



Independent
prescribing
programme

University of South Wales
Report of a reaccreditation event
May 2017

Event summary and conclusions

Provider	University of South Wales
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	15 May 2017
Accreditation period	September 2017 - September 2020
Outcome	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of South Wales should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years.</p>
Conditions	There were no conditions.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	The Registrar accepted the team's recommendation and approved the accreditation of the programme for a further period of three years.
Key contact (provider)	Ben Pitcher, Senior Lecturer and Subject Lead for Prescribing and Medicines Management
Accreditation team	<p>Professor Jane Portlock (Chair of event), Professor of Pharmacy Postgraduate Education, University of Sussex</p> <p>Professor Helen Howe, Retired Hospital Chief Pharmacist, Visiting Professor, University of East Anglia</p>
GPhC representative	Mrs Philippa McSimpson, Quality Assurance Officer, GPhC
Rapporteur	Mr 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 2010 accreditation criteria for Independent Prescribing.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration

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

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

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

Background

The University of South Wales, previously the University of Glamorgan was originally accredited by the Royal Pharmaceutical Society of Great Britain in 2008 to provide a programme to train pharmacist independent prescribers, for a period of three years. It was then reaccredited in 2010 and 2014 for three-year periods with two and one conditions respectively. At the last reaccreditation in 2014 the condition set was that the provider must implement a valid and reliable quality assurance process around the OSCE assessment that is currently undertaken by DMPs. The team found that the OSCE currently undertaken by the DMPs was a key competency assessment but was not directly under the control of the University QA procedures for assessment. Such a quality assurance process would be consistent with the robust QA procedures for other internal assessments on the programme. The University must provide the GPhC with evidence of how it will achieve robust and consistent assessment of competence of pharmacists across all DMPs before the intake of the next cohort of pharmacists. Subsequent to the accreditation event, the University informed the GPhC that it intended to meet the condition by ensuring that the date of each OSCE is set in advance and a member of the team will be present during or just after the assessment of the patient has taken place. If the physical presence of a member of the University team is not possible during the assessment of the patient, a post OSCE meeting between the candidate and the DMP will take place in the presence of a University team member. A member of the teaching team will verify one of the 2 OSCE undertaken. This was accepted as meeting the condition by the accreditation team and reaccreditation was subsequently approved by the Registrar.

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 15 May 2017 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of South Wales prescribing programme.

Declarations of interest

There were no declarations of interest.

Key findings

Section 1: The programme provider

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

Since last reaccreditation there has been an addition to the teaching staff, the provider now uses the Royal Pharmaceutical Society prescribing competencies, and the assessment of part of the period of learning in practice has been renamed. The programme is otherwise unchanged and remains validated

by the University until 2019. The programme is quality assured by means of an annual report providing evidence of the health of the module; an action plan is developed at course level and passed on to Faculty level for ratification. The external examiner is a pharmacist who is required to attend awards boards. Student feedback continues to be sought through formal processes, and a new system, LOOP, has been introduced recently which is the University's new student feedback system. Teaching staff members maintain good contact with students to elicit informal feedback and are able to take immediate action if necessary. The team was told that pharmacists have made positive comments about the programme.

The WTE value for the course was estimated to be between 2 and 3 WTE to service two cohorts per year. It was explained that a new pharmacist staff member had been introduced within the past year and that this addition would be sufficient to deal with the anticipated increase in cohort numbers to a maximum of 50 students. Accordingly, the team approved the planned increase to 50 students per cohort. There are two pharmacists on the teaching team and the designated prescribing pharmacist devotes 2 days per week to the role of leading the pharmacist prescribing programme but is allowed time to continue to practise and gain an overview of independent prescribing.

Section 2: Pre-requisites for entry

The application process to assess eligibility involves completion of an application form followed by an interview. The team noted that the application form is generic; being intended for all healthcare professional groups, and noted that the requirement for pharmacist applicants to have at least two years post-registration experience in a patient-oriented setting in the UK was not evident from the application form or interview proforma. The team also noted that the generic application form contains a prerequisite that the applicant is competent and able to take a history, undertake a clinical assessment and diagnosis within the intended area of prescribing, but emphasised to the provider that this is an outcome for pharmacists rather than a prerequisite. The team was told that the expectation was that the pharmacist applicant would have patient experience, including taking case histories, but that physical assessment skills are taught, are not a prerequisite for pharmacists, and that pharmacists are not expected to have attended a clinical skills course before being admitted to the prescribing programme. The team was reassured but advised that the wording of the application form should be amended to make the patient-facing experience requirement for pharmacists clear and to indicate that clinical examination skills are not a prerequisite. Although the team was unable to see a specific mention of CPD in the application form, it was assured that applicants are required to demonstrate evidence of their CPD activities at interview.

The DMPs generally have qualifications above the minimum required. They are provided with information on the course, and the provider is willing to visit DMPs to explain the programme and its assessment. The team was told that a DMP from a non-training GP practice would be acceptable, but that their appropriateness would be checked carefully. It was also stated that the provider's oversight of the ACE (see commentary to criterion 5.1 below) provides an opportunity for discussion with DMPs who generally have given positive feedback on the ability of pharmacists as prescribers. The provider agreed with the team that it would be useful for DMPs to have access to the mapping of the course learning outcomes (LOs) to the GPhC LOs.

Section 3: The programme

Six of the eight criteria relating to the programme are met with two criteria met subject to amendments

The programme is delivered at Level 7 only. The five course learning outcomes (LOs) were mapped to the sixteen GPhC learning outcomes, but the team considered that some of the GPhC LOs were not captured appropriately, with the LOs appearing generic to all healthcare professions, rather than being pharmacist-specific, and some not mapping well to the course LOs. It was explained that the University limits the number of LOs attributed to individual modules, making the mapping problematic.

Nevertheless, the team agreed that the mapping of the LOs should be amended to include more detail under each course LO of how the LO meets the appropriate GPhC LO, and that this enhanced mapping exercise should be made available to students and DMPs alike.

The team observed that the programme timetable appeared heavily pharmacology-oriented, a subject in which pharmacists would be expected to be already proficient, but was told that although the morning sessions are focussed on the application of pharmacological knowledge and evidence-based medicine which pharmacists have found useful, the afternoons are based mainly on physical examination skills with approximately ten afternoons devoted to such teaching. Students are required to complete two essays on the application of their knowledge to their area of prescribing, with this then being assessed in the Assessed Clinical Examination (ACE). The teaching discusses CPD and encourages the philosophy of reflective practice.

The delivery of the programme takes place over 26 days from September to May. Attendance registers are maintained, 100% attendance is required, but students that miss sessions other than the clinical skills sessions are able to recover the missed sessions through online learning or through rearranged group sessions. However, the team agreed that the student handbook should be amended to include this information for students. The team was also unconvinced that a statement equating poor attendance to unsafe practice was tenable and agreed that the statement relating to unsafe practice should be removed. Physical examination skills sessions are run twice and students missing sessions are able to join the second group to recover any missed session. There is no mechanism to reduce the learning time, and pharmacists must undertake all of the assessments.

Section 4: Learning in Practice

All five of the five criteria relating to learning in practice are met

Although there is provision for the provider to visit DMPs at their practice locus, this does not happen often but rather there is good communication via email. The DMP sign-off statements were correct, but the team agreed that the reference to a PIN number in the Summary of Student Achievement should be changed to the pharmacist's GPhC registration number. Accreditation of prior learning is not permitted on the programme.

Section 5: Assessment

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

The term ACE (Assessed Clinical Examination) has replaced the term OSCE since the last reaccreditation and has been chosen as a phrase used in medical terminology that would be familiar to the DMPs. Pharmacists have two summative ACEs under the observation of the DMP who assesses their performance. To confirm the equity of the assessments for quality assurance purposes, one of the ACEs is attended by a member of the University teaching team; this is attended in full apart from any small component of the patient examination that might involve the patient's dignity or privacy being compromised. While appreciating this proviso, the team agreed that at least one of the ACEs should be attended in its entirety and that the student handbook should include that one of the ACEs will be observed by University staff.

The programme leads to a freestanding award for pharmacists although it is a multidisciplinary course that does feed into other wider courses for other healthcare professionals. There are no compensation arrangements and students must pass all components of the assessments. The team ascertained that the terminology of discontinuation is used in respect to the criterion relating to causing patient harm as meaning overall failure. The team agreed that this should be made clear to students as currently there is confusion in the documentation through the use of the term discontinuation to refer to a situation whereby a manager might withdraw support.

Section 6: Details of Award

Both of the two criteria relating to details of the award are met

The team pointed out to the provider that the Programme Handbook makes reference to registration with the GPhC as an independent prescriber; this is incorrect and should be replaced with annotation as an independent prescriber.

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.