pharmacist independent prescribers in training?

Criteria		Considerations
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.**	Do the assessment regulations prioritise patient safety, meaning that unsafe practice cannot constitute a pass? Does the provider demonstrate that assessments are passed, and that all outcomes demonstrated during the course are met to an objective standard? Are the pharmacist independent prescribers in training who successfully complete the course awarded a Practice Certificate in Independent Prescribing, the recognised qualification required for annotation with the GPhC? Is there a clear and robust process in place for ratification of pass lists before awards are issued to the pharmacist independent prescribers in training? Are pharmacists who successfully complete the course issued a Practice Certificate in Independent Prescribing by the provider? Is there a robust process for the final ratification and communication of marks to ensure accuracy of past list information communicated to the GPhC?
7.10	**Pharmacist independent prescribers in training must pass all summative assessments before being signed off.**	Are there robust systems in place to ensure that a pharmacist independent prescriber in training does not pass the course and is not awarded a Practice Certificate in Independent Prescribing award unless all elements of the course have been passed successfully?
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.**	Do the GPhC standards take precedence over those of the higher education institution regarding patient safety, that all assessments must be passed, and all outcomes must be demonstrated? Does the provider demonstrate that all assessments are passed, and all outcomes are achieved to an objective standard over the duration of the course?

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.

Table 10: *Standard 8 – Support and the learning experience*

Criteria	Considerations
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**	Are there support mechanisms in place and do they apply to all modes of delivery and locations, including learning in practice? Is there evidence that sufficient resources are in place to deliver the support mechanisms? Is there a clear indication of the staff responsible for each part of the process within the support mechanisms?
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.	Do pharmacists liaise regularly with the DPP and/or any person involved formally in their training? How will the DPP have oversight of the pharmacist's training? Is there guidance for DPPs on the expected kind of interaction with the pharmacist independent prescribers in training that is consistent with GPhC's **Guidance on tutoring and supervising pharmacy professionals in training**? Do the pharmacist independent prescribers in training receive appropriate and timely feedback on their performance to support their development?
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.	Is the provider clear to the pharmacist independent prescribers in training about the procedures available should they need to raise a concern about the quality of the course, the practice of a registered prescribing professional, the supervision of the DPP and/or the practice of any other healthcare professional? Is there a process in place to address any concerns that are brought to their attention?

Criteria		Considerations
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.**	Does the provider show how the support measures in the learning and training environments for pharmacist independent prescribers in training are consistent with GPhC's **Guidance on tutoring and supervising pharmacy professionals in training**?

Standard 9 – Designated prescribing practitioners

Designated prescribing practitioners must be fit to undertake that role and must have appropriate training and experience.

Table 11: *Standard 9 – Designated prescribing practitioners*

Criteria		Considerations
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.**	Are the criteria and procedures used in the selection of DPPs clear and consistent, and do they take account of relevant legislation? How does the provider ensure that the DPP has training and experience appropriate to their role? Does the provider provide an explanation of how DPPs' experience will be established and validated? Does the provider refer to complementary **RPS Designated Prescribing Practitioner Competency Framework** to assist them in deciding whether DPPs are fit to be a supervisor? Does the provider ensure that the DPP has an understanding and awareness of their duties regarding equality and diversity, as these relate to their role as a DPP? Does the provider provide information on the selection criteria for a DPP, including their role and responsibilities, so that applicants and providers can choose an appropriate person to act as the DPP? Does the provider ensure that a DPP can act impartially in their role in confirming that a pharmacist is competent as a prescriber for the period of learning in practice?

Criteria	Considerations
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**	Does the provider demonstrate that the criteria listed here is considered and assessed in the selection of DPPs? How does the provider assess against the criteria listed here and is the process suitable to assess the appropriateness of the DPP? e.g., detailed application form, follow up interview. Does this ensure that DPPs have active and relevant prescribing competence in the areas in which they will be supervising, which will allow the pharmacist independent prescribers in training to demonstrate outcomes in their chosen area of prescribing? Does this ensure that DPPs have previously supported or supervised other healthcare professionals? Does this ensure that DPPs have appropriate clinical and diagnostic skills, and the ability to assess clinical and diagnostic competence using a range of methods? Is there a process in place to evaluate the evidence provided by the DPPs to assess their competence and suitability in supervising pharmacist independent prescribers in training? Is the provider aware that they are expected to refer to the **RPS Designated Prescribing Practitioner Competency Framework** to inform their selection processes?

Criteria	Considerations
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**	Is there evidence that the DPPs have been appropriately trained to carry out their role? Does this evidence include training materials and evidence of completion of training, training completed by DPPs on other IP courses and appraisals or performance reviews of DPPs? Does this include examples of the support put in place for DPPs in response to issues encountered, and policies that describe the criteria used to evaluate DPPs' experience in the role if this was gained at a different provider?
9.4 Course providers must support designated prescribing practitioners when they are acting in that role.	How does the provider support DPPs in supervising pharmacist independent prescribers in training? Does this support include a formal point of contact for advice, support and information, and access to training or modules that will support them in their role? Does this include formal and informal mentoring from an experienced colleague, formal and informal opportunities to meet/interact with other DPPs and addressing concerns raised by DPPs? While the approach to support may vary, does the provider demonstrate that they will consider and provide sufficient support to enable DPPs to perform in their role?

Criteria		Considerations
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.**	Are there processes in place for providing timely feedback to all DPPs on their performance? Is the feedback reviewed and actioned where appropriate? Is there evidence that includes feedback from the trainees that DPPs supervise, quality monitoring of assessments/learning in practice, and appraisals or performance reviews of DPPs, such peer reviews?

Glossary

Term	Definition
Accreditation	**The processes by which a pharmacist independent prescribing course is reviewed for quality assurance purposes to ensure that the course of education or training meets the relevant GPhC education and training standards, or training requirements.**
Applicant	**A person applying to enrol onto a pharmacist independent prescribing course.**
Compensation	**Allowing failure by a small margin in a limited number of assessments on the basis of a satisfactory overall performance.**
Competency Framework for all Prescribers	**Framework published by the Royal Pharmaceutical Society underlining the knowledge, skills and behaviours which underpin good prescribing practice regardless of professional background.**
Condonation	**When a 'pass' is awarded even though the standard for a pass has not been reached, usually when the margin of failure is small.**
Course provider	**An institution with the ability to award qualifications at master's level that is eligible to apply for accreditation of a pharmacist independent prescribing course.**
Designated Prescribing Practitioner (DPP)	**A healthcare professional with an annotation or automatic right to prescribe - for example a medical practitioner, pharmacist, nurse, physiotherapist, or paramedic - who will mentor and supervise the pharmacist during the period of learning in practice. The DPP will provide a formal confirmation once they are satisfied of the trainee's competence in prescribing.**
Employer	**A person or an organisation who directly employs the trainee.**
Examiner	**An individual who has a formal role in the course in evaluating the knowledge or competence of a student**
Formative assessment	**A form of assessment that is ongoing, developmental and continuous, and is used to give feedback and support to the trainee pharmacist independent prescriber on their progress towards the learning outcomes.**

Term	Definition
Health professional/care professional	A person who is approved to practise in a health or social care speciality or discipline by the relevant regulatory body in the UK.
Higher Education Institution	An institution with the ability to award qualifications at master's level that is eligible to apply for accreditation of a pharmacist independent prescribing course.
Learning activities	These are defined by course providers. They can include in-class work, directed study, self-directed study and distance learning activities.
Learning environment	Any environment where a trainee pharmacist independent prescriber is undertaking training activities as part of an independent prescribing course.
Learning in practice	A period of at least 90 hours when trainee pharmacist independent prescribers practise and develop their clinical, diagnostic and prescribing skills under the supervision of other health or care professionals. This includes their DPP - who is responsible for signing off a pharmacist independent prescriber in training as being a competent prescriber.
Person-centred care	Person-centred care is delivered when pharmacy professionals understand what is important to the individual and then adapt the care to meet their needs – making the care of the person their first priority. All pharmacy professionals can demonstrate 'person-centredness', whether or not they provide care directly, by thinking about the impact their decisions have on people.
Pharmacist independent prescriber in training **Trainee pharmacist independent prescriber**	A pharmacist who is undertaking a GPhC-accredited pharmacist IP course in the UK.
Placement	The part of the course where the trainee pharmacist independent prescriber is in practice under the supervision of other health/care professionals, including the DPP. This could be in a placement or in a pre-existing workplace.

Term	Definition
Protected characteristics	The nine protected characteristics as listed in the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Legislation in Northern Ireland is different and is principally from Section 75 of the Northern Ireland Act 1998.
Reasonable adjustments	Arrangements put in place to change the environment in order to avoid disadvantaging a person or group of people due to a specific need, which could be temporary or permanent. The Equality Act 2010 sets out the duty to make such adjustments for people with protected characteristics. Legislation in Northern Ireland is different and is principally from Section 75 of the Northern Ireland Act 1998.
Remote prescribing	Prescribing for a patient via telephone, video-link or online, without seeing the patient face-to-face.
Sign-off	Formal confirmation by the course provider that the pharmacist has passed the course and achieved a practice certificate in independent prescribing.
Royal Pharmaceutical Society (RPS)	The professional body for pharmacists in Great Britain.
Supervision	Overseeing trainee pharmacist independent prescribers, using agreed systems, in all practice environments to ensure that safe, person-centred care is delivered. The DPP is responsible for ensuring safety during a trainee's course.
Summative assessment	A form of assessment used to measure whether the trainee pharmacist independent prescriber has achieved one or more learning outcomes.