

Accreditation Standards for the Prescribed Qualification

Pharmacist Prescriber Scope of Practice

The Pharmacy Council of New Zealand gratefully acknowledges the Royal Pharmaceutical Society of Great Britain (RPSGB) and the General Pharmaceutical Council for their kind permission to refer, adapt, and reproduce sections from their manual *The Accreditation of Pharmacist Independent Prescribing Courses [version 2nd edn Jan 2009, revised April 2009]*. The General Pharmaceutical Council adopted the RPSGB standards for independent prescribing courses in 2010.

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INTRODUCTION AND BACKGROUND

Under the Health Practitioners Competence Assurance (HPCA) Act 2003, the Pharmacy Council of New Zealand (PCNZ) is the authority responsible for the registration of pharmacists in the pharmacist and intern pharmacist scopes of practice.

As the regulatory body for pharmacists, PCNZ will also be responsible for the registration of pharmacists in the proposed Pharmacist Prescriber scope of practice.

In accordance with section 12 of the Act, PCNZ must prescribe a qualification or qualifications for any specified scope of practice. In addition the Act requires PCNZ to accredit any prescribed qualification and monitor any New Zealand educational institution that is providing such an accredited qualification. The *Accreditation Standards for the prescribed qualification of the Pharmacist Prescriber scope of practice* has been developed to meet these obligations.

PCNZ has determined that a University based Post Graduate qualification in pharmacy will constitute the prescribed qualification for the Pharmacist Prescriber scope of practice.

The post graduate qualification will be equivalent to 600hrs of study and include a prescribing practicum. The prescribing practicum must consist of 300hrs and include at least 20 x 7.5 hr days (i.e. 150 hours out of the 300hours) of supervised practice under a Designated Medical Practitioner (DMP). The qualification must include a competency basis.

A Post Graduate Diploma in Clinical Pharmacy or equivalent is the pre-requisite for entry into the qualification for the Pharmacist Prescriber scope of practice.

The University of Otago and University of Auckland Schools of Pharmacy are current tertiary education providers providing accredited 4 year Bachelor of Pharmacy (BPharm) programmes which lead to registration as an intern pharmacist. These universities also have extensive post graduate pharmacy programmes and have expressed interest in providing a post graduate qualification for the Prescriber Pharmacist scope of practice. Upon award of the qualification, graduates would then be eligible to apply for registration with PCNZ in the Pharmacist Prescriber scope of practice.

Universities may apply to PCNZ for accreditation for the pharmacist prescriber qualification against the articulated requirements in this document. The qualification must assess the eight (8) competency areas described in the Prescribing Competency Framework for the Pharmacist Prescriber scope of practice.

ACCREDITATION STANDARDS

1 Qualification Development and Learning Outcomes

1.1 Development

- 1.1.1 Provide a Post Graduate qualification that is equivalent to 600hrs of study that includes a prescribing practicum component (i.e. period of learning in practice).
- 1.1.2 Recognise that prior completion of a Post Graduate Diploma in Clinical Pharmacy or equivalent is a pre-requisite for entry into the pharmacist prescribing qualification. Prior learning should not be cross-credited against the pharmacist prescribing qualification. Regardless of previous learning or experience, all pharmacists must undertake all assessments for the pharmacist prescribing qualification.
- 1.1.3 Ensure that effective links are maintained with the pharmacy profession and other relevant stakeholders in the development of the qualification
- 1.1.4 Ensure that the qualification has incorporated the principles of inter-professional education and collaboration (IPEC) to appropriate elements of qualification design and delivery
- 1.1.5 Include teaching, learning and support strategies which allow pharmacists to build on their background knowledge and experience and acquire competence in prescribing.
- 1.1.6 Provide opportunities for pharmacists to demonstrate how they will apply their learning to the area of practice in which they will be prescribing.
- 1.1.7 Have a clear policy on attendance and participation and the obligations of pharmacists who miss part of the programme. Pharmacists must complete all teaching and learning sessions that provide instruction on clinical examination and diagnosis

1.2 Learning Outcomes

- 1.2.1 Achieve the learning outcomes listed in the curriculum for the pharmacist prescriber scope of practice (Appendix A), which must be mapped against the programme's learning outcomes and assessments. The learning outcomes of the qualification must be aligned with the relevant level of study.
- 1.2.2 Provide pharmacists intending to prescribe with the knowledge, skills and attributes in the eight (8) competency areas as described in the PCNZ Prescribing Competency Framework for the Pharmacist Prescriber scope of practice.

2 The Education Provider

- 2.1** Be part of, or be closely associated with, a tertiary 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 through the university's standard validation practices.
- 2.2** Have adequate physical, staff (academic and administrative) and financial resources to deliver the programme including facilities to teach clinical examination skills.
- 2.3** 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.
- 2.4** 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 registered with the Pharmacy Council of New Zealand, and where possible should be a pharmacist prescriber.

3 Prescribing Practicum Entry Requirements

- 3.1** Entrants must hold registration in the Pharmacist scope of practice and hold a current Annual Practising Certificate (APC) issued by PCNZ.
- 3.2** Entrants must have at least two (2) years of recent, appropriate and relevant post-registration experience within a collaborative health team environment, in community or hospital care based setting
- 3.3** Entrants must be able to demonstrate that competence standards 1, 2, 4 and 5 of the Pharmacist scope of practice are applicable and part of their current practice.
- 3.4** 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.
- 3.5** Entrants should demonstrate how they reflect on their own performance and take responsibility for own CPD.
- 3.6** Entrants must have identified potential Designated Medical Practitioners (DMPs) to provide supervision, support and shadowing opportunities for the pharmacist to the education provider.(n.b it is expected that the University will coordinate the assignment of a DMP for a pharmacist from an identified list of potential DMPs)
- 3.7** Entrants must have discussed and identified their possible role(s) as a prescriber within the collaborative health team environment they intend to practice in prior to commencing the practicum.

4 Prescribing Practicum

4.1 Requirements

- 4.1.1 The prescribing practicum component of the programme must be equivalent to 300 hours and be the final component i.e. the last paper of the qualification.
- 4.1.2 This component of the programme must consist of supervised practice, diagnostic skills, patient consultation and assessment skills, clinical decision making and assessment skills and monitoring skills.
- 4.1.3 The prescribing practicum component must require the pharmacist to spend at least 20 x 7.5 hr days (i.e. 150 out of 300 hours) under the supervision of an appointed Designated Medical Practitioner (DMP) in their collaborative health team environment.

4.2 Provider responsibility

- 4.2.1 Ensure that the appointed DMP has the training and experience appropriate to their role.
- 4.2.2 Ensure that the DMP is familiar with the requirements of the qualification and the need to achieve the stated learning outcomes.
- 4.2.3 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.
- 4.2.4 Support the DMP with clear and practical guidance on their role in the assessment of the pharmacist.
- 4.2.5 Obtain formal evidence and confirmation from the DMP that the pharmacist has satisfactorily completed at least 20 x 7.5hr days supervised practice.
- 4.2.6 Obtain a professional declaration from the DMP which indicates that the skills and competence demonstrated in practice confirm that the pharmacist has met the requirements of the prescribing practicum.

5 Assessment and Reporting

- 5.1 Ensure that assessment strategies meet the requirements of the curriculum (outlined in Appendix A)
- 5.2 Ensure that evidence is gathered from a range of assessments that the pharmacist has achieved the intended learning outcomes of the programme.
- 5.3 Ensure that the papers/courses will be assessed separately from any other paper/course components and lead to a freestanding award which confirms the competence of the pharmacist as a pharmacist prescriber.

- 5.4** Ensure that assessment methodology tests all aspects of prescribing and should include a practical assessment and confirmation of the pharmacist's clinical and physical examination skills.
- 5.5** Ensure that the assessment scheme demonstrates 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.
- 5.6** The provider must ensure that a confirmatory list of successful graduates is provided to PCNZ on completion of the qualification, including verification of the completion of supervised practice in the prescribing practicum.

Appendix A

CURRICULUM OUTLINE FOR THE EDUCATION AND TRAINING OF PHARMACIST PRESCRIBERS

1. INTRODUCTION AND BACKGROUND

The curriculum to prepare pharmacist prescribers has been largely reproduced (with permission) from the RPSGB¹ accreditation requirements for pharmacist independent prescribing courses. The changes and additions to the curriculum reflect the differences associated with healthcare systems and practice in New Zealand. In addition the curriculum is underpinned by the eight competency areas of the PCNZ Prescribing Competency Framework for the Pharmacist Prescriber scope of practice. This framework has been adapted (with permission) from the UK National Prescribing Centre (NPC) Prescribing Competency Framework for Independent Pharmacist Prescribing.

In the context of prescribing authority, registered doctors, midwives and dentists in New Zealand are legally defined as authorised prescribers who by virtue of their qualification and registration are permitted to prescribe prescription (and non-prescription) medicines for the treatment of a patient under their care.²

Other regulated health professionals cannot prescribe prescription medicines unless they have the legislative status of designated prescribers. Currently nurses (nurse practitioner scope of practice) and optometrists (TPA endorsed scope of practice) have this status in New Zealand. Registration in the Pharmacist Prescriber scope of practice will require a designated prescriber status for pharmacists.

The pharmacist prescriber scope requires the pharmacist to be working in a collaborative health team environment³ when making decisions about patient care, and he/she must demonstrate an awareness of personal limitations and the scope of his/her professional competence.

Pharmacists who successfully complete an accredited programme based on this curriculum will be eligible to apply for registration in the Pharmacist Prescriber scope of practice.

The curriculum builds on the strengths in theoretical and applied therapeutics which pharmacists acquire from their initial training and through experience in practice. Undergraduate education and training programmes give pharmacists a strong foundation in pharmaceutical sciences, social aspects of pharmacy, 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

¹ RPSGB – Royal Pharmaceutical Society of Great Britain

² Medicines Act 1981

³ Refers to an environment of healthcare practice where patients are the focus and beneficiaries of the collaboration. In this environment, members of the interprofessional healthcare team **cooperate in sharing patient information** (diagnosis, test results, medication history, treatment plans, progress notes etc.), so that the pharmacist prescriber is empowered to make informed decisions about patient treatment and care based on his/her unique knowledge and skills. In the context of pharmacist prescribing (if indicated) these decisions can be made independently by the pharmacist prescriber or by the interprofessional healthcare team, in partnership with the patient.

pharmacy and medicines and its application together with supervised experience of working with patients.

The level of relevant knowledge and expertise of pharmacists entering a training and education 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 PCNZ 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.

The PCNZ has reviewed and revised the Code of Ethics (CoE) for pharmacists and will develop and publish guidance statements against this new code for pharmacist prescribers in the future.

2. AIM OF THE PHARMACIST PRESCRIBER QUALIFICATION

To prepare pharmacists with the knowledge, skills and attributes in the eight (8) competency areas as described in the PCNZ Prescribing Competency Framework for the Pharmacist Prescriber scope of practice

3. LEARNING OUTCOMES

Following successful completion of the qualification, pharmacist prescribers will be able to:

1. optimise medicines related health outcomes for individual patients in a collaborative health team environment (as defined earlier)
2. understand the responsibilities that the role of pharmacist 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 interprofessional health care team
3. develop and maintain effective relationships, and communicate effectively, with patients, carers, other prescribers and members of the inter-professional health care team
4. 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
5. use common diagnostic aids e.g. stethoscope, sphygmomanometer
6. able to use diagnostic aids relevant to area of practice in which the pharmacist intends to prescribe, including monitoring response to therapy
7. apply clinical assessment skills to:
 - inform a working/confirmed diagnosis
 - formulate a treatment plan
 - the prescribing of one or more medicines if appropriate
 - conduct 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
8. 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
9. 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.
10. recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels
11. prescribe safely, appropriately and with awareness of costs
12. work within a prescribing partnership
13. maintain accurate, effective and timely records of the consultation and ensure that other prescribers and members of the interprofessional healthcare team are appropriately informed
14. demonstrate an understanding of the public health issues related to medicines use
15. demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing
16. work within clinical governance frameworks that include audit of prescribing practice and personal development
17. participate regularly in CPD and maintain a record of their CPD activity

4. 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
- Professional reasoning and judgement
- Accountability and responsibility for decisions and recommendations
- 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 interprofessional healthcare team
- A knowledge of the range of models of consultation and appropriate selection for the patient
- Formulating a working diagnosis within the boundaries of the collaborative health team environment
- 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 is 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

Skills and Understanding for Safe and Effective Prescribing

- Cognitive and mechanical components of prescribing associated with safe and effective prescribing
- Awareness of medication risks and factors associated with prescribing errors
- Confirmation of best practice medication history and medicine reconciliation techniques
- Effective communication of prescribing decisions with patient and other healthcare members of the team including medical, nursing and pharmacy staff

Prescribing in a collaborative healthcare team context

- Collaborative health team environment/Interprofessional collaboration
- The role and functions of other team members
- Respect for the unique skills and contributions of others in the healthcare team
- Communicating prescribing decisions to other members of the team.
- The responsibility of the prescriber in developing and delivering a clinical management plan
- The professional relationship between pharmacist prescribers and those responsible for dispensing medicines.
- 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 pharmacotherapeutics

- Optimise medicines related health outcomes for individual patients
- Application of medicines information and medicines management principles
- Application of pharmacotherapeutic knowledge
- Pharmacodynamics and pharmacokinetics
- Changes in physiology and medication response, for example the elderly, young, pregnant or breast feeding women and those of different ethnicities
- Adverse drug reactions and interactions, to include common causes of medicines related morbidity
- Laboratory tests and data interpretation
- Pathophysiology of defined condition(s) in the area of practice in which the pharmacist intends to prescribe.
- Selection and optimisation of a medicine therapy regimen for the patient's condition
- Natural history and progression of condition(s) in the area of practice in which the pharmacist intends to prescribe.
- Impact of co-morbidities on prescribing and patient management
- Monitor and review response to pharmacotherapy

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 area of practice in 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 prescribing practice
- PCNZ Code of Ethics and Practice Guidance (Please note: PCNZ will be developing guidance statements against the Code of Ethics specifically for pharmacist prescribers)
- Legal frameworks for prescribing, supply and administration of medicines across primary and secondary care settings e.g. hospitals, resthomes, hospice, community
- Medicines regulatory framework including registration of medicines, 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
- 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
- Informed patient consent
- Prescription pad administration, procedures when pads are lost or stolen
- Writing prescriptions, both paper-based, computer and electronic prescriptions
- Record keeping, documentation and professional responsibility
- Confidentiality, Health Information Privacy Code 1994, Health (Retention Health Information) Regulations 1996, Code of Health and Disability Consumers` Rights
- 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
- Health disparities in the New Zealand context
- 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

Prescribing in the context of the New Zealand Healthcare System

- National healthcare strategies, priorities and frameworks relevant to medicines use
- Hauora Māori - He Korowai Oranga, Māori Health Strategy for New Zealand, Māori Health Strategy for the Pharmacy Profession
- National and regional healthcare priorities and goals
- National/local health services and partner organisation interactions
- Funding systems related to prescribing

5. TEACHING, LEARNING AND SUPPORT STRATEGIES

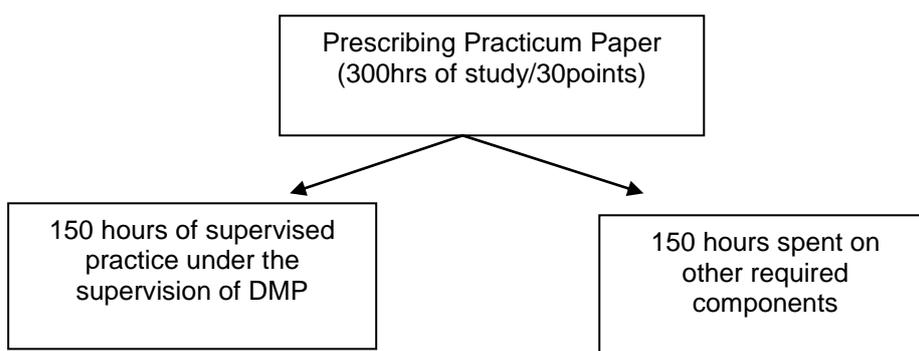
Programmes must be taught at a post graduate level and reflect the extent of the undergraduate and post graduate education and training of pharmacists in pharmacology and therapeutics.

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 and major 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 area 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 in the area 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

6. PRESCRIBING PRACTICUM PAPER

The prescribing practicum paper must be equivalent to 300hours and consist of supervised practice, diagnostic skills, patient consultation and assessment skills, clinical decision making and assessment skills and monitoring skills.



The purpose of the prescribing practicum 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 assessment and treatment of patients in the area of practice they intend to prescribe;

- prepare treatment plans and clinical management plans, monitor and assess patients' responses to treatment;
- keep accurate and timely records of their consultation including 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.

Supervised Practice

At least 20 x 7.5 hr days (i.e. 150 out of the 300 hours) must occur under the supervision of a Designated Medical Practitioner (DMP).

The role of the designated medical practitioner in the prescribing 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 in the area of practice in which the student intends to prescribe;
- monitor the progress of the student and confirm the completion of the equivalent of 20 x 7.5hr days of supervised 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 in the area of practice for which the pharmacist intends to prescribe, including monitoring response to therapy;
- complete a professional declaration that confirms that in his/her opinion a pharmacist has met the skills and competence requirements of the prescribing practicum.

The role of the education provider in the prescribing practicum 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 prescribing practicum 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 prescribing practicum, including:
 - the expectations of the DMP and that the student may not require 20 full days of continuous supervision. The supervised practice can involve student support and experience with other members of the team, other 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 20 days in practice, achievement of learning outcomes and professional declaration that the student is competent to prescribe;
- the roles of the education provider and DMP in confirming that the student has the clinical competence necessary for their role as a pharmacist prescriber for the area of practice in which the pharmacist intends to prescribe.

7. 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 area of practice in 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 area of practice in which the pharmacist intends to prescribe
- Implementation of evidence based practice
- A reflective approach to learning and CPD as a prescriber
- Ability to maintain accurate and adequate clinical records of the consultations
- Satisfactory completion of the period of practice experience⁴

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 internationally for non-medical prescribing qualifications include:

- Knowledge tests: open or closed book, MCQ⁵, 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 the prescribing practice, containing the PCNZ Competencies for the Pharmacist Prescriber scope of practice 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 satisfactorily met the requirements of the prescribing practicum.
- Practical test of prescribing competence, usually implemented as a university based OSCE⁶ 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.

⁴ 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

⁵ MCQ – Multichoice examination questions

⁶ OSCE – Objective Structured Clinical Examination

LENGTH OF PROGRAMME

The duration of the programme is expected to be aligned with the requirements for Post Graduate level qualification and must include sufficient face-to-face contact time:

- to enable pharmacists to work with other enrolled pharmacists;
- 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 provided it does not impact on contact time and attendance requirements.

In considering applications for programme accreditation, the PCNZ will take the following factors into account;

- The compatibility of programmes for nurses, pharmacists and prescribers from other disciplines so that the learning experiences are shared
- The need for programmes for pharmacists to confirm clinical competence in the area of practice for which they intend to prescribe.
- The supervised 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 20 x 7.5hr days.

8. QUALIFICATION AND AWARDS

Pharmacists who successfully complete the requirements of an accredited Post Graduate level programme will then be eligible to apply to PCNZ for registration into the Pharmacist Prescriber scope of practice

Recognition of Prior Learning and Experience

Recognise that prior completion of a Post Graduate Diploma in Clinical Pharmacy or equivalent is a pre-requisite for entry into the pharmacist prescribing qualification. Prior learning should not be cross-credited against the pharmacist prescribing qualification. Regardless of previous learning or experience, all pharmacists must undertake all assessments for the pharmacist prescribing qualification.