

**Robert Gordon University independent
prescribing course reaccreditation event
report, June 2022**



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Event summary and conclusions

Provider	Robert Gordon University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	20 June 2022
Approval period	August 2022 – August 2025
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	<p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by Robert Gordon University should be reaccredited for a further period of three years, subject to 3 conditions.</p>
Conditions	<ol style="list-style-type: none"> 1. To submit a clear plan to describe how you will engage with patients and the public to refine the design and delivery of the course. This is to meet criterion 5.4. 2. To remove the current arrangement which allows 15 hours of learning outside of the learning in practice in clinical settings to contribute to the required 90 hours. This is because the standards require 90 hours of learning in practice to be completed in clinical settings with direct access to patients. This is to meet criterion 6.1 and the requirements set out in the standards. 3. To introduce a robust quality assurance mechanism for summative assessments carried out by the DPP in the practice setting. This is because the accreditation team does not consider the current process to have sufficient oversight by the course team. This is to meet criterion 7.7.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	<ol style="list-style-type: none"> 1. The DPP application forms should be reviewed to make sure GPhC requirements for the DPP role relating to experience of patient facing, clinical and diagnostic skills and the ability to assess them are explicit. This relates to criterion 9.2.
Minor amendments	<ul style="list-style-type: none"> • Amend all course documentation for the September 2022 cohort onwards to remove all references to 80-hours learning in practice. The next planned cohort must complete at least 90-hours in a learning in practice setting.

	<ul style="list-style-type: none"> Amend documentation to remove all references to face-to-face learning, in line with approval for a fully online course.
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 3 years, subject to three conditions described. Following the event, a response was received to these conditions and the accreditation team agreed that the conditions had been met.
Maximum number of all students per cohort	100
Number of pharmacist students per cohort	100 (this course is for pharmacists only)
Number of cohorts per academic year	3
Approved to use non-medical DPPs	Yes
Key contact (provider)	Ina Donat, Lecturer in clinical pharmacy practice (course leader)
Provider representatives	<p>Moira Marson, Lecturer in prescribing</p> <p>Dr Trudi McIntosh, Senior Lecturer in pharmacy practice</p> <p>Dr Brian Addison, Academic Strategic Lead*</p> <p>Professor Susannah Walsh, Dean*</p> <p><i>*only attending the 11:00 session</i></p>
Accreditation team	<p>Lyn Hanning, Director of Practice Based Learning and Head of Pharmacy Practice, University of Bath (event Chair)</p> <p>Dr Fran Lloyd, Associate Postgraduate Pharmacy Dean NI Centre for Pharmacy Learning and Development, Queen's University Belfast</p> <p>Liz Harlaar, Independent Business Consultant</p>
GPhC representatives	<p>Rakesh Bhundia, Quality Assurance Officer (Education)</p> <p>Philippa McSimpson, Quality Assurance Manager (Education)</p>
Rapporteur	Sarah Hadden, Data Monitoring and Evaluation Officer (Education)

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

Robert Gordon University ('the provider') has delivered an accredited independent prescribing programme since 2003. The course is only for pharmacists and is led by a registered Pharmacist and Independent Prescriber. The programme was last accredited by the GPhC in August 2019 for a period of 3 years, and there were no conditions or recommendations.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 20 June 2022 to review the course's suitability for reaccreditation.

Since the last reaccreditation event, the provider received approval from the General Pharmaceutical Council (GPhC) to move the 5-day campus-based residential week component online in response to COVID restrictions. They also received approval for the use of non-medical Designated Prescribing Practitioners (DPPs), the first of which started in September 2021.

The provider is seeking approval to increase the number of cohorts per year from 2 to 3. As the capacity of each cohort will remain capped at 100, this will equate to an increase from 200 to 300 total students per year. The provider is also seeking approval to make the virtual 5-day residential week a permanent feature of the course, which would reduce the number of face-to-face contact days to 0.

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 ('the 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 20 June 2022 and comprised of several meetings between the GPhC accreditation team and representatives of Robert Gordon University 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 were reviewed by the GPhC accreditation team.

Declarations of interest

There were no declarations of interest.

Schedule

Meeting	Time
Private meeting of accreditation team and GPhC representatives, including break	09:30 - 11:00
Meeting with course provider representatives	11:00 - 13:00
Lunch	13:00 - 14:00
Learning outcomes testing session	14:00 - 14:30
Private meeting of the accreditation team and GPhC representatives	14:30 - 16:15
Deliver outcome to the provider	16:15 - 16:30

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

The following learning outcomes were tested at the event: **4, 10, 13, 19, 22 and 26.**

Domain: Person centred care (outcomes 1-6)

Learning outcomes met/will be met? Yes No

Domain: Professionalism (outcomes 7-15)

Learning outcomes met/will be met? Yes No

Domain: Professional knowledge and skills (outcomes 16-26)

Learning outcomes met/will be met? Yes No

Domain: Collaboration (outcomes 27-32)

Learning outcomes met/will be met? Yes No

Key findings - Part 2 - Standards for pharmacist independent prescribing course providers

Standard 1: Selection and entry requirements

Standard met/will be met? Yes No

The team was satisfied that all six criteria relating to the selection and entry requirements will be met.

The Pharmacist Independent Prescribing module webpage provides detailed information regarding entry requirements and course structure, including access to the DPP handbook. Prospective applicants are encouraged to contact the provider if further information is needed. The application consists of 3 forms, to be completed by the prospective student, DPP, and supporting person (for example, a line manager). The forms reiterate the course requirements. The provider noted that, since the last accreditation, the prescribing application form has been collaboratively redesigned to offer a uniform approach across Scotland, and to account for the role of the DPP.

Applications are processed on a strictly 'first-come, first-served' basis, to ensure a consistent and fair approach in instances of over-subscription. Those involved in selection receive training from the Student Recruitment and Admissions team. The provider confirmed most students are sponsored by NHS Education for Scotland (NES) or nominated by local health boards, which have their own processes designed to ensure only suitable candidates are nominated. Self-employed or self-funded applicants are dealt with in the same way as other applicants. In these instances, the supporting person is integral to the application.

The provider requests prospective students' GPhC/Pharmaceutical Society of Northern Ireland (PSNI) registration numbers as part of the application process as part of the generic University application form. Registration numbers are checked against regulatory body registers to confirm that registration is current, and the applicant is of good standing. Scanned copies of GPhC/PSNI registration confirmation letters are often uploaded as evidence, but staff will still confirm via official registers.

As part of the application, candidates self-evaluate against 10 competencies and provide evidence of relevant experience (for example, course attendance, workplace shadowing, and working alongside prescribers). These competencies are mapped against the Royal Pharmaceutical Society (RPS) Competency Framework for Prescribers. This assists the module leader (or similarly trained pharmacist colleague nominee) in considering and accurately evaluating applications, as well as encouraging applicants to reflect on areas for development during the course. If there is insufficient evidence to substantiate the application, or if the level of experience is unclear, the provider will make contact to discuss and request additional information. This is the same process for DPP application forms. Applications are only accepted if all criteria are met and sufficient evidence provided.

Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes No

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

The provider confirmed that all University staff are required to complete mandatory equality and diversity training during induction, though it was unclear how frequently refresher courses are required or how often material is updated. The provider confirmed an Equality Diversity and Inclusion Champion has recently been appointed. The team noted this and looks forward to hearing about the strategy refresh they have planned.

The provider outlined several ways teaching methods have been structured to be inclusive of differing learning styles. Content is delivered using varying media formats (for example, podcasts and videos), and teaching is held through a mixture of small and large groups (to support varying confidence levels within the cohort). New software ('Ally') has been incorporated to the virtual learning environment, to promote accessibility by assigning ratings to uploaded documentation (red/amber/green).

The provider outlined several instances where reasonable adjustments were made and confirmed learning outcomes are not adjusted. Electronic stethoscopes were provided in face-to-face OSCEs for students with hearing impairments, specialist packages can be provided (for example, text-to-speech software), and students can be allocated 25% additional time during assessments. The provider described how the process of OSCE timetabling has been revised to take, for example, students with religious commitments into consideration (facilitating prayer attendance). Some equality and diversity data are collected at the point of application, and students who declare a disability are referred to the university's Inclusion Centre.

It was noted that data collected for students taking the MSc route relates to all nine protected characteristics, whereas data is only collected against three characteristics for those on the standalone prescribing module. The provider supposed this could have arisen from the applications being established in different systems – that is to say, it is an artefact of development. The provider noted protected characteristics has no bearing on application acceptance.

Reasonable adjustments in a learning in practice setting were also discussed. Students advised to shield in response to COVID could use consented recordings of remote consultations as well as recordings of physical examinations on family members.

Several topics address equality, diversity, and inclusion. The Public Health topic specifically covers human rights legislation and the Equality Act 2010, signposting students to additional resources such as including the Equality and Human Rights Commission's guidance for patients.

Some data was provided in relation to applicant ethnicity and pass rates but did not include an accompanying analysis or outcome. There was description of the university annual course appraisal process, but there were no examples of identified trends or actions provided. There was no data or analysis provided in relation to age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion or belief, or sexual orientation.

Although the team heard some good examples of course adaptations to increase inclusivity and accessibility, there did not appear to be a formal process for regular review and analysis of student population data at a course-level.

Standard 3: Management, resources and capacity

Standard met/will be met? Yes No

The team was satisfied that all six criteria relating to the management, resources and capacity will be met.

The team asked for assurances regarding the staffing resources required for an increase from 200 to 300 students per year. The provider confirmed that it holds a 5-year contract with NES (until 2026) for a minimum of 126 annually funded students, which will be partly utilised for recruitment. This reflects the projected increase in required pharmacist prescribers and anticipates NES' subsequent workplace planning strategies. The provider confirmed there is ongoing recruitment for two 0.6 full-time equivalent (FTE), two full-time prescribing lecturers, and plans to recruit one 0.5 FTE administrator post. Resourcing will be reviewed annually to ensure appropriate. The provider was confident in the capacity of the wider university facilities teams (for example, IT) to support an additional influx in students.

The provider assured the team of appropriate contingency plans, as contractually tutors can flex their time to account for staff absences and have done this in the past (for example, during high levels of COVID-related sickness).

The team requested more information regarding the process for regular liaison with DPPs regarding students' progression during their learning in practice. The provider confirmed students complete progress reports at months three and six, which comprises of an online quiz, reflections on their progression, a summary of DPP meetings held, as well as the number of learning in practice hours completed. The provider reviews the progress reports, and this is an opportunity for early identification of students struggling to get time in practice or who need of support. As part of the process, the provider proactively contacts DPPs to discuss progression and provides an opportunity for the DPP to raise concerns or flag support requirements. DPPs are aware from the course outset of the mechanisms in place and how to raise concerns with the provider on an ad-hoc basis if needed.

Standard 4: Monitoring, review and evaluation

Standard met/will be met? Yes No

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

The provider explained that the staff/student liaison committee has very low engagement but outlined several mechanisms for the collection and review of student feedback. Students complete an evaluation survey at the end of the virtual residential week, share informal feedback at well-attended monthly webinars and weekly updates, and complete evaluation questionnaires at the end of the module. The team requested some examples during the event and a varied sample were sent by email.

The provider described several instances where feedback has led to course delivery adaptations. For example, following feedback in the residential week evaluation survey, the length of time in virtual breakout rooms was extended to allow additional time for networking and sharing of experiences. Students are also routinely asked if any areas weren't covered in enough detail and for topics they would have liked to see – these answers are then used to help design the following residential week. The provider reminded the team of the revised OSCE timetabling process, which had been adapted following feedback from students.

During COVID restrictions, the provider noted several students struggled to get enough time in the learning in practice setting. The provider contacted line-managers to remind them of the agreements in place and their identified business need for the prescriber role. The provider also worked closely

with employers, who sent out communications to DPPs to remind them of the support they needed to provide their students.

Standard 5: Course design and delivery

Standard met/will be met? Yes No

The team was satisfied that nine of the ten criteria relating to the course design and delivery will be met, with criterion 5.4 subject to a condition. There were two minor amendments relating to criterion 5.1.

The provider confirmed the teaching and learning strategy is mapped in the course specification, which the provider had also mapped to the Foundation Pharmacy Framework. This is to be reviewed and updated in August 2022.

The provider confirmed course materials start at a baseline knowledge level, from which students develop their knowledge and skills. Methods such as online quizzes, forums, and discussion of formative assessments with tutors are used to help students to identify learning needs during the course and prioritise these accordingly.

Students are required to spend a minimum of 90-hours in a learning in practice setting, which had temporarily been adjusted to 80-hours in response to COVID. The January 2022 cohort is working towards the 80-hours target, as Scotland was in still in lockdown at the time of enrolment, with restrictions only lifted in April 2022 and many employers choosing to continue with precautionary measures. The September 2022 cohort will revert to the original 90-hours requirement. The team noted that documentation presented for reaccreditation referred to the allowance for 80-hours and requested a minor amendment so that all references to 80-hours learning in practice are removed from documentation from the September 2022 cohort onwards.

The team requested more information regarding the teaching and learning of clinical and diagnostic skills given that the provider proposed to retain fully online teaching and learning. The provider explained this will be delivered both online (for example, in the clinical skills topic there is video content on patient examinations) as well as by DPPs during learning in practice (for example, the DPP will deliver training in a practice setting using real patient scenarios). As this places greater emphasis on the role of the DPP, the DPP guide contains detailed information regarding delivery of teaching, signposts to online resources, and outlines expectations in the assessment criteria. Both are made accessible to students and DPPs ahead of assessments. Students can also reflect on variations in practice as part of their portfolio.

The team approved the move to a fully online course but noted that there are still some references to face-to-face teaching, for example within the DPP guide. The team requests a minor amendment so that all references to face-to-face teaching are removed from documentation.

The provider used simulated patients in assessments prior to the pandemic, but the pandemic required the transition to using members of staff as actors. The provider noted the school previously conducted research which showed patients/public were keen to be involved in course delivery but did not see a role for themselves in terms of design/development. The provider also noted there is ongoing work at a university-wide level regarding engagement strategies.

The team agreed that the patient involvement to the design and delivery of the course was not sufficient. The team agreed it would be a condition of reaccreditation that the provider must submit a

clear plan to describe how they will engage with patients and the public to refine the design and delivery of the course. This is to meet criterion 5.4.

The team asked for an example of when a concern was raised with regards to a student, DPP, or a learning practice environment. The provider described an instance where a student raised concerns related to their DPP. The staff member had a discussion with the student and, with consent, contacted the DPP for more information. The provider facilitated discussions around role expectations and all parties felt the issue was resolved within 1–2 weeks.

The team was satisfied that the course design and delivery would support pharmacists to achieve the learning outcomes.

Standard 6: Learning in practice

Standard met/will be met? Yes No

The team was satisfied that four of the five criteria relating to the learning in practice will be met, with criterion 6.1 subject to a condition.

The provider confirmed all 90-hours of learning in practice must be supervised, though some of these can be by another suitably qualified healthcare professional (HCP) who will provide the DPP with 360° feedback. The DPP has overall supervisory responsibility and must check that 90 supervised hours have been completed. They are responsible for signing off the student as a competent independent pharmacist prescriber at the end of the course. The provider has several mechanisms where concerns can be flagged ahead of this stage.

Supervisory requirements for the DPP role are clear from the outset, and by completing the application form the DPP agrees to ensure that these will be met.

The provider's submission stated that a minimum of 75 of students' 90 hours learning in practice must be patient-facing, prescribing-related activities and that no more than 15 of the 90 hours may be activities such as attendance at training events or conferences related to prescribing. The team explored this arrangement further and agreed that this did not meet the requirement for students to undertake 90 hours of learning in practice in a clinical setting with direct access to patients.

The team agreed that it would be a condition of reaccreditation that the current arrangement to allow up to 15-hours of learning activities outside of a clinical setting to contribute towards the 90-hours learning in practice requirement must be removed. This is because the standards require 90-hours of learning in practice to be completed in clinical settings with direct access to patients. This is to meet criterion 6.1 and the requirements set out in the standards.

Standard 7: Assessment

Standard met/will be met? Yes No

The team was satisfied that ten of the eleven criteria relating to the assessment will be met, with criterion 7.7 subject to a condition.

The team asked for further information on the university quality assurance of assessments undertaken in practice. The provider explained upon application they ensure that the DPPs have sufficient experience in assessing students, and they provide guidance to DPPs as to what is required of the student to demonstrate meeting the assessment criteria. The provider confirmed that they

review the DPP assessment outcomes to check there aren't any gaps, but they don't video the assessments or undertake any observation or moderation activities. The team agreed that the quality assurance of assessments in practice were not in line with assessments undertaken within the university and set a condition of reaccreditation that a robust quality assurance mechanism must be introduced for summative assessments carried out by the DPP in the practice setting. This is because the team does not consider the current process to have sufficient oversight by the provider. This is to meet criterion 7.7.

Students are provided with regular feedback at DPP meetings and after summative assessments, as well as various opportunities for formative feedback throughout the module (for example, from peers during the residential week, or from e-tutors). Students can also contact the module leader if needed.

Patient safety is embedded throughout the course and students must evidence their safe practice in their portfolio. DPPs are required to inform the course leader as a matter of urgency should any fitness to practise or patient harm issues arise during the PLP. The academics assessing the portfolios complete a portfolio checklist as part of the assessment feedback (sheet), which includes whether there are any actions/omissions that could cause patient harm. It is made clear in all assessment documentation that demonstration of potentially unsafe practice or patient harm will result in an automatic failure of the assessment. All components of assessment must be passed and assessment compensation/condonation is not permitted.

Standard 8: Support and the learning experience

Standard met/will be met? Yes No

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

The team was satisfied with the evidence submitted in advance of the reaccreditation event and required no further clarification in relation to this standard.

Information for students can be readily accessed on CampusMoodle, including contact details for course staff, and signposting to wider university support (for example, study skills or counselling). During the reaccreditation event, the provider outlined several opportunities for students to access regular support – for example, monthly catch ups. Students are encouraged to meet with their DPPs monthly, though the provider noted often this occurs more regularly.

A qualitative evaluation feedback survey was sent out by the GPhC to current and past students ahead of the event. Survey responses were very positive, with recurring references to staff supportiveness, approachability, responsiveness, and organisation throughout. All survey respondents (N=6) were aware of how to raise concerns during the course.

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 will be met. There was one recommendation relating to criterion 9.2.

As part of the application process, prospective DPPs must confirm they meet the requirements in the handbook and provide evidence of experience in teaching and assessment. The provider will review

and evaluation the application and evidence to check they have the necessary skills and experience. There has not been an instance where a DPP has been rejected, though sometimes insufficient supporting evidence is provided and requires follow-up contact. For example, one individual provided a very short CV.

One recommendation was made in relation to criterion 9.2. The team recommended the DPP application forms are reviewed to make sure GPhC requirements for the DPP role are explicit in relation to their experience of patient facing, clinical and diagnostic skills and the ability to assess them.

The provider holds a dedicated evening training webinar for DPPs approximately 3-weeks into the course. Attendance is not mandatory, but strongly encouraged, and the event is recorded and made available online afterwards. The Frequently Asked Questions (FAQs) section of the DPP handbook is updated based on questions received. The provider noted that NES and Community Pharmacy Scotland also have guidance/webinars on the role (for example, examples of a good CV for a DPP applicant) and noted current DPPs are providing a high standard of support.

The provider contacts DPPs at the end of the course to thank them for their participation, as well as highlight general examples of good practice and areas for improvement. The team understood the rationale for not giving feedback at an individualised level, so as not to jeopardise professional relationships.

