

**Sheffield Hallam University independent
prescribing course reaccreditation report,
April 2021**



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Event summary and conclusions

Provider	Sheffield Hallam University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	8 April 2021
Reaccreditation period	July 2021 – July 2024
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 the pharmacist independent prescribing course provided by Sheffield Hallam University should be provisionally accredited for a period of three years, subject to one condition.</p>
Conditions	<p>1. A quality assurance mechanism must be introduced for the assessment of clinical and diagnostic skills carried out by the DPP in the practice setting that are not covered by the core teaching and assessment within the University. This is to ensure that the course team has appropriate arrangements in place to ensure consistency and make sure that all pharmacists demonstrate meeting learning outcome 19 at the 'does' level, regardless of their scope of prescribing practice.</p> <p>This relates to both learning outcome 19 and criterion 7.7.</p> <p>Evidence of how the University has addressed the condition must be sent to the GPhC, for approval by the accreditation team. This must be done by 30 June 2021.</p>
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Minor amendments	<ul style="list-style-type: none"> To avoid confusion the course application form should be consistent in its use of first and third person vocabulary. The course documentation should refer to the role as DPP (designated prescribing practitioner) throughout to reflect the new education standards

	<ul style="list-style-type: none"> • The role 'delegatee' should be explained to students within the course documentation. • The spelling of fitness to practise should be corrected throughout documentation (currently spelt as a noun – practice)
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 the one condition described. Following the event, a response was received to this condition and the accreditation team agreed that the condition had been met.
Maximum number of all students per cohort:	50
Number of pharmacist students per cohort:	50
Number of cohorts per academic year:	2 Cohorts (September and February)
Approved to use non-medical DPPs:	Yes
Key contact (provider)	Helen Kundu, Course Lead for the Pharmacist Independent Prescribing Course
Provider representatives	Helen Kundu, Course Lead Mitch Lau, Module Lead Andrew Martin, Principal Lecturer/Prescribing HUB Lea Joanne Lidster, Deputy Head of Department John Freeman, Academic Delivery Manager
Accreditation team	Catherine Boyd (event Chair), Chair of Fitness to Practise Panels HCPTS Professor Anne Watson, Postgraduate Pharmacy Dean, NHS Education for Scotland Parbir Jagpal, Director of Postgraduate Studies and Programme Director-Practice Certificate in Independent Prescribing, University of Birmingham
GPhC representative	Philippa McSimpson, Quality Assurance Manager, GPhC

Rapporteur

Dr Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde

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/ukxi/2010/231/contents/made>

Background

Sheffield Hallam University was accredited by the GPhC in 2015 to provide a programme to train pharmacist independent prescribers, for a period of three years subject to one condition and one recommendation. A monitoring event for the provider was carried out in May 2016 to review the progress of the programme and confirm its suitability for the full three-year accreditation period. The monitoring event concluded that the independent prescribing programme continued to meet the accreditation criteria for the education and training of pharmacist independent prescribers, subject to two conditions. As a result, the accreditation team recommended to the Registrar of the GPhC that the original accreditation of the programme granted in July 2015 remain provisional and would be subject to a further monitoring event after completion of the third cohort. A subsequent further monitoring event in July 2017 confirmed that the programme was suitable to move from provisional to full accreditation, with no further conditions or recommendations. The programme was then reaccredited in 2018 with no conditions or recommendations.

The programme is led by a pharmacist and there have been 11 cohorts since 2016/17, with a total of 363 pharmacists. A Pharmacy Integration Fund (PIF) contract allowing pharmacists to access the training as salary-supported learners was awarded to the University from April 2018 – March 2021. Additional cohorts were delivered to meet this contract. However, demand for course places nationally was lower than anticipated for the duration of the contract. Thus, for the academic year 2020/21, the November iteration was discontinued. If demand for places increases, the University will be able to reinstate the additional cohorts needed. New cohorts are dependent

on minimal viable numbers (n=16) which reflect the resourcing model presented at the July 2017 monitoring event. During the COVID-19 pandemic, changes to the delivery and assessment were required, with the extent of modifications depending on the stage of the cohort. Affected cohorts were February 2019/20; September 2019/20; November 2019/20; and September 2020/21. Changes did not impact any of the learning outcomes/standards and all changes were submitted to and approved by the GPhC.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 8 April 2021 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 Sheffield Hallam University and the GPhC on 8 April 2021 and comprised of meetings between the GPhC reaccreditation team and representatives of the Sheffield Hallam 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 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 – 12:45
3.	Lunch	13:00 – 14:00
4.	Learning outcomes testing session	14:00 – 14:30
5.	Private meeting of the accreditation team and GPhC representatives	14:45 – 15:00

6.	Extraordinary clarification meeting with provider representatives	14:45 – 15:00
7.	Private meeting of the accreditation team and GPhC representatives	15:00 – 16:00
8.	Feedback to course provider representatives	16:00 – 16:15

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 five learning outcomes during a separate meeting with the provider and judged that one of the 32 learning outcomes **was not met** to the level required by the GPhC standards. The following learning outcome was not met: **19. Condition 1** must be met to ensure that this learning outcome is met.

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

Learning Outcome 19, “Demonstrate clinical and diagnostic skills in clinical setting appropriate to their scope of practice”, was not met. This was because the team considered that there was insufficient university quality assurance of the assessment of clinical and diagnostic skills at the “does” level carried out by the DPP in the period of learning in practice, particularly for those pharmacists whose required clinical skills were not covered by the core teaching and assessment of such skills within the University.

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

Standard met? Yes No

The team was satisfied that all of the six criteria relating to the selection and entry requirements will be met or continue to be met. Minor amendments are required. (The criteria can be found [here](#))

The University online prospectus details the type of experience a pharmacist should have prior to applying for the course, in line with the GPhC entry requirements. The team learned that pharmacists must complete both a standard postgraduate admissions form and a programme-specific form. Applicants must self-declare to confirm that they have completed a 'preparing to prescribe' toolkit prior to applying via the PIP application forms. All applicants complete the PIP-specific, supplementary application form which addresses all GPhC eligibility criteria for the PIP. The team was told that the application form was new and had been developed to simplify the admissions procedure. The team advised that the mix of first person and third person vocabulary used within the form had the potential to confuse, particularly in relation to the professional declarations required of the applicants. A PIP application screening tool is used in a 2-stage process, with admissions staff ensuring that all objective eligibility criteria are met, including the applicant's fitness to practise by checking any restrictions on the GPhC register, followed by the course leader reviewing the suitability and relevance of the applicant's clinical and therapeutic experience. The course admissions staff members are trained annually in the use of the PIP application screening tool and comply with all requirements relating to unconscious bias and equality & diversity.

Standard 2 - Equality, diversity and inclusion

Standard met? Yes No

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

All University staff members are required as part of their yearly Performance Development Review (PDR) to have undertaken training and updates in the principles of equality and diversity. The University Access and Participation Plan details information on access to, continuation, attainment and progression for all candidates and students with protected characteristics. Learning contracts can stipulate a range of adjustments in learning, teaching, assessment and student support. Despite reasonable adjustments, students must complete all aspects of the course including assessments to ensure that the learning outcomes are met. To embed the principles of equality and diversity into the teaching and learning strategy, the law and ethics session explores ethical frameworks and their use in healthcare. The team learned that equality and diversity had not been included explicitly in the course but will be from now on. The team

was told that the University collects a significant amount of data on ethnic background and protected characteristics in order to track progress and attainment. The University has an emphasis on widening participation and providing any necessary additional support. In terms of the IP course, the team was told that pharmacists from a community pharmacy background are in greatest need of additional support, particularly in the area of academic writing. Examples of adjustments were given, including hearing, dyslexia and accessibility support.

Standard 3 - Management, resources and capacity

Standard met? Yes No

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

The course team is supported by a professional lead specifically for prescribing, and an academic delivery manager who oversees and supports the provision and provides expert guidance where necessary. The course team is also supported by Academic Quality, Learning, Teaching & Assessment and Student Experience leads. Individual learning agreements are initiated at the application screening stage where any potential learning needs are documented and used to form the basis of discussions once the student is allocated an academic advisor. On induction details of the student code of conduct, outlining of the students' role and responsibilities and the course assessment strategy are discussed, along with how to raise concerns about the course. The facilities include clinical skills teaching rooms with resources for teaching clinical examination skills.

It was confirmed that the current plan is to run two cohorts per academic year, each of a maximum of 50 pharmacists who are divided into two groups to allow accommodation in the clinical skills rooms. During the COVID-19 pandemic, the group sizes have been reduced to 12 students, with two teachers. It was confirmed to the team that the student:staff ratio for the course is 14:1. The team was told that reaccreditation would be to a maximum of 50 students per cohort and that if the University decides to increase student numbers per cohort or return to running a third cohort, the GPhC will need to be informed. The course leader is a pharmacist with appropriate clinical experience, and the team learned that staff members with Advanced Clinical Practice or Extended Nurse Practitioner qualifications teach the clinical skills and diagnostic assessments. The suitability of the DPPs is checked at admissions by the course team and must be registered healthcare professionals in Great Britain or Northern Ireland in good standing with their professional regulator. The team agreed that the term "delegatee", meaning a professional who supervises part of the period of learning in practice in addition to the DPP, should be defined in the course documentation. Students' views are sought on aspects of their student experience and their feedback welcomed through student representation on a range of committees and groups at all levels within the University and from module evaluations.

Standard 4 - Monitoring, review and evaluation

Standard met? Yes No

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

Course validation occurred in December 2014, by a joint GPhC and University validation panel. The course was granted 'indefinite approval' subject to ongoing annual review and to periodic review at least once every six years. The team was told that major and minor changes had been approved recently by chair's action. The course is subject to Annual Review and twice-yearly Course and Module Review to assure the quality of the student experience and to maintain standards resulting in a Course Improvement Plan. Currently, this assesses challenges and opportunities resulting from COVID-19. Annual Peer Review and Enhancement is a supportive developmental activity for all academic teaching staff. There are systems of internal and external moderation of coursework, plus an external examiner ensures that the academic standards are appropriate for the qualification, reviews the processes for assessment, and that examinations are in line with University regulations, policies and procedures. Where advances in pharmacy practice, or changes to national standards/frameworks and developments arise, these changes are considered both during course design and delivery, and significant changes in practice are reflected in the course. Examples given to the team included new e-learning and technologies, reflective assignments to help with academic writing skills, the use of PebblePad, a Google community, an updated marking grid, and standardisation of the physical examination skills teaching. Feedback is actively encouraged from all students, stakeholders and DPPs and is used to make minor adjustments to the course or more major refinements in the Course Improvement Plan. The team was told that most pharmacists are from hospital secondary care or GP practices, both areas of established training environments.

Standard 5 - Course design and delivery

Standard met? Yes No

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

The Practice Certificate in Independent Prescribing is a 30-credit professional development course, delivered over four months at level 7. The course complies with the GPhC requirement of 26 days of structured learning activities. The experience of applicants includes all sectors of pharmacy, thus their chosen prescribing areas can cover a diverse range. To address this diversity, the learning strategy teaches core principles of prescribing practices that have application to all prescribing fields. The course is delivered using a range of teaching methods and a balance of directed and self-directed learning, with learners' priorities being built around their specialist areas. The team learned that several changes to the course have been made in response to the new GPhC standards, including remote prescribing and safeguarding. The submission stated that the course team has engaged with a range of stakeholders to make adjustments to the design and delivery of the course, and continually responds to student feedback and course evaluation, although the team learned that most of the engagement with patients and the public had been at College rather than course level. When working towards practice hours as part of the students learning in practice, trainees are always supervised. When DPPs delegate supervision of trainees, they are instructed to use appropriately qualified and experienced members of staff as outlined in a tripartite learning agreement. The learning

agreement outlines supervision requirements to minimise the risk of potential harm in supervised practice. The team learned that previously the course had not been included specifically in the University fitness to practise policy but is now. Students are informed of the policy in the Student Handbook and at Induction. If the fitness to practise of students is deemed to be a concern, the course team will raise concerns with the GPhC to assure that the public safety is protected. In all summative assessments, it is made clear to all students that any unsafe practice will lead to a clinical failure on the assessment.

Standard 6 - Learning in practice

Standard met? Yes No

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

Students are required to undertake 90 hours of mandatory supervised practice learning within a clinical area that is appropriate and relevant to their area of prescribing practice. The team was told that most of the students had undertaken their period of learning in practice before the lockdown due to COVID-19. The cohort starting in September 2020 had been the worst affected, particularly those pharmacists working in GP practices who occasionally had to be involved in areas of practice other than their chosen area. The DPP requirements are listed on the student application and the suitability of that DPP is screened by the admission and course team during application screening process. The role and responsibilities of the DPP are communicated via their student's electronic portfolio and the DPP's confirmation of understanding of their role and responsibility. The course team provides support and engagement with DPPs to ensure that any concerns are addressed, including additional support to students. All supervised practice learning records are documented within each student's e-portfolio. DPPs are solely responsible as the assessor in the practice environment. The DPP is expected to work directly with the student for a minimum of 30% (27 hours) of the 90 hours; the team was told that this arrangement had not caused any problems. A minimum of three formal meetings between the DPP and student are mandatory with meeting outcomes recorded in the student's e-portfolio. The course team has an overview of each student's e-portfolio progress at each stage and will be able to follow DPPs/students' engagement and input. The DPP will confirm that students have completed at least 90 hours of supervised practice and agree that the pharmacist in training has met all competencies and can be deemed suitable for annotation as a Pharmacist Independent Prescriber by signing the e-portfolio.

Standard 7 - Assessment

Standard met? Yes No

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

The assessment regimen consists of a numeracy test, a written paper, a critical reflective essay, an OSCE, a case-based discussion, and a Practice Assessment Document (PAD). Satisfactory completion of a period of 90 hours practice learning and assessment of competence is judged by the DPP through the completed PAD. Most of the assessments are mapped to the learning

outcomes at the required level of Miller's triangle. The team learned that all assessments are internally moderated before the external examiner, a pharmacist, reads a sample of the full range of marks for each module and is invited to attend University- based OSCE assessments and examination board.

The team explored the teaching and assessment of clinical and diagnostic skills and set a **condition** that the University must introduce a quality assurance mechanism for the assessment of clinical and diagnostic skills that are not covered by the core teaching and assessment within the University, which are carried out by the DPP in the practice setting. This is to ensure that the course team has appropriate arrangements in place to ensure consistency and make sure that all pharmacists demonstrate meeting learning outcome 19 at the 'does' level, regardless of their scope of prescribing practice. This was because the team was told that the University teaches, and assesses by OSCE, three core areas of clinical skills assessment; manual blood pressure, respiratory assessment, and abdominal assessment, appropriate for the majority of students likely to be generalists, estimated at 90%. Students can gain skills in their own specialist area through teaching by their DPP, and if necessary completion of a separate clinical skills course. The DPPs are responsible for the teaching and assessment of these specialist clinical skills. The team had concern that there is no oversight by the University of the assessment of these skills at the 'does' level as required in learning outcome 19 and criterion 7.7. There is no standard proforma or guidance for DPPs when assessing these skills, or other mechanism in place to quality assure the assessment. The team heard that the University has oversight of the case-based discussions which include these specialist skills and which are recorded, but the team considered this to be at the 'shows how' rather than the does level, and that there was no University quality assurance of the assessment by the DPPs of students demonstrating these specialist skills at the required level of competency, 'does'.

The team was told that there had been few problems with pharmacists gaining experience of clinical skills during the COVID-19 pandemic. One student whose study leave had been cancelled had to access recordings of how to carry out physical assessments, but it was stressed that all students had to pass the OSCE. Pharmacists will not complete and pass the course if they are considered a risk to patients and the public, and are monitored and assessed throughout their training to make sure that they can practise safely and effectively. Students are provided with feedback if they fail an assessment, formative or summative, due to potential clinical harm. Students are also provided with feedback if they fail an assessment, formative or summative, due to potential clinical harm. Students are expected to achieve 100% attendance for the eight taught days in university and to complete all the distance learning and e-learning equivalent to a total of 26 taught days content. All course team assessors are required to complete the mandatory training on assessment, and quality assurance, equality and diversity modules to ensure they are competent to assess student performance. Each student has a designated academic advisor who provides feedback and support regularly depending on the student's progress. All pharmacists must have passed all elements successfully to be awarded the Practice Certificate in Independent Prescribing; there is no compensation or condonement.

Standard 8 - Support and the learning experience

Standard met? Yes No

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

Each student is allocated an Academic Advisor for personal academic support. The team was told that the advisor meets with the student for 30 minutes at intervals to discuss placement progress, concerns and a review of their first draft of their assignment midway through the programme, but does not meet with the student's DPP. The team learned that students are signposted to the GPhC guidance on raising concerns in practice to explain the importance of raising concerns, and their relevant responsibilities. At the end of each cohort students have a formal opportunity to provide feedback on the quality of the course. The course team, DPPs and specialist lecturers are familiar with the support measures required by the GPhC. The team was told that the University had relaxed some of the standard assessment regulations in response to the COVID-19 pandemic, but it was emphasised that requirements of regulators override University regulations. Both staff members and students surveyed indicated that staff members respond very quickly to student queries. Advisors conduct academic interviews based on 500-word assignments to monitor student progress and review learning logs from the period of learning in practice. They also give advice on prioritisation in the case of students struggling to gain enough relevant patient contact, considering the possibility of deferring the assignment until the formal examinations have been passed. The team was told that most pharmacists have weekly or monthly meetings with their DPPs and that the pandemic had had little impact in this respect.

Standard 9 - Designated prescribing practitioners

Standard met? Yes No

The team was satisfied that all of the five criteria relating to the designated prescribing practitioners will be met. Minor amendments are required.

DPPs are required to complete the course application form which aligns to *A Competency Framework for Designated Prescribing Practitioners*, the guidance from the Royal Pharmaceutical Society, confirming that they have no fitness to practice restrictions. The DPP's experience will be assessed by the course lead based on the DPP's clinical experience, teaching, supervision, assessment of students and their own continuing professional development, including if the DPP has previously supported or supervised other healthcare professionals, has knowledge of a range of methods of assessment and experience of conducting assessment of trainees in clinical practice and has up-to-date patient-facing, clinical and diagnostic skills, and evidence of demonstrating competence in an area of practice relevant to the trainee. Clinical skills are taught in the University during the eight taught days, but it is also expected that DPPs will reinforce these skills when they work with students and teach specific clinical and diagnostic skills relevant to the pharmacist's intended area of clinical practice. A DPP Handbook explains the course, the GPhC learning outcomes, how to undertake practice-based assessments and to sets out the expectation that they will work directly with the student for a minimum of 30% of their 90 hours of supervised practice learning. From September 2021 there will be a DPP Training Package available. The team was told that there is a specific form for any student needing to change DPP; the original DPP is expected to liaise with the new DPP during the handover. The provider has never had to remove a DPP from the supervision of a student. Approaching the end of each cohort, all students are asked to complete a short questionnaire

focusing on the DPP's performance. Generic feedback is then sent to the DPP cohort, but DPPs can request individualised feedback on their performance.

The team sought clarification on the role of 'delegatee' which is mentioned within the course documentation, and it was confirmed that this refers to a professional who is approved by the DPP to supervise the student during part of the period of learning in practice. The team advised that the terminology should be made clear to students.

