

# University of Hertfordshire independent prescribing course reaccreditation event report, November 2023



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## Event summary and conclusions

Provider	University of Hertfordshire
Course	Independent prescribing course
Event type	Reaccreditation
Event date	28 November 2023
Approval period	January 2024 – January 2027
Relevant standards	<b><u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u></b>
Outcome	<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 Hertfordshire should be reaccredited for a further period of three years, subject to two conditions.</p>
Conditions	<ol style="list-style-type: none"> <li>1. Prospective DPPs must be asked to provide supporting evidence at the application stage to describe how they meet all the requirements for the role, including their ability to assess patient-facing clinical and diagnostic skills. This will provide the course team with information which can be used to evaluate their suitability. This is to meet criterion 9.2.</li> <li>2. To develop a more robust moderation process for the direct observation of practice assessment by DPPs which will allow the course provider to assure the quality of all elements of this assessment. This is to meet criterion 7.7.</li> </ol>
Standing conditions	The standing conditions of accreditation can be found <a href="#"><u>here</u></a> .
Recommendations	<ol style="list-style-type: none"> <li>1. To develop a more formalised process for providing feedback on a routine basis for all DPPs. This relates to criterion 9.5.</li> </ol>
Minor amendments	<ul style="list-style-type: none"> <li>• To update programme documentation to ensure that any references to requirements being set by the GPhC/accrediting regulatory body are accurate. This includes removing information relating to the programme's assessment types and attendance requirements being set by the GPhC. This is to meet criterion 5.1</li> <li>• Revise the wording of the Direct Observation of Practice (DOP) marking proforma and associated guidance for students and DPPs to make clear</li> </ul>

	that although an example of an observed patient consultation resulting in a prescription being prepared is required for summative assessment, the student is expected to only prescribe where appropriate for the patient.
<b>Registrar decision</b>	Following the event, the Registrar <sup>1</sup> of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of 3 years, subject to meeting the two conditions described.
<b>Maximum number of all students per cohort</b>	170
<b>Number of pharmacist students per cohort</b>	120
<b>Number of cohorts per academic year</b>	Three
<b>Approved to use non-medical DPPs</b>	Yes
<b>Key contact (provider)</b>	Hayley Hassett, Programme Lead
<b>Provider representatives</b>	Adam Ali, Senior Lecturer David Daniel, Senior Lecturer Cheryl Holman, Associate Dean, Academic Quality Kelly Lefteri, Principal Lecturer Philomena Shaughnessy, Department Head Health and Social work Theresa Titchener, Professional Lead Primary Care Tracey Whitby, Senior Lecturer
<b>Accreditation team</b>	Lyn Hanning (event Chair) Director of Practice Based Learning and Head of Pharmacy Practice, University of Bath  Professor Chris Langley (team member - academic) Professor of Pharmacy Law & Practice and Deputy Dean of the College of Health and Life Sciences, Aston University  Carl Stychin (team member - lay) Professor of Law and Director of the Institute of Advanced Legal Studies, School of Advanced Study, University of London
<b>GPhC representative</b>	Philippa McSimpson, Quality Assurance Manager (Education)

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<sup>1</sup> Registrar or appointed delegate

<b>Rapporteur</b>	Jane Smith, Chief Executive Officer, European Association for Cancer Research
<b>Observer</b>	Mary Loveridge, Quality Assurance Administrator (Education), General Pharmaceutical Council

## 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, updated October 2022.

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 the [website](#).

### Background

The University of Hertfordshire, 'the provider', was accredited by the GPhC in 2011 to provide a programme to train pharmacist independent prescribers. The course was reaccredited in November 2014, November 2017 and November 2020. At the 2020 event, the team agreed to recommend to the Registrar that the University should be reaccredited as a pharmacist independent prescribing course provider for a further period of three years to provide a course to train pharmacist independent prescribers. There were no conditions and no recommendations. In line with the standards for the education and training of pharmacist independent prescribers January 2019, updated October 2022, an event was scheduled on 28 November 2023 to review the course's suitability for further reaccreditation.

The programme is delivered three times each year, and is currently accredited for a maximum cohort size of 135 students, with up to 65 pharmacists. In response to increased demand, the provider had, in December 2022, submitted a request to increase these numbers to 170 and 120 respectively. The request was considered at this reaccreditation event, although the provider had implemented the changes in September 2022. The course is led by a nurse.

### Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team, and it was deemed to be satisfactory to provide a basis for discussion.

## The event

The reaccreditation event was held remotely by videoconference on 28 November 2023 and comprised of several meetings between the GPhC accreditation team and representatives of the University of Hertfordshire prescribing course. Students who were currently undertaking the course, or who had completed it in the last three years, contributed to the event by completing a qualitative survey. In addition, Designated Prescribing Practitioners (DPPs) who had supervised pharmacists on the course over the last three years were also invited to complete an survey. All survey responses were reviewed by the GPhC accreditation team.

## Declarations of interest

There were no declarations of interest.

## Schedule

### Meeting

Private meeting of the accreditation team and GPhC representatives

Meeting with course provider representatives

Learning outcomes testing session

Private meeting of the accreditation team

Deliver outcome to the provider

## 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 **six** learning outcomes during the event and was satisfied that **all 32 learning outcomes continue to be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **4, 5, 10, 16, 19 and 29.**

### 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.**

Entry requirements are published on the provider's website. Applications are made via an online portal and must include a Supporting Admissions Form which requires the applicant to describe their clinical and therapeutic experience relevant to their intended scope of prescribing practice. The proposed Designated Prescribing Practitioner (DPP) must confirm that they are willing to support the student in practice and that they are supported by their employing organisation to undertake the role of DPP. The form must be signed by a manager who can confirm the applicant's experience and skills. A supporting reference from a senior professional or supervising pharmacist is sought for self-employed applicants.

The team asked if the provider has ever had an application from an individual where their scope of practice could not be supported and was told that the provider has strict guidance around those intending to work in aesthetics. If both the applicant and the DPP are not already working in that environment, then the applicant will be asked to revise their scope of practice.

Applications are screened by administrative staff and those meeting the entry criteria are checked by one of four academic Admissions Tutors who will follow up with the applicant if any information is lacking or unclear. Staff will also discuss applications as a team where there are queries. In order to ensure consistency of decision-making, clear criteria are applied. All staff are required to complete equality and diversity and unconscious bias training when first employed, and to update this online annually. This is monitored at appraisal by line managers.

Unsuccessful applicants are informed of the outcome by email and are told what is needed for a successful reapplication.

### Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes ☒ No ☐

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

The provider has policies and processes designed to ensure that all aspects of programme design and delivery respect and promote the principles of equality and diversity. The extent to which such principles are upheld is assessed through the regular periodic reviews of the programme undertaken by the University's Centre for Academic Quality Assurance. The course was last reviewed in March 2019.

Equality and diversity data relevant to the programme are actively considered within a Continuous Enhancement Plan (CEP). The Programme Lead has a responsibility to report on any attainment gap found with students from a minority ethnic group. Any revisions to the programme required to



enhance outcomes for all students are incorporated within an action plan for the forthcoming academic year. As a result of a University-level equality and diversity working group, teaching materials were audited and updated to represent more diverse groups. For example, rashes are now shown on a range of skin colours. Service user representation on the course has also been broadened to improve diversity.

Equality, diversity, and inclusion is taught in sessions on medicines optimisation and governance frameworks in prescribing practice. Legal, professional, ethical, cultural, and religious considerations are explored. It is also covered in a session with experts by experience.

Reasonable adjustments are made to support students, but learning outcomes are not modified.

### 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.**

At programme level, responsibility for the organisation and management of the programme lies with the Programme Leader, who has overall responsibility for the academic quality of the course and for ensuring optimal student outcomes. A Programme Committee reviews the programme and is attended by the programme team, student representatives from each professional discipline and representatives from service partner organisations. Senior members of academic staff are also involved in the Programme Committee.

A programme-level risk register had been provided in advance of the event at the team's request. The written risk register was weak, but the team was satisfied following a discussion at the event that due process is being followed to identify, manage and mitigate risks. Serious risks that cannot be addressed at programme level are escalated to the School Executive Group.

The team noted that the provider had submitted a request to the GPhC to increase the maximum cohort size to 170 (from 135), with a maximum of 120 pharmacists (increased from 65). In addition, approval had been requested for the continued delivery of the hybrid approach for some teaching and learning sessions and replacement of the OSCE undertaken within the University setting to direct observation of practice in the clinical setting by the DPP. The team's recommendation is for these changes to be approved. However, it was noted that the provider had implemented the changes, including the growth in student numbers, in September 2022. The team reminded the provider that it must always receive approval from the GPhC before any changes are made to an accredited programme. This includes changes to assessments and any increase in the number of cohorts or the number of students.

The team asked for details of changes made to staffing and resources to support the increase in student numbers and was told that staff numbers, including the number of pharmacists, has been increased, along with additional laboratory space and technical support.

The team asked about the learning agreements in place for pharmacists undertaking the programme and was told that these are completed in the first six weeks of the programme, when the student and DPP identify and document the student's learning needs. There is a formal review point halfway through the programme. All students are allocated a personal tutor who provides support with

learning in the University setting. The personal tutor is also responsible for providing support to the student and DPP in relation to the practice learning.

The team moved on to ask about the use of placement agreements between the provider and the placement hosts. The provider explained that the placement agreement outlines the role and responsibilities of those involved in the student's period of practice learning and is signed only once the placement area has been subject to a successful initial placement audit, where an audit has not already been completed. The provider explained that most community pharmacists undertake their period of learning in practice in a GP practice rather than in a community pharmacy. This ensures their experience is broad enough to enable them to prescribe in the community. Most GP practices have an audit in place for medical students, so the audit requirements for this programme are not onerous.

#### 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 team asked the provider to describe the mechanisms in place to systematically monitor, review and evaluate the programme. The provider explained that the Continuing Enhancement Plan is central to analysing each iteration of the programme and is used to identify any changes needed and to plan and monitor their implementation. A Programme Committee, attended by student representatives as well as staff, meets twice a year to review progress against the plan and this Committee reports to the School Academic Committee. Several members of staff from service partner organisations, representing primary and secondary settings, also attend the Programme Committee where they make a significant contribution to discussions about the currency of the programme to ensure it remains relevant and up to date. The Board of Examiners, including the external examiner for the course, reviews the assessment processes and the standard of assessments.

In addition to this formal mechanism, the programme team use student feedback and feedback from tutors and DPPs to identify issues in a timely manner. As an example of a change made in response to student feedback, the provider explained that the pharmacology teaching for pharmacists on the programme had been reviewed and was now delivered independently of nurses and allied health professionals, as their learning needs in this area were different.

With regard to the changes requested to the course (see Standard 3), the provider confirmed that the move from a University-based OSCE to direct observation of practice in the clinical setting by the DPP has been approved by the University; this change was able to be agreed at School level and reported to the University.

#### 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. One criterion requires minor amendments.**

A teaching and learning strategy had been provided in advance of the meeting at the team's request. The team noted that there were some inaccurate references to GPhC requirements in this and other documentation and therefore requires a **minor amendment** that the provider updates programme documentation to ensure that any references to requirements being set by the GPhC/accrediting regulatory body are accurate. This includes removing information relating to the programme's assessment types and attendance requirements being set by the GPhC. This is to meet criterion 5.1.

The taught element of the programme is delivered by a core team of seven members of staff, including two pharmacists. Four of the team are independent prescribers (a pharmacist, two nurses and a midwife) and one is a medical doctor. An identified lecturer takes responsibility for each of the taught themes within the programme, including ensuring that the content reflects current research, policy, and practice. Any significant changes in practice which require the programme to be revised are discussed by the Programme Committee.

The team asked how the views of patients and the public are considered when developing the programme and was told that service users are represented on the Programme Committee. There is also service user involvement in the course delivery.

Regulations specific to the programme have been developed to ensure that patient safety and safe and effective practice are always prioritised. A fail grade must be awarded where there is a failure to identify a serious problem or to provide an answer which would cause the patient harm in any assessment. The School has clearly defined policy and processes for the management of situations where there are concerns about a student's fitness to practise.

Since the last reaccreditation event, the provider has taken the decision to adopt a hybrid approach to the delivery of some taught sessions. This allows students to choose whether to attend sessions remotely or in-person. The team noted from Programme Committee minutes that there had been some issues around this approach and asked how these have been addressed. The provider explained that these had been technical issues associated with the video conferencing technology which have now been resolved.

The hybrid approach has been well-received by students. Additional staffing is needed to run the sessions, so that one member can focus on those attending remotely and to ensure that all students are engaged and learning effectively. The University views these hybrid sessions as an example of good practice promoting flexibility and blended learning. As the sessions are recorded, new lecturers have found it useful to be able to watch recordings in advance of being involved in teaching.

## 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.**

A period of 90 hours of supervised practice must be undertaken by all pharmacist independent prescribers in training. The provider requires that at least 25 hours of the learning in practice time be spent directly with the DPP. The team asked how this is communicated to DPPs and to others who will be involved in supervision. The team stated that DPPs are informed in a meeting at the start of the course and via the DPP Handbook. Students are also informed at the start of the course and this is

reiterated at the mid-way point. DPPs are provided with an email address so that they can contact the provider with any queries.

Approval of the DPP occurs following scrutiny of the Supporting Admissions Form by the Admissions Tutor (see Standard 1). Within the Portfolio of Practice Evidence, the DPP is required to complete a form stating that they have assessed the pharmacist independent prescriber in training as being competent to be annotated on the GPhC register as an independent prescriber.

## Standard 7: Assessment

Standard met/will be met? Yes ☐ No ☒

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

The team asked the provider to describe the background to the decision to change the OSCE to a direct observation of practice assessment by the DPP in the learning in practice setting, and to provide details of the new assessment. The provider explained that the main reason for the change, given the diverse specialities of students on the course, was to allow the assessment to be carried out by someone with current knowledge of that speciality. Students will see a real patient, take their medical history, make an assessment (including a physical assessment if appropriate), diagnose, and discuss their prescribing decision. They are required to write up the case, including a mock FP10 prescription. Students will have at least two formative attempts before the summative assessment is carried out.

The team asked how this assessment works when a consultation does not result in a prescription. The team acknowledged that this may be the case and advises student and DPPs to select patients where it is likely that a product will be prescribed. (This might be an increase in a dosage of a current medication, but cannot be a de-prescribing). Occasionally the assessment may need to be repeated until a prescription is made, but this is seen as a further useful formative assessment.

The DPP marks three elements of the consultation as pass/fail. All three elements must be passed. The case write-up and the prescription are marked by academic staff.

The provider is confident that this a more authentic assessment which was made in consultation with DPPs and students, and the external examiner. DPPs have been made aware of the change in the DPP Handbook, and in the meeting to which all DPPs are invited at the start of the course. This is recorded and sent to those DPPs who did not attend.

The team was satisfied with the rationale for change, but had concerns about the reliability of the assessments carried out by the DPPs. The team asked what quality assurance mechanisms are in place to ensure that assessment is consistent across all DPPs and was told that 25% of the DPPs' sign-offs and the students' write-ups are moderated in a meeting between the personal tutor, the DPP and the student, and all written elements are made available to the external examiner. It was noted, however, that the observation of the consultation itself is not moderated. The team also had concerns about the process for checking that DPPs are equipped to assess patient-facing clinical and diagnostic skills (see Standard 9).

It will therefore be a **condition** of reaccreditation that the provider develops a more robust moderation process for the direct observation of practice assessment by DPPs which will allow the provider to assure the quality of all elements of this assessment. This is to meet criterion 7.7.

Whilst the team was satisfied with the directed observation of practice assessment format, it noted that the assessment documentation which provided guidance to the student and a marking proforma for the DPP, stated that the student 'must prescribe a product'. Whilst this was appropriate for the previous university-based OSCE which was a controlled assessment with patient actors, the team agreed that this instruction was not appropriate when carrying out a real patient consultation in a practice setting. The team therefore require as a **minor amendment** that the document for the direct observation of practice is revised to better reflect the real-life nature of this assessment.

Monitoring of student progress is undertaken by the personal tutor, working closely with the student and DPP. Monthly group tutorials with the personal tutor are offered, and individual tutorials are also available. There are four opportunities for students to submit work for review by the personal tutor so that progress can be monitored, and support can be given. Regulations are appropriate and ensure that all assessments are passed with no compensation or condonation.

## 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.**

Students are appropriately supported throughout the programme. A comprehensive induction is provided which fully outlines the programme and its requirements, including those for supervised practice. Supervision and support are provided by the Programme Leader, personal tutor and DPP working collaboratively. Students are told how to raise concerns, whether these relate to the University or practice settings.

The GPhC's guidance on tutoring for pharmacists is made available to staff and DPPs and the induction session offered to DPPs explores this guidance further.

## Standard 9: Designated prescribing practitioners

Standard met/will be met? Yes ☐ No ☒

**The team was satisfied that four of the five criteria relating to the designated prescribing practitioners will be met or continue to be met with one criterion subject to a condition. One recommendation was made.**

The suitability of the proposed DPP is reviewed by the Admissions Tutor at the point of application. Their professional registration and scope of practice are checked, and the provider also ensures that they are not supervising too many students at one time. The team asked how the provider decides whether each DPP has the ability to assess patient-facing clinical and diagnostic skills and was told that this is done on the basis of the DPP confirming that they are in a patient-facing role. The team agreed that more evidence of the ability to assess students' skill is needed, for example in the form of a statement outlining the DPP's experience in this area. It will therefore be a **condition** of reaccreditation that prospective DPPs are asked to provide supporting evidence at the application stage to describe how they meet all the requirements for the role, including their ability to assess

patient-facing clinical and diagnostic skills. This will provide the course team with information which can be used to evaluate their suitability. This is to meet criterion 9.2.

The team noted the training offered to DPPs and asked how the provider monitors engagement. The provider explained that they check who attends the online course, including those who access the recording after the live event. They follow up with each DPP who does not engage.

The team asked how DPPs are routinely provided with feedback on their performance and was told that there is a formal mechanism to collect feedback from students and to provide it to DPPs, and that any concerns are followed up. Support is provided to those DPPs who request it.

The team agreed that criterion 9.5 is met at the minimum threshold and made a **recommendation** that the provider develop a more formalised process for providing feedback on a routine basis for all DPPs. This relates to criterion 9.5.

