

Royal Pharmaceutical Society of Great Britain

**The accreditation of
pharmacist
independent
prescribing courses**

**Manual
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Accreditation of pharmacist independent prescribing programmes

Introduction and Background

The first report of The Review of Prescribing Supply and Administration of Medicines (1999) recommended that the authority to prescribe should be extended beyond existing prescribers to other groups of suitably trained and experienced health professionals. Legislation to implement the Review Team's recommendation was passed through Parliament in the Health and Social Care Act in 2001. Legislation to enable pharmacist independent prescribing took effect in May 2006.

The Government expects that, as the regulatory and professional body for Pharmacy, The Royal Pharmaceutical Society of Great Britain (The Society) will be responsible for the registration of pharmacists as prescribers. Pharmacists who wish to become prescribers must satisfy the requirements of the Society's byelaws relating to prescribing. Currently, this means that a pharmacist must successfully complete an education and training programme in prescribing, approved by The Society, and which includes a period of learning in practice.

The accreditation of programmes

As Pharmacist Independent Prescribers are also qualified to practice as Supplementary Prescribers the Society will not be re-accrediting programmes for Supplementary Prescribing. Providers will be expected to apply for accreditation of an independent prescribing programme. Any providers wishing to extend the accreditation of their supplementary prescribing programme whilst working towards accreditation of their Independent Prescribing Programme should put their request in writing to the Head of Accreditation. Providers may also apply for accreditation of an Independent prescribing conversion programme to allow Supplementary Prescribers to qualify as Independent Prescribers.

Criteria for the accreditation of programmes

When considering applications for the accreditation of independent prescribing programmes, the Society will welcome programmes that have taken a multi-professional approach to appropriate elements of programme design and delivery. Applications should use the templates in appendices A and B for their submission.

The Society will be looking for evidence which supports the following:

1. The programme provider

- 1.1 Must be part of or be closely associated with a higher education institution which implements effective quality assurance and quality management and enhancement systems and demonstrates their application to prescribing programmes. The programme must be validated by its higher education institution.
- 1.2 Must have adequate physical, staff (academic and administrative) and financial resources to deliver the programme including facilities to teach clinical examination skills.

- 1.3 Must have identified staff with appropriate background and experience to teach the programme, ideally including practising pharmacists with teaching experience and staff with clinical and diagnostic skills.
- 1.4 Must have an identified practising pharmacist with appropriate background and expertise who will contribute to the design and delivery of the programme. The identified pharmacist must be on Part 1 of the Society's Practising Register and where possible should be a pharmacist independent prescriber.

2 Pre-requisites for entry

- 2.1 Entrants who wish to register with the Society as prescribers must have current registration as a practising pharmacist with the Royal Pharmaceutical Society of Great Britain or the Pharmaceutical Society of Northern Ireland.
- 2.2 Entrants must have at least two years appropriate patient-orientated experience in a hospital, community or primary care setting following their preregistration year.
- 2.3 Entrants must have identified an area of clinical practice in which to develop their prescribing skills and have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice.
- 2.4 Entrants must demonstrate how they reflect on their own performance and take responsibility for their own CPD.
- 2.5 The provider must ensure that the DMP, identified by the pharmacist, has training and experience appropriate to their role. This may be demonstrated by adherence to the Department of Health Guidance (2001). The DMP must have agreed to provide supervision, support and shadowing opportunities for the student, and be familiar with the Society's requirements of the programme and the need to achieve the learning outcomes.
- 2.6 Entrants who are not members of the pharmaceutical societies listed above may undertake the taught components of the programme but may not undertake the period of supervised practice.

3 The programme

- 3.1 Must be taught at least at bachelor's degree level (FHEQ (2008) level 6) and reflect the fact that since June 2002, pharmacists have graduated and practise at master's degree level (FHEQ (2008) level 7).
- 3.2 Must achieve the 16 learning outcomes listed in the curriculum for independent prescribing (Appendix C), which must be mapped against the programme's learning outcomes and assessments (Appendix B). The programme learning outcomes must be aligned with the relevant level of study.
- 3.3 Must include teaching, learning and support strategies which allow pharmacists to build on their background knowledge and experience and acquire competence in prescribing.
- 3.4 Must provide opportunities for pharmacists to demonstrate how they will apply their learning to the conditions for which they will be prescribing.
- 3.5 Must contain learning activities equivalent to 26 days, normally over a period of three to six months.
- 3.6 Must have robust systems to monitor attendance and progression.
- 3.7 Must have a clear policy on attendance and participation and the obligations of pharmacists who miss part of the programme. Pharmacists must attend all scheduled teaching and learning sessions that provide instruction on clinical examination and diagnosis.
- 3.8 May recognise and allow reduced learning time for previous learning or experience, which is directly equivalent to programme content and for which

evidence is provided. Recognition should be according to established institutional procedures on previous learning or experience. Regardless of previous learning or experience, all pharmacists must undertake all assessments.

4. Learning in practice

- 4.1 The provider must support the DMP with clear and practical guidance on helping the pharmacist successfully to complete the period of learning in practice including arrangements for quality assurance of summative assessments. The roles of the programme provider and the DMP for teaching the skills for clinical assessment of patients must be clearly set out.
- 4.2 The provider must support the DMP with clear and practical guidance on their role in the assessment of the student.
- 4.3 The provider must obtain formal evidence and confirmation from the DMP using the specified wording; “the pharmacist has satisfactorily completed at least 12x7.5h days supervised practice”.
- 4.4 The provider must obtain a professional declaration from the DMP using the specified wording; “In my opinion as the DMP, the skills demonstrated in practice confirm the pharmacist as being suitable for registration as an Independent Prescriber”.
- 4.5 Failure in the period of learning in practice cannot be compensated by performance in other assessments.

5 Assessment

The programme provider should ensure that assessment strategies meet the requirements of the curriculum particularly:

- 5.1 Evidence from a range of assessments that the student has achieved the intended learning outcomes of the programme.
- 5.2 The programme will be assessed separately from any other programmes or programme components and lead to a freestanding award which confirms the competence of the pharmacist as an independent prescriber.
- 5.3 The assessment scheme should demonstrate that the criteria for pass/fail and any arrangements for compensation between the elements of assessment, together with the regulations for resit assessments and resubmissions, are consistent with safe and effective prescribing and the achievement of all learning outcomes.
- 5.4 In any assessment, a failure to identify a serious problem or an answer which would cause the patient harm, should result in overall failure of the programme.

6. Details of award

- 6.1 The provider should award successful candidates a ‘*Practice Certificate in Independent Prescribing*’ confirming that the candidate has successfully completed the programme and the period of learning in practice.
- 6.2 The provider should send a certified copy of the pass list to the Registrar of the Royal Pharmaceutical Society, via the Head of Registration, containing the names and registration numbers of the pharmacists who have successfully completed the programme and confirming that they are eligible for registration by the Society as independent prescribers.

The accreditation event

Prescribing accreditation events are held throughout the academic year. The provider should be aware when arranging an event date with the Society that sufficient time should be allowed between the accreditation event and the proposed start date of the programme.

Once an expression of interest for accreditation has been received by the Society, the provider will be issued with this application guidance document and a mutually convenient date will be proposed for the accreditation event.

The deadline for receipt of application documents from the provider is 6 weeks before the proposed accreditation event with the exact deadline date being confirmed upon agreement of the proposed event date. Three hard copies of the documentation must be provided to the accreditation department as well as one electronic copy.

The provider should send applications to:

Accreditation Department
Royal Pharmaceutical Society of Great Britain
1 Lambeth High Street
London SE1 7JN

The provider's submission will be scrutinised by the accreditation panel between 6 and 4 weeks before the accreditation event. If the documentation does not adhere to the format and guidelines in Appendix A and Appendix B, or if the panel consider based on the documentation that the programme is not yet ready for an accreditation event, the documentation will be returned and the event date will be cancelled. If documentation is deemed satisfactory the event date will be confirmed and details of the schedule and venue for the event will be sent to the provider.

If the Society is approached by a provider for the first time then the prescribing accreditation event will take place at the provider's location. This is to enable the Society's accreditation panel to take a view on facilities from first hand experience. If a provider is known to the Society from previous accreditation experience, then the event will take place at the Society's headquarters in London. The Society reserves the right to vary locations if necessary.

The normal schedule for an event would be:

10:00 – 11:00	Private meeting of the Society's accreditation panel
11:00 – 13:00	Resources and curriculum meeting with representatives from the provider
13:00 – 13:30	Private working lunch of the Society's accreditation panel
13:30 – 14:30	Private meeting of the Society's accreditation panel
14:30	Oral feedback to the provider
After event	Report prepared and sent to panel members to agree
After event	Report sent to the provider for comment and to work on conditions and recommendations
After event	Agreed report and response to conditions from provider sent to members of the Society's Education Committee for formal approval on behalf of the Society

The Society's accreditation panel will comprise two prescribing experts, one of whom will act as chair. A rapporteur will attend to take notes and write the Society's accreditation report.

Normally, the provider will be represented by two to five people, such as the programme leader, another member of teaching staff associated with the programme, a manager overseeing the programme. Once an event date has been confirmed the provider should inform the Society of the full names and designations of those attending. The provider should use its own judgement to decide who should attend the meeting to represent the programme. The documentation provided will form the basis of discussions at the event and as such there will not be a need for the provider to give a formal presentation on the day.

If changes need to be made to the event schedule or to the Society's representatives, the provider will be informed as soon as possible.

At the end of the accreditation event the Chair summarises the outcome of the event and where necessary stipulates any conditions of accreditation as well as any recommendations or areas of commendation.

All new providers of independent prescribing programmes must meet the following standard conditions of accreditation:

- a) *For quality assurance purposes, all Universities offering newly accredited Independent Prescribing Programmes will be expected to undertake an evaluation of the teaching provided to enable students to develop clinical examination skills, once the first cohort has completed the programme. The evaluation must include assessment results for this essential core element and feedback from students on the teaching provided. The evaluation report must then be forwarded to the Society.*
- b) *The University must inform the society of any significant changes to the accredited programme, including changes to staff and resources.*

Following the accreditation event the provider is expected to provide documentary evidence to meet any conditions set and a commentary in recognition of any recommendations. The provider should ensure that it is clear from the documentation what amendments have been made in order to meet each condition, and include references to the relevant document titles and page numbers where applicable

With the exception of the two standard conditions above, documentation to satisfactorily meet any other conditions set by the panel must be provided to the Society before the programme commences.

Standard condition 'a' is met by submission of the required evaluation to the Society following completion of the 1st cohort of the programme (Appendix D). Standard condition 'b' is an ongoing condition of accreditation.

The programme cannot be accredited, and may not commence until all other conditions have been satisfactorily met and the final approval decision has been ratified by the Society's Education Committee. At which point the Society will give formal written confirmation to the programme lead.

If a provider wishes to appeal against a decision made by the Society, the appeal, with grounds, should be sent to the Society's Director of Regulation.

Appendix A: Application Template Part 1 – addressing the accreditation criteria

Section 1: The programme provider	
Criterion	Provider's commentary
	<p><i>General note: Except where single pieces of information or lists are asked for, the provider's commentary should be written in prose. Directions to other documents only will not be accepted. Supporting documents should be included as an appendix to the application template.</i></p> <p><i>Please delete the italicised prompts when completing commentaries.</i></p>
<p>1.1 Must be part of or be closely associated with a higher education institution which implements effective quality assurance and quality management and enhancement systems and demonstrates their application to prescribing programmes. The programme must be validated by its higher education institution.</p>	<p><i>Include:</i></p> <ul style="list-style-type: none"> • <i>Institution</i> • <i>Address</i> • <i>Name of programme director and position</i> • <i>Telephone number</i> • <i>Email address</i> • <i>Nature of institution, any affiliations relevant to the application</i> • <i>Department(s) offering the programme</i> • <i>Experience of programme provision relevant to the application</i> • <i>A statement that the institution has fully validated the programme in advance of the application</i>
<p>1.2 Must have adequate physical, staff (academic and administrative) and financial resources to deliver the programme including facilities to teach clinical examination skills.</p>	<p><i>Include:</i></p> <ul style="list-style-type: none"> • <i>Accommodation allocated to/used by the programme (include explicit mention of facilities for teaching clinical examination skills)</i> • <i>Equipment</i> • <i>Support service</i> • <i>Planned student numbers (and maximum student numbers)</i>
<p>1.3 Must have identified staff with appropriate background and experience to teach the programme, ideally including practising pharmacists with teaching experience and staff with clinical and diagnostic skills.</p>	<p><i>Include details of each member of staff associated with the programme (include, names/titles/qualifications/ professional affiliations/contribution(s) to the programme/employment status (institutional employee/external/ FTE/FTE assigned to programme)</i></p> <p><i>Provide Curricula Vitae for each member of staff associated with the programme.</i></p>
<p>1.4 Must have an identified practising pharmacist with appropriate background and</p>	<p><i>Include evidence of how this person(s):</i></p> <ul style="list-style-type: none"> • <i>has/have contributed to the design of the programme</i>

expertise who will contribute to the design and delivery of the programme. The identified pharmacist must be on Part 1 of the Society's Practising Register and where possible should be a pharmacist independent prescriber.	<ul style="list-style-type: none"> • <i>will contribute to its delivery.</i>
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Section 2: Pre-requisites for entry	
Criterion	Provider's commentary
2.1 Entrants who wish to register with the Society as prescribers must have current registration as a practising pharmacist with the Royal Pharmaceutical Society of Great Britain or the Pharmaceutical Society of Northern Ireland.	<p><i>Include a description of how this will be checked.</i></p> <p><i>As evidence of meeting the criteria in section 2 the provider should include documentation to demonstrate how they ensure that applicants are suitable for entry to the programme (e.g. copy of the programme application form).</i></p>
2.2 Entrants must have at least two years appropriate patient-orientated experience in a hospital, community or primary care setting following their preregistration year.	<i>Include a description of how this will be checked.</i>
2.3 Entrants must have identified an area of clinical practice in which to develop their prescribing skills and have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice.	<i>Include a description of how this will be established and agreed.</i>
2.4 Entrants must demonstrate how they reflect on their own performance and take responsibility for their own CPD.	<i>Explain how this will be demonstrated and its role in the programme.</i>
2.5 The provider must ensure that the DMP, identified by the pharmacist, has training and experience appropriate to their role. This may be demonstrated by adherence to the Department of Health Guidance (2001). The DMP must have agreed to provide supervision, support and shadowing opportunities for the student, and be familiar with the Society's requirements of the programme and the need to achieve the learning outcomes.	<p><i>Explain how:</i></p> <ul style="list-style-type: none"> • <i>training will be provided</i> • <i>experience will be established and validated</i> • <i>the DMP's service level is agreed</i> • <i>DMPs become familiar with the programme</i>
2.6 Entrants who are not members	<i>Explain where this will be stated, preferably with a</i>

of the pharmaceutical societies listed above may undertake the taught components of the programme but may not undertake the period of supervised practice.	<i>referenced quote from a course document.</i>
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3. The programme	
<i>Criterion</i>	<i>Provider's comments</i>
3.1 Must be taught at least at bachelor's degree level (FHEQ (2008) level 6) and reflect the fact that since June 2002, pharmacists have graduated and practise at master's level (FHEQ (2008) level 7)	<i>Include information on how the programme was benchmarked against the relevant academic level in the FHEQ (2008).</i>
3.2 Must achieve the 16 learning outcomes listed in the curriculum for independent prescribing (Appendix C), which must be mapped against the programme's learning outcomes and assessments (complete Appendix B). The programme learning outcomes must be aligned with the relevant level of study.	<i>Note: The learning outcomes in Appendix C should be interpreted at the correct academic level for the programme (either level 6, level 7 or both). Level 6 and 7 learning outcomes should be differentiated and it should be made clear how assessments test the correct academic levels).</i> <i>Provide completed mapping template/s (Appendix B).</i>
3.3 Must include teaching, learning and support strategies which allow pharmacists to build on their background knowledge and experience and acquire competence in prescribing.	<i>Describe:</i> <ul style="list-style-type: none"> • <i>The programme's teaching and learning strategy</i> • <i>Overall learning time (specify the balance between, taught, directed, self directed and private study)</i> • <i>How students' background knowledge and experience will be established</i> • <i>How that knowledge and experience will be developed to acquire competence in prescribing</i> <i>If the programme relies on web-based learning materials the provider should arrange short-term access so that the panel may review the materials before the accreditation event.</i>
3.4 Must provide opportunities for pharmacists to demonstrate how they will apply their learning to the conditions for which they will be prescribing.	<i>Describe how each student's learning will be contextualised in their chosen prescribing field and how they will demonstrate clinical competence.</i>
3.5 Must contain learning activities equivalent to 26 days, normally over a period of three to six months.	<i>Describe and quantify the learning activities equivalent to 26 days and confirm the period of delivery.</i> <i>Provide a proposed timetable for pharmacists undertaking the programme.</i>
3.6 Must have robust systems to monitor attendance and	<i>Describe attendance and progression systems.</i>

progression.	
3.7 Must have a clear policy on attendance and participation and the obligations of pharmacists who miss part of the programme. Pharmacists must attend all scheduled teaching and learning sessions that provide instruction on clinical examination and diagnosis.	<p><i>State the programme policy on attendance and the requirements on pharmacists who miss parts of the programme.</i></p> <p><i>Confirm that pharmacists must attend all clinical sessions and that they will not pass the programme if they do not.</i></p>
3.8 May recognise and allow reduced learning time for previous learning or experience, which is directly equivalent to programme content and for which evidence is provided. Recognition should be according to established institutional procedures on previous learning or experience. Regardless of previous learning or experience, all pharmacists must undertake all assessments.	<p><i>Describe arrangements for recognition of previous learning which enable reduction in learning time, if in existence.</i></p> <p><i>Confirm that pharmacists must undertake all assessments.</i></p>

4. Learning in practice	
<i>Criterion</i>	<i>Provider's comments</i>
4.1 The provider must support the DMP with clear and practical guidance on helping the pharmacist successfully to complete the period of learning in practice including arrangements for quality assurance of summative assessments. The roles of the programme provider and the DMP for teaching the skills for clinical assessment of patients must be clearly set out.	<p><i>Include:</i></p> <ul style="list-style-type: none"> • <i>guidance issued to DMPs relating to successfully completing the period of learning in practice</i> • <i>arrangements for the quality assurance of summative assessments of learning in practice</i> • <i>the roles of the programme provider and DMP for teaching clinical assessment skill</i>
4.2 The provider must support the DMP with clear and practical guidance on their role in the assessment of the student.	<i>Include the guidance about the role of DMPs in assessing students</i>
4.3 The provider must obtain formal evidence and confirmation from the DMP using the specified wording; "the pharmacist has satisfactorily completed at least 12x7.5h days supervised practice".	<i>Describe the nature of the formal evidence from DMPs that pharmacist students have completed at least 12x7.5h days supervised practice</i>
4.4 The provider must obtain a professional declaration from the DMP using the specified wording ; "In my opinion as the DMP, the skills demonstrated in practice confirm the pharmacist as being	<i>Describe how the relevant wording will be obtained.</i>

suitable for registration as an Independent Prescriber”.	
4.5 Failure in the period of learning in practice cannot be compensated by performance in other assessments.	<i>Confirm this is the case and describe where and how students will be made aware of this.</i>

5. Assessment	
Criterion	Provider’s comments
<i>The programme provider should ensure that assessment strategies meet the requirements of the curriculum particularly:</i>	
5.1 Evidence from a range of assessments that the student has achieved the intended learning outcomes of the programme.	<i>Describe what range of assessments will be used and how that range will test learning outcomes securely.</i>
5.2 The programme will be assessed separately from any other programmes or programme components and lead to a freestanding award which confirms the competence of the pharmacist as an independent prescriber.	<i>Confirm this and explain how relevant assessments will be run separately if parts of the programme are shared.</i>
5.3 The assessment scheme should demonstrate that the criteria for pass/fail and any arrangements for compensation between the elements of assessment, together with the regulations for resit assessments and resubmissions, are consistent with safe and effective prescribing and the achievement of all learning outcomes.	<i>Describe:</i> <ul style="list-style-type: none"> • <i>Compensation arrangements (see 4.5)</i> • <i>Resit regulations (which must be demonstrably consistent with safe and effective prescribing)</i> <i>Provide a copy of the assessment marking criteria.</i>
5.4 In any assessment, a failure to identify a serious problem or an answer which would cause the patient harm, should result in overall failure of the programme.	<i>Confirm this and identify mechanisms for identify such problems/answers.</i>

6. Details of Award	
Criterion	Provider’s comments
6.1 The provider should award successful candidates a ‘ <i>Practice Certificate in Independent Prescribing</i> ’ confirming that the candidate has successfully completed the programme and the period of learning in practice.	<i>Confirm that this will be the case.</i>

<p>6.2 The provider should send a certified copy of the pass list to the Registrar of the Royal Pharmaceutical Society via the Head of Registration, containing the names and registration numbers of the pharmacists who have successfully completed the programme and confirming that they are eligible for registration by the Society as independent prescribers.</p>	<p><i>Describe the mechanism for doing this. Include:</i></p> <ul style="list-style-type: none">• <i>How the pass list will be certified</i>• <i>How the pass list will be sent to the Society</i>
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Appendix B: Application Template Part 2: mapping of independent prescribing learning outcomes to programme learning outcomes and assessments

Level of Study: (eg level 6 / level 7)

Note: If the programme is offered at both bachelor's degree level (FHEQ level 6) and master's level (FHEQ level 7) please complete a separate mapping table for each including a list of the appropriate learning outcomes for that level.

Society's Learning Outcomes <i>Following qualification, Pharmacist Independent Prescribing will be able to:</i>	Programme Learning Outcomes <i>Translate the Society's learning outcomes into programme learning outcomes at the relevant FHEQ level (6, 7 or both)</i>	Assessments <i>Describe how each learning outcome will be assessed. Describe the purpose of each component of assessment, its length and its weighting.</i>
1. understand the responsibility that the role of independent prescriber entails, be aware of their own limitations and work within the limits of their professional competence – knowing when and how to refer / consult / seek guidance from another member of the health care team		
2. develop an effective relationship and communication with patients, carers, other prescribers and members of the health care team		
3. describe the pathophysiology of the condition being treated and recognise the signs and symptoms of illness, take an accurate history and carry out a relevant clinical assessment where necessary		
4. use common diagnostic aids e.g. stethoscope, sphygmomanometer,		
5. able to use diagnostic aids relevant to the condition(s) for which the pharmacist intends to prescribe, including		

monitoring response to therapy		
<p>6. apply clinical assessment skills to:</p> <ul style="list-style-type: none"> • inform a working diagnosis • formulate a treatment plan for the prescribing of one or more medicines, if appropriate • carry out a checking process to ensure patient safety. • monitor response to therapy, • review the working differential diagnosis and modify treatment or refer • consult/seek guidance as appropriate 		
<p>7. demonstrate a shared approach to decision making by assessing patients' needs for medicines, taking account of their wishes and values and those of their carers when making prescribing decisions</p>		
<p>8. identify and assess sources of information, advice and decision support and demonstrate how they will use them in patient care taking into account evidence based practice and national/local guidelines where they exist.</p>		
<p>9. recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels</p>		
<p>10. prescribe, safely, appropriately and cost effectively</p>		
<p>11. work within a prescribing partnership</p>		
<p>12. maintain accurate, effective and timely records and ensure that other prescribers and health care staff are appropriately</p>		

informed		
13. demonstrate an understanding of the public health issues related to medicines use		
14. demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing		
15. work within clinical governance frameworks that include audit of prescribing practice and personal development		
16. participate regularly in CPD and maintain a record of their CPD activity		
Assessment Summary		
<i>Assessment Method</i>	<i>Overall percentage contribution to the assessment of the programme</i>	
(Expand as necessary)		
Total	100%	

Appendix C: Outline curriculum for programmes to prepare pharmacist prescribers

Introduction and background

The curriculum to prepare pharmacist independent prescribers has been developed from the curriculum for supplementary prescribers published by the Society in November 2002. The changes and additions reflect experience with the education and practice of pharmacist supplementary prescribers and also the significant differences associated with practice as an independent prescriber. Practice as a pharmacist independent prescriber involves working autonomously to make decisions about patient care and an awareness of personal limitations and the scope of professional competence. In particular, an independent prescriber will be responsible for making autonomous prescribing decisions based on the clinical assessment of patients, not only of the clinical needs for which the patient is consulting the pharmacist but also to ascertain if there are any other clinical problems that require attention or referral by the pharmacist.

Pharmacists who successfully complete an accredited programme based on this curriculum will also be competent to practise as supplementary prescribers.

The curriculum builds on the strengths in theoretical and applied therapeutics which pharmacists acquire from their initial training and through experience in practice. From the summer of 2002, newly registered pharmacists will have been educated on a four-year degree programme to 'Masters' level. Undergraduate education and training programmes give pharmacists a strong foundation in pharmacodynamics, pharmacology, pharmacokinetics and toxicity of medicines, and how they may be used to prevent and treat illness, relieve symptoms or assist in the diagnosis of disease. This is underpinned by knowledge of the law relating to pharmacy and medicines and its application together with supervised experience of working with patients. Once qualified, many pharmacists undertake additional postgraduate clinical training at 'Masters' level.

The level of relevant knowledge and expertise of pharmacists entering a training programme will depend on the nature of their practice and the length of their experience. The design and delivery of programmes will need to take account of the range of pharmacists' background expertise, experience and skills and will be expected to confirm their competence in prescribing through appropriate assessment strategies.

The Royal Pharmaceutical Society's Code of Ethics and Standards requires that pharmacists ensure that their knowledge, skills and performance are of high quality, up to date, evidence based and relevant to their field of practice. Pharmacists who wish to train as prescribers will need to demonstrate to the education provider evidence of relevant Continuing Professional Development and show how they intend to ensure that their prescribing skills will be kept up to date and extended as their prescribing role develops into new areas of clinical practice.

Entry requirements

All entrants to this education programme must meet the following requirements:

- Current registration with RPSGB &/or PSNI as a practising pharmacist
- Have at least two years appropriate patient orientated experience practising in a hospital, community or primary care setting following their pre-registration year
- Identify an area of clinical practice in which to develop their prescribing skills
- Have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice
- Demonstrate how they reflect on their own performance and take responsibility for their own CPD

Pharmacists would normally be expected to complete the full training programme. All candidates, however, would be required to complete all assessments, including satisfactory completion of the period of learning in practice.

Aim

To enable pharmacists to practise and develop as prescribers and to meet the standards set by the Royal Pharmaceutical Society of Great Britain.

Learning outcomes

Following qualification, pharmacist independent prescribers will be able to:

1. understand the responsibility that the role of independent prescriber entails, be aware of their own limitations and work within the limits of their professional competence – knowing when and how to refer / consult / seek guidance from another member of the health care team
2. develop an effective relationship and communication with patients, carers, other prescribers and members of the health care team
3. describe the pathophysiology of the condition being treated and recognise the signs and symptoms of illness, take an accurate history and carry out a relevant clinical assessment where necessary
4. use common diagnostic aids e.g. stethoscope, sphygmomanometer
5. able to use diagnostic aids relevant to the condition(s) for which the pharmacist intends to prescribe, including monitoring response to therapy
6. apply clinical assessment skills to:
 - inform a working diagnosis
 - formulate a treatment plan
 - the prescribing of one or more medicines if appropriate
 - carry out a checking process to ensure patient safety.
 - monitor response to therapy, review the working/differential diagnosis and modify treatment or refer / consult / seek guidance as appropriate
7. demonstrate a shared approach to decision making by assessing patients' needs for medicines, taking account of their wishes and values and those of their carers when making prescribing decisions
8. identify and assess sources of information, advice and decision support and demonstrate how they will use them in patient care taking into account evidence based practice and national/local guidelines where they exist.
9. recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels
10. prescribe, safely, appropriately and cost effectively
11. work within a prescribing partnership

12. maintain accurate, effective and timely records and ensure that other prescribers and health care staff are appropriately informed
13. demonstrate an understanding of the public health issues related to medicines use
14. demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing
15. work within clinical governance frameworks that include audit of prescribing practice and personal development
16. participate regularly in CPD and maintain a record of their CPD activity

Indicative content

It is expected that education providers will use the indicative content to develop a detailed programme of study which will enable pharmacists to meet the learning outcomes.

Consultation, decision-making, assessment and review

- Autonomous working and decision making within professional competence.
- Understanding own limitations
- Accurate assessment, history taking, and effective communication and consultation with patients and their parents/carers
- Patient compliance and shared decision making
- Building and maintaining an effective relationship with patients, parents and carers taking into account their values and beliefs
- Effective communication and team working with other prescribers and members of the health care team
- A knowledge of the range of models of consultation and appropriate selection for the patient
- Formulating a working diagnosis
- Development of a treatment plan or clinical management plan, including lifestyle and public health advice
- Confirmation of diagnosis/differential diagnosis – further examination, investigation, referral for diagnosis
- Principles and methods of patient monitoring
- Chemical and biochemical methods for monitoring the treatment of the condition(s) for which the pharmacist intends to prescribe on qualification and responses to results.
- Clinical examination skills relevant to the condition(s) for which the pharmacist intends to prescribe.
- Recognition and responding to common signs and symptoms that are indicative of clinical problems. Use of common diagnostic aids for assessment of the patient's general health status; e.g. stethoscope, sphygmomanometer, tendon hammer, examination of the cranial nerves.
- Assessing responses to treatment against the objectives of the treatment plan/clinical management plan
- Working knowledge of any monitoring equipment used within the context of the treatment/clinical management plan
- Identifying and reporting adverse drug reactions
- Management options including non-drug treatment and referral

Influences on and psychology of prescribing

- Patient demand versus patient need including partnership in medicine taking, awareness of cultural and ethnic needs.
- External influences, at individual, local and national levels.

- Awareness of own personal attitude and its influence on prescribing practice.

Prescribing in a team context

- The role and functions of other team members
- Communicating prescribing decisions to other members of the team.
- The responsibility of a supplementary prescriber in developing and delivering a clinical management plan.
- The professional relationship between pharmacist prescribers and those responsible for dispensing.
- Interface between medical and non-medical prescribers and the management of potential conflict
- Documentation, and the purpose of records
- Structure, content and interpretation of health care records/clinical notes including electronic health records
- The framework for prescribing budgets and cost effective prescribing

Applied therapeutics

- Pharmacodynamics and pharmacokinetics
- Changes in physiology and drug response, for example the elderly, young, pregnant or breast feeding women and ethnicity
- Adverse drug reactions and interactions, to include common causes of drug-related morbidity
- Pathophysiology of defined condition(s) for which the pharmacist intends to prescribe.
- Selection and optimisation of a drug regimen for the patient's condition
- Natural history and progression of condition(s) for which the pharmacist intends to prescribe.
- Impact of co-morbidities on prescribing and patient management

Evidence-based practice and clinical governance

- Local and professional clinical governance policies and procedures
- Development and maintenance of professional knowledge and competence in relation to the condition(s) for which the pharmacist intends to prescribe.
- The rationale for national and local guidelines, protocols, policies, decision support systems and formularies – understanding the implications of adherence to and deviation from such guidance
- Prescribing in the context of the local health economy
- Principles of evidence-based practice and critical appraisal skills
- Reflective practice and continuing professional development, support networks, role of self, other prescribers and organisation
- Auditing, monitoring and evaluating prescribing practice
- Risk assessment and risk management
- Audit and systems monitoring
- Analysis, reporting and learning from adverse events and near misses

Legal, policy, professional and ethical aspects

- Policy context for prescribing
- Professional competence, autonomy and accountability of independent and supplementary prescribing practice
- RPSGB Code of Ethics and Practice Guidance

- Legal frameworks for prescribing, supply and administration of medicines e.g. patient group directions, supply in hospitals.
- Medicines regulatory framework including Marketing Authorisation, the use of medicines outside their product licence.
- The law applied to the prescribing, dispensing and administration of controlled drugs and appropriate counselling of patients
- Compliance with guidance arising from the Shipman enquiry
- Ethical considerations of the supply and administration of medicines
- Application of the law in practice, professional judgment, liability and indemnity
- Accountability and responsibility to the employer or commissioning organisation, awareness of local complaints procedures
- Consent
- Prescription pad administration, procedures when pads are lost or stolen
- Writing prescriptions
- Record keeping, documentation and professional responsibility
- Confidentiality, Caldicott and Data Protection, Freedom of Information
- Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of reporting and 'whistle blowing' procedures

Prescribing in the public health context

- Patient access to health care and medicines
- Duty to patients and society
- Use of medicines in populations and in the context of health priorities
- Public health policies, for example the use of antibiotics, antivirals and vaccines
- Inappropriate use of medicines including misuse, under and over-use
- Inappropriate prescribing, over and under-prescribing

Teaching, learning and support strategies

Programmes should be taught at least at bachelor's degree level (The Framework for Higher Education Qualifications [FHEQ] 2008, level 6) and reflect the fact that since June 2002, pharmacists have graduated and practise at master's degree level (FHEQ 2008, level 7).

Teaching and learning strategies need to recognise:

- the background knowledge and experience of pharmacists in all aspects of medicines, working with patients and the law relating to pharmacy and that this will vary between individuals;
- that pharmacists are familiar with basic pharmacology and the treatment of minor ailments. Programme content on applied therapeutics should focus on evidence-based selection and use of medicines and optimisation of treatment in individual patients;
- formal confirmation of clinical competence in the specified condition(s) for which the pharmacist intends to prescribe is an essential part of the programme;
- that pharmacists may not learn clinical examination skills in their basic training and that arrangements must be made for them to learn basic skills for the clinical (risk) assessment of patients during the prescribing programme
- pharmacists must learn the skills required for assessment of patients with the condition(s) for which they will prescribe. The roles of the education provider and the DMP in these respects must be made clear.
- the value of case studies and significant event analysis in the learning process.

- the need to encourage development of critical thinking skills and reflective practice and the maintenance of CPD records

Period of learning in practice

Every student must complete a minimum period equivalent to 12 x 7.5 hour days learning in practice under the supervision of a designated medical practitioner.

The purpose of the period of learning in practice is to enable the student to:

- identify the learning outcomes to be achieved through practical experience and how they will be achieved;
- transfer their learning from the taught programme into practice;
- acquire and practise skills that are more appropriately learned in practice, including communication with patients and carers and other prescribers, clinical knowledge and skills necessary for the diagnosis and treatment of the condition(s) for which they intend to prescribe;
- prepare treatment plans and clinical management plan, monitor and assess patients' responses to treatment;
- keep accurate and timely records of their prescribing practice;
- demonstrate and document their professional development as a prescriber;
- confirm that they have met the learning outcomes for the practice element of the education and training programme.

The role of the designated medical practitioner in the period of learning in practice is to:

- help the student to identify the learning outcomes to be achieved in the period of learning in practice;
- identify the roles of the DMP, members of the health care team and the student in achieving the learning outcomes as part of a learning contract or similar agreement;
- provide training and support to enable the student to achieve the learning outcomes, in particular clinical assessment of patients with the condition(s) for which the student intends to prescribe;
- monitor the progress of the student and confirm the completion of the equivalent of 12 days learning in practice;
- assess the achievement of the learning outcomes by the student, including confirmation of their ability to use common diagnostic aids for the physical examination of patients for the condition(s) for which the pharmacist intends to prescribe, including monitoring response to therapy;
- complete a professional declaration that confirms that in his/her opinion the student is suitable for registration as an independent and supplementary prescriber.

The role of the education provider in the period of learning in practice is to:

- confirm that the student has a named medical practitioner who has a) experience in a relevant field of practice, b) training and experience in the supervision, support and assessment of trainees, c) who has agreed to:
 - provide the student with opportunities to develop competencies in prescribing;
 - supervise, support and assess the student during their clinical placement;
- ensure that the period of learning in practice is normally completed within the duration of the education and training programme;
- provide the student and DMP with clear and practical guidance on completion of the period of learning in practice, including:

- the expectations of the DMP and that these will not require 12 full days of continuous supervision and may involve student support and experience with other members of the team, other non-medical independent prescribers and external contributors;
- the role of the DMP in helping students to acquire knowledge and practical skills, particularly clinical assessment skills relevant to their proposed role as a prescriber;
- use of mentoring techniques commensurate with student progress such as demonstration, observation and review of clinical cases;
- requirements for formative and summative assessment of the student;
- practical guidance, support and quality assurance of any summative assessments carried out by the DMP on behalf of the education provider;
- structured workbook or portfolio for recording the completion of 12 days in practice, achievement of learning outcomes and professional declaration that the student is competent as an independent prescriber;
- the roles of the education provider and DMP in confirming that the student has the clinical competence necessary for their role as a pharmacist independent prescriber for the condition(s) for which the pharmacist intends to prescribe.

Assessment strategies

The assessment requirements must be made explicit, in particular the criteria for pass/fail and the details of the marking scheme.

Assessment should test all aspects of prescribing and must include a practical assessment and confirmation of the student's clinical and physical examination skills. Each student should maintain a portfolio of achievement for assessment of the stated learning outcomes.

Assessment strategies should test:

- Knowledge and skills relevant to prescribing
- Ability to work with patients and arrive at shared prescribing decisions
- Ability to conduct a relevant clinical assessment of patients
- Ability to use common diagnostic aids for the condition(s) for which the pharmacist intends to prescribe, and make a general assessment of a patient's health
- The clinical competence required to practise as a prescriber in relation to the condition(s) for which the pharmacist intends to prescribe
- Implementation of evidence based practice
- A reflective approach to learning and CPD as a prescriber
- Satisfactory completion of the period of practice experience*

The choice of assessment techniques will reflect the expertise of the programme provider and the design of the programme. Examples of assessments that have been used include:

- Knowledge tests: open or closed book, MCQ, short answer, essay
- Case studies in the form of presentations, essays
- Portfolios in the form of reflective journals, diaries, evidence of competence, files of activity including clinical management plans, records of learning in practice or the whole learning experience.
- Practice workbook to provide evidence of completion of 12 days in practice, containing NPC competencies as a structure for drawing up a learning contract and recording progress and completion, as a guide to the DMP on their role and

completion of a professional declaration that confirms the student has passed the period of learning in practice.

- Practical test of prescribing competence, usually implemented as a university based OSCE with 2 – 10 stations, or a practice-based OSCE run by the DMP or an observed patient consultation assessed by the DMP.

Where practical assessments are not performed by university assessors, quality assurance procedures must ensure consistency of standards between assessors. This will normally include video recording and the presence of academic staff at the assessment.

*Completion of the programme and confirmation of an award must be conditional on satisfactory completion of the practice experience. Poor performance in this element must not be compensated by other elements of the assessment.

Length of programme

The duration of the programme is expected to be at least 26 days including sufficient face-to-face contact time

- to enable pharmacists to work with other students
- to share and consolidate their learning and
- to learn about the use of common diagnostic aids and assess a patient's health status.

Other ways of learning, such as distance learning and open learning formats may be used providing there is appropriate contact time and attendance requirements. In considering applications for programme accreditation, the Society will take the following factors into account;

- The compatibility of programmes for nurses, pharmacists and prescribers from other disciplines so that at least some of the learning experiences are shared
- The need for programmes for pharmacists to confirm clinical competence in the condition(s) for which they intend to prescribe treatments.
- The period of learning in practice for an individual pharmacist should be sufficiently long to enable the pharmacist to become competent in the skills of prescribing practice and in no case should it be less than twelve 7.5h days.

Qualification and awards

Pharmacists who successfully complete an accredited programme must be awarded a Practice Certificate in Independent Prescribing. This is the only award that will be recognised by the Society for annotating the pharmacist's entry in the membership register with independent prescribing status. The programme provider may also wish to make an award of academic credits and/or another form of academic award.

Appendix D: Independent Prescribing - Evaluation of Clinical Skills Teaching

All new providers of Independent Prescribing courses are required to meet the following standard condition of accreditation:

For quality assurance purposes, all Universities offering newly accredited Independent Prescribing Programmes will be expected to undertake an evaluation of the teaching provided to enable students to develop clinical examination skills, once the first cohort has completed the programme. The evaluation must include assessment results for this essential core element and feedback from students on the teaching provided. The evaluation report must then be forwarded to the Society.

1. Name of programme provider:

2. 1st cohort starts and finish dates:

3. Number of pharmacists on the programme:

4. Clinical skills teaching:

Describe how clinical skills are taught

5. Assessment Strategies:

Include all assessment strategies, and their pass marks

6. Marks Awarded for this cohort:

7. Student Feedback:

- a. How is feedback sought?
- b. How many pharmacists provided feedback?
- c. Summary of feedback received:
- d. How will feedback be used to influence teaching, assessment and support strategies for future cohorts?

8. Additional Information

Include any additional information that you feel is of relevance

Return completed evaluation to:

The Accreditation Department, Royal Pharmaceutical Society of Great Britain
1 Lambeth High Street London SE1 7JN

philippa.strevens@rpsgb.org tel: 020 7572 2604