Introduction

St George’s University of London and Kingston University approached the Royal Pharmaceutical Society of Great Britain (the Society) to advise the Society of its intention to seek accreditation of an education and training programme to train Pharmacist Independent Prescribers. Accordingly, an accreditation event was scheduled for the 8 December 2009. In accordance with the Society’s policy for new providers of pharmacist prescribing programmes, the event was scheduled to take place at the University to allow for inspection of the teaching and learning facilities available.

Documentation

The University provided copies of its application documentation in advance of the visit, in line with the agreed timescales. The application documentation was reviewed by the panel and it was deemed to be satisfactory to provide a basis for discussions. In addition to the information provided within the documentation the panel also requested to see, in advance of the event, a copy of any written support materials provided to the designated medical practitioners. The University responded with the relevant documentation, in good time ahead of the visit.

The following additional documents were provided during the visit:
(i) St George’s, University of London General Regulations for Students and Programmes of Study
(ii) Example MCQ formative assessment with answers
(iii) Sample prescribing timetable 2009-2010
(iv) Example application pack including cover letter, equal opportunity monitoring form, application form, APEL information form, application form

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

The event

The event was held on 8 Dec 2009 at St George’s University of London, Medical School, Hunter Wing.

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>Mr Andrew Husband</td>
<td>Principal Lecturer Pharmacy Practice and MPharm Programme Leader, University of Sunderland</td>
</tr>
<tr>
<td>Dr Angela Alexander</td>
<td>Senior Clinical Lecturer, University of Reading</td>
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along with:

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation at the time of visit</th>
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<tr>
<td>Mr Damian Day</td>
<td>Head of Education and Quality Assurance, RPSGB</td>
</tr>
<tr>
<td>Ms Joanne Martin</td>
<td>Acting Head of Pre-Registration, RPSGB</td>
</tr>
<tr>
<td>Ms Philippa Strevens</td>
<td>Senior Administrator and Assistant to the Head of Education and Quality Assurance, RPSGB (rapporteur)</td>
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Accreditation criteria

<table>
<thead>
<tr>
<th>Accreditation team commentary</th>
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<tr>
<td><strong>The Programme Provider</strong></td>
</tr>
<tr>
<td>To fully meet all the criterion related in this section, the provider must forward formal</td>
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<tr>
<td>evidence to the Society that the programme has been internally validated.</td>
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<tr>
<td><strong>Pre-requisites for Entry</strong></td>
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<tr>
<td>In order to meet all the criteria in this section the provider must amend the documentation</td>
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<tr>
<td>to ensure that the number of year’s of experience required by pharmacists on entry to the</td>
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<td>programme is stated consistently across all programme documents, and is in line with the</td>
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<tr>
<td>Society requirements.</td>
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<tr>
<td><strong>The Programme</strong></td>
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<tr>
<td>To meet all the criteria relating to the programme the provider must ensure that a pharmacist</td>
</tr>
<tr>
<td>is involved in development of the programme and reviews the programme’s learning materials</td>
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<td>to ensure they are appropriate and accurate for pharmacists on the programme.</td>
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<td>The documentation must also be amended to state that pharmacists undertaking the programme</td>
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<td>would normally be expected to undertake the ‘Physical Examination and History Taking’ module.</td>
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<tr>
<td><strong>Learning in Practice</strong></td>
</tr>
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<td>To fully meet the criteria in relation to the period of learning in practice the provider</td>
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<tr>
<td>needs to ensure that all programme documentation correctly reflects the required 90 hours (12</td>
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<td>x 7.5 days) required by pharmacists.</td>
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<tr>
<td><strong>Assessment</strong></td>
</tr>
<tr>
<td>All criteria relating to assessment are met.</td>
</tr>
<tr>
<td><strong>Details of Award</strong></td>
</tr>
<tr>
<td>All criteria relating to details of the award are met.</td>
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**Summary and Conclusions**

The accreditation team agreed to recommend to the Society’s Education Committee that St George’s,
University of London and Kingston University should be accredited as pharmacist independent prescribing
course providers, for a period of three years. There are two conditions:

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1. 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 schools, 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 [standard
   condition].

2. That all learning materials are reviewed by pharmacists before they are used by pharmacy students. The
   team’s reason for this was that the MCQ formative assessment shown to the team was far too basic for
   pharmacist use and contained examples of poor practice such as giving patients half tablets. This
   condition relates to criteria 1.4 and 3.2. The deadline for satisfying this criterion is 1 April 2010 or one
   month before the course begins, whichever is sooner.

There are no recommendations.

The full report includes other comments from the team and the Society regards the report 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, you 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. Our recommendations 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 you 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.

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

Following the above accreditation event satisfactory evidence was provided to meet the above conditions of accreditation (with the exception of the standard condition 2a which must be responded to by the provider on completion of the first cohort). The programme was subsequently approved for accreditation by the Society’s Education Committee in August 2010 for a period of three years.
Appendix

Independent Prescribing Programme accreditation criteria

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 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 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 which must be mapped against the programme’s learning outcomes and assessments. 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 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 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 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.

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

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