

PSA NON COMPLETION GUIDANCE



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Introduction

The Prescribing Safety Assessment (PSA) is an assessment of prescribing ability (<https://prescribingsafetyassessment.ac.uk/>) and is a requirement for completion of F1 training. All UK medical schools either mandate or offer 5th year medical students the opportunity to complete PSA prior to starting Foundation training. This local guidance does not apply to pre-registered doctors who have successfully completed the PSA exam. This guidance should be used in conjunction with the PSA guide for Foundation Doctors 2016 (and any subsequent versions) - <https://foundationprogramme.nhs.uk/>.

The 2016 guide states:

'Remediation and support for trainees who fail, or have not yet sat, the PSA:

The 2008 Health and Social Care Act includes regulation to protect patients against the risks associated with the unsafe use and management of medicines. If a trust is aware that a trainee is not competent to prescribe on commencing employment they must therefore ensure that there are appropriate support arrangements in place to ensure patient safety.

The method of support offered to trainees that fail the PSA will vary depending on the Foundation School. Information on the support and expectations of the trainees is communicated via the foundation school or locally via trusts.'

Feedback Provided by the PSA

PSA feedback is provided for each candidate regarding the total percentage mark gained in the assessment, together with the performance data for each section. Trainees and their supervisors should use the feedback to focus training on the areas which require further development.

Sitting the PSA

There will be several opportunities to sit / resit the PSA. Please check the Yorkshire and Humber Deanery website to keep in touch with all future sitting dates.

It is the responsibility of the trainee to adequately prepare for these exam opportunities.

It is the responsibility of the School conjoined with the acute trust / place of work that the trainee is given access to adequate resource to achieve this goal.

After the PSA

- The PSA pass mark fluctuates and changes at each sitting. As such, successful trainees **must** download their certificate at the time of receiving the results and upload to their ePortfolio. If the certificate is not downloaded until a later date, it may flag as a fail (if a subsequent sitting had a higher pass mark and your score was borderline).

Action Plan for Trainees

1. All trainees who have not successfully completed the PSA exam upon commencement of the shadowing period must have a documented (ePortfolio) meeting with their educational (and clinical supervisor if the two are not the same) and an action plan agreed to allow the

trainee to successfully complete the PSA. Those trainees who have taken the PSA previously and been unsuccessful will share their detailed domain feedback to their supervisor(s). Trainees **must** document on their e-portfolio that they have read the PSA Guide for Foundation Doctors 2016 (and any subsequent versions).

2. All trainees will make contact with the lead trust pharmacist or deputy to arrange appropriate ward based training.
3. All trainees will complete the SCRIPT modules relevant to PSA including those modules that are relevant to the Domain feedback for those that have previously failed PSA. The SCRIPT guidance from the PSA Guide for Foundation Doctors is given below:

Prescribing Topics per PSA Section Mapped to SCRIPT Modules

This matrix has been created by mapping the topics of the relevant sections of the PSA to the SCRIPT module learning outcomes. Performance in the PSA is broken down by section. Some PSA sections have greater weight than others.

If you have under-performed in several PSA sections, or are new to the PSA / prescribing in the NHS, it may be helpful to undertake the following recommended modules in priority order (as there are 18 SCRIPT modules within the matrix). These have been selected based on the weight of the section in which they appear and the number of times they occur in the matrix:

1. Rational Drug Choice
2. Utilising the BNF
3. Prescription Documentation
4. Fluids
5. Taking a Safe and Effective Drug History
6. Adverse Drug Reactions
7. Dosing and Calculation
8. Drug Interactions
9. Adherence and Concordance

PSA Prescribing Area / Topics	SCRIPT Module
Prescribing	Weight 40%
Drug history	Taking a Safe and Effective Drug History
Fluid management	Fluids
Prescription Documentation	Prescription Documentation
Rational Drug Choice	Rational Drug Choice
Utilising information to inform prescribing	Utilising the BNF / BNFC
Prescription Review	Weight 16%
Adherence	Adherence and Concordance
Adverse Drug Reactions	Adverse Drug Reactions
Dosing	Dosing and Calculation
Drug history	Taking a Safe and Effective Drug History
Hepatic Impairment	Prescribing in Hepatic Dysfunction
Interactions	Drug Interactions
Medication Errors	Medication Errors
Polypharmacy	Prescribing in Older Adults
Rational Drug Choice	Rational Drug Choice
Renal impairment	Prescribing in Renal Dysfunction
Utilising information to inform prescribing	Utilising the BNF / BNFC
Planning Management	Weight 8%
Adherence	Adherence and Concordance

PSA Prescribing Area / Topics	SCRIPT Module
Drug history	Taking a Safe and Effective Drug History
Rational Drug Choice	Rational Drug Choice

PSA Prescribing Area / Topics	SCRIPT Module
Providing Information	Weight 6%
Adherence	Adherence and Concordance
Adverse Drug Reactions	Adverse Drug Reactions
Dosing	Dosing and Calculation
Formulation and Administration	Formulation and Administration
Interactions	Drug Interactions
Calculation Skills	Weight 8%
Administration	Formulation and Administration
Calculations	Dosing and Calculation
Adverse Drug Reactions	Weight 8%
Adverse Drug Reactions	Adverse Drug Reactions
Anaphylaxis	Drug Allergy and Anaphylaxis
Interaction	Drug Interactions
Management of ADRs	Parenteral Poisons
Management of ADRs	Toxic Tablets
Utilising information to inform prescribing	Utilising the BNF / BNFc
Drug Monitoring	Weight 8%
Adverse Drug Reactions	Adverse Drug Reactions
Rational Drug Choice	Rational Drug Choice
Therapeutic Drug Monitoring	Monitoring Drug Therapy
Utilising information to inform prescribing	Utilising the BNF / BNFc
Data Interpretation	Weight 6%
Hepatic Impairment	Prescribing in Hepatic Dysfunction
Rational Drug Choice	Rational Drug Choice
Renal impairment	Prescribing in Renal Dysfunction
Therapeutic Drug Monitoring	Monitoring Drug Therapy
Utilising information to inform prescribing	Utilising the BNF / BNFc

4. Trainees will make **every attempt** to attend PSA exam opportunities. Failure to attend a scheduled PSA exam event must be reported to their educational supervisor and the Foundation School. A meeting with their educational supervisor exploring the reasons for non-attendance will occur within 2 weeks and be documented on their e-portfolio with a new action plan.
5. Attendance but an unsuccessful attempt at PSA will require the trainee to perform the above steps 1 - 4 again.
6. Repeated failure of the PSA may trigger an ARCP or HEE based meeting that will lead to additional action planning.

School Responsibilities

1. The school will discharge its responsibilities in-line with the PSA implementation guidance for Foundation Schools 2016 and subsequent versions:
<https://foundationprogramme.nhs.uk/>.
2. Inform trainers and trusts of those who have not completed PSA prior to entry to Foundation training.
3. Provide support to trainers in deriving appropriate action plans for trainees.