

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

Report of a reaccreditation event, 23 November, 2015

Introduction

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

Queen's University Belfast was reaccredited by the GPhC in 2013 to provide a programme to train pharmacist independent prescribers, for a period of 3 years. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 23 November 2015 to review the programme's suitability for reaccreditation. The accreditation process was based on the GPhC's 2010 accreditation criteria for Independent Prescribing.

Background

At the previous reaccreditation on 9 January 2013, the then accreditation team agreed to recommend to the Registrar of the GPhC and the Council of the Pharmaceutical Society of Northern Ireland that the independent prescribing programme delivered by Queen's University Belfast be reaccredited for a further period of 3 years subject to the condition, relating to criterion 5.4, that a failure to identify a serious problem or an answer that 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, and must be met before the intake of the next cohort of students.

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 event

The event was held on 23 November 2015 at the GPhC headquarters at Canary Wharf, London.

The Accreditation Team

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

Name	Designation at the time of accreditation event
Professor Chris Langley	Accreditation team member (Chair of event), Professor of Pharmacy Law and Practice, and Deputy Head of School of Pharmacy, Aston University
Professor Anne Watson	Accreditation team member, Assistant Director of Pharmacy, NHS Education for Scotland

along with:

Name	Designation at the time of visit
Mrs Philippa McSimpson	Quality Assurance Officer, General Pharmaceutical Council
Dr Ian Marshall	Rapporteur, Caldarvan Research (Educational and Writing Services)

Declaration of potential conflicts of interest

Professor Watson declared that her employer, NHS Education for Scotland, was the Scottish equivalent of NICPLD and, as such, had worked with NICPLD on joint CPD learning, but not in relation to independent prescribing.

The accreditation criteria

	Accreditation team's commentary
Section 1: The programme provider	<p>All of the 4 criteria relating to the programme provider are met. (See Appendix A for criteria)</p> <p>The main changes since the last reaccreditation have been a move to an increased online delivery, hosted by the NICPLD website, with all modules having been updated and improved. There is also a new online course for the Designated Medical practitioners (DMPs). Several of the live courses having been combined or relocated. The team recognised the newly developed online learning resources as an area of strength. The new course submitted for reaccreditation will commence with the April 2016 intake. There is one cohort per year admitted, usually with a maximum of 40 students per cohort. As the maximum number is dependent on the clinical skills facilities, there will be parallel sessions on clinical skills for the April 2016 intake (if necessary) to facilitate a potential increased demand of up to a maximum of 80 students for places. There are 4.4 WTE staff from NICPLD and 2 full-time staff from the School of Pharmacy associated with the course, with the estimated proportion of time spent on programme per year for each staff member giving a WTE devoted to the course as 1.25. The potential doubling of student numbers on the programme will require extra tutors and markers to be appointed, and there will be a reallocation of time commitment to the course for existing part-time staff. The team was assured that the Health and Social Care Board supported the increase in IP numbers and would normally meet any resultant shortfall in resources.</p>
Section 2: Pre-requisites for entry	<p>Five of the 6 criteria relating to pre-requisites for entry are met with one criterion likely to be met subject to a necessary amendment.</p> <p>The team noted that the application form did not specify that the registration number must relate to GPhC or PSNI registration and informed the provider that this requirement should be included. The team was confident that the relevant criterion will be met subject to the amendment to the application form. Applications from independent pharmacists with no line manager to verify their credentials complete the application form themselves with the forms being personally vetted by the two assistant directors of NICPLD. Entrants must provide a written summary to demonstrate how they reflect on their own performance and take responsibility for their own CPD. Any DMP considering mentoring a pharmacist is provided with written explanatory information outlining the overall aim and learning outcomes for the programme, a description of the period of learning in-practice, the role of the DMP and how the DMP would be involved in assessment and an example of an assessment, as well as being provided with open-access to an online resource entitled <i>The Role of a</i></p>

	<p><i>DMP.</i></p> <p>The full course is only offered to pharmacists registered with the PSNI/GPhC and who provide services to the Health and Social Care sector in Northern Ireland. However, the provider has permitted a small number of pharmacists in the Republic of Ireland (RoI) to undertake the taught components of the programme and may complete supervised practice in the Republic of Ireland for their own learning on pharmacist independent prescribing, as legislation in the RoI does not permit non-medical prescribing. Pharmacists from the Republic of Ireland, can achieve a Postgraduate Certificate from the University if they achieve 60 credits, but they cannot receive a Practice Certificate in Independent Prescribing and are not eligible for annotation or to work as prescribers in Great Britain or Northern Ireland.</p>
<p>Section 3: The programme</p>	<p>All 8 criteria relating to the programme are met</p> <p>The programme carries 60 credits and the learning outcomes match the descriptors for a higher education qualification at level 7 from The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies. The 6 overall programme learning outcomes and 39 specific learning outcomes were mapped to the GPhC learning outcomes, and although some of the individual learning outcomes are taught at level 6, they are all assessed at level 7. The team suggested that 3 of the GPhC learning outcomes could potentially be mapped to additional programme learning outcomes and was confident that the relevant criterion would be met subject to these suggested amendments.</p> <p>In recognising that it would be impractical for pharmacists to be absent from their workplace for 27 days of teaching, a blended learning approach is adopted, currently with 9 live days which will be reduced to 7 live days for the April 2016 intake. The taught elements of the course are delivered over a six-month period, starting in April each year. To avoid non-attendance associated with the holidays, the course does not run in July and August but recommences September. The total number of hours of learning activities was stated to be 600 hours over a notional 26 days. The skills-based elements of the programme are taught face-to-face, whilst factual elements are delivered online. The team was told that there is an additional voluntary evening clinical skills session that all pharmacists always attend. The team was told that the provider had never had a problem with the engagement or progress of pharmacists on the programme who were described as diligent and enthusiastic. Those pharmacists who miss any of the live courses (including all clinical sessions) are expected to complete the relevant live course with the next intake before qualifying as an independent prescriber. In exceptional circumstances, an additional live session may be organised for a student so they can complete the whole programme with their cohort rather than having to wait for the next intake of students. No pharmacist has ever applied for Recognition of Prior Learning, and it was stressed that pharmacists must undertake the clinical skills assessments.</p>
<p>Section 4: Learning in Practice</p>	

	<p>All of the 5 criteria relating to learning in practice are met.</p> <p>The role of the DMP in the assessment of students is outlined in the initial DMP information before they sign up to the course and further information is provided with the pack they receive after enrolment onto the course. All DMP assessors are qualified medical practitioners who currently assess medical students. The clinical skills assessment is carried out by each pharmacist's DMP using standardised proformas. These proformas have been developed by the School of Medicine, QUB and are the same as those used in Medicine. Students undertake assessments specific to their chosen area of prescribing practice. One of the assistant directors of NICPLD selects from a database a number of appropriate skills to be developed and assessed dependent on the area of prescribing practice. Each skill must then be demonstrated successfully to the DMP on 3 different patients. All six modules of study and the period of learning in-practice must be passed independently and there is no compensation allowed between any of the modules or the period of learning in-practice. Students are informed about this at the induction day and it is also stated on the in-practice training section of the online framework.</p>
<p>Section 5: Assessment</p>	<p>Three of the 4 criteria relating to assessment are met with one criterion likely to be met subject to a suggested amendment.</p> <p>The team was satisfied that an appropriate range of assessments is used. There is a generic in-house OSCE conducted at the University which is taken by all the pharmacists on the programme and is the same as that taken by medical and nursing students, using a panel of experienced examiners and a bank of patients. The examination consists of 6 stations, including a SimMan station. In the OSCEs conducted by the DMPs in practice pharmacists undertake assessments specific to their chosen area of prescribing practice. A number of appropriate skills that are chosen to be developed and assessed dependent on the area of the pharmacist's prescribing practice have to be demonstrated successfully to the DMP on 3 different patients. The team recognised the use of the additional OSCEs in practice as an assessment of clinical skills specific to pharmacists' own areas of prescribing practice as an area of strength. The team agreed that the use of a database to provide a consistent set of key skills for these OSCEs specific to different areas of practice, appeared to be a useful resource.</p> <p>The Independent Prescribing programme is offered as a standalone course and has also been incorporated into a course entitled MSc in Advanced Pharmacy Practice with Independent Prescribing. There is no compensation allowed between modules, as they must all be passed independently. Students failing to perform satisfactorily in the various assessments will be required to repeat the outstanding elements or to withdraw. There is a maximum of one repeat per assessment. If a student does not achieve a satisfactory level of competence during the in-practice training they will be allowed to extend</p>

	<p>the number of days training to a maximum of 24 before being reassessed. Students missing part of the course through illness may complete outstanding components, including assessment, during the next student intake.</p> <p>The submission stated that a pharmacist’s failure to identify a problem or provide an answer that would cause the patient harm will result in overall failure. Although the team noted the statements to the above effect in the student documentation, it considered that the statements could be misinterpreted and that the wording should be modified to stress that any failure to identify a problem or provide an answer that would cause the patient harm would result in overall failure of the programme. The team was confident that this criterion will be met subject to the above amendment on overall failure of the programme.</p>
<p>Section 6: Details of Award</p>	<p>One of the 2 criteria relating to details of the award are met with one criterion likely to be met subject to a suggested amendment.</p> <p>The team noted that the certificate submitted did not contain the phrase “<i>Practice Certificate in Independent Prescribing</i>”. The team informed the provider that the wording needed to be word-for-word correct to ensure that all pharmacist independent prescribers held the same qualification. The team was confident that this criterion will be met subject to the above correction to wording of the certificate.</p>

Summary and Conclusions

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

The team recognised the following areas of strength:

- The newly developed online learning resource, and;
- The use of the additional OSCEs in practice as an assessment of clinical skills specific to pharmacists’ own areas of prescribing practice. The team agreed that the use of a database to provide a consistent set of key skills for these OSCEs specific to different areas of practice, appeared to be a useful resource.

Appendix A

GPhC Accreditation criteria for pharmacist independent prescribing programmes

Section 1: The programme provider

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

Section 2: Pre-requisites for entry

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

Section 3: The programme

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

Section 4: Learning in Practice

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

Section 5: Assessment

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

- 5.1 Evidence from a range of assessments that the student has achieved the intended learning outcomes of the programme.
- 5.2 The programme will be assessed separately from any other programmes or programme components and lead to a freestanding award which confirms the competence of the pharmacists as an independent prescriber.

5.3 The assessment scheme should demonstrate that the criteria for pass/fail and any arrangements for compensation between elements of assessment, together with the regulations for resit assessments and submissions, are consistent with safe and effective prescribing and the achievement of all learning outcomes.

5.4 In any assessment, a failure to identify a serious problem or an answer which would cause the patient harm should result in overall failure of the programme.

Section 6: Details of Award

6.1 The provider should award successful candidates a '*Practice Certificate in Independent Prescribing*' confirming that the candidate has successfully completed the programme and the period of learning in practice.

6.2 The provider should send a certified copy of the pass list to the Registrar of the GPhC, via the 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.

Appendix B

Independent Prescribing Programme Learning Outcomes

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

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

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

Appendix C

Indicative content

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

Consultation, decision-making, assessment and review

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

Influences on and psychology of prescribing

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

Prescribing in a team context

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

Applied therapeutics

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

Evidence-based practice and clinical governance

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

- Auditing, monitoring and evaluating prescribing practice
- Risk assessment and risk management
- Audit and systems monitoring
- Analysis, reporting and learning from adverse events and near misses

Legal, policy, professional and ethical aspects

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

Prescribing in the public health context

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

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