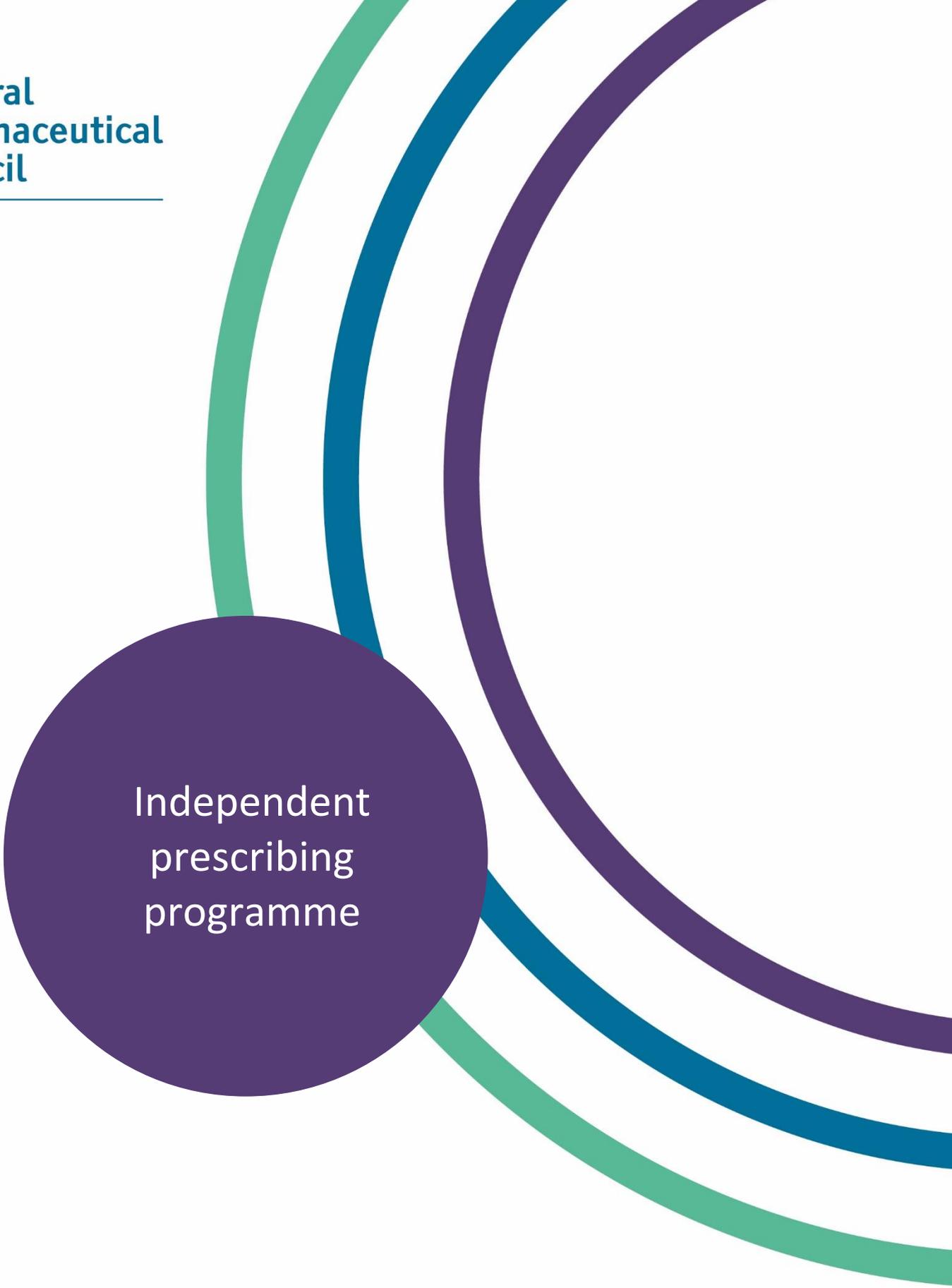


General
Pharmaceutical
Council



Independent
prescribing
programme

University of Bath

Report of a reaccreditation event

January 2017

Event summary and conclusions

Provider	University of Bath
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	17 January 2017
Accreditation period	April 2017 – April 2020
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Bath should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years.
Conditions	There were no conditions
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of three years.
Key contact (provider)	Mr Nicholas Haddington, Director of Taught Postgraduate Programmes, Department of Pharmacy and Pharmacology, University of Bath
Accreditation team	Professor Jane Portlock (event Chair), Professor of Pharmacy Practice, University of Portsmouth Professor Chris Langley, Professor of Pharmacy Law & Practice and Head of the School of Pharmacy, Aston University; Associate Dean, Taught Programmes, School of Life and Health Sciences
GPhC representative	Miss Jenny Clapham, Quality Assurance Officer, GPhC Miss Rachael Maudsley, Quality Assurance Administrator, GPhC (observer)
Rapporteur	Mrs Jane Smith, Chief Operating Officer, European Association for Cancer Research

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/ukxi/2010/231/contents/made>

Background

The University of Bath was accredited by the Royal Pharmaceutical Society of Great Britain in 2007 to provide a programme to train pharmacist independent prescribers. The programme was reaccredited by the GPhC in 2010 and again following an event in February 2014. At that time one condition was set. This was that the University must review its assessment strategy to ensure that its assessments were robust, valid and reliable, and consistent with safe and effective prescribing. The University was required to provide a revised assessment strategy to the GPhC before its next intake of students. This was to meet criteria 5.1, 5.3 and 5.4. The University subsequently submitted a revised assessment strategy and in August 2014 the GPhC confirmed that the condition was met.

In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 17 January 2017 to review the programme's suitability for further reaccreditation.

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 17 January 2017 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Bath prescribing programme.

Declarations of interest

There were no declarations of interest.

Key findings

Section 1: The programme provider

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

The University of Bath independent prescribing programme is delivered by its Department of Pharmacy and Pharmacology which has been delivering postgraduate degrees for more than 20 years. The programme was the subject of a successful University Degree Scheme Review in May 2013. Reviews of this type are required to be completed every five years, and the next such review will be completed in 2018. In addition to this five-yearly review, all taught programmes are subject to an annual review taking into account statistical data, student and tutor feedback and external examiners' comments. This ensures that the programme is continually updated as necessary to reflect changes in practice and in response to feedback from students. The provider's quality assurance and quality management and enhancement systems in relation to the programme are robust and effective.

There are adequate physical, staff and financial resources to deliver the programme, including facilities to teach clinical examination skills. The programme utilises the university's Pharmacy Practice Suite which includes observation and video/audio recording facilities, consultations rooms and a fully equipped simulation suite. Students have access to a range of learning resources and information about the programme via a comprehensive virtual learning environment (VLE) and wiki technology is used for the creation of students' e-portfolios and for the recording of their clinical logs. The VLE also provides the opportunity for students to engage in online discussion forums.

There is a core staff team dedicated to the independent prescribing programme which includes practising pharmacists and independent prescribers. General Practitioners lead on the teaching of clinical skills and the programme draws on the expertise of other staff from the Advanced Programmes in Pharmaceutical Practice and Therapeutics (AP3T) in the design and delivery of the course. The programme also uses a range of other staff on a casual basis including portfolio markers and professional actors for patient role play and OSCE examinations.

Section 2: Pre-requisites for entry

All six criteria relating to the pre-requisites for entry are met

Students are only admitted to the course if they are a registered pharmacist with the GPhC or the PSNI.

The provider's admissions process is robust and ensures that all students admitted to the programme meet the GPhC's pre-requisites for entry. The provider also obtains confirmation on application that there is a clear area of prescribing need in the workplace setting.

Application data is collected on the programme application forms and information is corroborated by register searches, discussion with applicants, employers, DMPs and referees where appropriate.

Candidates and their DMPs are contacted by the Programme Lead prior to joining the programme to ensure that the prescribing area is appropriate and that the necessary support structures are in place. Self-employed candidates are interviewed to ensure that there is an identified area of practice and that the candidate has up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice.

An Admissions Panel meet to consider all applications and to make an admissions decision. The admissions process also ensures that the DMP identified by the student has training and experience appropriate to their role and is familiar with the GPhC's requirements of the programme. The DMP is required to submit a current CV and once the provider is assured of their credentials, the DMP is appointed as a visiting member of staff of the University, so that they can act as an assessor in practice for the student.

Section 3: The programme

All eight criteria relating to the programme are met

The programme is a stand-alone CPD unit taught at FHEQ Level 7. Successful completion of this unit leads to the award of 18 ECTS credits (36 CATS) which can be used as credit toward one of three different postgraduate FHEQ Level 7 awards offered by the University: The MSc in Clinical Pharmacy Practice; The MSc in Advanced and Specialist Healthcare Practice and the MSc in Prescribing and Therapeutics. The accreditation team noted that independent prescribing programmes more typically award 45 or 60 credits, but the provider confirmed that there are no plans to change at this stage as the programme credit load is consistent with the other postgraduate programmes offered by the provider.

The 16 GPhC learning outcomes are reframed as outcome statements at FHEQ Level 7. The programme outcomes and assessments are aligned such that each programme learning outcome is tested by an appropriate assessment. The mapping of the programme learning outcomes to the GPhC learning outcomes is appropriate and demonstrates that the 16 GPhC learning outcomes are met.

The programme is divided into three parts, with formative submission points for the portfolio of tasks at the end of Part 1 and Part 2, and a final summative submission at the end of Part 3. The course is delivered as a distance/blended learning programme with a mixture of face-to-face workshops and directed and self-directed learning which is supported by a comprehensive visual learning environment. The balance of overall learning time is: 75 hours face-to-face sessions; 135 hours of private study and 90 hours of practice-based learning. A detailed process of learning needs analysis and personal development planning is used. This process links directly to the Royal Pharmaceutical Society prescribing competencies, which in turn are related back to the GPhC learning outcomes, and this framework is used as a benchmark for assessing the students' development as a prescriber over the three parts of the programme.

All learning activities and tasks are designed so that they are applicable in all areas of practice, and across all care sectors. Where activities are contextualised to a clinical theme/sector, students are guided on how to apply the learning to their own practice. The programme enables students to build on their background knowledge and experience and acquire competence in prescribing, and to demonstrate how they will apply their learning to the conditions for which they will be prescribing.

Systems to monitor attendance and progression are robust. Attendance at all face-to-face learning days on the programme is compulsory. In the rare event of sessions being missed, arrangements are made for students to attend catch-up sessions or to defer to a different cohort as required.

Section 4: Learning in Practice

All five criteria relating to learning in practice are met

The DMP is provided with clear and practical guidance on their role including the DMP support guide, guidance on assessment, a helpline and a dedicated DMP mentor. The DMP is expected to provide opportunities for their students to observe them in practice, give hands-on tuition of specific skills (and specifically those relevant to the individual student's practice setting); and observe the trainee in practice.

The DMP is responsible for assessing key skills in practice (including a range of clinical examination skills) which is quality assured through use of a structured assessment guide. The roles of the programme provider and the DMP for teaching the skills for clinical assessment of patients are clearly set out in the DMP support documents.

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

Section 5: Assessment

Three of the four criteria relating to assessment are met. One criterion will be met subject to amendments to the course documentation.

The programme assessment includes a Practice Learning Portfolio; Oral Presentation; Therapeutic Medication Review; DMP Assessment; and OSCE. The OSCEs are standardised rather than tailored to the student's own area of practice and each OSCE follows a clinical theme. Evidence from these assessments demonstrates that the student has achieved the intended learning outcomes of the programme.

Marking schemes for all assessment elements reflect safe and effective practice and the resit regulations confirm that students are permitted to resubmit an element of assessed work on one further occasion to retrieve a pass.

In cases of patient harm, the programme has dispensation from the university's regulations to ensure that no automatic resit is available. These cases are referred to a Clinical Review Group that employs a Traffic Light Marking System to agree the severity of each individual case and to decide the outcome for the student. The team was satisfied that in any assessment, a failure to identify a serious problem or to provide an answer which would cause the patient harm would result in overall failure of the programme. However, some of the course documentation needs updating to ensure that the definition of harm is consistent with the GPhC criterion and that the information given to students and DMPs is unambiguous.

The programme leads to a freestanding award, the Practice Certificate in Independent Prescribing. Candidates will also receive 18 credits at Level 7, which they can then use to contribute towards one of the credit bearing FHEQ Level 7 awards offered by the Department.

Section 6: Details of Award

One of the two criteria relating to details of the award is met. One criterion will be met subject to an amendment of the wording on the certificate.

On successful completion of the programme, students are awarded a 'Practice Certificate in Independent Prescribing'. The team noted that the certificate contained the wording "...and is eligible for annotation as a pharmacist independent prescriber" and asked for this to be removed as successful completion of the programme means that pharmacists are eligible *to apply* for annotation.

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.