Investigation of Higher Education Institutions’ Approach to Non-Medical Prescribing Education in the South of England

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1. Introduction

Non-medical prescribing can be defined as prescribing decision by an appropriately trained health professional other than a doctor or a dentist. It is safe (Black, 2013), effective (Weeks et al, 2016), and can facilitate quicker patient access to treatment (Carey et al, 2014). It was first introduced to the UK in 1992 and subsequent legislative changes have broadened both the scope and the professions who are able to undertake training as prescribers (Cope et al, 2016). In the UK, there are three types of non-medical prescriber (NMP) as follows:

- Independent prescribers (IPs) are able to prescribe any medicine within their scope of practice and professional limitations (for example, podiatrists and physiotherapists are only able to prescribe a limited number of controlled drugs). Eligible professions currently include nurses, pharmacists, physiotherapists, podiatrists, paramedics, optometrists and therapeutic radiographers.

- Supplementary prescribers (SPs) are able to prescribe any medicine within their scope of practice (including controlled drugs and unlicensed medicines) providing they do so under the terms of a patient-specific clinical management plan (CMP) agreed by a doctor or a dentist. Many training courses will train eligible professionals to become both IPs and SPs, however dietitians and diagnostic radiographers can only undertake training to become SPs.

- Community Nurse Practitioner Prescribers (CPNPs) are able to prescribe from a limited formulary known as the Nurse Prescriber Formulary (NPF). This consists of dressings, appliances, pharmacy (P), general sales list (GSL) and thirteen prescription only medicines (POMs).

In order to become a NMP, it is necessary for an individual to undertake a NMP course, provided by a higher education institute (HEI) that has been accredited by the relevant professional regulator.

Health Education England (South) has historically funded the provision of NMP courses across the region. The mechanism of funding courses is different in the four local offices; the Southwest (SW), Wessex, Thames Valley (TV), and Kent, Surrey and Sussex (KSS).

A project was commissioned by Health Education England (South) to review how non-medical prescribing training is accessed and run across the area, with an aim of reducing unwarranted variation. As part of this project, a range of details relating to NMP education programmes have been sought from HEIs across the region that deliver the courses. This report sets out the results and a discussion of those results.

2. Aims and Objectives
1. Scope the structure and provision of NMP IP/SP programmes across the South of England
2. Investigate the application process and pre-requisites for prescribing courses
3. Identify the support for and requirements regarding practice assessors/designated medical practitioners
4. Identify the variation in the cost of prescribing courses

3. Method

A set of interview questions was developed by the project lead, based on a set used in a similar IP review project conducted in the North of England in 2018. This was in order for responses to be compared across the regions. All eighteen HEIs providing the NMP course across the South of England were contacted by email to pre-book an interview time. Contact was attempted on several occasions with HEIs who did not initially respond. The majority of interviews were conducted by telephone due to geography and time constraints. The results were transcribed on to a spreadsheet by the project lead.

Participation in the interviews was voluntary.

Interview questions are included in Appendix 1.

4. Results

4.1 Survey Respondents

Seventeen of the eighteen HEIs who offer an NMP course in the South responded to the request and were interviewed. The list of those that undertook an interview can be seen in table 1. All those interviewed were either programme leads for prescribing or individuals heavily involved in the delivery of the course.
Table 1. List of Universities who undertook an interview

<table>
<thead>
<tr>
<th>University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath University</td>
</tr>
<tr>
<td>Bournemouth University</td>
</tr>
<tr>
<td>Buckinghamshire New University</td>
</tr>
<tr>
<td>Canterbury University</td>
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<tr>
<td>Exeter University</td>
</tr>
<tr>
<td>Gloucestershire University</td>
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<tr>
<td>Medway University</td>
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<tr>
<td>Nottingham University</td>
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<tr>
<td>Open University</td>
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<tr>
<td>Oxford Brooks University</td>
</tr>
<tr>
<td>Plymouth University</td>
</tr>
<tr>
<td>Portsmouth University</td>
</tr>
<tr>
<td>Reading University</td>
</tr>
<tr>
<td>Southampton University</td>
</tr>
<tr>
<td>Surrey University</td>
</tr>
<tr>
<td>University of the West of England</td>
</tr>
<tr>
<td>University of West London</td>
</tr>
</tbody>
</table>

4.2 Courses Provided

All seventeen HEIs provided a programme for Independent and Supplementary prescribers (IP/SP). Eight HEIs were accredited to run the course for nurses, allied health professionals (AHPs) and pharmacists, six were accredited to run the course for nurses and AHPs only, and three were accredited to run the course for pharmacists only (see Figure 1).

Figure 1. Courses offered to different professions

- Nurses, Pharmacists and AHPs
- Nurses and AHPs only
- Pharmacists only
Where HEIs were accredited to provide the course to nurses, AHPs and pharmacists they tended to provide the majority of the teaching to the larger group, with occasional sessions where AHPs/Nurses were split from pharmacists (i.e. Nurses/AHPs would have an extra session on pharmacology whilst pharmacists would have an extra session on consultation skills).

4.2 Application Process

Six of the HEIs interviewed prospective students prior to accepting them on the course, normally by telephone or skype. Eleven of the HEIs had a paper application process only, although four of these said they occasionally offered an interview where they had a query about the application.

Professional regulators have a requirement that prospective students have appropriate clinical/diagnostic skills prior to commencing the course. Some areas in the South have moved to a model where students cannot access the course unless they have undertaken a specific module on clinical/diagnostic skills. HEIs were asked whether this was a requirement to access their programme. Only two HEIs said that this was a requirement. Of the remaining fifteen HEIs who did not require prospective students to have undertaken a clinical skills module, respondents gave the clarifications in Figure 2.

**Figure 2. Reasons why clinical skills module is not a pre-requisite**

- Clinical module is preferred but not essential
- It's part of the course
- Organisation confirms student has clinical skills
- Student confirms they have clinical skills
- No clarification given

4.3 Academic Level and Credits

In England, Wales and Northern Ireland, there are eight different levels of education. The IP/SP courses provided are at level 6 or level 7. Level 6 refers to qualifications gained at bachelor's degree level, whilst Level 7 refers to those attained at master's degree level.
An academic credit system is a standard used by universities to measure and assess students’ work and effort during their bachelor, master or PhD programmes.

4.3.1 Academic Level of Courses

Respondents were asked about the academic level of the IP/SP courses they provided. The responses were as follows:

- Ten HEIs provide the course at level 6 and 7
- Seven HEIs provide the course at level 7 only (Three of these provided the course for pharmacists only).

Respondents were asked to summarise the difference between the level 6 and level 7 courses. In most circumstances the predominant difference was in the method of assessment, although one HEI provided different teaching sessions dependent on academic level. Other differences included:

- Different marking criteria for OSCE and written work
- Differences in the pharmacology exam with more or longer questions for level 7 students
- Different pieces of written work for level 6 and level 7 students

Level 7 students were generally not set additional pieces of work, but rather given alternative pieces or expected to demonstrate enhanced critical analytical skills throughout the course.

4.3.2 Academic Credits for Courses

Respondents were asked how many credits the IP/SP course was assigned by the HEI. As Figure 3 shows, the largest proportion were delivering the course at 40 credits. One of the HEIs offered two different courses, one at 45 credits and one at 60 credits.

The course providing 20 credits consisted of a single module (all other providers ran the course over two modules).

All but two of the HEIs stated that the course could be undertaken within another degree or masters pathway. These included advanced clinical practitioner courses and postgraduate pharmacy courses.
4.4 Course Structure

4.4.1 Length of Course

The range of duration of the IP/SP course ranged from four to ten months, see table 2.

Table 2. Duration of NMP courses in the South of England

<table>
<thead>
<tr>
<th>Duration</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 months</td>
<td>1 (for a single module course)</td>
</tr>
<tr>
<td>6 months</td>
<td>12</td>
</tr>
<tr>
<td>9 months</td>
<td>2</td>
</tr>
<tr>
<td>10 months</td>
<td>2</td>
</tr>
</tbody>
</table>

4.4.2 Contact Days

Some regulators have previously specified the number of days of education that must be delivered. HEIs have different approaches to delivery using face-to-face teaching for all aspects or a combination of delivery methods including:

- E-learning
- Directed study
- Workbooks
- Private study
- Webinars

The number of face-to-face contact days offered by the HEIs varies significantly, see table 3.
Table 3. Face-to-face contact days of NMP courses in the South of England

<table>
<thead>
<tr>
<th>Number of face-to-face days</th>
<th>Number of HEIs who offer this</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 days</td>
<td>1</td>
</tr>
<tr>
<td>8 days</td>
<td>2</td>
</tr>
<tr>
<td>9 days</td>
<td>3</td>
</tr>
<tr>
<td>10 days</td>
<td>5</td>
</tr>
<tr>
<td>14 days</td>
<td>1</td>
</tr>
<tr>
<td>15 days</td>
<td>1</td>
</tr>
<tr>
<td>16 days</td>
<td>2</td>
</tr>
<tr>
<td>23 days</td>
<td>1</td>
</tr>
<tr>
<td>26 days</td>
<td>1</td>
</tr>
<tr>
<td>Mean average</td>
<td>12 days</td>
</tr>
<tr>
<td>Median</td>
<td>10 days</td>
</tr>
</tbody>
</table>

One of the courses (10 days) also offered AHPs two additional days.

4.4.3 Course Content

All IP/SP courses are regulated by the same professional bodies and there was some core content (e.g. legal and ethical issues), however there were also significant differences in the educational content delivered. Much of this was linked to the professions undertaking the course. For example those HEIs delivering the course exclusively to pharmacists tended to focus more on physical assessment and consultation skills whilst those delivering the course exclusively to nurses and AHPs tended to focus more on pharmacology.

4.4.4 Support for the Designated Medical Practitioner

All NMP students have traditionally spent time in practice supervised by a Designated Medical Practitioner (DMP). Regulatory standards have recently changed to allow non-medics to take on this supervisory role (GPhC, 2019, HCPC, 2019, NMC, 2018), however at the time of interview many of the HEIs had not yet undergone the changes necessary to implement this fully.

Many HEIs stated that they had previously provided introductory support sessions for DMPs, however attendance at these sessions had been poor and led to them being withdrawn. Instead, HEIs supported DMPs in a number of different ways including:

- Handbooks (paper-based or electronic)
- Contact details of tutor
- Telephone support
- 1:1 meetings offered (sometimes at DMP’s place of work)
- Web resources
4.4.5 Assessment

All IP/SP courses provided in the South used Objective Structured Clinical Examinations (OSCEs), portfolios of practice (often related to the Single competency framework for all prescribers, RPS, 2016), and examinations including numeracy, pharmacology and legislation with which to assess learners. There was variation within these assessments as follows.

- **OSCEs** – some HEIs conducted the assessments within the university, often using several stations (e.g. history-taking, prescribing decision-making, physical examination). Other HEIs required DMPs to conduct the OSCE in practice.
- **Portfolios** – the content of these varied significantly and included elements such as practice hour logs, case studies, reflections, development of a personal formulary and other written assignments.
- **Examinations** – These tended to be based around numeracy, pharmacology, law and ethics, although not all courses assessed all aspects to the same extent. The timing and the form of these examinations also varied, for example some HEIs conducted a numeracy assessment with students in the first few days of the course whilst others included this in the final exam at the end of the course.

4.5 Cost

The price for the IP/SP courses across the South varied from £1100 to £3100, see table 4 (please note that numbers have been rounded to the nearest 50).

<table>
<thead>
<tr>
<th>Price of course</th>
<th>Number of HEIs who offer this price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1100</td>
<td>1</td>
</tr>
<tr>
<td>1400</td>
<td>1</td>
</tr>
<tr>
<td>1500</td>
<td>3</td>
</tr>
<tr>
<td>1600</td>
<td>1</td>
</tr>
<tr>
<td>1700</td>
<td>1</td>
</tr>
<tr>
<td>1800</td>
<td>2</td>
</tr>
<tr>
<td>1950</td>
<td>1</td>
</tr>
<tr>
<td>2000</td>
<td>1</td>
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<tr>
<td>2200</td>
<td>1</td>
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<td>2300</td>
<td>1</td>
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<tr>
<td>2500</td>
<td>1</td>
</tr>
<tr>
<td>2550</td>
<td>1</td>
</tr>
<tr>
<td>2800</td>
<td>1</td>
</tr>
<tr>
<td>3100</td>
<td>1</td>
</tr>
<tr>
<td><strong>Mean average</strong></td>
<td>£1959</td>
</tr>
<tr>
<td><strong>Median</strong></td>
<td>£1800</td>
</tr>
</tbody>
</table>
Overall, the cost per credit ranged from £27.50 to £75 and there was a wide variation within modules offering the same number of credits (for example, the cost per credit of a 40 credit module varied from £27.50 to £62.50 and the cost per credit of a 60 credit module varied from £36 to £52.40).

5. Discussion

The majority of HEIs in the South of England who offer an IP/SP course responded. There was just one HEI that did not respond to contacts from the HEE project lead, despite several attempts. As all respondents were either programme leads or heavily involved in the delivery of the course, they were able to provide detailed and up to date responses to the questions asked.

All seventeen HEIs provide the IP/SP course. Across the respondents where was provision for all professional groups except for optometrists (nationally, there are five courses that provide the course for optometrists and none of them are in the area covered by this review).

Clinical/diagnostic skills module as a pre-requisite for undertaking the course

There was some divergence of opinion from HEI leads over how prospective students should evidence clinical and diagnostic skills when applying for the course. Whilst only two HEI leads stated that it was essential for prospective students to have undertaken a specific clinical/diagnostic skills module prior to the course, others said that it was preferable. One HEI lead stated that they could tell the difference between those who had undertaken a clinical/diagnostic skills module and those who hadn’t in terms of their confidence and competence. One of the HEI leads who required prospective students to have undertaken a clinical/diagnostic skills module prior to application stated that they had recently changed to this model, following feedback both from patients and those who had undertaken the course previously.

In contrast, other HEI leads felt that there were other modules and skills that were more important and likely to make a difference in practice. Several HEI leads mentioned the importance of history-taking skills in ensuring competent prescribers at the end of the course, whilst others stated that prospective students needed advanced skills within their area of practice as opposed to general clinical/diagnostic skills. One HEI lead commented that a requirement to have completed an academic module in clinical/diagnostic skills was limiting access to the NMP course to prospective students in their area who had already gained the skills necessary through years of practice.

Mixed professional cohorts

Eight of the HEIs were accredited to run the IP/SP course for nurses, AHPs and pharmacists, whilst six ran the course for nurses and AHPs only and a further three HEIs ran the course for pharmacists only. It is interesting to note that several of the HEIs talked of
how they had either recently expanded or were in the process of expanding the professions
able to undertake the course at their institution.

The regulatory educational requirements for nurses and AHPs are fairly similar (HCPC,
2019, NMC, 2018), however those for pharmacists are different with less pharmacology and
therapeutics teaching, and an increased requirement for physical assessment skills (GPhC,
2019). HEIs have developed a variety of models to address this; of the eight that ran the
IP/SP course for nurses, AHPs and pharmacists, some required those from different
professions to undertake alternative or extra days (for example nurses/AHPs may attend a
study day based on pharmacology, whilst the pharmacists on the course focus on physical
examination skills on that day). However other HEIs have broadened the content of their
programmes to ensure the regulatory educational requirements of all professions are
included in the provision for all students, regardless of professional background.

There was some divergence of opinion over whether pharmacists should be undertaking the
course alongside nurses/AHPs. Several of the HEI leads who currently run the course for
nurses, AHPs and pharmacists talked of the benefit of students from different professions
learning from each other. However, one HEI lead argued that as the majority of students
work within a multi-disciplinary environment anyway it was therefore not necessary to
include this learning within the study days at University. They went on to say that targeting of
study days to individual professions meant that the content could be more focussed and
relevant. Other HEI leads talked of the benefit of a broad curriculum which ensured that all
students met minimum criteria regardless of profession. For example, one HEI lead
defended the teaching of pharmacology to pharmacists by stating that many of them may
have undertaken their initial training many years ago and may therefore require updating.
Another HEI lead stated that although they had previously run different sessions for
nurses/AHPs and pharmacists, they now required all professions to attend all sessions due
demand from the students (the pharmacists had requested to attend the pharmacology
updates and the nurses/AHPs had requested to attend the physical examination updates).

Course Structure

IP/SP courses can either be delivered at academic level 6 or 7. Ten of the HEIs offered both
options, whilst seven offered the course at level 7 only. It should be noted that pharmacists
have a regulatory requirement to undertake the course at level 7 and paramedics are
expected to be working at an advanced level of practice, requiring a master’s level of
education (or working towards this), so would need to undertake the course at level 7.
Several of the HEI leads stated that they had recently changed to offering the course at level
7 only. Their reasons for doing so included lessening demand for the level 6 course from
learners and a belief that as the advanced clinical practitioner (ACP) agenda gains traction,
prescribing should sit within ACP training and development which is at level 7, rather than
being provided to those practitioners undertaking less advanced roles. Recent regulatory
changes are somewhat at odds to this opinion, as they allow nurses to undertake the IP/SP
course twelve months following qualification, rather than having to wait for three years
(NMC, 2018). Several HEI leads stated that as long as there was a demand for the course to
be run at level 6 they felt it was important to provide this, and one HEI who had recently changed to offering the course at level 7 only stated that demand for the course since the change was made had fallen. There is no difference in the output from a level 6 and level 7 course; both courses deliver a professional who may legally prescribe.

There was significant variation in the number of credits a prescribing course attracts in the South, from 20 to 60 credits. The number of academic credits is decided by HEI policies and procedures and, similarly to academic level, does not change the outcome of undertaking the course; successful completion provides the student with the qualification of prescriber. In some HEIs, the cost was proportional to the number of academic credits, however this was far from consistent.

The way in which the course is delivered varied across the different HEIs. Some courses delivered as few as four face to face teaching days, whereas others had twenty-six taught study days. Where the course is run over fewer than twenty-six taught study days, a variety of online resources and workbooks were used to supplement the teaching. The majority of HEIs ran their course during the working week, however one HEI lead described how their course was run at weekends in order to help facilitate attendance.

Several HEI leads talked of a balance between ensuring that course content was covered whilst not taking learners out of practice for any longer than necessary. This is particularly relevant given that NMP Leads and NMPs participating in this project reported that the capacity to be released from practice was a barrier to undertaking the IP/SP course. There was no correlation between the cost charged for the course and the number of face to face taught study days.

The duration of the course varied from four to ten months, with the majority of HEIs (twelve in total) running the course over six months. As with the taught study days, several HEI leads spoke of needing to strike a balance between running the course as quickly as possible in order to ensure that organisational demand for NMPs was met promptly, whilst also ensuring that learners had sufficient time allocated to complete their training. Three of the HEI leads offering the course at a duration of nine or ten months spoke of the fact that skills development takes time, stating that it was preferable to have practicing competent prescribers after a longer course as opposed to prescribers who completed the course quickly but then did not have the confidence to use their qualification in practice. There was no correlation between the cost charged for the course and the duration of the course.

*Practice Supervision and Assessment*

Regulatory standards have recently changed to allow non-medics to take on the role of practice supervision and assessment (GPhC, 2019, HCPC, 2019, NMC, 2018), however at the time of interview many of the HEIs had not yet undergone the changes necessary to implement this fully. These changes are made complex by the variation in assessor title and role requirements, according to professional regulator. The role of practice assessor/supervisor is entitled “Designated Prescribing Practitioner” by the GPhC (2019) and “Practice Educator” by the HCPC (2019). In contrast, the NMC (2018) have a requirement of two different roles, that of “Practice Assessor” responsible for assessing and signing off the student in practice, and that of “Practice Supervisor” responsible for working...
alongside the student to facilitate learning and providing feedback to the practice assessor. The majority of HEIs either had processes in place to support these changes, or were actively working towards them.

There was variation in how the new roles were being implemented, for example one HEI lead talked of using university staff (who also worked in practice) to carry out the role of practice assessor, whereas two other HEIs stated that they planned to use medics in practice assessor roles and nurses/AHPs/pharmacists in practice supervisor roles; at least until such time as the non-medical staff had gained confidence and competence. Many of the HEI leads spoke of taking their lead from the RPS competency framework for DPPs (covering practice assessors/supervisors from all professions), which at the time of the interviews had not yet been published. This is now available and provides guidance on competencies necessary for the role including the learning environment, the DPP themselves and the delivery of the role (RPS, 2019).

Several HEI leads talked about the difficulties that they had experienced in engaging DMPs with the course in the past. Many of them had provided face-to-face training or events for DMPs supervising students, but the majority had switched to offering alternative methods of support (e.g. handbooks, telephone support, online resources) due to poor attendance on the part of the DMP. Several HEIs were either offering new models to support practice assessors/supervisors or were in the process of developing these. However they were conscious that these new models should not be overly arduous, potentially excluding medical staff who wanted to take on the assessor role. Some HEI leads expressed concern about the level of practice support available to students on their courses, with one HEI lead giving the example that 1 in 5 students in the previous cohort requested a change of assessor due to DMP workload pressures.

Cost

There was significant variation in the cost of IP/SP courses (from £1100 to £3100). The mean average was £1959 and the median was £1800. This was in contrast to the cost of IP/SP courses in the North of England, where the mean average was £1675 and the median was £1600 (Doherty et al, 2019).

Factors that influence the price of the IP/SP course include the following:

- Price for self-funders tended to be higher than the price for contracted places
- Some HEIs charged according to academic credits, although this was not consistent

There was no correlation between the price charged and the number of face-to-face study days offered or the length of the course.

Individuals accessing the IP/SP course obtain funding in a number of different ways including:

- HEE contracted places (either as part of regional/local commissioning or as part of national programmes)
- Organisationally funded places (either through a training budget or more recently through the apprenticeship scheme, as part of a wider training programme)
- Self-funding

6. Conclusion

There are eighteen HEIs offering the IP/SP course to nurses, pharmacists and AHPs in the South of England. Whilst all programmes are accredited by the relevant regulator, there is a large amount of variation in terms of the professions provided for, pre-requisites to undertaking training, the structure of the course, academic levels and credits, the duration of the course and cost. Recommendations have been made in order to provide guidance on funding by HEE.

Recent regulatory changes allowing for non-medics to undertake the role of practice supervisor/assessor will require HEIs to review the support offered to individuals taking on this role.

7. References


Appendix 1

HEI INTERVIEW SCHEDULE

Provider:

Contact:

Level: 6 / 7

If 6&7 offered what are the differences between them?

What is the number of credits for each course?

Where does the university receive its money from for the NMP course provision? (self-funded learners, HEE, part of other courses, organisation funds)

What is the application process for candidates?

Do you interview candidates prior to accepting them?

Is there a requirement for applicants to have completed any clinical skills training/University modules before the course and if so what is the requirement?

Which professions is the course open to?

Price charged for the course?

What is the duration of the course?

No of contact days (face to face)?

What is the requirement for other learning (e.g. online learning, workbooks etc)?

Number and professions of students undertaking training in last three years?

What is the content of the course? (*quantity of physical skills teaching, pharmacology, therapeutics, MH, UC*)?

What support is there for multi-professional cohorts?

What preparation and support do you provide for practice assessors/DMPs?

How is the course assessed?

How often and where is the course delivered?
Is it delivered as part of another course? (e.g. MSc pathway)

Do you have any additional comments?