Event summary and conclusions

<table>
<thead>
<tr>
<th>Provider</th>
<th>University of Huddersfield</th>
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</thead>
<tbody>
<tr>
<td>Course</td>
<td>Independent prescribing programme</td>
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<tr>
<td>Event type</td>
<td>Monitoring event</td>
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<tr>
<td>Event date</td>
<td>01 July 2019</td>
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<tr>
<td>Accreditation period</td>
<td>December 2017 – December 2020</td>
</tr>
<tr>
<td>Outcome</td>
<td>Full accreditation confirmed</td>
</tr>
<tr>
<td>Conditions</td>
<td>There were no conditions.</td>
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<tr>
<td>Standing conditions</td>
<td>Please refer to Appendix 1</td>
</tr>
<tr>
<td>Recommendations</td>
<td>No recommendations were made</td>
</tr>
<tr>
<td>Registrar decision</td>
<td>Following the event, the Registrar of the GPhC accepted the accreditation team’s recommendation and approved full accreditation of the programme for the remainder of the accreditation period.</td>
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</table>

Key contact (provider) Adam Yates

Accreditation team  Professor Chris Langley (Chair), Professor of Pharmacy Law & Practice and Head of the School of Pharmacy, Aston University; Associate Dean, Taught Programmes, School of Life and Health Sciences.

Mrs Sandra Hall, Retired, formerly Head of Pharmacy Practice, Leicester School of Pharmacy, De Montfort University

GPhC representative Mr Chris McKendrick, Quality Assurance Officer, GPhC

Rapporteur Mr Chris McKendrick, Quality Assurance Officer, GPhC

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The accreditation process is based on the GPhC’s 2010 accreditation criteria for Independent Prescribing.

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.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit: http://www.legislation.gov.uk/uksi/2010/231/contents/made

### Purpose of this event

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

### Background

The University of Huddersfield was provisionally accredited by the GPhC in December 2017 to provide a programme to train pharmacist independent prescribers, for a period of 3 years. In line with the GPhC’s process for accreditation of independent prescribing programmes, an event was scheduled on June 2019 to review the programme’s suitability for full accreditation.

The University was originally grated provisional accreditation subject to 1 condition which was:

*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.*

This condition was responded to prior to the first intake of pharmacists onto the programme and deemed to be met by the accreditation team.

### 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 event was held on 01 July 2019 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and staff and students of the University of Huddersfield prescribing programme.

### Declarations of interest

There were no declarations of interest.
Key findings

Section 1: The programme provider

The team was satisfied that all four of the four criteria relating to the programme provider continue to be met. (See Appendix 2 for criteria)

The accreditation team was informed that the first cohort of pharmacists started the programme in September 2018 and finished in March 2019. There was a total of 12 pharmacists enrolled, 11 of which were funded, and the remaining one a self-funder. One pharmacist withdrew October 2018. There was a total of 60 non-pharmacists on the programme. The programme is capped at 20 pharmacists per cohort. The programme received positive and constructive feedback based on the first cohort of pharmacists completing the programme. The programme team acknowledged that not much had changed on the programme subsequent to the end of programme feedback. Potential changes to the programme include: the OSCE structure in relation to the ‘single episode of care model’, red flags in assessment, and increased teaching content specific to pharmacy professionals. Any changes to the programme structure will be sent to the GPhC for approval separate to this accreditation process.

The accreditation team enquired as to the level of staffing on the programme. It was confirmed that the Programme Lead will be stepping down in October 2019 and will be replaced with a 0.7 Whole Time Equivalent (WTE). The 0.7 WTE replacement has already been identified, has some teaching experience, and is a CPPE tutor. This replacement will be supported during the transition period by the Subject Lead. The programme team confirmed that, in addition to the 0.7 WTE mentioned above, two members of staff will be returning from maternity leave and 2 WTE new staff members are in the process of being recruited, all of whom will be contributing to the programme.

It was noted that during the original accreditation event, one condition had been set and that this had been met prior to the first enrolment of pharmacists onto the programme.

Section 2: Pre-requisites for entry

The team was satisfied that all six of the six criteria relating to the pre-requisites for entry continue to be met.

The programme team confirmed that all pharmacist applicants are checked against the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI) online registration database to ensure they are registered professionals without any restrictions on their practice.

The accreditation team enquired as to the programmes experiences of working with DMPs. DMPs are invited to come to the first day of the programme for an induction, but it was acknowledged that a majority of DMPs do not. It was explained that a vast majority of DMPs are experienced in their role. The programme team confirmed that the current DMPs are a good mix of GP and consultants. The programme team confirmed that some students do struggle to find suitable DMPs and may explore the use of Designated Prescribing Practitioners (DPPs) in the future. The accreditation team informed the programme team that should the programme wish to use DPPs they would have to notify the GPhC, and an additional submission would have to be sent to the GPhC to review and be approved.

Section 3: The programme

The team was satisfied that all eight of the eight criteria relating to the programme continue to be met.
The programme team explained that they are considering extending the range and use of OSCEs to include other types of clinical examination, and that this would form part of the teaching and scopes of speciality e.g. respiratory systems which might not be in the student’s placement. It was recognised by the programme team that the scope of what type of clinical skills is needed is hugely varied. It was noted that pharmacists do not feel that some of the teaching days are beneficial, such as the 4-hour session on pharmacology. It was suggested that the programme may remove pharmacists from this session and replace it with sessions on the cardiovascular or respiratory systems, and the programme team are also considering removing the requirement for pharmacists to attend the calculation session. The programme team reported that the pharmacists have enjoyed being taught with other healthcare professions but felt that some sessions, specifically calculations, were not beneficial.

Overall the feedback from pharmacists about the programme has been good. Pharmacists would like to see more clinical skills teaching. The programme team stated that there has been no indication that pharmacists are not receiving enough support in practice. In terms of attendance, it is made clear that clinical skills are mandatory, and no assessment can be taken unless all sessions are attended. The University has an attendance policy of 80% and attendance less than this leads to follow-up by the programme team.

The pharmacists contacted by teleconference stated that there was a good amount of learning material available on the VLE and that staff are overall supportive. However, some felt that the time allocated for the review the programme materials was optimistic and that the materials should be looks at closer by the programme team to ensure relevance and avoid repetition. The pharmacists all stated that although they enjoyed the interprofessional nature of the programme, some sessions could be structured better.

**Section 4: Learning in Practice**

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

The programme team reported that there have been no issues or concerns with DMPs supporting learning in practice. Most of the DMPs are from a local hospital with some from GP surgeries in Hull. It was explained that all student portfolios are reviewed by the University to ensure consistency of the DMPs declarations and the moderation of competencies. This is done by a marking scheme to ensure that University staff members are applying standardised judgements. DMPs do not really engage with the University outside of their role as a DMP. However, the programme team felt confident that DMPs could contact them should any issues with the placement arise.

**Section 5: Assessment**

The team was satisfied that all four of the four criteria relating to assessment continue to be met.

It was noted from the submission that the single episode of care assessment, where measuring blood pressure is tested, will be varied in the next cohort. The programme team explained their rationale for the proposed use of a ‘mini viva’ as part of the assessment strategy, it was suggested that the red flag placement within the programme element could contain a ‘red flag’ point. After a conversation with the accreditation team, the programme team stated it will explore the validity of the assessment process further before committing to such a change. The GPhC will be notified via a change request should this assessment strategy go forward.

It was noted that at the examination board, it was queried whether the numeracy assessment needs to be included, as pharmacist skills are clearly demonstrable via previous assessments in their career, it was agreed that this presented no issues in principle, but support should still be available to pharmacists who may wish to utilise numeracy support. It was also noted that the portfolio marking will be separated from the feedback comments.
The accreditation team discussed the use of ‘red flags’ and it was acknowledged by the programme team that this has caused some issues as there is no chance to refer if a question is answered and failed. It appears that some students were of the view that if they don’t know, or were unsure of the answer to a red flag MCQs, then it was safer not to attempt it. It is felt by the programme team that this will remove the conservative behaviour of not answering MCQ questions, demonstrated by the second cohort. Also, it will enable a more real-life representation than within an MCQ examination format. It was noted that the red flag questions will be taken out of the MCQs.

Pharmacists (former students of the programme) informed the accreditation team that assessments were evenly spread throughout the programme but felt that some assessments were overly burdensome. All pharmacists spoken to agreed that the assessment feedback was appropriate and useful.

Section 6: Details of Award

The team was satisfied that both of the two criteria relating to details of the award continue to be met.

The accreditation team was satisfied with the external examiners report, exam board minutes, and the transcript of results for the first cohort of pharmacy independent prescribing students graduating from Huddersfield University, and were assured that ‘Practice Certificates in Independent Prescribing’ are being issued appropriately to the GPhC for the purposes of annotation. The provider was reminded to send a certified copy of the pass list to the Registrar of the GPhC, via the Applications Team, containing the names and registration numbers of the pharmacists who have successfully completed the programme.
Appendix 1 - Standing conditions

The following are standing conditions of accreditation and apply to all providers:

1. The record and report include other comments from the team, and providers are required to take all comments into account as part of the accreditation process. The provider must confirm to the GPhC that required amendments have been made.

2. The provider must respond to the definitive version of the record and report within three months of receipt. The summary report, along with the provider’s response, will be published on the GPhC’s website for the duration of the accreditation period.

3. The provider must seek approval from the GPhC for any substantial change (or proposed change) which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to:
   a. the content, structure or delivery of the accredited programme;
   b. ownership or management structure of the institution;
   c. resources and/or funding;
   d. student numbers and/or admissions policy;
   e. any existing partnership, licensing or franchise agreement;
   f. staff associated with the programme.

4. The provider must make students and potential students aware that successful completion of an accredited course is not a guarantee of annotation or of future employment as a pharmacist independent prescriber.

5. The provider must make students and potential students aware of the existence and website address where they can view the GPhC’s accreditation reports and the timescales for future accreditations.

6. Whenever required to do so by the GPhC, providers must give such information and assistance as the GPhC may reasonably require in connection with the exercise of its functions. Any information in relation to fulfilment of these standing conditions must be provided in a proactive and timely manner.

Appendix 2 – Accreditation criteria, learning outcomes and indicative content

GPhC accreditation criteria, learning outcomes and indicative content for pharmacist independent prescribing programmes

The accreditation criteria, learning outcomes and indicative content for pharmacist independent prescribing programmes can be downloaded from the GPhC website at:

http://www.pharmacyregulation.org/education/approval-courses/accreditation-guidance