Prescribing Safety Assessment (PSA) Guidance notes for Foundation trainers

This guidance is for all involved in the training of Foundation year 1 (F1) doctors, especially Foundation Programme Directors (FPDs), Educational & Clinical Supervisors (ES & CS) and Directors of Medical Education (DMEs). It is also relevant for F1 doctors who have not yet passed the PSA, their medical colleagues and others working with them such as pharmacists and nurses. The purpose of the guidance is to raise awareness of the PSA, help support F1 doctors preparing for it, and provide reassurance that they can work and prescribe in exactly the same way as their F1 colleagues who have passed the PSA.

What is the PSA?

The Prescribing Safety Assessment (PSA), introduced in 2016, is an online assessment of competency in the safe and effective prescribing of medications. It is an essential requirement for sign off at the end of F1 year, to allow F1 doctors to progress to F2 training. Most UK Medical graduates will have passed the PSA exam during Final Year in Medical School, but a small number will have failed. Some medical schools permit the student to graduate without the PSA although this is not the norm. Newly qualified doctors entering the UK Foundation programme who did not attend a UK Medical School have not had the chance to sit the PSA prior to starting F1. Therefore, each year there are some F1 doctors starting work who have yet to sit and pass the PSA exam. If the PSA was passed more than two years before starting foundation training, it will need to be successfully retaken before completion of the F1 year.

How do we know which F1 doctors do not have the PSA?

The UK Foundation Programme Office (UKFPO) sends the names of new F1 doctors who have not passed PSA to all Foundation Schools in July each year. The Foundation Schools then inform the relevant Associate Postgraduate Deans and FPDs in each hospital where the doctors will be working. The FPD should inform the DME team, named Educational Supervisor (ES) and Clinical Supervisor (CS) to ensure the correct support is in place. The local team should make a judgement on what level of support and supervision is required for each F1. This may range from no additional input required other than the close supervision of F1 prescribing for all F1s to close supervision and countersignatures on prescriptions if this is deemed appropriate. In most situations the ward

pharmacist and senior clinical team will provide closer observation but not require a countersignature.

What educational support is available?

LiFT Modules

We provide a pharmacology e-learning package through TURAS LEARN called Lift modules. (Learning in Foundation Training). There are 13 modules related to safe and effective prescribing as we strongly advise FYs preparing for PSA to undertake these modules. They are highly recommended for PSA preparation and should be completed before the PSA examination.

The LiFT modules are titled:

- Acute analgesia and antiemesis
- Adverse drug reactions: basic principles of adverse drug reactions [1/2]
- Adverse drug reactions: pharmacovigilance [2/2]
- Anticoagulant therapies [1/3]
- Anticoagulant therapies [2/3]
- Anticoagulant therapies [3/3]
- <u>Calculations</u>
- The elderly [1/2]
- The elderly [2/2]
- General prescribing [1/4]
- General prescribing [2/4]
- General prescribing [3/4]
- General prescribing [4/4]
- IV administration
- P450 interactions [1/2]
- P450 interactions [2/2]

E-LfH modules- SPB 01 Safe prescribing

All Foundation doctors are given usernames and have been granted access to E-LfH modules. The folder containing these modules is SPB 01 Safe prescribing. E-LfH has 12 modules on safe prescribing and includes high risk prescribing such as insulin, antibiotics, prescribing in renal impairment and guidance on how to use the BNF.

Practice papers

Prior to sitting the PSA, the FY should be encouraged to attempt the 3 practice papers that are available on line.

Clinical supervision

The busy hospital environment makes checking every prescription impractical, particularly out of hours. These F1s are legally allowed to prescribe, and their prescriptions are equally valid to those of their colleagues. It is up to each Health Board to decide on the supervision level required of F1s who are yet to pass. The CS and ES may wish to allocate additional support for these FYs if they feel that it is appropriate. Like all F1 doctors, with or without PSA, they should seek advice when uncertain about prescribing.

When can they next sit the exam?

The PSA takes place 3 times per year, in September, March and May. New F1 doctors without PSA sit the exam in September (one month after starting work). If they fail, they re-sit in March and again in May if needed. Doctors who do not pass the exam before the end of their F1 year cannot progress into F2, and will have an extension of F1 training until they pass PSA.

How else can we support these F1s in the workplace?

- ES and CS meet with the Foundation doctor *early and regularly* to explain support available, review progress, and discuss any concerns.
- ensure the F1 doctor is working on the LiFT modules and PSA practice tests, and is advised to seek help where there is any uncertainty around prescribing.
- Inform the ward pharmacist (if there is one) so that they can offer extra support
- ensure they participate fully on the out of hours on call rota exactly as their peers

In conclusion, please remember:

- F1 doctors without PSA must be treated the same as their peers who have already passed PSA.
- The PSA exam is a requirement for **sign off at the end of the F1 year**, not a prerequisite to start working as an F1 doctor.

Fiona Cameron, Foundation School Director, October 2022.