

**University of Suffolk independent  
prescribing course reaccreditation event  
report, December 2021**



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## Event summary and conclusions

<b>Provider</b>	University of Suffolk
<b>Course</b>	Independent prescribing course
<b>Event type</b>	Reaccreditation
<b>Event date</b>	8 December 2021
<b>Approval period</b>	February 2022 – February 2025
<b>Relevant standards</b>	<a href="#">GPhC education and training standards for pharmacist independent prescribers, January 2019</a>
<b>Outcome</b>	<p>Approval with condition</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by the University of Suffolk should be reaccredited for a further period of three years, subject to one condition.</p>
<b>Conditions</b>	<ol style="list-style-type: none"> <li>1. A robust quality assurance mechanism must be introduced that applies to the marking of all OSCE assessments undertaken by pharmacists, if this assessment is to be carried out by the DPP in the practice setting. This is to make sure that the course team has appropriate arrangements in place to ensure standardisation, and to make sure that all pharmacists demonstrate meeting all the related learning outcomes at the required level of competence. This relates to criterion 7.1, 7.2 and 7.7.</li> </ol>
<b>Standing conditions</b>	The standing conditions of accreditation can be found <a href="#">here</a> .
<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. That a formalised mechanism is introduced to make sure that relevant changes in the health and care environment are identified and reflected in teaching and assessment. This relates to criteria 4.4 and 5.5.</li> <li>2. That DPPs are asked to provide supporting evidence at the application stage to describe how they meet all the requirements for the role. This would provide the course team with information which can be used to evaluate the suitability of the DPP. This relates to criteria 9.1, 9.2 and 6.4.</li> <li>3. That a process is introduced to provide feedback to all DPPs. This relates to criterion 9.5.</li> </ol>
<b>Minor amendments</b>	<ul style="list-style-type: none"> <li>• Update the application form to either remove the need for the DPP to select the course they undertook to achieve registration or annotation or provide a complete list options. You may wish to ask</li> </ul>

	<p>the DPP to select the healthcare regulator who accredited the course rather than selecting the course title. This relates to Standard 1. (Not all GPhC-accredited pharmacist independent prescribing courses use the title 'V300' – this is primarily used for multidisciplinary courses with include nurses and allied health professionals)</p> <ul style="list-style-type: none"> <li>• The application form and verification processes should be amended to allow pharmacist applicants, and pharmacist's applying to act as the DPP, who hold registration with both the GPhC and PSNI and to provider registration details for both regulators. This relates to Standard 1.</li> <li>• The course handbook should be amended to show that pharmacists must carry out 90 hours of learning in practice. This relates to Standard 6.</li> <li>• Formal confirmation should be sought on the application form that learning in practice will take place in clinical settings with direct access to patients. This relates to Standard 6.</li> </ul>
<b>Registrar decision</b>	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.
<b>Maximum number of all students per cohort</b>	45
<b>Number of pharmacist students per cohort</b>	Not specified
<b>Number of cohorts per academic year</b>	2
<b>Approved to use non-medical DPPs</b>	Yes
<b>Key contact (provider)</b>	Sue Blainey, Senior Lecturer, Programme Lead for non-medical prescribing
<b>Provider representatives</b>	Sue Blainey, Course Leader and Senior Lecturer Julie MacLeod, Associate Dean for Business Engagement and Head of Allied Health and Community Kym Kibble, Lecturer Carlos Gonzalez, Lecturer
<b>Accreditation team</b>	Fiona Barber (lay member, Event Chair), Independent Member of Leicester City Council

	<p>Dr Fran Lloyd, (pharmacy academic,) Associate Postgraduate Dean, NICPLD, Queen's University Belfast</p> <p>Charles Odiase, (pharmacist), Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Dacorum GP Federation, Hertfordshire</p>
<b>GPhC representative</b>	Philippa McSimpson, Quality Assurance Manager (Education), GPhC
<b>Rapporteur</b>	Ian Marshall, Proprietor Caldarvan Research (Educational & 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. It 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

The University of Suffolk 'the provider' was first accredited by the Royal Pharmaceutical Society of Great Britain in 2007 to provide a programme to train pharmacist independent prescribers. In 2018 the accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the provider's pharmacist independent prescribing programme should be reaccredited for a further period of three years. This was subject to one condition, that the provider must assess finally pharmacists' clinical and diagnostic skills and describe the quality assurance process. This was because there was no final assessment of this key outcome for pharmacists. This was to meet criterion 5.1.

### 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. It was satisfactory to provide a basis for discussion.

### The event

The reaccreditation/monitoring event was held remotely by videoconference on 8 December 2021. It comprised several meetings between the GPhC accreditation team and representatives of the University of Suffolk prescribing course. Four students who had completed it in the last three years, contributed to the event. They completed a survey, responses to which 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 - 10:30
Meeting with course provider representatives	11:00 - 13:10
Lunch	13:10 - 14:00
Learning outcomes testing session	14:00 - 15:10
Private meeting of the accreditation team and GPhC representatives	15:10 - 16:30
Deliver outcome to the provider	16:30 - 16:45

## 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 12 learning outcomes during the event 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**.

The learning outcome that was not met will need to be addressed before reaccreditation can be confirmed.

The following learning outcomes were tested at the event: **3, 4, 9, 10,12, 13, 18, 19, 20, 24, 27**.

### 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

Learning outcome 19 was not met. This was because the team was told that the OSCE used to assess pharmacists' clinical skills had been moved from the University to the period of learning in practice, conducted by the DPP. The team was told that there had been some teething troubles with this arrangement and that standardisation was difficult due to the diverse range of students. The consultations on which the OSCE is based are not recorded and cannot be moderated by the University on site. Although the team was assured that DPPs have the student's learning contract and that the University depends on the DPP's professional integrity, it agreed that the course team must have appropriate arrangements in place to ensure standardisation, and to make sure that all pharmacists demonstrate meeting all the related learning outcomes at the required level of competence.

### 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. One criterion requires minor amendments.**

The entry requirements for pharmacists include: current registration with GPhC/PSNI with no fitness to practise issues, a minimum two years patient-orientated experience, an identified clinical area of prescribing practice with appropriate knowledge and experience, employer support and protected learning time, and a current Disclosure and Barring Services (DBS) check There is a named Designated Prescribing Practitioner (DPP) to supervise and assess the period of practice learning. The team learned that self-employed and community pharmacy applicants must also outline the clinical governance in place in the area in which they practise.

The team was told that applications are considered by the course team. These staff members have undertaken the University's essential Equality and Diversity training. Applicants not meeting the criteria above are given an explanation for rejection and an offer to contact the course leader for advice on a pathway to gain more experience before reapplying. Applicants must submit a personal statement to justify their suitability and the relevance of their clinical and therapeutic experience. Although there has been no formal analysis of applicants, the provider felt that there has been a difference between trust and community pharmacists in that the latter require more academic support as they tend to be less up to date with respect to academic writing Academic support is provided in this area.

### Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes  No

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

All course staff members complete essential Equality and Diversity training. This ensures that the principles of the Equality Act 2010 are upheld in the application screening, teaching and assessment. Stakeholders that contribute to the design of the programme include service users, students, active prescribers and service providers. These people will also have completed mandatory equality and diversity training. The team was told that equality and human rights legislation is linked into the legal and ethical principles of prescribing early on in the programme with respect to diversity. Students were said to provide examples for discussion. Student backgrounds, attainment and progression are reported to the University by the School through a Risk-based Monitoring and Enhancement (RiME) process. The team noted that such data is not analysed ordinarily for the programme and that apart from disability other protected characteristics were not considered. Students with specific learning needs are supported by their personal tutor and the student services team. Students may request an assessment once on the programme. Reasonable adjustments (RAs) include hand-outs and coloured

paper, and extra time or personal space in examinations. Teaching materials are made available to students with RA in advance of teaching sessions. The RAs include changes to teaching, learning and assessment. However, the student must still meet the GPhC learning outcomes and it was stressed that the pass marks for the programme had not been changed as a result of the increased leniency of University assessment regulations due to the COVID 19 pandemic.

### 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 course leader holds Professional, Statutory and Regulatory Bodies' registration and is a non-medical prescriber. They are responsible for the overall quality management of the course. They are supported by an Associate Dean and the Dean of School. There is a continuous, risk-based approach to monitoring quality and academic standard of provision. The team learned that the School maintains a risk register although there have been no risk issues with the NMP programme. Thus, the course team has access to prescribers in several disciplines and all teaching is now recorded allowing teachers to cover more easily others' areas of expertise. All three core members of the course team are in substantive positions, representing 1.9 FTE academic time dedicated to the programme. The programme monitoring includes evaluation of modules and monitoring through course committees. The programme is subject to a re-approval process on a six-year cycle. This ensures that it continues to be of an appropriate quality and academic standard. The roles and responsibilities of the DPP, Academic Assessor and student are outlined in the Practice Assessment Document and the DPP Handbook. The suitability of the DPP is judged as part of the pharmacist's application. The University will provide additional training for any DPP that requires it. An initial learning contract is completed in the first few weeks of the course. It is reviewed by the Academic Assessor a minimum of three times, at the start, mid-point and end of course, and at a face-to-face meeting between the student, DPP and Academic Assessor at the mid-point.

The course is delivered on a single campus that has clinical skills laboratories and designated teaching rooms. All learning environments are audited and monitored every two years. This ensures there is an appropriate environment for learning and that the requirements for practice learning have been met. Students are supported in their off-site learning through an online learning environment, Brightspace.

### 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. One recommendation was made.**

Informal feedback from the students during their studies occurs generally via the personal tutor system. Formal feedback is captured both midway through the programme and on completion. Identified areas of strength and weaknesses are fed into the course action plan. However, the team noted that there was no mechanism for identifying feedback from pharmacists in the formal multi-professional surveys, and considered that such a mechanism should be devised. The team learned

that there is an annual University peer review of teaching process but that the programme uses peer review on a more regular basis. An external examiner is appointed every four years. They support and oversee the quality of the curriculum and its delivery. University auditing of placements monitors all learning environments. This ensures that the environments are appropriate for learning. The submission documentation stated that discussion with practice partners ensures that the programme adapts in accordance with changes in practice. However, the team agreed that it should be a **recommendation** that a formalised mechanism be introduced to make sure that relevant changes in the health and care environment are identified and reflected in teaching and assessment.

The team was told that feedback from students to a biannual course meeting had identified an excessive workload. This led to a reduction in the requirements for essays, with a greater concentration on practice elements including more clinical sessions for pharmacists. The course remains validated against the previous GPhC prescribing standards and was internally reviewed for the Nursing and Midwifery Council reaccreditation. As part of the validation process against the new GPhC standards, the course has been internally reviewed in preparation for institutional approval. The validation process was started in October 2020 but cannot be completed until GPhC reaccreditation has been confirmed. .

## 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 will be met. One recommendation was made.**

The team was told that there is not a separate, written teaching and learning strategy for the programme. Rather, that the approach is linked to the learning outcomes of the programme, and builds on the pharmacists' existing knowledge. This involves the use of case studies, group learning, tutorials, thinking, seminars, peer review, and practice-based learning. The Brightspace virtual learning environment is used for e-learning activities and support. The teaching approach starts with the key principles of thinking and self-awareness. These are linked to the course aims and learning outcomes. The current knowledge base of students is assessed and analysed. This is in the context of mastery of practice required for the prescribing role. The Royal Pharmaceutical Society (RPS) competency framework is introduced to students on Day One. The team was told that the GPhC learning outcomes are available to students on the virtual learning environment. The GPhC learning outcomes are mapped to the assessments and linked to the RPS competencies. Learning covers not only theoretical topics but also the application of knowledge to practise. A range of practical and professional skills is addressed alongside the elements of critical thinking, clinical reasoning and decision-making. Teaching sessions are linked into the requirements for practice learning with the DPP. This allows students to relate the theory to their own area of professional clinical practice. It was a **recommendation** that a formalised mechanism be introduced to make sure that relevant changes in the health and care environment are identified and reflected in teaching and assessment.

The course team includes a pharmacist. They are involved in both evaluation and curriculum design. Other pharmacist independent prescribers, including the independent prescriber chief pharmacist from a local trust, and previous prescribing pharmacists from the programme, are consulted on curriculum design. They are also involved in delivery of the programme. The views of practice

partners, service users from a users' forum and students have been considered as part of the course development and approval process.

In Week Three students must agree a learning contract with the DPP. This determines the plan for learning. The plan is monitored by the academic advisor in the mid-point review and in the final sign-off. The scope of practice is addressed early in the programme. There is a formal process to monitor progress and feedback from practice via the Practice Assessment Document. The student log of learning is scrutinised to ensure that the activity and tasks undertaken by the student are appropriate. If a student has concerns about their DPP they are told to raise this with the course leader who will take appropriate action. The team learned that any issue with patient safety or unsafe practice can be taken through a University-level fitness to practise process after consideration by the academic tutor, course lead and course director. A student that makes an error that would result in patient harm at any stage during an assessment will fail the programme at that point and the team was told that a student's fitness to practise status will be checked as part of the final assessment for sign-off.

## 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 will be met. One recommendation was made and one criterion requires minor amendments.**

Student pharmacist prescribers complete 90 hours of clinical practice. They have direct access to patients for development and progression. The team was told that if consultations with patients were to take place remotely, the pharmacist would need to provide a reflection on the consultation. The team was also told that although students could not undertake 100 percent of their consultations remotely, the hours of remote consultation would be included as part of the 90 hours of clinical practice.

The team was told that pharmacists are encouraged to use other healthcare professionals in addition to their DPP after discussion and agreement in writing with their academic assessor and the DPP. It is made clear that the DPP has overall responsibility, with students recommended to spend at least 40 percent of the time in practice with the DPP.

The DPP signs off the relevant competencies in the student's Practice Assessment Document. The DPP makes the final assessment of competencies. As part of the admissions process the DPP must identify their own competence and any training needs. However, the team agreed that there should be a **recommendation** that that DPPs be asked to provide supporting evidence at the application stage to describe how they meet all the requirements for the role. This would provide the course team with information which can be used to evaluate the suitability of the DPP.

## Standard 7: Assessment

Standard met/will be met? Yes  No

**The team was satisfied eight of the eleven criteria relating to the assessment will be met with three criteria subject to a condition.**

The assessment strategy links to the University Teaching and Learning Strategy. As part of this, the

external examiner reviews the examination papers in advance and on completion. Samples of academic and practice work are reviewed before results are considered by the Assessment Board. The course team moderates work in accordance with academic regulations. Members of the course team involved in assessment, and the external examiner, hold non-medical prescribing qualifications or suitable experience/qualifications. The team was reassured to hear that despite the changed University assessment regulations due to the COVID-19 pandemic, the pass marks for the programme had not been changed.

The Practice Assessment Document and DPP Handbook outline the role and responsibilities of the DPP in relation to supervision and assessment of the student. DPPs are guided in training and in the Practice Assessment Document to give pharmacist student prescribers feedback and feed forward comments regularly. Practising assessment is built into the programme in academic and practice elements.

Both academic and practice final assessments align with course learning outcomes and practice competencies. A student cannot pass the programme where there is a serious concern around patient safety. If a situation of patient harm occurred during an assessment, the pharmacist would fail the course at that time and the fitness to practise policy would apply.

The final University-held assessments are: critical case study, discussion of a medication error, numerical test, and pharmacology examination. Each final assessment element must be passed. From the next cohort, it is intended that students will also undertake two Objective Structured Clinical Examinations (OSCEs), one for development and the second one final with the DPP where the student must reach the level of competent. The team was told that the course team does not have oversight of the OSCEs and that the relevant consultations are not recorded.

The requirements of the Practice Assessment Document support the DPP in monitoring the progress of the student. The academic adviser is included in this arrangement to ensure that the standards of the course and standards of the student prescriber in practice are addressed. If the academic assessor does not agree there is sufficient evidence of a competency at final sign-off, they will not ratify a pass in practice. A practice ratification panel is held to provide quality assurance. A sample of all assessments, covering the range of marks awarded, is regulated internally and externally by appropriately qualified individuals. This occurs before all individual assessments are presented to the Assessment Board. Nevertheless, the team agreed that it will be a **condition** of reaccreditation that a robust quality assurance mechanism must be introduced that applies to the marking of all OSCE assessments undertaken by pharmacists, if this assessment is to be carried out by the DPP in the practice setting. This is to make sure that the course team has appropriate arrangements in place to ensure standardisation, and to make sure that all pharmacists demonstrate meeting all the related learning outcomes at the required level of competence.

## 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 will be met.**

Students are introduced to the course, staff team and each other at an Induction Day. The learning outcomes and course structure including assessment and practice requirements are explained. Students are allocated a personal tutor and academic assessor from the course team. Pastoral and

academic support is provided by the course team and a student services team. Students have three formal meetings with their DPP, at the beginning, midpoint, and end point of the course for the final assessment. The midpoint meeting assesses progress towards achievement of competence and agrees any action points.

A process for raising concerns is outlined in the Practice Assessment Document.

## 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. Two recommendations were made to cover three criteria.**

The role of the DPP is defined in the DPP Handbook which is sent to the applicant to share with their DPP at application stage. The professional practice lead for the DPP's organisation must agree the DPP's suitability and the protected time required for student supervision. The team learned that the evaluation of the suitability of DPPs for the role is based largely on professional trust and a self-assessment at the application stage in which DPPs have to confirm that they meet the necessary competencies. The team agreed made a **recommendation** that DPPs be asked to provide supporting evidence at the application stage to describe how they meet all the requirements for the role. This would provide the course team with information which can be used to evaluate the suitability of the DPP.

All DPPs can attend a University-run training webinar. The formal midpoint review assesses student progress and reviews the supervision process. The academic advisor checks that the practice-based learning requirements of the role are being carried out. They identify any further information needed for the DPP on any aspects of their role. The team was told that there is not a formal process for providing DPPs with feedback on their performance but that feedback is given during meetings with course team members. The team agreed that it should be a **recommendation** that a process be introduced to provide feedback to all DPPs.



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