



Independent  
prescribing  
programme

University of Portsmouth

Report of a reaccreditation event

May 2017

## Event summary and conclusions

<b>Provider</b>	University of Portsmouth
<b>Course</b>	Independent prescribing programme
<b>Event type</b>	Reaccreditation
<b>Event date</b>	26 May 2017
<b>Accreditation period</b>	October 2017 – September 2020
<b>Outcome</b>	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Portsmouth should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years, subject to one condition.</p>
<b>Conditions</b>	<p>1. The provider must amend the assessment regulations relating to patient harm to ensure that any student who has ‘failed to identify a serious problem or an answer which would cause patient harm’ in any summative assessment fails the overall programme (as per criterion 5.4). Currently, the arrangements only apply to certain assessments. This must be made clear to students and DMPs in all programme documentation.</p> <p>The provider must submit evidence of how this condition has been met to the GPhC, for approval by the accreditation team. This must be done before the end of September 2017.</p>
<b>Standing conditions</b>	Please refer to Appendix 1
<b>Recommendations</b>	No recommendations were made
<b>Registrar decision</b>	<p>Following the event, the provider submitted a response to the condition of reaccreditation, and the accreditation team agreed that it had been met satisfactorily.</p> <p>The Registrar accepted the team’s recommendation and approved the accreditation of the programme for a further period of three years.</p>
<b>Key contact (provider)</b>	Mr Nick Warren, Senior Lecturer in Pharmacy Practice and Course Leader for the PG Cert Prescribing and Therapeutics
<b>Accreditation team</b>	<p>Mr Mike Pettit (event Chair), Senior Lecturer in Pharmacy Practice, University of Sussex</p> <p>Professor Chris Langley, Professor of Pharmacy Law &amp; Practice and Head of the School of Pharmacy, Aston University; Associate Dean, Taught Programmes, School of Life and Health Sciences</p>
<b>GPhC representative</b>	Mrs Philippa McSimpson, Quality Assurance Officer, GPhC
<b>Rapporteur</b>	Mrs Philippa McSimpson, Quality Assurance Officer, GPhC

## 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 Portsmouth was accredited by the GPhC in September 2010 to provide a programme to train pharmacist independent prescribers, for a period of three years. The programme was reaccredited with no conditions and no recommendations after a reaccreditation event in February 2014. In 2016 the provider advised the GPhC that the programme was being reviewed and restructured to increase the academic credits from 30 to 60, and requested an extension to allow for this work to be complete before the programme was reaccredited. An extension of 6 months was subsequently approved by an accreditation team.

In line with the GPhC's process for reaccreditation of independent prescribing programmes, a further reaccreditation event was scheduled on 26 May 2017 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 26 May 2017 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Portsmouth 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 Portsmouth has been a provider of a pharmacist independent prescribing programme since 2007. The programme is subject to routine review, and was successfully revalidated by the University in March 2017. The team was provided with the report of the validation event, as well as the External Examiner's reports from the past few academic years and was satisfied that no major issues had been raised.

The team reviewed the staffing for the programme and sought reassurance that the Professor of Pharmacy Practice post which was currently vacant was to be filled. The provider confirmed that recruitment was underway, and that the programme's pharmacist independent prescriber who was currently on maternity leave, was due to return to her post shortly. The team noted that the staffing whole time equivalent (WTE) appeared low for this programme at just 0.5, but was reassured to hear that this calculation included only the input from the programme lead and other pharmacist practice staff and not the input from the clinical teaching team and other external speakers. Permission had been given for a one-off increase in student numbers from 12 to 24 students for the 2017 cohort. The team understood that the provider wished to maintain these student numbers on an ongoing basis, and so sought further information on consideration that had been given to resource to support this increase. The provider was confident that current staffing was sufficient to support 24 students per cohort, and the Head of School for Education confirmed that additional staff input could be sought in the future if needed. The provider confirmed that there had been investment in the clinical teaching facilities and the simulation wards had more than doubled in size and were more than adequate to accommodate the increase student numbers. In addition the nursing school had recently completed work on a new 12-bed simulated assessment centre which was fully equipped with simulation mannequins and would be available for use by pharmacists on the prescribing programme. The team heard that the programme's Virtual Learning Environment (VLE) was to be used by DMPs from the next cohort onwards which would help provide support to DMPS in a less time-intensive way. The previous process of conducting a visit in practice and providing hard copy materials would be replaced with an introductory phone call from the programme lead supported by access to programme materials, including guidance videos on the VLE. The team was satisfied with the resources in place and approval was given to increase the student numbers to 24 per cohort on an ongoing basis.

### Section 2: Pre-requisites for entry

#### **All six criteria relating to the pre-requisites for entry are met, subject to necessary wording amendments.**

The provider set out a clear process for review of applications for entry. The provider requires applicants to complete both a generic university application form as well as a programme-specific application, the information on which is reviewed by both the admissions team and programme team before students are offered formal interviews. The programme lead plays a hands on role in the application process and works closely with potential applicants and their DMPs from initial expression of interest through to offering a place on the programme to ensure support and guidance is given and applicants and their DMPs are fully aware of the requirements of the programme. Although not available for review, the provider confirmed that they developed a brief DMP guide for DMPs who are considering mentoring a pharmacist on the programme, which provides them with key information at the pre-application stage to allow them to make an informed judgement before they commit to mentoring a student on the programme. With the exception of a minor wording amendment, the team was satisfied with the admissions process and associated documents.

### Section 3: The programme

#### **All eight criteria relating to the programme are met.**

Until recently the prescribing programme formed a discrete unit within the University's MSc Pharmacy Practice; however for the January 2018 onwards the provider proposed to deliver the programme as a standalone programme, in the form of a Postgraduate Certificate (Prescribing and Therapeutics). As part of this change, the team heard that the academic credits for the programme were to increase from 30 credits to 60 credits (3 x 20 credit modules) to reflect better the student effort required. The programme will continue to be delivered over a 9 month period. The team noted that these changes had been approved by the University as part of the recent validation event.

The team was satisfied that students must demonstrate they have met all 16 GPhC learning outcomes in order to pass the programme but highlighted that there was further mapping that could be undertaken between the GPhC outcomes and programme outcomes for completeness. The team was satisfied that the teaching and learning strategies were appropriate and was reassured to hear of the support mechanisms in place which include newly recruited dedicated support tutors, a refreshed VLE with video content and formative assessments in the form of quizzes. The team suggested that the provider may wish to consider ways to include interprofessional education in the programme in the future, as opportunities do not readily present themselves with a pharmacist-only programme such as this.

### Section 4: Learning in Practice

#### **All five criteria relating to learning in practice are met**

DMPs are first introduced to the programme requirements via a DMP brief guide which allows them to understand what is required of them before they commit to mentoring a student on the programme. Once the student is enrolled on the programme the DMP receives a handbook, induction video, and a phone from the programme lead. The programme lead makes themselves available should the DMP need further guidance or support as the learning in practice progresses. DMPs are responsible for signing off individual competencies within the portfolio and for undertaking the final declaration to confirm the number of hours undertaken in practice and that the student has demonstrated that they are suitable for annotation as a prescriber. All other assessments are undertaken and marked within the University.

### Section 5: Assessment

#### **Four of the five criteria relating to assessment are met, with one subject to a condition**

The programme is assessed via an OSCE, Practical Skills Assessment (PSA), written examination and professional portfolio. The provider described the marking and quality assurance arrangements in place and the team was reassured to hear that double marking and videoing are used to assure marks and that standardisation of assessments is achieved through a formal standard setting process.

The team reviewed the current arrangements in place relating to the application of criterion 5.4 and was not satisfied that this criterion was being applied correctly and to all assessments. The team advised that it would be a condition of accreditation that the provider amends the assessment regulations relating to patient harm to ensure that any student who has 'failed to identify a serious problem or an answer which would cause patient harm' in any summative assessment fails the overall programme (as per criterion 5.4). This must be made clear to students and DMPs in all programme documentation. Additionally the team suggested that the provider develops a more formalised process to identify and review incidences of potential patient harm that arise during assessments

## Section 6: Details of Award

### **The two criteria relating to details of the award are met**

The team reviewed the provider's submission and the sample certificate provided and was satisfied that a freestanding award of practice certificate in independent prescribing is issued to pharmacists who successfully complete the programme, and that a formal process is in place for ratification of results and communication of pass lists 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.