General Pharmaceutical Council

University of Exeter independent prescribing course reaccreditation/monitoring event report, March 2021

Contents

Event summary and conclusions

Provider	University of Exeter
Course	Independent prescribing course
Event type	Reaccreditation
Event date	29 March 2021
Reaccreditation period	December 2021 - December 2024
Relevant standards	[GPhC education and training standards for pharmacist independent prescribers, January 2019](#)
Outcome	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 Exeter should be reaccredited for a further period of three years, subject to one condition.
Conditions	The condition is:
	1. That the provider must develop a process and revise their application form to reflect the core requirements as listed under criterion 9.2, clearly articulating how the provider will assess the requirements of the criterion. This is because although the accreditation team acknowledges that the course provider has not yet assessed non-medical DPPs to be used as practice supervisors, the team could see limited evidence of how future DPP applications would ensure that the core requirements, as listed under criterion 9.2, are assessed so that the prospective DPPs can provide evidence of how they meet the criteria and that this can be assessed by the provider. This is to meet criteria 9.1 and 9.2.
	Evidence of how the provider has addressed the condition must be sent to the GPhC, for approval by the accreditation team. This must be done by 30 April 2021.
Standing conditions	The standing conditions of accreditation can be found [here](#).
Recommendations	No recommendations were made.

Minor amendments	1) In relation to Criterion 1.1, PSNI registration is also acceptable in addition to GPhC registration and future documentation should indicate this.
	2) In relation to Criterion 1.1, it is not indicated on the application form (IP73) where the student identifies their clinical area of practice, but it is recorded on spreadsheet on IP65 and listed as a requirement on the website. The form should be amended accordingly.
	3) In relation to Criterion 7.5, the terminology in the Assessment Strategy (IP186) is unclear. The term DPP is used interchangeably with practice assessor/practice supervisor in the bullet points (P.15/16). The other terms are relevant to Nursing/other HCP but the only term for IP is DPP. This should be amended.
Registrar decision	Following the event, the provider submitted documentation to address the condition and the accreditation team was satisfied that the condition had been met.
	The Registrar of the GPhC accepted the team's recommendation and approved the reaccreditation of the course a further period of three years.
Maximum number of all students per cohort:	24
Number of pharmacist students per cohort:	Up to 24 (this will be a multidisciplinary course, places will be offered on a first come, first served basis across all disciplines)
Number of cohorts per academic year:	One
Approved to use non-medical DPPs:	Yes
Key contact (provider)	Kate Emblin, MSc Clinical Pharmacy, Programme Lead
Provider representatives	Will Farmer, Practice Certificate in Independent Prescribing, Module Co-lead
	Rob Daniels, Practice Certificate in Independent Prescribing, Module Co-lead
	Kate Emblin, MSc Clinical Pharmacy, Programme Lead
	Kate Sanders, Quality Support Officer for accreditation

Accreditation team	Professor Chris Langley (event Chair), Professor of Pharmacy Law & Practice and Head of the School of Pharmacy, Aston University; Deputy Dean, College of Health and Life Sciences
	Dr Fran Lloyd, Pharmacist, Associate Postgraduate Pharmacy Dean NI Centre for Pharmacy Learning and Development, Queen's University Belfast
	Fiona Barber, Independent Member, Leicester City Council
GPhC representative	Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	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

Purpose of this event

The purpose of the monitoring event is to review the performance of the course against the education and training standards with the first cohort of pharmacists and to ensure that delivery is consistent with the GPhC accreditation criteria. The monitoring event utilises student feedback and evaluation together with a review of documentation and a meeting with course representatives. The accreditation period which was provisionally granted at the initial accreditation event is confirmed after a satisfactory monitoring event has taken place. The present event was both a monitoring and reaccreditation event.

Background

The University of Exeter approached the GPhC with an application for accreditation of a programme to train pharmacist independent prescribers. In line with the GPhC's process for accreditation of independent prescribing programmes, an event was scheduled for 19 October 2018 to review the programme's suitability for accreditation. In line with the GPhC's process for new providers of pharmacist prescribing programmes, the event was held on site at the University to allow for the GPhC's accreditation team to view the teaching facilities available. The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing programme provided by the University of Exeter should be provisionally accredited for a period of three years, subject to one condition, with a monitoring event taking place after completion of the first cohort of students. The condition was that the GPhC learning outcomes must be mapped accurately to the programme learning outcomes and assessments and sent to the GPhC by 1 December 2018; this condition was complied with. The first cohort of 11 pharmacists started the course in September 2019 and was due to complete the course in July 2020, but this was delayed until December 2020 due to the COVID-19 pandemic. This extension meant that all necessary teaching and learning outcomes were covered, and ensured that students had time to complete their supervised practice. The second cohort was due to start the course in September 2020, but this start date was put back to January 2021 to avoid overlap with the delayed first cohort. The course duration was also reduced from ten months to six months to ensure that the course finished within the 2020-21 academic year. It is intended that the course continues to run between six to seven months within an academic year. In line with the GPhC's process for accreditation of independent prescribing courses, an event was scheduled on 29 March 2021 to review the course's suitability for full accreditation.

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 although the team found it excessively lengthy and repetitive, 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 Exeter and the GPhC on 29 March 2021 and comprised of meetings between the GPhC reaccreditation team and representatives of the University of Exeter prescribing course.

A small number of students who were currently undertaking the course, or who had completed it, 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.	Private meeting of the accreditation team and GPhC representatives	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 **6** learning outcomes during a separate meeting with the provider and was satisfied that **all 32 learning outcomes will be met** to a level as required by the GPhC standards.
The following learning outcomes were tested at the event: **3, 9, 19, 24, 26, and 28**

Domain - Person centred care (outcomes 1-6)

Learning outcomes met? Yes ☒ No ☐

Domain - Professionalism (outcomes 7-15)

Learning outcomes met? Yes ☒ No ☐

Domain - Professional knowledge and skills (outcomes 16-20)

Learning outcomes met? Yes ☒ No ☐

Domain - Collaboration (outcomes 27-32)

Learning outcomes met? Yes ☒ No ☐

Part 2 - Standards for pharmacist independent prescribing course providers

Standard 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**).

Programme information is set out on the Practice Certificate in Independent Prescribing page on the University website with admissions criteria stated. Applicants are required to self-certify against stated criteria and to submit two CPD/revalidation records to support their application. This is triangulated against additional information from their line manager/employer and NMP lead (where appropriate). Current GPhC or PSNI registration of applicants is confirmed by the module co-leads. It was explained to the team that the reference to international students on the application form was relevant to the MSc in Clinical Pharmacy, but not to the IP course. The team learned that all applications are screened by one of the module co-leads to ensure consistency, and that the applicant has met the relevant criteria and to ensure that, where required, additional support measures can be put into place. The provider's representatives agreed that the application form should be modified to include the applicant's intended area of clinical practice. Feedback is offered to all unsuccessful applicants although the team was told that this had not been necessary to date. The team was also told that no self-employed pharmacist had entered the course to date, but that any such applicant would be required to provide extra evidence showing their suitability for the course.

Standard 2 - Equality, diversity and inclusion

Standard met?   Yes ☒ No ☐ (accreditation team use only)

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

The University aims to encourage applicants with different educational and social backgrounds to apply for courses. The module co-leads have undertaken equality and diversity training to minimise potential risks of bias and discrimination during the selection process. Where there is under-representation from specific groups or issues with recruitment, this will be discussed with the stakeholder group of patients, carers, prescribers and organisational leads so that actions to address any under-representation can be agreed. The Clinical Placement Agreement signed by the DPP, module co-leads and student at the start of the module mandates that the DPP must adhere to relevant/applicable legislation, including equality and diversity and human rights, providing support and making reasonable adjustments where required. The team was told that it had not been necessary to make any such adjustments to date. Where additional student support needs are identified the student support document indicates the processes and support that will be offered, including academic support and referral to occupational health or welfare services. The team was told that equality and diversity issues have been considered in

both the design and delivery of the course, including ensuring that examples used in problem-based learning were compliant with equality, diversity and inclusion approaches. The programme demography indicates similar small numbers of male and female students and of white and ethnic minority students. Despite the low numbers of students enrolled on the course, the accreditation team would encourage the provider to use collected data to inform the programme.   Applicants are not treated unfairly or unjustly or discriminated against on the grounds of a protected characteristic, and reasonable adjustments are made to meet applicants' specific needs, consistent with the Equality Act (2010). Marking guidance includes specific guidance in relation to the work of students with specific learning disabilities. Additionally, it is ensured that pharmacists undertaking the course understand their legal obligations regarding equality and human rights in relation to independent prescribing.

Standard 3 - Management, resources and capacity

Standard met?   Yes ☒ No ☐ (accreditation team use only)

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

There is a defined management plan which contains a schedule of roles and responsibilities in learning, teaching and practice environments, risk assessment of key issues, and lines of accountability and authority to act when concerns are raised. There are two module co-leads, a pharmacist and a medically-qualified doctor, who lead on the academic assessments and provide a link between the student, DPP and the University. The Clinical Placement Agreement sets out the responsibilities of the student, the University, and the DPP in ensuring safety of all parties. Programme delivery is undertaken by staff recruited from within the Clinical Pharmacy team, existing College of Medicine and Health (CMH) staff or external specialists as appropriate. The Programme Leads for the MSc Advanced Clinical Practice, the MSc Clinical Pharmacy, and the IP Module co-leads are all registered health professionals. All academic staff members are required to hold or to work towards a nationally recognised teaching qualification such as a Post Graduate Certificate in Teaching in Higher Education. Teaching uses a blended approach, combining e-learning with face-to-face teaching. E-learning is delivered via the Exeter Learning Environment, while face-to-face learning is delivered via taught contact days, either in person or online, including problem-based learning (PBL) which allows students to tailor their learning to their identified learning needs. Clinical skills are taught normally in a clinical skills resource centre where students have access to simulation-based learning as appropriate. Seven members of academic staff make up the delivery team, including the two co-leads, another prescribing pharmacist and a nurse prescriber. They are supported by a clinical skills team comprising of clinicians, clinical skills tutors and technicians. It is intended that members of the College Patient Involvement in Medical Education (PIME) group and 4th year medical students from the CMH BMBS course will be involved in programme delivery. All DPPs are provided with a DPP Handbook which provides information on roles and responsibilities, the course structure, programme outcomes and requirements for assessment. This is supplemented by the student's personal learning plan.

Standard 4 - Monitoring, review and evaluation

Standard met?   Yes ⊠ No ☐ (accreditation team use only)

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

The University's quality assurance system and review processes are designed to ensure the programme's ongoing compliance with the GPhC's standards and competences. The current course was validated by the University as part of the original GPhC accreditation in 2018. A proposed change to a multidisciplinary course was validated as part of the NMC/HCPC accreditation visit in January 2021. The course is monitored, reviewed and evaluated during delivery and after completion, through formal and informal mechanisms; feedback ensures that all aspects of the course are included and is considered as part of the annual module review process. A new multidisciplinary Independent Prescribing Advisory Group advises on the development of and reviews the course to ensure that it meets the needs of patients, the public and practice; it is intended that there will be bi-annual meetings with the next meeting due in April/May. DPP feedback is obtained formally at the end of the programme, via questionnaire and, if needed, a telephone discussion; any informal feedback given during the module is recorded and fed into the annual module review. The annual process of review is initiated and co-ordinated by the module co-leads and involves all contributors, making use of available data and feedback. The team was told that the major element of the feedback had related to the Independent Prescribing Safety Assessment (IPSA) and clinical skills. Students had found the IPSA unexpectedly broad in nature. It was agreed that the approach and expectations should be made clearer to students. Students also wished for clinical skills to be taught rather than being part of the problem-based learning scenarios. The external examiner will be asked to review any proposed changes to the programme that result from the annual module review. Students are provided with information on assessment, course structure and expectations of practice placements through the Student Handbook and as part of the induction lecture on their first day.

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 course includes the required 26 days of structured learning activities and carries 45 credits representing 450 hours of student effort. The course sits as a module within the MSc Clinical Pharmacy and MSc Advanced Clinical Practice, with the MSc Clinical Pharmacy programme lead overseeing the module. This module can also be taken as a standalone module. All students will be expected to start the course with a baseline level of knowledge and experience, in addition to having identified an area of prescribing practice. A teaching and learning strategy defines how the course content, design and delivery will allow pharmacists to demonstrate the knowledge and skills to meet the GPhC learning outcomes. The module descriptor includes the intended learning outcomes and assessment process, and demonstrates how
the programme will meet the GPhC standards and the RPS Competency Framework for All

Prescribers. The team was told that PBL is used to cater for students with a wide area of potential clinical practices, allowing students to develop individually. Core clinical skills are covered but students are expected to develop their own specific skills along with their DPPs. The course has pharmacy professionals involved in its leadership, design and delivery. Both the module co-lead and programme lead for the MSc Clinical Pharmacy are pharmacists. The multi-professional delivery team and cycles of review and change are designed to ensure that the programme remains relevant and contemporary. The team was told that an example of a recent change in practice related to the virtual consultations that have taken place as a result of the COVID pandemic. The external examiner is asked to review any proposed changes to the programme that result from the annual module review, and the University will seek GPhC approval for any proposed substantial change to the course. To ensure the quality of the practice learning environment all placement providers undertake a practice learning environment audit on an annual basis. The University expects all students to behave in a manner which upholds the principles of academic honesty; If students do anything considered dangerous, they will automatically fail. The team learned that students and DPPs are informed in training sessions that pharmacist prescribers in training must only undertake tasks in which they are competent, but considered that this must be made more explicit in course materials. The Clinical Placement Agreement lays out whistle blowing guidance if the need to raise concerns arises.

Standard 6 - Learning in practice

Standard met?   Yes ☒ No ☐ (accreditation team use only)

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

All students are required to complete 90 hours of supervised practice in an approved practice learning environment, under the supervision of their DPP or a practitioner nominated by their DPP. The team was told that the COVID pandemic had had a major impact on the learning in practice element of the course with the move to online or telephone consultations. The provider considered that this had been good practice for students and would likely be embedded in the course post-pandemic with such consultations being able to be recorded for future use. The DPP is required personally to supervise the pharmacist for a minimum of 50% of the period of supervised practice and to take responsibility for the quality of any non-DPP supervision. All applicants are required to identify their DPP and a practice setting prior to application. The student application form requires support and sign-off from the DPP, service lead/employer and NMP lead, if appropriate, to ensure the support and engagement of stakeholders from the outset of the course. The DPP is required to confirm that they meet the requirements for the role as laid out in the application form and that they have support from their organisation to undertake the role, both in terms of the time and resources needed. Practice-based learning is evidenced and assessed through the Portfolio of Practice described under Standard 7 below. Working with their DPP, pharmacists will discuss and reflect on their prescribing assessments, prescribing options and decision-making processes and where appropriate prescribe under the supervision of their DPP. The DPP completes a standard tick-box exercise to confirm clinical assessment skills, and provides a final sign-off of student competence using a Statement of Clinical Competence provided in the Portfolio of Practice, containing the wording "In my

opinion as the DPP, the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an Independent Prescriber".

Standard 7 - Assessment

Standard met?   Yes ☒ No ☐ (accreditation team use only)

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

The Student Handbook contains an assessment summary to ensure that students are clear on assessment deadlines and able to manage their workload accordingly. There is a range of assessments that reflects the responsibilities of the prescribing role during the course to account for differing learning preferences and to ensure validity and authenticity of assessment. Assessments have been mapped against the module learning outcomes, the GPhC standards and the RPS Competency Framework. DPPs are responsible for assessment of the student in the practice learning environment. Students complete both formative and summative assessments during the module with summative assessments including a clinical interest essay, independent prescribing safety assessment, MCQ test, observation of clinical skills through OSCEs and a portfolio of practice. The team was assured that all four summative assessments are non-condonable. The team learned that the clinical skills suite had not been available due to the pandemic, so clinical skills had been assessed by the DPPs for the first two cohorts. The portfolio of practice contains:

- three personal learning plans,
- a completed record of supervised practice signed by the student and the DPP,
- an evidence log demonstrating the achievement of the competencies set out in the RPS Prescribing Competency Framework,
- three case-based discussions,
- three peer observations,
- three multi-source feedback forms that relate to their time in supervised practice, and
- a minimum of four different additional templates to demonstrate the student's competence.

Patient safety is paramount at all times throughout the course and in any assessment, failure to identify a serious problem or answer in a way that would cause patient harm will result in overall failure of the programme. The team was told that such a cause of patient harm could be escalated to the Raising Concerns Lead and possibly to a Fitness to Practise hearing. The team was told that assessment integrity had been ensured during the pandemic by students undertaking a mandatory short module on plagiarism, the use of electronic submission software and Turnitin for written assessments, student declarations that portfolio work was their own, and face-to-face OSCEs. The external examiner reviews examination content, a sample of all assessed work, and ensures parity and transparency of decision-making at the Assessment, Progression and Awarding Committee. The team learned that the results of successful students from the first cohort which finished in January 2021 were being sent to the Director of Postgraduate Education and the external examiner for ratification on the day of the reaccreditation event, three months after completion of the cohort, and would be confirmed by chair's action thereafter. Students receive feedback on their performance from academic staff and their DPP throughout the course. A student that successfully passes all four summative

assessments will be awarded the Practice Certificate in Independent Prescribing. The Provider assured the team that all assessment elements must be passed independently and agreed to amend the Module Specification document (IP63) accordingly for clarity.

Standard 8 - Support and the learning experience

Standard met?   Yes ☒ No ☐ (accreditation team use only)

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

All students undergo an induction at the start of the course and are provided with the Student Handbook, both of which provide information on roles and responsibilities of the student, their DPP and the University, the course structure and requirements for assessment. Each student is allocated an Academic Personal Tutor who is the student's first port of call, in matters relating to their academic progress, personal development and welfare. The documentation stated that all staff members and DPPs are expected to take into account the GPhC's guidance on tutoring and supervising pharmacy professionals in training, but the team noted that this information was not included in the DPP Handbook; it was agreed that this will be remedied. Students meet their DPP regularly during the course. At the start of the course, the DPP and the student complete the first personal learning plan, included within the Portfolio of Practice as well as a learning needs assessment and plan. Students complete a second personal learning plan as a mid-point review and a final personal learning plan at the end of the course, both of which are included in the Portfolio of Practice. Where additional support needs are identified the student support document details the processes and support that will be offered, including academic support and referral to occupational health or welfare services. Support for students in raising concerns is provided by their DPP and the University. There is an expectation that students will raise concerns where necessary. The Raising Concerns Policy provides a means by which students, staff and stakeholders, including members of the public, can report serious concerns, including those relating to the health, abilities, conduct or behaviour of an individual or individuals that may place patients at risk, now or in the future.

Standard 9 - Designated prescribing practitioners

Standard met?   Yes ☐ No ☒ (accreditation team use only)

The team was satisfied that three of the five criteria relating to the designated prescribing practitioners will be met with two criteria subject to a condition.

The applicant's nominated DPP will complete the student application form in which they declare that they have the required training and experience for the role, including meeting all the competencies outlined in the RPS Prescribing Competency Framework and DPP Competency Framework. The team learned that there were as yet no non-medically qualified DPPs involved with the course. The DPP's registration status, qualifications and professional skills and knowledge will be checked as part of the admissions process by the module co-leads to ensure that the DPP meets the core requirements. However, the accreditation team was told that the advisory group could be involved in the future especially when there are applicants from various

different professional backgrounds such as physiotherapists. DPPs will also confirm that they will provide 12 days (90 hours) of supervised practice. However, it will be a **condition** that the provider must develop a process and revise their application form to reflect the core requirements as listed in criterion 9.2, clearly articulating how the provider will assess the requirements of the criterion. This is because although the accreditation team acknowledged that the course provider had not yet assessed non-medical DPPs to be used as practice supervisors, the team could see limited evidence of how future DPP applications would ensure that the core requirements, as listed under criterion 9.2, would be assessed so that the prospective DPPs could provide evidence of how they would meet the criteria and that this could be assessed by the provider. This is to meet criteria 9.1 and 9.2. All DPPs are provided with a DPP Handbook and required to attend an online induction session which provide information on roles and responsibilities, the course structure and requirements for assessment. Training, undertaken to date online or by telephone, includes guidance and objectives set for the period of learning in practice around embedding the teaching of clinical skills and clinical judgement through case-based discussions to encourage independent learning. DPPs will meet with their students regularly throughout the course to complete the three personal learning plans and review the learning needs assessment; these are reviewed by a module lead to identify any support needed by the DPP or student. If further intervention, such as extra training is required, this can occur at any point during the course. Monitoring continues throughout the course with formal student reviews at the start, midway and the end of the course. The team noted that DPPs are allowed to request feedback on their performance from the course team but emphasised that the relevant criterion 9.5 mandates that DPPs must be provided with such feedback. The team was told that this will be the case from now on.