

**Northern Ireland Centre for Pharmacy
Learning and Development independent
prescribing course reaccreditation event
report, May 2022**



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Event summary and conclusions

Provider	Northern Ireland Centre for Pharmacy Learning and Development (NICPLD)
Course	Independent prescribing course
Event type	Reaccreditation
Event date	16 May 2022
Approval period	August 2022 – August 2025
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) and the Council of the Pharmaceutical Society of Northern Ireland (PSNI) that pharmacist independent prescribing course provided by the Northern Ireland Centre for Pharmacy Learning and Development should be reaccredited for a further period of three years.</p>
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Minor amendments	<ul style="list-style-type: none"> • A date error on page 2 of the Management Plan must be corrected in line with the rest of the document. • The DPP final sign-off should be changed to refer to 90 hours of supervised practice, rather than 12 x 7.5 hour days.
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the course for a further period of three years. A copy of this report will be shared with the Council of the PSNI.
Maximum number of all students per cohort	120
Number of pharmacist students per cohort	120

Number of cohorts per academic year	One
Approved to use non-medical DPPs	Yes
Key contact (provider)	Dr Fran Lloyd, Associate Postgraduate Pharmacy Dean
Provider representatives	Prof Colin G Adair, Postgraduate Pharmacy Dean, NICPLD Mrs Miriam Gichuhi, Lead for elearning, NICPLD Dr Fran Lloyd, Associate Postgraduate Pharmacy Dean, NICPLD Mrs Claire McEvoy, Lead for Foundation, NICPLD Dr Laura O’Loan, Associate Postgraduate Pharmacy Dean, NICPLD Mr Conan O’Rourke, Lead for Prescribing, NICPLD
Accreditation team	Professor Chris Langley (Team leader), Professor of Pharmacy Law & Practice and Deputy Dean of the College of Health and Life Sciences, Aston University Dr Brian Addison, Academic Strategic Lead in Clinical Practice & MPharm Course Leader, Robert Gordon University Liz Harlaar, Independent Business Consultant
GPhC representative	Chris McKendrick, Senior Quality Assurance Officer (Education)
Rapporteur	Jane Smith, Chief Executive Officer, European Association for Cancer Research
Observer	Daniel Young, Education, Training and Pharmacy Lead, Pharmaceutical Society NI

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.

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:

<http://www.legislation.gov.uk/ukxi/2010/231/contents/made>

Background

In 2006, NICPLD was the first provider in the UK to be fully accredited to provide an Independent Prescribing course. To date, NICPLD has trained over 700 independent prescribers. Traditionally, the majority of these prescribers were in secondary care but approximately a third of places are now occupied by primary care pharmacists. NICPLD was last reaccredited by the GPhC to provide a programme to train pharmacist independent prescribers following an event in June 2019, subject to one condition. This was that NICPLD must implement mechanism(s) to ensure that all assessments are robust and reliable, and to ensure that students are submitting their own work. In response to this condition, the provider implemented three additional procedures for the new intake of independent prescribers (starting April 2020 but delayed to September 2020 due to Covid-19):

1. Online declaration
All students must submit an online declaration with each assessment confirming that the work is their own work. This is completed electronically with the fields pre-populated for the student to select.
2. Turnitin
In order to mitigate against the possibility of plagiarism, all students must submit all written assessments via Turnitin.
3. QuestionMark
The online Situational Judgement Test (SJT) assessments used within Module 1 for summative assessment were delivered using QuestionMark, allocating each student a random selection of questions (from a bank). The assessment was time limited and scheduled for a specific date. However, the provider plans to remove SJTs, so will no longer be using QuestionMark from September 2022.

These measures were approved by the GPhC and the condition was deemed to be met.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 16 May 2022 to review the course's suitability for reaccreditation.

The course is led by a pharmacist. One cohort of up to 120 students will be delivered each year.

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 16 May 2022 and comprised of several meetings between the GPhC accreditation team and representatives of NICPLD 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

Daniel Young declared that he had undertaken the NICPLD independent prescribing course in 2013.

Schedule

Meeting	Time
Private meeting of accreditation team and GPhC representatives, including break	09:30 - 11:00
Meeting with course provider representatives	11:00 – 12:30
Lunch	13:00 - 14:00
Learning outcomes testing session	14:00 - 14:20
Private meeting of the accreditation team and GPhC representatives	14:30 - 15:15
Deliver outcome to the provider	15:15 - 15:30

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 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: **7, 10, 13, 14, 15, and 22.**

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 continue to be met.

The course entry requirements are advertised on the provider's website, including information on the type of experience needed before applying. Typical examples of applicants' clinical and therapeutic experience is given in the supporting guidance. All application forms and explanatory information is available at least six months in advance of the programme start date. The process used to assess applications is also made available on the website.

Application decisions are made by members of the course team. Any queries are followed up with the applicant and, if not resolved, are discussed by the course team before a decision is made. It is rare for applicants to be rejected; they are usually asked to provide additional information, often relating to their clinical experience. For example, CPD submissions might be requested to provide additional evidence of clinical experience.

The team asked if the pandemic has impacted on the ability of course applicants to gain the appropriate experience for entry onto the course and was told that although many applicants had deferred their applications during the pandemic, this was because they were unable to be released from the workplace rather than being unable to gain experience.

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 continue to be met.

Information on protected characteristics is not requested at the application stage as it has no bearing on the decision to allocate a place, ensuring that applicants cannot be treated unfairly on the basis of a protected characteristic. These data are collected at the point of registration and made available to the course team upon request.

The team noted that less than 1% of students identified as being from a BAME background and asked if any actions were being taken to encourage BAME representation on the course. The provider explained that this is challenging as international applicants are not accepted onto the course because funding is provided specifically for training the local workforce, which is predominantly white. However, the course includes a range of embedded diverse case studies which span age, gender and ethnicity.

If a student describes themselves as having a disability, they are invited to complete a questionnaire to provide an overview of their support requirements and, once their place is confirmed, to meet staff from Disability Services to discuss their individual requirements. The provider gave examples of reasonable adjustments that have been made for students, including the provision of a particular

chair for a student with a back issue, and making a room available for breast-feeding mothers. The provider has never been unable to accommodate a request for a reasonable adjustment. However, there were four students in the current cohort who declared that they have a disability. As the declarations are anonymous and the students have not registered with disability services, the provider is unable to offer support. Staff have reminded the whole cohort that support is available if needed.

All staff have undertaken mandatory training on equality and diversity and this training is regularly updated. The large element of e-learning delivery enables students to study flexibly, around their other commitments. The course requires students to learn about relevant equality and diversity legislation and apply this to their practice. Course content is regularly updated to take into account changes to legislation. Recent examples include the Abortion (Northern Ireland) Regulations 2020.

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 continue to be met. One criterion requires minor amendments.

The Department of Health has devolved to the provider the responsibility for training all pharmacist prescribers in Northern Ireland (NI). The course is delivered via a collaborative provision arrangement with the School of Pharmacy, Queen's University Belfast and therefore complies with all University regulations and guidance. All course staff are employees of the University.

The roles and responsibilities of those involved in delivering the course, are clearly defined in a Management Plan. The team identified a date error in the Management Plan: May 2019 on page 2 should be corrected in line with the rest of the document. Roles and responsibilities in the learning, teaching and practice environments are clearly defined in a quadripartite learning agreement signed by the DPP, provider, student and employer at the outset of the programme. The team asked how the provider addresses a lack of engagement by a student. The provider explained that each party to the quadripartite learning agreement has a responsibility to flag concerns about engagement and the provider has recently strengthened its processes to ensure that concerns are reviewed and addressed. Each case is dealt with individually, and might result in the student being given an extension to their period of learning in practice.

An External Examiner is appointed to the course whose role is to ensure that the course is delivered according to the University's regulations and to ensure that academic standards are appropriate.

A risk register is maintained at course level. The team asked if the risk register identifies any issues in relation to the future sustainability of the prescribing programme. The provider gave a detailed response explaining that the course is commissioned annually by the Department of Health, with a firm commitment to Independent Prescribing, so there is no issue with funding for the course year-on-year. There is regular communication with the Department of Health to try to ensure that funding tracks demand. However, should demand for the course outstrip the number of funded places, then the provider holds a contingency fund that can be used to subsidise the course in the short-term.

The team noted that the provider was requesting a modest increase in the annual cohort size, from 110 to 120 and asked if sufficient clinical teaching facilities were available to support this increase. The provider confirmed that there are no issues with capacity.

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 continue to be met.

The course is validated by Queen's University Belfast and undergoes regular review, as set out in the Management Plan. The provider appoints expert reviewers for the material delivered via e-learning. The role of these reviewers is to ensure the course material is up to date and comprehensive and to ensure that examples used are relevant and appropriate. All students are asked to evaluate each module. All feedback is analysed and acted upon where necessary. For example, students requested smaller groups for clinical skills teaching and this was accommodated. Students commented positively on the introduction of remote teaching, and the provider intends to continue with that mode of delivery. Course representatives are appointed annually and attend a formal Staff Student Consultative Committee meeting at the end of each course.

The team asked how the provider monitors and evaluates the teaching, learning and assessment practice of the DPPs and was told that students are invited to complete a feedback form to evaluate their learning in practice. Feedback from a whole cohort is summarised and anonymised, and shared with the DPPs for the cohort, as well as with the DPPs for the next cohort so that they have the opportunity to review the feedback in advance of their student starting the course.

The team noted that the external examiner had commented on the heavy assessment load for the course, in comparison with other independent prescribing courses. The provider had reviewed the assessments in the light of this advice and new University guidance on assessment and were seeking approval to reduce the assessment load associated with two modules (see Standard 7).

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 continue to be met.

A written teaching and learning strategy details how the course is designed and delivered and maps the programme learning outcomes to the GPhC learning outcomes. The programme consists of five modules of study (four taught modules and one module of Learning in Practice) and is delivered via a mix of asynchronous online learning, pre-recorded lectures and synchronous workshops. Face-to-face teaching is used for the skills-based elements of the programme, whilst factual elements are delivered online. As a result of successful remote delivery and feedback during Covid, the provider proposed to permanently decrease the number of face-to-face live workshops associated with the programme, using pre-recorded information and synchronous workshops delivered remotely. Two days of face-to-face clinical skills teaching would be retained.

The learning in practice module consists of a minimum of 90 hours of learning in practice. During this time, the student must be supervised and supported by a Designated Prescribing Practitioner (DPP) who will provide opportunities to develop and demonstrate competence in prescribing practice.

The team noted that course regulations allowed for a third attempt at an assessment and asked for examples of when this would be permitted. The provider explained that this was a University regulation and would be a very rare circumstance. To date no students on the Independent Prescribing course have been offered a third attempt.

The team asked for more detail on the process for addressing concerns about patient safety. The provider uses a matrix system to assess the risk to patient safety from a student's actions or answers. Issues identified as moderate risk or above are discussed by the course team to ensure consistency in approach. Some students have been required to repeat the whole course as a result of safety concerns, and others have been required to undertake additional learning in practice. Students are made aware that the PSNI will be informed if there are fitness to practise concerns.

The team asked how the teaching and learning strategy builds on students' pre-existing knowledge and skills and was told that if students are practising in niche areas, for example, paediatrics, then the provider works with them and their DPP to make sure that course content, checklists and assessments are modified to be suitable. Many students come to the course having already completed the provider's Post-registration Foundation Programme, a work-based programme to support early-career pharmacists to develop their knowledge and skills. These students are informed that they need not complete every aspect of the course material, but must still complete all assessments and upload evidence to their portfolio.

The team asked for details of patient, public and stakeholder involvement in the course. The provider stated that the course Steering Group has patient representation, nominated by Patient Client Council in Northern Ireland. Patient feedback is also used in clinical skills marking. The provider had hoped to build on this, but had been forced to delay plans due to the pandemic. The course team intended to liaise with the School of Nursing which has a patient partnership; a group of 25 patients who contribute to teaching, planning, and recruitment on the Nursing course. The team noted that patient involvement in the course is low at present and encouraged the provider to accelerate plans to integrate patients and other stakeholders into course design and delivery.

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 continue to be met. One criterion requires minor amendments.

As part of the application process, applicants must identify a DPP. The DPP must submit an application form and be approved by the provider before the student can be accepted onto the course. As part of the application process, the DPP must confirm that the learning in practice setting allows direct access to patients. Students must submit a summary of the clinics or patients seen in their chosen clinical or therapeutic area during the period of learning in practice. The DPP final sign-off of the learning in practice period must verify that the student has undertaken 90 hours of learning in a clinical setting. The team noted that the DPP final sign-off states "12 x 7.5h days supervised practice" and asked the provider to amend this to 90 hours, to more accurately reflect the flexible nature of experience gained in the workplace.

Standard 7: Assessment

Standard met/will be met? Yes No

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

An assessment strategy sets out the course assessments and associated regulations. The external examiner had advised the provider that the assessment burden of the course was greater than similar courses with which he had been involved. As a result, following a review of the assessments for each module, a reduction in the assessment burden in two modules of the programme was proposed from September 2022. This request had been approved by the University. Each module must be passed, and will be assessed as follows:

- Module 1 Person centred care and collaboration: consultation skills OSCE
- Module 2 Disease management: documented treatment plan in each clinical/therapeutic area of practice
- Module 3 Clinical skills: University clinical skills demonstrations of competence assessment
- Module 4 Professionalism: professional decision-making reflection
- Module 5 Learning in practice: clinical skills demonstrations of competence, practice portfolio and final sign off, all pass/fail

The pass mark for modules 1-4 is 50%. The provider has mapped the GPhC learning outcomes against the assessments to ensure that all learning outcomes must be met to successfully complete the course. The provider has a Policy for the Review of Unsafe Practice to ensure that students cannot pass the programme if they are assessed as being a risk to patients and the public. In addition, the DPP must confirm safe practice was evident at all times during the period of learning in practice. The course team reviews the DPP comments in the practice portfolio to provide reassurance that the final sign off is reliable. Any unusual or missing comments are queried.

Standard 8: Support and the learning experience

Standard met/will be met? Yes No

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

Students are provided with appropriate induction and information about the course, including signposting to support if needed. DPPs must meet formally with their student on at least four occasions during the period of learning in practice and must raise any concerns about the student's progress or engagement with the provider. Students are also told how to raise concerns about the course or their DPP.

Standard 9: Designated prescribing practitioners

Standard met/will be met? Yes No

The team was satisfied that all five criteria relating to the designated prescribing practitioners continue to be met.

Prospective DPPs are provided with written information on the criteria for the role. This also outlines the overall aim and learning outcomes for the programme, a description of the period of learning in-practice, the role of the DPP, how the DPP would be involved in assessment and an example of a student assessment.

Once a DPP agrees to mentor a student, they must complete an application form; the provider will use different forms for medical and non-medical DPPs. This is because many of the existing medical DPPs take on a student each year and the provider prefers to retain the familiar documentation for them. The provider expects the majority of their DPPs to continue to be medics for the time being, but this might change in the longer-term. Appropriate checks are in place to ensure that all DPPs meet the required criteria for the role.

The team asked what support and training will be provided for non-medical DPPs and was told that training and information will be offered at the outset but will not be mandatory. This includes access to a comprehensive online resource on the role of the DPP and a further information session via videoconference. Additional follow-up checks will be introduced for those new to the role. The team encouraged the provider to monitor the introduction of non-medical DPPs and to keep their training requirements under review.

DPPs are given a summary of student feedback from the previous cohort as they start the role, and a summary of feedback from their own cohort at the end of the course.

