



Independent
prescribing
course

Queens University Belfast
Report of an accreditation event
June 2019

Event summary and conclusions	
Provider	Queen's University Belfast
Course	Independent prescribing programme
Event type	Accreditation
Event date	14 June 2019
Reaccreditation period	August 2019 – August 2022
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) and to the Pharmaceutical Society of Northern Ireland that the pharmacist independent prescribing programme provided by Queen's University Belfast 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.
Maximum number of all students per cohort:	30
Number of pharmacist students per cohort:	Solely pharmacists
Number of cohorts per academic year:	One
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 3 years.
Key contact (provider)	Sharon Haughey, Director of Education
Reaccreditation team	Professor Angela Alexander (event chair), Professor Emerita, University of Reading Dr Ruth Edwards, Head of Pharmacy Practice, Aston Pharmacy School,

	Professor Dorothy Whittington, Emeritus Professor of Health Psychology, University of Ulster
GPhC representative	Mr Chris McKendrick, Quality Assurance Officer, GPhC Mr Daniel Young (observer), Pharmaceutical Society of Northern Ireland
Rapporteur	Professor Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde; Proprietor, Caldarvan Research (Educational and Writing Services)

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 standards for the education and training of pharmacist independent prescribers January 2019.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation as a pharmacist independent prescriber 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

Queen's University Belfast (QUB) approached the GPhC with an application for accreditation of a programme to train pharmacist independent prescribers. In line with the GPhC's standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled for 14 June 2019 to review the programme's suitability for accreditation. In line with the GPhC's process for new providers of pharmacist independent prescribers, the event was held on site at QUB to allow for the GPhC's accreditation team to view the facilities available. There are two versions of the pharmacist independent prescribing programme at QUB. The first is for training pharmacist prescribers in Northern Ireland and is delivered by the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) which is hosted by QUB currently. The second version, the subject of this accreditation, is for delivery to pharmacists in Great Britain; it had a similar structure to the first version, but with minor modifications to the content to ensure applicability to the GB market, plus a 5-day clinical skills residential period at QUB. Following the implementation of the new GPhC Standards, the QUB School of Pharmacy and NICPLD opted to move away from a joint accreditation and to develop two separate courses to meet the needs of cohorts based in Great Britain and Northern Ireland respectively.

Documentation

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

The event

The event was held onsite at Queens University Belfast on 14 June 2019 and comprised a number of meetings between the GPhC reaccreditation team, representatives of QUB prescribing programme, students (via teleconference).

Declarations of interest

Professor Alexander declared that she had written a distance-learning module for the University around 20 years ago.

Mr Young (observer), PSNI, declared that he had been an undergraduate at the University from 1992-95.

Schedule

The event

Meeting number	Meeting	Time
1.	Private meeting of accreditation team and GPhC representatives	09:30 – 11:15
2.	Meeting with provider	11:15 – 13:00
3.	Lunch	13:00 – 13:45
4.	Student meeting (individual telephone calls)	13:45 – 14:15
5.	Private meeting of the accreditation team	14:15 – 14:30
6.	Learning outcomes testing session	14:30 – 15:15
7.	Panel private meeting	15:15 – 15:30
8.	Feedback to provider	15:30

Attendees

Accreditation Team

The GPhC's reaccreditation team ('the team') comprised:

Name	Designation at the time of reaccreditation event	Meetings attended
Professor Angela Alexander	(event chair), Professor Emerita, University of Reading	1-8
Dr Ruth Edwards	(pharmacist), Head of Pharmacy Practice, Aston Pharmacy School,	1-8
Professor Dorothy Whittington	(lay member) Emeritus Professor of Health Psychology, University of Ulster	1-8

along with:

Name	Designation at the time of reaccreditation event	Meetings attended
Mr Chris McKendrick	Quality Assurance Officer, GPhC	1-8
Ian Marshall	(rapporteur), Emeritus Professor of Pharmacology, University of Strathclyde;	1-8

Key findings

Part 1 – learning outcomes

During the event the team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of five learning outcomes during a separate meeting with the provider (see ‘learning outcomes tested at the event’ below) and was satisfied that all 32 learning outcomes would be met during the course to the level required by the GPhC standards. Please see **appendix 2** of this report for the detailed list of learning outcomes.

Learning outcomes tested at the event

	Level: Does	► Understand and meet their legal responsibilities under equality and human rights legislation and respect diversity and cultural differences
Accreditation team’s commentary		
<p>This outcome starts in Module 2 with communication skills and consultation, so that students are able to speak to patients, and obtain information so that patients become a part of the decision-making process. In Module 5 religious beliefs and human rights and equality legislation is covered. It was stressed that students must be aware of their own beliefs and attitudes/opinions to avoid a negative impact on patient care. Protected characteristics are covered before students meet patients. Case studies cover GPhC guidance. Module 6 on professionalism deals with difficult scenarios using a 4-stage decision-making model, including who to get advice from, and maximising patients’ ability to be involved in decisions. Assessment builds on previous course assessments including situational judgement tests at the “shows how” level, and evidence in the student’s portfolio, at the “does” level which should show solid examples of how the student has changed their practice.</p> <p>The teaching and assessment requirements of the learning outcome are met.</p>		
	Level: Does	► Demonstrate appropriate history-taking techniques through effective consultation skills
Accreditation team’s commentary		
<p>This outcome is covered in Modules 2 and 3. Module 2 has been rewritten by prescribers who undertake consultations on a daily basis. Various models of communication skills are covered including the Calgary Cambridge model, and how to structure a consultation via a Subjective Objective Assessment Plan (SOAP). Module 3 covers clinical skills and monitoring, including how to take and structure a patient history. Students will be able to do more during the residential part of the course; this will include history-taking within the OSCE. In this respect, the team was told that the OSCEs used to be procedural but are now geared more towards history-taking and decision-making. Assessment at the “does” level is via the portfolio which must include a reflective record of a patient consultation. The team wished to know how remediation was possible, if needed, within the 5-day residential course, and was told that it is not the</p>		

policy to run the repeat OSCE the following week but rather to give the student a break to develop their skills in this area. It was considered that failure in the OSCE could be due to a lack of ability or to nerves. As a result students are telephoned to talk through the failure and offer support to develop the necessary skills.

The teaching and assessment requirements of the learning outcome are met.

Level: Does	► Reflect on and develop their own prescribing practice to ensure it represents current best practice
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Accreditation team’s commentary

The team was told that the aim is to teach core transferable skills. Thus, in Module 1 the case study on safety, risk and benefits covers how to find and apply information to a patient case. Module 2 covers communication skills, Module 3 clinical skills, and Module 4 disease management, all allowing students to excel in their own area of expertise through their treatment plan. Students need to think about the drugs they are prescribing and when to refer on; this is marked by an IP with substantial experience, so the knowledge needs to be up-to-date. In the clinical skills element of the course students are taught core skills but develop their own skills in the period of learning in practice. The e-portfolio is marked by QUB staff; staff members have a wide knowledge of both primary and secondary care, including rheumatology and oncology and can contact experts locally (through the QUB Teacher practitioner network) and in GB, thus bringing to bear a combination of their own and external expert knowledge and experience.

The teaching and assessment requirements of the learning outcome are met.

Level: Does	► Recognise the public health issues in promoting health as part of their prescribing practice
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Accreditation team’s commentary

The team was told that this outcome is covered in Module 2 in terms of engaging patients and consultations, covering a range of public health issues. Health promotion is covered including weight loss, smoking cessation and alcohol intake. The course covers motivational interviewing, and how to write a treatment plan with respect to lifestyle changes. Module 5 covers antibiotic stewardship and vaccination and deals with the psychology of influences on prescribing. This uses vaccination coverage as a case study and the impact on prescribing decisions. In terms of poverty and deprivation, social issues with respect to health inequalities and geography are covered. In module 5 there is a treatment plan case study in relation to health promotion studies. Assessment is via situational judgement tests and e-portfolio, requiring specific examples of evidence.

The teaching and assessment requirements of the learning outcome are met.

Level: Does	► Work collaboratively with others to optimise individuals’ care, understanding their roles in the prescribing process
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Accreditation team’s commentary

The team was told that the provider had considered that the programme needed more on this outcome. As a result, in Module 2 trainees are taught about the roles of other healthcare professionals, e.g. medical doctors, nurses and dietitians. This includes referrals to other healthcare professionals and is linked to teaching on knowing your own competence, and when and who to refer to, including how to work with the referee and the patient. The “does” level of achievement is tested in an OSCE on decision-making within a disease management treatment case, and in the e-portfolio where clear information is required on shared decision-making. This includes how the healthcare professionals worked together and how the patient was

managed. The team was told that there is a wide variety of situations where the students can encounter working with other professionals, including working with a doctor and identifying situations beyond the pharmacist's competence.

The teaching and assessment requirements of the learning outcome are met.

Key findings

Part 2 - Standards for the education and training of pharmacist independent prescribers

1 - Selection and entry requirements

The team was satisfied that all six criteria relating to the selection and entry requirements will be met (See Appendix 3 for criteria)

The Postgraduate Admissions Policy of QUB is available to learners through the Student Gateway and the selection criteria for the course are detailed on the School's website. Prospective trainees must complete the Pharmacist Application Form. Admissions decisions are based on transparent criteria and all decisions made by the Programme delivery team are open to scrutiny. The type of experience a pharmacist should have, in addition to the other entry requirements, is outlined in the Pharmacist Application Form and the Information for the Pharmacist document. Prospective applicants are also encouraged to contact the programme lead with queries about the entry requirements prior to applying. Applicants must enter their registration number on the application form which is checked against their status on the GPhC/PSNI register, must state their area of clinical/therapeutic practice, and provide evidence of at least 2 years' appropriate patient-orientated practice in a UK hospital/community/primary care setting following their pre-registration year. The Programme delivery team is responsible for checking that all the pre-requisites have been met before the commencement date of a course. The team was told that the applicant could come from the existing programme, Advanced Clinical Pharmacy Practice, where students can select the IP programme in year 2 of the course; the majority of the IP students are in this category with only three students being independent of the Advanced Clinical Pharmacy Practice programme. Applicants must also submit a completed form from their designated prescribing practitioner (DPP) who has agreed to supervise their learning in practice. These forms are also assessed and approved by the Programme delivery team. The team noted that only medical practitioners will be eligible to undertake this role for the 2019/20 cohort, but this role may be opened up to other healthcare professionals once further guidance is available. In addition, a completed supporting organisation form should be submitted demonstrating approval for the trainee to complete their in-practice training on the organisation's premises. In the case of an applicant being refused entry to the programme, the team was told that the applicant would be given a chance to revise their application after being furnished with reasons for the refusal or advice on how to achieve entry to the programme.

2 - Equality, diversity and inclusion

The team was satisfied that all five criteria relating to the equality, diversity and inclusion will be met

The University has policies which comply fully with all Northern Ireland and GB legislation relating to equality and discrimination including that all applicants and trainees are treated fairly. The admissions policy complies with relevant legislation affecting the admission of trainees and is consistent with the QAA Code of Practice on Recruitment and Admissions. All staff members in the University are required to complete e-learning training programmes called 'Diversity Now' and 'Unconscious Bias'. These mandatory courses have been designed to raise staff awareness on equality and diversity issues as they impact upon them at QUB. The Diversity and Inclusion Unit offers staff training in Selection Interviewing, Supervisory Training and training courses for managers which all include emphasis on equality and diversity issues. A range of other relevant training courses are provided by the Staff Training and Development Unit and by Disability Services and are open to all staff. The course brings together

pharmacists from across Great Britain from a broad variety of practice backgrounds. At the point of admission to the course, a body of data has been collated for each trainee, as stated previously. The programme lead can quickly identify any trainees who have registered with disability services and require reasonable adjustments. The programme lead is also aware that perhaps pharmacists that have been registered for more than 20 years may not have had any experience with OSCE type assessments. Therefore, the residential week allows time for all trainees to practise in a mock OSCE environment prior to the final assessment. The University has a policy in place for handling applications from trainees with disabilities/special needs/medical conditions. All reasonable adjustments for trainees are passed on to the relevant staff prior to the delivery of the Residential week and any other appropriate modules. Thus, the team was told that extensions to assessments are made available as many pharmacists have child- and infant-care issues, although this cannot be done for the OSCEs as these need to be conducted on a face-to-face basis. With the trainee's permission the DPP is informed via the programme lead. At the induction session webinar, the programme lead outlines the course and ensures that all Pharmacist Independent Prescribers (PIPs) in training understand their legal responsibilities, for example, in terms of confidentiality etc. It was stressed to the team that although the relevant legislation in Northern Ireland is different from that in mainland GB, students must know the UK-wide legislation; the Canvas VLE was said to be helpful in this respect. The VLE can also cater for different languages, produce printable material and be made more interactive.

3 - Management, resources and capacity

The team was satisfied that all six criteria relating to the management, resources and capacity will be met

Oversight of the School's educational portfolio is the responsibility of the Head of School, with management of the accredited courses devolved to the Director of Education (Pharmacy) who works closely with the Manager of the Distance Learning Centre, programme leads and the Distance Learning Subgroup of the Education Committee in order to assure appropriate delivery of the Centre's Postgraduate taught courses. External teachers have contracts in place which also outline their role and responsibilities. The programme handbook outlines the roles and responsibilities of all parties involved in the course in a tri-partite learning agreement. The programme delivery team of five members of staff is supported by a full-time e-learning developer and a full-time clerical officer. The programme lead is a qualified pharmacist independent prescriber with extensive experience in the primary care setting. The Assistant Manager of the Distance Learning Centre has extensive experience in secondary care in both Great Britain and Northern Ireland and held a previous role in GB as a programme lead for a PIP course. The programme delivery team is further assisted by six healthcare professionals that provide teaching on a sessional basis for each of the modules. Learning materials are delivered by the University's virtual learning environment, Canvas. Trainees complete the modules using e-learning, webinars, in-practice learning and a one-week residential in Belfast. In addition, trainees document evidence of their competency using an e-portfolio. During the residential week pharmacists develop clinical and consultation skills in the Clinical Education Centre in the School of Nursing and Midwifery. Facilities are also available for use in the Clinical Skills Education Centre. The team noted that there are currently 1.8FTE staff members for 30 students. The team was told that the University has not used pharmacists historically in the teaching of clinical skills, but the IP Programme Lead is qualified in clinical skills, and other IP pharmacists will be brought in to help teach the clinical skills in collaboration with nurses and other staff experienced in teaching medical students at the University. It was stressed that in the experience of the programme team, pharmacists required strong teaching in diagnostic skills. Students interviewed rated the clinical skills teaching as one of the highlights of the programme. Trainees and DPPs are encouraged to contact the programme lead at any stage if they have questions as per the programme handbook and DPP Information respectively.

4 - Monitoring, review and evaluation

The team was satisfied that all six criteria relating to the monitoring, review and evaluation will be met

The course consists of six 10 credit modules and a zero-credit portfolio. The standard of teaching and assessment is monitored through module and course evaluations, SSCC and the University Examination Board structures. Student progress is monitored using continuous assessment and all trainees are subject to the progression policy for the course. Individual feedback for each module assessment is delivered within a maximum of three weeks following submission. Trainees complete a module review questionnaire at the end of each module assessment which is reviewed by the Distance Learning Subgroup of the Education Committee and the Programme Lead. Minor issues are dealt with by the module co-ordinator; major issues are referred to the Distance Learning Subgroup which reports to the Director of Education, the Head of School and School Board. Major changes to courses must be approved by the University Courses and Regulation Committee in advance of the next cohort of trainees enrolling for the course. Further data on the student experience is collated via the Postgraduate Taught Evaluation Survey (PTES). All action points are reviewed for the course on an annual basis and have dedicated implementation timescales. The team was told that the small numbers on the IP programme have militated against forming a staff-student liaison committee but the School is considering establishing a School postgraduate staff-student liaison committee, although the distance learning nature of the IP programme means that it might prove difficult to institute such a committee, unless it can be organised as an online process. Advances in practice are reflected in the course development through the use of practising prescribers on the course delivery team. The course has been approved and validated by the University Courses and Regulations Group on the 16th April 2019. The team learned that the external examiner reports across all the postgraduate courses and not specifically on the IP programme. In this respect, the team **noted** that the system would benefit from strengthening with respect to the IP programme; going forward the team would wish to see specific comments on the IP programme in the external examiner's report. The team was told that there is an opportunity at the examination board for the examiner to raise any concerns but none had ever been raised with respect to the IP programme. The team learned of undergraduate MPharm projects on the IP programme that had informed the development of the programme with respect to structure, workload and assessment. IP students interviewed during these projects had particularly liked the one-year nature of the programme, and the interactive webinars; in the latter case, it is planned to use MashMe for webinars to allow participants to be able to observe each other. Students interviewed told the team that they found the webinars very useful.

5 - Course design and delivery

The team was satisfied that all ten criteria relating to the course design and delivery will be met

The course has been designed to build on previous knowledge and skills gained from pharmacy degree programmes and subsequent practice experience and CPD. During the induction process trainees are given further detail on the course modules, their content and assessment methods. Each module builds on the knowledge and skills sets of pharmacists and integrates them with further knowledge and skills required for the prescribing role. The Teaching and Learning Strategy acknowledges that trainees have a diverse range of prescribing areas, range of experience and knowledge, and outlines how this is addressed with individuals through the use of learning resources, directed reading and feedback etc. The team wished to know, recognising that pharmacists will come from varying backgrounds and with different levels of experience, how training was individualised when delivered by distance learning. The team was told that the requirements depend on the experience of the student, but that one of the advantages of the VLE is that it allows the incorporation of additional resources which all students can access. The delivery team includes a range of qualified prescribers, most of whom work in a practice setting on a regular basis. Additionally, most Distance Learning Subgroup members are registered pharmacists, as is the case for Programme Examination Board. The new IP course has been developed in collaboration with members of the School's Stakeholders group which meets on an annual basis and has a number of pharmacist prescribers and patients as members. All course materials are reviewed at the end of each module and at the end of the course alongside trainee and DPP feedback to check that contemporary practice is covered at an appropriate level. Improvements to the course are made on an annual basis and directly informed by staff members and other members of the programme delivery team who work in all sectors of the practice environment. During the residential week there is a ratio of

one teaching staff member per five trainees. The requirement for supervision is made clear to all trainees during the induction process and to DPPs prior to agreeing to take on a PIP in training. The progression policy for the course limits the number of assessment attempts. Assessments, in particular the OSCEs require trainees to recognise and resolve appropriately a number of issues that would affect patient safety. The essential criteria on each station are pre-set and have been agreed by the programme delivery team. Failure to successfully complete the OSCE circuit could result in concerns around safe practice and this would be addressed using a risk analysis table. If other issues relating to potential harm occur at any point during the programme these will be assessed for each incident using the risk analysis table; potential harm at or above a 'moderate' level will require removal from the course. During the induction webinar and in the course handbook the GPhC Standards are highlighted to trainees and that any concerns regarding fitness to practise will be investigated and may result in a report to the GPhC; this includes information on academic misconduct. The team was told that the Stakeholder Group includes patients, with representatives from Diabetes UK, and cardiovascular/stroke patients; they were said to have an influence on the design of all the School's courses. In addition, the Simulation Group which is used during the residential week has patient input. Patient views and expectations are taken into account; patients were said to like the idea of pharmacists becoming independent prescribers as they know about all the drugs, but they were more wary about pharmacists' diagnostic skills.

6 - Learning in practice

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

The 90 hours of learning in practice must take place in patient facing environments, and trainees provide evidence of their time with patients using the summary of clinics in the e-portfolio. The team was told that the School is awaiting RPS guidance before deciding whether or not to expand the DPPs beyond medical doctors. The DPPs must provide information in the DPP agreement to meet the programme requirements, including a signed declaration that they have prescribing competence applicable to the relevant clinical/therapeutic area, that they have supported or supervised other healthcare professionals and that they have the ability to perform and assess patient facing clinical and diagnostic skills. The obligations of the DPP are clearly outlined in the DPP information, including that they are responsible for signing off a pharmacist independent prescriber in training as being competent as a pharmacist independent prescriber. The team wished to know how the programme team ensured that placements were in appropriate settings and with appropriate support given that the placements will take place at locations remote from the University. The team was told that applicants phone the University for advice, and the programme team considers it best if the relationship between pharmacist and potential DPP is already in place. The programme team considered that it had possibly not offered DPPs sufficient support in the past, but now intended to include DPPs in the MashMe induction session.

7 - Assessment

The team was satisfied all eleven criteria relating to the assessment will be met

The Assessment Strategy for the course outlines the mechanisms in place to ensure that assessments are valid, reliable and robust. All teaching and learning activities and assessments have been designed and aligned with the learning outcomes. All staff members involved in assessment have been trained in the relevant assessment method, and OSCE examiners and simulated patients have been trained to assess using an adapted SOP from the undergraduate MPharm OSCEs within the School. Assessments on the course are designed so that trainees can demonstrate competence and safe practice at a 'shows how' and 'does' level. The team wished to know how the programme team ensured that assessments taken remotely from the University were robust and reliable with no opportunity for collusion, plagiarism or impersonation, and was told that the situational judgement tests are conducted with large numbers at undergraduate level using Questionmark. Banks of questions are selected from two banks of questions and all students get issued with different questions. Students are warned about plagiarism and collusion and told that any such instances could be reported to the regulator. The team was told that Turnitin can be used as a plug-in on Canvas as a back-up. This is currently part of a pilot scheme in the University, but the team **noted** that it would expect its use throughout the programme where relevant. The team was

told that OSCEs are conducted on a face-to-face basis, hence avoiding such issues. It was stated that it is necessary to have trust that pharmacists as professionals would not engage in such activity, but the programme team did consider that it might be possible to have a camera to ensure that the assessments were taken by the correct person. Students do have to declare that the work that they submit is their own work. During the annual review of each module current and previous assessment results are compared to identify any questions which produced particularly low or high scores along with a comparison of scores between cohorts. At least 10% of written assessments are further reviewed and all failed assessments are double marked, and the programme delivery team meets to discuss all portfolios and address any queries to ensure commonality of assessment. OSCE assessments have been designed in collaboration with the OSCE team for the QUB MPharm degree. Standard setting for less than 100 students in a cohort requires the use of a modified-Angoff method using an eight-station circuit. Each station contains a single essential criterion and an overall pass score requirement. Situational judgement tests (SJTs) are used to assess ability to choose the most appropriate action in workplace situations. Issues relating to potential harm will be assessed for each incident using a risk analysis table to determine the level of harm that could have occurred to the patient had the error gone unnoticed. Potential harm at or above a 'moderate' level will require removal from the course. Assessment points in each of the six modules and the portfolio of learning in practice provide monitoring points for the trainees and course team. All written assessments are returned with detailed feedback from the assessors within three weeks of the submission deadline. A progression policy is in place which limits the number of re-sit attempts. Trainees must pass all summative assessments on the course to demonstrate their ability to practise safely. University Regulations are followed for all assessment processes with external ratification at the appropriate Examination Board. The team noted that students who have failed a module twice, including one first sit and one resit in one academic year, must meet with their advisor of studies or personal tutor and normally will not be able to repeat that module again.

8 - Support and the learning experience

The team was satisfied that all four criteria relating the support and the learning experience will be met

Initial induction sessions via webinars help trainees to get to know each other and the programme lead and to encourage active participation of all trainees. In addition, trainee engagement is regularly monitored through webinar attendance, online learning activity and assessments. Supervision requirements are detailed in the DPP information and any issues can be raised directly with the programme lead by the trainee as per the tri-partite learning agreement. The workload of the course has been evenly divided over six 10-credit modules and the completion of the portfolio, and is comparable to other equivalent certificate courses offered by the University. The Manager of the Distance Learning Centre acts as an Advisor of Studies for all trainees on the course, and trainees are fully supported by a dedicated programme lead who can be contacted at any point in the programme. Canvas is used as the virtual learning environment for the University, allowing the trainee access to a variety of learning resources. Trainees will also have access to the Clinical Skills Education Centre (CSEC) portal, which gives access to numerous resources for clinical examination skills. During the residential week trainees have access to clinical teaching facilities to develop clinical and consultations skills. Trainees must formally meet with their DPP on at least four occasions during the in-practice training, during which there should be discussion of strategies and identification of mechanisms for achieving the learning outcomes for the in-practice training. The portfolio structure facilitates this as all competencies must be rated and evidence to support that final rating should be provided by the trainee. Records of these meetings and discussions must be maintained in the portfolio and submitted for summative assessment. The trainee must report any lack of engagement by the DPP to the University via contacting the programme lead as soon as possible. The team wished to know what would happen if a student encountered a concern in practice and was told that there is a process for dealing with concerns and that any such situations must be documented by the student and the programme team. If the concerns relate to patient safety issues in practice the trainee has a professional responsibility to raise concerns and will be advised to do so using the procedures in the Trust or GP Practice.

9 - Designated prescribing practitioners

The team was satisfied that all five criteria relating to the designated prescribing practitioners will be met

The DPP must complete an application form in which they state their name, work address and GMC number; only GPs or consultants are currently eligible to act as a DPP. The team was told that the programme team is waiting for the RPS guidance to be published before considering whether or not to widen the DPP role to other professions apart from medical doctors. The programme team opined that it was difficult to ensure that other professions would have the appropriate diagnostic skills to act as DPPs, particularly as, unlike in medicine, there are not mentorships in pharmacy. It was, however, considered possible that if a pharmacist or nurse had spent sufficient time working with a medical practitioner they could become DPPs. The team pointed out that if the School changed its policy on qualification to act as a DPP, the GPhC must be informed of the change. The DPP must declare that they have experience in a relevant field of practice and training and experience in the supervision, support and assessment of other healthcare professionals. They must state that they are familiar with the learning outcomes for the programme and their role in delivering these. The DPPs are provided with written explanatory information outlining the overall aim and learning outcomes for the programme, a description of the period of learning in practice, the role of the DPP and how they are involved in assessment. A DPP training session uses MashMe facilities within the University to bring together DPPs and their trainees from across Great Britain; this session is recorded so that DPPs can access the session right up until the end of the course. DPPs are contacted by email formally three times during the course and are requested to contact the programme lead if they have any concerns about the pharmacist or any queries about the course. Trainees can comment on their learning in practice experience during module evaluations and course evaluations, and at the end of the course must complete an evaluation of their learning in practice period including feedback on their experience with the DPP. If trainees are concerned about supervision in practice or if it is evident from a portfolio that a trainee has not received adequate supervision this will be addressed by the programme delivery team and additional support and training will be offered.

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 – Learning outcomes

Independent prescribing programme learning outcomes

Domain - Person-centred care

Upon successful completion of the programme, a pharmacist independent prescriber will be able to:

1	Recognise the psychological and physical impact of prescribing decisions on people
	Level: ▶ <i>Knows how</i>
2	Understand and meet their legal responsibilities under equality and human rights legislation and respect diversity and cultural differences
	Level: ▶ <i>Does</i>
3	Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs
	Level: ▶ <i>Does</i>
4	Demonstrate appropriate history-taking techniques through effective consultation skills
	Level: ▶ <i>Does</i>
5	Demonstrate and understanding of the role of the prescriber in working in partnership with people who may not be able to make fully informed decisions about their health needs
	Level: ▶ <i>Shows how</i>
6	Support individuals to make informed choices that respect people's preferences
	Level: ▶ <i>Does</i>

Domain - Professionalism

Upon successful completion of the programme, a pharmacist independent prescriber will be able to:

7	Demonstrate a critical understanding of their own role and the role of others in multi-professional teams
	Level: ▶ <i>Does</i>
8	Recognise their own role as a responsible and accountable prescriber who understands legal and ethical implications
	Level: ▶ <i>Does</i>
9	Apply relevant legislation and ethical frameworks related to prescribing, including remote prescribing and the handling and sharing of confidential information
	Level: ▶ <i>Shows how</i>
10	Recognise and manage factors that may influence prescribing decisions
	Level: ▶ <i>Does</i>

11	Apply local, regional and national guidelines, policies and legislation related to healthcare
	Level: ▶ <i>Does</i>
12	Reflect on and develop their own prescribing practice to ensure it represents current best practice
	Level: ▶ <i>Does</i>
13	Apply an understanding of health economics when making prescribing decisions
	Level: ▶ <i>Shows how</i>
14	Understand the clinical governance of the prescriber, who may also be in a position to supply medicines to people
	Level: ▶ <i>Knows how</i>
15	Recognise other professionals' practice and raise concerns related to inappropriate or unsafe prescribing by other prescribers
	Level: ▶ <i>Shows how</i>
Domain - Professional knowledge and skills	
Upon successful completion of the programme, a pharmacist independent prescriber will be able to:	
16	Apply evidence-based decision-making in all aspects of prescribing
	Level: ▶ <i>Does</i>
17	Manage the risks and benefits associated with prescribing decisions
	Level: ▶ <i>Does</i>
18	Demonstrate the application of pharmacology in relation to their own prescribing practice
	Level: ▶ <i>Does</i>
19	Demonstrate clinical and diagnostic skills in clinical setting appropriate to their scope of practice
	Level: ▶ <i>Does</i>
20	Create and maintain appropriate records which ensure safe and effective care and align with relevant legislation
	Level: ▶ <i>Does</i>
21	Identify relevant investigations and interpret results and data in their prescribing practice
	Level: ▶ <i>Does</i>
22	Utilise current and emerging systems and technologies in safe prescribing
	Level: ▶ <i>Does</i>
23	Identify and respond to people's needs when prescribing remotely

	Level: ► <i>Shows how</i>
24	Apply the principles of effective monitoring and management to improve patient outcomes
	Level: ► <i>Does</i>
25	Recognise and manage prescribing and medication errors
	Level: ► <i>Shows how</i>
26	Recognise the public health issues in promoting health as part of their prescribing practice
	Level: ► <i>Does</i>
Domain - Collaboration	
Upon successful completion of the programme, a pharmacist independent prescriber will be able to:	
27	Work collaboratively with others to optimise individuals' care, understanding their roles in the prescribing process
	Level: ► <i>Does</i>
28	Recognise their own role and responsibilities, and those of others, in safeguarding children and vulnerable adults
	Level: ► <i>Knows how</i>
29	Recognise when and where to refer people appropriately
	Level: ► <i>Shows how</i>
30	Collaborate with people to encourage them to take responsibility for managing care
	Level: ► <i>Does</i>
31	Demonstrate appropriate consultation skills to get information from individuals who are either unaware of or guarded about their health needs, to inform safe prescribing
	Level: ► <i>Does</i>
32	Recognise when to seek guidance from another member of the healthcare team or an appropriate authority
	Level: ► <i>Does</i>

Appendix 3 – Accreditation criteria

GPhC accreditation criteria for pharmacist independent prescribing programmes

Standard 1 – Selection and entry requirements.
Selection processes must be open, clear and unbiased, comply with relevant legislation and ensure that applicants meet course entry requirements.

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| 1.1 | Selection criteria must be clear and must include meeting all the entry requirements in these standards. |
| 1.2 | Selectors must apply the selection criteria consistently, in an unbiased way and in a way that meets the requirement of relevant legislation. |
| 1.3 | Course providers must provide clear guidance on the type of experience a pharmacist should have before applying to the course. This guidance must be available to applicants before they make an application. |
| 1.4 | Course providers, when considering applications, must evaluate the suitability and relevance of the applicant's clinical and therapeutic experience (which the pharmacist must demonstrate in their application) against the requirements of the course. |
| 1.5 | A course provider must fully evaluate each application and decide if the applicant has sufficient and relevant experience to begin a course to train as an independent prescriber. If the course provider decides that there is insufficient relevant experience, they must reject the application, clearly setting out the reasons behind this decision. |
| 1.6 | Course providers must ensure that all the entry requirements have been met before the start date of a course on which an applicant is enrolled. |

Standard 2 – Equality, diversity and inclusion.

All aspects of pharmacist independent prescribing education and training must be based on and promote principles of equality and diversity and comply with all relevant legislation.

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| 2.1 | The principles of equality and diversity must be embedded in, and promoted through, course design and delivery. |
| 2.2 | Equality and diversity data must be used when designing and delivering courses and the learning experience. |
| 2.3 | Reasonable adjustments must be made to course delivery to help pharmacist independent prescribers in training with specific needs to meet the learning outcomes. |
| 2.4 | Teaching, learning and assessment can be modified to meet 2.3 but learning outcomes cannot. |
| 2.5 | Course design and delivery must ensure pharmacist independent prescribers in training understand their legal responsibilities under equality and human rights legislation. |

Standard 3 – Management, resources and capacity.

Courses must be planned and maintained through transparent processes which must show who is accountable for what. The education and training facilities, infrastructure, leadership, staffing and staff support must be sufficient to deliver the course.

3.1	All courses must be supported by a defined management plan which must include: <ul style="list-style-type: none"> • a schedule of roles and responsibilities in learning, teaching and practice environments; • lines of accountability in the learning, teaching and practice environments; • defined structures and processes to manage delivery, and • processes for identifying and managing risk
3.2	There must be agreements in place outlining the roles and responsibilities of everyone involved in delivering a course.
3.3	Learning agreements must be in place with the pharmacist independent prescriber in training covering all learning, teaching and practice environments outlining roles and responsibilities and lines of accountability.
3.4	In all learning, teaching and practice environments, there must be: <ul style="list-style-type: none"> • appropriately qualified and experienced professionals • enough staff from relevant professions to deliver the course and support the learning of pharmacist independent prescribers in training • sufficient resources available to deliver the course • facilities that are fit for purpose, and • access to appropriate learning resources
3.5	Everyone involved in managing and delivering the course must understand their role and must be supported to carry out their work effectively.
3.6	Each pharmacist independent prescriber in training must be supported as a learner in learning and practice environments. There must be mechanisms in place for designated prescribing practitioners to liaise with course providers regularly about the progress of a pharmacist independent prescriber in training in learning and practice environments.

Standard 4 – Monitoring, review and evaluation.

The quality of a course must be monitored, reviewed and evaluated in a systematic and developmental way.

4.1	All relevant aspects of a course must be monitored, reviewed and evaluated systematically. When issues are identified they must be documented and addressed within agreed timescales.
4.2	There must be a quality management structure in place that sets out procedures for monitoring and evaluation, with timescales, including who is responsible for reporting, review and taking action where appropriate.
4.3	There must be procedures in place to monitor and evaluate the standard of teaching, learning and assessment to ensure that quality is maintained across all learning environments.
4.4	Course monitoring and review must take into account the health and care environment to ensure that courses remain up to date and reflect current practice.
4.5	Feedback from pharmacist independent prescribers in training must be embedded in monitoring, review and evaluation processes.
4.6	The providing institution must have validated the course before applying for GPhC accreditation.

Standard 5 – Course design and delivery.

Courses must develop the behaviours, required skills, knowledge and understanding to meet the outcomes in Part 1 of these standards through a coherent teaching and learning strategy.

5.1	There must be a course teaching and learning strategy which sets out how pharmacist independent prescribers in training will achieve the outcomes in Part 1 of these standards.
5.2	Courses must be designed and delivered in a way which integrates and builds on the pre-existing knowledge, skills and practice of pharmacists in training as pharmacist independent prescribers.
5.3	All course providers must have pharmacy professionals, including pharmacist independent prescribers, involved in the design and the delivery of the course.
5.4	Course providers must engage with a range of stakeholders, including patients, the public, course commissioners and employers, to refine the design and delivery of the course.
5.5	Courses must be updated when there are significant changes in practice, to ensure they are current.
5.6	Pharmacist independent prescribers in training must only undertake tasks in which they are competent, or are learning under supervision to be competent, so that patient safety is not compromised.
5.7	Pharmacist independent prescribers in training must be supervised using agreed mechanisms in all clinical practice environments to ensure safe person-centred care is delivered at all times.
5.8	Course regulations must be appropriate for a course that leads to professional annotation. That is, they must prioritise patient safety, safe and effective practice and clinical skills.
5.9	There must be systems in place to ensure that pharmacist independent prescribers in training understand what fitness to practise mechanisms apply to them. All course providers and employers must have procedures to deal with fitness to practise concerns.
5.10	Causes for concern about a pharmacist independent prescriber in training, designated prescribing practitioners or the learning environment must be addressed as soon as possible and in such a way that the cause for concern is dealt with.

Standard 6 – Learning in practice.

Courses must enable the pharmacist independent prescriber in training to develop the behaviours and the required skills, knowledge and understanding to meet the outcomes in Part 1 of these standards in learning in practice settings.

6.1	Part of the course for pharmacist independent prescribers in training must take place in clinical settings with direct access to patients – these are ‘learning in practice’ settings.
6.2	In the learning in practice settings identified in 6.1, pharmacist independent prescribers in training will prescribe under the supervision of a designated prescribing practitioner.
6.3	If more than one person is involved in supervising a pharmacist independent prescriber in training, one independent prescriber must assume primary responsibility for their supervision. That person will be the designated prescribing practitioner for the pharmacist independent prescriber in training.
6.4	Course providers must approve the designated prescribing practitioner and agree that they have the core competencies to carry out the role effectively.
6.5	The designated prescribing practitioner is responsible for signing off a pharmacist independent prescriber in training as being competent as a pharmacist independent prescriber.

Standard 7 – Assessment

Courses must have an assessment strategy which assesses the professional behaviours and the required skills, knowledge and understanding to meet the outcomes in Part 1 of these standards. The assessment strategy must assess whether the practice of a pharmacist independent prescriber in training is safe and clinically appropriate.

7.1	Courses must have an assessment strategy which ensures that assessment is robust, reliable and valid.
7.2	Course providers are responsible for ensuring that all learning outcomes are assessed fully, using appropriate methods, and that teaching and learning is aligned with assessment.
7.3	Patient safety must be paramount at all times, and the assessment strategy must assess whether a pharmacist independent prescriber in training is practising safely.
7.4	Monitoring systems must be in place in all learning environments. The systems must assess the progress of a pharmacist independent prescriber in training toward meeting the learning outcomes in Part 1 of these standards. They must ensure that the practice of a pharmacist independent prescriber in training is safe at all times.
7.5	Agreements must be in place between course providers and designated prescribing practitioners that describe the roles and responsibilities in the assessment of pharmacist independent prescribers in training.
7.6	Assessments must be carried out by appropriately trained and qualified people who are competent to assess the performance of pharmacist independent prescribers in training.
7.7	Irrespective of their location, all assessments must be quality assured by course providers.
7.8	Pharmacist independent prescribers in training must receive regular, appropriate and timely feedback on their performance to support their development as learners.
7.9	Assessment regulations must be appropriate for a course that leads to professional annotation. On completion of the course, pharmacist independent prescribers must demonstrate that their practice is safe and prioritises patient safety.
7.10	Pharmacist independent prescribers in training must pass all summative assessments before being signed off.
7.11	As a result of 7.10, and on patient safety grounds, compensation or condonation are not allowed on courses for pharmacist independent prescribers in training.

Standard 8 – Support and the learning experience

Pharmacist independent prescribers in training must be supported in all learning environments to develop as learners during their training.

8.1	A range of mechanisms must be in place to support trainees to achieve the learning outcomes in Part 1 of these standards, including: <ul style="list-style-type: none"> • induction • effective supervision • an appropriate and realistic workload • personal and academic support, and • access to resources
8.2	There must be mechanisms in place for pharmacist independent prescribers in training to meet regularly with their designated prescribing practitioner and others to discuss and document their progress as learners.
8.3	There must be clear procedures for pharmacist independent prescribers in training to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate.

8.4	Everyone supporting pharmacist independent prescribers in training must take into account the GPhC's guidance on tutoring for pharmacists and pharmacy technicians in their work as appropriate.
Standard 9 – Designated prescribing practitioners	
Designated prescribing practitioners must be fit to undertake that role and must have appropriate training and experience.	
9.1	Course providers must have appropriate mechanisms for ensuring that designated prescribing practitioners are fit to be the supervisors of pharmacist independent prescribers in training.
9.2	Prospective designated prescribing practitioners must have: <ul style="list-style-type: none"> • active prescribing competence applicable to the areas in which they will be supervising • appropriate patient-facing clinical and diagnostic skills • supported or supervised other healthcare professionals, and • the ability to assess patient-facing clinical and diagnostic skills
9.3	Course providers must provide training for designated prescribing practitioners on: <ul style="list-style-type: none"> • the pharmacist independent prescribing role • the course for pharmacist independent prescribers in training on which they will be working, including its learning outcomes • the role of designated prescribing practitioners in the course • assessing the performance of pharmacist independent prescribers in training • giving feedback to pharmacist independent prescribers in training • supporting pharmacist independent prescribers in training, and • raising concerns
9.4	Course providers must support designated prescribing practitioners when they are acting in that role.
9.5	Course providers must provide designated prescribing practitioners with feedback about their performance as prescribing supervisors and arrange extra training, support and development as necessary.

Appendix 4 - Pre-requisites

Pre-requisites for entry to a pharmacist independent prescriber programme

- Before enrolling pharmacists on a pharmacist independent prescribing programme, programme providers must ensure applicants meet our pre-requisites for entry.
- Pharmacists must identify an area of practice in which they will learn to become an independent prescriber. It must be an area in which they have worked and understand.
- Pharmacists must also be able to demonstrate they have relevant clinical/therapeutic experience, to support their prescribing training before they enter onto a pharmacist independent prescribing programme. The suitability and relevance of their experience will be verified as part of the application process.
- Programme providers must ensure they set robust entry requirements that both meet their own programme requirements to pass the programme as well as that of the GPhC.
- Pharmacists must have at least two years' appropriate patient-orientated experience in a relevant UK practice setting post registration