

General
Pharmaceutical
Council



Independent
prescribing
programme

University of Strathclyde

Report of a reaccreditation event

January 2018

Event summary and conclusions

Provider	University of Strathclyde
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	24 January 2018
Accreditation period	May 2018 - May 2021
Outcome	<p>Approval with one condition</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing programme provided by the University of Strathclyde should be reaccredited for a further period of three years, subject to one condition.</p>
Conditions	<ol style="list-style-type: none"> 1. The provider must implement a valid and reliable quality assurance process for the assessment of physical examination and diagnostic skills. This is to meet criteria 4.1 and 5.1. Evidence of how this condition has been met must be approved by the GPhC before the next intake of pharmacists onto the programme.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	<p>Following the event, the provider submitted a response to the condition of reaccreditation, and the accreditation team agreed it had been met satisfactorily.</p> <p>The Registrar of the GPhC accepted the team's recommendation and approved the reaccreditation of the programme for a period of 3 years.</p>
Key contact (provider)	Ms Derna Campbell, Senior Teaching Fellow, Strathclyde Institute of Pharmacy and Biomedical Sciences
Accreditation team	<p>Professor Jane Portlock (Chair), Professor of Pharmacy Postgraduate Education, University of Sussex</p> <p>Professor Chris Langley, Professor of Pharmacy Law & Practice and Head of the School of Pharmacy, Aston University; Associate Dean, Taught Programmes, School of Life and Health Sciences</p>
GPhC representative	Miss Jenny Clapham, Quality Assurance Officer, GPhC
Rapporteur	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 reaccreditation process is based on the GPhC's 2010 accreditation criteria for Independent Prescribing.

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit: <http://www.legislation.gov.uk/ukxi/2010/231/contents/made>

Background

The University of Strathclyde was accredited by the Royal Pharmaceutical Society of Great Britain in December 2007 to provide a programme to train pharmacist independent prescribers for a period of three years. The course was reaccredited for a further three years by the GPhC in April 2011, subject to the provider meeting six conditions before the intake of the next cohort. A one year extension was subsequently granted and the six conditions were met. A further reaccreditation event took place on 6 May 2015 when the course was reaccredited for three years subject to one recommendation. This was that the provider should produce guidance for the course director and course management team regarding the circumstances under which a student may miss a teaching session and still be permitted to take the OSCE. This was to ensure a consistent approach and avoidance of appeals.

In response to the recommendation, the course handbook has been updated to indicate the personal circumstances that are acceptable for missing a session during the residential week. The handbook also indicates that the sessions on diagnosis, assessment and monitoring and long-term conditions cannot be missed for any reason. Any student who misses these sessions for reasons of illness is not permitted to sit the OSCE and will be moved to the next residential week to complete these sessions.

In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 24 January 2018 to review the programme's suitability for further reaccreditation.

Documentation

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

The event

The event was held on 24 January 2018 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Strathclyde 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 programme is one of a portfolio of courses delivered by the Strathclyde Institute of Pharmacy & Biomedical Sciences, University of Strathclyde. A core course management team is supported by a team of practising pharmacist prescribers and medical practitioners who hold honorary appointments at the University. The independent prescribing programme runs twice a year with delivery to up to 50 pharmacists per cohort. There are sufficient staff with appropriate background and experience associated with the programme.

Some minor changes have been made to the delivery of the programme since the last accreditation event. These are mostly in response to student feedback. In addition, marks for the whole programme are now reported to the University as pass/fail rather than being graded. There have been some staffing changes since the last reaccreditation event, such as the recruitment of more practitioners, including some prescribers.

From June 2018, it is proposed that students funded by NHS Education Scotland (NES) will attend two additional compulsory training days on clinical skills to be provided during the first three months of the period of learning in practice. This change is proposed as a response to NES requirements. Self-funding students will be offered the opportunity to attend these sessions at an additional cost but they are not obliged to do so. As these sessions are additional to the programme, they are not subject to accreditation. They have, however, been approved by the University and the programme itself remains validated.

Section 2: Pre-requisites for entry

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

The course is only open to pharmacists registered with the GPhC or the PSNI. All applicants must provide details of their professional registration on the course application form, along with details of their employment since registration, demonstrating that they have had at least two years appropriate patient-orientated practice in a UK hospital, community or primary care setting. These requirements are made clear on the programme website. Applicants must also provide information about the area in which they intend to practice and, therefore, the area in which they will develop their prescribing skills, along with a sample of relevant, recent CPD entries suitable for submission to the GPhC which show that they are maintaining and developing their clinical, pharmacological and pharmaceutical knowledge.

Applicants must identify a DMP, confirming that they have at least three years medical, treatment and prescribing responsibility for a group of patients in the relevant field of practice, that they are working within a GP Practice or are a specialist registrar, clinical assistant or consultant working within the NHS and that they have experience or training in teaching and/or supervision in practice.

DMPs are made aware of the GPhC learning outcomes via the programme's virtual learning environment.

Section 3: The programme

All eight criteria relating to the programme are met.

The programme is taught at Masters level (Scottish Credit and Qualification Framework level 11) and awards 30 credits over five modules: Therapeutics, Prescribing and Public Health, Care Planning, Period

of Learning in Practice, Communicating with Patients and Colleagues. The programme requires at least 38 days of student effort. Students must attend all sessions of the residential week and the formative OSCE assessment. Personal circumstances are acceptable reasons for missing a session. However, the sessions on diagnosis, assessment and monitoring and long-term conditions cannot be missed for any reason. There is no recognition of prior learning.

Students' progression is monitored throughout, including during the period of learning in practice when students are expected to work mainly within the area in which they intend to prescribe. There is a minimum amount of core clinical skills teaching, aside from the new additional two days for NES-funded students. This core teaching includes some hands-on training using mannequins and practising on each other, which is supplemented by further clinical skills experience gained during the PLP and demonstrated in the portfolio. The provider was encouraged to explore opportunities to bring some of the new two days' additional training into the core programme.

The 16 learning outcomes listed in the GPhC curriculum for independent prescribing are appropriately mapped against the programme's learning outcomes and assessments, although there are one or two minor discrepancies in the provider's documentation which the provider will review and correct. Students are made aware of the GPhC learning outcomes via the virtual learning environment.

Section 4: Learning in Practice

Four of the five criteria relating to learning in practice are met with one criterion subject to a condition.

DMPs are provided with a DMP course handbook which gives a description of the course, details of the role of the DMP, an overview of the learning outcomes, support for the DMP and an example of a period of learning in practice plan. The full list of competencies is included, as well as a guide for assessing them. Regular email contact is made with DMPs throughout the programme.

DMPs are entirely responsible for assessing students' physical examination and diagnostics skills, as these are not assessed as part of the OSCE. These are key learning outcomes for pharmacists and the current summative assessment of these skills, which occurs within the period of learning in practice, is not fully under the control of the university quality assurance procedures. It is therefore a **condition** of reaccreditation that the provider must implement a valid and reliable quality assurance process for the assessment of physical examination and diagnostic skills. The provider must submit evidence to the GPhC of how a robust and consistent assessment of physical examination and diagnostic skills will be achieved before the next intake of pharmacists onto the programme.

Appropriate signed declarations are required from the DMP at the end of the period of learning in practice.

Section 5: Assessment

Three of the four criteria relating to assessment are met with one criterion subject to a condition.

The programme is assessed separately from any other programme and a Certificate in Independent Prescribing is awarded on successful completion. Students taking the MSc in Advanced Clinical Practice have the opportunity to incorporate the Certificate in Independent Prescribing as an element of their degree. On successful completion, they are awarded an MSc in Advanced Clinical Pharmacy Practice with the Practice Certificate in Independent Prescribing.

Students are assessed via:

- MCQs and short answer questions to assess therapeutic and pharmaceutical knowledge and experience.
- Essays to assess reflective practice and understanding of the role of the prescriber and how prescribing practice fits into public health policy.

- An OSCE to assess communication and consultation skills and the ability to prioritise in the management of patients
- A portfolio of evidence to demonstrate that the competencies and learning outcomes for the Period of Learning in Practice have been achieved, including the clinical skills.

During the OSCE, there is no requirement for students to undertake a physical examination or to use diagnostic aids. These skills are assessed by DMPs during the period of learning in practice. These are key learning outcomes for pharmacists and the current summative assessment of these skills, which occurs within the period of learning in practice, is not fully under the control of the university quality assurance procedures. It is therefore a **condition** of reaccreditation that the provider must implement a valid and reliable quality assurance process for the assessment of physical examination and diagnostic skills. The provider must submit evidence to the GPhC of how a robust and consistent assessment of physical examination and diagnostic skills will be achieved before the next intake of pharmacists onto the programme.

The assessment and resit regulations are consistent with safe and effective prescribing and the achievement of all learning outcomes. In cases of serious error likely to cause patient harm, students fail the programme with no opportunity to resit. In this case, and in cases where students have exhausted their resit attempts, students are permitted to reapply to the programme but are required to demonstrate that they have taken measures, such as completing additional CPD, to improve their likelihood of success.

Section 6: Details of Award

Both of the criteria relating to details of the award are met.

On successful completion of the programme, students are awarded the Practice Certificate in Independent Prescribing and a certified pass list is 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.