

**University of Central Lancashire, School of
Community Health and Midwifery,
independent prescribing course
reaccreditation report, February 2021**



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Event summary and conclusions

Provider	University of Central Lancashire, School of Community Health and Midwifery
Course	Independent prescribing course
Event type	Reaccreditation
Event date	4 February 2021
Reaccreditation period	May 2021 – May 2024
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	Approval
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"> • All course documentation must make reference to the PSNI as well the GPhC where appropriate. (Criterion 1.1) • The course factsheet and all other course documentation must be updated to describe the GPhC as a regulatory body and to make clear that the GPhC stipulates learning outcomes, not course content. (Criterion 1.3) • All course documentation must be amended to reflect the fact that for pharmacists the course is only available at Level 7. (Criterion 5.1) • Section 3 of the application checklist must be updated to include the GPhC register of annotated Independent prescribing pharmacists with the potential to fulfil the role of DPP. (Criterion 6.4) • The DPP sign-off form must be changed to state that the student is suitable for 'annotation' not 'registration' as an independent prescriber. (Criterion 6.5) • The Handbook should be updated so that it does not state that it is a GPhC requirement for students to fail the course if they commit an error that would cause patient harm. (Criterion 7.3)

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.
Maximum number of all students per cohort:	40
Number of pharmacist students per cohort:	10
Number of cohorts per academic year:	6 (4 for pharmacists)
Approved to use non-medical DPPs:	Yes
Key contact (provider)	Ruth Broadhead, Senior Lecturer/Programme Lead
Provider representatives	Janice Davies, Senior Lecturer/Co-Course Lead Katy Smith, Senior Lecturer/Clinical Skills Lead and Comensus Liaison
Accreditation team	Fiona Barber (event Chair), Independent Member, Leicester City Council Mike Pettit, Retired Senior Lecturer, Pharmacy Practice and Hospital Pharmacy Manager Professor Angela Alexander, Professor Emerita of Pharmacy Education, University of Reading
GPhC representative	Philippa McSimpson, Quality Assurance Manager, GPhC Rachael Mendel, Quality Assurance Officer, GPhC
Rapporteur	Jane Smith, Chief Executive Officer, European Association for Cancer Research

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/uksi/2010/231/contents/made>

Background

The University of Central Lancashire (UCLan) School of Community Health and Midwifery was accredited by the Royal Pharmaceutical Society in 2008 for a period of three years to provide a programme to train pharmacist independent prescribers, and then reaccredited by the GPhC in 2011 and 2014. At a further event in November 2017, the course was reaccredited subject to one condition, which was that the provider must:

- a) submit documentation to confirm formally that the programme continues to be validated by the University, and the expiry date of this validation period.
- b) confirm the measures in place to revalidate the programme should revalidation not take place in Spring 2018 as proposed.

Following the event, the provider submitted a satisfactory response to the condition of reaccreditation, and the accreditation team agreed they had been met satisfactorily. The registrar of the GPhC accepted the team’s recommendation and approved the reaccreditation of the programme for a further period of 3 years. This was subsequently extended by three months to May 2021 to allow time for the 2021 event to be arranged.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 4 February 2021 to review the course’s suitability for reaccreditation.

The course is led by a nurse. At this event the provider confirmed that it is seeking accreditation for a maximum of six cohorts per year, with only four of these open to pharmacists. The maximum cohort size will be 40 students, with no more than 10 pharmacists per cohort.

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 the University of Central Lancashire and the GPhC on 4 February 2021 and comprised of meetings between the GPhC reaccreditation team and representatives of the University of Central Lancashire, School of Community Health and Midwifery 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 – 13:00
3.	Lunch	13:00 – 14:00
4.	Learning outcomes testing session	14:00 – 14:30
5.	Panel private meeting	14:30 – 15:30
6.	Feedback to course provider representatives	15:30 – 15:45

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 **six** learning outcomes during a separate meeting with the provider and was satisfied that **all 32 learning outcomes will be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **13,19,21, 22, 28 and 31.**

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

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 (accreditation team use only)

The team was satisfied that all six criteria relating to the selection and entry requirements will be met. Two criteria require minor amendments. (The criteria can be found [here](#))

Entry criteria for the course are set out in a Course Factsheet which is available on the provider's website. The team noted that the factsheet refers to the GPhC as a professional body and states that it stipulates course content. The factsheet and all other course documentation must be updated to describe the GPhC as a regulatory body and to make clear that it stipulates learning outcomes, not course content.

The provider uses the North West Universities NMP collaboration Application form for Non-Medical Prescribing, a collaborative application form devised by a consortium of north west universities which states that all pharmacist applicants have at least two years' appropriate patient-facing experience post-registration, in a relevant UK practice setting. All applicants are interviewed by the provider, either by phone or video-call, and during this call the provider checks that the applicant's clinical experience is at an appropriate level to enable them to

succeed on the course. The provider confirmed that this experience must be relevant to the area in which they intend to practise.

A representative from the provider's Community Engagement and Service User Support group (COMENSUS) reviews a sample of applicants' personal statements and feedback is given collectively to the applicant cohort. COMENSUS representatives involved in this review are given training. All staff involved in selection have equality and diversity and unconscious bias training.

The applicant's registration with the GPhC or PSNI, and their good standing with the relevant body, are checked by the provider. The team noted that the pre-course declaration does not mention the PSNI. All course documentation must be checked to ensure reference to the PSNI is made where appropriate.

Unsuccessful applicants are given feedback on the reasons for rejection in order that they understand how to improve or further professionally develop prior to resubmitting an application or applying elsewhere. This feedback ensures that formal appeals are not necessary, but a University-level appeals process is in place if required.

Standard 2 - Equality, diversity and inclusion

Standard met? Yes No (accreditation team use only)

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

The provider has a University-level Equality, Diversity and Inclusion Strategy which sets the framework for course design and delivery. The course is designed to accommodate a range of teaching styles, learner characteristics, preferences and competencies, with a range of assessment methods. Equality and diversity data are collated annually at university and course level and are considered by the course team, alongside data from the Student Union and from student feedback, at its monthly meetings and at an annual planning day. The data are used to inform course developments and to anticipate trends in the numbers of students requiring additional support.

Students are encouraged to disclose, in confidence, any physical or learning disability at the start of the course so that they can be signposted to the Disability Advisory Service for support and advice on reasonable adjustments. With the student's consent, this information is shared with their DPP, so that adjustments can also be made in the clinical setting if required.

Application data are analysed to check for trends, but there have not yet been enough pharmacists on the course to enable meaningful analysis of completion data. Instead, students are supported on an individual basis. The team suggested that as the number of pharmacists completing the course grows, the provider might consider looking at outcomes data to identify any trends.

Standard 3 - Management, resources and capacity

Standard met? Yes No (accreditation team use only)

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

There is a defined management plan for the course. At School and course level, lines of accountability are clear. Staff who lead and teach on the course are well supported. Roles and responsibilities are agreed at the start of each academic year and are detailed in the course handbook.

The DPP's role and responsibilities are also set out in the handbook and all DPPs are made aware of the expectations of the role and are provided with key course documentation. The Programme Lead liaises with the DPP throughout the course and DPPs are encouraged to highlight any concerns in the practice environment as soon as they arise.

The team asked what checks are in place to ensure that learning in practice is progressing appropriately and was told that a learning agreement is put in place at the start of the course between the student, the line manager, the DPP and the academic assessor (usually the Programme Lead or the Co-Course Lead). Three interview points are identified at the beginning, middle and end of the course, and these meetings are documented in the Clinical Assessment Document (CAD). Students are also encouraged to meet their DPP more informally at least once a week. The course lead contacts the DPP twice a semester. If the student is not progressing at the right pace, the DPP and the student are encouraged to identify this and to inform provider so that a plan can be put in place.

A total of nine staff teach on the course (4.4 FTE). The teaching team are an experienced group of academics with a diverse range of relevant clinical experience. There are two part-time pharmacists on the teaching team, both of whom hold the independent prescribing qualification and currently practise as prescribers. The remaining staff are all nurses, midwives or health visitors with backgrounds in both secondary and primary care. New staff are supported by an academic mentor and through shadowing experienced staff. There is a robust peer review mechanism and all new staff are required to undertake a university teaching certificate.

The team asked about the processes for identifying and managing risks at the course level and was told that the non-medical prescribing course team meeting, which takes place every four weeks, has a formal agenda item to look at risks. Robust contingency measures are in place for eventualities such as staff sickness or other absences; at least two staff members are appointed to each area or subject, so that there are at least two people familiar with the course content and able to cover for each other. There is also a shared online repository for all taught sessions so that course materials available to staff.

The team suggested that for future accreditations it would be useful to have a risk register or a written record of the risks identified and how they are managed and mitigated.

The team asked the provider to clarify at which location(s) pharmacists on the course are taught and was told that all pharmacists are taught at the Preston campus. Two other locations are used for non-pharmacist students. The team reminded the provider that if they wish to enrol pharmacists at the other campuses, they are required to seek approval from the GPhC.

Standard 4 - Monitoring, review and evaluation

Standard met? Yes No (accreditation team use only)

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

The course was revalidated in 2019. The provider has a system of Continuous Course Enhancement (CCE) which ensures that programmes are monitored, reviewed and evaluated at least annually. Any actions that are identified from student feedback are detailed within a time-specific action plan and reviewed by the whole course team at its monthly course meetings. Recent feedback indicated that students wanted more group work rather than online lectures, so the provider has worked to introduce more online break-out sessions and discussion groups. Feedback from practice settings and key stakeholders is also sought and acted upon. The COMENSUS service users' group has been involved in quality enhancement for the course for a number of years.

An external examiner is appointed for the course to ensure that it is subject to external scrutiny. The current external examiner, appointed in 2020, is a pharmacist independent prescriber. The examiner reviews the assessments prior to use and moderates a sample of completed assessments, including exams, OSCEs, CADs and reflective essays. The external examiner attends at least one Academic Assessment Board to provide feedback on the quality of the course and standard of student work, and submits an annual report to the provider. Any issues identified by the external examiner are discussed at School level within the Academic Assessment Board and addressed in detail at course team level, monitored via the CCE process and addressed within the CCE Action Plan. Feedback is provided to the external examiner, and any changes made are monitored and reviewed.

Changes in pharmacy practice, prescribing trends and national guidelines are monitored by the course team and appropriate changes to the curriculum are made in response. For example, in response to the Covid-19 pandemic, more focus has been placed on the challenges of remote consultations and remote prescribing,

Standard 5 - Course design and delivery

Standard met? Yes No (accreditation team use only)

The team was satisfied that all ten criteria relating to the course design and delivery will be met. One criterion requires minor amendments.

The course is delivered over 26 theory days using a blended learning model made up of face-to-face lectures (currently taking place online due to Covid-19) and directed study days. This is delivered alongside the 90 hours of learning in practice under the supervision of a DPP. The course has been designed with input from stakeholders, including service users and patients. This input is given at an annual course planning day, and also throughout the year via online sessions.

The course is delivered at Levels 6 and 7, but in line with GPhC requirements, is only offered to pharmacists at Level 7. All course documentation must be amended to make it clear that pharmacists cannot study at Level 6.

The curriculum is mapped to the GPhC learning outcomes. Pharmacist students on the course are introduced to the GPhC learning outcomes on day 1 of the course via links on the virtual

learning environment, and in a pharmacist-only teaching session. DPPs are made aware of the learning outcomes via a pack of relevant material sent to them by email.

Students are supported to develop their knowledge and skills through the creation of a Personal Development Plan. Throughout the course, they are required to self-assess their current level of knowledge and to seek opportunities to gain further knowledge and skills within university, their practice placement and/or workplace. Students are encouraged to share their experiences of practice with their multi-disciplinary cohort. The DPP provides support, guidance and feedback to the pharmacist in the development of the Royal Pharmaceutical Society's Prescribing Competency Framework and is responsible for final sign-off of the CAD.

From the outset, students are taught the importance of legal, professional and ethical accountability. DPPs are clearly informed that students are only permitted to undertake tasks and skills in which they are competent or are learning under supervision. This is discussed with the DPP and the student throughout the course to ensure that patient safety is not compromised. As registrants of the GPhC, pharmacists are reminded of the requirement to uphold their professional obligations, know their boundaries and always work within their own scope of practice. Policies and procedures are in place to identify and report any concerns immediately. Students and DPPs are made aware of these policies and processes on commencement of the course and they are detailed within the handbook. Where an individual is employed in a clinical role, any fitness to practice (FtP) allegation is managed alongside the employer's processes which may or may not result in a referral to the GPhC. If the pharmacist is self-employed, the University FtP policy is followed.

The team asked how whistleblowing is introduced to the students and was told that the second taught day has a dedicated teaching session on legal, professional and ethical issues which covers this topic in some detail.

Standard 6 - Learning in practice

Standard met? Yes No (accreditation team use only)

The team was satisfied that all five criteria relating to the learning in practice will be met. Two criteria require minor amendments.

Students are required to complete a minimum of 90 hours within a practice learning setting. A minimum of 45 hours must be completed directly with the DPP, with the remaining 45 hours with agreed, appropriately experienced clinicians with the DPP's agreement. These hours are logged within the CAD and confirmed by the DPP.

The team asked how the periods of learning in practice have been affected by the Covid-19 pandemic and was told that this has been variable. Some students have had to go back into practice so their study days have been withdrawn. Others have been able to continue. Students have been given support as needed, including being able to apply for mitigating circumstances and therefore have an extended period of time to complete the 90 hours if required.

All DPPs are expected to meet the DPP competencies (or be working towards them) as stipulated in the Royal Pharmaceutical Society's DPP Competency Framework. All DPPs receive a copy of this framework and are introduced to the competencies as part of their induction to the role. The professional details of the DPP, including their professional registration, are included

on the application form and checklist form and are checked by the provider. The DPP's clinical area of practice is also reviewed before approval to undertake the role is granted. The team noted that the application checklist does not include the GPhC as a record holder of potential DPPs; this must be updated.

The team asked how the provider is assured that the DPP is familiar with the requirements for assessing competence in practice, and that there is consistency between DPPs. The provider stated that through the North West Universities NMP collaboration, they have developed a DPP resource which supports DPPs to self-assess. Along with the CAD and the competency framework, the provider expects DPPs to understand their role and the standards expected of students. DPP assessments are moderated by the provider, who checks that the type of evidence provided for each competency, is appropriate and specific to that competency.

The team noted that the DPP sign-off form states that the student is suitable for 'registration' This must be changed to 'annotation' as the GPhC does not have a register for independent prescribers.

Standard 7 - Assessment

Standard met? Yes No (accreditation team use only)

The team was satisfied all eleven criteria relating to the assessment will be met. One criterion requires minor amendments.

The course is assessed by means of six compulsory elements:

1. Numeracy exam (pass/fail)
2. Pharmacology exam (pass/fail)
3. OSCE / viva (pass/fail)
4. 2,500 word reflective essay (100% weighting)
5. Clinical Assessment Document (pass/fail)
6. Pharmacist Prescribers' Clinical Skills Workbook (pass/fail)

Assessment processes, reliability and validity are verified by internal and external moderation; there are two markers for each assessment, with a sample of top, middle and bottom scoring assessments being moderated. The external examiner sees a sample of all assessment types and receives the recordings of all OSCEs.

All modules are compulsory and there is no compensation or condonation between modules. Students who fail at the first attempt are permitted a resit six weeks after their results. A third attempt is only allowed in the case of extenuating circumstances. In the case of a failure on the grounds of patient safety, then the student automatically fails the course. The provider permits students to reapply after a period of development and reflection. The team noted that failure of the course on safety grounds is no longer a GPhC requirement. The provider may continue to choose to apply this policy, in which case the Handbook should be updated to make it clear that this is not a GPhC requirement.

Students have formative assessment opportunities and are given feedback on their progress throughout the course.

The team asked how the provider has adapted to remote assessments in response to the Covid-19 pandemic. In fact, this has been relatively straightforward; the OSCE is carried out as a viva over MS Teams. Instead of writing a prescription in the classroom, the student is now required to submit this in advance. Two examiners meet the students in a 30 minute online session and the prescription is reviewed during this session.

The exams are also completed online. Students are not given the paper in advance and are not allowed to open any other websites, but can use the BNF app, book or website. All students are required to sign a professional declaration beforehand to remind them not to cheat. The provider is about to trial invigilation software, which will enable them to see the student's desktop while they are taking the exam.

Clinical and physical examination skills are tested on a case by case basis, depending on the student's individual situation. For example, the current pharmacist on the course had a full day online one-to-one session, then used the skills under supervision in practice and recorded this in their CAD. The provider then asked him to complete an online viva to check his skills, which included him demonstrating blood pressure taking on a member of his household.

Standard 8 - Support and the learning experience

Standard met? Yes No (accreditation team use only)

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

There is a broad range of support mechanisms and resources available to students. These include study days that run throughout the course, written course information, and a comprehensive virtual learning environment. Students are allocated an Academic Assessor at the start of the course. As most students are undertaking the course whilst working full time, strategies for time management are discussed and students are encouraged to share study techniques in group sessions.

The learning contract and the CAD set the framework for support and development in the clinical practice setting, with the three fixed interview dates with their DPP providing a structure for identifying learning needs and creating action plans. DPPs are all provided with and required to read and apply the GPhC guidance on tutoring for pharmacists and pharmacy technicians.

Throughout the course, students are encouraged to raise any concerns promptly, and an agreed action plan is put in place to support them, or they are directed to appropriate policies and personnel to support them should their concerns not be able to be addressed at course level.

Standard 9 - Designated prescribing practitioners

Standard met? Yes No (accreditation team use only)

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

The DPP is required to be a suitably qualified professional with three years' clinical experience prescribing in the area of practice relevant to the student's intended scope of prescribing practice. This is verified via the information given in the application form. The provider will

follow up with the DPP and their organisation if there are any concerns. The DPP must have the support of their employing organisation to act in this capacity and must be GMC registrants or have attained an independent prescribing qualification if they are from another background. As part of the application process there are cross checks between applicant information and DPP information to ensure there are no conflicts of interest. For example, a family member would not be accepted as a DPP.

DPPs are directed to a training resource provided through the North West Universities' NMP Collaboration. This is structured around the RPS' DPP competency framework and includes a self-assessment against the framework, the RPS prescribing competency framework, roles and responsibilities, practice teaching and governance within the practice setting. Course-specific information is provided through a comprehensive induction pack. The provider has previously offered a face-to-face induction session for DPPs but attendance was disappointing. The team suggested offering this online, and the provider agreed this was a good opportunity to ensure engagement, as the role is broadened beyond DMPs. However, the provider was confident that lack of engagement by a DPP will be identified, either through their questions or through student comments.

DPPs will be given a thank you note containing a certificate and feedback. Feedback will be a mixture of individualised comments based on narrative in the CAD, and a more generic cohort summary. The team suggested that the provider might strengthen this feedback process by considering how developmental needs could be identified and addressed.

