

**University of Huddersfield independent
prescribing course reaccreditation report,
October 2020**



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Event summary and conclusions

Provider	University of Huddersfield
Course	Independent prescribing
Event type	Reaccreditation
Event date	16 October 2020
Reaccreditation period	February 2021 – February 2024
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Conditions	<ol style="list-style-type: none"> 1. You must provide a management plan which sets out clearly all the requirements of criterion 3.1. This is because the current arrangements appear unclear, and structures, policies and procedures do not appear to be formally documented. 2. You must submit an updated assessment strategy which reflects the requirements of the GPhC's 2019 education and training standards for pharmacist independent prescribers, and demonstrates that marking and quality assurance of assessments will be robust, reliable and valid. This relates to criteria 7.1, 7.2, 7.3, 7.6 and 7.7. 3. You must set out the process that will be followed, along with supporting documentation, to demonstrate how you will evaluate DPPs against the eligibility criteria at the application stage. This is to meet criteria 9.1 and 9.2. 4. You must set out clearly how you will provide feedback to DPPs on their performance. This is because there is currently no evidence of the plans in place to meet criterion 9.5. <p>Evidence of how you have addressed the conditions must be sent to the GPhC, for approval by the accreditation team by 30 November 2020.</p>
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	<ol style="list-style-type: none"> 1. That a plan is set out to demonstrate how criterion 5.4 will be met going forward. This is because there appear to be no arrangements in place for future engagement with stakeholders, including patients and the public, course commissioners and employers to refine the design and delivery of the course.
Minor amendments	<ul style="list-style-type: none"> • All programme documentation and website information must be updated to reflect the current GPhC entry criteria • The Programme Specification must be updated to include

	<p>pharmacists registered with the PSNI.</p> <ul style="list-style-type: none"> • The learning agreement must be updated so that it is signed by the student, the DPP and the provider. Inconsistent terminology between learning agreement and learning contract should be corrected. • Assessment should be added to the DPPs responsibilities in the DPP agreement. • The application form must be updated as follows <ul style="list-style-type: none"> ○ Remove out of date reference to the JCPTGP, which is no longer a functioning body ○ All applicants are asked to confirm that they have ‘the support of the employing organisation or GP practice to act as the medical mentor...’ this is not applicable to non-medical DPPs and should be removed or amended ○ The declaration on the application form is confirmatory and should be in written in the first person. • Evidence must be provided to confirm that the course has been validated
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team’s recommendation and approved the reaccreditation of the programme for a further period of 3 years, subject to four conditions which have now been met.
Maximum number of all students per cohort:	30
Number of pharmacist students per cohort:	30
Number of cohorts per academic year:	2
Approved to use non-medical DPPs:	Yes
Key contact (provider)	Sallianne Kavanagh, Senior Lecturer in Pharmacy Practice/Clinical Pharmacy
Provider representatives	<p>Alison Astles, Subject leader in Pharmacy</p> <p>Barbara Conway, Head of Pharmacy</p> <p>Sallianne Kavanagh (IPP course leader), Senior Lecturer in Pharmacy Practice/Clinical Pharmacy</p> <p>Rachel Whiley, Course Administrator</p> <p>Angela Windle, Senior Lecturer in Advanced Clinical Practice</p>

Accreditation team	Sandra Hall (event Chair), Retired Head of Pharmacy Practice, Leicester School of Pharmacy, De Montfort University Professor Angela Alexander, Professor Emerita of Pharmacy Education, University of Reading Fiona Barber, Independent Member, Leicester City Council
GPhC representative	Philippa McSimpson, Quality Assurance Manager, GPhC
Rapporteur	Jane Smith, Chief Executive Officer, European Association for Cancer Research
Observers	Dr Lyn Hanning, Director of Practice Based Learning and Head of Pharmacy Practice, University of Bath Dr Fran Lloyd, Associate Postgraduate Pharmacy Dean, NICPLD Queen's University Belfast

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>

Background

The University of Huddersfield was provisionally accredited by the GPhC in December 2017 to provide a course to train pharmacist independent prescribers, for a period of three years, with a monitoring event taking place after completion of the first cohort of students. Accreditation was subject to one condition:

The University must articulate a strategy for the assessment of clinical and physical examination and diagnostic skills and implement a valid and reliable quality assurance

process for this assessment. The team agreed that these skills are a key outcome for pharmacists and the current assessment arrangements are not sufficiently robust to ensure consistent standards across all students. The University must provide the GPhC with evidence of how it will ensure that the assessment of clinical and physical examination and diagnostic skills is valid, reliable and robust in order to ensure safe and effective practice. This is to meet criteria 4.1 and 5.1.

The University must submit evidence of how this condition has been met to the GPhC, for approval by the accreditation team. This must be done before the first intake of pharmacists onto the programme.

Following the event, the provider submitted a response to the condition of accreditation, and the accreditation team agreed it had been met satisfactorily. The Registrar of the GPhC accepted the team's recommendation and approved the provisional accreditation of the programme for a period of three years.

A monitoring event was held in July 2019, after which the accreditation team agreed to recommend to the Registrar of the GPhC that the University should be fully accredited as a provider of a pharmacist independent prescribing programme for the remainder of the accreditation period. This recommendation was approved by the Registrar.

The course is led by a pharmacist and is approved for two cohorts per year, with a maximum of 30 students per cohort.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 16 October 2020 to review the course's suitability for reaccreditation.

Documentation

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

The event

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 Huddersfield and the GPhC on 20 October 2020 and comprised of meetings between the GPhC reaccreditation team and representatives of the University of Huddersfield 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, 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.	Panel private meeting	14:30 – 17:00
6.	Feedback to course provider representatives	17:00 – 17:15

Key findings

Part 1 - Learning outcomes

During the event the team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of 5 learning outcomes during a separate meeting with the provider and was satisfied that **all 32 learning outcomes will be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **15, 19, 20, 24, 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

Standards 1 - Selection and entry requirements

The team was satisfied that all six criteria relating to the selection and entry requirements will be met. One criterion requires minor amendments. (The criteria can be found [here](#))

The course entry requirements and processes are available via the University website. The application form is specifically designed for the Independent Prescribing Course. Admissions decisions are made on the basis of the application form and personal statement, and further information is requested from applicants if required. It was clarified to the team that all applicants must provide evidence of two years' patient-orientated experience in the UK, regardless of their practice setting or funding status.

All applications are reviewed by the course leader in the order they are received and are checked against the GPhC criteria. Places are offered to those who meet the entry requirements. Interviews are not held, but at the point the provider finds that they are required, all applicants will be interviewed. There is an informal cut-off point for the submission of applications of four weeks before the course start date, to give the provider time to ensure that all entry criteria are met before the start of the course.

All staff involved in admissions decisions complete equality and diversity training and also undertake a University recruitment training programme.

The Programme Specification, application and website information refer to out of date GPhC entry criteria so a minor amendment is required to update all programme documentation to reflect the current entry criteria. A further minor amendment is needed to update the Programme Specification to include pharmacists registered with the PSNI.

Standard 2 - Equality, diversity and inclusion

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

Equality and diversity training is mandatory for all staff. The University provides staff with guidance on religious observation and all students have access to a central Disability Services unit and, if appropriate, are provided by the Unit with a personal learning and support plan to meet their specific needs. Students with disabilities are supported with reasonable adjustments to their teaching and assessment. If students are given extra time in assessments, this is applied to the Single Episode of Care assessment as well as to written exams.

In response to the Covid-19 pandemic, exams have been moved online and made available to students over a prolonged period of time, so that they can be accessed at a time suitable to them. Time allowed for the exams has been adjusted for all students to take account of the fact that they are being assessed digitally. Learning outcomes are not adjusted.

The pharmacy department has a system for tracking the equality and diversity characteristics of students and monitoring student recruitment and achievement versus those characteristics.

An equality and diversity audit of the MPharm course took place in September 2019, following which an action plan for improving the data monitoring and developing an 'at risk' marker for students was developed. The learning from this MPharm audit has been applied to the Independent Prescribing course as the demographics for both courses are similar. Actions taken include increasing the number of resources available as electronic references, timetabling the assessments to consider religious observations and school holidays and a manageable timeframe for submission of work. As the Prescribing course is now in its third cohort, the course team has started to look at equality and diversity data and will be able to run an audit independently of the MPharm.

Equality and human rights legislation is discussed throughout the course. Students' understanding of these issues is assessed via the case study and portfolio reflection.

Standard 3 - Management, resources and capacity

The team was satisfied that five of the six criteria relating to the management, resources and capacity will be met with one criterion subject to a condition. One criterion requires minor amendments.

The course is delivered from within the Division of Pharmacy in the School of Applied Sciences. A Course Committee meets at least three times per year to provide course management and to agree any changes to the course. Proposed changes are forwarded to the School Accreditation and Validation Panel (SAVP) which will ensure that the course remains consistent with University policies. In turn, the SAVP reports to School Teaching and Learning Committee and through to the University Teaching and Learning Committee.

There are clearly identified academic staff leads for admissions, disability, health and safety. The academic staff are well supported by a shared team of administrative support staff and technical staff.

The course leader is responsible for co-ordination of the module overall and for the setting and grading of all summative assessments, with internal moderation provided by a pharmacist member of the academic team. All summative assessments are reviewed by the external examiner.

The team was concerned that there is no clear, written management plan for the course. There is a significant reliance on the course leader with no nominated deputy and no evidence of a risk assessment covering the absence of the course leader. It will therefore be a **condition** of reaccreditation that a management plan is provided which sets out clearly all the requirements of criterion 3.1:

- a schedule of roles and responsibilities in learning, teaching and practice environments;
- lines of accountability in the learning, teaching and practice environments;
- defined structures and processes to manage delivery; and
- processes for identifying and managing risk

This is because the current arrangements appear unclear, and structures, policies and procedures do not appear to be formally documented. Meeting this condition will also strengthen the evidence for criterion 3.5.

The course uses the Virtual Learning Environment (VLE) 'Brightspace' which is used by all staff as a means of communication, dissemination of information and presentation of course materials (lectures, presentations, reading resources, quizzes, discussion boards and directed study tasks). Each module has a Brightspace area which provides the module specification, staff contact details and sample exam papers. Brightspace is also available as an app which students find useful as it can be accessed conveniently on smart phones and tablets. The team had a short demonstration of the VLE during the event. For interactive sessions, the students are split into small groups of 3-8 via Microsoft Teams and staff drop in and out of groups to provide support.

The VLE contains the student learning agreement, outlining roles and responsibilities, and requiring that the student identifies their learning needs and agrees a plan on how those needs will be met. This learning agreement is used as the reference point for any development reviews throughout the course. There is some inconsistency of terminology with the submission referring to both a learning agreement and learning contract. The agreement should also be signed by all three parties; the student, University and DPP. Minor amendments are required to address these points.

A DPP handbook specifies the role of the programme provider and of the DPP and defines the areas of practice to be covered as part of the period of learning in practice.

Standard 4 - Monitoring, review and evaluation

The team was satisfied that all six criteria relating to the monitoring, review and evaluation will be met, one criterion requires minor amendment.

The course is monitored, reviewed, and evaluated through a course review meeting. This meeting is held towards the end of each cohort and provides a formal and recorded opportunity for students to give feedback, including areas for improvement and development. All students are invited to attend. Feedback is acted upon; for example the physical assessment skills teaching in the course has been increased in response to student feedback. This review meeting feeds into the School Teaching and Learning Committee, then into an Annual Evaluation Panel at University level.

The external examiner for the course has considerable MPharm and independent prescribing experience and monitors all stages of the assessment process to provide external quality assurance. The external examiner's report and assessments are considered at the Course Assessment Board when awarding the qualifications.

Everyone who teaches on the programme has an appraisal and peer review, including sessional teachers.

At the time of submission, University validation for the updated course in line with the 2020 GPhC standards was pending. At the time of the event, the team was informed that this validation had now been confirmed. Documentary evidence of validation will need to be submitted to the GPhC.

Standard 5 - Course design and delivery

The team was satisfied that all ten criteria relating to the course design and delivery will be met. One recommendation was made.

The course is offered as a single module of 30 credits at Master's level and consists of learning activities equivalent to at least 26 days. This includes 12 days of scheduled teaching, now largely delivered via the VLE. The number of face-to-face teaching days has been reduced from 12 to two.

In response to Covid-19, further changes have been made to both teaching and assessment. One of the remaining face-to-face study days has been transferred to online learning. Following a risk assessment, there will be one day of face-to-face clinical skills teaching with full PPE and in small groups. If students feel they need additional support with clinical skills, they can book a one-to-one session with staff. (Refer to Standard 7 for changes to assessments).

The team was satisfied that the material is delivered effectively via the VLE and allows for a more personalised approach. There are 12 full days of formal learning in practice. All teaching materials are reviewed and updated where needed prior to upload on the VLE.

In recognition of the diverse experiences of the students on the course, the curriculum is designed to direct students to be able to access and utilise guidelines available for common conditions and minor ailments. In addition, each student is expected to write their own specific learning objectives, appropriate to their area of practice, which are reviewed by the course leader and DPP and used to develop a personal learning plan.

The team was satisfied that all the teaching and assessment will allow students to demonstrate meeting all of the learning outcomes, but encouraged the provider to consider developing a document mapping the GPhC learning outcomes to the curriculum as this will be helpful to the course team and to students.

Regulations for the course are appropriate and prioritise patient safety, safe and effective practice and clinical skills. Students and DPPs are made aware of fitness to practise procedures. A group of peer pharmacists in the course team meets to review serious failures and to give feedback to students. Students are taught that they must only undertake tasks in which they are competent, or are learning under supervision to be competent, so that patient safety is not compromised. This is supported through a lecture in conjunction with the Pharmacy Defence Association. The team suggested that this requirement be made explicit in the Student and DPP Handbooks.

Full attendance at all sessions is expected, as stated on the application form. Attendance at those sessions related to clinical examination and use of diagnostic aids is mandatory. If serious unexpected circumstances occur, the student is required to meet with the course tutor to decide upon a course of action to make good any missed work. If this cannot be achieved to the satisfaction of the tutor, then the student will have to suspend studies until they are able to join a future cohort. Students' continued engagement throughout the practice-based part of the course is supported by regular email contact and through monitoring of their engagement with e-learning and with the VLE.

An informal process is in place to deal with causes for concern raised about a DPP or a Learning in Practice environment. The team encouraged the provider to document action taken under this informal process.

Although patients were involved in the original design of the course, there has been no formal follow up contact to refine the course. Instead, patient contact has relied on the Course Leader's external activities and on learning from the MPharm course. The University has a patient group which could be consulted in the future. It is therefore a **recommendation** that a plan is set out to demonstrate how criterion 5.4 will be met going forward. This is because there appear to be no arrangements in place for future engagement with stakeholders, including patients and the public, course commissioners and employers to refine the design and delivery of the course.

Standard 6 - Learning in practice

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

Students must undertake 90 hours (12 days x 7.5 hours) of patient facing learning in practice. This is made clear to students and to DPPs at the point of application and in the respective handbooks. The DPP will be invited to a virtual training session about their role and responsibilities.

The DPP will certify that the student has completed the 90 hours of Learning in Practice, although some of the training can be delegated to other members of the healthcare team. The team questioned how the DPPs' judgements of clinical competence will be quality assured and was told that there is no formal process in place for this. The course team will consider the introduction of a tripartite review meeting between the University, DPP and student, which could encompass a review of assessment processes and decisions.

Students are given a sample log of their learning in practice period to include key learning points, and are encouraged, but not required, to keep their own log. The team suggested that completion of a log should be compulsory, and should be submitted with the portfolio, in support of the DPP's signature. A record of the roles of others involved in training the student should also be maintained.

The Course Leader oversees all assessments and reviews all portfolios. Consultation skills are assessed in the Single Episode of Care in the University.

Standard 7 - Assessment

The team was satisfied six of the eleven criteria relating to the assessment will be met with five criteria subject to a condition. One criterion requires minor amendments.

The course is assessed by means of:

- Clinical Skills Assessment (the Single Episode of Care) – in class, Pass / Fail / Refer
- Case study review. 2,000 words based on a clinical case from the learning in practice experience – 50% of final mark. Pass / Fail / Refer
- Portfolio of supervised practice and clinical skills – Pass / Fail / Refer
- Examination – 2 x 1.5 hours 50% of final mark. Pass / Fail / Refer

Some adjustments have been made in response to the Covid-19 pandemic:

The examinations (formative and summative) have also been moved to an online format. The same format is used (50 multiple choice questions 4 long answer questions) and the assessment remains timed at 3 hours, but may be accessed at a time convenient to the student in recognition of the equality and diversity challenges that students may face. To minimise the risk of collusion, the question pool size has been increased and all questions are randomised for answer order and order of appearance within the assessment.

The Single Episode of Care assessment was previously a 15-minute OSCE assessment and has also been adapted to be an online consultation. The same learning outcomes are assessed, and the usual format of grading is applied. The time for the assessment has been increased to 20 minutes to allow for the in-depth description of the physical assessment that should be undertaken. The students are provided with resources and references to guide about how to undertake an effective virtual consultation.

Formative assessment is integrated into the course and constructive feedback is offered for all assessments. One substantive piece of written work may also be submitted for formative assessment. All assessments must be passed and learning outcomes demonstrated before the student is awarded a Practice Certificate in Independent Prescribing. All fails and borderlines are second marked and reviewed by the external examiner. Condonement is not allowed. Failure to identify a patient safety element or the introduction of a new risk to the patient results in referral of the assessment, with a single resit opportunity offered.

Clinical examination skills are assessed through the Single Episode of Care (SEC). Skills specific to the student's intended area of practice are assessed in the portfolio. The team had some concerns about the quality assurance of the assessments made by the DPPs and the course team agreed that there is no formal process at present.

It was not clear that there is an over-arching assessment strategy nor that assessment criteria are clearly articulated to students.

It will therefore be a **condition** of reaccreditation that the provider submits an updated assessment strategy which reflects the requirements of the GPhC's 2019 education and training standards for pharmacist independent prescribers, and demonstrates that marking and quality assurance of assessments will be robust, reliable and valid. This relates to criteria 7.1, 7.2, 7.3, 7.6 and 7.7.

The DPP will be required to sign and submit a declaration provided in the DPP Handbook to state that they understand and agree to their role and responsibilities. A minor amendment is required to add 'assessment' to the areas of responsibility.

Standard 8 - Support and the learning experience

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

Students are supported to achieve the learning outcomes. An induction session led by the course leader provides comprehensive details about the course requirements, policies and support available. The induction includes introduction to the learning outcomes and the prescribing competency framework, and the use of the personal learning agreement. The course requirements and assessment strategy are also reviewed as part of the induction, including an

active exercise to map when and how they will be able to fit study into their lives, so that the required workload is manageable and realistic.

In the induction session students are told how to raise concerns about the course, including about their DPP or their learning in practice experience. The module handbook also provides details of how students can raise concerns.

The team reviewed feedback provided by two students prior to the event. Both students confirmed that they felt supported throughout the course.

The VLE allows for early identification of students who are not engaging, and analysis of online quizzes enables the team to identify areas of the course that need reiteration and to signpost students to further support.

The portfolio will provide documentary evidence of the meetings between the DPP and student. The provider will consider the introduction of a compulsory learning agreement to ensure that meetings occur regularly.

The GPhC guidance on tutoring pharmacists and pharmacy technicians is included in the DPP handbook and covered in the training provided for new and existing DPPs. A link is available as part of the supporting resources on the VLE, ensuring that all staff involved in the course have direct access to the resource.

Standard 9 - Designated prescribing practitioners

The team was satisfied that two of the five criteria relating to the designated prescribing practitioners will be met, with three criteria subject to two conditions. One criterion requires minor amendments.

The criteria for checking the eligibility of DPPs on the application form has not been updated to reflect the inclusion of non-medical prescribers, the updated GPhC entry criteria, or to take on board the DPP competency framework. Similarly, the content in the DPP handbook refers to DH criteria which are out of date. The team was not satisfied that there is a robust process to ensure that non-medical DPPs:

- are active prescribers
- are competent in the area of prescribing in which they will be supervising
- have appropriate patient facing clinical and diagnostic skills and have the ability to assess in this area
- have experience of supporting or supervising other healthcare professionals

It will therefore be a **condition** of reaccreditation that the provider sets out the process that will be followed, along with supporting documentation, to demonstrate how DPPs will be evaluated against the eligibility criteria at the application stage. This is to meet criteria 9.1 and 9.2.

All DPPs will be provided with the DPP handbook and invited to a remote meeting that offers training and the opportunity to ask questions. Ongoing support for DPPs will be available on request from the course leader.

The provider does not currently give feedback to DPPs on their performance. It will therefore be a further **condition** of reaccreditation that the provider sets out clearly how DPPs will be

provided with feedback on their performance. This is because there is currently no evidence of the plans in place to meet criterion 9.5.

