



Independent
prescribing
programme

University College London
Report of an accreditation event
June 2018

Event summary and conclusions

Provider	University College London
Course	Independent prescribing programme
Event type	Accreditation
Event date	21 June 2018
Accreditation period	August 2018 – August 2021 (provisional) NB. Accreditation is confirmed after a satisfactory monitoring event has taken place following completion of the first cohort of students.
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing programme provided by University College London should be provisionally accredited for a period of three years with a monitoring event taking place after completion of the first cohort of students.
Conditions	There were no conditions
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the provisional accreditation of the programme for a period of three years.
Key contact (provider)	Dr Elizabeth Mills, Senior Lecturer in Clinical Pharmacy and Pharmacy Education, and Academic Lead for IP
Accreditation team	Professor Andy Husband, Head of School and Professor of Clinical Pharmacy, Newcastle University Mrs Sandra Hall, Head of Pharmacy Practice, Leicester School of Pharmacy, De Montfort University
GPhC representative	Ms Joanne Martin, Quality Assurance Manager, 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 accreditation process is based on the GPhC's 2010 accreditation criteria for Independent Prescribing.

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:

<http://www.legislation.gov.uk/uksi/2010/231/contents/made>

Background

University College London has an accredited MPharm degree programme and delivers postgraduate clinical pharmacy education and training for practising pharmacists through a Diploma in General Pharmacy Practice, an MSc in Pharmacy Practice and an MSc in Clinical Pharmacy, International Practice and Policy. The programmes are provided by UCL's School of Pharmacy, a department of the Faculty of Life Sciences. UCL approached the GPhC with an application for accreditation of a new programme to train pharmacist independent prescribers. In line with the GPhC's process for accreditation of independent prescribing programmes, an event was scheduled for 21 June 2018 to review the programme's suitability for accreditation. In line with the GPhC's process for new providers of pharmacist prescribing programmes, the event was held on site at the University to allow for the GPhC's accreditation team to view the teaching facilities available.

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 onsite at University College London on 21 June 2018 and comprised a number of meetings between the GPhC accreditation team and representatives of the University College London prescribing programme, and a tour of the university's teaching facilities.

Declarations of interest

There were no declarations of interest.

Key findings

Section 1: The programme provider

The team was satisfied that all four criteria relating to the programme provider will be met. (See Appendix 2 for criteria).

The programme will be provided by University College London (UCL) School of Pharmacy, which is a Department of UCL's Faculty of Life Sciences. The School has provided postgraduate clinical pharmacy education and training for practising pharmacists for almost 30 years. This is currently delivered via a Diploma in General Pharmacy Practice and an MSc in Advanced Pharmacy Practice. The School, in partnership with local NHS trusts, is accredited by the Royal Pharmaceutical Society as an RPS Foundation School.

The programme is subject to UCL's well-established quality assurance procedures set out in its overarching Quality Review Framework. The programme has been validated by the University. An external examiner has been appointed and the annual reports will form part of the annual programme review process.

Clinical skills will be taught in the Medical School's Clinical Skills Centre which is a 15-minute walk from the School of Pharmacy. The space and equipment are adequate for the first year intake of 60 and has already been timetabled. A new clinical skills suite is being developed which will come into use for medical students in the 2019-20 academic year. This increased capacity will mean that there is sufficient clinical skills teaching space for the planned 120 student intake from year 2 onwards. Longer-term, it is planned to develop a clinical skills suite within the School of Pharmacy itself.

A range of academic and practitioner staff have been identified to contribute to the programme, and growth in staffing is planned to cater for increased student numbers after the first year.

Section 2: Pre-requisites for entry

The team was satisfied that all six criteria relating to the pre-requisites for entry will be met.

Appropriate processes are in place to ensure that both students and the DMP have the required background and experience. The course is not offered to applicants who are not registrants of the GPhC or PSNI. In the case of self-employed applicants, it is expected that there will be a supporting organisation to provide evidence of patient-orientated experience, for example, the practice setting in which the DMP is based.

All DMPs will have access to an introductory webinar, either live or after the event via the DMP area of website. Those DMPs who might need additional support, particularly given this programme's enhanced focus on clinical skills, will be identified via information given in the application form and will be given bespoke training by telephone or face-to-face.

DMPs will have an identified member of academic staff to contact with queries or concerns, as well as contact details for the School's administrative support team.

Section 3: The programme

The team was satisfied that all eight criteria relating to the programme will be met.

The programme will be taught at FHEQ Level 7 and offered both as a 60-credit optional module within the Diploma in General Pharmacy Practice and as a stand-alone award. There is a range of learning activities:

- Face-to-face learning sessions: 65 hours delivered over nine teaching days
- Online learning and activities: 95 hours/13 days
- Self-directed study: 45 hours/six days
- Completion of prescribing portfolio: 125 hours
- Preparation for and completion of course assessments: 180 hours
- Supervised learning in practice: minimum 90 hours

No reduced learning time for previous learning or experience is allowed. Attendance at the nine face-to-face study days is compulsory. Students who do not attend all nine study days will not be able to complete the course and will be required to attend the study day that they have missed with the next cohort. Student progress will be monitored through regular formative assessments and through their level of engagement with the online learning activities. Concerns about engagement and progress will be followed up.

Students are required to agree a learning contract with their DMP which sets out what they need to learn during the period of Learning in Practice, how they will learn it and by when. Students are required to have three formal review meetings with their DMP throughout the 6-month learning period to assess their progress and their level of competence in relation to the Prescribing Competencies.

Students will be taught to identify and practice within the limits of their own competency through discussions in the study days, workshops and case studies, as well as in practice with the DMP.

The programme learning outcomes are appropriately mapped to the GPhC learning outcomes.

Section 4: Learning in Practice

The team was satisfied that all five criteria relating to learning in practice will be met.

The programme requires a broad range of clinical skills to be learned in practice. This is so that graduates of the programme are equipped to expand their scope of practice after completion. DMPs will be supported to help students gain these skills via several mechanisms:

- Information about the roles and responsibilities on the website, also accessible to potential DMPs to support them in deciding to take on the role;
- A DMP induction webinar to be held prior to students starting on the course. This will be recorded and made accessible to all DMPs via the website;
- A DMP handbook to be provided in hard copy to every DMP providing guidance on the expectations of the learning in practice time, the course assessments, the prescribing portfolio, and what the student will be learning at the study days;
- The Prescribing Portfolio which will provide guidance to the DMP and the student for the period of learning in practice.

In addition, bespoke training will be offered to DMPs who have little or no experience in the role. There are a number of checkpoints throughout the programme which will require the engagement of the DMP. If the School or the student has concerns at any point, the provider will intervene to offer additional support and guidance.

It is recognised that the DMP might not be the most appropriate person to teach a particular skill so the period of Learning in Practice is designed to allow students to identify an appropriate person. This need

will be identified as part of the Learning Contract between the student and the DMP and the person identified will be formally approved by both the DMP and the provider.

It is made clear to students that failure in the period of learning in practice cannot be compensated by performance in other assessments.

Section 5: Assessment

The team was satisfied that all four criteria relating to assessment will be met. One criterion requires minor amendment.

The programme uses a range of assessment methods:

1. Clinical Audit: a 2500 word report on a clinical audit reflective of the student's defined scope of practice (30% weighting)
2. Case studies: two written case studies of 1000 words each (20% weighting)
3. Critical Reflection: a written reflection of 3500 words, focussing on the student's scope of practice, communication skills, a risk assessment, and safe and effective prescribing (40% weighting)
4. Multiple Choice Questions: a one hour, 30 item test based on the Prescribing Safety Assessment (10% weighting)
5. OSCE: an eight station OSCE to assess the student's ability to clinically assess patients (pass/fail)
6. Prescribing Portfolio consisting of a learning contract, a reflective portfolio, competency assessment and final statements (pass/fail)

Students must pass each assessment and no compensation is allowed between assessments. The University has approved a new derogation from the main regulations, stating that: "A student who does not pass all modules at the first attempt should be reassessed in the failed module(s) unless they have failed to meet specific essential professional and regulatory body requirements as detailed in the programme summary".

There are appropriate processes in place to consider instances of potential patient harm. These will be identified by the marker and referred to the Exam Board for consideration. The Exam Board will assess the risk posed by the error, taking into account, for example, the potential for harm, whether safety nets would be in place in practice, and the context of the rest of the assessment. Where the Exam Board decides that a student should fail the assessment, then the regulations are clear that they will fail the whole programme with no opportunity to resit.

Although a range of generalist clinical skills will be summatively assessed in-School in the OSCE, clinical skills relating to the student's specific area of practice are planned to be summatively assessed by the DMP during the Period of Learning in Practice. It is not clear that these assessments are properly quality assured and at a level consistent with a Level 7 programme for all students. The provider will give further consideration to these assessments, either supporting DMPs to assess consistently and appropriately, or ensuring that the DMP assessments are used as formative learning opportunities, with the only summative clinical skills assessments being carried out within the School.

Section 6: Details of Award

The team was satisfied that both criteria relating to details of the award will be met.

Students who successfully complete the programme will be issued with a certificate from the School of Pharmacy. The pass list will be agreed by the External Examiner and the Pharmacy Practice Board of Examiners and 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.