

**University of Reading independent  
prescribing course reaccreditation event  
report – February 2020**



# Contents

<b>Event summary and conclusions</b> .....	<b>1</b>
<b>Introduction</b> .....	<b>2</b>
Role of the GPhC.....	2
Background.....	2
Documentation.....	2
The event.....	3
Declarations of interest .....	3
<b>Key findings</b> .....	<b>3</b>
<b>Part 1 - Learning outcomes</b> .....	<b>3</b>
Domain - Person centred care (outcomes 1-6) .....	3
Domain - Professionalism (outcomes 7-15) .....	3
Domain - Professional knowledge and skills (outcomes 16-20) .....	3
Domain - Collaboration (outcomes 27-32) .....	3
<b>Part 2 - Standards for pharmacist independent prescribing course providers</b>	<b>4</b>
Standard 1 - Selection and entry requirements .....	4
Standard 2 - Equality, diversity and inclusion.....	4
Standard 3 - Management, resources and capacity .....	5
Standard 4 - Monitoring, review and evaluation .....	5
Standard 5 - Course design and delivery .....	6
Standard 6 - Learning in practice.....	7
Standard 7 - Assessment.....	7
Standard 8 - Support and the learning experience .....	8
Standard 9 - Designated prescribing practitioners.....	8
<b>Appendix 1 - Standing conditions</b> .....	<b>10</b>

## Event summary and conclusions

<b>Provider</b>	University of Reading
<b>Course</b>	Independent prescribing course
<b>Event type</b>	Reaccreditation
<b>Event date</b>	5 February 2020
<b>Reaccreditation period</b>	April 2020 – April 2023
<b>Relevant standards</b>	GPhC education and training standards for pharmacist independent prescribers, January 2019
<b>Outcome</b>	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by the University of Reading should be reaccredited for a further period of three years.
<b>Conditions</b>	There were no conditions.
<b>Standing conditions</b>	Please refer to Appendix 1
<b>Recommendations</b>	There were no recommendations
<b>Maximum number of all students per cohort:</b>	50
<b>Number of pharmacist students per cohort:</b>	50
<b>Number of cohorts per academic year:</b>	Three
<b>Registrar decision</b>	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of 3 years.
<b>Key contact (provider)</b>	Kat Hall, Director of Centre for Inter-Professional Postgraduate Education and Training
<b>Reaccreditation team</b>	Sandra Hall, chair, Retired Head of Pharmacy Practice, Leicester School of Pharmacy, De Montfort University Mike Pettit, Retired Senior Lecturer, Pharmacy Practice and Hospital Pharmacy Manager

	Susan Bradford, Adjudicator, Social Work England
<b>GPhC representative</b>	Chris McKendrick, Quality Assurance Officer, GPhC Amy Beales, Quality Assurance Officer, GPhC (observing)
<b>Rapporteur</b>	Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde

## Introduction

### Role of the GPhC

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 reaccreditation process is based on the GPhC's standards for the education and training of pharmacist independent prescribers January 2019.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation as a pharmacist independent prescriber 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.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:  
<http://www.legislation.gov.uk/uksi/2010/231/contents/made>

### Background

The University of Reading was first accredited to provide a supplementary prescribing programme in January 2005, an independent prescribing conversion programme in January 2007 and an independent prescribing programme in April 2008. It was reaccredited to provide the independent prescribing and independent prescribing conversion programmes in 2011, 2014 and 2017. The last reaccreditation approved the programme based on two types of programmes, a weekday programme taking place on weekdays over six months and a weekend programme taking place on five weekends over six months. In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 5 February 2020 to review the course's suitability for reaccreditation.

### Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the reaccreditation team and it was deemed to be satisfactory to provide a basis for discussion. One additional document was requested by the team and duly provided.

## The event

The event was held at the GPhC head office on 5 February 2020 and comprised a number of meetings between the GPhC reaccreditation team, representatives of the University of Reading prescribing course, and students (via teleconference).

## Declarations of interest

There were no declarations of interest.

# Key findings

## Part 1 - Learning outcomes

During the event the team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of 6 learning outcomes during a separate meeting with the provider and was satisfied that **all 32 learning outcomes would be met** during the course to the level required by the GPhC standards. The following learning outcomes were tested at the event: **2, 5, 9, 14, 19 and 23.**

### Domain - Person centred care (outcomes 1-6)

Learning outcomes met? Yes  No

### Domain - Professionalism (outcomes 7-15)

Learning outcomes met? Yes  No

### Domain - Professional knowledge and skills (outcomes 16-20)

Learning outcomes met? Yes  No

### Domain - Collaboration (outcomes 27-32)

Learning outcomes met? Yes  No

## Part 2 - Standards for pharmacist independent prescribing course providers

### Standard 1 - Selection and entry requirements

**The team was satisfied that all of the six criteria relating to the selection and entry requirements will be met.**

Applicants must submit documentation to support their application in line with GPhC and University requirements, including that they have at least two years appropriate patient-orientated experience post-registration. As indicated in Standard 5 below, applicants must choose which of the three pathways of the first module to follow. The module descriptors state the applicants must meet GPhC entry criteria for enrolment and do not put restrictions on their circumstances to ensure all applications are considered on their own merit. Self-funding students are required to submit a self-funding declaration explaining the governance structures to confirm that they have appropriate access to clinical support and records, and ensuring mechanisms are in place to uphold patient safety. Applications are initially processed by the programme administration team which confirms the application is complete along with the professional registration information for the applicant and their proposed DPP. Programme-specific documentation is available on the CIPPET website for applicants. Information on what is considered suitable clinical and therapeutic experience is detailed in the statement of purpose guidance. Where applications are borderline on meeting the criteria an interview is used to triangulate the evidence. Where applicants do not meet the criteria, reasons and justification are recorded and applicants informed.

### Standard 2 - Equality, diversity and inclusion

**The team was satisfied that all of the five criteria relating to the equality, diversity and inclusion will be met.**

Staff must complete mandatory training in information governance, unconscious bias and equality and diversity at induction. The University provides ongoing training and support for staff to better understand and implement inclusive teaching and to recognise equality and diversity needs. The student charter requires all students to treat one another with respect, tolerance and courtesy regardless of identity, background or belief, both in person and online. Students on the programme have the choice of a weekend or weekday programme to support those with caring responsibilities and those who work part-time. Design and delivery of all workshops are designed to reflect the diversity of the UK healthcare population. Academic staff members avoid stereotypes and use multicultural themes to ensure that students have equality and equity of opportunity to engage with the materials. The team was told that current progression and attainment data shows that pharmacists from a black, Asian and minority ethnic background, and those working in community pharmacy or who are more mature students, may be more likely to fail at first attempt; as a result the programme team has a low threshold for putting them on the student in difficulty pathway in order to provide them with extra support where necessary. Group work is conducted in groups with diverse backgrounds which encourage students to consider the role of the diversity of their own and the group's patient population. The influence of unconscious bias on future prescribing practice is discussed to embed good practice with

respect to clinical practice. During the DPP induction training the role of fair and transparent assessments is covered to ensure that students are not discriminated against in the practice environment. The programme team audits student performance and progression to identify trends over time, and to capture information on protected characteristics. Where data implies a disparity in outcomes, the Programme Director oversees an investigation, and where necessary the redesign and monitoring of agreed changes. Where a student has a declared disability, the University disability advisors work with the programme team to provide guidance and resources in line with reasonable adjustments. The School Director of Teaching and Learning has worked proactively with the advisory service to ensure that assessments of competence are appropriately assessed when making adjustments. The legal aspects of prescribing workshops are led by a qualified barrister who works as a healthcare professional, including information on consent, privacy, equality and human rights legislation.

### Standard 3 - Management, resources and capacity

**The team was satisfied that all of the six criteria relating to the management, resources and capacity will be met.**

A programme's management plan provides information on the relevant University policies that need to be considered for programme delivery and monitoring, roles and responsibilities, reporting lines, managing risks and raising concerns routes. The responsibilities of the programme team, the student and the DPP are included in the DPP and programme handbooks. All workplaces are quality assured before a student can commence their learning, or when concerns are raised. All students have a learning contract with the University and an individualised learning contract with the DPP. The teaching team includes pharmacy professionals, nurses, annotated independent prescribers, as well as being aligned to programmes with doctors and physician associates. All staff members are required to maintain an element of clinical practice to ensure they can bring relevant and up-to-date experience to the teaching and learning. All DPPs are screened to ensure that they have the relevant experience in clinical practice and within the student's proposed area of practice. The clinical skills teaching takes place in the Department's clinical skills suite which is designed to support group work, clinical skills and has computer facilities and consultation rooms with video recording equipment. Students interviewed spoke highly of the available facilities and the approachability of staff members. New staff members have all their teaching and marking peer reviewed until they have reached the required level of competence and confidence.

### Standard 4 - Monitoring, review and evaluation

**The team was satisfied that all of the six criteria relating to the monitoring, review and evaluation will be met.**

The programme has been validated fully by the University. Every six years all programmes within the School undergo the Periodic Review process to provide internal and external monitoring and evaluation of programmes. Panel members also include a student representative. The 2018 Periodic Review approved all programmes to be continued to be offered by the School. The annual quality assurance review considers the monitoring, review and evaluation of programmes

considering the external examiner report(s), student feedback, stakeholder feedback and student outcome trends. Feedback is obtained from students, staff and other stakeholders including practice-based learning partners and patients; minutes of the staff student liaison committees are posted on Blackboard so students can see how and why changes were made. Teaching materials are reviewed and updated at least annually to ensure they are in line with current legal and regulatory requirements as well current evidence and guidelines. Where minor or major changes to the programme have been requested, these have been submitted to the GPhC for approval before being implemented. All members of staff have a performance development review annually, where feedback on teaching can be evaluated and further education and training opportunities identified for the subsequent year.

## Standard 5 - Course design and delivery

**The team was satisfied that all of the ten criteria relating to the course design and delivery will be met.**

The programme comprises two modules with the first module having three separate pathways to recognise that applicants have a diverse range of knowledge, skills and behaviours above the necessary baseline skills and experience to develop a prescribing student. Thus, there is a basic pathway, an enhanced clinical skills pathway for more experienced students, and a Recognition of Prior Experiential Learning (RPEL) pathway for students with more clinical experience, for example supplementary prescribing. The team ascertained that although there is a minor difference in assessment for the RPEL pathway, the learning outcomes are the same for all three pathways. The programme is delivered either during weekdays or at weekends largely by means of workshops and tutorials including group work and role-play. In addition, students are expected to undertake directed and self-directed learning to achieve the 26 days of learning activities. Students interviewed described the programme as being well-organised and informative although very time-intensive. The programme team guides students in their learning plans to ensure they meet the learning outcomes. There are currently eight members of staff associated with the programme. Five are annotated pharmacist independent prescribers and two are annotated nurse independent prescribers. From January 2020 the programme staffing is 1.4 FTE, an increase of 0.2 FTE since the last reaccreditation. Although the programme is resourced for 50 students per cohort, the student enrolment numbers have not exceeded 40 to date. The programme team works closely with the physician associate programme team, including GPs and qualified physician associates, who also can support physical assessment skills teaching and assessment. There is engagement with local practice-based learning stakeholders including acute trusts, mental health and community trusts, clinical commissioning groups, primary care networks, general practices, and local patient representatives. Service users are part of the assessment team for the OSCE extended patient scenario station, taking a role as patient actors. There is guidance for students and DPPs on expectations for learning time, for example, minimum time with the DPP, exploration of opportunities for inter-professional learning and time focusing on diagnostic skills. The programme and DPP handbooks indicate that the DPP is responsible for not only supporting the student to plan and implement their learning experience but to also uphold patient and public safety at all times. Students are expected to maintain behaviours associated with their professional code of conduct, in this case the GPhC Standards for Pharmacy Professionals; where concerns about patient safety are raised, they will be investigated, and the student may not be able to continue their studies. Students and DPPs are

informed of the process for raising concerns, and the DPP induction training includes a section on identifying students in difficulty and raising concerns.

## Standard 6 - Learning in practice

**The team was satisfied that all of the five criteria relating to the learning in practice will be met.**

All students must undertake 90 hours of supervised learning in practice; guidance on how the hours should be planned is included in the DPP handbook and module handbooks. Students complete a practice placement profile as part of their induction which provides details of the provisional plan for their supervised learning in practice hours. The DPP and the employing organisation declarations confirm that all parties are aware of the requirements of the learning in practice. Students cannot enrol on the programme without a DPP, and students cannot prescribe autonomously during the programme. Students that anticipate spending less than 50% of their hours in practice with their DPP must discuss this with the programme team to establish that the DPP has arranged to meet them regularly, as well as their other supervisors, to ensure they are kept up to date with the student's performance. The programme team engages with the workplace-based learning environment and the DPP at set points: during admission, induction, any site visits, submission of the RITA and at the final sign-off to serve as progression monitoring points. During application the proposed DPP is screened for suitability to undertake the role. The DPP declaration is used to confirm potential conflicts of interest and their professional registration to confirm there are no conditions on their practice or fitness to practise annotations which conflict with the core competences of the role. Information is provided in the DPP information sheet on what constitutes evidence of competence to undertake the role as a DPP. After confirming competence, all DPPs must attend either online or face-to-face induction training to contextualise the programme. The training includes information on equality and diversity, along with that on supporting students needing any reasonable adjustments. The student must have a statement of competence from the DPP to be able to pass the modules and therefore the programme.

## Standard 7 - Assessment

**The team was satisfied all of the eleven criteria relating to the assessment will be met.**

The assessment strategy for the programme includes a range of formative and summative methodologies including peer assessment, written reflective reports, written case studies, problem/case-based learning, extended clinical scenarios (named OSCEs), presentations, vivas, written examinations, practice-based learning and practice-based assessment; all assessments include a mandatory check of professionalism and no evidence of patient harm. Throughout the coursework students are required to critique the theory/evidence to their own individual practice. Case studies focus on clinical evidence and critique to practice and the reflection focuses on personal critique of the student's own practice. The marksheets for professional examinations are based on criteria that have been validated by the programme team and are approved by the external examiners to provide assurance that they remain valid and reliable. To enhance reliability and ensure objectivity all OSCE stations are videoed to ensure moderation can

occur. Induction training is provided to DPPs to reinforce reliable, fair and objective workplace-based confirmation of competence; assessments performed by the DPP are not video-recorded. The use of validated workplace-based assessment tools such as the Medicines Related Consultation Framework (MRCF), case-based discussions (CbD), Direct Observation of Practical Skills (DOPS) and Mini-CEX supports assessment within the practice-based learning environment. Students are required to undertake at least two workplace-based assessments, an MRCF and a DOPS. A change to the assessment strategy is the move from a second extended patient scenario OSCE station to a scope of practice viva, to recognise the changing student population from the previous more experienced pharmacists to the current range of fewer years qualified. Reflective essays and case studies have been effective in identifying weaknesses in knowledge as well as questions about critical awareness of student's own competence and confidence to prescribe. A register is taken at every study day, and the dates of sessions and of the assessments are provided on the website prior to applications being submitted so applicants can consider their availability prior to applying. The programme director maintains a student tracker which identifies students with poor attendance and/or who do not submit, or perform poorly at, work submitted for formative feedback including the practice OSCE. Feedback is provided to students from their DPP, their peers and the programme team. Successful students will receive a Practice Certificate in Independent Prescribing. All summative assessment must be passed for the Practice Certificate to be awarded; there is no compensation between assessments or opportunity for condonation.

## Standard 8 - Support and the learning experience

**The team was satisfied that all of the four criteria relating the support and the learning experience will be met.**

During induction students are provided with information on the programme including the workload, supervision requirements, support processes and how to access resources, along with the programme and module handbooks. All students are allocated an academic tutor who provides support during their studies; student feedback has identified the pastoral care by the programme team in offering advice as a strength of the course as confirmed by students interviewed. Students are advised to meet their DPP during induction so as to not delay their workplace-based induction meetings and information on how the learning in practice hours should be designed is provided to students and DPPs during induction and in the programme and DPP handbooks. Teaching sessions involve peer learning and peer assessment to encourage students to support each other. In recognition that some students have struggled with their learning in practice in the six months, the use of the new 6, 8 and 10 month portfolio submission deadlines will support individuals who need more time.

## Standard 9 - Designated prescribing practitioners

**The team was satisfied that all of the five criteria relating to the designated prescribing practitioners will be met.**

A database of approved DPPs is maintained by the CIPPET programme administration team to ensure identified issues are acted upon, the outcome of the support put into place and to ensure an audit trail of trained DPPs. Where proposed DPPs are not medically qualified doctors, advanced nurse practitioners or advanced clinical practitioners, they will be asked to provide

further evidence of their competence in clinical and diagnostic skills. DPPs that have limited experience in workplace-based education and training are required to undertake baseline training, including the principles of feedback, supervision and raising concerns. All DPPs are enrolled on Blackboard to a specific area for supervisors including the DPP handbook, a copy of the training to allow refreshment of their understanding and relevant further reading. Where concerns are raised the programme team will make contact with the DPP immediately; most of the concerns raised are considered minor and often relate to a misunderstanding. Where concerns are more major, they are investigated using the educational audit in a site visit to fully assess the workplace environment. Generic feedback is provided as a summary to DPPs at the end of the programme. Students can agree for their individual comments to be passed back to their DPPs or the programme team may include the themes generically. Students interviewed reported differences in the support offered by DPPs from regular to intermittent contact.

## Appendix 1 - Standing conditions

### The following are standing conditions of accreditation and apply to all providers:

1. The record and report include other comments from the team and providers are required to take all comments into account as part of the accreditation process. The provider must confirm to the GPhC that required amendments have been made.
2. The provider must respond to the definitive version of the record and report within three months of receipt. The summary report, along with the provider's response, will be published on the GPhC's website for the duration of the accreditation period.
3. The provider must seek approval from the GPhC for any substantial change (or proposed change) which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to:
  - a. the content, structure or delivery of the accredited course;
  - b. ownership or management structure of the institution;
  - c. resources and/or funding;
  - d. student numbers and/or admissions policy;
  - e. any existing partnership, licensing or franchise agreement;
  - f. staff associated with the course.
4. The provider must make students and potential students aware that successful completion of an accredited course is not a guarantee of annotation or of future employment as a pharmacist independent prescriber.
5. The provider must make students and potential students aware of the existence and website address where they can view the GPhC's accreditation reports and the timescales for future accreditations.
6. Whenever required to do so by the GPhC, providers must give such information and assistance as the GPhC may reasonably require in connection with the exercise of its functions. Any information in relation to fulfilment of these standing conditions must be provided in a proactive and timely manner.



