

**Bangor University independent prescribing
course reaccreditation event report,
February 2021**



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Event summary and conclusions

Provider	Bangor University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	22 February 2021
Reaccreditation period	September 2021 – September 2024
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by Bangor University should be reaccredited for a further period of three years.</p>
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	<ol style="list-style-type: none"> 1. Review the process for making adjustments to assessments so that reasonable adjustments are tailored to a student's specific needs to address the disadvantage that needs to be removed. This is because the current blanket approach of providing an adjustment of additional time to all students does not appear to fully address the specific needs of each individual, and has the potential to provide an advantage to those who do not require adjustment. This relates to criterion 2.3. 2. That the number of pharmacists involved in the course is increased to make sure that there continues to be a sufficient level of pharmacist input to the design and delivery of the course. This is because the current level of input from pharmacist staff employed by the University is only 0.1 FTE. This relates to criterion 3.4. 3. That DPPs are asked to provide supporting evidence at the application stage to describe how they meet the requirements for the role. This would allow the course team to make a judgement as

	to the suitability of the DPP, as set out in 9.2. This relates to criteria 9.1 and 9.2.
Minor amendments	<ul style="list-style-type: none"> To update University website with information for potential applicants. This relates to criterion 1.3
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.
Maximum number of all students per cohort:	15
Number of pharmacist students per cohort:	15
Number of cohorts per academic year:	1
Approved to use non-medical DPPs:	Yes
Key contact (provider)	Ffion Simcox, Independent Prescribing Course Lead
Provider representatives	<p>Elen Jones, Lecturer in Independent Prescribing</p> <p>Julie Lunt, Lecturer in Independent Prescribing</p> <p>Dr Sara Roberts, Pathway Leader in MSc in Advanced Clinical Practice (AHP), MSc Dissertation module Co-ordinator and member of the Independent Prescribing team</p> <p>Wendy Williams, Quality Assurance Officer in the University's Quality and Validation Unit.</p>
Accreditation team	<p>Susan Bradford (event Chair), Adjudicator, Social Work England</p> <p>Professor Jane Portlock, Director of Pharmacy, University of Sussex</p> <p>Lyn Hanning, Director of Practice Based Learning and Head of Pharmacy Practice, University of Bath</p>
GPhC representative	Philippa McSimpson, Quality Assurance Manager, GPhC
Rapporteur	Philippa McSimpson, Quality Assurance Manager, GPhC
Observers	Rachael Mendel, Quality Assurance Officer

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/ukxi/2010/231/contents/made>

Background

The University of Bangor was first accredited to provide an accredited independent prescribing course for pharmacists in May 2009. The most recent reaccreditation event took place in January 2018, where the course was reaccredited subject to two conditions:

1. All pharmacists must attend all scheduled teaching and learning sessions that provide instruction on clinical examination and diagnosis (as per criterion 3.7), regardless of prior learning or experience. All relevant teaching and learning sessions, and the associated attendance requirement, must be identified clearly to pharmacists in the programme timetable and other programme documentation, including information on the virtual learning environment.
This is because the current arrangement may allow pharmacists to miss these sessions if they have already completed similar sessions (for example on the MSc Advanced Practice) is not consistent with the requirements of criterion 3.7.
2. In order to ensure that the marking of the reflective assignment at level 6 is consistent with safe and effective practice you must either seek derogation from the University's standard marking criteria, or require all pharmacists to study at level 7. This is because the team is not satisfied that the current university marking criteria for the pass boundary at level 6 demonstrates safe and effective practice, and it notes that the standard University marking regulations do not currently permit Schools to set more stringent marking criteria. This is to meet criterion 5.3.

Following the event, a response was received to these conditions and the accreditation team agreed that they had both been met satisfactorily.

Since reaccreditation in January 2018, two cohorts have been delivered, with a third cohort due to commence in January 2021. There were 8 pharmacists in the cohort which commenced in

September 2018, 6 in the cohort which commenced in September 2019, and 10 in the cohort due to commence January 2021 (postponed due to COVID-19).

In September 2018, due to staff retirement, a new staff team took over the responsibility for the independent prescribing course. The new team identified that adaptations needed to be made to the course to make it more appropriate for meeting the learning needs of pharmacist trainee independent prescribers. The independent prescribing course had always been one course to include all professions. Feedback from current and previous students confirmed that the learning needs of trainee pharmacist independent prescribers on the course were significantly different to the learning of other professions, such as nurses.

As part of the reaccreditation process the provider proposed to introduce a new independent prescribing course specifically for pharmacists, with a greater emphasis on developing the clinical and diagnostic knowledge and skills required to become a safe and competent pharmacist independent prescriber. To retain interprofessional learning, some joint teaching sessions with nurses and allied health professionals were to be retained.

In line with the GPhC's process for reaccreditation of independent prescribing courses, an event was scheduled to take place in February 2021 to review the course for reaccreditation against the 2019 standards for the education and training of pharmacist prescribers. This report reflects the findings of that event.

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

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 Bangor University and the GPhC on 22 February 2021 and comprised of meetings between the GPhC accreditation team and representatives of the Bangor University 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 in advance of the event.

Declarations of interest

There were none.

Schedule

The event

Meeting number	Meeting	Time
1.	Private meeting of accreditation team and GPhC representatives (including break)	09:30 – 11:00
2.	Meeting with course provider representatives	11:00 – 13:00
3.	Lunch	13:00 – 14:00
4.	Learning outcomes testing session	14:00 – 14:30
5.	Panel private meeting	14:30 – 15:00
6.	Feedback to course provider representatives	15:00 – 15:45

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 **four** learning outcomes during a separate meeting with the provider and was satisfied that **all 32 learning outcomes will be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **4, 19, 23, 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 16-26)

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

Standard met? Yes No (accreditation team use only)

The team was satisfied that all six criteria relating to the selection and entry requirements will be met. One criterion requires a minor amendment.

(The criteria can be found [here](#))

Applications to the course are made online. The team noted that the application form had been developed since the last event to include a requirement for the applicant to provide a written statement to support how they met each of the GPhC entry requirements. This replaces the previous tick box process and was seen as an improved process.

The entry criteria and guidance on the type of experience a pharmacist should have before applying for the course is currently not listed on the website, but the programme team confirmed that the content has been prepared and would be made available on the updated website shortly. The team noted that prospective applicants generally contact the course team directly before applying, and at that point, specific entry requirements are made clear before providing them with the application form. The entry requirements are also included on the front page of the application form to ensure clarity. The team was satisfied with this explanation but confirmed that as part of the reaccreditation process a minor amendment was required to update the University website with information for potential applicants in line with criterion 1.3.

Each applicant is now required to attend an interview, which gives the provider opportunity to follow up where unclear or insufficient information has been provided on the application form. There is a clearly defined admission process that all staff are aware of and this, alongside clear guidance, ensures that all applications are assessed in an equitable manner. A formal offer of a place on the course is not made until all entry criteria are demonstrated. Where a formal offer is not made, applicants are provided with feedback on how to prepare for subsequent applications.

Standard 2 - Equality, diversity and inclusion

Standard met? Yes No (accreditation team use only)

The team was satisfied that all five criteria relating to the equality, diversity and inclusion will be met. A recommendation was made relating to one criterion.

The accreditation team was satisfied that there are appropriate policies and strategies relating to equality and diversity in place at university and course level to make sure consideration is given to equality, diversity, and inclusion throughout the course.

The team understood that in the provider's geographical region there is low ethnic diversity within the local healthcare workforce, and that this is reflected in the student profile. Students are however, prepared for working in diverse communities during the course. Culture and diversity are covered throughout the programme, particularly in scenarios presented to students during workshop session. The importance of understanding a patient's cultural background and health and illness beliefs is impressed on the students, as well as the importance of consulting in a patient's first language, if possible. The provider told the team that although there is limited diversity within the provider's core teaching team, many of the external speakers who contribute to the course are from culturally diverse backgrounds.

The team noted the consideration that is given to teaching and learning to make materials accessible including presenting content in a variety of forms, routine recording of lectures to allow students to revisit content at their own pace and screening of all presentation slides and written documents using an accessibility check before sharing with students. The team wished to understand the reasonable adjustments process further and to understand the rationale for applying additional time to assessments for all students. The provider explained that this was a University-level policy which aimed to ensure inclusivity and also to avoid disruption during assessment of students leaving at different times. The team agreed that this approach did not allow for a student's individual needs to be considered and for an adjustment to be made appropriate to the need. As such the team made the following recommendation: Review the process for making adjustments to assessments so that reasonable adjustments are tailored to a student's specific needs to address the disadvantage that needs to be removed. This is because the current blanket approach of providing an adjustment of additional time to all students does not appear to fully address the specific needs of each individual, and has the potential to provide an advantage to those who do not require adjustment. This relates to criterion 2.3.

Standard 3 - Management, resources and capacity

Standard met? Yes No (accreditation team use only)

The team was satisfied that all six criteria relating to management, resources and capacity will be met. A recommendation was made relating to one criterion.

A management plan is in place for this course which defines roles and responsibilities and learning agreements are in place between the student, DPP and the provider.

The team understood that the revised course will be pharmacist-only and comprise of a maximum 15 pharmacists per cohort, with one cohort delivered per year, normally in September. The cohort will run in parallel to the separate course provision for nurses and allied

health professionals and this will allow for some joint teaching and learning sessions. The team enquired whether pharmacists would be permitted to join the multiprofessional cohort should applicant numbers for the pharmacist-only cohort fall to low levels. The provider confirmed that the multiprofessional course was not designed for pharmacists and was no longer suitable for them. The pharmacist cohort would continue to run with low numbers. The provider explained that it was expected that the cohort size would be maintained as there was a large drive within Wales to train pharmacists as independent prescribers to bring the legacy workforce in line with those who will be trained to the new education and training standards for pharmacists and who will be independent prescribers upon registration.

In terms of teaching and support, the team sought clarification of the pharmacist input to the programme and considered that it may benefit from being increased. The team made the following recommendation: That the number of pharmacists involved in the course is increased to make sure that there continues to be a sufficient level of pharmacist input to the design and delivery of the course. This is because the current level of input from pharmacist staff employed by the University is only 0.1 FTE. This relates to criterion 3.4.

Standard 4 - Monitoring, review and evaluation

Standard met? Yes No (accreditation team use only)

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

The course is subject to all University and course level quality assurance and monitoring processes. In addition to standard University processes, individual session evaluations have been introduced to gain feedback from students whilst the module is running, to allow more timely responses to feedback. The course lead is responsible for collating student feedback, however, the evaluation and action plan for future development is discussed by the course team as a whole. The course lead is responsible for liaising with the external examiner throughout the course and for providing information to the school's exam board. The external examiner reports do not highlight any issues and no formal recommendations for improvement have been made to date.

Standard 5 - Course design and delivery

Standard met? Yes No (accreditation team use only)

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

The team was satisfied that the course design and delivery was appropriate and would support pharmacists to achieve the learning outcomes.

The team understand that as a result of the pandemic delivery had moved to blended learning approach and that following the success of this the decision had been taken to maintain this arrangement for the long term. The team wished to understand the impact of the pandemic on course delivery and was told that attendance levels at online live sessions had been very good. At the start of the course students were prepared for learning online with practical guidance on accessing learning materials and online sessions. Staff offered additional support throughout the course and encourage students to raise any issues. Discussion boards were set up to encourage interactions with students whilst face to face interactions were not possible, and these worked well. Teaching of physical examination skills was delivered through online live sessions, which was supported by online learning resources.

Students were reassured that they may find completion of their 90 hours in practice more challenging and that they were welcome to take longer to do so. Students were advised that video consultations with patients may be included within their log of time in practice and that they may wish to explore with their DPP other appropriate healthcare professionals with whom they could work with, should the DPP not be available.

Standard 6 - Learning in practice

Standard met? Yes No (accreditation team use only)

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

The provider requires that all learning in practice environments are audited prior to the student commencing the period of learning in practice. If the placement area does not already have a valid University audit in place, then they are required to complete one, which is reviewed by the course team.

The pharmacist and the DPP agree and complete a learning contract at the start of the period of learning in practice, and this must be placed in the pharmacist's portfolio and shared with the provider within the first three weeks of the course.

The DPP and the academic assessor meet on at least three specified points during the course in order to discuss the student's progress and to address any concerns or questions. If it is identified that the student is not achieving within the clinical environment, the academic assessor will meet with the DPP and the pharmacist to develop an action plan.

During the time in practice, the student will be supervised by a suitably qualified Designated Prescribing Practitioner (DPP). The DPP may delegate certain supervisory duties, depending on the pharmacist's particular learning needs. This must be agreed between both the pharmacist and the DPP during the learning contract, which is completed at the start of the 90 hours of learning in practice. The DPP must spend a minimum of 45 hours directly supervising the pharmacist during the period of learning in practice.

The team wished to understand how the provider maintains oversight of time in practice to make sure that students have sufficient involvement with patients and was told that time in

practice is discussed during tutorials which allows a regular review. Each student must also log their 90 hours in practice and keep a record of which professional they have been working with and the activities they have undertaken. Students are advised that 90 hours in practice is the minimum requirement and that they may need more time than this to ensure they have demonstrated each of the learning outcomes and have demonstrated sufficient competency to be signed off by their DPP.

Standard 7 - Assessment

Standard met? Yes No (accreditation team use only)

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

Students demonstrate meeting the learning outcomes through the following assessments:

- Numeracy exam
- Discussion board
- Prescribing competency portfolio
- Objective Structured Clinical Examinations (OSCEs)

The accreditation team reviewed the assessment methods and was satisfied that these were appropriate and would allow a student to demonstrate meeting each of the learning outcomes at the required level of competency.

University assessment regulations are applied to the course, with appropriate deviations relevant to a professional practice course. Each assessment has set making criteria and a grading description and the course team meets to discuss the marking criteria and the expectations and requirements of the assessment to ensure consistency. Double-marking arrangements are applied to all assessments, and in addition, assessment fails are verified before they are confirmed. Marks are not agreed until they have been ratified by the Board of Examiners.

The External Examiner evaluates all aspects of the course to ensure that the quality of the education is of the required academic level and is required to report to the course team on an annual basis. The external examiner is provided with access to all assessment materials and marks for review and can view the OSCEs either in person, or by accessing the video recordings which are made as standard for quality monitoring purposes. The External Examiner is also invited to attend the Board of Examiners.

All assessment must be passed to pass the overall programme, and recognition of prior learning is not considered. Students have two standards attempts at each assessment. If unsafe practice is demonstrated during assessment the student is failed regardless of the marks they have achieved.

The DPP's assessment of the student in practice is quality assured by the course team by visits to the practice setting. This is to make sure that there is consistency of marking and to address any progression issues or support needs. A member of the course team who is assigned as the

students 'academic assessor' will meet with the student and their DPP at three set intervals during the learning in practice part of the course. The midway appraisal meeting allows an opportunity for the DPP to provide feedback and feedforward to the pharmacist on their development as a trainee prescriber. The DPP must stipulate in the action plan within the midway appraisal, what the pharmacist must do in order to meet any competencies not yet achieved, as well as how they will support them in doing this. The team was told that a member of the course team observes the summative assessment and that this helps to monitor the process that is being carried out and to check the performance of the DPP in assessing the student. The course team member observes not only the student's practice and the DPP's assessment, but also the follow up discussions between the DPP and student for assurance that the student can articulate the reason for their actions.

Standard 8 - Support and the learning experience

Standard met? Yes No (accreditation team use only)

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

Students are provided with a course handbook and receive an induction on the first day of the course by a member of the course team. Each student is allocated a member of the course team as their 'academic assessor'. The academic assessor is a member of Bangor University staff with an independent prescribing qualification, who will provide both academic and pastoral support. The academic assessor will also be responsible for reviewing the pharmacist's portfolio and provide supervision with the discussion board assessment. They are also responsible for communicating with the pharmacist's DPP at relevant points through the course.

The course handbook stipulates how pharmacists can raise concerns in relation to the course and their training, or within clinical practice, with a link given to the GPhC's guidance on raising concerns.

Guidance is given to DPPs on their role, and this takes into account the GPhC guidance on tutoring. The DPP and the student are required to meet at the start of the period of learning in practice to agree a learning contract. The DPP is required to work with the pharmacist and assess them at certain points in the course, with the midway appraisal providing an opportunity to provide constructive feedback and to establish strengths and areas for improvement. The DPP is also required to meet with the academic assessors at various points throughout the course in order to discuss the pharmacist's progress.

The team enquired whether the COVID-19 pandemic had brought about any challenges for students in holding meetings with their DPPs or with their academic assessor and was told that a number of students needed to take longer to complete their learning in practice and some of the meetings were held later than planned. All the processes and reviews at regular intervals had taken place but the time to undertake the learning in practice was extended.

The team wished to understand what mechanisms were in place to seek student feedback and was told that this is sought both informally, through discussions with students at the end of sessions, and at break times sessions, and through formal evaluations for each taught session.

Standard 9 - Designated prescribing practitioners

Standard met? Yes No (accreditation team use only)

The team was satisfied that all five criteria relating to the designated prescribing practitioners will be met. A recommendation was made relating to two criteria.

At the application stage DPPs are required to confirm that they meet the role requirements including those within the RPS competency framework. The applicant's line manager is also asked to confirm their suitability for carrying out the role. The course team check the DPPs registration status on the relevant professional register to make sure they have current registration and no restrictions on their practice. The team agreed that the process was adequate but that it would be best practice to seek evidence from the DPP in order to support meeting the criteria, rather than rely solely on the professional declarations of the DPP and the applicant's line manager. As such the team made the following recommendation: That DPPs are asked to provide supporting evidence at the application stage to describe how they meet the requirements for the role. This would allow the course team to make a judgement as to the suitability of the DPP, as set out in 9.2. This relates to criteria 9.1 and 9.2.

The team enquired whether the process for checking the suitability had led to any DPPs not meeting the requirements and was given an example where a DPP was deemed not to be suitable for that particular student due to their intended area of prescribing practice, and an alternative DPP was sought by the student.

All DPPs receive training before they take on the role, and this is in the form of a training session – the length of which will be determined by their previous experience. This training is delivered via a set of short, focused videos covering a range of topics. In addition to this, DPPs receive a DPP handbook.

