Reaccreditation of an Education and Training Programme to prepare Pharmacist Independent Prescribers, King’s College London

Report of a reaccreditation event, 17 December 2013

Introduction

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in the United Kingdom.

King’s College London was accredited by the Royal Pharmaceutical Society (RPSGB) in 2007 to provide a programme to train pharmacist independent prescribers, for a period of 3 years. It was subsequently reaccredited by the General Pharmaceutical Council for a further period of 3 years in 2010, subject to 3 conditions. These were:

i. All references to the RPSGB as the regulator must be removed from all teaching materials, handbooks and documentation. These must be replaced with the General Pharmaceutical Council, as the body that regulates pharmacy; this must be done with immediate effect.

ii. The reference to the conversion course on the application form should be removed; this must be done with immediate effect.

iii. In order to meet the requirements of the General Pharmaceutical Council, criterion 4.4 must be reworded, changing ‘registration’ to ‘annotation’, i.e. the DMP declaration must be rewritten to reflect the exact wording to meet criterion 4.4.

The revised documentation was sent to the GPhC who confirmed that the three conditions had been met.

In line with the General Pharmaceutical Council’s (GPhC) process for reaccreditation of independent prescribing programmes, an event was scheduled on 17 December 2013 to review the programme’s suitability for reaccreditation.
Documentation

The University provided copies of its application documentation in advance of the visit, in line with the agreed timescales.

The following documents were submitted by the training provider in advance of the accreditation event:

- Completed application template part 1
- Completed application template part 2
- Completed evaluation template ‘Evaluation of clinical skills teaching’
- Appendices:
  1. Module Approval Form
  2. Staff Overview and CVs
  3. IP Steering Committee
  4. Application Form
  5. DMP Handbook
  6. Portfolio
  7. KCL PGT Student Handbook
  8. IP Student Handbook
  9. Timetable
  10. Summary and Cohort Information
  11. OSCE station 1 LIV-MAS marksheet
  12. Physical Assessment Skills Assessment Criteria
  13. KCL PGT Marking Criteria
  14. KCL Regulations for Taught Programmes

The application documentation was reviewed by the panel and it was deemed to be satisfactory to provide a basis for discussion.

The accreditation process was based on the General Pharmaceutical Council’s 2010 accreditation criteria for Independent Prescribing.

The event

The event was held on 17 December at the Novotel Waterloo Hotel, 113 Lambeth Road, London SE1 7LS
The Accreditation Team:

The GPhC accreditation team (‘the team’) comprised:

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation at the time of accreditation event</th>
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<tbody>
<tr>
<td>Professor Angela Alexander</td>
<td>Accreditation team member (Chair), Director of the Centre for Inter-Professional Postgraduate Education and Training, University of Reading</td>
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<tr>
<td>Mr Mike Pettit</td>
<td>Accreditation team member, Lead Pharmacist for Women’s and Children’s Division, Royal Sussex County Hospital</td>
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<tr>
<td>Dr Ruth Edwards</td>
<td>Senior Lecturer and MPharm Course Leader, Robert Gordon University (Observer)</td>
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along with:

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<tr>
<th>Name</th>
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<tr>
<td>Ms Joanne Martin</td>
<td>Quality Assurance Manager (education), General Pharmaceutical Council</td>
</tr>
<tr>
<td>Professor Brian Furman</td>
<td>(Rapporteur), Emeritus Professor of Pharmacology, University of Strathclyde</td>
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Declarations of interest

Dr Cate Whittlesea, the course leader for the King’s Independent Prescribing programme, has served as external examiner at the University of Reading, Professor Alexander’s home institute. No other potential conflicts of interest were declared.
### The accreditation criteria

<table>
<thead>
<tr>
<th><strong>Accreditation team’s commentary</strong></th>
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<tr>
<td><strong>Section 1: The programme provider</strong></td>
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<tr>
<td>The programme is provided by the Department of Pharmacy, School of Biomedical &amp; Health Sciences and the Florence Nightingale School of Nursing and Midwifery, King’s College London (KCL). The documentation described the physical, staffing and financial resources available for delivery of the programme. These include facilities to teach clinical examination skills; clinical skills teaching is provided by specialist skills teachers who are employed by the Florence Nightingale School of Nursing and Midwifery within the Chantler Simulation &amp; Interactive Learning (SaIL) Centre located in the Guy’s Campus. This centre houses a simulated ward/hospital environment suitable for hi-fidelity clinical simulations for teaching specialised skills. Online material to support the physical skills sessions is available on the King’s e-Learning and Teaching Service (KEATS, the KCL virtual learning environment). The course draws advice from a cadre of practising pharmacists and nurses who are engaged in prescribing.</td>
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<tr>
<td><strong>The four criteria relating to the programme provider are met.</strong> (See Appendix 1 for criteria).</td>
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<td><strong>Section 2: Pre-requisites for entry</strong></td>
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<tr>
<td>The application form, which was provided with the documentation, specifies that entrants must be pharmacists registered with the GPhC or the PSNI. Students must submit their full employment details on the application form. In addition, a named senior manager/practitioner from their supporting organisation must confirm that they have at least two years of appropriate patient-orientated experience in a hospital, community or primary care setting following their preregistration year. A competency statement is also required from a named medical practitioner with whom they work as a pharmacist providing patient orientated services; this details the service they provide. Applicants provide personal accounts of their involvement in continuing professional development (CPD) and potential involvement in local prescribing networks. A suitable representative from the supporting organisation (e.g. GP practice or hospital) is required to sign the form to confirm that the pharmacist has up-to-date clinical and pharmacological knowledge relevant to the clinical practice area where a need for a pharmacist independent prescriber has been identified. Applicants must also submit two CPD cycles relevant to their proposed scope of practice.</td>
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<tr>
<td>Designated Medical Practitioners (DMPs) are required to complete a section of the application form detailing their job title, previous experience as a DMP and current experience of supervision (GP trainees, medical students, junior doctor etc). In the application form the DMPs must also confirm that they meet the qualifications required for a DMP, that they have a suitable practice environment and that they have allocated time to support the trainee non-medical prescriber in the specific scope of practice.</td>
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<tr>
<td><strong>The six criteria relating to the pre-requisites for entry are met.</strong></td>
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### Section 3: The programme

The course is taught at master’s level and the documentation demonstrated how the GPhC’s 16 learning outcomes (Appendix 1) are mapped against the programme’s learning outcomes and assessments. The course utilises a variety of methods to support learning and comprises lectures, seminars and enquiry-based approaches. The student learning experience is enriched through the constant application of theory to practice using problem-solving case scenarios and a learning log for reflection in practice. Guidance is given to the designated medical practitioners (DMPs) to ensure that they facilitate learning in the practice areas by using a case study approach where applicable. Pharmacists enrolled on the course are expected to attend a range of study events. Opportunities for pharmacists to demonstrate how they will apply their learning to the conditions for which they will be prescribing are provided through contact with the DMPs and their associated healthcare teams during the days in practice. Attendance at all teaching sessions is mandatory.

**The eight criteria relating to the programme are met**

### Section 4: Learning in Practice

Extensive guidance is given to the Designated Medical Practitioners (DMPs) to ensure that they facilitate learning in the practice areas and DMPs have access to all of the online course materials. In addition, DMPs are required to meet with a senior member of the course teaching team to ensure their familiarity with the course requirements and their role in delivery and assessment. To facilitate this, a training session is provided at King’s College London. Core physical assessment skills are taught by the course team, drawing on expertise from the School of Nursing. The development of these skills is supported by appropriate online material and by use of the Physical Assessment and Diagnostics Skills Guide, designed by Cardiff University. A standardised procedure used for the direct observation of key practical skills (DOPS) in medical training has been adapted for use on this course.

DMPs are asked to confirm that the pharmacist has satisfactorily completed at least 12x7.5h days of supervised practice and that the pharmacist is suitable for annotation as an Independent Prescriber.

**The five criteria relating to learning in practice are met.**

### Section 5: Assessment

Throughout the course, seminars, sharing of problem based learning and web-based exercises provide formative feedback to enable self-assessment and the development of competence in prescribing. The summative assessments of competence to practise, together with the oral portfolio review examination, test underpinning knowledge, decision-making and application of theory to practice. The summative assessments include an objective structured clinical examination (OSCE) using simulated patients; this covers consultation skills, physical assessment and prescription writing.

Students who are deemed to exhibit illegal/dangerous practice in their portfolio and/or examinations will fail the
course. There is no compensation among the elements of assessment (written exam, OSCEs and portfolio) and students must pass each element. Students are permitted to resit any failed element on one occasion, as described in the Student Handbook. However, in exceptional circumstances, which were clarified to the accreditation team, where an element of assessment is defined as a core competency, the examination board may permit this core competency to be reassessed on one additional occasion only.

The four criteria relating to assessment are met.

<table>
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<th>Section 6: Details of Award</th>
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<tr>
<td>Successful candidates are awarded a <em>Practice Certificate in Independent Prescribing</em>, confirming that they have successfully completed the programme and the period of learning in practice. King’s College London sends a certified copy of the pass list to the GPhC; this list contains the names and registration numbers of the pharmacists who have successfully completed the programme and confirms that they are eligible for annotation on the GPhC Register as independent prescribers.</td>
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<tr>
<td>The two criteria relating to details of the award are met.</td>
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**Summary and Conclusions**

The accreditation team has agreed to recommend to the Registrar of the General Pharmaceutical Council that King’s College London should be reaccredited as a pharmacist independent prescribing course provider for a further period of three years. There are no conditions or recommendations.

An area of strength the team would like to recognise is the mechanisms in place to support DMPs in their role, particularly through providing access to the virtual learning environment and the use of recognised objective tools for assessment. The team sees this as an area of good practice.

The full record and report includes other comments from the team and the Registrar regards the record and report in its entirety as its formal view on provision. Providers are required to take all comments into account as part of the reaccreditation process.

There is a **standing condition** for all course providers, which is that documentary references to the pharmacy regulator in GB must be to the General Pharmaceutical Council. Also, if any other amendments are required to be made to documents for accuracy or completeness, they will be detailed in the record.
The provider should note the following:

1. The General Pharmaceutical Council has assumed responsibility for the regulation of pharmacy education. The Pharmacy Order, the legislation establishing the General Pharmaceutical Council as regulator, states that the General Pharmaceutical Council accept previous decisions of the Society. In this context, that means previous accreditation decisions of the Society will stand.

2. The accreditation team’s recommendations are not binding on the Registrar and the Registrar may add, remove or modify points on reflection and in light the accreditation panel views.

3. The General Pharmaceutical Council’s record and report will be sent to the provider to comment on factual accuracy. The providers must respond to the definitive version of the record and report within three months of receipt.

4. Thereafter the summary report, along with the provider’s response, will be published on the General Pharmaceutical Council’s website and remain for the duration of the accreditation period. The record remains confidential to the institution and the General Pharmaceutical Council.

5. All accredited providers are required to inform the General Pharmaceutical Council annually of changes to the curriculum and/or resources.

Please note that the accreditation team’s feedback is confidential until it has been ratified by the Registrar of the General Pharmaceutical Council.

Following the above event, the Registrar of the General Pharmaceutical Council subsequently accepted the accreditation team’s recommendation and approved the course for reaccreditation for a further period of three years, until the end of January 2017.
Appendix 1

GPhC Accreditation criteria for pharmacist independent prescribing programmes

Section 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 registered with the General Pharmaceutical Council (GPhC), and where possible should be a pharmacist independent prescriber.

Section 2: Pre-requisites for entry

2.1 Entrants must be a registered pharmacist with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI).

2.2 Entrants must have at least two years appropriate patient-orientated experience in a UK 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 should demonstrate how they reflect on their own performance and take responsibility for 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 GPHC’s requirements of the programme and the need to achieve the learning outcomes.

2.6 Entrants who are not registrants of the GPhC or PSNI may undertake the taught components of the programme but may not undertake the period of supervised practice.

Section 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.

Section 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 annotation as an Independent Prescriber”.

4.5 Failure in the period of learning in practice cannot be compensated by performance in other assessments.

Section 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 pharmacists as an independent prescriber.
5.3 The assessment scheme should demonstrate that the criteria for pass/fail and any arrangements for compensation between elements of assessment, together with the regulations for resit assessments and submissions, 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.

Section 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 GPhC, via the Registration Manager, containing the names and registration numbers of the pharmacists who have successfully completed the programme and confirming that they are eligible for annotation on the GPhC Register as independent prescribers.

Independent Prescribing Programme Learning Outcomes

All GPhC accredited independent prescribing courses need to ensure that following qualification pharmacist independent prescribers are be able to:

- 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.
- Develop an effective relationship and communication with patients, carers, other prescribers and members of the health care team.
- 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.
- Use common diagnostic aids e.g. stethoscope, sphygmomanometer
- Able to use diagnostic aids relevant to the condition(s) for which the pharmacist intends to prescribe, including monitoring response to therapy.
- Apply clinical assessment skills to:
  - 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

• 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.

• 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.

• Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.

• Prescribe, safely, appropriately and cost effectively.

• Work within a prescribing partnership.

• Maintain accurate, effective and timely records and ensure that other prescribers and health care staff are appropriately informed.

• Demonstrate an understanding of the public health issues related to medicines use.

• Demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing.

• Work within clinical governance frameworks that include audit of prescribing practice and personal development.

• 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
• GPhC’s *Standards of Conduct, Ethics and Performance*
• 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
• Inappropriately use of medicines including misuse, under and over-use
• Inappropriate prescribing, over and under-prescribing

Note: The standards of proficiency for supplementary prescribers are included in the standards for independent prescribers.