

**De Montfort University independent  
prescribing course reaccreditation event  
report, March 2020**



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## Event summary and conclusions

<b>Provider</b>	De Montfort University
<b>Course</b>	Independent prescribing course
<b>Event type</b>	Reaccreditation
<b>Event date</b>	11 March 2020
<b>Reaccreditation period</b>	July 2020 – July 2023
<b>Relevant Standards</b>	GPhC education and training standards for pharmacist independent prescribers, January 2019
<b>Outcome</b>	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by De Montfort University should be reaccredited for a further period of three years.
<b>Conditions</b>	There were no conditions.
<b>Standing conditions</b>	Please refer to Appendix 1
<b>Recommendations</b>	No recommendations were made
<b>Minor amendments</b>	No minor amendments were required
<b>Maximum number of all students per cohort:</b>	30
<b>Number of pharmacist students per cohort:</b>	30
<b>Number of cohorts per academic year:</b>	6
<b>Registrar decision</b>	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.
<b>Key contact (provider)</b>	Tim Harrison, Associate Professor
<b>Reaccreditation team</b>	Angela Alexander (Event Chair), Professor Emerita of Pharmacy Education, University of Reading

	<p>Professor Chris Langley, Professor of Pharmacy Law &amp; Practice and Head of the School of Pharmacy, Aston University; Associate Dean, Taught Programmes, School of Life and Health Sciences.</p> <p>Professor Dorothy Whittington, Emeritus Professor of Health Psychology, University of Ulster and Non-executive Director, Business Services Organisation of NI Health and Social Care (not present at meeting)</p>
<b>GPhC representative</b>	Philippa McSimpson, Quality Assurance Manager, GPhC
<b>Rapporteur</b>	Amy Beales, 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/ukxi/2010/231/contents/made>

### Background

De Montfort University was accredited by the GPhC in 2011 to provide a course to train pharmacist independent prescribers, for a period of three years. It was accredited again in 2014, subject to conditions, and then again in 2017, with no conditions. In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 11 March 2020 to review the course's suitability for reaccreditation.

The provider is currently approved for six cohorts per academic year and has a maximum of 30 students per cohort, all of which are pharmacists. The course is not taught jointly with any other groups and is led by 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 11 March 2020 and comprised a number of meetings between the GPhC reaccreditation team, representatives of De Montfort University prescribing course and students (via teleconference).

## Declarations of interest

There were no declarations of interest.

# 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 **5** 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, 14, 19, 28, 29**

Please see **appendix 2** of this report for a hyperlink to the detailed list of learning outcomes.

### 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

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## Part 2 - Standards for pharmacist independent prescribing course providers

### Standards 1 - Selection and entry requirements

**The team was satisfied that all six of the criteria relating to the selection and entry requirements will be met.**

Applicants must submit documentation to support their application, and evidence that they have at least two years relevant patient experience post-registration. Applicants are interviewed by members of the module team to establish whether their experience is relevant, and to manage student expectations as to the intensity of the course.

The current website for the independent prescribing course at the university is relevant to the previous GPhC standards, however the university confirmed that this would be changed, and the course offered to the new GPhC standards would be advertised, once reaccreditation had been approved.

### Standard 2 - Equality, diversity and inclusion

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

All staff must complete mandatory training on Equality and Diversity at induction. Hereafter, it is the responsibility of staff to ensure that their training is kept up to date and is relevant for their professional development. Staff also undertake annual appraisals and a staff needs analysis to identify any issues or gaps in learning, which can then be addressed via attendance on training courses. The provider has made every effort to ensure that the course is inclusive for all students and has made multiple resources available to all student groups, for example a helpline and library, and encourages the use of these. The initial interview of prospective students allows the opportunity to raise concerns regarding any learning adjustments they may be required, and the provider will then do their best to accommodate these.

### Standard 3 - Management, resources and capacity

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

The responsibilities of the DPP are included in the DPP handbooks, with all DPPs being screened and quality assured upon the application of a prospective student, to ensure that they have the relevant experience and understand what is required of them in their role. The employed module team are all full-time academics who undertake periodic shift in practice. Peripatetic staff are all in practice with one exception. Consistency in the DPP support for students is achieved through a learning needs analysis at the beginning, twice in the middle, and then end of the programme. DPP feedback is given to students at these intervals, and student feedback to

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DPPs at the same time. This feedback is reviewed by the university team regularly so that any issues can be picked up and consistency assured. The size of the intake is determined by the module leader, and at present, due to an intake of new staff members, the team was satisfied that there appeared sufficient staff and other resources to accommodate the accredited number of students and cohorts.

The students who met with the accreditation team commented on the helpfulness of the module team and their efficiency in responding to enquiries. They also mentioned that the rooms and equipment used on the course was of a high standard and there were no issues with this aspect of the course. The students also commented that it may have been helpful to have a copy of the course handbook, and the number of hours the course would demand, before the course commenced. This would mean that students could familiarise themselves with the course, content, and the expectations on them. However, once the course had begun, information and full details were provided by staff and the structure explained.

#### Standard 4 - Monitoring, review and evaluation

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

The team were reassured that the external examiners had a significant influence on the design and delivery of the programme, and that this had been acted upon by the provider. The provider confirmed that wider stakeholder group meetings are ongoing and that these are conducted on a one-to-one basis with the module leader, rather than through a formalised group meeting. As a result of this input, several changes have been made to the programme. The provider confirmed that the majority of the wider course team were working in practice and therefore would be up to date in their experiences and knowledge. The provider confirmed that they had no formal staff student forums (SSF), however alternative informal discussions take place during each study day. Students are encouraged to engage in ongoing dialogue with staff to allow for reflection. There is the opportunity for formal module feedback in the middle of the course.

#### Standard 5 - Course design and delivery

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

Students can complete the course in either six or four months. The programme requirements are identical for both options, however the four-month option requires the learning in practice element to be completed sooner, and one of the assessment deadlines is earlier in the course. University regulations state that a student may re-enrol on a programme after 12 months after failure of the programme. However, the final decision regarding whether to accept that student rests with the academic admission tutor. The students interviewed commented that the course was generally informative, eye-opening and was useful in aiding their transition from pharmacist to independent prescriber. Students enjoyed the study days, found them very informative

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enjoyable and interesting. The study days were well structured, and students felt that more study days would be helpful for the more difficult topics covered by self-directed learning.

## Standard 6 - Learning in practice

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

All students are required to spend 90 hours in practice, where they shadow a range of clinicians, as well as run clinics under supervision. At the start of the programme the student is required to undertake a learning needs analysis, which will look at the learning outcomes of the programme and ask them to develop an action plan to cover them. This will be reviewed by the student's DPP on an ongoing basis. The provider confirmed that it was the responsibility of the module leaders, as part of the application, interview and screening process to check the appropriateness of the DPPs. The team were satisfied that, based on the documentation submitted, this standard was met.

## Standard 7 - Assessment

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

The course consists of both formative and summative assessments. Formative OSCE assessments, as well as opportunities for formative written assessments, are provided at the University. The summative assessments include the OSCEs, Structured Case Reports and the Portfolio, which are marked by the module team, including those engaged on a peripatetic basis. The provider confirmed that a minimum of 10% of all summative work is moderated by a wider team of people. This quality assurance policy ensures consistency in marking and allows for additional support to be offered where inconsistencies are identified. The provider confirmed that since September 2019 they have produced guidance to outline what is expected of those marking assessments, what competencies students must show, and how they can be met. The provider confirmed that self-directed work presented as an appendix within certain assessments is mandatory and marked. It is incorporated within the assessment and learning framework given to students, being required as the evidence which underpins the student's clinical knowledge. All study days are mandatory for all students. However, if a student was unable to attend a session and this had been agreed, remedial work would be provided for them. The Pebblepad system of marking allows more regular opportunities for the formative review of the students' portfolio by tutors. The students interviewed commented that the feedback given was consistent and the intervals at which feedback was given was useful. The students are made aware that compensation and condonement are not permitted during the induction sessions at the beginning of the course. Furthermore, students are informed of this within each assessment description. Within the module template it states whether students must pass that element of the course. In relation to independent prescribing, all modules must be passed.

The team recognised that the examination which takes place is not a classic OSCE, but rather an extended patient scenario, and suggested that the provider may wish to consider reviewing title of this assessment to better reflect its structure.

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## Standard 8 - Support and the learning experience

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

During the initial induction day, students are provided with information regarding the programme, including the expectations of the DPP, the workload, support available to both the students and DPPs, and the module handbook. The provider confirmed that most students are from the wider post-graduate programme, are self-funded, and enrolment on the independent prescribing course was for their own professional development. Practical issues for those not with a fixed workplace could be identified during the admissions interview, and practical solutions to these found early on. Students interviewed felt that they were supported by the course leaders and lecturers, who were available and contactable at many points during the day. They also felt that staff listened to the feedback given and acted accordingly. Furthermore, the students found the study days both helpful and informative, and allowed collaboration with pharmacists with different experiences and expertise.

## Standard 9 - Designated prescribing practitioners

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

Objective and constructive feedback is given by students to their DPPs throughout the course, via the portfolio. For more serious concerns, students can liaise directly with the module team. The responsibilities of the DPP are included in the DPP handbooks, with all DPPs being screened and quality assured upon the application of a prospective student, to ensure that they have the relevant experience and understand what is required of them in their role as a DPP. The majority of teaching staff on the course are currently in practice and so their clinical knowledge is kept relevant and up-to-date. Consistency in the DPP support for students is achieved through a learning needs analysis at the beginning, twice in the middle, and then end of the programme. DPP feedback is given to students at these intervals, and student feedback to DPPs at the same time. This feedback is reviewed by the university team regularly so that any issues can be picked up and consistency can be ensured. The students interviewed said that although the information documentation provided to current DPPs was thorough and comprehensive, it may be helpful if a more concise version or a summary of these were available. The students commented that the university were keen to support DPPs in their role and responsibilities towards students.

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## 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.
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