

# **University of Chester independent prescribing course reaccreditation event report, June 2021**



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## Event summary and conclusions

<b>Provider</b>	University of Chester
<b>Course</b>	Independent prescribing course
<b>Event type</b>	Reaccreditation
<b>Event date</b>	4 June 2021
<b>Reaccreditation period</b>	September 2021 – September 2024
<b>Relevant standards</b>	<a href="#">GPhC education and training standards for pharmacist independent prescribers, January 2019</a>
<b>Outcome</b>	<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 Chester should be reaccredited for a further period of three years, subject to one condition.</p>
<b>Conditions</b>	<ol style="list-style-type: none"> <li>1. A quality assurance mechanism must be introduced for the assessment of clinical and diagnostic skills carried out by the DPP in the practice setting that are not covered by the core teaching and assessment within the University. This is to ensure that the course team has appropriate arrangements in place to ensure consistency and make sure that all pharmacists demonstrate meeting learning outcome 19 at the 'does' level, regardless of their scope of prescribing practice. This relates to both learning outcome 19 and criterion 7.7.</li> </ol> <p>Evidence of how the University has addressed the condition must be sent to the GPhC, for approval by the accreditation team. This must be done by 31 July 2021.</p>
<b>Standing conditions</b>	The standing conditions of accreditation can be found <a href="#">here</a> .
<b>Recommendations</b>	No recommendations were made.
<b>Registrar decision</b>	<p>Following the event, the provider submitted documentation to address the condition and the accreditation team was satisfied that the condition had been met.</p> <p>The Registrar of the GPhC accepted the team's recommendation and approved the reaccreditation of the course a further period of three years.</p>

<b>Maximum number of all students per cohort:</b>	35 (40 planned)
<b>Number of pharmacist students per cohort:</b>	35 (40 planned)
<b>Number of cohorts per academic year:</b>	Six (6-7 planned)
<b>Approved to use non-medical DPPs:</b>	Yes
<b>Key contact (provider)</b>	Jenny Stewart, Senior Lecturer and Non-Medical Prescribing Programme Lead
<b>Provider representatives</b>	Jenny Stewart, Senior Lecturer and Programme Leader Nahim Khan, Senior Lecturer Dr Alan Massey, Deputy Head of Public Health & Wellbeing & Senior University Teaching Fellow
<b>Accreditation team</b>	Dr Ruth Edwards (event Chair), Head of Professional Experience, School of Pharmacy, Aston University Parbir Jagpal, Director of Postgraduate Studies and Programme Director-Practice Certificate in Independent Prescribing, University of Birmingham Liz Harlaar, Independent Business Consultant
<b>GPhC representative</b>	Chris McKendrick, Quality Assurance Officer, GPhC
<b>Rapporteur</b>	Dr Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde

## Introduction

### Role of the GPhC

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

The GPhC's right to check the standards of pharmacy qualifications leading to annotation as a pharmacist independent prescriber is the Pharmacy Order 2010. It requires the GPhC to 'approve'

courses by appointing ‘visitors’ (accreditors) to report to the GPhC’s Council on the ‘nature, content and quality’ of education as well as ‘any other matters’ the Council may require.

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

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

## Background

The University of Chester was originally accredited by the GPhC in 2009 to provide a programme to train pharmacist independent prescribers, for a period of 3 years with reaccreditation for further periods of three years in 2012, 2015 and 2018, the last with one condition and one recommendation. The condition was that the University must ensure that, in any assessment, a failure to identify a serious problem or an answer which would cause the patient harm would result in the overall failure of the programme. This had to be communicated to students and DMPs in all materials. The team agreed that the then current assessment regulations did not ensure that the student would fail the overall programme. This was to meet criterion 5.4. The condition was met in August 2018. *It was **noted** during this event that this is no longer a GPhC requirement although the provider is free to continue to include it.* The recommendation was that the GPhC learning outcomes should be mapped accurately to the programme learning outcomes and assessments.

In line with the GPhC’s process for reaccreditation of independent prescribing programmes, an event was scheduled on 4 June 2021 to review the programme’s suitability for reaccreditation. Since the last reaccreditation event in June 2018 there have been twelve cohorts delivered with 39 pharmacists completing the programme.

The submission stated that changes to the programme and the teaching and learning strategy have been kept to a minimum during the COVID-19 pandemic as the University maintained face-to-face teaching based on guidelines for clinical sessions, including for the NMP programmes. The theoretical sessions were delivered via blended learning. Service users have been replaced temporarily by University members of staff for OSCEs. Pharmacology and numeracy exams have continued to be carried out face-to-face under COVID safety guidelines to allow invigilation, although the University now has the technology for online invigilated exams should this be needed. The team was told that the new GPhC standards and learning outcomes had afforded the University the opportunity to review the programme with fresh eyes and to revise timetables.

## 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 the University of Chester and the

GPhC on 4 June 2021 and comprised meetings between the GPhC reaccreditation team and representatives of the University of Chester prescribing course.

A small number of 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 – 12:45
3.	Lunch	12:45 – 13:45
4.	Learning outcomes testing session	13:45 – 14:30
5.	Private meeting of the accreditation team and GPhC representatives	14:30 – 15:00
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 6 learning outcomes (**2, 5, 15, 19, 23 and 27**) during a separate meeting with the provider and judged that one of the 32 learning outcomes **was not met** to the level required by the GPhC standards. The following learning outcome was not met: **19**. The learning outcome that was not met will need amendment prior to the next intake of students being admitted to the course.

### 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

Learning Outcome 19, “Demonstrate clinical and diagnostic skills in clinical setting appropriate to their scope of practice”, was not met. This was because the team considered that there was insufficient University quality assurance of the assessment of clinical and diagnostic skills at the “does” level carried out by the DPP in the period of learning in practice, particularly for those pharmacists whose required clinical skills were not covered by the core teaching and assessment of such skills within the University.

### 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 of the six criteria relating to the selection and entry requirements will be met** (The criteria can be found [here](#))

All students apply using the North West NMP application form, a collaboration of all the North West HEIs that is regularly reviewed and updated as required. The application form is prescriptive to ensure the selection process complies with legislation and that only those pharmacists who meet the entry criteria are admitted onto the programme. The team was told that the programme team does not have a lot of influence over who is admitted to the programme as students are nominated from practice environments. It was stressed that the programme team is most concerned that there is a role requiring an independent prescriber, rather than an applicant seeking such a role. A dedicated admissions team reviews applications using a checklist to determine if entry criteria have been met. The application form includes reviewing the applicant's clinical and therapeutic experience from a personal statement of applicant's experience. The application is fully reviewed and checked by the admissions team with any queries referred to the programme lead or deputy. All applications from self-employed pharmacists are referred onto the programme lead and deputy lead who review references and may contact the referee or practice assessor. The team was told that there had never been a pharmacist applicant that did not meet the entry criteria. Any rejected applicants will receive feedback from the Admissions Team on behalf of the Programme Lead.

### Standard 2 - Equality, diversity and inclusion

Standard met? Yes  No  (accreditation team use only)

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

The team was told that the University has an inclusive culture and that all staff involved in programme design, delivery and assessment, including assessors of practice in clinical settings and service users, will have completed regular and mandatory equality and diversity training. There is a specialist disability and inclusion team that works with students to identify appropriate solutions to potential barriers to learning and to identify students who may require reasonable adjustments to be made. The team was told that all materials within the curriculum are checked for equality and diversity criteria by the Head of Department and Board of Studies. Designated Prescribing Practitioners (DPPs) must confirm the learning environment meets the mandatory requirements including equality and diversity legislation. The influences on prescribing session considers how E&D issues may influence decision-making, and health inequalities are also considered in a session. Data from the University's continuing monitoring and enhancement (CME) process are used to analyse admission, performance and outcome trends, including factors such as ethnicity and professional backgrounds, and to consider,



design, implement and track the impact of initiatives intended to enhance an individual or cohort of student's learning experience. The team learned that some variation in attainment has been discovered at different delivery sites and that an extra revision session had been delivered to improve performance.

### Standard 3 - Management, resources and capacity

Standard met? Yes  No  (accreditation team use only)

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

Delivery plans are created by the programme lead and agreed as achievable by the Head of Department. The programme handbook contains guidance of all relevant policies and procedures including how to raise concerns. Engagement with the programme is monitored via the student attendance system. Regular meetings take place between the programme team and the DPPs to ensure understanding of roles and responsibilities. Risk is assessed at programme level with overall risk assessments produced by the Head of Department and reviewed quarterly as part of programme oversight. DPPs are provided with a DPP handbook, a copy of the competency document and a DPP learning resource. Each NMP student and their DPP are allocated a named University-based academic assessor, an independent prescriber, to support them in the clinical practice element of the programme and to ensure that agreements are implemented and monitored. The team was told that applications from independent pharmacists are reviewed closely although often the University has undertaken an audit of their work location. The University delivery team consists of a prescribing pharmacist, two Advanced Practitioner prescribers who are NMC registrants, three public health community nurse prescribers, a clinical nurse specialist independent prescriber and an HCPC-registered prescribing paramedic, along with four service users who contribute to various aspects of the programme; all can deliver at any of the University sites. The team was told that the service users are offered an induction package to introduce them to university systems and work with the Programme Lead to determine their roles and responsibilities. The programme is multi-professional and applications from GPhC, NMC and HCPC registrants are accepted. In order to meet the needs of all professions the principles are generic, allowing the formal learning part of the programme to be built upon in the clinical practice element which is delivered in newly-refurbished simulation suites. The team learned that the timetables at the six delivery sites, Chester, Warrington, Wirral, Leighton, University Centre Shrewsbury Campuses and at the Isle of Man, are the same and that the pharmacology and clinical skills sessions are delivered by the two advanced practitioners at each site, although each site has its own module leader. The clinical skills facilities, VLE and PowerPoint slides used are the same campus.

### Standard 4 - Monitoring, review and evaluation

Standard met? Yes  No  (accreditation team use only)

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

Programme planning meetings had representatives from students, service users and practice

partners who contributed to the programme redesign. The continuing monitoring of the enhancement (CME) process captures a range of data to allow programmes to consider, design, implement and track the impact of initiatives intended to enhance the student's journey. Students have a variety of ways in which they can feed back including by online programme evaluations. They also choose a Student Experience Representative (SER) to represent them at programme Staff Student Liaison Meetings (SSLMs). Each NMP cohort nominates SERs for SSLMs although the team was told that it had been difficult to recruit postgraduate students to the SSLM. Programme planning meetings had representatives from students, service users and practice partners who contributed to the programme redesign taking into account the regulators' education prescribing standards. The team was also told that the external examiner has been involved in the programme planning. It is mandatory for all University teaching staff to complete two formal Peer Observation of Teaching episodes per academic year which help to identify any learning objectives and to maintain the quality of the educational sessions. In October 2020 the University Validation Panel recommended approval of Non-Medical Prescribing, Independent and Supplementary Nurse Prescribing to be delivered at Chester, Warrington, Wirral, Leighton, University Centre Shrewsbury Campuses and at the Isle of Man. The initial student cohort registration date for the newly-approved programme is 14 September 2021.

## Standard 5 - Course design and delivery

Standard met? Yes  No  (accreditation team use only)

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

The programme consists of 26 structured theory days and 12 days (90 hours) of clinical prescribing practice supervision. The programme redesign began in 2018 by a Programme Planning Team with membership reflecting all key stakeholders. The submission documentation stated that the RPS (2016) generic Prescribing Competency Framework forms the basis of the curriculum. The RPS framework has been used to inform the design and delivery of the programme acting as a contextual framework to structure learning and assessment with its prescribing competencies mapped with the programme learning outcomes and the assessments. The GPhC-specific learning outcomes have also been mapped to the programme learning outcomes. A variety of teaching and learning strategies will be used to meet the programme learning outcomes, including keynote lectures, tutorials, simulation, open learning materials, small group work, discussion, seminar presentations and case discussions. Self-directed and peer-learning will be encouraged throughout and peer and self-assessment will be used in the formative assessment process to complement lecturer assessment. All pharmacists must attend the mandatory clinical skills days and the team was told that it is very rare for any student to be allowed to opt out of this element of the programme. A clinical and prescribing pharmacist is a permanent member of the NMP team. Within clinical practice environments the student has an agreement of support submitted at the time of application agreed by the student's line manager, the trust NMP lead and the DPP. The quality of the placement area is also confirmed at this time and additionally a placement audit will be in place to ensure the appropriateness of the clinical environment as a learning area. Mechanisms are utilised both in practice and in academic submission to identify unsafe practice against the standards for

pharmacy professionals and/or University regulations. If unsafe practice or issues of academic integrity are suspected, then appropriate local or GPhC policies and procedures are applied. Regular contact from the University is intended to give DPPs the confidence to raise concerns and/or ask questions as needed. Students are encouraged to raise concerns to the course team at any time.

## Standard 6 - Learning in practice

Standard met? Yes  No  (accreditation team use only)

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

All students will have an identified DPP who agrees to support the student for a minimum of 90 hours (12 days) in clinical practice to allow students to achieve their prescribing competencies. All of the essential DPP criteria must be met as per the application form. Kolb's experiential learning cycle is used to meet the requirements of the learning and teaching strategy and to ensure that interaction with patients occurs. The team was told that although students are still able to undertake the practice work during the COVID-19 pandemic, and that there have been no substantive issues, they are limited in the range of practices that they can experience. The hours in practice are logged, and submitted as part of the Competency Assessment Tool (CAT). The team learned that some students had had to ask for extra time to complete the learning in practice due to work commitments during the pandemic. The DPP must confirm that the student has met all of the required competencies and has completed 90 hours clinical prescribing supervision. The DPP is asked to spend a minimum of 30% of the 90 clinical supervision hours directly observing the prescribing student. The DPP is supported in their role with a DPP handbook and learning resource as well as by the University-based academic assessor.

## Standard 7 - Assessment

Standard met? Yes  No  (accreditation team use only)

**The team was satisfied ten of the eleven criteria relating to the assessment will be met with one criterion subject to a condition**

The programme assessments are mapped to the learning outcomes and summative assessments include a pharmacology written exam (80% required), a numeracy written exam (100% required), an OSCE to be completed in the University, and the Competency Assessment Tool (CAT). Based largely on student desire for consistency in assessment it had been decided that completing an OSCE within the University setting was the best way to ensure such consistency. The team was told that the OSCE was now different from its previous iteration due to students considering that being assessed on measuring blood pressure was unfair as it was not a skill that they would use routinely in practice. The OSCE now involves one of the key themes of the programme, sore throat, cough, constipation, diarrhoea or headache as well as a COVID safe practical handwashing assessment. The team had some concerns about OSCEs based on minor ailments and that this did not enable assessment on the full range of patient assessment skills and knowledge required of an independent prescriber. The clinical skills required by the student's chosen area of prescribing are assessed in practice by the DPP with planned

communication points between the DPP and academic assessor to provide support, and form part of the CAT. However, after exploring the assessment of clinical and diagnostic skills in some detail, the team set a **condition** that the University must introduce a quality assurance mechanism for the assessment of clinical and diagnostic skills that are not covered by the core teaching and assessment within the University, which are carried out by the DPP in the practice setting. This is to ensure that the course team has appropriate arrangements in place to ensure consistency and make sure that all pharmacists demonstrate meeting learning outcome 19 at the 'does' level, regardless of their scope of prescribing practice. University assessment regulations are followed, which incorporate mechanisms for assessment of learning in practice, marking rubrics and grade descriptors, moderation procedures, resit opportunities and guidelines, academic malpractice and the QA process including scrutiny by an external examiner who, the team learned, had not raised any substantive issues. Formative assessment includes a review of competency achievement and critical incidents, reflective self-assessment exercises within NMPWEB materials, net-based exercises and questionnaire, and self, peer and DPP assessment. Any pharmacist that responds in a way which would cause patient harm during an assessment as judged by the NPSA risk matrix will fail the programme and will not have the opportunity for reassessment; but see note in Background above. There is no compensation between the assessment elements; all parts must be passed. The team was told that despite the 80% attendance rule, students do not miss clinical skills teaching and can make up missed sessions by attending at another campus. Students not achieving the 80% attendance will not pass the programme and not be issued a practice certificate in independent prescribing.

## Standard 8 - Support and the learning experience

Standard met? Yes  No  (accreditation team use only)

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

All students receive a welcome letter that identifies the key contacts, including details of the personal academic tutor, module lead, programme lead and academic assessor. The team was told that the module leader is the student's academic tutor, their "go to" contact, and that the academic assessors are all IPs who are concerned with practice and support for the DPPs. The programme handbook contains all the programme-specific information, and the programme induction covers all of the key programme information. The use of the online programme pages is demonstrated and practised to ensure that students can access any resource they need. For the practice part of the learning and assessment there is a clear structure and timeline in place with a tripartite relationship between the DPP, the student and academic assessor with regular communication taking place. Students are encouraged to raise concerns at any time and the concerns policy is highlighted at induction. The programme handbook contains information including the contact details for the whole NMP team and links to raising concerns and professional suitability. Issues are ideally raised through a trusted person and a safeguarding process is initiated should a concern be raised. The students also have an opportunity to evaluate the learning environment; this represents part of the CAT which is submitted to and reviewed by the academic assessor. The NMP team has an understanding and awareness of the GPhC's guidance on tutoring for pharmacists and pharmacy technicians, with the programme pharmacist ensuring that it is embedded within the programme.

## Standard 9 - Designated prescribing practitioners

Standard met? Yes  No  (accreditation team use only)

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

The team learned that the University is not yet using any pharmacist DPPs and that it wishes to maintain its team of DMPs. The criteria to take up the role and responsibility of DPP are identified in the Northwest NMP application form. The DPP competence and compliance process was examined in 2021 by the GPhC outside of any event and agreed to be sufficient as part of the NWNMPEG collaborative agreement. In the interests of impartiality, the University will not accept a student onto the programme that is paying their DPP. Once a DPP has been confirmed by the University admissions team and/or programme lead they are sent a welcome letter with the DPP Handbook that contains NMP team key staff contact details, information about supporting an NMP student in practice, information about the programme, and links to key supporting documents. There are online training resources available through the NW Universities Cooperative. Each DPP has a nominated University-based academic assessor who will provide contact and support at least three times throughout the programme with set minimal contact points. There is a clinical learning evaluation which is submitted as part of the CAT, reviewed by the academic advisor and acted upon as appropriate. This may involve speaking to the NMP student formally or speaking directly with the DPP. If required, the trust NMP lead may be contacted to help address any concerns about quality. Feedback to DPPs is done by email but the team was told that there had been no substantive issues to date, with 99% positive feedback, although some students had needed to change DPPs as a result of DPP sickness.

