



Independent
prescribing
programme

University of Hull

Report of a reaccreditation event

January 2018

Event summary and conclusions

Provider	University of Hull
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	29 January 2018
Accreditation period	June 2018 - May 2021
Outcome	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing programme provided by University of Hull should be reaccredited for a further period of three years.</p> <p>As part of the reaccreditation, the team has agreed to approve the proposed programme changes, including changes to the assessment.</p>
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 3 years.
Key contact (provider)	Dr Andrea Hilton, Programme Director
Accreditation team	<p>Professor Angela Alexander, Professor Emerita of Pharmacy Education, University of Reading (event chair)</p> <p>Mr Mike Pettit, Senior Lecturer in Pharmacy Practice, University of Sussex</p>
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

The University of Hull was first accredited in 2008/9 by the Royal Pharmaceutical Society of Great Britain to provide a programme to train pharmacist independent prescribers. The programme is offered by School of Health and Social Work within the Faculty of Health Sciences. The University was reaccredited for this provision for three years by the GPhC in February 2012 and again in 2015, the latter being without any conditions or recommendations. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 29 January 2018 to review the programme's suitability for 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 29 January 2018 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Hull prescribing programme.

Declarations of interest

There were no declarations of any conflicts of interest.

Key findings

Section 1: The programme provider

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

This fully validated programme is provided by the School of Health and Social Work in the Faculty of Health Sciences. Students have access to the clinical skills suite which offers all the necessary basic and specialist equipment, including patient simulators. The programme is led by a practising pharmacist and there are approximately 1.5 FTE staff members associated with the delivery of the School's non-medical prescribing programmes; the staff includes qualified prescribers who teach clinical skills. The delivery of the programme is supported by specialist clinicians who provide additional expertise when needed, including teaching about diagnostics and clinical decision making. The University admits one cohort per year, comprising a maximum total size of 50, including up to ten pharmacists. The maximum number is based on resources, with additional staffing being provided if numbers increase. Health Education England has provided support for the programme, although funding from this source has decreased; places on the programme are also funded by the various trusts with which the School works but some students are self-funded.

Quality assurance of the programme includes input from the external examiner, as well as student evaluation of each session and of the whole programme. Following these evaluations, the programme lead produces a report that is shared with the external examiner; this report is discussed at an annual meeting of the programme management team that includes stakeholders as well as past students, following which any necessary changes are made in time for the intake of the next cohort.

Section 2: Pre-requisites for entry

All six criteria relating to the pre-requisites for entry are met, subject to minor amendments to meet two criteria (2.1, 2.2).

Prior to admission, the programme lead confirms that all applicants meet the prerequisites for entry, as well as confirming their fitness to practise status, and ensuring that their designated medical practitioners (DMPs) have the relevant training and experience; the DMPs must have agreed to provide supervision, support and shadowing opportunities for the student, and be familiar with the GPhC's requirements of the programme, as well as the need for the students to achieve the learning outcomes. Entrants must be pharmacists registered either with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI) and must also have at least two years of appropriate, patient-orientated experience in a UK hospital, community or primary care setting following their preregistration year. The provider was asked to delete reference to the GPhC's 'practising register' which does not exist, and asked to ensure that all documentation states clearly that their two years of appropriate patient-orientated experience must have been undertaken in a UK establishment. The course documentation gave the impression that the GPhC requires applicants to "demonstrate how they will develop their own network for support, reflection and learning, including prescribers from other professions"; while the School is free to specify this, it is not a GPhC prerequisite for entry to an independent prescribing programme, and the provider was asked to amend all documentation accordingly.

Applicants must describe their specific experience and continuing professional development relevant to their intended area of practice; in this context, with the permission of the applicants, the School looks at a printout of their GPhC CPD records. Where applicants wish to prescribe in an area in which they have no experience, they would be asked to build their knowledge in that area before embarking on the course.

Section 3: The programme

All eight criteria relating to the programme are met, subject to a minor amendment to meeting one criterion (3.3).

The course is offered at FHEQ Level 7 only and is benchmarked against all necessary national criteria. The programme is based on the 16 GPhC learning outcomes; the approach to teaching and learning uses lectures, workshops, tutorials, including revision tutorials, as well as student presentations, and makes use of material posted on the VLE. The School offers two modes of participation in the programme. The first is a blended approach, which involve 14 days of attendance at the University covering lectures, seminars, workshops and presentations, as well as 12 self-directed study days, which include access to the relevant material via the VLE. The other approach, described as 'fully taught', involves 23 days working within the University, as well as three self-directed study days. The choice of the approach is made by the students on the basis of the amount of time for which they are released by their employers, with many only allowing 14 days; on the other hand, some students choose to take the fully taught option, making up the additional days through annual leave. Those students who have already undertaken a diploma or who work in GP practices favour the blended approach; others want additional support and undertake the fully taught programme. Both modes require the students to undertake a minimum of 90 hours (7.5 hours x 12 days) in practice working with their DMPs and others; during this time, students complete their practice portfolio, which includes a record of 20 people for whom they

could potentially prescribe. Students must also complete a learning log linked to the prescribing competency framework demonstrating their time in practice. All students are allocated a personal supervisor and offered tutorial support. Attendance and engagement are monitored and support and remedial action, such as additional tutorials, can be offered as required. A mid-course triangulation “visit” involving the student, a member of the University teaching team and the DMP is held; this may be a physical visit or may take place by telephone or Skype. This meeting is intended to support both the student and the DMP. During the meeting, relevant paperwork is completed using a standard template; the meeting ensures that DMPs have read the handbook and are aware of their role in assessment and of their sign-off responsibilities.

The provider was asked to ensure that all documentation referred to the 2016 ‘Competency Framework for all Prescribers’, rather than to the previous ‘Single Competency Framework for Prescribers’.

Section 4: Learning in Practice

All five criteria relating to learning in practice are met.

Each DMP receives a course information pack; this includes course dates, timetable and assessment as well as a copy of the practice portfolio. DMPs are invited to attend a pre-course session with their students and are also encouraged to contact the programme lead with any questions or concerns. The DMP’s e-mail is obtained and the DMP handbook is sent out. If the DMP is new to the role, he/she is offered the opportunity to buddy with an experienced DMP. The DMP checklist and DMP handbook clearly highlight their roles and responsibilities, as well as those of the student and the University; this provided material also emphasises the role of the DMP with respect to the development of their students’ clinical skills and their responsibilities in signing students off against the prescribing competencies and clinical skills. Each student is advised that the clinical skills taught within the University must be supplemented and further demonstrated within practice and assessed by the DMP. The mid-course triangulation meeting allows further discussion of the direct observation assessment, competency assessment sheets and the final declaration to be made by the DMP. The students’ learning logs are scrutinised within the University, allowing identification of discrepancies in the DMPs’ assessment of competence; this may result in a student undertaking further hours in practice and re-writing the learning log.

The DMP is required to declare and confirm that the pharmacist has satisfactorily completed at least 12 x 7.5 h days of supervised practice, as well as declaring that in his/her opinion the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an independent prescriber.

Section 5: Assessment

All four criteria relating to assessment are met, subject to a minor amendment to meet one criterion (5.1).

The assessments comprise a final, 2-hour written pharmacology examination, the practice portfolio which incorporates a 1000-word academic essay as well as a 3000-word essay based on prescribing-related experience, a numeracy examination and an objective, structured clinical examination (OSCE). The OSCE comprises four stations, each of which must be passed. Two examiners are always used for each station to improve reliability, with each station marked as pass/fail, and video recordings are made with the students’ consent; the external examiner looks at a sample of these recordings. The provider was reminded that, contrary to statements in the course documentation, the GPhC’s accreditation guidelines do not include the requirement for OSCEs; the relevant wording should be amended accordingly.

The role of the DMP in assessment is to review and sign off the learning log, which must include an account of how each competency has been demonstrated, sign off the 90 hours of working in practice, and review and sign off the prescribing log, which should demonstrate knowledge of all the therapeutic areas identified by the student. All prescribing competencies are explicitly assessed by the DMP and signed off as achieved. The DMP must also undertake and sign off direct observation of the student's engagement with a patient in terms of consultation, differential diagnosis and prescribing recommendation. In any assessment, if it is clear that an action of a student could potentially cause harm to patient, the student would fail the programme.

The provider had requested approval of some changes to the assessments; these comprised a reduction in the number of essays to two (as indicated in the summary of the assessments above), one of 1000 words (consultation-based) and one of 3000 words (direct observation-based relating to prescribing), as well as placing a word limitation of 5000 on the learning log. The team agreed the appropriateness of these changes in the assessments.

Section 6: Details of Award

Both criteria relating to details of the award are met, subject to amending the wording on the practice certificate.

Successful candidates are awarded a 'Practice Certificate in Independent Prescribing' confirming that the candidate has successfully completed the programme and the period of learning in practice. The programme lead sends a certified copy of the pass list to the Registrar of the GPhC, via the Applications Team; this contains the names and registration numbers of the pharmacists who have successfully completed the programme and confirms that they are eligible for annotation on the GPhC Register as independent prescribers. The certificate required minor amending of the wording to satisfy the GPhC criterion.

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 considering 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 considering 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.