



Independent  
prescribing  
programme

Swansea University

Report of a reaccreditation event

May 2018

## Event summary and conclusions

<b>Provider</b>	Swansea University
<b>Course</b>	Independent prescribing programme
<b>Event type</b>	Reaccreditation
<b>Event date</b>	18 May 2018
<b>Accreditation period</b>	August 2018 – August 2021
<b>Outcome</b>	Approval with condition 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 Swansea should be reaccredited for a further period of three years, subject to one condition.
<b>Conditions</b>	<ol style="list-style-type: none"> <li>1. The provider must devise a procedure to manage the consequences of a student demonstrating patient harm in an assessment. If a student fails an assessment in this way, it must be a requirement that they fail the whole programme and need to restart the course, rather than resit the failed assessment. This is to meet criterion 5.4.</li> </ol>
<b>Standing conditions</b>	Please refer to Appendix 1
<b>Recommendations</b>	No recommendations were made
<b>Registrar decision</b>	Following the event, the provider submitted a response to the condition of 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.
<b>Key contact (provider)</b>	Elizabeth Griffiths, Programme Director of the Non-Medical Prescribing Programme
<b>Accreditation team</b>	Professor Jane Portlock, Professor of Pharmacy Postgraduate Education, University of Sussex Mrs Sandra Hall, Head of Pharmacy Practice, Leicester School of Pharmacy, De Montfort University
<b>GPhC representative</b>	Mr Chris McKendrick, Quality Assurance Officer, GPhC
<b>Rapporteur</b>	Mrs Jane Smith, Chief Executive Officer, European Association for Cancer Research

## Introduction

### Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The 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

Swansea University was accredited by the Royal Pharmaceutical Society of Great Britain in 2008 to provide a programme to train pharmacist independent prescribers, having delivered a supplementary prescribing programme since 2004 and a conversion course from 2007. It was last accredited by the GPhC in August 2015 for a period of three years, subject to three conditions:

1. That the programme outcomes were mapped fully and completely to all 16 GPhC learning outcomes, and communicated consistently to students and DMPs within the programme documentation. This was to meet criterion 3.2.
2. That an action plan containing sufficient detail, including relevant timescales, addressing the recommendations made by Professor Paget, Director of Student Experience, Director of Academic Integrity, Swansea University in her report of a group student complaint dated 13 August 2015 be submitted to the GPhC.
3. That a clear process for the quality assurance of assessments and related marking arrangement be provided, including key dates to represent how the quality assurance process would be observed and adhered to.

These conditions were subsequently met.

In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 18 May 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 18 May 2018 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of Swansea University 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. Two criteria require minor amendments. (See Appendix 2 for criteria)**

The Non-Medical Prescribing programme at Swansea University is run by the College of Human and Health Sciences. The programme has received approval from the University and the GPhC to be delivered as a Level 7 40-credit stand-alone module from September 2017 (having been delivered as a Level 7 60-credit Post Graduate Certificate for two years from 2015). Some of the pharmacology content has been removed and a new, 20-credit Pharmacology Principles and Practice module has been created that can be selected by students needing this knowledge and/or wanting a Post Graduate Certificate.

The University's quality assurance mechanisms are appropriate and include programme monitoring, obtaining and responding to student feedback and involving external examiners in the ongoing review and development of the programme. Although the external examiner for the programme is not a pharmacist, she teaches on a Non-Medical Prescribing joint course in her own institution, so is familiar with the pharmacist role and the GPhC competency requirements.

The programme is delivered at the University's Carmarthen campus which has a range of traditional teaching rooms and clinical suites.

Having run annually from 2012, the programme will admit two smaller cohorts per year from the 2017-18 academic year. Cohorts are a mixture of allied health professionals, nurses and pharmacists. Total numbers admitted to the programme will not grow beyond 30 without prior approval of the GPhC. Staffing for the programme has been increased in response to the increased workload associated with two cohorts

The team of staff contributing to the programme is appropriate and includes practising pharmacists. However, the identified practising pharmacist associated with the programme does not currently have a formal role in its design and delivery. A proportion of the time of a different pharmacist employed by a local Health Board is formally allocated to the programme, and this person contributes to the support of students and to programme design and delivery. She should therefore be named as the identified practising pharmacist.

Some references in the submission to the Royal Pharmaceutical Society should be replaced with the GPhC, where they refer to the regulatory function.

### Section 2: Pre-requisites for entry

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

The application form ensures that all applicants have the required professional registration and patient-orientated experience. The broader application process ensures that students have identified an area of clinical practice in which to develop their prescribing skills and have appropriate knowledge relevant to their intended area of practice. Group interviews are used to assess applicants' suitability for the programme. This process encourages reflection and is appropriate as part of the selection process.

A DMP is identified by the student upon application. DMPs are required to attend a preparatory

workshop to ensure that they are aware of their role and responsibilities as well as the GPhC requirements.

Entrants who are not registrants of the GPhC or PSNI are not permitted to undertake any components of the programme or supervised practice.

### Section 3: The programme

**All eight criteria relating to the programme are met. Two criteria require minor amendments.**

The programme has received approval to be delivered as a Level 7 40-credit stand-alone module from September 2017. It consists of 17 days of teaching plus nine days spent in relevant practice areas. These nine days are in addition to the 90 hours of formalised Learning in Practice and are assessed via the portfolio.

Although the students are split into three professional groups for administrative purposes, they are taught together throughout the programme, with students from different professional backgrounds valuing learning from each other.

The GPhC learning outcomes are mapped to the programme learning outcomes and assessments, but mapping document must be updated to give more detail about the precise method of assessment for each GPhC learning outcome.

The programme's teaching strategy is one of active learning, using class discussions and shared experiences with an invitation for students to submit formative work on which they receive detailed feedback. Key programme staff are committed to ensuring that students are supported to build on their knowledge and experience.

Full attendance at all teaching sessions is required and attendance registers are taken in all classes. Absences are reported to the programme director who will meet with students to discuss any concerns. If a session is unavoidably missed, then extra sessions are provided as needed. However this is very unusual; students usually attend all sessions. Requests for reduced learning time will be considered if evidence of prior learning is provided, although this has not yet been requested.

All paperwork associated with the programme must be corrected to reflect the fact that the GPhC requirement is for 90 hours of Learning in Practice, not 96 hours as stated in the submission.

### Section 4: Learning in Practice

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

DMPs are provided with a Handbook containing clear and practical guidance on supporting the student during the period of learning in practice, including the GPhC learning outcomes, the programme assessment strategy and competency statements. The roles of the programme provider and the DMP for teaching the skills for clinical assessment of patients are clearly set out. Formative assessment is carried out in practice and summative assessment of clinical skills and knowledge is undertaken in the university.

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 one condition. Two criteria require minor amendments.**

The programme is assessed via:

- A drug calculations exam (100% pass mark) Pass/Fail
- 2 x extended patient scenario exams (25% per exam)

- A practice portfolio equivalent to 10,000 words (50%)

The assessments provide evidence that the GPhC learning outcomes are met. Assessments are tailored to the individual student's identified scope of practice. Parity of assessment is ensured through detailed discussions between programme staff, the identification of red flags for the particular condition and by seeking external advice where needed. This is a very intensive process and the provider must develop a written procedure setting out the quality assurance processes for standard setting in the programme assessments.

Compensation between assessments is not allowed but this should be made clearer to students within the Module Handbook. The programme is assessed separately from any other programmes or programme components.

If a student fails an assessment due to a failure to identify a serious problem or an answer which would cause the patient harm, they would currently be required to resit only the failed elements. This does not meet the GPhC requirement of failing the whole programme. It is therefore a **condition** of reaccreditation that the provider devises a procedure to manage the consequences of a student demonstrating patient harm in an assessment. If a student fails an assessment in this way, it must be a requirement that they fail the whole programme and need to restart the course (if permitted by the University), rather than resit the failed assessment.

## Section 6: Details of Award

**Both 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.