

Consultation on draft standards for the education and training of internationally- qualified pharmacists wanting to register in Great Britain

April 2026



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About the GPhC

Who we are

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain.

We work to assure and improve standards of care for people using pharmacy services.

What we do

Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services. Our main work includes:

- setting standards for pharmacy professionals and pharmacies to enter and remain on our register
- asking pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies
- acting to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register

Through our work we help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

Overview

Introduction

The GPhC's *Vision 2030* is for safe and effective pharmacy care at the heart of healthier communities. We want to empower pharmacists and pharmacy technicians to provide trusted, safe and effective pharmacy care. A vital part of this is setting and maintaining the standards for education and training needed to register and practise as a pharmacist or pharmacy technician in Great Britain.

We are reviewing the route to registration in Great Britain for pharmacists who have qualified outside the European Economic Area (EEA), the European Free Trade Association (EFTA) countries and Switzerland. This includes reviewing the standards that education and training providers must meet and the learning outcomes internationally-qualified pharmacists must demonstrate if they are to register as a pharmacist in Great Britain.

At the moment, internationally-qualified pharmacists need to complete two years of education and training in Great Britain before they can apply to register with the GPhC. This is made up of:

- a one-year postgraduate diploma (the Overseas Pharmacists' Assessment Programme, known as the OSPAP)
- one year of foundation training, and
- the GPhC's Common Registration Assessment

While these arrangements have served the profession for many years, this review gives us the opportunity to make sure the route to registration:

- stays fit for purpose, and
- enables internationally-qualified pharmacists to demonstrate they have the necessary knowledge and skills to register and practise as a pharmacist in Great Britain

Under the *Professional Qualifications Act 2022* (PQA) regulators must not put unnecessary barriers in the way of internationally-qualified professionals wanting to work in the UK. The present route is at least twice as long as most equivalent routes in other countries, and those for other regulated healthcare professionals in Great Britain. Also, the present route does not allow providers to take account of relevant prior pharmacy education, training and experience, including experience that may have been gained in Great Britain.

This review also allows us to make sure the education and training for internationally-qualified pharmacists continues to reflect up-to-date pharmacy practice and responds to the changing needs of the healthcare systems across Great Britain.

The proposals in this consultation only cover internationally-qualified pharmacists who have qualified outside the EEA/EFTA countries and Switzerland. (There are separate registration arrangements for pharmacists who have qualified in the EEA/EFTA countries or Switzerland.) There are also separate arrangements for internationally-qualified pharmacists who are forcibly displaced or 'stateless persons'.

You can find more information about registering as a pharmacist in Great Britain on [the Non-EEA-qualified international pharmacists page on our website](#).

The present route to registration in Great Britain for internationally-qualified pharmacists

The present route involves four stages, which are:

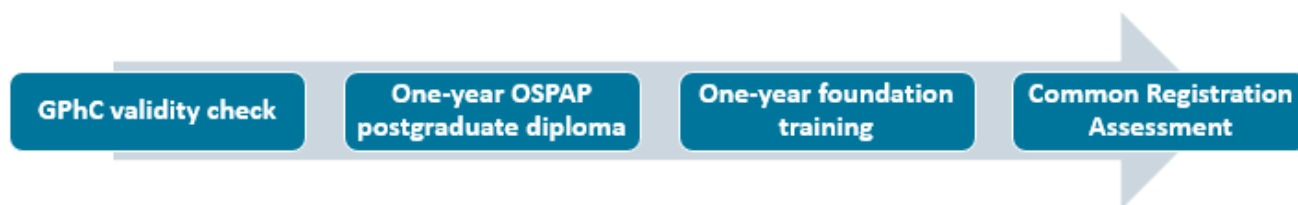


Figure 1: the present four stage route

Stage 1 – Validity check

Before someone can apply to study for the OSPAP, we will check:

- the validity of their main pharmacy qualification
- their (good) standing with their main regulator, and
- their fitness to practise

To do this, we will use the evidence we get from regulatory checks, police checks or similar. There is a fee for this service.

Stage 2 – OSPAP postgraduate diploma

OSPAP postgraduate diplomas are funded by the student fees set by providers. These fees vary between providers.

At the moment there are four GPhC-accredited providers, all based in England. They are:

- Aston University (Birmingham)
- University of Brighton
- University of Hertfordshire (Hatfield), and
- University of Sunderland

Usually there are around 400 OSPAP students each year across the four providers.

We get applications from pharmacists from a range of countries, and an OSPAP year group can be made up of 10 or more nationalities. The countries represented most often are India, Pakistan, Nigeria and Egypt, and pharmacists from these countries can account for 50% of a group.

As well as having trained internationally, at least a third of students in a group will have been living in Great Britain before beginning their training. They may have worked in a pharmacy support staff role and have completed relevant GPhC-accredited support staff training programmes. We have borne this key point in mind as we have developed our proposals.

Around 50% of OSPAP students live near the university campus they are studying at. The rest will be commuting students who live further afield.

Although not directly relevant to eligibility to study on a programme for internationally-qualified pharmacists, some applicants also have master's degrees and doctorates in clinical pharmacy or pharmaceutical science. Some of these will have been gained in Great Britain.

Stage 3 – Foundation training year

Access to foundation training in Great Britain is by way of national application systems, run by the statutory education bodies (SEBs). SEBs are accredited by the GPhC to quality manage the foundation training year. Trainees are paid a salary, and pharmacies receive a fee for hosting training places. At the moment all OSPAP students apply for the foundation training year in England.

Stage 4 – Common Registration Assessment

Just like trainee pharmacists who have completed their undergraduate degree and foundation year training in Great Britain, all OSPAP trainees must sit and pass the Common Registration Assessment before being able to apply to register with the GPhC.

The proposed revised route

The key changes to the route to registration we are consulting on are to:

- continue with the GPhC validity assessment
- replace the two-year model described above (OSPAP postgraduate diploma and foundation training year) with a single year of integrated academic learning and learning in practice. This will take the form of a postgraduate diploma (or equivalent) that is focused on pharmacy practice in Great Britain
- build in independent prescribing, in line with the 2021 initial education and training standards for pharmacists in Great Britain
- allow relevant prior learning and professional experience to be recognised
- continue with the need to sit and pass the Common Registration Assessment

These are the proposed three stages:

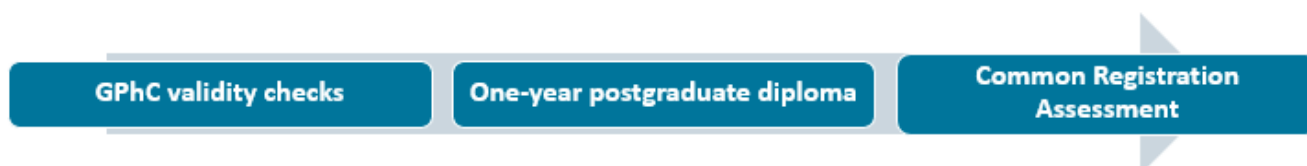


Figure 2: the proposed three stage process

We propose that the GPhC will continue with its role of verifying the eligibility of internationally-qualified pharmacists to apply to join the programme. We already have expertise in this area. Also, offering a single verification service for applications to all programme providers provides consistency and an economy of scale.

After verification, we propose that an applicant must begin their programme within two years. This is in line with the present requirements, and will make sure an applicant's qualifications, standing and fitness to practise are still relevant when they begin their programme.

The programme will involve a one-year postgraduate diploma of integrated academic learning and learning in practice. Its integrated nature is a key reason for shortening the training from two years to one: it allows trainees to apply their knowledge immediately and removes the risk of some learning being duplicated if there were separate academic and practical programmes.

We propose that the programme will be based on the learning outcomes in the GPhC's 2021 *Standards for the initial education and training of pharmacists*, including independent prescribing. But there will be

a specific leaning towards the needs of pharmacists who did not initially train in Great Britain. This will be highlighted in the curriculum design.

To enter the training programme pharmacists will apply direct to a university. All aspects of the programme will be designed, managed and run by a university, including learning in practice. This means it will be governed by established university procedures, regulations and practices. This includes student/trainee support and access to university services, resources, accommodation and financial advice.

Universities will be responsible for arranging and managing periods of learning in practice. Universities already have established systems and structures in place to deliver practice training placements for:

- MPharm students
- Independent Pharmacist Prescriber students, and
- students on other programmes with practical components

What we are proposing for internationally-qualified pharmacists is an expansion of these established systems.

It is proposed that providers delivering the programmes will be able to evaluate and recognise an individual's prior learning and experience. They will then work to meet the individual's education and training requirements in line with established procedures for the recognition of prior learning and experience. This could include not just recognising formal qualifications, but also recognising relevant experience that an applicant may have gained in Great Britain.

After completing the programme, all internationally-qualified pharmacists will have to sit and pass the GPhC's Common Registration Assessment, in the same way that pharmacists trained in Great Britain do.

Options we considered when developing the proposals

In developing the proposals, we considered various models used elsewhere and explored the relative advantages and disadvantages of each, including:

1. Examination only

There are examination-only conversion routes in healthcare and elsewhere that effectively assess applied knowledge. However, by their very nature, written examinations cannot assess an applicant's communication and interpersonal skills, which are essential to person-centred care. If passing an examination was the only requirement, there would also be a risk that a person might be registered without ever having worked in a pharmacy in Great Britain. We do not believe this to be in patients' or the public interest.

2. A period in practice

In some countries a mentored period in practice is required. There are benefits in this type of in-depth experience and assessment, but tutor/mentor-only assessments have been shown to be unreliable¹. Also, this route does not give individuals the basic knowledge of the principles and legal framework of pharmacy practice in Great Britain before they start their training in a pharmacy.

¹ After 147 years, the Royal Pharmaceutical Society of Great Britain suspended its national examination for 13 years between 1980 and 1993 but reinstated it for precisely that reason.

We have considered carefully these other assessment approaches but have decided in favour of the combination of:

- structured integrated learning in practice
- academic study, and
- a standardised exam

We believe this is the most appropriate approach for meeting the education and training needs of internationally-qualified pharmacists and making sure they have the knowledge and skills they will need to register and safely practise as a pharmacist in Great Britain.

Our proposals

Standards and learning outcomes

The proposed programme will be based on new standards for the education and training of internationally-qualified pharmacists.

The standards will be in two parts:

- Part 1: Learning outcomes – includes the knowledge, skills, understanding and professional behaviours an internationally-qualified pharmacist must demonstrate by the end of their programme
- Part 2: Standards for programme providers – sets out the key features of the programme through which the learning outcomes in part 1 of the standards are delivered.

You can see the draft standards in Appendix 1.

Length of study

As mentioned in the introduction, the present route to registration as a pharmacist in Great Britain for internationally-qualified pharmacists takes at least two years. We are proposing to reduce the length of training to one year, to bring it in line with other countries.

The present route is expensive, in both time and money. It is also inflexible, particularly for pharmacists with substantial prior experience.

In designing a new route, we have taken into account that applicants are already qualified pharmacists with relevant science and pharmaceutical skills and knowledge. Therefore, the emphasis in the new programme is on applying skills and knowledge in the context of pharmacy practice in Great Britain.

Recognising relevant prior experience

Applicants to programmes will be pharmacists, with pharmaceutical skills and knowledge. We know from analysing the standards and learning outcomes published by national regulators in other countries that:

- in some cases, the education and training is very similar to that of pharmacists in Great Britain. In these countries there are variations because of specific national laws, and differences in the context in which healthcare is delivered
- in other cases, there can be significant, fundamental differences, especially if the main emphasis of initial education and training is on science rather than patient-based practice

We are proposing that education and training similar to that in Great Britain should be taken into account as part of the application process for the programme. But this should be done within clear guidelines. We are also proposing that relevant experience an individual may have gained in Great Britain, such as working in a pharmacy support staff role, should be recognised. You can see the proposed criteria for recognising prior learning and experience in the Admissions standard in Appendix 1. We are proposing that programme providers can shorten the period of education and training as long as all the outcomes in the new standards can be met.

We propose to issue guidance for programme providers on shortening the period of education and training, including which learning outcomes need to be prioritised. This is to make sure there is a consistent approach and that internationally-qualified pharmacists are adequately prepared for pharmacy practice in Great Britain.

Independent prescribing

Independent prescribing is now included in the initial education and training of pharmacists in Great Britain. Pharmacists joining the GPhC register from the summer of 2026, who trained to the 2021 initial education and training standards, will be independent prescribers from when they register.

UK-trained pharmacists who joined our register before 2026 did not automatically become independent prescribers when they registered. They need to achieve a Practice Certificate in Independent Prescribing, and must successfully complete a GPhC-accredited pharmacist Independent Prescribing (IP) course. Courses must include:

- structured learning activities of at least 26 days, and
- a period of learning in practice of at least 90 hours

The present route to registration for internationally-qualified pharmacists does not include independent prescribing training. But the revised proposals do, to bring internationally-qualified pharmacists into line with pharmacists trained in Great Britain.

We propose that for internationally-qualified pharmacists the minimum number of ‘learning in practice’ hours dedicated to independent prescribing will be the same as for UK-trained pharmacists who joined the register before 2026. These hours will be built into the practical content of programmes.

Internationally-qualified pharmacists are already pharmacists and bring with them a set of pharmaceutical skills that we can verify. In some cases, this includes experience of prescribing medicines – although within a different context to pharmacists prescribing in Great Britain, and under different rules. Taking this into account, we believe that including independent prescribing in the revised programme is realistic and achievable. Also, if we do this, internationally-qualified pharmacists will not be put at a disadvantage when they register. They will be able to provide the same services and care as pharmacists who have trained in Great Britain.

Flexibility in programme provision

As students, internationally-qualified pharmacists are adult learners with specific needs. They may:

- be based in established family or other social groups, or
- have parenting or caring commitments and the financial pressures these bring

We recognise that OSPAP providers have aimed to provide flexible programme delivery that takes account of learners’ needs. For example, OSPAP programmes are not five-day-a-week residential programmes. Only 50% of OSPAP students live near the university they are studying at, and many are spending a lot of time travelling to and from campus. The revised proposals therefore encourage providers to design programmes that are as flexible as possible, to support individuals who may struggle with long periods of campus study.

Cost

The aim of this consultation is to set appropriate standards for the education and training of internationally-qualified pharmacists who want to register and practise as a pharmacist in Great Britain. We have a statutory duty to protect the public and must make sure internationally-qualified pharmacists have the knowledge and skills they need to register and safely practise as a pharmacist in Great Britain. We also have a duty to make sure our regulatory requirements are fair and proportionate.

Under the present route, internationally-qualified pharmacists:

- pay a fee to have their eligibility assessed by the GPhC
- pay a fee for their OSPAP
- receive a salary in their foundation training year, and
- pay a fee to sit the Common Registration Assessment

If we bring in the new proposals, applicants will still pay for the validity assessment and Common Registration Assessment. There will also be a fee for undertaking the programme, including the cost of training in practice. The fee will be set by programme providers.

Individuals will not receive a salary when completing their programme. But by shortening the overall education and training period from two years to one (or less), we are allowing successful graduates to register and enter the job market a year earlier.

Bringing in the changes

How we implement the new standards and learning outcomes will depend on the outcome of this consultation. Once the consultation period ends, we will analyse the responses we receive and consider any changes that are needed. Once the new standards are agreed by the GPhC's Council, providers will need time to develop new education and training programmes. These will also need to be accredited by us. Therefore, the earliest we expect new programmes to be run for the first time is the 2028–2029 academic year.

In the meantime, OSPAP providers may accept applications for existing programmes in 2026 and 2027. Students in those groups will be eligible to apply for entry to the foundation training year.

Up to now, all OSPAP students have done their foundation training in England. Foundation training applications for OSPAP students are managed by NHS England on behalf of the statutory education bodies (SEBs) in each nation. NHS England will decide how long they will continue to offer foundation training for the 2026 and 2027 OSPAP groups but will do this for groups up to and including the people wanting to join the 2028 foundation training year.

From 2028, we propose that learning in practice will be built into the programmes for internationally-qualified pharmacists. This means that a separate application for foundation training will not be needed.

This arrangement does not affect students who trained in Great Britain. They will continue to apply for foundation training through established SEB routes.

All internationally-qualified pharmacists will sit the Common Registration Assessment whatever training route they follow.

The consultation process

The consultation will run for 12 weeks and will close on 21 July 2026. During this time, we welcome feedback from individuals and organisations. We will send this document to a range of stakeholders, including providers, pharmacy professionals, pharmacy owners, patient representative bodies and other people and organisations with an interest in this area.

After the consultation, we will publish a report summarising what we heard.

Our report on this consultation

Once the consultation period ends, we will analyse the responses we receive and consider any changes that are needed.

Our governing Council will receive the analysis and will consider the responses and the equality screening and impact assessment when approving the final standards for the education and training of internationally-qualified pharmacists.

We will publish our analysis of the responses and an explanation of the decisions we take. You will be able to see this on our website www.pharmacyregulation.org

Why we consult

Under the Pharmacy Order 2010, we must consult before we set any standards or requirements. We will also consult, when needed, to make sure we are carrying out our statutory duties effectively and proportionately to meet our main objective of protecting the public.

Responding to the consultation

How we use your information

We will use your response to help us develop our work. We ask you to give us some background information about you and, if you respond on behalf of an organisation, your organisation. We use this to help us analyse the possible impact of our plans on different groups or individuals. We are committed to promoting equality, valuing diversity and being inclusive in all our work as a health professions regulator, and to making sure we meet our equality duties. There is an equality monitoring form at the end of the survey. You do not have to fill it in, but if you do, it will give us useful information to check that this happens.

How we share your information

If you respond as a private individual, we will not use your name or publish your individual response. If you respond on behalf of an organisation, we will list your organisation's name and may publish your response in full unless you tell us not to. If you want any part of your response to stay confidential, you should explain why you believe the information you have given is confidential.

We may need to disclose information under the laws covering access to information (usually the Freedom of Information Act 2000). If you ask us to keep part or all of your response confidential, we will treat this request seriously and try hard to respect it. But we cannot guarantee to maintain confidentiality in all circumstances.

If you email a response to the consultation and this is covered by an automatic confidentiality disclaimer generated by your IT system this will not, in itself, be binding on the GPhC.

Your rights

Under data protection law, you may ask for a copy of your response to this consultation or other information we hold about you. You may also ask us to delete your response. For more information about your rights and who to contact please read our [privacy policy](#) on our website.

How to respond

You can respond to this consultation by going to www.pharmacyregulation.org/international-registration-2026 and filling in the online questionnaire there.

We encourage everyone to use the online questionnaire. However, if you want to send a response by email, please write your response to the consultation questions and send it to us at consultations@pharmacyregulation.org.

Other formats

Please contact us at communications@pharmacyregulation.org if you would like a copy of the consultation survey in another format (for example, in larger type or in a different language).

Comments on the consultation process itself

If you have concerns or comments about the consultation process itself, please send them to:

feedback@pharmacyregulation.org

or post them to us at:

Governance team

General Pharmaceutical Council

Level 14, One Cabot Square

London

E14 4QJ

Please do not send consultation responses to this address.

Consultation questions

We have set out our main proposals in this document and we welcome comments on them.

In particular, we would like your views on:

- 1 The length of training we are proposing
- 2 Using the recognition of prior learning to take account of relevant experience
- 3 The inclusion of independent prescribing
- 4 The learning outcomes set (please see Appendix 1)
- 5 Standards and criteria for programme providers (please see Appendix 1)
- 6 Equality and impact

1 The length of training we are proposing

The present route to registration as a pharmacist in Great Britain for internationally-qualified pharmacists involves:

- a one-year postgraduate diploma (OSPAP)
- 52 weeks of foundation training, and
- passing the Common Registration Assessment

This takes at least two years – at least twice as long as equivalent routes used in other countries.

We are proposing to reduce the length of training to a one-year postgraduate diploma made up of integrated university study and practice-based learning. The training will be focused on the learning needs of pharmacists who have not trained in Great Britain. Candidates will still need to sit and pass the Common Registration Assessment. This length of training is in line with equivalent routes in other countries.

We considered other options, including requiring candidates to:

- only sit the Common Registration Assessment, or
- only complete a period of mentored training in practice

We decided that a year of integrated university study and practice-based learning followed by the Common Registration Assessment is the most appropriate approach to meet the education and training needs of internationally-qualified pharmacists. It will also make sure they have the knowledge and skills they need to practise as a pharmacist in Great Britain.

1.1 Should we reduce the length of training for internationally-qualified pharmacists wanting to register in Great Britain from two years to one year?

Yes

No

Don't know

1.2 Please explain your answer.

Please consider potential benefits and challenges in your answer.

1.3 Do you think we should consider an alternative route to registration for internationally-qualified pharmacists to the one-year postgraduate diploma we have proposed?

Yes
No
Don't know

1.4 If yes, please describe the alternative route and the relevant requirements.

2 Using the recognition of prior learning to take account of relevant experience

Recognising prior learning means formally evaluating the knowledge and skills an individual already has. This may allow a provider to make them exempt from parts of a programme, and so reduce the length of study. It can be used to verify that parts of a programme have been covered by prior experience. This may be the case when the education and experience of an applicant can be shown to be recent, relevant and similar to that in Great Britain.

We propose that prior relevant education and training should be recognised within the admissions process, as long as this is done using clear and consistent criteria. These criteria are set out in the Admissions Standard in Appendix 1. Programme providers would be able to shorten the period of education and training when appropriate, as long as all outcomes in the new standards are still met. We plan to produce more guidance to support a consistent approach to this.

2.1 Should the GPhC allow providers to recognise prior learning and experience to shorten the period of education and training for internationally-qualified pharmacists when they can verify that it is recent, relevant and similar to that in Great Britain?

Yes
No
Don't know

2.2 Please explain your answer.

2.3 The GPhC is proposing criteria for recognising prior learning and experience so it can be applied consistently and fairly. The criteria are:

i Providers may recognise applicants' prior learning and experience as part of the application process for their programme. This may result in a reduction in either university study and/or learning in practice.

ii Irrespective of any reduction granted, all learning outcomes must be met.

iii Acceptable evidence includes:

either

(a) a qualification based on national pharmacist education standards and learning outcomes which has been verified by the GPhC as being equivalent to its own requirements. (The GPhC will give details of verified qualifications to all programme providers)

or

(b) when, as well as an international pharmacist qualification validated by the GPhC (see 'Stage 1 – Validity check' on p3), an applicant has at least two years' full-time experience

of working in a community or hospital pharmacy in Great Britain. Equivalent part-time experience is acceptable.

iv *If (b) applies:*

- a *Employment must be in a recognised pharmacy support staff role and applicants must have taken and passed support staff programmes relevant to their role accredited or recognised by the GPhC.*
- b *Relevant support staff roles and qualifications must be patient-facing, including medicine counter assistants, pharmacy support staff diplomas, pharmacy healthcare assistants, pharmacy services assistant (apprenticeship) and Scottish Pharmacy Services SVQs.*
- c *Evidence of employment and GPhC-accredited or recognised education and training will be required and must be verified by programme providers.*
- d *Working as a pharmacy technician in Great Britain, and being registered as such with the GPhC, may be considered. The role must be patient-facing. Working as a pharmacy technician outside of Great Britain is not acceptable because it lacks the Great Britain context, which is at the heart of this proposal.*
- e *Unpaid or unverifiable work cannot be accepted.*
- f *Working in a pharmacy technician role in Great Britain but not being registered with the GPhC will not be accepted, because it is illegal.*

To what extent do you agree or disagree with the proposed criteria for recognising prior learning and experience?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

2.4 Please explain your answer.

3 The inclusion of independent prescribing

From 2026, pharmacists who trained to the 2021 initial education and training standards for pharmacists will be independent prescribers from the time they register.

The present route to registration for internationally-qualified pharmacists does not include independent prescribing training. They have to complete an additional free-standing Independent Prescribing programme once they are registered.

We are proposing to include independent prescribing in the new training programme for internationally-qualified pharmacists, to bring them into line with pharmacists trained in Great Britain.

2.2 Should independent prescribing be built into the new training programme for internationally-qualified pharmacists?

Yes

No

Don't know

3.2 Please explain your answer.

4 The learning outcomes set

Our proposal includes a set of learning outcomes focused on the needs of internationally-qualified pharmacists. They are based on our 2021 learning outcomes for the initial education and training of pharmacists in Great Britain. This is to ensure consistent standards of knowledge, skills and experience at the point of initial registration.

4.1 To what extent do you agree or disagree that the proposed new learning outcomes are the right ones for internationally-qualified pharmacists wanting to register in Great Britain?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

4.2 Are there any learning outcomes missing?

Yes

No

Don't know

4.3 Please explain your answers to the two questions above, referring to specific learning outcomes when relevant

5 The standards and criteria

The standards and criteria describe the requirements for providers of programmes.

5.1 To what extent do you agree or disagree that the proposed new standards and criteria for programme providers are the right ones for quality assuring the education and training of internationally-qualified pharmacists?

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

5.2 Are there any standards/criteria missing?

Yes

No

Don't know

5.3 Please explain your answers to the above two questions, referring to specific standards/criteria when relevant.

6 Equality and impact

6.1 We want to understand whether our proposals will have a positive or negative impact on any individuals or groups sharing any of the protected characteristics in the Equality Act 2010. Do you think our proposals will have a positive or negative impact on individuals or groups who share any of the protected characteristics?

Protected characteristic	Positive impact	Negative impact	Positive and negative impact	No impact	Don't know
Age					
Disability					
Gender reassignment					
Marriage and civil partnership					
Pregnancy and maternity					
Race					
Religion					
Sex					
Sexual orientation					

Figure 3: Protected characteristics

6.2 We also want to know if our proposals will have a positive or negative impact on pharmacy staff, pharmacy owners, internationally-qualified pharmacist students, and patients and the public. Do you think our proposals will have a positive or negative impact on each of these groups?

Group	Positive impact	Negative impact	Positive and negative impact	No impact	Don't know
Pharmacy staff					
Pharmacy owners and employers					
Internationally-qualified pharmacist students					
Patients and the public					

Figure 4: groups which could be affected by the proposals

6.3 Please give your comments explaining your answer to the two questions above. Please describe the individuals or groups concerned and the impact you think our proposals would have.

Receiving updates

We would like to email you to update you on the progress of this consultation as well as about the other work of the GPhC. Please tell us below if you would like to be contacted in the future.

- I would like to be contacted with updates on the consultation on draft standards for the education and training of internationally-qualified pharmacists
- I would like to be contacted with news and information about other consultations from the GPhC

Please give us an email address for updates and communications from the GPhC.

Important: you can unsubscribe from our mailing list at any time by clicking on the 'unsubscribe' option within the email.

Appendix 1: draft standards for the education and training of internationally-qualified pharmacists wanting to register in Great Britain

About us

The General Pharmaceutical Council (GPhC) is the regulator for pharmacists, pharmacy technicians and pharmacies in England, Scotland and Wales.

The GPhC sets standards for pharmacy education and training, and accredits programmes in England, Scotland and Wales. It accredits education and training programmes jointly in Northern Ireland with the Pharmaceutical Society NI ('the Society') and shares education standards with them.

Introduction

Internationally-qualified pharmacists

These standards and learning outcomes define the education and training required for internationally-qualified pharmacists wanting to register as a pharmacist in Great Britain. 'Internationally-qualified' means pharmacists whose main pharmacy qualification was awarded outside the United Kingdom, the European Economic Area (EEA), the European Free Trade Association (EFTA) and Switzerland.

These standards recognise that students will:

- be registered or eligible to register as a pharmacist in the country where they studied and were awarded their qualification, and
- bring with them the knowledge and skills gained in that context

The purpose of these standards and learning outcomes is to build on that professional base and prepare internationally-qualified pharmacists to practise in Great Britain.

These standards and learning outcomes are based on the GPhC's *Standards for the Initial Education and Training of Pharmacists in Great Britain* (2021).

Pharmacists in Great Britain

In Great Britain, pharmacists are experts in medicines and play a vital role in delivering care and helping people to maintain and improve their health, safety and wellbeing.

These standards set out the knowledge, skills, understanding and professional behaviours an internationally-qualified pharmacist must demonstrate to join the register in Great Britain. The standards also set out our requirements for organisations providing the education and training programme.

These standards are designed to produce adaptable pharmacists who will be:

- confident about, and capable of, operating in multi-professional teams across a variety of healthcare settings to meet diverse and changing patient needs

- dedicated to person-centred care, and
- proficient independent prescribers

Supporting these standards are the GPhC's *Standards for Pharmacy Professionals (2017)*, which are the professional standards internationally-qualified pharmacists must meet when they join the register.

Independent prescribing

As we have discussed above, internationally-qualified pharmacists are pharmacists in their own right and have worked as such. As practitioners they should be able to adapt to working in Great Britain and, as part of an accredited programme, will be trained as independent prescribers. On graduation they will be eligible to be annotated on our register as independent prescribers.

Accreditation

To be eligible for registration and annotation, the pharmacist must have graduated from a training programme **accredited by the GPhC**.

The structure of education and training

The programme will have a focus on pharmacy practice in Great Britain, preparing internationally-qualified pharmacists to practise there. It will be a one-academic-year programme managed and delivered by a university, in collaboration with practice partners. The programme will be made up of 50% academic study delivered by a university and 50% delivered in practice – that is, 20 weeks of each.

As well as passing the programme, students must pass the GPhC's Common Registration Assessment to be eligible for registration. This is to make sure the students are on a par with Great Britain-qualified students.

In circumstances described below, a provider may shorten the length of time needed to complete the programme, if:

- an applicant's main pharmacy qualification can be shown to be very similar to that of a pharmacist trained in Great Britain, or
- they have significant experience of working in pharmacy in Great Britain

This decision will be made by programme providers, within the criteria in the standards.

The programme must be delivered at Master's level (Level 7 in England and Wales and Level 11 in Scotland).

The structure of the standards and learning outcomes

The standards for the programme are in two parts.

Part 1: Learning outcomes – these describe what students must be able to demonstrate when they successfully complete their programme. The learning outcomes are presented in four domains:

- person-centred care and collaboration
- professional practice
- leadership and management, and

- education and research

These four domains must cover:

- the healthcare context of Great Britain
- pharmacy practice in Great Britain
- law and ethics in Great Britain, and
- pharmacist independent prescribing in Great Britain

Part 2: Standards for all organisations involved – these describe the requirements for anyone providing education and training programmes.

Part 1: Learning outcomes

Standard: On successful completion of their programme, internationally-qualified pharmacists will have achieved the learning outcomes in these standards to the required level of competence.

Describing and assessing outcomes

The outcome levels in this standard are based on an established competence and assessment hierarchy – Miller’s triangle:

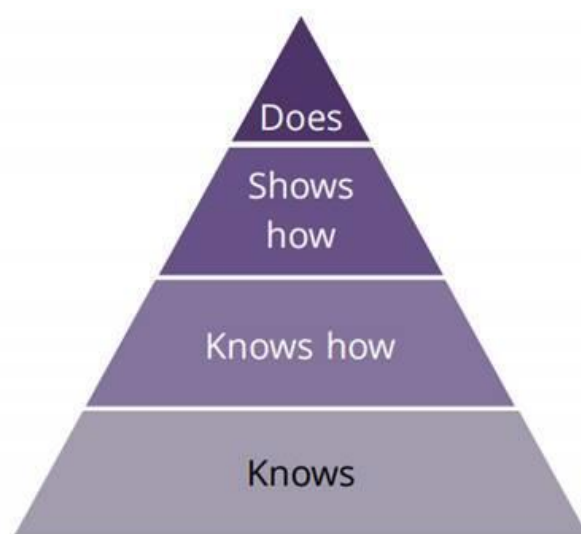


Figure 5: Miller’s triangle

Because what is being assessed at each of the four levels is different, the assessment methods needed are different too – although there will be some overlap.

Level 1 – Knows

Has knowledge that may be applied in the future to demonstrate competence. Assessments may include essays, oral examinations and multiple-choice question examinations (MCQs).

Level 2 – Knows how

Knows how to use knowledge and skills. Assessments may include essays, oral examinations, MCQs and laboratory books.

Level 3 – Shows how

Can demonstrate that they can perform in a simulated environment or in real life. Assessments may include:

- objective structured clinical examinations (OSCEs) and other observed assessments
- simulated patient assessments
- designing, carrying out and reporting an experiment
- dispensing tests, and
- taking a patient history

Level 4 – Does

Can act independently and consistently in a complex but defined situation. Evidence for this level is provided when a student demonstrates the learning outcomes in a complex, familiar or everyday situation repeatedly and reliably. Assessments may include OSCEs or other observed assessments.

Domains of study

The learning outcomes are presented in four domains:

- person-centred care and collaboration
- professional practice
- leadership and management, and
- education and research

All domains and learning outcomes are of equal importance.

To achieve them, the programme curricula, teaching and learning strategies, and learning in practice plans to deliver these learning outcomes will:

- focus on the role of the pharmacist as a healthcare professional in Great Britain
- provide learning by experience, and inter-professional learning, in Great Britain
- provide opportunities to engage with patients and the public, and other health and care professionals
- build the requirement for patient and public safety into all aspects of the design and delivery of education and training
- provide a period of learning in practice specifically related to prescribing, made up of at least 90 hours of supervised practice. This will consolidate students' learning and allow them to achieve an independent prescribing annotation on our register once they have completed their programme

The skills and attributes required by a prescriber are part of the learning outcomes in all four domains.

The learning outcomes are set within the context of practising in Great Britain, and this must be reflected in their delivery. Internationally-qualified pharmacists will have completed a pharmacy degree, but they may not be familiar with Great Britain-specific practice. Programme providers should therefore make sure that the Great Britain context is clearly explained and emphasised consistently throughout the programme.

Note: The numbering of learning outcomes below is mainly, but not completely, continuous – this is to keep the numbering consistent with the GPhC’s 2021 standards for pharmacists who are training and qualifying in Great Britain. This set of outcomes leaves out some that are present in the GPhC’s 2021 standards because they will have been covered in the pharmacy qualifications awarded internationally.

Domain: Person-centred care and collaboration

In order to pass, students must be able to demonstrate the following:

Learning outcome	Outcome level
1. Demonstrate empathy and keep the person at the centre of their approach to care at all times	Does
2. Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing	Does
3. Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person	Does
4. Understand the variety of settings and adapt their communication accordingly	Does
5. Proactively support people to make safe and effective use of their medicines and devices	Does
6. Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences	Does
7. Obtain informed consent before providing care and pharmacy services	Does
8. Assess and respond to the person’s particular health risks, taking account of individuals’ protected characteristics and background	Does
9. Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care	Does
10. Demonstrate effective consultation skills and, in partnership with the person, decide the most appropriate programme of action	Does
11. Take into consideration factors that affect people’s behaviours in relation to health and wellbeing	Does

12. Take an all-inclusive approach to ensure the most appropriate programme of action based on clinical, legal and professional considerations	Does
13. Recognise the psychological, physiological and physical impact of prescribing decisions on people	Does
14. Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care.	Does

Figure 6: learning outcomes for person-centred care and collaboration

Domain: Professional practice

In order to pass, students must be able to demonstrate the following:

Learning outcome	Outcome level
15. Demonstrate the values, attitudes and behaviours expected of a pharmacy professional at all times	Does
16. Apply professional judgement in all circumstances, taking legal and ethical reasoning into account	Does
17. Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to	Does
18. Take responsibility for all aspects of pharmacy services, and make sure that the care and services provided are safe and accurate	Does
19. Take responsibility for all aspects of health and safety and take actions when necessary	Does
20. Act openly and honestly when things go wrong and raise concerns even when it is not easy to do so	Does
23. Recognise the technologies that are behind developing advanced therapeutic medicinal products and precision medicines, including the formulation, supply and quality assurance of these therapeutic agents	Does
24. Keep abreast of new technologies and use data and digital technologies to improve clinical outcomes and patient safety, keeping to information governance principles	Does
26. Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing, supplying and prescribing them	Shows how
27. Take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices	Does

28.	Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate programme of action for the person	Does
29.	Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice	Does
30.	Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person	Does
31.	Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use of, and prescribing of, medicines, devices and services	Does
32.	Accurately perform calculations	Does
33.	Effectively promote healthy lifestyles using evidence-based techniques	Does
34.	Apply the principles of effective monitoring and management to improve health outcomes	Does
35.	Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance ²	Does
36.	Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing	Does
37.	Prescribe effectively within the relevant systems and frameworks for medicines use	Does
38.	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	Does
39.	Take responsibility for people's health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data	Does
40.	Understand and implement relevant safeguarding procedures, including local and national guidance in relation to each person	Does
41.	Effectively make use of local and national health and social care policies to improve health outcomes and public health, and to address health inequalities	Does

² Monitoring the effects of medicines after they have been licensed for use, especially to identify previously unreported adverse reactions.

42. Proactively participate in the promotion and protection of public health in their practice, including considerations of wider sustainability practices	Does
43. Identify misuse of medicines and implement effective strategies to deal with this	Does
44. Respond appropriately to medical emergencies, including the provision of first aid	Does

Figure 7: learning outcomes for professional practice

Domain: Leadership and management

In order to pass, students must be able to demonstrate the following:

Learning outcome	Outcome level
45. Demonstrate effective leadership and management skills as part of the multi-disciplinary team	Does
48. Actively take part in the management of risks and consider the impacts on people	Does
49. Use tools and techniques to avoid medication errors associated with prescribing, supply and administration	Does
50. Take appropriate actions to respond to complaints, incidents or errors in a timely manner and to prevent them happening again	Does
52. Demonstrate resilience and flexibility, and apply effective strategies to manage multiple priorities, uncertainty, complexity and change	Does

Figure 8: learning outcomes for leadership and management

Domain: Education and research

Although there is only one learning outcome under this heading, education and research are built into the set as a whole. Using evidence to make decisions, critically evaluating evidence, and keeping abreast of developments in pharmacy, technology and related fields are all central to the work of a pharmacist and are relevant to this domain.

In order to pass, students must be able to demonstrate the following:

Learning outcome	Outcome level
53. Reflect upon, identify, and proactively address their learning needs	Does

Figure 9: additional learning outcome

Part 2: Standards for the education and training of internationally-qualified pharmacists

Introduction

Part 2 describes the standards that universities delivering the programme must meet and the criteria that are linked to them.

Programmes will be delivered by universities in collaboration with practice partners.

Standard 1: Selection and admission³

Standard

Students must be selected for and admitted onto the programme on the basis that they are being prepared to practise as pharmacists in Great Britain.

Precondition

Individuals wanting to apply to the programme must first apply to the GPhC so that we can verify their eligibility status and main pharmacy qualification. This is the qualification that licenses them to practise in the country they trained in.

Verification includes checking an applicant's registration status or their eligibility to register in the country they trained in. It includes:

- fitness to practise checks, including evidence of good standing from an applicant's regulator, and
- other checks, such as police checks, that apply to the country the applicant trained in

Applicants might not be accepted onto the programme if they have not been verified.

Once the GPhC has confirmed that an applicant is eligible to apply to the programme, selection and admission decisions are a matter for the provider.

The GPhC verifies a qualification, including the date of the award, but not an applicant's experience following this. Programme providers may want to go into that as part of the application process.

Criteria to meet this standard

- 1.1 The principles of equality, diversity and fairness must be built into selection processes. Selection processes must give all applicants an opportunity to demonstrate their ability and suitability, taking into account their academic and practice background.
- 1.2 Providers must identify and reduce discrimination in selection and admission processes and demonstrate how they are doing so. Demonstrating this will include, as a minimum, an analysis every year of applicant and admissions profiles by protected characteristics. Documented action must be taken if that analysis shows that the admissions process may be disadvantaging students.
- 1.3 Accurate admissions information must be provided to potential applicants, and selection processes must give applicants the guidance they need to make an informed application.

³ Please note that immigration and visa matters are not within the remit of the GPhC and the GPhC cannot offer advice on them.

- 1.4 Selection criteria must be clearly spelled out, and appropriate to the programme and the professional nature of the education and training. They must include:
- a meeting academic entry requirements
 - b meeting professional entry requirements – that is, suitability to practise as a pharmacist in Great Britain⁴
 - c meeting numeracy requirements
 - d meeting the English language requirements specified by the GPhC
 - e taking account of good-character checks
 - f taking account of health checks
 - g recognising prior learning, when that is appropriate
- 1.5 All admissions and selection processes must include an interactive component, to assess applicants' values and professional suitability.
- 1.6 Providers may recognise applicants' prior learning and experience as part of the application process for their programme. This may result in a reduction in required university study and/or learning in practice.
- 1.7 Irrespective of any reduction granted through recognition of prior learning and experience, the applicant must meet all learning outcomes before completing the programme.
- 1.8 Acceptable evidence to meet criterion 1.6 includes:
- either
- a a qualification based on national pharmacist education standards and learning outcomes which has been verified by the GPhC as meeting its requirements. (The GPhC will give details of verified qualifications to all programme providers)
- or
- b when, alongside an international pharmacist qualification validated by the GPhC (see 'Stage 1 – Validity check' on p3), an applicant has at least two years' full-time experience of working in a pharmacy setting in Great Britain in a patient-facing role. Equivalent part-time experience is acceptable
- 1.9 When 1.8b applies, providers must make sure that:
- a employment has been in a recognised pharmacy support staff role and applicants must have taken and passed support staff programmes relevant to their role, accredited or recognised by the GPhC
 - b relevant support staff roles and qualifications are patient-facing, including medicine counter assistants, pharmacy support staff diplomas, pharmacy healthcare assistants, pharmacy services assistant (apprenticeship) and Scottish Pharmacy Services SVQs
 - c evidence of employment and GPhC-accredited or recognised education and training is obtained and verified
 - d applicants who are working as pharmacy technicians in Great Britain, and are registered as such with the GPhC, work in a patient-facing role. Working as a pharmacy technician outside Great Britain is not acceptable because it lacks the Great Britain context, which is at the heart of 1.8b

⁴ As set out in ***Standards for pharmacy professionals, (2017)***

- e unpaid or unverifiable work is not accepted
 - f working in a pharmacy technician role in Great Britain **but not being registered with the GPhC** is not accepted as prior experience, because it is illegal
- 1.10 Decisions about any reduction in programme requirements by way of recognition of prior learning and experience must be made by the provider.
- 1.11 In respect of 1.10, providers must make sure that decisions are fair, consistent, transparent and clearly documented.

Standard 2: Equality, diversity and fairness

Standard

Programmes must:

- be based on, and promote, the principles of equality, diversity and fairness
- meet all relevant legal requirements, and
- be delivered in such a way that the diverse needs of all students are met.

Criteria to meet this standard

- 2.1 Systems and policies must promote the principles and legal requirements of equality, diversity and fairness.
- 2.2 Systems and policies must be in place to allow everyone involved to understand the diversity of the student body and the implications that has for delivery.
- 2.3 Providers must demonstrate how student support has been tailored to the needs of internationally-qualified pharmacists.
- 2.4 Providers must demonstrate how they analyse the needs and performance of their students and how their findings have influenced programme design and delivery.
- 2.5 Everyone involved in programme delivery must be trained to apply the principles and legal requirements of equality, diversity and fairness in their role.
- 2.6 Providers must make sure students understand their legal responsibilities under equality and human rights legislation and proactively seek to learn about and understand communities and cultures.

Standard 3: Resources and capacity

Standard

Resources and capacity must be sufficient to deliver the learning outcomes in these standards.

Criteria to meet this standard

- 3.1 There must be robust and transparent systems for securing an appropriate level of resource to deliver a sustainable programme that meets the requirement of these standards.
- 3.2 Staffing resource must be sufficient for the delivery of all parts of the programme, including delivery of learning in practice activities.
- 3.3 The staff complement must include:

- a appropriate leadership and management
 - b suitably qualified and experienced staff
 - c pharmacists who trained in Great Britain, including pharmacist independent prescribers
- 3.4 Programmes must be delivered in premises that are fit for purpose in all university and practice settings.

Standard 4: Managing, developing and evaluating the programme

Standard

The quality of the programme must be managed, developed and evaluated in a systematic way.

Criteria to meet this standard

- 4.1 There must be systems and policies in place to manage the delivery of the programme, including learning in practice activities.
- 4.2 There must be agreements in place between everyone involved in the delivery of the programme that specify the management responsibilities and lines of accountability of each organisation, including those that contribute to periods of learning in practice.
- 4.3 The views of a range of stakeholders – including patients, the public and supervisors – must be taken into account when designing and delivering the programme.
- 4.4 Feedback from students must be built into the monitoring, review and evaluation processes.
- 4.5 Systems and policies must be used in such a way that the programme is evaluated on the basis of evidence and that there is continuous improvement in its delivery.
- 4.6 Programmes must be revised when there are significant changes in practice, to make sure provision is relevant and current.

Standard 5: Curriculum design and delivery

Standard

The curriculum must use a coherent teaching and learning strategy to develop the required skills, knowledge, understanding and professional behaviours to meet the outcomes in part 1 of these standards.

The design and delivery of programmes must ensure that students practise safely and effectively.

The design and delivery of programmes must take into account the needs and circumstances of adult learners.

Criteria to meet this standard

- 5.1 There must be a curriculum and a teaching and learning strategy for the programme, which set out how students will achieve the learning outcomes in part 1, including the learning in practice plan.
- 5.2 The component parts of the programme must be linked in a coherent way. This must be progressive with increasing complexity until the appropriate level is reached.

- 5.3 Everyone involved must work together to deliver the programme, including the periods of learning in practice.
- 5.4 There must be systems in place for everyone involved to communicate regularly on the progress of students, including during the periods of learning in practice.
- 5.5 The learning outcomes must be delivered in an environment which places study in a professional and academic context and requires students to conduct themselves professionally.
- 5.6 Students must be exposed to an appropriate breadth of patients and people in a range of environments (real-life and simulated) to enable them to develop the skills and the level of competence to achieve the relevant learning outcomes in part 1 of these standards. This experience must be progressive and increasing in complexity as the programme progresses.
- 5.7 Academic regulations must be appropriate for a programme that is academic, practical and professional.
- 5.8 As a general principle, all assessments must be passed. This means that condonation⁵, compensation⁶, trailing⁷, extended re-sit opportunities and other remedial measures should be extremely limited and justifiable, if they are permitted at all.
- 5.9 Academic regulations may be more stringent than for other programmes. This may include higher-than-usual pass marks for assessments that demonstrate the knowledge and skills essential to safe and effective pharmacy practice.
- 5.10 Providers must have procedures to deal with concerns – including fitness to practise procedures – and must tell the GPhC about any hearing outcomes (apart from warnings or when no action was taken) imposed on students.
- 5.11 Students must not be allowed to graduate from an accredited programme if there are any outstanding fitness to practise concerns about them.
- 5.12 If a programme is closed or withdrawn, providers must have a documented process in place to manage the programme closure or withdrawal.
- 5.13 Providers must raise relevant issues proactively with the GPhC in a timely manner and be open and honest about matters affecting an accredited programme. Under the *Pharmacy Order 2010* providers must assist the GPhC in its work by providing information upon request.

Standard 6: Assessment

Standard

Providers must demonstrate that they have a coherent assessment strategy which assesses the required skills, knowledge, understanding and behaviours to meet the learning outcomes in part 1 of these standards.

⁵ When a 'pass' is awarded even though the standard for a pass has not been reached, usually when the margin of failure is small.

⁶ Allowing failure by a small margin in a limited number of assessments on the basis of a satisfactory overall performance.

⁷ Being able to start the next year of study when one or more assessments from the previous year have not yet been passed.

Assessment strategies must be authentic – that is, they must reflect ‘real world’ challenges and test a student’s actual skills, knowledge, understanding and behaviours.

The assessment strategy must ensure that a student’s practice is safe.

Criteria to meet this standard

- 6.1 Providers must have an assessment plan for the programme which:
 - a is coherent
 - b is fit for purpose
 - c makes sure that assessment is robust, valid and reliable, and includes diagnostic, formative and summative assessment⁸
 - d takes account of the impact of the use of artificial intelligence on the authenticity and validity of assessments
- 6.2 Assessment plans for the programme must assess the outcomes in part 1 of these standards. The methods of assessment used must be:
 - a appropriate to the learning outcomes
 - b in line with current and best practice, and
 - c routinely monitored, quality assured and developed
- 6.3 Assessments must be fair, authentic and carried out against clear criteria. What is expected of a student must be made clear in every assessment, including any learning in practice assessments.
- 6.4 To ensure the integrity of pass thresholds⁹, standards-setting methods must be used and applied appropriately. Providers must be specific about which standards-setting methods are used, and when, where and why they are used.
- 6.5 To ensure the integrity of assessments, it must be made clear about when, how, why and by whom artificial intelligence (AI) can be used. For more information see *The Use of Artificial Intelligence in Pharmacy Education and Training* (GPhC, 2026).
- 6.6 Patient safety must come first at all times, and everyone involved must assess whether a student pharmacist is practising safely.
- 6.7 Safe and effective practice must be built into the pass criteria for all assessments.
- 6.8 Providers are responsible for overall decisions about assessment, taking into account the assessment responsibilities of Designated Supervisors and Designated Prescribing Practitioners in Standard 9.

⁸ Diagnostic assessment is used to identify students' knowledge and skills before a module or course begins. Formative assessment monitors a student’s learning to provide ongoing feedback during a course (for example, using quizzes and discussions). Summative assessment evaluates a student’s learning at the end of an instructional unit by comparing it against a standard (for example, projects and final exams).

⁹ A pass threshold is the minimum score, mark or criteria needed to pass an assessment, exam or module.

- 6.9 Providers must have in place effective management systems to plan, monitor and record the assessment of students. These must include the monitoring of learning in practice against each of the relevant learning outcomes.
- 6.10 Providers must support students to improve their performance by providing regular and timely feedback and by encouraging students to reflect on their practice.
- 6.11 Assessment must make use of feedback collected from a variety of sources. These should include other members of the pharmacy team, peers, patients and supervisors.
- 6.12 Examiners and assessors must have the appropriate skills, experience and training to carry out the task of assessment, including during periods of learning in practice.
- 6.13 Programmes must have external examiners, who will report every year on the extent to which assessment processes:
- a are rigorous
 - b are set at the correct standard
 - c ensure equity of treatment for students
 - d have been conducted fairly
- 6.14 The responsibilities of the external examiners must be clearly documented.
- 6.15 Assessment regulations must be appropriate for a programme that leads to professional registration. They must prioritise professionalism, patient safety, and safe and effective practice.

Standard 7: Support and development for students and everyone involved in the delivery of the programme

Standard

Students must be supported in all learning and training environments to develop as learners and professionals during their programme.

Everyone involved in the delivery of the programme should be supported to develop in their professional role.

Criteria for meeting this standard

Support for students

- 7.1 There must be a range of systems in place during the programme to identify the support needed by students, and to support them to achieve the outcomes in part 1 of these standards. They must be based on a student's prior achievement and be tailored to them. Systems must include:
- a induction
 - b effective supervision
 - c an appropriate and realistic workload
 - d personal, academic and study skills support
 - e time to learn
 - f access to resources, and

g remediation, if needed¹⁰

- 7.2 Students must have support available to them covering academic, career and general welfare advice.
- 7.3 Students must have access to pharmacy professionals who are able to act as role models and mentors, giving professional support and guidance.
- 7.4 There must be clear procedures for students to raise concerns.
- 7.5 Any concerns must be dealt with promptly, with documented action taken where appropriate.

Support for everyone involved in the delivery of the programme

- 7.6 There must be a range of systems in place to support everyone involved in the delivery of the programme to develop in their professional role.
- 7.7 Training must be provided for everyone involved in the delivery of the programme.
- 7.8 Everyone involved in the delivery of the programme must have:
 - a effective supervision
 - b an appropriate and realistic workload
 - c mentoring
 - d time to learn
 - e continuing professional development opportunities, and
 - f peer support
- 7.9 There must be clear procedures for everyone involved to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate. Serious concerns about the programme and the impact on students must be actively raised with the GPhC.

Standard 8: Learning in practice

Standard

The learning in practice component of the programme must provide a coherent learning experience that allows students to demonstrate their skills and knowledge in a practice setting.

Criteria for meeting this standard

- 8.1 The learning in practice element of the programme will be at least 20 weeks long. Reduced learning in practice time, to a minimum of 10 weeks, may be agreed by the provider for a student on a case-by-case basis. To allow this, there must be appropriate and verifiable prior pharmacy experience in Great Britain (see Standard 1).
- 8.2 At least 90 hours of the learning in practice element specified in 8.1 must be focused on prescribing, and carried out in a clinical setting with direct access to patients.

¹⁰ Remediation usually involves giving a student targeted support if they are struggling to master a particular set of knowledge, skills or behaviours so they can meet the required standards.

- 8.3 Learning in practice must provide students with practical experience in Great Britain of working with patients, carers and other healthcare professionals. Students must be exposed to an appropriate breadth of patients and people in a range of environments (real-life, and simulated if this is justified by benefits to learning). This is to allow them to develop the skills and the level of competency needed to achieve the relevant learning outcomes in part 1 of these standards.
- 8.4 The requirement in 8.2 must be undertaken by all students whatever their prior learning and experience, and however long the learning in practice period.
- 8.5 Learning in practice must be integrated with the academic component of the programme.
- 8.6 The structure and design of learning in practice is the responsibility of the programme provider.
- 8.7 Learning in practice can include simulation, if it is justifiable and based on sound educational research.
- 8.8 Learning in practice must be organised and quality-assured by the programme provider and delivered through supervisors and sites approved by the provider. The programme provider is responsible for identifying, approving, and contracting with practice partners to ensure that all learning in practice meets these standards and learning outcomes.
- 8.9 The learning in practice experience must be defined in a learning in practice plan, which must describe the outcomes to be achieved, and how, when and where they are assessed and by whom.

Standard 9: Learning in practice supervision

Standard

Students must be supervised by a Designated Supervisor and a Designated Prescribing Practitioner during their learning in practice, who will support them and assess them against the learning outcomes.

Criteria to meet this standard

- 9.1 There must be clear processes in place for providers to:
 - oversee students' supervision arrangements
 - liaise with supervisors, and
 - monitor students' progress against the learning outcomes
- 9.2 Each student must have a Designated Supervisor who, working with everyone involved, is responsible for:
 - co-ordinating the student's supervision
 - overseeing the student's progress, and
 - reporting to the provider on their assessment of the student against the learning outcomes
- 9.3 The Designated Supervisor must be a pharmacist.
- 9.4 Each student must have a Designated Prescribing Practitioner who will supervise them during the 90 hours of practice dedicated to prescribing, and assess them against the relevant learning outcomes.

- 9.5 The Designated Supervisor and the Designated Prescribing Practitioner may be the same person.
- 9.6 The Designated Prescribing Practitioner must:
- a be a registered healthcare professional in Great Britain with independent prescribing rights
 - b have active prescribing competence in the areas they will be supervising
 - c have appropriate patient-facing clinical and diagnostic skills
 - d have supported or supervised other healthcare professionals, and
 - e be able to assess patient-facing clinical and diagnostic skills
- 9.7 Providers must have appropriate systems for ensuring that Designated Supervisors and Designated Prescribing Practitioners are fit to act as supervisors and meet the requirements of their role.
- 9.8 All supervisors involved in carrying out assessments of students during their learning in practice must be provided with training and be competent to carry out the role of assessment.
- 9.9 A student may be supervised by a variety of healthcare professionals during their learning in practice. But they may have only one Designated Supervisor and one Designated Prescribing Practitioner. They will take responsibility for making sure that delegated supervision is appropriate. These must be agreed systems for supervision in all practice environments to make sure safe, person-centred care is delivered at all times.
- 9.10 The Designated Prescribing Practitioner is responsible for signing off the prescribing component of learning in practice and reporting their decision to the Designated Supervisor.
- 9.11 The Designated Supervisor is responsible for signing off the period(s) in practice in total, including the prescribing component.
- 9.12 If the Designated Supervisor (DS) and the Designated Prescribing Practitioner (DPP) are the same person, a second assessor must be used to verify the DS/DPP's prescribing competence decisions. The second assessor will be appointed by the provider.
- 9.13 During learning in practice, students must only carry out tasks at which they are competent, or are learning under supervision to be competent, so that patient safety is not compromised.

References

Legislation, standards and guidance

The Pharmacy Order 2010 (Department of Health)

The use of artificial intelligence in pharmacy education and training (GPhC, 2026)

Standards for pharmacy professionals (GPhC, 2017)

Standards for the education and training of pharmacist independent prescribers (GPhC, 2019)

Standards for the initial education and training of pharmacists (GPhC, 2021)

Useful organisations

- General Pharmaceutical Council (GPhC): [pharmacyregulation.org](https://www.pharmacyregulation.org)
- British Pharmaceutical Students' Association (BPSA): [bpsa.co.uk](https://www.bpsa.co.uk)
- Royal Pharmaceutical Society (RPS) [rpharms.org](https://www.rpharms.org)

