

Reaccreditation of an Education and Training Programme to prepare Pharmacist Independent Prescribers, Queen's University Belfast

Report of a reaccreditation event, 9 January 2013

Introduction

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain.

Queen's University Belfast was accredited by the Royal Pharmaceutical Society (RPSGB) in 2009 to provide a programme to train pharmacist independent prescribers, for a period of 3 years. In line with the General Pharmaceutical Council's (GPhC) process for reaccreditation of independent prescribing programmes, an event was scheduled on 09 January 2013 to review the programme's suitability for reaccreditation. The programme was reviewed against the GPhC's 2010 accreditation criteria for Independent Prescribing.

As a result of the Memorandum of Understanding between the Pharmaceutical Society of Northern Ireland and the General Pharmaceutical Council, signed in November 2011, the present accreditation was carried out on behalf of the Pharmaceutical Society of Northern Ireland. This agreement allows pharmacists from Northern Ireland to register to practise in Great Britain and vice versa. All decisions of the accreditation team will go before both Councils.

Documentation

The University provided copies of its application documentation in advance of the visit, in line with the agreed timescales. The application documentation was reviewed by the panel and it was deemed to be satisfactory to provide a basis for discussion

The following documents were submitted by the training provider in advance of the accreditation event:

- Completed application template part 1

- Completed application template part 2
- Appendices 1-15

During the event the accreditation team reviewed the programme's online learning materials.

The event:

The event was held on 9 January 2013 at the General Pharmaceutical Council headquarters in Lambeth.

The Accreditation Team:

The GPhC accreditation team ('the team') comprised:

<u>Name</u>	<u>Designation at the time of accreditation event</u>
Dr Angela Alexander	Director of the Centre for Inter-Professional Postgraduate Education and Training, University of Reading
Mr Mike Pettit	Lead Pharmacist for Women's and Children's Division, Royal Sussex County Hospital

along with:

<u>Name</u>	<u>Designation at the time of visit</u>
Ms Joanne Martin	Quality Assurance Manager (Education), General Pharmaceutical Council
Ian Marshall	Rapporteur, Emeritus professor of pharmacology, University of Strathclyde

The accreditation criteria

	Accreditation team's commentary
<p>Section 1: The programme provider</p>	<p>All of the four criteria relating to the programme provider are met. (See Appendix 1 for criteria)</p> <p>The programme is delivered by the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) which sits within the School of Pharmacy, Queen's University Belfast. The Department of Health for Northern Ireland has a 15-year contract to deliver services with the University, lasting until July 2016. The NICPLD budget has remained static recently, but the year-on-year delivery costs have been reduced by the increased use of technology allowing a 25% increase in provision. The core staff complement associated with the delivery of the programme totals seven persons representing an FTE input of 1.05. Of these staff members, 4 are pharmacists with another 9 pharmacists that contribute to the programme. The Assistant Director of NICPLD is the Programme Leader, a pharmacist with postgraduate qualifications and experience of community and academic pharmacy. The Programme Leader is not an independent prescriber but a pharmacist independent prescriber with community, hospital and Department of Health experience has reviewed the course content and delivery and contributes to the planning of the programme.</p> <p>The programme has been subject to University validation. The University conducts module and pathway reviews based on student feedback and the views of the external examiner, a pharmacy academic who examines the School of Pharmacy postgraduate taught programmes. The accreditation team was told that the provider reviews the programme on a regular basis taking into account student qualitative and quantitative feedback. Distance learning materials are subject to constant review and upgrading.</p> <p>Facilities include clinical skills teaching facilities at the Clinical Education Centre, part of the Department of Nursing and Midwifery at Queen's University. There is one intake per year starting in April and the programme runs for 6 months to November excluding July and August, with a maximum of 30 students per cohort, although the Programme Leader indicated that 40 students could be accommodated comfortably.</p>
<p>Section 2: Pre-requisites for entry</p>	<p>All of the six criteria relating to the programme provider are met.</p> <p>Application is restricted to GPhC- or PSNI-registered pharmacists only although the programme has never had applicants from outside Northern Ireland. The requirements relating to years of post-registration experience, for up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to the pharmacist's intended area of prescribing</p>

	<p>practice, and for applicants to demonstrate their reflection on their own performance and their taking responsibility for own CPD are covered by a self-declaration. Pharmacists select their own DMP, usually based on an existing relationship with a medical practitioner. Information for the DMP on the content, learning outcomes and process of the independent prescribing programme is downloaded by the pharmacist for forwarding to their DMP. It was said that all hospital consultants are familiar with the programme and most of the DMPs used by community pharmacists are involved in training. Any DMPs requiring further information or guidance are contacted by the Programme Leader.</p>
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<p>Section 3: The programme</p>	<p>All of the eight criteria relating to the programme are met</p> <p>The programme is taught at a minimum of Level 6 with the majority taught at Level 7. 10 from the 43 learning outcomes are at level 6. The programme consists of 6 modules equating to 196 hours of student effort of which 49.5 hours are live workshops in addition to the period of learning in practice; a minimum of 12 x 7.5 hour days. There is a blended learning approach with 7 face-to-face days, including 4 days of clinical skills teaching. The programme is delivered over a period of 6 months with no teaching in July and August with face-to-face days supplemented by distance learning and the period of learning in practice. A register of attendance is taken and students must attend all clinical skills teaching sessions. If sessions are missed then re-attendance at the relevant sessions for the following cohort will be required. However, the team was told that pharmacists always attend. Students' progress in interacting with distance learning materials and on-line content can be monitored although it is the students' own responsibility to complete this work. The team was told that APEL would only apply to the open learning elements of the programme but that APEL had never been applied in practice. It was emphasised that all students must undertake the period of learning in practice. The team noted that the mapping of some of the learning outcomes to assessment contained inconsistencies which were communicated to the provider. The team was satisfied that the programme and its assessment would ensure that those achieving a passmark would have met all the learning outcomes but suggested that the provider ensure that the mapping document is reviewed to ensure it is accurate and complete.</p>
<p>Section 4: Learning in Practice</p>	<p>All of the five criteria relating to learning in practice are met</p> <p>Clear guidance is given to the DMPs in the DMP information and the DMP pack. DMPs are required to assess the students' examination skills three times on each of 3 clinical skill sets relevant to the pharmacist's area of intended prescribing. These skills' sets are derived from a QUB School of Medicine website and associated database with instruction sheets. The accreditation team recognised the development of the clinical skills database linking area of practice with clinical examination as being an area of good practice. The programme providers do not physically meet the DMPs but an email is sent halfway through the programme inviting comments; no adverse comments have ever been received and in the absence of such comments the provider has assumed that the process is working appropriately. Newly appointed DMPs receive the same information as their more experienced colleagues. The accreditation team considered that although the process appeared to be working well, the system was not as robust as it might be. The team considered that a new DMP could feel insufficiently supported and suggested that the provider should review the supporting mechanisms for DMPs. No compensation is allowed for failure in the period of learning in practice and all elements of the programme must be passed. This information is communicated to students in writing</p>

	and at induction into the programme.
Section 5: Assessment	<p>Three of the four of the criteria relating to assessment are met</p> <p>A range of assessments is employed including written tests, OSCE, portfolio, case studies and critical appraisal exercises. The programme is offered as a standalone course and has also been incorporated into an MSc in Advanced Pharmacy Practice with Independent Prescribing. In the second year of the delivery of the MSc programme 9 students from 29 are undertaking the MSc with the remainder doing the independent prescribing programme alone. The two cohorts are taught as a single group.</p> <p>The marking guide that was included in the submission referred only to the marking of the portfolio and was a standard QUB guide. Marks awarded for MCQs are weighted in terms of importance. In terms of OSCEs, the pass mark for the in-School OSCE is 50% with Station 1 being a pass/fail item. The whole OSCE conducted by the DMP must be completed accurately. Students are informed during induction to the programme that failure to identify a problem or provide an answer that would cause the patient harm will result in overall failure but the team was unable to find any documentary evidence of such a warning. This would apply to the OSCE assessed by the DMP and assessment of Module 3 (Disease Management). The team was told that there had never been an example of such a situation and that tutors would not let a major problem to go unidentified. The accreditation team agreed that a failure to identify a problem likely to cause patient harm should be subject to a sanction in all aspects and assessments of the programme. Accordingly, it will be a condition of re-accreditation that a failure to identify a serious problem or an answer which would cause the patient harm should result in overall failure of the programme and must apply to all assessments. This should be communicated clearly to students.</p>
Section 6: Details of Award	<p>Both of the two criteria relating to details of the award are met</p> <p>The wording of the certificate was accurate. Information on pharmacists passing the programme had previously been done on an individual basis for any pharmacist wishing to practise in Great Britain. However, it was stressed to the provider that the pass list must be sent to the Applications Team at the GPhC.</p>

Summary and Conclusions

Since November 2011 the General Pharmaceutical Council and the Pharmaceutical Society Northern Ireland have had in place a Memorandum of Understanding. Thus, the PSNI and the GPhC co-operate to secure consistent standards of professional practice, in line with the mutual recognition and free movement of students, trainees and pharmacists between Northern Ireland and Great Britain.

The team agreed to recommend to the Registrar of the General Pharmaceutical Council and the Council of the Pharmaceutical Society of Northern Ireland that the independent prescribing programme delivered at Queen's University Belfast should be reaccredited for a further period of 3 years subject to one condition. This is:

Condition:

- A failure to identify a serious problem or an answer which would cause the patient harm should result in overall failure of the programme and must apply to **all** assessments. This should be communicated clearly to students. This must be met and confirmed with the GPhC before the intake of the next cohort of students. This is to meet criterion 5.4.

As a result of this event, a private record and a public report will be prepared and sent to the University for comment on matters of factual accuracy. Once agreed by the Registrar of the GPhC and the Council of PSNI, both documents will be sent to the University for its records, and the report, along with a formal response from the University, will be posted on both Regulators' websites for the duration of the accreditation period.

The programme is not reaccredited until approval has been given by the Registrar of the GPhC and the Council of the PSNI and all conditions have been met satisfactorily.

In advance of receiving the record and report, the team fed back an area of strength to the provider:

The team recognises the development of the clinical skills data base which links area of practise with clinical examination as being an area of good practice.

There is a *standing condition* for all course providers, which is that documentary references to the pharmacy regulator in GB must be to the General Pharmaceutical Council. Also, if any other amendments are required to be made to documents for accuracy or completeness, they will be detailed in the record.

You must confirm the changes have been made but we do not require documents to be submitted for our approval and all accredited providers are required to inform the General Pharmaceutical Council and the PSNI annually of changes to the curriculum and/or resources.

It should be noted that the team's recommendations are not binding on the Registrar, who may accept, modify or reject them. The accreditation team's feedback is confidential until it has been ratified by the Registrar of the General Pharmaceutical Council but it may be shared with staff and students internally.

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Appendix 1

GPhC Accreditation criteria for pharmacist independent prescribing programmes

Section 1: The programme provider

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

Section 2: Pre-requisites for entry

- 2.1** Entrants must be a registered pharmacist with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI).
- 2.2** Entrants must have at least two years appropriate patient-orientated experience in a UK hospital, community or primary care setting following their preregistration year.
- 2.3** Entrants must have identified an area of clinical practice in which to develop their prescribing skills and have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice.
- 2.4** Entrants should demonstrate how they reflect on their own performance and take responsibility for own CPD.
- 2.5** The provider must ensure that the DMP, identified by the pharmacist, has training and experience appropriate to their role. This may be demonstrated by adherence to the Department of Health Guidance (2001). The DMP must have agreed to provide supervision, support and shadowing opportunities for the student, and be familiar with the GPhC's requirements of the programme and the need to achieve the learning outcomes.

- 2.6** Entrants who are not registrants of the GPhC or PSNI may undertake the taught components of the programme but may not undertake the period of supervised practice.

Section 3: The programme

- 3.1** Must be taught at least at bachelor's degree level (FHEQ (2008), level 6) and reflect the fact that since June 2002, pharmacists have graduated and practise at master's degree level (FHEQ (2008), level 7).
- 3.2** Must achieve the 16 learning outcomes listed in the curriculum for independent prescribing (appendix C), which must be mapped against the programme's learning outcomes and assessments (appendix B). 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 Registration Manager, 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.

Independent Prescribing Programme Learning Outcomes

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

- Understand the responsibility that the role of independent prescriber entails, be aware of their own limitations and work within the limits of their professional competence – knowing when and how to refer / consult / seek guidance from another member of the health care team.
- Develop an effective relationship and communication with patients, carers, other prescribers and members of the health care team.
- Describe the pathophysiology of the condition being treated and recognise the signs and symptoms of illness, take an accurate history and carry out a relevant clinical assessment where necessary.
- Use common diagnostic aids e.g. stethoscope, sphygmomanometer

- Able to use diagnostic aids relevant to the condition(s) for which the pharmacist intends to prescribe, including monitoring response to therapy.
- Apply clinical assessment skills to:
 - inform a working diagnosis
 - formulate a treatment plan for the prescribing of one or more medicines, if appropriate
 - carry out a checking process to ensure patient safety.
 - monitor response to therapy,
 - review the working differential diagnosis and modify treatment or refer
 - consult/seek guidance as appropriate
- Demonstrate a shared approach to decision making by assessing patients' needs for medicines, taking account of their wishes and values and those of their carers when making prescribing decisions.
- Identify and assess sources of information, advice and decision support and demonstrate how they will use them in patient care taking into account evidence based practice and national/local guidelines where they exist.
- Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.
- Prescribe, safely, appropriately and cost effectively.
- Work within a prescribing partnership.
- Maintain accurate, effective and timely records and ensure that other prescribers and health care staff are appropriately informed.
- Demonstrate an understanding of the public health issues related to medicines use.
- Demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing.
- Work within clinical governance frameworks that include audit of prescribing practice and personal development.
- Participate regularly in CPD and maintain a record of their CPD activity.

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
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- 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.