



Independent
prescribing
programme

Aston University

Report of a reaccreditation event

April 2017

Provider	Aston University
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	3 April 2017
Accreditation period	August 2017 - August 2020
Outcome	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that Aston University should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years, subject to one condition.
Conditions	1. Evidence must be obtained to support the self-declarations made by pharmacists to demonstrate meeting of criteria 2.2, 2.3 and 2.4, before they are accepted onto the programme. This is because the programme application form does not currently demonstrate a robust process for determining that pharmacists meet all aspects of the entry requirements; in setting this condition, the team reminded the staff that providers have overall responsibility for ensuring that all pharmacists accepted onto the programme meet the GPhC's pre-requisites for entry. This is to meet criteria 2.2, 2.3 and 2.4. Evidence of how this condition must be submitted to the GPhC, for approval by the accreditation team. This must be done before the next intake of pharmacists onto the programme and before the programme can be reaccredited.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	Following the event, the provider submitted a response to the condition of reaccreditation, and the accreditation team agreed that it had been met satisfactorily. The Registrar accepted the team's recommendation and approved the accreditation of the programme for a further period of three years.
Key contact (provider)	Dr David Terry Senior Lecturer (Programme Director – IP)
Accreditation team	Professor Angela Alexander (event Chair), Emerita Professor of Pharmacy Education, University of Reading Dr Ruth Edwards, Senior Lecturer & MPharm Course Leader, Robert Gordon University
GPhC representative	Mrs Philippa McSimpson, Quality Assurance Officer, GPhC
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The reaccreditation process is based on the GPhC's 2010 accreditation criteria for Independent Prescribing.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the Pharmacy Order 2010. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:

<http://www.legislation.gov.uk/uksi/2010/231/contents/made>

Background

Aston University was accredited by the GPhC in July 2014 to provide a programme to train pharmacist independent prescribers, for a period of three years, subject to a monitoring visit. A monitoring visit was scheduled in January 2015 to review the progress of the programme and confirm its suitability for the full three year accreditation period. On that occasion the GPhC accreditation team agreed to confirm the original accreditation of the programme, with the programme remaining fully accredited until the end of July 2017. The team suggested some aspects in which further developments would be expected by the time of the re-accreditation event in 2017; these were the need to ensure the focus is on generic skills for prescribing, an increase in the cohesiveness of the taught programme to facilitate learning, which might be achieved by having fewer clinical teachers, better briefing of external speakers, and having a greater focus on the whole consultation process. A reaccreditation event was arranged for April 2017.

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team and it was deemed to be satisfactory to provide a basis for discussion.

The event

The event was held on 3 April at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the Aston University prescribing programme.

Declarations of interest

There were no declarations of interest.

Key findings

Section 1: The programme provider

All criteria relating to the programme provider are met (See Appendix 2 for criteria)

The independent prescribing programme is delivered by the Pharmacy Subject Group within the School of Life and Health Sciences (LHS) under the overall academic management of the Head of Pharmacy, with the Programme Director having immediate responsibility for the day-to-day running of the programme. Aston University has well-established quality assurance processes for which the University's Learning and Teaching Committee is responsible; this committee which undertakes both annual and periodic reviews of all taught programmes with quality assurance processes also taking place at School and subject levels. Quality assurance processes for the independent prescribing programme include student feedback, the input of the Staff Student Consultative Committee, the oversight of an external examiner, and the confirmation of delivery of the GPhC described Indicative Content in real time by the core team. The Postgraduate Certificate in Pharmacist Independent Prescribing will undergo revalidation in 2020 and the team emphasised that this must be completed before the next reaccreditation, which is due in the same year. The programme is well resourced in terms of physical facilities, for example, the Clinical Skills Suite and the Medicines Management Suite; there is ample equipment for teaching physical examination skills, and students have access to information technology, such as the Blackboard VLE. The programme is delivered by expert staff covering a broad range of specialities. While the maximum student number is currently 24 in a single cohort, this may change in response to HEE requirements, bearing in mind the increasing demand for pharmacist independent prescribers.

Section 2: Pre-requisites for entry

Three of the six criteria relating to the pre-requisites for entry are met, with criteria 2.2, 2.3 and 2.4 subject to a condition

The current application form forms part of the online application process. Applicant's details are forwarded to the Programme Director for consideration and checking. Applicants must be registered with the GPhC or PSNI and must have at least two years' appropriate, patient-orientated experience in a UK hospital, community or primary care setting following registration, as well as having up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice; in their applications students must confirm their intended area of prescribing practice and confirm that they take responsibility for their own CPD. Students must have identified an appropriately qualified Designated Medical Practitioner who will supervise their learning in practice (see section 4) and who has agreed to undertake this task. The team was concerned that the programme application form does not currently demonstrate a robust process for determining that pharmacists meet all aspects of the GPhC's pre-requisites for entry. In view of this concern, the team imposed a condition that evidence must be obtained to support the self-declarations made by pharmacists to demonstrate meeting of criteria 2.2, 2.3 and 2.4, before they are accepted onto the programme. In setting this condition, the team reminded the staff that providers have overall responsibility for ensuring that all pharmacists accepted onto the programme meet the GPhC's pre-requisites for entry.

On admission to the course students are given pre-learning support and tasks, including resources to develop reflective practice skills and their application in the role of an independent prescriber.

Section 3: The programme

All criteria relating to the programme are met.

The programme, which leads to the award of the Postgraduate Certificate in Pharmacist Independent Prescribing, comprises a single, 60-credit module at FHEQ Level 7 delivered over approximately six months and incorporating clinical teaching, including both clinical assessment and clinical management

skills, as well as general teaching covering topics such as psychology of prescribing, clinical leadership, law, and evidence based practice. The learning outcomes of the programme exactly mirror the 16 GPhC required learning outcomes. The programme takes a blended learning approach with a combination of interactive teaching sessions over 11 days, directed learning activities, as well as 12 days of in-practice learning under the supervision of a Designated Medical Practitioner (DMP); for the last, students must establish a learning agreement with their DMPs. The programme provides opportunities for the pharmacists to demonstrate how they will apply their knowledge to the conditions for which they will prescribe; this is achieved through in-class group discussions, portfolio evidence such as clinical management plans, and assessments including case studies based on two patients presenting within the pharmacists' clinical focus. All students are required to attend the full timetabled programme. The staff can readily identify students who are having problems, and planned or unavoidable absences can be addressed through the provision of additional learning opportunities. Where there is extended absence, students can re-join the course along with the next cohort.

Section 4: Learning in Practice

All criteria relating to learning in practice are met.

Guidance is provided to DMPs concerning the successful completion of the period of learning in practice, including their role in the assessment of their students; this is undertaken through the DMP Handbook, a welcome event for DMPs and, where required, visits to DMPs by the Programme Director and the Programme Medical Director. DMPs are provided with a description of the required learning outcomes, and copies of relevant GPhC guidance. Summative assessment of in-practice learning includes the development and submission of a portfolio; this is a reflective record of learning activities undertaken with the DMP. In addition, students are required to include in their portfolios clinical management plans, case study written reports, evidence of reflecting on a relevant prescribing audit, and evidence of discussing with their DMPs any public health issues relevant to their clinical specialty, and of discussing with their DMPs prescribing/clinical risk. DMPs are provided with a pro-forma to confirm formally that the pharmacist has satisfactorily completed at least 12 x 7.5 hour days of supervised practice and that, in their opinion, the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an Independent Prescriber. Failure in the period of learning in practice cannot be compensated by performance in other assessments.

Section 5: Assessment

All relating to assessment are met.

Students' achievement of the programme learning outcomes is evidenced by a range of assessments covering the portfolio, an observed, structured clinical examination (OSCE), clinical assessment skills and a written examination. In addition to assessment of the 16 GPhC-specified learning outcomes, there is a further, clinically-enhanced skills assessment based on a second portfolio and an oral examination. Students must pass all the assessments for them to be awarded the Practice Certificate in Independent Prescribing and the PG Certificate. The criteria for all assessments include an automatic course fail for any behaviour, action, omission or recommendation that indicates unsafe practice that would result in a serious problem or patient harm.

Section 6: Details of Award

Both criteria relating to details of the award are met.

Successful candidates are awarded a 'Practice Certificate in Independent Prescribing' confirming that the candidate has successfully completed the both the taught programme and the period of learning in practice. Following the award of the certificate, the Programme Administrator compiles a list of successful candidates which, after official verification, is sent to the Registrar of the General Pharmaceutical Council (via the GPhC Applications Team).

Appendix 1 - Standing conditions

The following are standing conditions of accreditation and apply to all providers:

1. The record and report include other comments from the team, and providers are required to take all comments into account as part of the accreditation process. The provider must confirm to the GPhC that required amendments have been made.
2. The provider must respond to the definitive version of the record and report within three months of receipt. The summary report, along with the provider's response, will be published on the GPhC's website for the duration of the accreditation period.
3. The provider must seek approval from the GPhC for any substantial change (or proposed change) which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to:
 - a. the content, structure or delivery of the accredited programme;
 - b. ownership or management structure of the institution;
 - c. resources and/or funding;
 - d. student numbers and/or admissions policy;
 - e. any existing partnership, licensing or franchise agreement;
 - f. staff associated with the programme.
4. The provider must make students and potential students aware that successful completion of an accredited course is not a guarantee of annotation or of future employment as a pharmacist independent prescriber.
5. The provider must make students and potential students aware of the existence and website address where they can view the GPhC's accreditation reports and the timescales for future accreditations.
6. Whenever required to do so by the GPhC, providers must give such information and assistance as the GPhC may reasonably require in connection with the exercise of its functions. Any information in relation to fulfilment of these standing conditions must be provided in a proactive and timely manner.

Appendix 2 – Accreditation criteria

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 their 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 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.

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 Applications Team, 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.

Appendix 3 – Learning outcomes

Independent prescribing programme learning outcomes

All GPhC accredited independent prescribing courses need to ensure that following qualification pharmacist independent prescribers are 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 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
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.

Appendix 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
- 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
- Inappropriate 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.