

Cardiff University independent prescribing course reaccreditation event report, July 2021



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Event summary and conclusions

Provider	Cardiff University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	12 July 2021
Reaccreditation period	October 2021 – October 2024
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by Cardiff University should be reaccredited for a further period of three years.
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Minor amendments	No minor amendments were required.
Registrar decision	Following the event, the Registrar of the GPhC accepted the team's recommendation and approved the reaccreditation of the course for a further period of three years.
Maximum number of all students per cohort:	36
Number of pharmacist students per cohort:	36
Number of cohorts per academic year:	3-4
Approved to use non-medical DPPs:	Yes

Key contact (provider)	Dr Karen Hodson, Programme Director for the Pharmacist Independent Prescribing Programme
Provider representatives	Eleanor Hoare, Education and Students Manager Dr Karen Hodson, Joint Programme Director Dr Mathew Smith, Director of Learning and Teaching Dr Rowan Yemm, Joint Programme Director
Accreditation team	Leonie Milliner (event Chair), Director of Education, General Optical Council Dr Ruth Edwards, Head of Professional Experience, Aston University Dr Gemma Quinn, Lead for PGT Pharmacy Practice Programmes, Deputy Director of Studies and Senior Lecturer Clinical Pharmacy, University of Bradford
GPhC representative	Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Jane Smith, Chief Executive Officer, European Association for Cancer Research
Observers	Dr Brian Addison (observer - accreditation panel member in training) Lecturer in Pharmacy Practice, MPharm Course Leader, Robert Gordon University Charles Odiase (observer - accreditation panel member in training) Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Dacorum GP Federation, Hertfordshire UK Alexander Dourish (observer - GPhC in training) Quality Assurance Officer, 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

The Cardiff University School of Pharmacy and Pharmaceutical Sciences has run a Prescribing Programme since 2004, initially as a joint course with the School of Nursing and Midwifery Studies. Since 2012 the course has been solely delivered by the School of Pharmacy and Pharmaceutical Sciences as a pharmacist-only programme. The course was last reaccredited for three years in July 2017 with no conditions or recommendations. The accreditation period was extended by one year due to the Covid-19 pandemic. In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 12 July 2021 to review the course's suitability for further reaccreditation.

No major changes have been introduced since the last reaccreditation in 2017. Several changes are planned for the 2021-22 academic session as a consequence of a major review of the assessment strategy. These changes are detailed in this report.

The provider is also seeking approval to increase the number of cohorts per year to a maximum of four, with 36 pharmacists in each cohort. This is in response to the Welsh government's intention to significantly increase the number of pharmacist prescribers. The course is led by a pharmacist.

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 Cardiff University and the GPhC on 12 July 2021 and comprised of meetings between the GPhC reaccreditation team and representatives of Cardiff 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

There were no declarations of interest.

Schedule

The event

Meeting number	Meeting	Time
1.	Private meeting of accreditation team and GPhC representatives	09:30 – 10:30
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 – 15:30
6.	Feedback to course provider representatives	15:30 – 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 **six** learning outcomes during a separate meeting with the provider and was satisfied that **all 32 learning outcomes continue to be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **7, 12, 13, 22, 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 continue to be met.
(The criteria can be found [here](#))

Entry criteria for the course are clearly stated on the provider's website and students are not admitted until all criteria are met. Information on the entry criteria and the type of experience a pharmacist should have before applying is also provided directly to the Local Health Boards where the provider has arrangements for contracted places through Health Education and Improvement Wales (HEIW). This information is also made available to those pharmacists who request further information from the admissions team.

The provider will trial the provision of a webinar on the application process, consisting of a talk from the Programme Directors and an alumnus of the programme, followed by a question and answer session. In addition, a further two evening meetings will be organised throughout the application process period, where at least one member of the admissions team will be available to answer any questions regarding the application process.

Applicants must complete a standard online application form and a supplementary form covering the GPhC-specific criteria. Applicants are required to describe their proposed scope of practice, demonstrate their understanding of the condition(s) and describe their relevant clinical or therapeutic experience in this area. Applicants are not routinely interviewed, but if the provider has any queries or concerns about the information provided in the forms, they will carry out a telephone interview. If applicants are rejected, they have the option to contact the School for feedback and suggestions for how to better prepare for the course.

The provider monitors admissions decisions against protected characteristics to ensure that there are no concerns in relation to parity of applicant experience or unconscious bias. All staff involved in admissions decisions undertake regular equality and diversity training.

The provider is confident that the increased admissions workload associated with the planned increase in student numbers can be accommodated within the School's existing structures. This is partly due to increased support from central admissions colleagues who complete an initial screening of the School's undergraduate applicants, an activity that has historically been undertaken in the School.

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 continue to be met.

The University has developed a Strategic Equality Plan which aims to promote equality and achieve equality improvements across the University through systematic collection and analysis of data on the protected characteristics, including Welsh language.

Equality, diversity, and inclusion training is provided throughout the programme. The provider has worked to improve the diversity of the pool of actors used in the OSCEs and also works with a local theatre company of neurodivergent actors which has enabled them to create relevant case studies.

The University has produced guidance for staff in designing inclusive assessments and on barriers in curriculum design, so that inclusivity is embedded when curricula are created. All programmes and assessments within the School of Pharmacy and Pharmaceutical Sciences are designed using this guidance. Reasonable adjustments for students are made to the course delivery and assessments, if a need is identified through the University process. This includes adjustments during the period of learning in practice, which is achieved in consultation with the DPP and the employer once permission is received from the student for the information to be shared. Learning outcomes are not adjusted.

The provider stated that although equality and diversity data is collected at the University level, there have been issues with maintaining anonymity (where student numbers in a particular category are low) and access to the data. In addition, small cohorts on the programme have meant that aggregated data is difficult to interpret, so the provider is now looking across cohorts. The data is reviewed at a School level and a formal report is made to the Biomedical and Lifesciences College each year, with action plans if needed. The team noted the provider's challenges with the equality and diversity data and looks forward to seeing how data is used in the future as it becomes more meaningful.

Standard 3 - Management, resources and capacity

Standard met? Yes No (accreditation team use only)

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

A management plan sets out roles, responsibilities and lines of accountability in the University and practice environments. A learning agreement is required to be signed by the student, DPP, personal tutor and the University. This outlines the roles, responsibilities and accountabilities of each party, and is agreed at the first tripartite meeting between the parties, and reviewed at subsequent meetings. These meetings act as formal progress review meetings. Notes are taken by the personal tutor and reviewed by the course leads, who will follow up on any individual issues and provide global feedback to the DPPs about generic issues being raised.

The team asked for details of the processes for identifying and managing risk and was told this has been a high priority for the School in the light of the pandemic and the new GPhC standards. A risk register for the programme is held by the Education Committee and reviewed monthly by the programme team, with the School Senior Management Team having strategic oversight. The provider considers one of the biggest risks to be a lack of external contributors to the course, so has focused on building strong relationships with previous students and bringing them into the School to contribute to the course.

The team sought reassurance that appropriate resources are available to meet the planned increase in student numbers and was told that the leadership team has been recently expanded. The School has also invested in more equipment for clinical skills, both to increase the diversity of the clinical

skills teaching, and to ensure there is enough equipment for the increased student numbers. Workshop rooms have been refurbished and three new consultation rooms have been created.

The School uses external experts as personal tutors and plans to expand the pool of tutors available by recruiting previous students and other stakeholders. The timing of the two cohorts each academic year has been changed so that there is no longer an overlap, making it easier for one tutor to serve as a tutor in both cohorts.

Only one cohort each year will be delivered in a multi-professional setting involving students on courses in the School of Healthcare Sciences. The team asked how the provider will ensure parity of content and opportunity for those students not taught alongside other trainee healthcare professionals. The provider explained that the course team make a note of the interprofessional points raised in the first cohort and will bring them to the remaining pharmacy-only cohorts. There is an aspiration to have interprofessional learning across all the University's healthcare courses, but at present this is not a requirement of all regulators, so is not high priority for some course leads.

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 continue to be met.

Details of the monitoring and evaluation procedures are provided in a Management Plan which describes how the programme abides by the Cardiff University Quality Assurance Framework. Evidence is provided from:

- evaluation of the training undertaken by DPPs and personal tutors
- student-staff panel
- feedback on taught study blocks
- feedback obtained through the tripartite progress review meetings with the student, DPP and personal tutor
- end of programme feedback from students and DPPs
- University module evaluations
- external examiner report

The programme is subject to a University-wide Annual Review and Enhancement procedure, with data reviewed throughout the year as it becomes available. Actions are identified by the provider and feed into a Student Experience and Enhancement Plan which is reviewed at University-level four times a year.

The team asked how feedback from students is captured and was told that this comes from an end of study block evaluation as well as from informal feedback, for example, given to staff during coursework clinics. During the pandemic, the response rate to formal evaluations dropped, so the provider organised an online feedback meeting. The team asked for an example of how feedback has been used to improve provision and was told that the impetus for the assessment changes described at Standard 7 came from student feedback.

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 continue to be met.

A detailed learning and teaching strategy is designed to enable students to build upon their previous experience and knowledge and to apply their learning to their intended scope of practice.

The programme is delivered as a 40-credit module, equating to approximately 400 hours of student effort and has a blended approach of face-to-face and virtual study days, directed study, time in practice under the supervision of the DPP, self-directed learning and assessments.

The module runs over 6 months and includes:

- 6 x 2-day study blocks, with students grouped according to their speciality;
- the equivalent of 12 days (minimum of 90 hours for pharmacists) learning in practice under the supervision of a DPP;
- a minimum of 14 days of directed study;
- time for self-directed learning, assignment development and writing and completion of the Prescribing Portfolio.

The team saw evidence that the provider had consulted extensively with employers and commissioners including HEIW in redesigning the course, and asked for details of how patients and the public had also been engaged in the process. The provider acknowledged that this had been less of a focus. However, patients and actors who contribute to the course had been consulted on specific elements, such as the OSCE stations, and there are plans to have patient and public representation on the programme Steering Committee, which will have its first meeting before the next cohort starts.

The team advised the provider to accelerate its efforts to seek patient and public feedback in a more systematic way and looks forward to seeing how this has developed at the next reaccreditation event.

The learning agreement makes it clear to the student and the DPP that students must only undertake tasks in which they are competent or learning under supervision to be competent, so that patient safety is not compromised. The team noted that during the pandemic the University has introduced a safety net policy which allows students a repeated first attempt, and then a resit if, for Covid-related issues, the original first attempt was failed. The provider stated that this policy has not been used for any students on the programme and expects it to be rescinded for the 2021-2022 academic year. Any serious safety issues identified during an assessment are always discussed with the student and appropriate action taken in line with fitness to practise policies. The DPP Handbook, the learning agreement and the DPP training make clear to DPPs that they must refer any fitness to practise concerns to the provider.

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 continue to be met.

The programme requires that the student spends a minimum of 90 hours learning in practice, in clinical settings that are appropriate and relevant to their scope of practice, under the supervision of their DPP. 45 hours should be spent directly with the DPP, 20 hours with medical practitioners who work in the student's scope of practice and the remaining time with a range of personnel, again ideally related to the scope of practice. Within the 90 hours the student should spend a maximum of 20 hours in an observational role, 30 hours taking an active part in consultations, and a minimum of 30 hours leading consultations; this is to ensure they have enough experience of direct patient access.

The team asked what controls the provider will have in place for the delegation of responsibility for supervision from the DPP to the medical practitioner or other health professionals, so that patient and public safety is maintained. The provider explained that it will be for the DPP to decide who has the appropriate skills and competencies needed to supervise the student. The DPP will then have a responsibility to make sure the supervisor is aware of their responsibilities and to seek feedback from them on the student's performance.

The team asked how the involvement of patients in learning in practice has been adapted due to Covid-19, and what changes are anticipated for the future. The provider stated that hospital-based students had largely been able to complete the course with normal levels of patient-facing experience. Students based in GP practices were affected by the move to virtual consultations. The provider took the view that virtual consultation skills are necessary, and likely to be more so in the future, so has accepted that face-to-face experience will be reduced. One of the consultations sessions carried out in the University with actors has been converted to a virtual consultation, so that students can receive patient feedback on their skills.

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.

A programme assessment strategy provides details on the schedule of assessment, the specific assessments, marking and moderation processes, the role of DPPs and Academic Regulations. It is provided to students during their first study block and is available to them online.

Several changes however are proposed to the schedule of assessments from 2021-2022. This is because of a recent major review of the assessment strategy in response to student feedback and the new GPhC standards. The substantive outcomes of this review are:

- New portfolio activities on consultation skills and discussions with medical practitioners working in the student's scope of practice to ensure that all learning outcomes will be met for all students. As this increases the amount of work for the portfolio, it was decided to remove the literature review element of a reflective narrative;
- The Structured Clinical Assessment previously undertaken by the DMP and moderated by the University has been incorporated into the portfolio as a formative assessment. This decision was based upon feedback from the students about the difficulty of video recording consultations, especially during the pandemic. A discussion about the consultation between the student and DPP is now required to be audio recorded and this is shared with the personal tutor for review;
- A new OSCE undertaken at the University has been developed, assessing general consultation and patient assessment skills. The previous simulated practical assessment will be

incorporated into this new assessment. This change has been made to ensure that there is an objective assessment of all students' skills in general consultation and assessments.

The new schedule of assessments will be as follows:

- Calculations (pass mark 100%, pass/fail)
- Prescribing portfolio (pass mark 50%, 40% of course mark)
- Therapeutic framework (pass mark 50%, 30% of course mark)
- OSCE (pass mark 50%, 30% of course mark)

The team asked for details of the quality assurance processes for DPP assessment decisions. The provider acknowledged that this has been the most challenging aspect of the course redevelopment and has taken the view that the application process ensures that all DPPs are skilled, expert practitioners. Nonetheless, the provider will require all DPPs to undertake a moderation exercise before assessing students. This uses a Royal College of General Practitioners' video and asks DPPs to make a judgement about whether a student is above or below expectation. This has been used successfully with DSMPs on the current programme and the provider has found that judgements have usually been consistent.

DPPs will also be asked to provide written feedback on several activities in the portfolio, on the clinical logs and on the therapeutic framework. This feedback will be reviewed by the provider. The structured clinical assessment discussion between the DPP and student will be audio recorded and the personal tutor will review the recordings and identify any concerns, for example about the judgements made or the level of detail.

Standard 8 - Support and the learning experience

Standard met? Yes No (accreditation team use only)

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

The team reviewed written feedback on the course from a number of past and current students. Feedback was very positive, with students finding the course well organised and resourced and staff easy to contact. Students particularly valued the support they had received during the Covid-19 pandemic.

The provider has not received complaints from students on the programme, but a formal complaints process is available, and students are made aware of this. More informally, students with concerns are supported on a case-by case basis. For example, during the pandemic, some students had been anxious about having sufficient time with their DMP.

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.

Information on the eligibility criteria for the role of DPP is provided to applicants. The course-specific application form requires details of the proposed DPP and was developed with reference to the GPhC's requirements and the RPS Competency Framework for DPPs. This process will identify if

someone is unsuitable to take on the role. If an issue emerges after the student has started the course, then the provider will explore this with the student and DPP and agree appropriate action.

Potential DPPs will be given a copy of the Student Handbook and invited to attend a webinar outlining the role. Once appointed, they will have a DPP Handbook and induction session as well as MS Teams membership and more informal support from course leaders. With the move from DSMPs to include non-medical DPPs, the provider will keep this support under review to ensure it is sufficient.

Feedback will be provided to DPPs via a summary of key issues which the course leaders will identify from the tripartite meeting reports.

