General Pharmaceutical Council

Coventry University independent prescribing course reaccreditation event report, 05 July 2022

Contents

Event summary and conclusions	
Provider	Coventry University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	05 July 2022
Approval period	September 2022 - September 2025
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 Coventry 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	1. The provider should review the number of resit opportunities to ensure that patient safety and safe and effective practice is prioritised. This is because the number of resit opportunities is not consistent with other independent prescribing course providers. This relates to Criterion 5.8.
Minor amendments	• To amend the application form to reflect the correct number of study days, as this currently states '26 taught study days'. The submission document states 14 days in total. • To check documentation for accuracy and consistency. In Section 8 of the application form there are some references to DMP only, whereas in other places there are references to DMP/DPP. • To correct the wording within the Programme Specification statement, which states that 'the pass mark for all modules is normally 40%, however the NMC, GPhC and HCPC require a pass mark of 80% for the short answer and multiple-choice paper and 100% for numeracy'. This is incorrect, as the GPhC has not mandated these pass marks. • To amend the DPP application form, so that it is explicit in the eligibility criteria that DPPs must have the ability to assess clinical and diagnostic skills.

	• To update all relevant documentation so that reference is made to the 2019 RPS Framework, instead of the 2016 RPS Framework (for example, the course student handbook).
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 three years
Maximum number of all students per cohort	180
Number of pharmacist students per cohort	40
Number of cohorts per academic year	2
Approved to use non-medical DPPs	Yes
Key contact (provider)	Clare James, Assistant Professor-NMP (Course Director)
Provider representatives	Ravinder Cholia, Assistant Professor-NMP (Pharmacist) Kerrie Herbert, Assistant Professor Quality and Course Approval Patricia Bluteau, Associate Head of School QA Suzanne Hilton, Head of School
Accreditation team	Susan Bradford (event Chair), Adjudicator, Social Work England Dr Brian Addison, Academic Strategic Lead in Clinical Practice & MPharm Course Leader, Robert Gordon University Dr Gemma Quinn, Lead for PGT Pharmacy Practice Programmes, Deputy Director of Studies and Senior Lecturer Clinical Pharmacy, University of Bradford
GPhC representative	Rakesh Bhundia, Quality Assurance Officer (Education)
Rapporteur	Sarah Hadden, Data Monitoring and Evaluation Officer (Education)
Observer	Chris McKendrick, Senior Quality Assurance Officer (Education)

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 accreditation process is based on the GPhC's standards for the education and training of pharmacist independent prescribers, January 2019.

The Pharmacy Order 2010 details the GPhC's mandate to check the standards of pharmacy qualifications leading to annotation as a pharmacist independent prescriber. 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

Coventry University ('the provider') has delivered an accredited independent prescribing programme since 2016. The programme was last accredited by the GPhC in June 2019, for a period of three years, and there were no conditions or recommendations. The course is led by a nurse, however teaching is delivered by a variety of healthcare professional groups.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 05 July 2022 to review the course's suitability for reaccreditation.

Since the last reaccreditation event, the course was required to move online in response to COVID restrictions. The provider also received GPhC approval for the use of non-medical designated prescribing practitioners (DPPs).

The provider is seeking approval to offer both fully online and blended versions of the course. The provider is also seeking approval to increase the capacity of each cohort to 180 students (from 150), with a maximum of 40 pharmacists (from 25) per cohort. The number of cohorts per academic year will remain capped at two.

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. Additional documentation was requested and reviewed by the accreditation team ('the team'), and this was deemed to be satisfactory to provide a basis for discussion.

The event

The reaccreditation event was held remotely by videoconference on 05 July 2022 and comprised of several meetings between the GPhC accreditation team and representatives of the Coventry University independent prescribing course.

Students who were currently undertaking the course, or who had completed it in the last three years, were invited to contribute to the event by completing a qualitative survey, responses to which were reviewed by the GPhC accreditation team. At the time of the event, there was one survey response.

Declarations of interest

There were no declarations of interest.

Schedule

Meeting	Time
Private meeting of accreditation team and GPhC representatives, including break	09:15 - 10:45
Meeting with course provider representatives	10:45 - 13:00
Lunch	13:00 - 14:00
Learning outcomes testing session	14:00 - 14:30
Private meeting of the accreditation team and GPhC representatives	14:30 - 15:30
Deliver outcome to the provider	15:30 - 15:45

Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of 6 learning outcomes during the event 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: **3, 13, 15, 19, 22 and 28**

Domain: Person centred care (outcomes 1-6)

Learning outcomes met/will be met? Yes ☒ No ☐

Domain: Professionalism (outcomes 7-15)

Learning outcomes met/will be met? Yes ☒ No ☐

Domain: Professional knowledge and skills (outcomes 16-26)

Learning outcomes met/will be met? Yes ☒ No ☐

Domain: Collaboration (outcomes 27-32)

Learning outcomes met/will be met? Yes ☒ No ☐

Key findings - Part 2 - Standards for pharmacist independent prescribing course providers

Standard 1: Selection and entry requirements

Standard met/will be met?   Yes ☒ No ☐

The team was satisfied that all six criteria relating to the selection and entry requirements will be met or continue to be met. There were two minor amendments relating to criterion 1.1 and 1.3.

Prospective students can access course information and entry requirements on the University course webpage prior to completing an application. As part of the application, candidates submit a personal statement alongside their level of education and clinical experience. Applications should include two recent CPD entries and reflections on how they have applied their learning into practice. Prospective DPPs are also required to complete a form and provide evidence that they hold the necessary skills and competencies for the role. Employers are required to complete a form to confirm they can support the course application. These application forms reiterate the requirements for all parties involved, as well as outline basic course information.

The team requests a minor amendment to the application form to reflect the correct number of study days. The application form states '26 taught study days', whereas the submission document states 14 days in total.

The team requests a further minor amendment to check documentation for accuracy and consistency. In Section 8 of the application form there are some references to DMP only, whereas in other places there are references to DMP/DPP.

Submitted applications are reviewed and evaluated by either Clare James (course director) or Fran Thompson (module leader), to ensure consistency. Both members of staff have undertaken training on how to review applications and conduct interviews. There are set criteria which must be met before an application is accepted, and the provider documents how each of these criteria are met or not met in a spreadsheet. Prospective students are interviewed if the provider feels the evidence supplied is unclear or too brief.

The provider noted there has recently been an increase in the number of applicants who hope to use the qualification in the professional field of aesthetics, which has led to several application rejections. The provider described an example where a GPhC-registered candidate based in London applied for the course under the supervision of a DPP based in Birmingham. The provider held an interview with the applicant and the course team agreed the differing locations of the candidate and the DPP was not viable in providing appropriate supervision. The provider wrote to the candidate to formally reject the application and explained how the application had not met the requirements.

Standard 2: Equality, diversity and inclusion

Standard met/will be met?   Yes ☒ No ☐

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

The provider noted that all staff are required to complete mandatory equality, diversity, and inclusion (EDI) training as part of their induction. There is also a faculty EDI committee, which works in partnership with the Students Union to support student initiatives and campaigns.

EDI data is gathered on several protected characteristics for both students and staff, and metrics are collated into a University EDI dashboard. Course directors can access the dashboard, and it is also presented as part of the regular Course Quality and Enhancement Monitoring (CQEM) meetings.

No specific examples were given in terms of how EDI data has influenced the course design or its delivery, though it was clear from discussions that the EDI dashboard data is reviewed and considered. For example, the provider noted the most common declared disabilities on the course are dyslexia and dyspraxia. There are usually several students with a declared disability in each cohort and, with appropriate support in place, disability is not shown to influence course success rates.

The provider explained that if a student has a declared disability, the provider will liaise with both the student and DPP to ensure reasonable adjustments are in place in a practice setting. During COVID, some students struggled to gain the necessary hours in practice and an example of adjustments included the use of remote consultations. Examples of reasonable adjustments in the University setting include additional time in assessments, use of recording equipment in face-to-face lectures, and the use of alternative screens for reading ease during presentations. The provider confirmed that whilst reasonable adjustments are made, the learning outcomes for the course are not adjusted.

There were significant course delivery changes in response to COVID, which has in turn resulted in a higher level of interactivity and accessibility through the virtual learning environment (VLE) 'Aula'. There is more recorded teaching and online resources, and increased adaptability for varying learning styles. Students with specific learning needs reported the increase of online access as very helpful.

Equality, diversity, and inclusion are also covered in several areas of the course content. For example, the session on legal responsibilities of prescribers in training covers relevant equality and human rights legislation. Other sessions where this is covered includes the legal and ethical aspects of prescribing, history taking and consultation, and prescribing in mental health.

Standard 3: Management, resources and capacity

Standard met/will be met?   Yes ☒ No ☐

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

The team was satisfied that those involved in managing and delivering the course understand their roles, are suitably qualified and experienced, and are supported to carry out their work effectively. Role responsibility descriptions and support structures and are provided to students and DPPs at the beginning of the course, in the student handbook and supervision handbook. The provider also described how the University supports professional development of its staff, for example through objectives-setting at regular line manager meetings and access to financial support for further study.

Each student is allocated an Academic Advisor at the beginning of the course, who is matched by clinical background where possible. The Academic Advisor is responsible for contacting the DPP and sharing induction information. Students and DPPs are required to hold an initial contact meeting at the beginning of the course, which involves setting learning objectives, SWOT analysis, and discussing learning outcomes. They are also required to hold mid-point and end-point assessment meetings.

Academic Advisors can join these meetings as required or provide support by email. These meetings are formal opportunities for the provider to liaise with the DPP during the course.

The provider noted students usually will contact their Academic Advisor if they are struggling, however the Academic Advisor will proactively contact the student if they have not heard from them for a while. The provider documents students' progression on a spreadsheet and monitors this to ensure they are on track. If a student looks to be falling behind, then the Academic Advisor will contact them to discuss available support.

The team requested further detail regarding the processes for identifying and managing risk. The provider confirmed that weekly meetings are held, which can involve identifying and live logging risks onto a spreadsheet. Risks are allocated to specific individuals for review and action. An example given related to the burdensome process of applications and admission. The course director and course leader worked together with the University admissions team and an IT specialist to streamline the process and to design an online application form. This will be rolled out in September 2022.

The team was satisfied that the provider has considered the impact of increasing the cohort size and has appropriate resourcing plans in place. The provider confirmed that the cap on 40 students per teaching group will continue, and additional staff will be recruited to manage the subsequent increase in number of teaching groups. The provider noted that whilst there is a limit on the number of pharmacists in each group, this limit has not been reached to date.

Standard 4: Monitoring, review and evaluation

Standard met/will be met? Yes ☒ No ☐

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

The provider monitors and reviews the course through the collation of formal evaluation feedback from module questionnaires and end of course questionnaires. Responses are used to identify areas for improvement within the course, but also make comparisons between teaching groups to ensure the quality of teaching is consistent. Informal ad-hoc feedback is encouraged and often shared during seminars or with Academic Advisors. In addition to student feedback, there is a mandatory teaching observation scheme in place to encourage best practice sharing between staff.

The provider outlined several changes that have been made in response to student feedback. For example, students noted they had much less interaction with each other online (as opposed to in a face-to-face setting) and found this detracted from their learning experience. The provider has since decided to implement new MS Teams engagement software in September 2022, which aims to increase exposure and engagement. The provider has also actively planned teaching groups going forwards to include a varied mix of professional types to maximise inter-professional collaboration.

In response to COVID, the provider has introduced significantly more content on remote clinical working to reflect current practice. For example, there is now a dedicated session on remote prescribing and additional online resources have been included in several other topics.

The provider also monitors and reviews the course through annual and interim CQEM meetings. These meetings review course quality and applicant representation, as well as discuss what was done well, and identify areas for improvement. Stakeholders, students, and service users are invited to take part in these meetings. Action plans are developed to implement improvements for later cohorts.

The provider confirmed that the three objectives identified at the CQEM September 2021 meeting have been completed. The frequency of MS Teams meetings was increased to weekly during COVID and their duration was extended, which has received very positive feedback. There are now additional tutorials on how to write critical reflections, held by a dedicated librarian in each semester, and these include more examples of critical writing. The provider has also reinstated annual meetings with External Examiners, which now take place online.

Each course has an appointed External Examiner, who is responsible for the external moderation of assessments and feedback, pass and progression rates, and contributes to overall course development. They are required to submit an annual report on the course, which feeds into the CQEM review meetings, and they are invited to attend regular Board of Examiner meetings.

Standard 5: Course design and delivery

Standard met/will be met?   Yes ☒ No ☐

The team was satisfied that all ten criteria relating to the course design and delivery will be met or continue to be met. There was one recommendation relating to criterion 5.8. There was one minor amendment relating to criterion 5.8.

The provider confirmed that the permanent course staff includes two pharmacist prescribers, and there is input from several pharmacist specialist visiting lecturers with regards to teaching and assessment. The provider noted there is also a University Clinical Skills team which supports the provider with teaching clinical and diagnostic skills.

The provider described the ways in which the course is designed to develop and build upon students' existing knowledge, skills, and practice. Students agree personal development plans with their DPPs/Academic Advisors at the beginning of the course, including what areas they want to increase knowledge in and how they would do this. The provider noted weekly seminars are particularly useful for this, as students discuss scenarios and learn from each other's experiences.

Feedback gathered from students is reviewed and considered when planning the design and delivery of subsequent cohorts and assessments. The provider gathers student feedback through a variety of mechanisms, including meetings such as the Student Forum, Board of Study and School Board.

The team asked for more information on stakeholder engagement meetings. The provider explained that regular review meetings are held with practice partners to gather feedback on the course and discuss ways in which it could be improved. For example, in response to feedback received the provider plans to offer a face-to-face course for the Dagenham groups, and both online and face-to-face offerings for the Midlands groups. Whilst patient and public stakeholder engagement was not specifically discussed during the event, there was reference to previous engagement with these groups within the submission document.

The team requested further information with regards to regulations on resit opportunities and pass marks. The provider clarified that for 'core' examination components (for example, the OSCE assessment, pharmacology examination, and numeracy examination), students are allowed up to four attempts in total. For 'non-core' examination components (for example, critical reflections), students are allowed up to three attempts in total. The provider also clarified that students are required to achieve a pass mark of 80% in the pharmacology examination and 100% in the numeracy examination,

in line with requirements of the Nursing and Midwifery Council (NMC). For fairness, all students are required to attain the same pass marks regardless of professional background.

The team recommends that the provider reviews the number of resit opportunities, to ensure that patient safety and safe and effective practice is prioritised. This is because the number of resit opportunities is not consistent with other independent prescribing course providers. This relates to criterion 5.8.

The team also requires a minor amendment to correct the wording within the Programme Specification, which states that 'the pass mark for all modules is normally 40%, however the NMC, GPhC and HCPC require a pass mark of 80% for the short answer and multiple-choice paper and 100% for numeracy'. This is incorrect, as the GPhC has not mandated these pass marks.

The provider confirmed that students usually approach the provider directly if they any concerns. The provider will facilitate conversations with the DPP and student, identify the root cause of the concern, and ensure appropriate action plans are in place to support the student going forward. This could include supporting an extension/deferral or having a conversation with the line-manager around the importance of ensuring the student is released for study. The provider described an instance where a student felt they were being given more of an observatory role rather than an active participatory role. The provider facilitated conversations with the DPP and GP surgery to provide clarity and align expectations. It was agreed that the student would initially undertake an observatory role, before transitioning into a more active role for a hands-on learning experience.

Standard 6: Learning in practice

Standard met/will be met?   Yes ☒ No ☐

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

The team was satisfied with the evidence submitted in advance of the reaccreditation event and required no further clarification in relation to this standard.

Students are required to complete 90-hours in a learning in practice setting, under the supervision of a DPP or another suitably qualified healthcare professional. The DPP has overall supervisory responsibility for the student and is responsible for assessing whether the learning outcomes have been met. Prior to the student being accepted onto the course, the DPP's application will have been evaluated by the provider and the DPP confirmed suitable for the role. The DPP receives the prescribing supervisor handbook at the beginning of the course, which reiterates the requirements of the role as well as providing course staff contact details.

Standard 7: Assessment

Standard met/will be met?   Yes ☒ No ☐

The team was satisfied that all eleven criteria relating to the assessment will be met or continue to be met. There were two minor amendments relating to criterion 7.5 and 7.9.

The provider supplied the course assessment strategy and an outline of the assessments, which were mapped to each learning outcome. Both modules include formative and summative assessment components. Some summative assessments are graded internally at the University (for example, the

critically reflective essay in module one) and other summative assessments are graded in practice by the DPP (for example, the final DPP assessment meeting at the end of module two).

The team requested clarification on how the provider maintains oversight and quality assurance of assessments carried out by DPPs. As part of the grading matrices, DPPs are required to provide an accompanying narrative on how the student has met the grading criteria. There have been instances where the DPP has graded the assessment but not provided a narrative, and so the course staff have returned this to ask for more information/evidence. The provider is also responsible for contacting/visiting DPPs to ensure appropriate processes are in place in the clinical setting. The course director described personally going into practice to have conversations with DPPs regarding student support, as well as visiting GP practices for assurances. Students are also encouraged to complete a practice audit to evaluate suitability and identify learning opportunities.

The requirements and responsibilities for DPPs are reiterated on the application form, and by completing the form DPPs formalise their agreement to ensure these are met. The team requires a minor amendment to the DPP application form, so that it is explicit in the eligibility criteria that DPPs must have the ability to assess clinical and diagnostic skills.

The provider confirmed that there are formative feedback opportunities in both modules. For example, students can submit a draft critical essay to their Academic Advisor, as well as participate in mock OSCEs where they role play scenarios. Feedback on written coursework is usually given within a week, whereas verbal feedback on mock OSCE performance is given immediately after the scenarios.

Written assignments are allocated to experienced course staff for marking. These are marked individually, then allocated to another member of staff for second marking. If the markers cannot agree, the submission is referred to other colleagues within the University. OSCEs are marked live by an examiner, however these are recorded and so can be reviewed as needed. The OSCE is a pass/fail assessment, and all criteria marked in grey in the assessment matrix must be met to achieve a pass.

The provider confirmed the format of the OSCE does not use rotational stations but instead requires the student to complete the tasks in a room with an assessment panel. Panels consist of one service user, one academic, and one assessor from a practice setting. The provider noted that there is a large pool of experienced assessors from practice settings to draw on, who have participated in OSCEs previously. The provider also noted that the NMC no longer requires an OSCE assessment, but feedback from stakeholders found this to be a valuable course component. It was moved to a written format during COVID, but this will return to a face-to-face format in September 2022.

The provider confirmed that if a student gives an answer during any assessment that would have led to patient harm, through act or omission, this will result in a failing grade. Patient confidentiality must always be correctly adhered to, otherwise this will also result in a failing grade. There is no compensation or condonation for assessments on the course.

At the request of the team, the provider confirmed the course is mapped to the 2019 Royal Pharmaceutical Society (RPS) Prescribing Competency Framework. The team requires a minor amendment to update all relevant documentation so that reference is made to the 2019 RPS Framework, instead of the 2016 RPS Framework (for example, the course student handbook).

Standard 8: Support and the learning experience

Standard met/will be met?   Yes ☒ No ☐

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

The team requested additional information on supervision provided by the Academic Advisors. The provider explained that the Academic Advisors run seminars with students, offer tutorials, monitor student progression, contact DPPs as required, act as a point of contact with the University for the student, and signpost students for relevant pastoral support as needed. They will also provide formative feedback on written coursework for their allocated student. Students can request a change of Academic Advisor if needed (for example, if they require teaching on an alternative day or if they feel there is friction with their current advisor).

The provider noted students will often raise concerns very informally, either verbally or through email conversations with course staff. The student can alternatively raise concerns through the wider University complaints process. For example, if the student wanted to appeal against their coursework there is a formal process for this through the registry team. Various University support services are highlighted at induction and guidance is available via the online University portal.

Only one response was received in relation to the GPhC accreditation team survey, so cannot be generalised across the cohort. However, the individual respondent gave high ratings across the survey and was clearly very happy with their experience and the support provided.

Standard 9: Designated prescribing practitioners

Standard met/will be met?   Yes ☒ No ☐

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

At the point of application, the provider will evaluate prospective DPPs to ensure they have met the required competencies for the role of DPP. This includes checking DPPs governing body registration numbers against official regulatory registers. If evidence in the application is unclear or too brief, the provider will contact them to confirm they can provide appropriate levels of support and supervision.

The Academic Advisor will enrol the DPP onto a mandatory online module at the beginning of the course, which provides resources and information related to the role. DPPs must complete a short quiz to demonstrate they have read and understood the content.

If a student has concerns regarding their DPP (for example, they feel they do not understand the role or are not providing appropriate levels of support), the provider will facilitate conversations to identify and resolve issues where possible. The provider will facilitate the student to change DPP if they do not feel their concerns can be resolved, and there is a formal process for this.

The provider keeps a register of all DPPs and can signpost students to other appropriate DPPs if there is a need to change supervisor. The provider will also use this spreadsheet to note concerns or feedback received on DPPs.

The provider confirmed that feedback is given informally to DPPs, by course staff directly or through regional stakeholder group meetings. If there are multiple DPPs at an organisation, there will often be a dedicated Prescribing Lead to whom the provider will give feedback directly. If the provider feels a DPP has too many students under their supervision, this will be fed back to the Prescribing Lead for discussion.