Reaccreditation of an Education and Training Programme to prepare Pharmacist Independent Prescribers, University of Hull

Report of a reaccreditation event, 5 February, 2015

Introduction

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 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.

Background

The University of Hull was first accredited in 2008/9 by the Royal Pharmaceutical Society of Great Britain to provide a programme to train pharmacist independent prescribers. The University was reaccredited for this provision for three years by the GPhC in February 2012. On that occasion the team imposed two conditions. These were:

   i. The University must amend its assessment scheme to reflect the fact that the OSCE is a four-station examination and that all stations of the examination must be passed at one sitting. This is to meet criterion 5.3
   ii. The University must modify its assessment regulations to ensure that a failure to identify a serious problem or an answer which would cause the patient harm should result in overall failure of the programme and not just the component part. This is to meet criterion 5.4

All subsequent paperwork/documentation has been amended to meet these conditions.
Documentation

The University provided copies of its application documentation in advance of the visit, in line with the agreed timescales.

The event

The event was held on 5 February at the GPhC headquarters and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Hull prescribing programme.

The Accreditation Team

The GPhC accreditation team (‘the team’) comprised:

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation at the time of accreditation event</th>
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<tbody>
<tr>
<td>Professor Anne Watson</td>
<td>Accreditation team member (Chair of event), Assistant Director of Pharmacy, NHS Education for Scotland</td>
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<tr>
<td>Mr Mike Pettit</td>
<td>Accreditation team member, Lead Pharmacist for Women’s and Children’s Division, Brighton and Sussex University Hospitals NHS Trust, Royal Sussex County Hospital</td>
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along with:

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<thead>
<tr>
<th>Name</th>
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<tr>
<td>Ms Jenny Clapham</td>
<td>Quality Assurance Officer, General Pharmaceutical Council</td>
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<tr>
<td>Professor Brian Furman</td>
<td>Rapporteur, Emeritus Professor of Pharmacology, University of Strathclyde</td>
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Declaration of potential conflicts of interest

No potential conflicts of interest were declared.
## The accreditation criteria

<table>
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<td>The programme is run within the Faculty of Health and Social Care of the University of Hull. The programme has been validated by the University and is subject to the University’s quality assurance procedures. These include an end-of-course evaluation of the module, which is considered annually by the programme management board. The staffing of the programme comprises six staff members, amounting to 1.5 FTE. The staff members who teach on the programme include practising pharmacists with teaching experience and staff with clinical and diagnostic skills. Where possible, practising pharmacists who hold a non-medical prescribing qualification teach specific sessions, for example, on pain management and antimicrobial stewardship. Other sessions are supported by nurse independent and supplementary prescribers and clinical skills are taught by a Specialist Lecturer Practitioner in Adult Intensive Care Nursing. There are also contributions from past students, who come back to teach as specialist practitioners e.g. antibiotic prescribing. The course lead is a practising pharmacist who has more than 15 years of clinical experience. There are also contributions to the design and delivery of the programme from a pharmacist independent prescriber. A maximum of 10 pharmacist students per cohort can be taken on the programme; these will be taught alongside other non-medical prescribing students. Students have access to the clinical skills suite, including all the basic equipment required and specialist equipment, for example, patient simulators. The four criteria relating to the programme provider are met. (See Appendix A for criteria)</td>
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The six criteria relating to pre-requisites for entry are met.

Section 3: The programme

The documentation described how the timetable and session content of the course have been designed to meet the GPhC learning outcomes as listed in the curriculum. The indicative content of each timetabled session has been mapped against the learning outcomes for the course. Teaching and learning methods include lectures, workshops, tutorials and student presentations. All students are assigned a University personal supervisor with academic supervision being provided by a member of the module team. Two options for delivering the course are used; the first is a face-to-face approach and the second is referred to as a blended approach, where there is a reduced face-face contact time, with the time being made up by self-directed study in the area of pharmacology and therapeutics. The blended approach is made available to increase the accessibility to the programme for pharmacists who otherwise would not manage to take the course because of their service commitments. In both approaches, opportunities for pharmacists to demonstrate how they will apply their learning to the conditions for which they will be prescribing are provided during the students’ 12 days in practice. Clinical skills are acquired through practical work on the measurement of temperature, pulse, blood pressure etc., and through learning consultation skills. The students’ DMPs address any additional clinical skills that would be needed for their intended area of practice. Attendance at all sessions is monitored and absence from mandatory sessions associated, for example, with the acquisition of clinical skills will mean that students will not pass the module, unless alternative arrangements are made by the student with the course team.

The eight criteria relating to the programme are met.

Section 4: Learning in Practice

The designated medical practitioners (DMPs) play a crucial role in helping the pharmacists successfully to complete the period of learning in practice and are provided by the University with appropriate support, including a detailed DMP handbook which includes the DMP role and responsibilities, as well as details of the assessments; there is also a pre-course briefing session for DMPs and a mid-course triangulation visit. DMPs have an open line to the University through telephone, e-mail and Skype. The DMP undertakes a formative assessment of a directed observation, in which the students’ performances are rated as ‘accurate and complete’, or ‘incomplete’ or ‘inadequate’. This assessment is undertaken after a great deal of practice, and when the student is ready for it; the student must write a 1500 word reflective essay underpinning this assessment. The triangulation visit is used to determine how the student is progressing academically and in practice, including a consideration of the student’s practice portfolio; the student’s clinical skills developed with the DMP are also addressed, along with any problems associated with the 72 competencies (from the NPC’s Single Competency Framework) that must be verified by the DMP. DMPs must declare that the pharmacists under their supervision have satisfactorily completed at least the required 90 hours of supervised practice. Students must also keep a learning log of their time in practice; this is linked to the single competency framework for all prescribers. DMPs are also asked to confirm and sign a declaration stating that in their opinion, the skills demonstrated in practice confirm the
Section 5: Assessment

The documentation described the assessment strategy, the marking criteria, and the range of assessments employed. These include an examination comprising multiple choice and short answer questions, a numeracy examination and an assessment of practice consisting of a 4-station objective, structured, clinical examination (OSCE), details of which were provided in the documentation. Students must also complete a practice portfolio which includes learning and prescribing logs, three pieces of evidence of competency, a reflection on the directed observation formative assessment, and the assessment of competence by the DMP. If students fail, they are invited to attend for a tutorial that explains why they have failed, with the provision of extensive feedback. Students are then allowed one re-submission usually within six to eight weeks. An additional resit is allowed only if there are mitigating circumstances. If students fail the second attempt, it is possible for them to re-enrol on the programme, but only if they can produce evidence for additional work/experience. Students will fail the whole programme if they fail to identify a serious problem, or if they produce an answer that would cause the patient harm.

The four criteria relating to assessment are met.

Section 6: Details of Award

The documentation included a copy of the certificate that carried the appropriate wording. The programme lead is responsible for sending the pass list to the General Pharmaceutical Council, via the Applications Team after the module board. Following the module board, the formal transcript is signed by an external examiner and the chair of the board. The pass list is signed by the programme lead. The pass list will include the pharmacists’ names and GPhC registration numbers, with a confirmation that they are eligible for annotation on the GPhC register as independent prescribers.

The two criteria relating to details of the award are met.
Summary and Conclusions

The team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Hull should be reaccredited as a pharmacist independent prescribing course provider for a further period of three years. There were no conditions or recommendations.

Standing conditions of accreditation:

1. The full record and report include other comments from the team and the Registrar regards the record and report in its entirety as its formal view on provision. Providers are required to take all comments into account as part of the reaccreditation process.
2. Any required amendments to be made to documents for accuracy or completeness have been identified and are detailed in the record. The provider must confirm the changes have been made but the GPhC does not require documents to be submitted for its approval.
3. 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 and remain for the duration of the accreditation period. The record remains confidential to the provider and the GPhC.
4. On an annual basis, all institutions and other providers approved by the GPhC must give such information and assistance as the GPhC may reasonably require including changes to the curriculum and/or resources.

The provider was asked to note the following:

1. The programme is not reaccredited until approval has been given by the Registrar.
2. The team’s recommendations are not binding on the Registrar, who may accept, modify or reject them.
3. The accreditation team’s feedback is confidential until it has been ratified by the Registrar of the GPhC but may be shared with staff and students internally.

The Pharmacy Order 2010 states:

Part 5 Education, training and acquisition of experience and continuing professional development

Information to be given by institutions or other providers

46. (3) Whenever required to do so by the Council, any institution or other provider to which this article applies must give to the Council such information and assistance as the Council may reasonably require in connection with the exercise of its functions under this Order.

(4) Where an institution or other provider refuses any reasonable request for information made by the Council under this article, the Council may, in accordance with article 47, refuse to approve or withdraw approval from, any course of education or training, qualification, test or institution or other provider to which the information relates.
For full details of the legislative obligations and powers of the General Pharmaceutical Council, please refer to the *Pharmacy Order 2010*.


Following the above event, the Registrar of the General Pharmaceutical Council subsequently accepted the accreditation team’s recommendation and approved the course for reaccreditation for a further period of three years, until the end of May 2018.
Appendix A

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 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 B

Independent Prescribing Programme Learning Outcomes

All GPhC accredited independent prescribing courses need to ensure that following qualification pharmacist independent prescribers are be able to:

- 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.

- Develop an effective relationship and communication with patients, carers, other prescribers and members of the health care team.

- 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.

- Use common diagnostic aids e.g. stethoscope, sphygmomanometer

- Able to use diagnostic aids relevant to the condition(s) for which the pharmacist intends to prescribe, including monitoring response to therapy.

- 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
• 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.

• 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.

• Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.

• Prescribe, safely, appropriately and cost effectively.

• Work within a prescribing partnership.

• Maintain accurate, effective and timely records and ensure that other prescribers and health care staff are appropriately informed.

• Demonstrate an understanding of the public health issues related to medicines use.

• Demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing.

• Work within clinical governance frameworks that include audit of prescribing practice and personal development.

• Participate regularly in CPD and maintain a record of their CPD activity.

Appendix C

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.