

**University of Hertfordshire, Overseas Pharmacists'
Assessment Programme (OSPAP) interim event
report, February 2022**



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Event summary and conclusions

Provider	University of Hertfordshire
Course	Overseas Pharmacists' Assessment Programme (OSPAP)
Event type	Interim
Event date	17 February 2022
Current accreditation period	2021/22 – 2023/24
Relevant standards	Standards for the education and training of non-EEA pharmacists wanting to register in GB, May 2011
Outcome	<p>Continued accreditation confirmed.</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the OSPAP provided by the University of Hertfordshire should continue to be approved until the end of the 2023/24 academic year.</p> <p>Approval is for a maximum intake of 50 students per academic year, based on the planned additional resource that was discussed. Should the provider wish to exceed this number in the future, a change request will need to be submitted for review by the accreditation team.</p> <p>The team noted the appropriate adaptations that had been made to manage course delivery during the pandemic, and that both staff and students appeared to be well supported during this time.</p>
Conditions	There were no conditions
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	<ol style="list-style-type: none"> 1. That the inclusion of the OSPAP's 100 percent pass rate in promotional materials be reconsidered. This is because the accreditation team agreed that its inclusion could lead to unrealistic student expectations about what is required to successfully complete education and training and to register as a pharmacist. It also has the potential to negatively impact on the wellbeing of any student who is unsuccessful on the course. This relates to criterion 4.1. <p>A response to this recommendation should be sent to the GPhC for review by the accreditation team by 29 April 2022.</p>
Minor amendments	<ul style="list-style-type: none"> • The University website and OSPAP promotional materials contain out-of-date references to 'pre-registration training' which need to be

	updated. From the 2021/22 academic year onwards the terminology to refer to this period of training is the ‘foundation training year’.
Registrar decision	<p>Following the event, the Registrar of the GPhC accepted the accreditation team’s recommendation and approved the continued accreditation of the programme until 2023/4.</p> <p>A satisfactory response was received to address the recommendation.</p>
Key contact (provider)	Kelly Lefteri, Head of Pharmacy, Pharmaceutical and Regulatory Sciences*
Course provider representative attendees	<p>Kelly Lefteri, Head of Pharmacy, Pharmaceutical and Regulatory Sciences*</p> <p>Dr Stewart Kirton, Head of Clinical, Pharmaceutical and Biological Sciences*</p> <p>Dr Claire Hough, Senior Lecturer in Clinical Pharmacy Practice, Programme Lead OSPAP, Post-graduate AQ Lead, module lead*</p> <p>Dr Eman Al-Saeed, Senior Lecturer in Clinical Pharmacy Practice, OSPAP Admissions Tutor, module lead*</p> <p>Dr Nkiruka Umara, Post-graduate Pharmacy Practice Team Leader, Principal Lecturer in Clinical Pharmacy</p> <p>Louise Cowan, Senior Lecturer in Clinical Pharmacy, module lead</p> <p>Dr Mubinah Beebeejaun, Lecturer in Pharmaceutics, module lead</p> <p>Nina Walker, Principal Lecturer in Pharmacy Practice, Department Student Experience Lead</p> <p>Dr Zoe Aslanpour, Associate Dean: Community, International and Partnership, Consultant in Public Health, personal tutor</p> <p>Susanna Mason, Head of Centre of Post-graduate Medicine and Public Health, personal tutor</p> <p>Shirley Sau Yin Ip, Academic Link Pharmacist, The Princess Alexandra Hospital NHS Trust</p> <p>David Roberts, Academic Link Pharmacist, East and North Hertfordshire NHS Trust</p> <p>Thaiba Bashir, Lecturer in Clinical Pharmacy</p> <p>Dr Sharon Rossiter, Principal Lecturer in Pharmaceutical Chemistry *</p> <p>The team also met with a group of 13 current OSPAP students, OSPAP graduates undertaking the foundation training year, and registered pharmacists.</p>
Accreditation team	<p>Professor Antony D’Emanuele (Team leader) Head of the Leicester School of Pharmacy*</p> <p>Lyn Hanning (team member - academic) Director of Practice-Based Learning and Head of Pharmacy Practice, University of Bath</p>

	<p>Dr Marisa van der Merwe (team member - academic) Associate Head (Academic) and Reader in Clinical Pharmaceutics, University of Portsmouth</p> <p>Professor Luigi Martini (team member - pharmacist) Managing Director Precision Health Technology Accelerator (PHTA) for University of Birmingham and Birmingham Health Partners</p> <p>Kirsten Little (team member - pharmacist, newly qualified) Senior Clinical pharmacist CAMHS (children and adolescent mental health services), NHS Forth Valley</p> <p>Liz Harlaar (team member - lay) Independent Business Consultant</p>
GPhC representative	Philippa MacSimpson, Quality Assurance Manager (Education) General Pharmaceutical Council*
Rapporteur	Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde
Observers	<p>Steve Howard (Observer - new accreditation panel team leader in training), Independent Healthcare Consultant, Non- Executive Director, writer and presenter*</p> <p>Dr Andrew Sturrock (Observer - new accreditation panel member in training), Principal Lecturer and MPharm Programme Leader, University of Sunderland</p> <p>Professor Catherine Whittlesea (Observer - new accreditation panel team member in training), Professor of Pharmacy Practice, Head of the Research Department of Practice and Policy and Associate Director of Clinical Education, University College London</p>

*attended pre-event meeting on 24 January 2022

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 GPhC is responsible for setting standards and approving education and training courses which form part of the pathway towards registration for pharmacists. The UK qualification required as part of the pathway to registration for pharmacists who have qualified overseas (non-EEA) is a GPhC-accredited Overseas Pharmacists' Assessment Programme (OSPAP), which is a one-year postgraduate diploma.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist 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. This accreditation event was carried out in accordance with the GPhC's 2011 OSPAP Accreditation Methodology and the course was reviewed against the GPhC's 2011 education standards 'Standards for the education and training of non-EEA Pharmacists wanting to register in Great Britain.'

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

The OSPAP at the University of Hertfordshire was established in 2010 and the first intake of students was in 2011. The OSPAP now sits within the Department of Clinical, Pharmaceutical and Biological Sciences (CPBS), which in turn is part of the School of Life and Medical Sciences (LMS). The OSPAP was first accredited by the GPhC at an OSPAP Step 2 accreditation event held in July 2012. This resulted in accreditation for three years. A reaccreditation event took place in 2015 when the accreditation team agreed to recommend to the Registrar of the GPhC that the University should be reaccredited to provide an OSPAP for a further period of three years. There were no conditions or recommendations. However, the accreditation team identified a number of areas for further consideration. The OSPAP was last reaccredited in 2019 when the accreditation team agreed to recommend to the Registrar of the GPhC that it should be reaccredited for a further period of three years. There were no further conditions or recommendations. Since the last event the School of LMS has been restructured from three departments to two, CBPS, and Psychology, Sport and Geography (PSG). The restructure has brought together clinical and biological sciences together as a single department. The Head of Pharmacy at the previous event, is now Head of Pharmacy, Pharmaceutical and Regulatory Science and is responsible for the Pharmaceutics, Pharmaceutical Chemistry, UG Pharmacy Practice and PG Pharmacy Practice teams.

Documentation

- Prior to the event, the provider submitted the following documentation to the GPhC in line with the agreed timescales.
- Appendix 1: Admission and progression data for the last three cohorts by:
 - Entry qualification(s)
 - Sex
 - Age
 - Ethnicity
 - Disability
- Appendix 2: Critical evaluation of the progression data in Appendix 1
- Appendix 3: OSPAP risk register for the next two academic years
- Appendix 4: Staff list and vacancies (with timelines for filling them)
- Appendix 5: UH EDI report 2019-20
- Appendix 6: OSPAP flyer

The documentation was reviewed by the accreditation team and it was deemed to be satisfactory to provide a basis for discussion.

Pre-event

In advance of the main event, a pre-event meeting took place via videoconference on 24 January 2022. The purpose of the pre-event meeting was to prepare for the event, allow the GPhC and the University to ask any questions or seek clarification, and to finalise arrangements for the event.

The event

The event was held via videoconference between the University of Hertfordshire and the GPhC on 17 February 2022 and comprised meetings between the GPhC team and representatives of the OSPAP programme. The accreditation team also met with students currently undertaking the OSPAP, graduates of the programme undertaking their Foundation Training, and registered pharmacist alumni from the programme.

Declarations of interest

There were no declarations of interest.

Schedule

Day 0: Accreditation team private meetings, 16 February 2022

13:30 – 16:00	Private meeting of the accreditation team and GPhC representative Discuss provision and agree final questions and allocation
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Day 1: OSPAP interim event, 17 February 2022

09:00 – 09:30	Private meeting of the accreditation team
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09:30 – 11:30	Progress meeting Presentation to cover: <ul style="list-style-type: none"> • Course updates, changes and developments since the last event: <ul style="list-style-type: none"> ○ Any significant changes or developments ○ Temporary changes due to the pandemic ○ Staffing ○ Restructure ○ Finance and budget ○ Academic regulations Questions and discussions focused on Standards 1,2,7,8 and 9
11:30 – 12:00	Break and private meeting of the accreditation team
12:00 – 13:00	Admission, progression, monitoring and support meeting Questions and discussions focused on Standards 3, 4, 5 and 6
13:00 – 13:15	Private meeting of the accreditation team
13:15 – 13:45	Lunch break
13:45 – 14:45	Meeting with OSPAP students
14:45 – 15:00	Break
15:00 – 15:45	Learning outcomes session This session focused on Standards 5 and 10
15:45 – 16:45	Private meeting of the accreditation team
16:45 – 17:00	Deliver outcome to programme provider

Key findings - Standards for non-EEA pharmacists OSPAP programme providers

Standard 1: Patient and public safety

Standard continues to be met? Yes No

The documentation submitted stated that there had been no major changes relating to this standard since the 2019 reaccreditation visit, except for those due to a change in delivery due to the COVID-19 pandemic. Patient safety has remained a priority within the curriculum and the team was told that appropriate processes remain in place despite the increased cohort size in 2021/22. Virtual Observed Structured Clinical Examinations (vOSCE), which students must pass, have been used across the Medicines and Pharmacy Practice and the Preparation for Practice modules during the pandemic. Embedded in the vOSCEs were patient medication safety issues and critical must-pass elements that could cause patient harm which students were required to identify. The dispensing test which students must pass in the Medicines and Pharmacy Practice module included critical elements that must be

passed to ensure patient safety. The critical must-pass assessments and examination outcomes were scrutinised by a virtual Patient Safety Panel comprising pharmacists with at least one in current clinical practice.

The team was told that the need for COVID-19 vaccinations was, as yet, not a problem as vaccination is not compulsory in the NHS, and visits to care homes have not yet started.

The requirement to achieve the pass mark of 50% and pass the above critical elements was not altered during the pandemic. As a result of the OSPAP-specific regulations, prohibition of compensation between elements within a module, or between modules, was unaffected by the University's OSPAP safety net policy. Thus, quality and patient safety were not compromised during the pandemic.

Standard 2: Monitoring, review and evaluation of an OSPAP

Standard continues to be met? Yes No

Monitoring of the quality of the programme continues to be through bi-annual Programme Committee meetings, held virtually. This includes aims and objectives, curriculum, student admissions, progression and achievement, teaching, learning and assessment issues, student support and guidance at programme level, and resource support for the programme.

A new University Continuous Enhancement Planning (CEP) approach was described. This approach, with student involvement, is to support programme teams in maintaining academic standards. This includes improving the quality of learning opportunities, and enhancing the student learning experience. This is an ongoing, evidence-informed monitoring process operating in real time with action points at intervals. It allows School/Department and University oversight to identify and develop strategic improvement initiatives. The CEP is a risk-based approach and is informed by core metrics and qualitative evidence which will allow programme teams to understand where to focus improvement measures. The team was told that OSPAP student feedback from the previous annual monitoring process, and from OSPAP alumni, had indicated that students needed more support with calculations and numeracy; this has been provided by student-led online sessions and new numeracy software. Feedback from alumni highlighted the need for greater placement opportunities. It also indicated that the previous cohort of OSPAP students had felt alone, as a result of which the staff had organised coffee mornings and other social activities to allow students and staff to meet and discuss issues.

Standard 3: Equality, diversity and fairness

Standard continues to be met? Yes No

The training available for staff, monitoring of outcomes, anonymous marking policies and discussions with students where the law and/or culture in their home country differs from the UK are the same as the previous visit. Staff members undertake monitored EDI and unconscious bias training biannually or every 18 months respectively.

A new position of Executive Lead: Equality, Diversity and Widening Participation has been included on the Senior Executive Group (SEG) with overall strategic leadership responsibilities for equality, diversity, and inclusion within the Department. The team was told that the OSPAP curriculum has been reviewed since the last accreditation event, including improving reading resources and course materials, with more information around race-related illness and inclusion of dermatological conditions and their appearance on differing skin tones. The review also considered patients and names on sample

prescriptions to ensure diversity. Similarly, patient counselling involves consideration of patient cultures and backgrounds, including discrete groups. The team learned that the University 'Speak Out' system is anonymous but the Head is aware of general issues raised. A student experience lead, a member of the Pharmacy Schools Council Student Success Group, shares best practice on inclusion and success for all matters including equality and diversity. The OSPAP team is actively engaging with OSPAP alumni and seeking opportunities for them to become Visiting Lecturers. Some are now involved with both teaching sessions and induction activities.

The team, noting the low percentage of males on the OSPAP of around 25 percent, was assured that this level was closely similar to the GPhC approval levels.

Standard 4: Selection of students

Standard continues to be met? Yes No

The admissions process is largely unchanged since the previous accreditation event. The main change has been a move to online interviews. Students that have been approved by the GPhC are contacted individually for an interview. The team was told that students are provided with information about the programme during the interview.

After acceptance there is a 2-week induction period at which students are provided with a flyer which includes an outline of the programme, brief description of the assessments across the modules as well as an explanation of the next steps and reiterating information discussed in the interview. The team was discomfited by the inclusion in the flyer of the reference to the 100 percent pass rate since the inception of the OSPAP. The team was told that the inclusion of the pass rate was part of the University marketing strategy. Students interviewed said they were unaware of this inclusion, and the team was told that the difference between the University pass rate and the Registration Examination pass rate is emphasised to students. Nevertheless, the accreditation team agreed that it could lead to unrealistic student expectations about what is required to successfully complete education and training and to register as a pharmacist. The team also considered that it has the potential to negatively impact on the wellbeing of any student who might be unsuccessful on the course. Accordingly, the accreditation made a **recommendation** that the inclusion of the OSPAPs 100 percent pass rate in promotional materials be reconsidered.

The Occupational English Language Test (OET) is now accepted as evidence of English language competence. This is due to many IELTS test centres being closed during the pandemic and students being unable to demonstrate their proficiency in English. Students are required to score of at least a B in each of the four areas of reading, writing, listening and speaking, in a single sitting.

The team was told that there had been no problems with the programme not meeting student expectations. Personal tutoring starts early in the programme and helps to manage student expectations. Students interviewed were unanimous in their praise for the content and delivery of the programme.

The team suggested a minor amendment to documentation because the University website and OSPAP promotional materials contain out-of-date references to 'pre-registration training' which need to be updated. From the 2021-22 academic year onwards the terminology to refer to this period of training is the 'foundation training year'.

'Standard 5: Curriculum delivery and student experience

Standard continues to be met? Yes No

The aims, philosophy, and objectives of the OSPAP have not changed since the accreditation event of 2019. The curriculum design, learning outcomes and the five modules of the programme also remain the same. There have been updates due to changes in pharmacy practice. Otherwise, only minor changes and enhancements of content have been made. Students interviewed told the team that they had found the programme difficult but were fulsome in their praise for the design and relevance of the programme content and delivery. Alumni interviewed considered that it was critical preparation for foundation training and practising in pharmacy.

During online delivery in the pandemic pre-recorded lectures replaced traditional lectures. These were used to introduce students to content and to deliver explanations of core concepts. Students were provided with pre-work a week before flipped classroom sessions, which included pre-reading, case studies or reviewing pre-recorded lecture slides. Students then attended a live, synchronous online discussion and workshops. Some of the changes in delivery have resulted in an improved student experience and will be kept as part of the proposed OSPAP moving forward. Students interviewed told the team that there had been some technical issues with recording lectures during live sessions. A student representative who contacted the University concerning uploading recordings was told that a review of technical issues is taking place currently.

During the pandemic there was a move to a one-day online synchronous and asynchronous delivery alongside two-day face-to-face delivery. This allowed the benefits from a flipped classroom and flexible pedagogy approach to continue. The team was told that this approach will be maintained as the programme moves forward as it had been found that student engagement had increased using this type of delivery. Students said that the approach was very different from what they were used to but found it very effective. On-campus attendance is prioritised for laboratory tutorials, practical classes, and workshops. Virtual laboratory classes were derived from those used on the MPharm programme.

The team was told that there are three days of community pharmacy placements, a one-day hospital visit and general medical practice (GP) placements. The hospital and GP placements have been virtual during the pandemic but will be live during the 2022/23 year. There will be additional five-day placements in care/nursing homes from 2022/23 onwards. The team was told that the Department is used to organising a large number of placements for the MPharm degree students and that the increased OSPAP numbers should not cause a problem. Clashes with the MPharm placements will be avoided and placement providers have clear expectations of the students. Students interviewed valued the placement experience, particularly, emanating mainly from a community pharmacy background, gaining an insight into hospital pharmacy. Students expressed a wish for more placements which the team agreed were at a minimal level.

During the pandemic end-of-module tests were moved to alternative assessments. Learning outcomes were assessed by open-book coursework or an online *viva*. Knowledge-based tests were moved online using a question bank, and OSCEs were modified to virtual OSCEs via Zoom. The team was told that the online OSCEs were based on patient information leaflets and the BNF. Critical elements were retained. It is intended to return to on-campus assessments when the COVID-19 pandemic is over. Students interviewed said that they had been concerned in advance about the possibility of the technology failing

and disruption at home during online assessments. A Zoom meeting during the assessment had been organised to allow contact for support, along with a member of staff for technical support.

The team was told that there is a mix of student experience of the UK, with the majority having been domiciled in the country. Those that have recently arrived in the country tend to need some additional support, including material on the structure and function of the NHS. Groups are mixed to facilitate peer learning and sharing of experiences. Students interviewed told the team that everyone had differing expectations when they entered the course. They expected it to be easier and to focus mainly on therapeutics. They had not expected core scientific concepts to be covered, but understood that the programme was an integrated course covering both science and practice.

Throughout the programme it is emphasised that patient safety is an explicit priority for the NHS. Workshops to develop pharmaceutical calculations, numeracy knowledge and skills were delivered virtually during the pandemic. However, several additional small group support sessions were delivered. This was to ensure that all students had the opportunity to ask questions and clarify any problems. Additionally, a new numeracy database has been commissioned to support students and ensure competence in numeracy. Students interviewed valued the support for numeracy development.

The documentation stated that interprofessional education (IPE) runs as a theme throughout the course. Students participated in a virtual session with other healthcare students. These included students of dietetics, nursing, optometry, physiotherapy, paramedics, radiography, physicians associate and social work. Students analysed a medical error involving different healthcare professionals. Physicians associate students have also been involved in expert patient interviews. Students interviewed valued working with students of other healthcare professions.

Standard 6: Support and development for students

Standard continues to be met? Yes No

The OSPAP personal tutoring system which has been running since the inception of the course has now been integrated with the newly launched University-wide personal tutor framework. This allows for a standardised approach in student support both academically and pastorally, and the sharing of best practice. As part of this a wellbeing guide for personal tutors has been developed and circulated. Programme leads, module leads, and personal tutors have access to student analytics in the virtual learning platform. This includes information on average scores of assignments, missing assignments. There is also an engagement score based on participation and log-ins, a record of the last activity day plus total activity time, last swipe-ins, and use of the Learning Resource Centre Data. These can be viewed at student level, module level and programme level. This allows early identification of students that are struggling, or who have a pattern of issues, and offer support in a timely manner. The team regarded this as a useful development.

Students are introduced and signposted to University-wide services such as mental wellbeing, Academic Support Unit (ASU), Mathematics Support Services (MSS) and Student Technology Mentors (STM) during induction. Students are reminded of the different services available through personal tutor meetings, programme tutorials and by discussions with module leads.

Students interviewed told the team that tutors are extremely caring and supportive and easily accessible for any academic or personal issues. There are monthly formal tutor meetings but students can contact tutors by email and get quick responses. The University has provided links for possible foundation

training places and has been supportive in this process. Students have also been guided to an app for mental health support, including managing examination stress.

Standard 7: Support and development for academic staff

Standard continues to be met? Yes No

There is a range of support available within the University for staff members and their managers to enable learning and teaching and academic quality-related continuing professional development (CPD). Module and programme leads continue to be supported through structured, centralised online sessions in which good practice and consideration of any challenges are discussed.

Technology awareness training has been developed to support staff deliver their programmes during the COVID pandemic and this including the use of Zoom and Panopto. Funding has been made available for staff to attend external training courses such as Advance HE virtual teaching. All staff members have access to a Guided Learner Journey module which has been designed to support academic staff, in the creation and management of their module sites on Canvas. Staff members spoke highly of the value of these initiatives. A departmental staff forum is run online via MS Teams on a monthly basis. The Department also runs regular online learning and teaching events where colleagues share good practice in the form of microteaching sessions. Various initiatives have been introduced to help staff deal with mental health and wellbeing issues.

Standard 8: Management of an OSPAP

Standard continues to be met? Yes No

The team learned of the recent change in structure of the Department. The team questioned the placing of pharmacology in a separate section from Pharmacy, Pharmaceutical and Regulatory Science. The rationale was to support the pharmacology degree and spread the workload of the section heads. The team was told that the sections worked together closely and that integration of teaching would not be affected.

The team was told that senior management team in the Department meets regularly to discuss risk and to inform a risk register on a quarterly basis. A standing item is for liaison with Marketing over OSPAP admissions and related staffing levels. The Head of Pharmacy consults the record of GPhC approvals for OSPAP admissions on a month-by-month basis.

Since September 2021 there has been a new OSPAP Programme Lead, a registered pharmacist, previously part of the OSPAP teaching team and with experience as a programme lead for the MSc Advance Clinical Pharmacy Practice programme. The previous admission tutor/OSPAP Programme Lead is continuing in their role as admissions tutor and as part of the OSPAP teaching team.

A new Student Administration Service has consolidated all student administration services into a single organisational unit within Academic Registry and based in three hubs across the University campuses. The aim of the new administrative structure is to drive consistency and prevent single-person dependency. Thus, there is no longer a named OSPAP programme administrator, with the programme now supported by the Innovation Centre administrative hub. The team was told that the transition to the new process had not been completely smooth but that it would be independently evaluated in March 2022.

All Serious Adverse Circumstances (SAC) requests and appeals, are now also managed by the central academic services team to standardise this procedure across the University. However, if the student is from a programme regulated by Professional or Statutory Bodies then a qualified registrant attends the SAC or appeals meeting. For the OSPAP this is usually the Programme Lead or the Head of Pharmacy, Pharmaceutical & Regulatory Sciences, both GPhC registrants.

Standard 9: Resources and capacity

Standard continues to be met? Yes No

The team was told that finances cannot be broken down to programme level but that the OSPAP programme remains financially viable and has not been flagged by the institutional portfolio review. During the pandemic it has been estimated that 5.0 FTE staff time in Pharmacy was involved in the transfer to online delivery. 3.55 FTE staff time is allocated to the OSPAP, increased during the current year to reflect the increase in student numbers on the OSPAP.

The submission document explained that due to the COVID pandemic, there has been an increased difficulty in recruiting international students. This has been due to the restrictions of travel, particularly for postgraduate programmes. As a result, a decision was made to suspend the MSc Advancing Clinical Pharmacy Practice (ACPP) programme in 2021/22 and 2022/23 and to divert its resources to the delivery of OSPAP programme, which has had a large intake in 2021/22. This will be reviewed for 2023/24 and additional staff will be included in the business plan should the ACPP and OSPAP recruitment figures exceed their target of 20 students per course per year. The team agreed that the maximum intake to the OSPAP until the end of academic year 2022/23 should be 50. The team was provided with information indicating that should the ACPP programme be reintroduced in 2023/24, and the OSPAP cohort be at its maximum level of 50, an extra 1.0 FTE staff will be added to the business plan.

During 2021/22 the teaching room capacities were reduced to allow for safe delivery of on-campus teaching. The OSPAP student cohort was divided into groups to be able to deliver some workshops, seminars, practical classes, and lectures. The resultant increase in workload due was reflected in staff workload models and additional visiting lecturer hours have been included within the 2021/22 budget.

There are currently no vacant posts in the OSPAP teaching team. Those carrying out the role of OSPAP personal academic tutors are still all UK-registered pharmacists.

Standard 10: Outcomes for non-EEA pharmacists wanting to register in Great Britain

Standard continues to be met? Yes No

The team was satisfied that all 58 outcomes relating to Standard 10 continue to be delivered at the appropriate level. The team had scrutinised the learning outcomes in discussions with the staff in meeting 4. Rather than examining each of the 58 outcomes, six outcomes (10.1.a, 10.1.c, 10.1.h, 10.2.1.b, 10.2.2.c and 10.2.4.e) were selected for detailed discussion; the University of Hertfordshire staff members had been informed of the outcomes to be discussed before the meeting. For each of the six outcomes scrutinised the evidence provided by the discussions with the staff gave the team confidence that these outcomes will continue to be met at the required level; the team was confident that all other outcomes will be similarly met. Thus, the team was satisfied that Standard 10 continues to be met.

10.1.a Recognise ethical dilemmas and respond in accordance with relevant codes of conduct (shows how)

The team was told that during Induction OSPAP students are introduced to the GPhC Standards for Pharmacy Professionals followed by a group discussion. Professional attributes are discussed using the RPS ethical decision-making tool. Groups of students find and discuss an ethical dilemma either from their own experience, including in their own country, or from the internet. There are online discussions, including on consent, confidentiality, sexual boundaries and errors. Recently a session has been introduced on vaccinations, covering policies, ethics, mask-wearing.

For assessment students have to decide on ethical and legal issues and devise a plan, looking at the situation from the point-of-view of both the pharmacist and the patient. In Pharmaceutical Sciences and Therapeutics 1, mental health capacity is considered and assessed based on a case study.

10.1.c Recognise personal health needs, consult and follow the advice of a suitably qualified professional, and protect patients or public from any risk posed by personal health (does)

This learning outcome is discussed early on in the admissions process, including occupational health needs and immunisation records with respect to attendance at placements. This is built on in the Induction period when staff from Occupational Health speak to students. It is also relevant to academic quality with respect to academic regulations, for example, that students can declare themselves not “fit to sit”. Students are encouraged to discuss any such issues with their personal tutor in terms of their future role as reflective practitioners, considering any impediment to their ability to practise. Fitness to Practise cases are considered and how they should have been dealt with. Exposure to hazardous materials, access to microbiological rooms and the wearing of PPE is discussed, which is assessed in the extemporaneous preparation and asepsis classes.

Professionalism is marked. This is by module tests in Medicines and Pharmacy Practice and 75 percent attendance.

10.1.h Engage in multidisciplinary teamworking (knows how)

This outcome forms part of the Induction process where students hear about the roles of other healthcare professions. This is followed in Semester 2 by formal IPE activities in which OSPAP students learn about, from and with other healthcare professionals. This was described as being new to some of the students. Included were doctors, nurses, physiotherapists, dieticians, each leading a group discussion on how other professions look at issues. Students from different professions then examined videos based on errors and how to deal with the situations. Patient safety was considered as a vital part of team working.

OSPAP students are also introduced to hospital pharmacy and how the pharmacist fits into the healthcare team through collaboration. This is discussed before the hospital visit itself. Prior to the visit students have done history-taking along with physician associate students. Students see how multidisciplinary team work during their placements.

Assessment is by a letter-writing exercise to another healthcare professional about a patient, OSCEs (including communication with another member of the health care team) and a workbook. End of module assessments include counselling points and batch record sheets.

10.2.1.b Access and critically evaluate evidence to support safe, rational and cost-effective use of medicines (shows how)

The concept of evidence-based medicine is introduced at Induction. Students undertake a critical appraisal of a research paper which is discussed in a workshop session. They are introduced to the structure and function of the NHS, include cost-effectiveness. The BNF is used as an evidence-based resource. Clinical guidance including NICE guidance is covered in a session led by teacher-practitioners, including how it is used in practice and in complex patient cases. The knowledge of guidelines is important as OSPAP students have different backgrounds. Patient case studies are used to encourage thinking from a holistic point-of-view. Students are encouraged to think about their future decision-making role.

Assessment is by a poster presentation based on a review of an emerging therapy and its position against the current options, considering all aspects such as trial data, costs etc.

10.2.2.c Instruct patients in the safe and effective use of their medicines and devices (shows how)

This outcome is initially considered in the Medicines and Pharmacy Practice module where there is a formative OSCE counselling station on the use of inhalers, dispensing sessions in both semesters cover clinical and legal aspects of counselling. There are lectures on prescription management, for example, counselling on the use of eye drops, the use of creams and fentanyl patches. Paediatric preparations including the storage of suspensions and over-the-counter products, and the use of EpiPens are considered.

Assessment is based on a summative assessment of the placement workbook and an end-of-module test, along with summative assessment as part of a placement workshop – minor ailment consultation under supervision of a pharmacist.

10.2.4.e Support the patient in choosing an option by listening and responding to her concerns and respecting their decisions (shows how)

The GPhC Standards for Pharmacy Professionals is introduced at Induction. The practice in different countries is discussed in relation to patient-centred care. The Equality Act and protected characteristics are introduced, and cultures and beliefs are considered.

Communication skills are covered with a presentation on good versus bad communication, using the Calgary/Cambridge framework and WHAM. It is stressed that the patient has a right to discuss their medication with the pharmacist. Patient history-taking is practised, in which students have to listen to the patient and respect the decision of patients; this involves active listening. Health literacy includes values and respect of differences and similarities. The team was told that it is planned to have a session on fasting and its impact on medication safety.

Assessment is by a letter-writing exercise, OSCEs involving counselling and history-taking, and ethical dilemmas.

