



Independent  
prescribing  
programme

University of Exeter

Report of an accreditation event

October 2018

<b>Event summary and conclusions</b>	
<b>Provider</b>	University of Exeter
<b>Course</b>	Independent prescribing programme
<b>Event type</b>	Accreditation
<b>Event date</b>	19 October 2018
<b>Accreditation period</b>	December 2018 – December 2021 (provisional) NB. Accreditation is confirmed after a satisfactory monitoring event has taken place following completion of the first cohort of students.
<b>Outcome</b>	Approval with condition The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing programme provided by the University of Exeter should be provisionally accredited for a period of three years, subject to one condition, with a monitoring event taking place after completion of the first cohort of students.
<b>Conditions</b>	1. The GPhC learning outcomes must be mapped accurately to the programme learning outcomes and assessments and sent to the GPhC by 1 December 2018.
<b>Standing conditions</b>	Please refer to Appendix 1
<b>Recommendations</b>	No recommendations were made
<b>Registrar decision</b>	Following the event, the provider submitted a response to the condition of accreditation, and the accreditation team agreed it had been met satisfactorily.  The Registrar of the GPhC accepted the team's recommendation and approved the provisional accreditation of the programme for a period of 3 years.
<b>Key contact (provider)</b>	Dr Laura Sims, MSc Clinical Pharmacy Programme Co-lead, Practice Certificate in Independent Prescribing Co-lead, University of Exeter
<b>Accreditation team</b>	Dr Ruth Edwards (Team Leader), Head of Pharmacy Practice, Aston Pharmacy School  Mr Mike Pettit, Senior Lecturer in Pharmacy Practice, University of Sussex

<b>GPhC representative</b>	Mr Chris McKendrick, Quality Assurance Officer, GPhC
<b>Rapporteur</b>	Mrs Jane Smith, Chief Executive 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 accreditation 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 Exeter's College of Medicine and Health delivers a range of healthcare programmes which aim to equip present and future professionals with the advanced skills and knowledge required to make a positive contribution to the delivery of quality patient care and to contribute to the local healthcare community in the Southwest of England in particular. The College wishes to expand its provision by delivering a 45 credit Practice Certificate in Independent Prescribing from January 2019, with an initial cohort of 24 pharmacists.

Accordingly, the University of Exeter approached the GPhC with an application for accreditation of a programme to train pharmacist independent prescribers. In line with the GPhC's process for accreditation of independent prescribing programmes, an event was scheduled for 19 October 2018 to review the programme's suitability for accreditation. In line with the GPhC's process for new providers of pharmacist prescribing programmes, the event was held on site at the University to allow for the GPhC's accreditation team to view the teaching facilities available.

### 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 onsite at the University of Exeter on 19 October 2018 and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Exeter prescribing programme, and a tour of the university's teaching facilities.

### Declarations of interest

There were no declarations of interest.

## Key findings

### Section 1: The programme provider

**The team was satisfied that all four criteria relating to the programme provider will be met. One criterion requires minor amendments. (See Appendix 2 for criteria).**

The Programme will be provided by the College of Medicine and Health, a newly formed College within the University of Exeter. The Independent Prescribing course is seen as a logical extension to existing postgraduate clinical skills training offered by the College and meets a perceived demand for independent prescribing training in the South West region.

The programme will be offered from January 2019 as both a standalone Certificate and as an optional 45 credit module on the provider's existing Diploma in Clinical Skills and MSc in Clinical Pharmacy programmes. A maximum of 24 students will be admitted in any one year; prior approval from the GPhC will be sought if there is an intention to recruit above this number.

A tour of the teaching facilities included the clinical skills suite which will be shared with medical and nursing students. The facilities are impressive; modern and well equipped, with video technology and simulated patients available.

The Certificate has been through relevant University approval processes and evidence of its final validation will be sent to the GPhC. The programme will be subject to the same annual review process as all other University of Exeter taught programmes, which includes a review of student performance, admissions data, student feedback, and external examiner feedback.

The team was satisfied that there are appropriate resources in place to support delivery of the programme, including a range of pharmacist and non-pharmacist staff with the knowledge and experience to teach the programme.

### Section 2: Pre-requisites for entry

**The team was satisfied that all six criteria relating to the pre-requisites for entry will be met.**

The application process ensures that all students admitted to the programme are registered pharmacists with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI) and have at least two years' appropriate post-registration patient-orientated experience in a UK hospital, community or primary care setting.

All applicants will be interviewed by telephone, at least for the first few cohorts, so as to triangulate the evidence provided in the application form and to probe any areas of concern. Unsuccessful applicants will be offered advice and feedback on areas of development, with a view to accepting a new application at a later date.

The process also ensures that applicants have identified an area of clinical practice in which to develop their prescribing skills and have up-to-date knowledge relevant to their intended area of prescribing. Those applicants who wish to move into a new area of clinical practice will need to demonstrate through reflective pieces in their application, and during the interview, that they will be able to gain the necessary experience during the programme. Pharmacists who do not have a suitable area of practice in which to develop their skills will not be admitted and will be advised to defer their application.

The application process has sufficient checks to ensure that the DMP identified by the pharmacist has training and experience appropriate to their role.

### Section 3: The programme

**The team was satisfied that seven of the eight criteria relating to the programme will be met with one criterion subject to a condition. Two criteria require minor amendments.**

The programme will be taught at Master's degree level (FHEQ (2008), level 7. Support will be available for those pharmacists studying at Level 7 for the first time or returning to formal education after some time away. There are multiple points at which students who need support will be identified and signposted to appropriate resources.

Students will demonstrate how they will apply their learning to the conditions for which they will be prescribing through the use of case-based learning scenarios, requiring them to think holistically about the patient and their symptoms. Clinical skills training will also be embedded in the period of learning in practice, with three scheduled review points during the programme. DMPs will assess students' skills against the RPS competency framework, with an internal review of evidence by academic staff.

The 45 credit programme contains learning activities equivalent to 450 hours, delivered over 40 weeks (seven months), with an additional three months allowed for the submission of the portfolio. This will be made clear in all course documentation as there were some discrepancies in the submission.

Students' attendance will be monitored and any missed clinical skills sessions must be completed before the assessment. This policy will be made clear to students as there are discrepancies in some of the supporting documents.

The programme learning outcomes provided in the submission document were not the same as the learning outcomes in the Certificate module description as validated by the University. This means that the eight validated programme learning outcomes are not mapped to the 16 GPhC learning outcomes.

It will therefore be a condition of accreditation that the GPhC learning outcomes are mapped accurately to the programme learning outcomes and assessments. This is because the module learning outcomes are not mapped in the submission documentation and the team cannot ascertain from the documentation exactly how the GPhC learning outcomes will be achieved. This should be sent to the GPhC by 1 December 2018. This is to meet criterion 3.2.

## Section 4: Learning in Practice

**The team was satisfied that all five criteria relating to learning in practice will be met. One criterion requires minor amendments.**

DMPs will be provided with appropriate information and support in a variety of formats and arrangements are in place to obtain the correct declarations from the DMP at the conclusion of the period of learning in practice. Consideration has been given as to how to deal with a breakdown in the student/DMP relationship.

Failure in the period of learning in practice will not be compensated by performance in other assessments. This will be highlighted to pharmacists on their first contact day and on the e-learning platform.

The version of the DMP Handbook provided as part of the submission was not complete; an updated version will be sent to the GPhC.

## Section 5: Assessment

**The team was satisfied that all four criteria relating to assessment will be met. Two criteria require minor amendments.**

A range of assessments are used to triangulate evidence and ensure a full picture of a student's abilities. Summative assessments are:

1. Clinical interest essay (15%)
2. Portfolio of practice (40%)
3. Multiple choice Independent Prescribing Safety Assessment (20%)
4. OSCE (25%)

The pass mark for each assessment is 50% and all assessments must be passed with no compensation allowed between, any elements.

Failure to identify a serious problem or an answer which would cause the patient harm will result in overall failure of the programme. This is stated clearly in the module descriptor and will be highlighted to pharmacists during their induction, during assessment preparation sessions and on the e-learning platform. The team advised the provider to look at the National Patient Safety Agency's risk assessment grid which is used by other universities to guide decision-making around the threshold for failure in these cases. The patient safety information is missing from the Portfolio template provided in the supporting documentation and must be updated.

DMPs will be encouraged to highlight any concerns and was told that the importance of doing so will be emphasised from the beginning, with clear guidance about who to contact and when.

In terms of fitness to practise concerns, and as all students on the programme will be registrants of the GPhC, the provider was advised to contact the GPhC, informally initially, to ask for advice on a case-by-case basis and to document this process for transparency and clarity.

Students who fail the programme will be eligible to re-apply but will be encouraged to take a period of time for reflection and development before doing so. This will also be explored during the telephone interview. This policy should also be documented, and checked for consistency with University regulations.

The team was satisfied that the intended programme learning outcomes will be achieved but will need to be satisfied that these have been appropriately mapped to the GPhC learning outcomes (see condition at Section 3).

## Section 6: Details of Award

**The team was satisfied that both criteria relating to details of the award will be met. One criterion requires minor amendments.**

Successful candidates will be awarded a 'Practice Certificate in Independent Prescribing'. The final version of the Certificate will be sent to the GPhC.

## 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.