

# **Aston University independent prescribing course reaccreditation event report, July 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.....	3
The event.....	3
Declarations of interest .....	3
<b>Schedule</b> .....	<b>4</b>
<b>Key findings</b> .....	<b>4</b>
<b>Part 1 - Learning outcomes</b> .....	<b>4</b>
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
<b>Part 2 - Standards for pharmacist independent prescribing course providers</b>	<b>5</b>
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 .....	7
Standard 6 - Learning in practice.....	9
Standard 7 - Assessment.....	9
Standard 8 - Support and the learning experience .....	10
Standard 9 - Designated prescribing practitioners.....	11
<b>Appendix 1 - Standing conditions</b> .....	<b>12</b>

## Event summary and conclusions

<b>Provider</b>	Aston University
<b>Course</b>	Independent prescribing course
<b>Event type</b>	Reaccreditation
<b>Event date</b>	3 July 2020
<b>Reaccreditation period</b>	July 2020 – July 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 Aston university 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>Minor amendments</b>	<ul style="list-style-type: none"> <li>To amend the application form to include the wording of the GPhC entry requirement in relation to the need for clinical and therapeutic experience in their chose area of prescribing practice (this relates to criterion 1.1, 1.3, 1.4)</li> <li>To update the information on the course web pages to correctly reflect the wording of the GPhC entry requirements (this relates to criterion 1.3)</li> </ul>
<b>Maximum number of all students per cohort:</b>	25
<b>Number of pharmacist students per cohort:</b>	25
<b>Number of cohorts per academic year:</b>	2

<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>	Dr Eloise Phillips, Pharmacist Independent Prescribing Programme Director
<b>Reaccreditation team</b>	Mike Pettit, Retired Senior Lecturer, Pharmacy Practice and Hospital Pharmacy Manager (event chair) Professor Angela Alexander, Professor Emerita of Pharmacy Education, University of Reading Susan Bradford, Adjudicator, Social Work England
<b>GPhC representative</b>	Philippa McSimpson, Quality Assurance Manager, GPhC
<b>Rapporteur</b>	Simon Roer, Policy Manager, GPhC

## 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

Aston University (‘the provider’) was accredited by the GPhC in 2014 to provide a course to train pharmacist independent prescribers and underwent reaccreditation in 2017. In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 3 July 2020 to review the course’s suitability for reaccreditation.

The 2017 accreditation event resulted in a single condition which related to admission to the programme. This was that the provider obtain supporting evidence for the self-declarations made by pharmacists before they are accepted onto the programme. Following the event, the provider

submitted a response to the condition of reaccreditation, and the accreditation team agreed that it had been met satisfactorily.

The course is part of the provider's pharmacy school, though the management team includes individuals from a variety of professional backgrounds. The course takes around six months to complete and has a maximum cohort size of 24 students, though more recent cohorts have been smaller. The school plans to double the number of annual cohorts and increase the maximum cohort size to 25. The course is one of a number of prescribing courses offered by the provider which hold approval from an accrediting professional regulator. While these courses are administratively separate, in practice activities and resources are shared across the different programmes.

Since its inception, the course has evolved in response to funder and employer requirements related to pharmacist independent prescribers. The course has been recently updated, partly in response to employer feedback, and will take a blended learning approach with learning and teaching spread across four modes of delivery:

- Online components (non-interactive)
- Online interactive components
- Face to face teaching
- Practice learning under the supervision of the designated prescribing practitioner (DPP)

Each mode of delivery includes different types of learning and assessment. Other changes to the course involve modifications to entry criteria and case study assessments.

The reaccreditation coincided with the 2020 covid-19 pandemic, which impacted on some aspects of the management and delivery of the course.

## 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, although the team requested some additional evidence about management structures and equality and diversity.

## The event

Due to the Covid-19 pandemic, the GPhC modified the structure of the event so that it could be held remotely. The event was held via videoconference between Aston University and the GPhC on 3 July 2020 and comprised of meetings between the GPhC reaccreditation team and representatives of Aston University's prescribing course.

Students who were currently undertaking the course, or who had completed it in the last three years, contributed to the event by completing a qualitative survey, responses to which were reviewed by the GPhC accreditation team.

## Declarations of interest

Professor Alexander declared that she had completed a PhD at Aston University. This was not a GPhC-approved course and it was agreed that this did not present a conflict of interest,

## Schedule

### The event

Meeting number	Meeting	Time
1.	Private meeting of accreditation team	09:30-10:30
2.	Break	10:30-11:00
3.	Meeting with provider and learning outcomes testing session	11:00-13:10
4.	Lunch	13:10-14:10
5.	Private meeting of accreditation team	14:10-15:00
6.	Feedback to provider	15:00-15:10

## 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 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: **5,6,13,15,23,25**

#### 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 of the criteria relating to the selection and entry requirements will be met. Three criteria require minor amendment.**

Applicants are required to demonstrate their clinical practice, current and previous work experience, and to identify an area of prescribing they wish to pursue. They must support this with narrative explaining their intention to become a prescriber and proposed area of practice, along with demonstration of relevant clinical or therapeutic experience. Information about the application process is available on the provider's website, including the option to use a non-medical prescriber as a designated prescribing practitioner (DPP) to supervise the learning in practice component of the course.

The provider makes use of a standardised application form which is common to a number of non-medical prescribing courses across the West Midlands. The team identified several areas of confusion or uncertainty as a result of issues in this form, including:

- Appearing to require pharmacist applicants to undergo checks normally relevant to nurses wishing to train as prescriber
- Appearing to require signatures in support of an application that could only be provided by staff employed within NHS organisations (and therefore not community pharmacy, General practice or other organisations such as prisons)
- Referring to older versions of GPhC standards, and omitting newer requirements that applicants identify an area of practice in which to train as a prescriber and demonstrate relevant skills and the clinical and therapeutic experience in that area

In practice, the provider accepts applications from applicants across all sectors of pharmacy and sections of the form relevant to nurses can simply be omitted. The provider's application processes also ensure applicants identify an area of clinical practice in which to train and demonstrate appropriate skills and experience for entry to the prescribing course. The team recognised the form in question was not developed by the provider and was used by a number of courses but considered it should be amended to avoid confusion and to reflect current standards. The team suggested the provider pursue this with other users of the form in the West Midlands region.

### Standard 2 - Equality, diversity and inclusion

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

The provider requires all staff who teach regularly on the course to engage with university training in equality and diversity. Visiting or occasional lecturers are mostly from the NHS, where similar training is standard, and the provider asks all individuals with a significant and/or recurring role in the course to engage with university's equality and diversity training. There is flexibility around this, reflecting the wide and differing contributions of different staff to the

course. However, the provider indicated that as a general rule, staff who contributed the equivalent of more than a one-off lecture would be asked to engage with this training. Review of teaching performance can also cover equality and diversity issues.

The size of the cohort completing the course is relatively small and, for this reason, the provider generally makes adjustments to the design and delivery of the course in response to individual needs rather than through analysis of the cohort's demography. However, the provider gave the example of where assessment had been rescheduled to avoid falling around the same time as Ramadan, as it was aware that a number of the students on the course were Muslim.

The provider collects equality and diversity data about students on the programme as part of a university wide effort to analyse and report on this data. However, as the course remains small in terms of numbers of students, the provider is justifiably cautious about drawing conclusions from this information.

### Standard 3 - Management, resources and capacity

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

There are clear lines of accountability for the learning in practice environment and the provider has a member with specific responsibilities in relation to the training and coordination of DPPs. Accountability for each individual student's progress will be via the tripartite arrangement between the student's DPP, their academic supervisor, and the student themselves. Any issues that cannot be addressed through this arrangement can be escalated to the programme leads, though students on the current course who responded to the pre-event survey noted their DPPs had good access to informal support and advice from staff at the provider as well.

Course risk management processes are organised at the level of the School of Pharmacy, with risks and issues related to delivery, student numbers, finance and accreditation collated by the course management team alongside risks affecting other courses offered by the School. The School of Pharmacy is part of a wider college and risks and issues in relation to the course are reported for inclusion in the overarching college's risk register, which has recently considered risks related to the covid-19 pandemic. This committee in turn reports to a university wide committee.

The size of the course remains relatively small and student numbers declined in the last two iterations of the programme. The provider noted that the course remained viable as although it was administratively independent, several aspects of the course were shared with similar courses also offered by the provider, meaning that some of the costs are spread across multiple courses. Income targets in the university are also organised across whole departments and not individual courses, meaning that the provider can accommodate fluctuations in numbers completing courses. The provider does however aim to increase student numbers and noted the changes made to make the course more attractive to employers and other measures to increase recruitment and more generally the wider university is also investing in the development of postgraduate healthcare education.

Students on the programme sign a learning agreement covering learning and teaching in the programme. The agreement requires students to attend all face-to-face sessions in person. As well as ensuring face-to-face attendance, the provider has several means of monitoring

students' engagement with the components delivered remotely. These include review of the portfolio by the student's academic supervisor, looking for engagement with the online interactive components of the course, and monitoring the use of course resources like the blackboard virtual learning environment or library use. The provider also takes steps to ensure that students engage with the learning materials; staff on course are provided with training to deliver live webinars and the course leads are exploring course components that could be delivered as live webinars. The provider considered this would likely make for a more interactive and varied course and support engagement with learning.

#### Standard 4 - Monitoring, review and evaluation

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

At the reaccreditation event, the team focussed on monitoring of teaching quality and staff training, particularly occasional and visiting lecturers on the course. The provider takes a team approach to teaching, with multiple staff present and involved in the delivery of each face-to-face session and gave examples where staff had worked with visiting lecturers to review their sessions prior to delivery and help write resources to use in the session. The provider also noted that, as part of this approach, immediate feedback can be given to lectures and that there is regular meeting and discussion to evaluate the effectiveness of the different sessions.

Student evaluation is collected frequently throughout the course. Students who completed the pre-event survey cited student-staff committees in addition to online evaluation surveys as a way they could contribute to the management of the course. They also identified changes that had been made (or were planned) following their feedback. Response rates to the formal student evaluation required by the university, known as the *Module Evaluation*, are relatively low. The provider explained that the students are asked to complete a number of evaluations during the course and that by the time they reach the end of the course and are asked to complete the university-level evaluation they show fatigue and response rates fall. The provider reassured the team that response rates are higher to evaluations during the course.

#### Standard 5 - Course design and delivery

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

The course is delivered through four main strands, including five days of face-to-face activities, and learning in practice under the supervision of the DPP. Online components contain two strands, one containing material for independent study and an interactive component, mostly delivered through discussion boards. The provider is considering more varied modes of delivery for this component, including live webinars and several staff have received training to run these. Students also work in small groups to complete some of the online interactive components.

The course team benefits from including a wide range of experienced practitioners from pharmacy, nursing and medical backgrounds. The provider also noted that the course it benefits

from the development of a medical school at Aston University with links and experience benefiting both medical and prescribing courses.

The course has a clear teaching and learning strategy emphasising building on existing experience. Students are required to complete preliminary work around reflective practice and understanding their own skills before starting to build their portfolio of experience. The course also provides preparatory material to ensure a consistent level of underlying knowledge at the outset. It has also adapted content to reflect the sectors in which prescribers are training.

Patient and public involvement in the design and delivery of the course is currently limited. The provider has developed a strategy to increase and enhance the involvement of patients in future iterations of the course driven, in part, by the integration of the provider's healthcare programmes into a single department. Current patient and public involvement in the course is limited to the requirement for patient feedback in the learning in practice placement. The provider intends to introduce patient involvement into summative practical assessments in the next cohort, subject to the Covid-19 pandemic permitting this, as the first stage in increasing patient and public involvement in the course.

The provider requires fitness to practise declarations for students, including those returning from leave of absence. The provider also has suitable arrangements to manage any concerns raised about the fitness to practise of students on the course. The process is flexible, reflecting that students on the programme are already registered professionals and that, if a concern about their fitness to practise is identified, this may mean consideration is required by:

- their employer, about any impact on their employment
- the provider, regarding their continued participation in the prescribing course
- the GPhC, about their fitness to practise

The provider manages concerns about students who are employed (for example in an NHS organisation) through a combination of its own processes and that of the student's employer. These processes would be used to investigate and act on the concern (including raising a concern to the GPhC). Concerns raised about students who are self-employed would be dealt with through the school's process only. The provider ensures that students do not face two different processes simultaneously for the same concern. Where a concern is raised to the GPhC but does not result in action, the provider can use its fitness to practise process to consider the suitability of the student to remain on the prescribing course.

The provider's fitness to practise procedure is designed to cover all courses for health professionals at the university (which share very similar fitness to practise requirements). Most of these courses are for pre-registration education and training, in which the provider's role is to ensure that only those who are fit to practise are permitted to graduate. The provider's fitness to practise policies are written from this perspective and may not always acknowledge that in some courses, the students will already be registered, and that different considerations would apply around their fitness to practise as a result. The provider noted this reflected historical wording and not actual practice, but that it would endeavour to make amendments.

## Standard 6 - Learning in practice

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

The provider ensures the proposed learning environment for learning in practice is suitable primarily through checks on the experience and qualifications of the proposed DPP. Currently, the provider has a relationship with several learning in practice settings, but no formal audit is in place. The provider noted this was planned in future but that quality issues could be identified through the tutor's review of the student's portfolio.

The provider has several measures to assure the quality of learning and assessments in the learning in practice placement. DPPs are required to sign off students at the end of the course and required to obtain signatures from any other prescribers who contributed to the learning in practice. As well as receiving information and guidance about their role, DPPs receive training at the outset of the course which includes assessment. They also have access to support, such as mentorship, and receive feedback from students. The provider liaises at regular intervals with DPPs, typically at the beginning, midway and end points, and when formal assessments are submitted. This regular contact is flexible, and the provider can increase the frequency of contact if it is helpful to do so.

Students must also submit a recording of a case-based discussion (a formative assessment) and portfolios are regularly reviewed by a student's academic supervisors. The provider takes the development and submission of suitable portfolio seriously, and regular review and conversation about development is part of the course. Failure to submit a satisfactory portfolio will theoretically result in a student being required to repeat the learning in practice placement, though in practice the academic supervisor and DPP will identify where a portfolio is not on track and work with the student to ensure that the student acquires appropriate experience to submit to the portfolio; there have not been recent examples of students being required to repeat learning in practice.

## Standard 7 - Assessment

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

The provider has developed an assessment strategy for the programme that is designed to meet regulatory requirements, and there is a dedicated member of the team responsible for working with other staff on the course to design and deliver assessments. Assessment regulations prioritise the identification of unsafe practice and require that it results in a failure of the programme.

The programme assessment includes:

- a summative objective, structured clinical examination (OSCE)
- a summative presentation on a written case in the student's specialist area of prescribing
- an online portfolio demonstrating the application of theory to practice and reflection on learning; the portfolio is marked pass/fail by staff from the provider and the DPP
- summative sign-off by the DPP that the student has met the outcomes

Formative assessments in the programme include a case-based discussion, which is recorded and reviewed by academic staff from the provider. Students are also required to create three clinical management plans in their own area of prescribing, which are reviewed by staff from the provider.

Formative feedback is also provided on the portfolio submissions and following face-to-face teaching. Students confirmed this feedback was delivered on a regular basis and generally found it helpful, though some suggested improvements to peer feedback from small group work. Summative assessments are subject to university-wide policies which require feedback to be delivered within four weeks; again students confirmed this was the case in practice and noted the feedback was useful, particularly from the OSCE.

DPPs receive training and guidance in carrying out assessments as part of the learning in practice placement, and mechanisms, such as regular review of portfolios and submissions of recorded assessments contribute to assuring the quality of assessment.

## Standard 8 - Support and the learning experience

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

Students on the programme receive induction on starting the programme, covering the course, facilities and online resources. They are also assigned and meet their personal academic tutor. Students who provided a response to the pre-event survey praised the support available from staff running the programme as responsive and helpful. They also cited the facilities and equipment available to develop their clinical practice as positive.

There is a handbook for students on the programme, and support for workload and pastoral issues is available via the personal academic tutor.

Students who responded to the pre-event survey met regularly with their Designated Medical Practitioner (DMP) and considered their DMP to be well supported by their provider. The provider also gave examples of range of issues that could be raised by students in respect of DMPs and how they were addressed: more common issues raised by students included that their DMPs was unable to meet with them as quickly as they wanted, was too busy to meet, or was unaware of some details of the course. The provider explained that there is an experienced medical trainer on the staff of the course who is able to offer peer support to the DPP and offer advice to students about what is a reasonable (or not) expectation of the DPP, and that they would often support the resolution of these kinds of concerns.

The provider takes a similar approach to more serious issues and gave a recent example a where a DMP had declined to sign-off a student as competent. The provider explained that in such cases, the course staff would act cautiously and discuss the issue with the DPP and others as appropriate to identify and address the underlying issues.

## Standard 9 - Designated prescribing practitioners

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

The suitability of proposed DPPs for the course is assessed through the application form and background checks, including current employment and location. The provider has a close relationship with several local employers of DPPs and non-medical prescribing leads and stated it could use these relationships to confirm appropriate and current experience on an individual basis. However, the provider intends to develop a database of employment locations to facilitate assurance of DPPs. Prospective DPPs are also asked to confirm they meet the competency statements of the RPS' *A Competency Framework for Designated Prescribing Practitioners*, and the prospective DPPs can submit their self-assessment against this framework as additional evidence. Applications are reviewed by the course team as a whole to ensure consistency. Any concerns or questions about the experience of the DPP can be followed up with the proposed supervisor by a member of the course team.

The provider holds mandatory training for DPPs covering assessment, training, competence, personal CPD and reflection on role. This training is supported by a dedicated section of the Blackboard VLE and social media. Training is completed face-to-face for new DPPs and the online (although at present all training is online as a pandemic contingency arrangement). Following the completion of the provider's DPP training, a DPP is asked to sign a declaration confirming their competence and understanding of their responsibilities as a DPP.

Revised GPhC standards permit the use of suitably experienced prescribers other than doctors as supervisors. The provider plans to utilise these professionals as DPPs for the course, if suitable, but expects take-up of non-medical supervisors to be gradual. The provider plans to follow the same process for non-medical supervisors as is currently used for medical DPPs and intends to use self-assessment against the RPS *Competency Framework* as a further layer of assurance. The provider also highlighted the support available to DPPs once they had been accepted onto the course, which includes regular contact with the provider and the option of mentoring from a more experienced supervisor.

The provider accepts DPPs from the range of professions, although the team noted some documentation which appeared to limit eligibility to be a DPP to those employed in the NHS. The provider clarified that was not the case, and any DPP able to meet the criteria would be considered.

The provider has processes in place should a concern be raised about the conduct or competence of a DPP. Concerns are considered on a case by case and there is an appropriate degree of flexibility about investigation, escalation and referral, including to the DPPs employer or their professional regulator if required.

## 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.



