



Independent
prescribing
programme

University of Salford

Report of a reaccreditation event

June 2017

| Event summary and conclusions | |
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| Provider | University of Salford |
| Course | Independent prescribing programme |
| Event type | Reaccreditation |
| Event date | 16 June 2017 |
| Accreditation period | August 2017 – August 2020 |
| Outcome | <p>Approval with condition</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Salford should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years, subject to one condition.</p> |
| Conditions | <p>1. The provider must ensure that, in any assessment, a failure to identify a serious problem or an answer which would cause the patient harm would result in the overall failure of the programme. This must be communicated to students and DMPs in all materials. The team agreed that the current assessment regulations do not ensure that the student will fail the overall programme. The provider must submit evidence of how this condition has been met to the GPhC, for approval by the accreditation team. This must be done before the next intake of pharmacists onto the programme. This is to meet criterion 5.4.</p> |
| Standing conditions | Please refer to Appendix 1 |
| Recommendations | No recommendations were made |
| Registrar decision | Following the event, the provider submitted a response to the condition of reaccreditation, and the accreditation team agreed it had been met satisfactorily. The Registrar of the GPhC accepted the team's recommendation and approved the reaccreditation of the programme for a further period of three years. |
| Key contact (provider) | Elizabeth Garth, Practitioner Lecturer, Programme Leader Non-Medical Prescribing, School of Nursing, Midwifery, Social Work and Social Sciences |
| Accreditation team | <p>Professor Angela Alexander (event Chair), Professor Emerita of Pharmacy Education, University of Reading</p> <p>Dr Ruth Edwards, Senior Lecturer & MPharm Course Leader, Robert Gordon University</p> <p>Mrs Sandra Hall, (observer), Head of Pharmacy Practice, Leicester School of Pharmacy, De Montfort University</p> |
| GPhC representative | Miss Jenny Clapham, Quality Assurance Officer, GPhC |
| Rapporteur | Mrs Jane Smith, Chief Operating Officer, European Association for Cancer Research |

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The reaccreditation process is based on the GPhC's 2010 accreditation criteria for Independent Prescribing.

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit: <http://www.legislation.gov.uk/ukxi/2010/231/contents/made>

Background

The University of Salford was first accredited by the RPSGB in 2010 to provide a programme to train pharmacist independent prescribers, with the first students admitted in September 2011. In 2014, the course was reaccredited for a further period of three years, subject to two conditions. These were:

1. The University must remap its programme learning outcomes to accurately reflect the GPhC learning outcomes. This was to meet criterion 3.2. 2.
2. The University must review its quality assurance procedures to ensure all assessments are valid and reliable and provide the GPhC with evidence of how robust and consistent assessment of pharmacists would be ensured. This was to meet criteria 5.1, 5.3 and 5.4

In response to condition 1, the remapped learning outcomes were submitted to the GPhC and approved before the next intake of pharmacists onto the programme. In response to condition 2, the OSCE was reviewed and is now completed within the University under exam conditions and is internally moderated. All other assessments were also reviewed by the School Assessment Committee, and satisfactory evidence was submitted to the GPhC and approved. Both conditions were therefore met.

In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 16 June 2017 to review the programme's suitability for further reaccreditation.

Documentation

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

The event

The event was held on 16 June 2017 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Salford prescribing programme.

Declarations of interest

Professor Angela Alexander declared that she had advised the University on setting up an independent prescribing course for pharmacists in a consultant capacity in 2010.

Key findings

Section 1: The programme provider

All four criteria relating to the programme provider are met (See Appendix 2 for criteria), subject to:

- **confirmation of the University's revalidation process and the date of the last revalidation of the programme (criterion 1.1)**
- **confirmation from the University that a two-day per week Pharmacist Lead post will be created from September 2017 (criterion 1.2)**

The programme is delivered by the University of Salford's School of Nursing, Midwifery, Social Work and Social Sciences. It was validated in 2007 and has been subject to an annual review process since then, but it was not clear when the programme had last been formally revalidated. The University's on-going quality assurance processes are appropriate and are applied to the programme. However, evidence of the validation process and the date of the last revalidation were requested to be sent to the GPhC after the event.

Since the last reaccreditation event, student numbers, and the number of pharmacists in each cohort, have increased significantly. In response, the content and profession-specific support provided for pharmacists has been reviewed and updated. It was noted that permission for the increased student numbers had not been sought from the GPhC; accreditation had been granted previously for a maximum of 30 students per cohort. Retrospective accreditation for two cohorts of 80 students and one of 30 per year was therefore considered and approved at this event.

There have been significant staffing changes since the last reaccreditation event, including the appointment of a new programme leader and a new Pharmacist Lead for Programme Development and Delivery. There are currently adequate staff and resources to deliver the programme but confirmation that the pharmacist staffing resource will be established on a more permanent basis in order to ensure the longer-term sustainability of the programme was requested from the University.

Section 2: Pre-requisites for entry

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

Appropriate arrangements are in place to ensure that entrants are registered pharmacists with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI) and have at least two years of appropriate patient-orientated experience. It is currently made clear in the application form that this experience must have been gained in the UK. The programme handbook should be updated to also reflect this requirement.

The arrangements for ensuring that applicants have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice are appropriate. In future, self-funded applicants and their DMPs will be visited by a member of the programme team before the start of the programme to ensure that both the applicant and the DMP are suitable for the programme and understand their responsibilities.

DMPs have training and experience relevant to their role and are supported by the programme team.

Applicants must demonstrate evidence of CPD and reflection on entry to the programme.

Section 3: The programme

All eight criteria relating to the programme are met, subject to ethical and professional frameworks for accountability being covered in the learning outcomes for the programme, and the mapping document that is provided to students being revised and corrected (criterion 3.2)

The programme is taught at both bachelor's degree level (Level 6) and master's degree level (Level 7), with both levels open to pharmacists. At Level 6 two 20 credit modules run concurrently over five to six months:

- Theory - 200 hours of total learning comprising 65 hours of direct contact time, 70 hours of blended learning, 60 hours of self-directed study and five hours of direct assessment contact
- Practice - 200 hours of total learning comprising 90 hours of supervised clinical practice, 50 hours of blended learning and 60 of hours of self-directed study.

At Level 7 there are two 15 credit modules running concurrently over five to six months:

- Theory - 150 hours of total learning comprising 65 hours of direct contact time, 40 hours of blended learning, 40 hours of self-directed study and five hours of direct assessment contact.
- Practice - 150 hours of total learning comprising 90 hours of supervised practice, 30 hours of blended learning and 30 hours of self-directed study

The timetable shows 23 days of learning activities at Level 7 and 22 days at Level 6. Each student is able to use three (Level 7) or four (Level 6) additional days flexibly throughout the course, according to their own learning needs. When used, these days are recorded in the study log. Employers are made aware of these additional, flexible days in advance of the student starting the programme.

The team was confident that the 16 GPhC learning outcomes are achieved but was concerned that there are some inconsistencies and omissions in the mapping documents and information provided to students. These should be corrected, and updated information given to students.

Teaching, learning and support strategies allow pharmacists to build on their background knowledge and experience and acquire competence in prescribing. Students are encouraged to relate their learning to their own intended area of practice throughout the programme. In the five assessed, reflective pieces they demonstrate how they will apply their learning to the conditions for which they will be prescribing.

There are robust systems to monitor attendance and progression, with registers taken at the beginning of each taught session and attendance monitored by the Programme Leader. Students have regular one-to-one meetings with their personal tutor and their DMP and are further supported in four small group bespoke sessions which focus upon achieving learning outcomes, self-assessment of learning needs, the portfolio and personal formulary.

There is no compensation between theory and practice modules. Pharmacy students must attend all clinical teaching sessions in the University and in clinical practice and will be unsuccessful if they fail to complete this learning. Students are made aware of this during the application process and are reminded throughout the programme.

Section 4: Learning in Practice

All five criteria relating to learning in practice are met

DMPs are appropriately supported in their role, and this support will be further strengthened from the 2017-18 academic year with contact with DMPs being made six weeks before the course start date. DMPs are provided with the Programme Handbook and are invited to an induction day in the University. Several DMPs have commented that the Programme Handbook is too long. In response, a one-page summary has been developed which will be provided along with the full Handbook form this year.

Contact with DMPs is maintained at key points throughout the programme and they can contact the programme lead at any time if they have questions or concerns.

It was clear that failure in the period of learning in practice cannot be compensated by performance in other assessments.

Section 5: Assessment

Three of the four criteria relating to assessment are met with one criterion subject to a condition

In order to complete the programme, students must undertake and pass five components for the Level 6 award and six components for Level 7:

1. Assessment of practice (Level 6 and Level 7): to demonstrate that the student has achieved all the competencies identified within the Competency Framework for all Prescribers (RPS 2016) / GPhC learning outcomes to practice as a Non Medical Prescriber.
2. Multiple Choice and Short answer question (Level 6 and Level 7): a two-hour 'open book' examination with an 80% pass mark.
3. Numeracy assessment (Level 6 and Level 7): a one- hour examination with a 100% pass mark.
4. Objective Structured Clinical Examination (OSCE) (Level 6 and Level 7)
5. Portfolio (Level 6 and Level 7): demonstrating the application of theory to practice and providing evidence of personal reflection.
6. Presentation (Level 7 only): to ensure that pharmacists are able to prescribe safely, appropriately and cost-effectively as an independent prescriber.

Feedback from students and from the external examiner on the assessments had been considered and addressed by the programme team.

The assessments and associated regulations are consistent with safe and effective prescribing and the achievement of all learning outcomes. However, although a student who fails to identify a serious problem or who provides an answer which would cause a patient harm will fail the assessment, they will be given the opportunity to resit or resubmit. This does not meet the GPhC criteria, which requires serious errors to result in overall failure of the programme.

It will therefore be a condition of reaccreditation that the provider must ensure that, in any assessment, a failure to identify a serious problem or an answer which would cause the patient harm will result in the overall failure of the programme. This must be communicated to students and DMPs in all materials. The team agreed that the current assessment regulations do not ensure that the student will fail the overall programme. The provider must submit evidence of how this condition has been met to the GPhC, for approval by the accreditation team. This must be done before the next intake of pharmacists onto the programme. This is to meet criterion 5.4.

Section 6: Details of Award

Both criteria relating to details of the award are met

Successful candidates are awarded a 'Practice Certificate in Independent Prescribing' confirming that the candidate has successfully completed the programme and the period of learning in practice. A certified copy of the pass list is sent to the GPhC.

Appendix 1 - Standing conditions

The following are standing conditions of accreditation and apply to all providers:

1. The record and report include other comments from the team, and providers are required to take all comments into account as part of the accreditation process. The provider must confirm to the GPhC that required amendments have been made.
2. The provider must respond to the definitive version of the record and report within three months of receipt. The summary report, along with the provider's response, will be published on the GPhC's website for the duration of the accreditation period.
3. The provider must seek approval from the GPhC for any substantial change (or proposed change) which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to:
 - a. the content, structure or delivery of the accredited programme;
 - b. ownership or management structure of the institution;
 - c. resources and/or funding;
 - d. student numbers and/or admissions policy;
 - e. any existing partnership, licensing or franchise agreement;
 - f. staff associated with the programme.
4. The provider must make students and potential students aware that successful completion of an accredited course is not a guarantee of annotation or of future employment as a pharmacist independent prescriber.
5. The provider must make students and potential students aware of the existence and website address where they can view the GPhC's accreditation reports and the timescales for future accreditations.
6. Whenever required to do so by the GPhC, providers must give such information and assistance as the GPhC may reasonably require in connection with the exercise of its functions. Any information in relation to fulfilment of these standing conditions must be provided in a proactive and timely manner.

Appendix 2 – Accreditation criteria

GPhC accreditation criteria for pharmacist independent prescribing programmes

Section 1: The programme provider

- 1.1 Must be part of, or be closely associated with, a higher education institution which implements effective quality assurance and quality management and enhancement systems and demonstrates their application to prescribing programmes. The programme must be validated by its higher education institution.
- 1.2 Must have adequate physical, staff (academic and administrative) and financial resources to deliver the programme including facilities to teach clinical examination skills.
- 1.3 Must have identified staff with appropriate background and experience to teach the programme, ideally including practising pharmacists with teaching experience and staff with clinical and diagnostic skills.
- 1.4 Must have an identified practising pharmacist with appropriate background and expertise who will contribute to the design and delivery of the programme. The identified pharmacist must be registered with the General Pharmaceutical Council (GPhC), and where possible should be a pharmacist independent prescriber.

Section 2: Pre-requisites for entry

- 2.1** Entrants must be a registered pharmacist with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI).
- 2.2** Entrants must have at least two years appropriate patient-orientated experience in a UK hospital, community or primary care setting following their preregistration year.
- 2.3** Entrants must have identified an area of clinical practice in which to develop their prescribing skills and have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice.
- 2.4** Entrants should demonstrate how they reflect on their own performance and take responsibility for their own CPD.
- 2.5** The provider must ensure that the DMP, identified by the pharmacist, has training and experience appropriate to their role. This may be demonstrated by adherence to the Department of Health Guidance (2001). The DMP must have agreed to provide supervision, support and shadowing opportunities for the student, and be familiar with the GPhC's requirements of the programme and the need to achieve the learning outcomes.
- 2.6** Entrants who are not registrants of the GPhC or PSNI may undertake the taught components of the programme but may not undertake the period of supervised practice.

Section 3: The programme

- 3.1** Must be taught at least at bachelor's degree level (FHEQ (2008), level 6) and reflect the fact that since June 2002, pharmacists have graduated and practise at master's degree level (FHEQ (2008), level 7).
- 3.2** Must achieve the 16 learning outcomes listed in the curriculum for independent prescribing which must be mapped against the programme's learning outcomes and assessments. The programme learning outcomes must be aligned with the relevant level of study.
- 3.3** Must include teaching, learning and support strategies which allow pharmacists to build on their background knowledge and experience and acquire competence in prescribing.
- 3.4** Must provide opportunities for pharmacists to demonstrate how they will apply their learning to the conditions for which they will be prescribing.
- 3.5** Must contain learning activities equivalent to 26 days, normally over a period of three to six months.
- 3.6** Must have robust systems to monitor attendance and progression.
- 3.7** Must have a clear policy on attendance and participation and the obligations of pharmacists who miss part of the programme. Pharmacists must attend all scheduled teaching and learning sessions that provide instruction on clinical examination and diagnosis.
- 3.8** May recognise and allow reduced learning time for previous learning or experience, which is directly equivalent to programme content and for which evidence is provided. Recognition should be according to established institutional procedures on previous learning or experience. Regardless of previous learning or experience, all pharmacists must undertake all assessments.

Section 4: Learning in Practice

- 4.1** The provider must support the DMP with clear and practical guidance on helping the pharmacist successfully to complete the period of learning in practice including arrangements for quality assurance of summative assessments. The roles of the programme provider and the DMP for teaching the skills for clinical assessment of patients must be clearly set out.
- 4.2** The provider must support the DMP with clear and practical guidance on their role in the assessment of the student.
- 4.3** The provider must obtain formal evidence and confirmation from the DMP using the specified wording; "the pharmacist has satisfactorily completed at least 12x7.5h days supervised practice".
- 4.4** The provider must obtain a professional declaration from the DMP using the specified wording; "In my opinion as the DMP, the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an Independent Prescriber"
- 4.5** Failure in the period of learning in practice cannot be compensated by performance in other assessments.

Section 5: Assessment

The programme provider should ensure that assessment strategies meet the requirements of the curriculum particularly:

- 5.1 Evidence from a range of assessments that the student has achieved the intended learning outcomes of the programme.
- 5.2 The programme will be assessed separately from any other programmes or programme components and lead to a freestanding award which confirms the competence of the pharmacists as an independent prescriber.
- 5.3 The assessment scheme should demonstrate that the criteria for pass/fail and any arrangements for compensation between elements of assessment, together with the regulations for resit assessments and submissions, are consistent with safe and effective prescribing and the achievement of all learning outcomes.
- 5.4 In any assessment, a failure to identify a serious problem or an answer which would cause the patient harm should result in overall failure of the programme.

Section 6: Details of Award

- 6.1 The provider should award successful candidates a *'Practice Certificate in Independent Prescribing'* confirming that the candidate has successfully completed the programme and the period of learning in practice.
- 6.2 The provider should send a certified copy of the pass list to the Registrar of the GPhC, via the Applications Team, containing the names and registration numbers of the pharmacists who have successfully completed the programme and confirming that they are eligible for annotation on the GPhC Register as independent prescribers.

Appendix 3 – Learning outcomes

Independent prescribing programme learning outcomes

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

1. Understand the responsibility that the role of independent prescriber entails, be aware of their own limitations and work within the limits of their professional competence – knowing when and how to refer / consult / seek guidance from another member of the health care team.
2. Develop an effective relationship and communication with patients, carers, other prescribers and members of the health care team.
3. Describe the pathophysiology of the condition being treated and recognise the signs and symptoms of illness, take an accurate history and carry out a relevant clinical assessment where necessary.
4. Use common diagnostic aids e.g. stethoscope, sphygmomanometer
5. Able to use diagnostic aids relevant to the condition(s) for which the pharmacist intends to prescribe, including monitoring response to therapy.
6. Apply clinical assessment skills to:
 - inform a working diagnosis
 - formulate a treatment plan for the prescribing of one or more medicines, if appropriate
 - carry out a checking process to ensure patient safety.
 - monitor response to therapy,
 - review the working differential diagnosis and modify treatment or refer
 - consult/seek guidance as appropriate

7. Demonstrate a shared approach to decision making by assessing patients' needs for medicines, taking account of their wishes and values and those of their carers when making prescribing decisions.
8. Identify and assess sources of information, advice and decision support and demonstrate how they will use them in patient care taking into account evidence based practice and national/local guidelines where they exist.
9. Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.
10. Prescribe, safely, appropriately and cost effectively.
11. Work within a prescribing partnership.
12. Maintain accurate, effective and timely records and ensure that other prescribers and health care staff are appropriately informed.
13. Demonstrate an understanding of the public health issues related to medicines use.
14. Demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing.
15. Work within clinical governance frameworks that include audit of prescribing practice and personal development.
16. Participate regularly in CPD and maintain a record of their CPD activity.

Appendix 4 – Indicative content

It is expected that education providers will use the indicative content to develop a detailed programme of study which will enable pharmacists to meet the learning outcomes.

Consultation, decision-making, assessment and review

- Autonomous working and decision making within professional competence.
- Understanding own limitations
- Accurate assessment, history taking, and effective communication and consultation with patients and their parents/carers
- Patient compliance and shared decision making
- Building and maintaining an effective relationship with patients, parents and carers taking into account their values and beliefs
- Effective communication and team working with other prescribers and members of the health care team
- A knowledge of the range of models of consultation and appropriate selection for the patient
- Formulating a working diagnosis
- Development of a treatment plan or clinical management plan, including lifestyle and public health advice
- Confirmation of diagnosis/differential diagnosis – further examination, investigation, referral for diagnosis
- Principles and methods of patient monitoring
- Chemical and biochemical methods for monitoring the treatment of the condition(s) for which the pharmacist intends to prescribe on qualification and responses to results.
- Clinical examination skills relevant to the condition(s) for which the pharmacist intends to prescribe.
- Recognition and responding to common signs and symptoms that are indicative of clinical problems. Use of common diagnostic aids for assessment of the patient's general health status; e.g. stethoscope, sphygmomanometer, tendon hammer, examination of the cranial nerves.
- Assessing responses to treatment against the objectives of the treatment plan/clinical management plan

- Working knowledge of any monitoring equipment used within the context of the treatment/clinical management plan
- Identifying and reporting adverse drug reactions
- Management options including non-drug treatment and referral

Influences on and psychology of prescribing

- Patient demand versus patient need including partnership in medicine taking, awareness of cultural and ethnic needs.
- External influences, at individual, local and national levels.
 - Awareness of own personal attitude and its influence on prescribing practice.

Prescribing in a team context

- The role and functions of other team members
- Communicating prescribing decisions to other members of the team.
- The responsibility of a supplementary prescriber in developing and delivering a clinical management plan.
- The professional relationship between pharmacist prescribers and those responsible for dispensing.
- Interface between medical and non-medical prescribers and the management of potential conflict
- Documentation, and the purpose of records
- Structure, content and interpretation of health care records/clinical notes including electronic health records
- The framework for prescribing budgets and cost effective prescribing

Applied therapeutics

- Pharmacodynamics and pharmacokinetics
- Changes in physiology and drug response, for example the elderly, young, pregnant or breast feeding women and ethnicity
- Adverse drug reactions and interactions, to include common causes of drug-related morbidity
- Pathophysiology of defined condition(s) for which the pharmacist intends to prescribe.
- Selection and optimisation of a drug regimen for the patient's condition
- Natural history and progression of condition(s) for which the pharmacist intends to prescribe.
- Impact of co-morbidities on prescribing and patient management

Evidence-based practice and clinical governance

- Local and professional clinical governance policies and procedures
- Development and maintenance of professional knowledge and competence in relation to the condition(s) for which the pharmacist intends to prescribe.
- The rationale for national and local guidelines, protocols, policies, decision support systems and formularies – understanding the implications of adherence to and deviation from such guidance
- Prescribing in the context of the local health economy
- Principles of evidence-based practice and critical appraisal skills
- Reflective practice and continuing professional development, support networks, role of self, other prescribers and organisation
- Auditing, monitoring and evaluating prescribing practice
- Risk assessment and risk management
- Audit and systems monitoring
- Analysis, reporting and learning from adverse events and near misses

Legal, policy, professional and ethical aspects

- Policy context for prescribing
- Professional competence, autonomy and accountability of independent and supplementary prescribing practice
- GPhC's *Standards of Conduct, Ethics and Performance*
- Legal frameworks for prescribing, supply and administration of medicines e.g. patient group directions, supply in hospitals.
- Medicines regulatory framework including Marketing Authorisation, the use of medicines outside their product licence.
- The law applied to the prescribing, dispensing and administration of controlled drugs and appropriate counselling of patients
- Compliance with guidance arising from the Shipman enquiry
- Ethical considerations of the supply and administration of medicines
- Application of the law in practice, professional judgment, liability and indemnity
- Accountability and responsibility to the employer or commissioning organisation, awareness of local complaints procedures
- Consent
- Prescription pad administration, procedures when pads are lost or stolen
- Writing prescriptions
- Record keeping, documentation and professional responsibility
- Confidentiality, Caldicott and Data Protection, Freedom of Information
- Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of reporting and 'whistle blowing' procedures

Prescribing in the public health context

- Patient access to health care and medicines
- Duty to patients and society
- Use of medicines in populations and in the context of health priorities
- Public health policies, for example the use of antibiotics, antivirals and vaccines
- Inappropriate use of medicines including misuse, under and over-use
- Inappropriate prescribing, over and under-prescribing

Note: The standards of proficiency for supplementary prescribers are included in the standards for independent prescribers.