

Anglia Ruskin University independent prescribing course reaccreditation event report - February 2020



Contents

Event summary and conclusions	1
Introduction	2
Role of the GPhC.....	2
Background.....	2
Documentation.....	3
The event.....	3
Declarations of interest	3
Key findings	3
Part 1 - Learning outcomes	3
Domain - Person centred care (outcomes 1-6)	4
Domain - Professionalism (outcomes 7-15)	4
Domain - Professional knowledge and skills (outcomes 16-20)	4
Domain - Collaboration (outcomes 27-32)	4
Part 2 - Standards for pharmacist independent prescribing course providers	5
Standards 1 - Selection and entry requirements	5
Standard 2 - Equality, diversity and inclusion.....	5
Standard 3 - Management, resources and capacity.....	6
Standard 4 - Monitoring, review and evaluation	7
Standard 5 - Course design and delivery	8
Standard 6 - Learning in practice.....	9
Standard 7 - Assessment.....	9
Standard 8 - Support and the learning experience	10
Standard 9 - Designated prescribing practitioners.....	10
Appendix 1 - Standing conditions	12

Event summary and conclusions

Provider	Anglia Ruskin University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	28 February 2020
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Reaccreditation period	May 2020 – May 2023
Outcome	<p>Approval with conditions.</p> <p>The accreditation team has agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the Pharmacist Independent Prescribing course provided by Anglia Ruskin University should be reaccredited for a further period of three years, subject to one condition.</p>
Conditions	The University must develop and implement a robust quality assurance process of the summative assessment in practice undertaken by DPPs. This quality assurance process must ensure that assessment decisions are robust, reliable and valid. This is to meet criteria 4.3, 7.1, 7.7 and 7.9. These arrangements must be in place before the current cohort of pharmacists completes the course and before any further pharmacists are admitted onto the programme.
Standing conditions	Please refer to Appendix 1
Recommendations	There were no recommendations.
Minor amendments	No minor amendments to the course were suggested.
Maximum number of all students per cohort:	40 on each of three campuses.
Number of pharmacist students per cohort:	40
Number of cohorts per academic year:	10 (Nine standard deliveries and one bespoke delivery).
Registrar decision	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, subject to one condition.

Key contact (provider)	Carrie Roder (Academic Quality Manager); Michael Cumberbatch (Course Leader)
Reaccreditation team	<p>Leonie Milliner (Chair), Senior Education Adviser, General Optical Council</p> <p>Professor Anne Watson, Postgraduate Pharmacy Dean, NHS Education for Scotland</p> <p>Note: Professor Jane Portlock (University of Sussex) was originally scheduled to chair this event but became ill on the day. The provider agreed with the GPhC's proposal that Ms Milliner would act as chair and that the event could proceed with only two members of the accreditation team.</p>
GPhC representative	Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Professor Brian Furman, 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

Anglia Ruskin University was reaccredited by the GPhC in 2017 for a period of three years to provide a programme to train pharmacist independent prescribers; the programme is a module entitled Advanced Non-Medical Prescribing, which can be taken independently or as part of the University's MSc Advanced Practice (Clinical) programme. The 2017 reaccreditation was subject to two conditions. These were:

- i. The University was required to amend its attendance policy to ensure that all pharmacists

must attend all scheduled teaching and learning sessions that provide instruction on clinical examination and diagnosis. This was because the process to review prior learning in this area that allowed pharmacists to miss certain content was inconsistent with this attendance requirement. This was to meet criterion 3.7 (Previous standards). The University responded by making it compulsory for pharmacists to attend a specific clinical assessment skills day in the first trimester of the programme; the pharmacists are made aware this is a compulsory session and their attendance is monitored through the student engagement dashboard.

- ii. The policy on re-sit attempts was required to be amended to state that a re-sit is not permitted if a student is deemed to have 'failed to identify a serious problem or an answer which would cause patient harm'. This was because the re-sit arrangements did not meet the requirements of criterion 5.4 (Previous standards) which states that this should result in overall failure of the programme. The University responded by stating that this is now clearly articulated to students in the module guide.

In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled in February 2020 to review the programme'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.

The event

The event was held at the GPhC head office on 28 February 2020 and comprised a number of meetings between the GPhC reaccreditation team, representatives of Anglia Ruskin University 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 six 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: **1, 4, 5, 19, 25 and 31**.

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

Standards 1 - Selection and entry requirements

The team was satisfied that all six criteria relating to the selection and entry requirements are met. (See Appendix 3 for criteria)

The admissions process is managed by the admissions officer and the programme leader. Each application is checked to ensure that applicants meet the entry requirements. The described entry requirements comprise a minimum 24 months' registration with the GPhC, an identified clinical need for prescribing by the employer, support from the applicant's employer including protected learning time, knowledge and expertise in the area in which they intend to prescribe, and a current Disclosure and Barring Services (DBS) check. On the accreditation team's advice, the criteria for admission will be modified to reflect the GPhC's requirement that applicants must have at least two years' appropriate patient-orientated, post registration experience in a relevant UK practice setting. Before commencing the course, pharmacists must demonstrate that they have identified a designated prescribing practitioner (DPP) who can assess and supervise their practice, and must provide evidence that they can independently consult, assess and diagnose a patient; this evidence must be confirmed by their employers. Self-employed applicants must also demonstrate appropriate clinical governance in the area in which they practice. As part of the admissions process, applicants complete a 'Supplementary Information Form', part of which includes confirmation that the individual identified as the DPP is suitable and competent to undertake this role and that there will be time for the DPP to support the student in practice; this confirmation is provided by the professional practice lead for the organisation employing the proposed DPP. The University checks the DPP's suitability against specific criteria. Candidates demonstrating that they can meet all the entry requirements are accepted onto the programme.

Standard 2 - Equality, diversity and inclusion

The team was satisfied that criteria relating to the equality, diversity and inclusion are met.

All members of staff employed by the University complete mandatory Equality and Diversity training to ensure that they behave in an unbiased way during the admission process as well as during teaching and assessment. Students learn the legal and ethical principles of prescribing and are encouraged to consider the concepts of cultural differences, and equality and diversity, and how these relate to their practice; they are assessed on this through meeting relevant competencies described in the Competency Prescribing Framework.

Students with declared specific learning needs are supported in their studies by their personal tutors and the University's Student Services. Information is provided for tutors concerning the changes to teaching, learning and assessment that they can make to allow students with specific needs to meet the learning outcomes. All class materials are made available to students in

advance of their teaching session via the online learning environment. Designated prescribing practitioners (DPPs) supporting students with specific needs are advised on reasonable adjustments that should be made in order that the pharmacist independent prescribers in training can meet the learning outcomes.

Data on student demographics, attainment and progression within the School of Nursing and Midwifery are reported as part of the Annual Monitoring Process; any issues identified from a review of these data result in the generation of an action plan to ensure rectification at the earliest opportunity.

Standard 3 - Management, resources and capacity

The team was satisfied that all six criteria relating to the management, resources and capacity are met.

The course is delivered across all three Anglia Ruskin University campus locations, each of which is appropriately resourced with clinical skills laboratories and designated teaching rooms, with staff members, particularly the course leader, travelling between campuses to ensure parity of delivery. The Advanced Non-Medical Prescribing module is overseen by a Course and Module Leader, who is an independent prescriber. The course leader is responsible for the overall quality management of the course and is supported by the Deputy Head of School and Head of School on each site. The roles and responsibilities of the Designated Prescribing Practitioner (DPP, otherwise referred to as the Practice Assessor), Academic Assessor and Nominated Person are all outlined in the Practice Assessment Document (PAD), which is accessible to both students and tutors/assessors. There is a dedicated staff team for each campus, and support for pharmacist independent prescribers in training is achieved through the presence of a pharmacist member of the course delivery team on each of the three sites. In light of an increase in total student numbers, the University is employing two additional lecturer-practitioners; this will result in a reduction of the student/staff ratio from 18:1 to 14.5:1.

All practice learning environments are audited and monitored to ensure that the placements offer an appropriate environment for learning and that GPhC requirements for placements have been met. The programme lead regularly meets with key partners to ensure that DPPs are appropriately trained and have the opportunity for feedback and support. A link to the Anglia Ruskin Practice Hub is provided in all documentation; this allows DPPs to access key information regarding their roles and responsibilities.

Upon enrolling, students are given a timetable, so that they can see when they need to be on campus. The number of supervised practice hours required to complete the course (90 hours for pharmacists) is outlined in both the Module Definition Form and in the PAD. The PAD also includes a learning contract that must be completed by week three of the course. Each pharmacist's progress is reviewed at three key steps throughout the module by the Academic Assessor, who meets with the DPP and student to review the learning contract between the pharmacist and DPP (week 3), to review the results of the mid-way progress meeting between pharmacist and DPP (week 12), and to conduct a final summative review of the completed practice. The DPP must provide feedback about a pharmacist's progress for each episode of supervised clinical practice; this written feedback should include details of the nature of the clinical practice, how the pharmacist was involved, and their current progress, as well as

suggestions for practice development. Should the DPP have any concerns about a pharmacist's progress, there are detailed guidelines on how to contact the module team. Similarly, the Academic Assessor can contact the DPP to discuss progress should any concerns be raised during the regular review periods. Pharmacists are supported in their off-site learning through the Canvas e-learning platform and are encouraged to contact the module academic team at any time to discuss any problems with their progress.

Standard 4 - Monitoring, review and evaluation

The team was satisfied that five of the six criteria relating to the monitoring, review and evaluation are met with criterion 4.3 subject to a condition.

As well as informal feedback received from the students during their studies, for example, through 'Post-it' note evaluations following teaching sessions, each delivery of the course is evaluated through formal module evaluation surveys, whereby students complete a questionnaire at the end of their course. Feedback from these surveys are sent to the course leader who identifies any areas of weakness and develops an appropriate action plan for implementation in the next delivery of the course. Students are also invited to share their thoughts and concerns about the course via their course representative who attends the Staff-Student Liaison Committee (SSLC) meetings. Information from the module evaluation surveys and the SSLC, together with data on student progress, attainment and completion, is collated for the School of Nursing and Midwifery Annual Monitoring Report and Action Plan, which is reviewed in the first instance by the Faculty's Deputy Dean for Quality and Partnerships, before progressing to institutional review. Current and past students are also invited to consult on curriculum revisions and participate in any University course approval panels.

All learning environments are audited and monitored to ensure that the placements offer an appropriate environment for learning, and that GPhC requirements for placements have been met. The placements are monitored by the School's Educational Champions and audited every 21 months by the link lecturers. These audits are reviewed by the Trust-based Audit Committee, which comprises the Educational Champion, link lecturers, University staff and Trust/practice representatives.

Assessment previously included an objective, structured clinical examination (OSCE) but this has been removed, with assessment of students' clinical practice now being undertaken entirely by their Designated Prescribing Practitioners (DPPs), who sign off their students against each of the competencies described in the Royal Pharmaceutical Society's Prescribing Competency Framework using the students' Practice Assessment Documents (PADs). Quality assurance of this assessment is the responsibility of the Academic Assessor, who scrutinises the evidence for meeting each competency, but does not directly observe any of the assessments; the Academic Assessor will challenge evidence that is viewed as inadequate. Although DPPs undergo training in assessment, the team was concerned that the procedures did not provide adequate assurance of the quality of the assessment in practice across the large number of DPPs involved, and therefore imposed a condition (relating to criterion 4.3) that the University must develop and implement a robust quality assurance process of the summative assessment in practice undertaken by DPPs. This quality assurance process must ensure that assessment decisions are robust, reliable and valid. These arrangements must be in place before the current cohort of pharmacists completes the course and before any further pharmacists are admitted onto the

programme.

Standard 5 - Course design and delivery

The team was satisfied that all ten criteria relating to the course design and delivery are met.

The learning and teaching strategy that underpins the Advanced Non-Medical Prescribing module links directly with the aims and learning outcomes to ensure a student-centred and reflective approach to teaching and learning. This develops creative problem-solving abilities within the student, and integrates and utilises research evidence in practice. As students are already qualified pharmacists, the course provides the building blocks of knowledge to update and expand on their existing knowledge which will enable them to develop their mastery of the practice required for non-medical prescribing. The programme includes not only content knowledge and understanding, but also a range of relevant generic transferable skills that every student should develop, as well as higher-level cognitive, practical and professional skills. Research and evidence-based practice is reflected through the development of clinical reasoning skills, practice evaluation and the critical analysis of available evidence. The delivery of the course employs case studies, collaborative and group learning, tutorials, reflection, seminars, practice-based learning, observation in practice, and the use of the Canvas online learning environment, which provides complementary e-learning activities. University-based taught days aim to build upon prior knowledge and experience to develop and broaden the student's pharmacology, pharmaceutical and generic prescribing knowledge base. This enables students to learn the principles and foundations of safe prescribing practice. Taught sessions are supported by pre-session reading and post-session activities on the Canvas online learning environment. Clinical supervision under the direction of a Designated Prescribing Practitioner (DPP) provides protected time for students to engage in work-based learning and relate theory to their own area of professional practice.

Students are supervised throughout their practice in the clinical environment by their DPPs. The course team uses the Practice Assessment Document (PAD) to monitor feedback from the DPP, and to ensure that the activity and tasks undertaken by the student are appropriate. If a student were to compromise patient safety, or undertake unsafe practice, there is a robust Fitness to Practise policy, which outlines the consequences for the student. If compromise of patient safety or unsafe practice takes place during an assessment, this would result in an immediate fail for the student, who would be removed from the course. Should a tutor, DPP or employer have a concern about a student's practice, there is a clear 'Cause for Concern' process which is easily accessible to both the DPP and students through the Practice Assessment Document. In the event of a serious concern, the student would be suspended from practice while the concern is investigated.

The course is continually evaluated and developed to ensure currency, with changes being made either through the internal curriculum revisions process or, where needed, through a full validation event. The course was recently re-validated to reflect current practice. As part of the course redevelopment and approval process, the views of the School's practice partners, patients and carer-user groups, and students were sought; these groups were also represented at the University's internal approval event.

Standard 6 - Learning in practice

The team was satisfied that all five criteria relating to the learning in practice are met.

For pharmacist independent prescribers in training, the course includes 90 hours of clinical practice and assessment, during which students are expected to be having direct access to patients in order to sign off the relevant competencies in their Practice Assessment Document (PAD). The PAD must be completed and passed in order for satisfactory completion of the course and award of the qualification. The course team uses the PAD to monitor feedback from the DPP and to ensure that the activity and tasks undertaken by the student are appropriate. In week three of their course, students also sign a learning contract specifying what they intend to learn and how they will adhere to the area of clinical practice in which they intend to specialise; this is monitored in the mid-term review. For satisfactory completion of the course, students must be signed off by their DPP as having achieved the competencies outlined in the PAD. The DPPs are supported by the Academic Assessor and can seek clarification or guidance over anything about which they are unsure before signing off their students.

Standard 7 - Assessment

The team was satisfied that eight of the eleven criteria relating to the assessment will be met with criteria 7.1, 7.7 and 7.9 subject to a condition.

The assessments comprise a critical case study, a calculation examination, an MCQ assessment of pharmacology, completion of a practice log demonstrating the minimum clinical supervision hours, completion of an FP10 appropriate to the area of practice and an assessment of competency against the Royal Pharmaceutical Society's Competency Framework for all Prescribers; these assessments are mapped to the module learning outcomes. Formative assessment is built into the module delivery timetable and all assessments receive feed-forward comments to inform students' development as lifelong learners. Patient safety is assessed theoretically in the 2000-word critical case study, as well as in practice through the Practice Assessment Document (PAD). Demonstration of unsafe practice during an assessment would result in an immediate fail for the pharmacist independent prescribers in training and they will be removed from the course. Students' progress towards meeting the practice standards is monitored by both the Designated Prescribing Practitioner (DPP) and the Academic Assessor in the mid-term review and in the final sign off; the role of the DPP in relation to supervision and assessment of the student is outlined in the PAD. The Academic Assessor can argue against the assessment made by the DPP if there is insufficient evidence for attainment of a competency. As discussed under standard 4, the team was concerned that the current procedures did not provide adequate assurance of the quality of the assessment in practice across the large number of DPPs involved, and therefore imposed a condition (relating to criteria 7.1, 7.7 and 7.9) that the University must develop and implement a robust quality assurance process of the summative assessment in practice undertaken by DPPs. This quality assurance process must ensure that assessment decisions are robust, reliable and valid. These arrangements must be in place before the current cohort of pharmacists complete the course and before any further pharmacists are admitted onto the programme.

University-based assessments are moderated both internally and externally by appropriately qualified individuals before all individual assessments are presented to the Module Assessment

Panel and Awards Board; both of these bodies have external representation for quality assurance purposes. The module is exempt from standard University regulations in that all elements must be passed and no compensation can be awarded. Failure at the second attempt in any element results in overall failure of the module and no second assessment attempt is permitted if the failure relates to patient safety.

Standard 8 - Support and the learning experience

The team was satisfied that all four criteria relating the support and the learning experience are met.

In the first week of the programme, learners are introduced to the module, including the learning outcomes and the teaching and assessment strategies, as well as the online learning platform, Canvas. There are also University library and study skills inductions in this week. Students are supervised and supported in practice by an approved Designated Prescribing Practitioner (DPP) and, in the University environment, by the Course Leader and module team; each student also has a personal tutor. Pharmacist independent prescribers in training are supported through resources on the Canvas online learning platform, as well as having physical and online access to the University's library resources. Further support is available through Study Skills Plus within the University's Student Services department. The students have three meetings with their DPP, these taking place at the beginning, at the midpoint, and at the end point of the course, when the summative assessment is held; the midpoint meeting, which comprises a formative review, also involves a member of the University team, so that the appropriateness of the supervision, guidance and assessment being undertaken by the DPP can be assured. If there are any problems, the DPP will raise a cause for concern, and the personal tutor will liaise with the student and DPP to develop an action plan which is agreed by all three parties; this action plan is then reviewed bi-weekly. The procedures whereby student can raise concerns, including whom they should contact, are described in the Practice Assessment Document.

Standard 9 - Designated prescribing practitioners

The team was satisfied that all five criteria relating to the designated prescribing practitioners are met.

The Supplementary Information Form, completed as part of the admissions process, includes confirmation that the individual identified as the Designated Prescribing Practitioner (DPP) is suitable and competent to undertake this role; this confirmation is provided by the professional practice lead of the DPP's organisation, which must also agree time for the DPP to support the pharmacist in practice. The University checks that the DPPs have active prescribing competence applicable to the areas in which they will be supervising, appropriate patient-facing clinical and diagnostic skills, and the ability to assess such skills; the University also checks that the DPP has supported or supervised other healthcare professionals.

A comprehensive, online training and information package on all aspects of the course is provided for DPPs. A clear description of the role of DPP is also provided in the Practice Assessment Document (PAD). The PAD also provides easy-to-follow flow charts for the raising

concerns process. As well as the initial online training and communications package, the team provide updates for non-medical DPPs as required, although medical colleagues are welcome to attend or contact module tutors for clarification. DPPs are provided with their students' tutors' contact details and the DPP and tutor will meet to work together to develop an action plan to support the trainee's progress if concerns are raised. The tutor will review the student's PAD at a minimum of three points on the course, providing feedback to both the DPP and pharmacist independent prescriber in training. If concerns are raised around the DPP's performance, the tutor will work with the professional practice lead for the organisation to identify further training opportunities, or, if common to multiple DPPs, further training will be provided by the University as part of the online training package.

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.

