Introduction

The University of Cumbria approached the Royal Pharmaceutical Society of Great Britain (RPSGB) with an application for accreditation of a programme to train pharmacist independent prescribes. In line with the RPSGB process for accreditation of independent prescribing programmes, an event was scheduled for the 16 March 2010 to review the programme’s suitability for accreditation. In line with the RPSGB process for new providers of pharmacist prescribing programmes, the event was held on site at the University to allow for the RPSGB team to view the teaching facilities available.

Documentation

The University provided four copies of its application documentation in advance of the visit, in line with agreed timescales. The application documentation was reviewed by the team and it was deemed to be satisfactory to provide a basis for discussions.

The following additional documents were provided by the accreditation team during the event:

i) Letter of support for the programme from the University’s Dean, Dr Robin Talbot
ii) Issues for discussion provided by the University’s validation panel
iii) Assessment Criteria for the OSCEs
iv) Draft patient feedback form for OSCEs (awaiting ethical approval )
v) Viva Marking grid for level 6 and for level 7
vi) Pharmacology and calculations Dec 2009 examination paper
vii) Correspondence from ten DMPs regarding their experience of mentoring students on the programme
viii) Guidelines for OSCE assessment

The following additional documents were provided to the accreditation team after the event:

i) Lesson plan for Mentors’ Workshop
ii) Presentation slides for Mentors’ Workshop
iii) Interview checklist

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

There were no declarations of interest.

The event

The event was held on 16 March 2010 at the Learning Gateway Building, Fusehill Campus, University of Cumbria, Fusehill Road, Carlisle

The Accreditation Team:

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

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<th>Name</th>
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<tr>
<td>Mr Andrew Husband</td>
<td>Principal Lecturer, Pharmacy Practice, and MPharm Programme Leader, University of Sunderland (Chair of RPSGB team)</td>
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<tr>
<td>Dr David Gerrett</td>
<td>Senior Pharmacist, National Patient Safety Agency</td>
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along with:

Name | Designation at the time of visit
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Mr Damian Day | Head of Education and Quality Assurance, RPSGB
Ms Philippa Strevens | Senior Administrator and Assistant to the Head of Education and Quality Assurance, RPSGB (rapporteur)

**Accreditation criteria**

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**Summary and Conclusions**

Following receipt of additional and updated documentation the accreditation team agreed to recommend to the Society’s Education Committee that the University of Cumbria should be reaccredited as a pharmacist independent prescribing course provider for a period of three years.

There are 3 conditions of accreditation:

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 skills, once the first cohort has completed the programme. The evaluation must include assessment results for this essential core element and feedback from students on the teaching provided. The evaluation report must then be forwarded to the Society [this is a standard condition].

2. Students must be made aware within the programme handbook and other relevant documents of the requirement to attend all timetabled teaching on clinical examination skills. This relates to criterion 3.7

3. Any reference within programme documentation inferring that the Society or pharmacy regulatory body are responsible for setting programme pass marks or re-sit regulations must be removed. This relates to criteria 5.3.
Documentation to demonstrate meeting the above conditions must be sent to Accreditation Department for approval. All changes must be appropriately signposted to by relevant section and page number where appropriate.

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 in September 2010. 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 provider may wish to use the term ‘pharmacy regulator’ when referring to the RPSGB/GPhC in the period before the exact date of the demerger is confirmed.
3. 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.
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 met on completion of the first cohort). The programme was subsequently approved for accreditation by the Society’s Education Committee in September 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.

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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