

University of Bath independent prescribing course reaccreditation event report – January 2020



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Event summary and conclusions

Provider	University of Bath
Course	Independent prescribing course
Event type	Reaccreditation
Event date	8 January 2020
Reaccreditation period	April 2020 – April 2023
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	<p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by the University of Bath should be reaccredited for a further period of three years, subject to two conditions.</p>
Conditions	<ol style="list-style-type: none"> 1. The provider must submit confirmation to the GPhC that the independent prescribing course has been validated by the university prior to enrolling any further students. The course is not permitted to run any further cohorts until this has been received and approved by the GPhC. This is to meet criterion 4.6 2. The provider must develop an appropriate feedback process for all DPPs regarding their overall performance as prescribing supervisors, including the arrangements for extra training, support and development as necessary. Details of this process must be sent to the GPhC before the next intake of students onto the course. This is to meet criterion 9.5.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Minor amendments	<ol style="list-style-type: none"> 1. Students are currently asked to declare any investigation into their clinical practice in their application form. The question on the application form should be broadened beyond investigations into clinical practice. (Criterion 1.1) 2. The team encouraged the provider to look for opportunities to involve patients and other stakeholders more formally in the course delivery. (Criterion 5.4) 3. The team encouraged the provider to include written information on fitness to practise policies and processes, including those relating to health, in the course handbook.

	<p>(Criterion 5.9)</p> <p>4. The team was unable to find instructions on how to address causes for concern in the course handbook. The team will check and add this information if it is missing. (Criterion 5.10)</p> <p>5. Provide a copy of the DPP support pack to the GPhC when it is finalised. (Criterion 9.3)</p>
Maximum number of all students per cohort:	40
Number of pharmacist students per cohort:	40
Number of cohorts per academic year:	2
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 two conditions.
Key contact (provider)	Joanne Clarke, Programme Lead – Independent Prescribing
Reaccreditation team	<p>Professor Chris Langley (event Chair), Professor of Pharmacy Law & Practice and Head of the School of Pharmacy, Aston University; Associate Dean, Taught Programmes, School of Life and Health Sciences</p> <p>Mike Pettit, Retired Senior Lecturer, Pharmacy Practice University of Sussex</p> <p>Fiona Barber, Independent Member, Leicester City Council</p>
GPhC representative	<p>Chris McKendrick, Quality Assurance Officer, GPhC</p> <p>Amy Beales (Observer) Quality Assurance Officer, General Pharmaceutical Council</p>
Rapporteur	Jane Smith, Chief Executive Officer, European Association for Cancer Research

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The reaccreditation process is based on the GPhC's standards for the education and training of pharmacist independent prescribers January 2019.

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

pharmacist independent prescriber is the Pharmacy Order 2010. It requires the GPhC to ‘approve’ courses by appointing ‘visitors’ (accreditors) to report to the GPhC’s Council on the ‘nature, content and quality’ of education as well as ‘any other matters’ the Council may require.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:

<http://www.legislation.gov.uk/uksi/2010/231/contents/made>

Background

The University of Bath was accredited by the Royal Pharmaceutical Society of Great Britain in 2007 to provide a programme to train pharmacist independent prescribers. The programme was reaccredited by the GPhC in 2010, February 2014 and January 2017. No conditions were set at the previous reaccreditation event.

In line with the GPhC’s process for reaccreditation of independent prescribing programmes, an event was scheduled on 8 January 2020 to review the programme’s suitability for further reaccreditation. The provider confirmed that there will be two cohorts per year with a maximum of 40 students in each cohort. The programme is led by a pharmacist and is only offered to pharmacists.

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 8 January 2020 and comprised a number of meetings between the GPhC reaccreditation team, representatives of the University of Bath prescribing course, and students (via teleconference).

Declarations of interest

It was noted that one of the provider representatives, Nicholas Haddington, is an external examiner at Aston University.

Schedule

The event

Meeting number	Meeting	Time
1.	Private meeting of accreditation team and GPhC representatives	09:30 -11:30
2.	Meeting with provider	11:30 -13:10
3.	Lunch	13:10 – 13:45
4.	Student meeting (teleconference or individual calls)	13:45 – 14:30
5.	Private meeting of the accreditation team	14:30 – 14:45
6.	Learning outcomes testing session	14:45 – 15:30
7.	Panel private meeting	15:30 – 16:15
8.	Feedback to provider	16:15 – 16:30

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: **6, 15, 19, 23, 26 and 28.**

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 will be met. One criterion requires minor amendments. (See Appendix 3 for criteria).

All applicants must be fully qualified pharmacists registered with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI). Applicants are required to complete a University online application form and a separate course-specific application form. Together, these ensure that the information needed to determine whether the GPhC pre-requisites for entry are met. This information is available to the Admissions Panel.

The Admissions Panel consists of the Director of Taught Postgraduate Programmes, the Programme Lead and the Postgraduate Officer. If the Panel has queries about an application, particularly from self-employed students, a telephone or Skype interview with the applicant is arranged. The interviews follow a set of blueprinted questions and reports of the interview are saved and referred back to if a student is admitted to the course and subsequently struggles. This helps to ensure that admissions policies are adjusted if necessary. If an applicant is rejected they are given feedback on the reasons.

Applicants are asked to declare any ongoing investigations into their clinical practice in their application. The provider agreed that this question should be broadened to cover any investigations and will update the application form accordingly.

Standard 2 - Equality, diversity and inclusion

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

All University staff are required to have equality and diversity training. This is delivered online and completion is monitored at Faculty level. Any delay or non-compliance is raised with individual members of staff and reviewed at their performance review.

Bath as a city is not as ethnically diverse as other cities within the UK and this is reflected in the student and staff populations at the University. However, the provider ensures that all course materials are representative of a more diverse community. Students themselves can bring a range of diverse experiences to the course, for example from work in prison pharmacy, and students are encouraged to share such experiences in peer discussion workshops. The provider acknowledged that there is scope to work more closely with patients and the public, perhaps learning from the University's MPharm programme.

The provider undertakes an equalities risk analysis which has recently been reviewed and will now be carried out on a 4-5 year schedule. The analysis looks at the ethnicity, age, gender, and other protected characteristics of students and compares this to pharmacist census data more widely. Student performance by characteristics is also analysed. However, when issues are identified the provider finds it challenging to identify appropriate actions, other than to be mindful of the issue, to be aware of individual circumstances and to support students on a case-

by-case basis.

Reasonable adjustments, such as extra reading in OSCEs and the use of voice recorders, are made to course delivery to support students with specific needs. Learning outcomes are not modified and must be met by all students.

Students are required to demonstrate that they can apply their knowledge in relation to the legal aspects of consent and confidentiality. This is evidenced through a peer group discussion following pre-reading of relevant literature, which is written up in the portfolio. The provider also expects to see broad evidence of an understanding of these legal responsibilities throughout the course; it is also assessed in the online multiple choice assessment.

Standard 3 - Management, resources and capacity

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

The course has a clear management structure and roles of all staff, including visiting staff and DPPs are well-defined. Visiting lecturers and markers must apply formally to the University and if approved by the Dean are given a fixed-term contract. Staff wishing to be re-appointed must reapply at the end of their fixed term.

The course is appropriately staffed and resourced. The risks relating to resources and staffing are identified and addressed as part of an annual financial planning cycle at Faculty level. There is a fixed number of core staff but the number of visiting staff can be varied depending on student numbers. The course external examiners are invited to comment on the resources available to the programme and their comments are reported to the Faculty.

At the start of the course, students and their DPP are required to review and sign a Learning Agreement which sets out the roles and responsibilities of the student, DPP and University. Processes for students and DPPs to raise concerns are in place and are set out in the course handbook and the DPP support guide.

Standard 4 - Monitoring, review and evaluation

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

The course is appropriately monitored and reviewed and the Programme Lead is responsible for ensuring that agreed actions are taken and for establishing appropriate timescales. Since July 2018, the University has implemented a risk-based approach to quality assurance for reviewing all taught programmes and units. Departments monitor, share and act on a range of qualitative and quantitative evidence (including statistical data, student and tutor feedback and external examiners' comments) in order to drive improvements in programme design and delivery. This includes details of how student feedback has been acted upon.

The course was comprehensively reviewed in 2018-19 largely as a result of student feedback. Feedback had been clear that the assessment workload was essay-heavy. Several essays have therefore been replaced with peer discussions and other, more innovative, assessment methods. The programme team are part time employees at the University and work elsewhere in healthcare environments. This allows them to ensure they are up to date with current

practice and any relevant changes can be incorporated into the course. All course materials are reviewed for the next cohort and any changes are made at that point. If there were any significant relevant changes to practice or guidelines, this would be communicated with students through the VLE.

The current course has not been formally validated by the University; validation will be sought immediately after this reaccreditation event, when the revised learning outcomes to the new GPhC standards will be submitted for approval. As validation must be achieved before the course can be accredited, it will be a **condition** of reaccreditation that the course is fully validated and evidence provided to the GPhC.

The course has a clear marking and second marking policy, with the final marks reviewed internally and then sent to external examiners for comment before the formal Board of Examiners' meeting. External examiners are asked to review all fails and borderlines and receive examples of work from all elements (including OSCE videos).

In the meeting with students, several students commented that they had received useful and timely feedback on their formative assessments and that they were given opportunities to provide feedback on the course which was listened to and addressed where possible.

Individual teaching quality is monitored and assessed. All staff members have a probationary period during which anyone who is 0.2 FTE or more has to complete the 'Bath Course'; a teaching course which leads to fellowship of Advance HE. During the probationary period staff have objectives which are reviewed by a Teaching Fellow sub-group. Beyond the probationary period, all staff members are required to undergo a peer teaching observation once every two years. Students' reviews of teaching are also monitored.

As DPPs have visiting appointments with the University, they are subject to different quality assurance procedures. DPP applications are evaluated against a checklist. The criteria used in the checklist are derived from the Royal Pharmaceutical Society's DPP competency framework and once appointed, DPPs are given training materials and must declare that they have engaged with these. There are then two further checkpoints: a follow-up communication to ask if they have any additional support needs, and then the review report that DPPs make mid-way through the course. If the feedback that DPPs provide at that review is very limited feedback, then the provider follows up to request more detailed feedback and to explore whether there are any issues or training needs.

Standard 5 - Course design and delivery

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

The course runs biannually, starting in June and December each academic year, and comprises two discrete parts, with a formative submission point for the portfolio of tasks at the end of Part 1 and a final summative submission at the end of Part 2. The total learning time is 300 hours (equivalent to 30 CATS credits at FHEQ level 7), comprising the following elements:

- Private Study (135 hours):
 - Textual and video/e-tutorial learning resources containing underpinning theory, activities and prescribing tasks and details of staged assessments (55 hours)

- Flipped learning activities to prepare for specific workshop tasks (30 hours)
- Individual study leading to the preparation of a portfolio of evidence (which comprises a key element of the assessment) and completing other elements of the final assessment (50 hours)
- Face to face learning events where participants come together to learn and practise consultation, clinical, diagnosis and prescribing skills (including role-plays, case studies, formal presentations by students, portfolio surgeries, teaching OSCEs) (7 days; 56 hours) plus up to 2 days for summative assessments.
- Supervised sessions in practice with a DPP – utilising the cascade model, where the student begins by observing the DPP and then participates in shared prescribing sessions, and finally being observed by the DPP in the prescribing role (12x 7.5hr days; 90 hours). The learning agreement between the student and the DPP outlines the expected supervision arrangements. This is also outlined in the DPP support guide. Within the support guide DPPs are referred to the GPhC Standards for Pharmacy Professionals as well as the RPS competency framework for DPPs published in December 2019. The support guide has roles and responsibilities consistent with the GPhC guidance on tutoring pharmacists.

As a result of the 2018-19 review of the course (see Standard 4) some of the enhanced clinical skills teaching has been removed from the course. The provider has reviewed this decision in the light of the new GPhC learning outcomes and is satisfied that the course is appropriate and comparable to other prescribing courses in terms of clinical skills teaching.

Patients are not formally involved in the delivery of the programme, although the course makes use of a suite of actors who bring their own personal experiences to the course and contribute fully to a facilitated feedback session at the end of each ‘fishbowl’. Several students that the team spoke to during the event said that the use of actors is a particular strength of the course. The team encouraged the provider to look for opportunities to more formally involve patients and other stakeholders in the course delivery.

The handbook provided to students outlines the details of the course regulations which are also highlighted to students in the face-to-face induction sessions. There is a programme-specific fitness to practise process (provided to the team at the event) which includes possible referral to the GPhC. Health-related fitness to practise issues are not covered in this process. These issues are addressed through the pastoral support route, which can also include referral to the GPhC and the employer if appropriate. These processes are outlined verbally at the induction session. The paperwork provided to the team is for staff use only and is not provided to students. The team encouraged the provider to include written information on fitness to practise policies and processes, including those relating to health, in the course handbook.

The team was unable to find instructions on how to address causes for concern in the course handbook. The team will check and add this information if it is missing.

Standard 6 - Learning in practice

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

Students are required to undertake at least 90 hours of learning in practice. This is documented in the portfolio and assessed as being relevant by the portfolio marker and then through the

peer review process. The clinical hours are documented using a 'Clinical Attendance Log' form and students are required to provide information about what was done, what was learnt and have some reflection on this time, relating it to their future prescribing role. The portfolio consists of a range of tasks, six of which are consultation tasks. This requires the student to complete consultations with patients.

Any student that has not recorded 30 hours of learning in practice after part 1 is contacted to establish a plan to ensure the 90 hours are complete by the end of the course. Clinical hours are discussed with the students in each face-to-face workshop.

Supervision is discussed in the induction face-to-face workshop and is outlined in the DPP support guide in terms of the roles and responsibilities of the DPP. The portfolio marker also has a responsibility to inform the programme team if there is anything written in the Clinical Attendance Logs that would suggest that supervision has not been maintained.

The provider has reviewed the Royal Pharmaceutical Society's DPP competency framework, published in December 2019 and has amended the application form to require evidence from the DPP that some of the competencies are met (for example, evidence of having experience of providing feedback to trainees). Competencies that cannot be assessed at the point of application will be detailed to the DPP who will be asked to commit to doing or achieving them. Students will be signposted to the guidance so that they can use it when selecting their DPP. The Learning Agreement between the student and the DPP provides reassurance to the student about the DPP's responsibilities and the provider has processes in place to support students if there are issues with their DPP.

Standard 7 - Assessment

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

The summative assessment elements of the course are:

1. Practice Learning Portfolio 60%
2. Oral Presentation 30%
3. pOSA (online summative assessment) 10%
4. DMP Assessment Guide Pass/Fail
5. OSCE Pass/Fail

The online multiple choice assessment must be taken within a period of 48 hours. As students are GPhC registrants, they are expected to act honestly and professionally. However, the online assessment tool shuffles both the question order and the order of the multiple choice answers to ensure that it is very difficult for students to collude. The provider also monitors the time at which assessments are submitted and checks the pattern of incorrect answers of assessments submitted simultaneously for evidence of collaboration.

The assessments all have a threshold of safe and effective practice to ensure that the student is practising safely. The DPP assessments are quality assured via robust eligibility criteria and via the use of a blueprint assessment model to review DPP decisions. The feedback provided by the DPP at the student's mid-point review is also monitored and followed up if it is deemed to be lacking in detail.

Students are supported to meet the learning outcomes through ongoing formative assessments,

including:

- Part 1 of the portfolio, which is marked by a portfolio marker. Formative feedback is provided along with an opportunity to amend the work.
- An oral presentation with feedback and support to complete their summative case.
- Feedback following 'fishbowl' sessions where medical actors are used to allow students to practice consultation skills.
- An opportunity to complete an OSCE station in exam conditions, with feedback

Students confirmed that they received timely and constructive feedback on these formative assessments.

Students who have extenuating circumstances and are unable to attend a compulsory face-to-face day are supported to make up the learning. One-to-one sessions are provided where possible and if this is not possible, then the student will need to attend the session with the next cohort of students.

The provider confirmed that all students are considered at the Board of Examiners, not only those who have passed all elements of the assessment as stated in the submission.

Standard 8 - Support and the learning experience

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

Students are appropriately supported to achieve the learning outcomes through the provision of written information via the VLE and at regular face-to-face workshop sessions with the programme team. They are also given guidance on how to raise concerns.

The portfolio tasks have been designed so that the student has to meet regularly with their DPP. A variety of tasks are to be completed where the student is to observe or be observed by their DPP. The DPP provides feedback on the student at the end of part 1 of the course.

The roles and responsibilities of the DPP are outlined in the DPP support guide and are consistent with the GPhC's guidance on tutoring pharmacists.

Standard 9 - Designated prescribing practitioners

The team was satisfied that four of the five criteria relating to the designated prescribing practitioners will be met with one criterion subject to a condition. One criterion requires minor amendments.

There are appropriate mechanisms for ensuring that DPPs have the required competencies to supervise students. The RPS competency framework for DPPs published in December 2019 has been reviewed and DPP application forms have been updated in response.

The written DPP support pack is being strengthened in relation to the new DPP competencies. DPPs are required to declare they have reviewed and engaged with this material and the provider follows up to check if they have any queries. The guide will include advice on how to give good feedback, and DPPs will be expected to provide evidence of having given feedback as part of the appointment process. A copy of the DPP support pack will be provided to the GPhC when it is finalised.

Students commented that they were satisfied with the level of contact with their DPP and with the feedback they received from them, both formally and informally during the period of learning in practice.

Poor DPP performance is followed up, but there is currently no process for giving all DPPs feedback on their performance, either individually or at a cohort level. This means that DPPs do not have an opportunity to identify potential areas for improvement or to share good practice. It will therefore be a **condition** of reaccreditation that the provider develops an appropriate feedback process for all DPPs regarding their overall performance as prescribing supervisors, including the arrangements for extra training, support and development, as necessary. Details of this process must be sent to the GPhC before the next intake of students onto the course.

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.

