



Independent
prescribing
programme

University of Suffolk

Report of a reaccreditation event

July 2018

Event summary and conclusions

Provider	University of Suffolk
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	6 July 2018
Accreditation period	October 2018 – October 2021
Outcome	Approval with conditions The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing programme provided by the University of Suffolk should be reaccredited for a further period of three years, subject to one condition.
Conditions	1. The provider must summatively assess pharmacists' clinical and diagnostic skills and describe the quality assurance process. This is because there is no summative assessment of this key outcome for pharmacists. This is to meet criteria 5.1.
Standing conditions	Please refer to Appendix 1
Recommendations	1. The GPhC learning outcomes should be mapped accurately to the programme learning outcomes and assessments.
Registrar decision	Following the event, the provider submitted a response to the condition of reaccreditation, and the accreditation team agreed it had been met satisfactorily. The Registrar of the GPhC accepted the team's recommendation and approved the reaccreditation of the programme for a further period of 3 years.
Key contact (provider)	Sue Blainey, Senior Lecturer
Accreditation team	Mr Mike Pettit (event Chair), Senior Lecturer in Pharmacy Practice, University of Sussex Mrs Sandra Hall, Head of Pharmacy Practice, Leicester School of Pharmacy, De Montfort University
GPhC representative	Mr Chris McKendrick, 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 Suffolk (until 2016, University Campus Suffolk) was first accredited by the GPhC in 2007 to provide a programme to train pharmacist independent prescribers. The programme was reaccredited in 2015, subject to three conditions and one recommendation. The conditions were that:

1. The University must have an explicit strategy for pharmacists to ensure that they have the necessary clinical examination skills on exit from the programme and that the DMP has an awareness of these needs and is directly supported by the provider in delivering these and the other outcomes required by the GPhC. This was to meet criteria 3.2, 4.1 and 4.2;
2. The University must review the learning outcomes of the programme and map these to ensure that they comply with the GPhC learning outcomes. This review must include mapping of the assessments to the GPhC learning outcomes. This was to meet criterion 3.2;
3. The University must modify its teaching, learning and assessment procedures to ensure that a failure to identify a serious problem or an answer which would cause patient harm should result in overall failure of the programme. The accreditation team considered the current procedures to be potentially unsafe as they allowed a student to be referred in a single assessment. This was to meet criterion 5.4.

The recommendation was that the University develop a strategy for service user and patient engagement in relation to the programme.

These conditions were subsequently met. Since the last reaccreditation, the provider has created a substantive pharmacist post, embedding specific skills sessions for pharmacists into the timetable and developing a separate application form for pharmacists to ensure that the entry criteria are fulfilled and that self-employed or self-funded pharmacists' applications can be supported. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 6 July 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 6 July 2018 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Suffolk 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 Suffolk received taught degree awarding powers in 2016. Prior to this, all programmes were delivered by University Campus Suffolk (UCS) and were jointly validated by the University of East Anglia and the University of Essex. The Practice Certificate in Independent Prescribing programme is offered by the School of Health Sciences. The validation in place at the time of the move to University status had been confirmed by the University of Suffolk. The programme was due for revalidation in 2018-19. The outcome of that validation must be sent to the GPhC.

The University has appropriate quality assurance, management and enhancement systems and processes which are applied to the programme. These include an annual review of the programme at the end of each academic year involving staff, students and external stakeholders. The outcomes of this review feed into the School's annual report and action plan. The programme has an external examiner who is familiar with the GPhC requirements and who makes an annual report to the School on the programme. This report is available to students.

Appropriate physical resources are available to the programme, including a clinical skills suite. Since the last reaccreditation event, the number of staff associated with the programme has increased, although the staff:student ratio is higher than that for similar programmes. Accreditation was sought for two cohorts of 45 students each year. Prior permission from the GPhC will therefore be required should the provider wish to exceed a total 90 students per year at any point. The identified practising pharmacist associated with the programme has been in post since May 2018. A different practising pharmacist was in post prior to this date.

Section 2: Pre-requisites for entry

All six criteria relating to the pre-requisites for entry are met. Two criteria require minor amendments.

Appropriate arrangements are in place to ensure that entrants to the programme are registered with the GPhC or Pharmaceutical Society of Northern Ireland and that they have at least two years' post-registration patient-orientated experience in a UK setting. The Course Handbook should be updated to reflect the fact that the patient-orientated experience must be gained in a UK setting.

Entrants must have identified an area of clinical practice in which to develop their prescribing skills, although the manager's declaration in the application form does not explicitly ask about the clinical opportunities available to the applicant and should be updated.

The application process ensures that the DMP has training and experience appropriate to their role and is aware of their responsibilities to the student.

Section 3: The programme

All eight criteria relating to the programme are met. One criterion requires minor amendments and one recommendation was made.

The programme is delivered as a 40 credit, Level 7 module over a period of six months, which includes 26 university study days. Students must attend at least 20 face-to-face teaching days. Attendance is monitored and students must make up missed sessions; the mechanism for doing this is negotiated on an individual basis. The programme is available at Level 6 for non-pharmacist applicants. The DMP Handbook suggests that the programme can be taught at Level 6 for pharmacists; this should be corrected. Differentiation between Levels 6 and 7 is achieved within the portfolio.

The 16 GPhC learning outcomes are achieved and are mapped to the programme learning outcomes. There are some discrepancies between the mapping provided in the submission and the information provided to students in the Course Handbook. It is therefore a recommendation that the mapping document and the information in the Course Handbook should be revised so that GPhC learning outcomes are mapped accurately to the programme learning outcomes and assessments.

The teaching and learning strategy is under-pinned by an enquiry-based learning approach both during the teaching days and during the period of learning in practice with the DMP. There is a focus on inter-professional learning, drawing on the range of professions represented on the programme. Pharmacists on the programme are facilitated to develop their clinical skills through a generic clinical skills training session, supplemented with pharmacist-only skills days, which can be taken instead of some of the pharmacology classes. There are approximately seven clinical skills training days for pharmacists in total.

Opportunities for pharmacists to demonstrate how they will apply their learning to the conditions for which they will be prescribing are offered through the portfolio, where students are required to reflect on their individual clinical areas. Marking is allocated according to the areas of expertise of programme staff, but if a particular prescribing area is not covered by a member of the team, external advice is sought.

Section 4: Learning in Practice

All five criteria relating to learning in practice are met. One criterion requires minor amendments.

DMPs are supported in their role, largely through a comprehensive DMP Handbook. DMPs are invited to attend an induction day but few accept this invitation. There is an optional tripartite meeting between the provider, the student and the DMP in the first two months of the programme and the provider should consider making this meeting mandatory for all new DMPs.

A shared learning contract is created at the beginning of the programme, between the DMP and the student. The student's relationship with the DMP is monitored and in case of problems, a solution is facilitated by the provider. If the issue cannot be resolved, the provider will support the student in finding a new DMP. The new DMP takes on overall responsibility for the period of learning in practice, so there is a formal process of hand-over and signing off any competencies achieved under the supervision of the first DMP.

The DMP is required to complete the required statements confirming that the period of learning in practice has been completed satisfactorily. It is clear that failure in the period of learning in practice cannot be compensated by performance in other assessments.

Section 5: Assessment

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

There are five elements to assessment, each of which must be passed with no compensation allowed between assessments:

- OSCE: pass/fail
- Pharmacology exam: 80% pass mark
- Drug calculations: 100% pass mark
- Practice assessment: signed off by the DMP
- Academic assignments: 8000 words. This is the element from the which the overall mark is derived.

The practice assessment and academic assignments are combined into one portfolio. The DMP recommends to the provider whether the student passes the practice element. However, if the provider finds that there is not enough evidence of achievement of the competencies in the reflective pieces and learning log then they do not confirm the recommendation and require the student to provide further evidence, for example in a tutorial or through a piece of written work.

The OSCE consists of four components, each with several elements. This is better described as an extended patient scenario, rather than an OSCE. Students are not assessed on their physical examination skills during the OSCE; these skills are assessed formatively by the DMP in practice but are not summatively assessed. The GPhC expects that basic diagnostic skills are summatively assessed, in order to meet GPhC Learning Outcome 4: 'Use common diagnostic aids, e.g. stethoscope, sphygmomanometer'. It is therefore a **condition** of reaccreditation that the provider summatively assesses pharmacists' clinical and diagnostic skills and describes the quality assurance process. This is because there is currently no summative assessment of this key outcome for pharmacists.

At present, pharmacists on the programme are not allowed a second attempt at any assessments. This is due to a repeated misunderstanding about the GPhC's requirements relating to reassessment. Pharmacists are, in fact, permitted a second attempt at all assessments. The only exception is in the case of patient harm, in which case the student should fail the programme with no opportunity for reassessment, and which regulation is separately and correctly in place on the programme. The resit regulations relating to pharmacists will therefore be amended to allow a second reassessment unless there is a failure to identify a serious problem or an answer which would cause the patient harm.

There is no policy in place relating to whether students can be permitted to re-enrol on the programme if they fail. The provider will consider introducing one, noting that the GPhC does permit readmission, with full attendance.

Section 6: Details of Award

Both criteria relating to details of the award are met.

Successful candidates are awarded a Practice Certificate in Independent Prescribing and a certified copy of the 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.