Royal Pharmaceutical Society of Great Britain (RPSGB)

The Robert Gordon University
Reaccreditation of an Education and Training Conversion Course to prepare Pharmacist Independent Prescribers

Report of a reaccreditation event, 30 June 2010

Introduction

The Robert Gordon University was accredited by the Royal Pharmaceutical Society (RPSGB) in 2007 for a period of 3 years to provide a conversion course to train pharmacist supplementary prescribers to become independent prescribers. In line with the RPSGB process for reaccreditation of independent prescribing programmes, an event was scheduled on 30 June 2010 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. To comply with the process for reaccreditation the University also provided a response to the recommendation set by the accreditation team at the original accreditation of the programme.

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

The accreditation process was based on the Society's 2009 accreditation criteria for Independent Prescribing.

The Accreditation Team:

The RPSGB 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>Dr Carol Candlish</td>
<td>Former lecturer, University of Sunderland (event Chair)</td>
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<tr>
<td>Mr Mike Pettit</td>
<td>Practice Director, Clinical Studies, University of Brighton</td>
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along with:

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<thead>
<tr>
<th>Name</th>
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<tr>
<td>Ms Joanne Martin</td>
<td>Accreditation and Recognition Manager, RPSGB</td>
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<tr>
<td>Professor Ian Marshall</td>
<td>Rapporteur</td>
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Accreditation criteria

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<th>Accreditation team commentary.</th>
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<td>All five criteria under this category were met. The course is run by an established school of pharmacy. There is one intake per year with a maximum of 50 entrants. Training elements are delivered online using Campusmoodle with a residential element at the School of Pharmacy’s Professional Skills Centre. Facilities for the teaching of clinical examination skills are available and the Designated Medical practitioner (DMP) is responsible for ensuring that relevant facilities are available during the period of learning in practice. 7.1 WTEs are associated with the course plus input from other specialist including pharmacist independent prescribers, a hospital consultant and a GP. Four of the 7.1 WTEs have undertaken a training course on physical examination skills. Seven of the RGU staff involved in the course are on the RPSGB practising register. Two additional teacher-practitioners who are pharmacist independent prescribers contribute to course design and review.</td>
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## Pre-requisites for Entry

All five criteria under this category were **met**. All entrants must complete an application form that ensures that they meet the prerequisites for entry to the course. Pharmacist supplementary prescribers who have been qualified as a prescriber for less than five years can become independent prescribers by completing a conversion course. In terms of the designated medical practitioner’s role, the accreditation team was unsure how the DMP could agree to supervise the student without prior access to the information on Campusmoodle. The team was told that the student’s application form is sent to the DMP along with the RPSGB criteria and the relevant RGU web pages. In case of continuing uncertainty, the programme director will inform the DMP of the full requirements before seeking confirmation of their involvement.

## The Programme

All seven of the criteria under this category were **met**. The course is taught at SCQF level 11, equivalent to FHEQ level 7 and includes a reflective portfolio (2 day learning in practice) and equivalent to 2 days within the School. A review of practice against the NPC competences is required, allowing students to identify gaps and plan. Students contextualise their own learning in their chosen field by reviewing with the DMP the learning outcomes of the course. The developed outline plan aids the achievement of these LOs. Clinical competencies are a key focus. Attendance at the School (one day) is mandatory which includes the instruction on clinical examination. Students who fail to attend, must attend at the next opportunity.

## Learning in Practice

All five criteria under this category were **met**. The guidance for DMPs is available on campusmoodle. The document Role & Responsibilities clearly indicates the roles of the DMP and the School. The DMP provides training and support to enable the pharmacist to achieve the relevant learning outcomes one of which is the demonstration of competence in the relevant physical examination of patients with those conditions for which the pharmacist may prescribe. The DMP is also responsible for monitoring progress, confirming completion of the number of days in practice, assessing the achievement of the PLP learning outcomes. The DMP completes the professional declaration confirming suitability for registration.

## Assessment

All four criteria under this category were **met**. The course is assessed entirely by portfolio. There is one resubmission allowed for a failed assignment.

## Details of Award

Both criteria under this category were **met**. Successful students will be awarded a Practice Certificate in Independent Prescribing that confirms that the student has completed the course and period of learning in practice.

## Summary and Conclusions

The accreditation team agreed to recommend to the Society’s Education Committee that The Robert Gordon University should be reaccredited as a pharmacist independent prescribing conversion course provider for a further period of 2 years. Taking into account the provider’s view that the conversion programme would become redundant by around 2013, the accreditation team agreed that University could apply for an extension of the period of accreditation of the conversion course should it become necessary.

There are no conditions or recommendations.

The accreditation team agreed that the School be commended for the on-line support for students, especially the access to the e-tutors.

The full record includes other comments from the team and the Society regards the record in its entirety as its formal view on provision. Providers are required to take all comments into account as part of the accreditation process.
The provider should note the following:

1. The Society is in the process of demerging into a professional leadership body and a regulator, the General Pharmaceutical Council. The Council will assume responsibility for the regulation of pharmacy education some time in 2010. The date is yet to be agreed but when it is known, the provider will be informed as soon as possible. Before that the GPhC will be operating in shadow form but will not have a statutory responsibility for the regulation of pharmacy education. The Pharmacy Order, the legislation establishing the GPhC as regulator, states that the GPhC will accept the decisions of the Society. In this context, that means the accreditation decisions of the Society will stand.

2. The recommendations of the accreditation team are not binding on the Society’s Education Committee and the Committee may add, remove or modify points on reflection and in light of members’ views.

3. The Society’s report will be sent to the provider shortly to comment on factual accuracy.

4. All accredited providers are required to inform the Society annually of changes to the curriculum and/or resources.

5. The providers must respond to the definitive version of the report within three months of receipt.

The accreditation team’s feedback is confidential until it has been ratified by the Education Committee.

Following the above event the condition of reaccreditation was met and the Society’s Education Committee approved the reaccreditation for a further period of three years until the end of August 2012.

An extension to accreditation was later granted by the GPhC for a period of one year, until the end of August 2013.
Independent Prescribing Conversion Programme accreditation criteria

1. **The Programme Provider**

1.1 Must be recognised by the Society or the Pharmaceutical Society of Northern Ireland (PSNI) as a provider of an accredited independent prescribing programme or previous provider of an accredited supplementary prescribing programme.

1.2 Must be part of or 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.

1.3 Must have adequate physical, staff (academic and administrative) and financial resources to deliver the programme including the facilities to teach clinical examination skills.

1.4 Must have identified staff with appropriate background and experience to teach the programme, ideally including practicing pharmacists with teaching experience and staff with clinical and diagnostic skills.

1.5 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 must have current registration as a practising pharmacist with the Royal Pharmaceutical Society of Great Britain or PSNI with annotation as a supplementary prescriber.

2.2 Entrants must currently be registered as a supplementary prescriber and able to provide evidence of prescribing experience which is no longer than 2 years’ old.

2.3 Entrants must provide a statement of support from a medical practitioner that confirms their competence as a supplementary prescriber.

2.4 The provider must ensure that the pharmacist has a DMP with training and experience appropriate to their role, who has agreed to provide supervision, support and shadowing opportunities for the student, and is familiar with the requirements of the programme and the need to achieve the learning outcomes.

2.5 Entrants should demonstrate how they reflect on their own performance and take responsibility for their own CPD.

3. **The programme**

3.1 Must be taught at least at first 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 learning outcomes identified in the curriculum for an independent prescribing conversion course.

3.3 Must include teaching learning and support strategies which allow pharmacists to build on their knowledge and experience as supplementary prescribers.

3.4 Must provide opportunities to 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 2 days including a minimum of one day of face-to-face learning activities. The programme will be expected to contain a range of appropriate delivery methods.

3.6 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.

3.7 Candidates will be subject to the full assessment process for the conversion course.

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. The role of the programme provider and the DMP for teaching the skills for clinical assessment of patients are 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 should obtain formal evidence and confirmation from the DMP that the pharmacist has satisfactorily completed at least 2 x 7.5 hour-days supervised practice.

4.4 The provider should 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

5.1 Evidence from a range of assessments that the student has achieved the additional learning outcomes for the conversion course.

5.2 The programme is freestanding and will be assessed separately from any other programme.

5.3 The assessment scheme should demonstrate that the criteria for pass/fail and any arrangements for compensation between elements of assessment, together with regulations for resit assessments and submissions, are consistent with safe and effective prescribing and the achievement of all the learning outcomes for the conversion course.

5.4 In any assessment, it is expected that a major 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.
Learning outcomes

The learning outcomes shown in **bold font** are additional to those which will already have been demonstrated by pharmacist supplementary prescribers. They should form the basis for a conversion course.

Following qualification, pharmacist independent prescribers will 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
  - 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 in addition, 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 independent 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