

# **University of Hull independent prescribing course reaccreditation event report, March 2022**



# Contents

<b>Event summary and conclusions</b> .....	<b>1</b>
Introduction .....	3
Role of the GPhC.....	3
Background.....	3
Documentation.....	3
The event.....	3
Declarations of interest .....	4
Schedule .....	4
<b>Key findings - Part 1 - Learning outcomes</b> .....	<b>4</b>
Domain: Person centred care (outcomes 1-6) .....	4
Domain: Professionalism (outcomes 7-15).....	4
Domain: Professional knowledge and skills (outcomes 16-26) .....	4
Domain: Collaboration (outcomes 27-32) .....	4
<b>Key findings - Part 2 - Standards for pharmacist independent prescribing course providers</b> .....	<b>5</b>
Standard 1: Selection and entry requirements .....	5
Standard 2: Equality, diversity and inclusion.....	5
Standard 3: Management, resources and capacity.....	6
Standard 4: Monitoring, review and evaluation .....	7
Standard 5: Course design and delivery .....	8
Standard 6: Learning in practice.....	9
Standard 7: Assessment.....	10
Standard 8: Support and the learning experience .....	10
Standard 9: Designated prescribing practitioners.....	11

## Event summary and conclusions

<b>Provider</b>	University of Hull
<b>Course</b>	Independent prescribing course
<b>Event type</b>	Reaccreditation
<b>Event date</b>	17 March 2022
<b>Approval period</b>	May 2022 – May 2025
<b>Relevant standards</b>	<a href="#">GPhC education and training standards for pharmacist independent prescribers, January 2019</a>
<b>Outcome</b>	Approval 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 Hull should be reaccredited for a further period of three years.
<b>Conditions</b>	There were no conditions.
<b>Standing conditions</b>	The standing conditions of accreditation can be found <a href="#">here</a> .
<b>Recommendations</b>	1. To strengthen the training provided to DPPs on the teaching and assessment of clinical skills and enhance the guidance and support made available. This is to ensure clarity of expectations to all DPPs. (This relates to criterion 9.3)
<b>Minor amendments</b>	There were no minor amendments.
<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.
<b>Maximum number of all students per cohort</b>	60
<b>Number of pharmacist students per cohort</b>	10
<b>Number of cohorts per academic year</b>	1
<b>Approved to use non-medical DPPs</b>	Yes

<b>Key contact (provider)</b>	Dr Andrea Hilton
<b>Provider representatives</b>	<ul style="list-style-type: none"> <li>• Dr Andrea Hilton, Non-medical prescribing programme director</li> <li>• Mrs Nicki Credland, Head of Department Paramedical, Perioperative and Advanced Practice</li> <li>• Mrs Kirsty Fishburn, Module leader Nurse Independent and Supplementary prescriber</li> <li>• Mrs Emma Baggaley, Course Liaison Pharmacist, City Health Care Partnership (CIC), Head of Medicines Services, NMP lead, Independent prescriber, and superintendent pharmacist</li> <li>• Heidi Broadhead, Faculty Services Manager</li> </ul>
<b>Accreditation team</b>	<ul style="list-style-type: none"> <li>• Dr Gemma Quinn (Chair), Associate Professor of Clinical Pharmacy, University of Bradford, University of Bradford</li> <li>• Parbir Jagpal, Director of Postgraduate Studies and Programme Director-Practice Certificate in Independent Prescribing, University of Birmingham</li> <li>• Liz Harlaar, Independent Business Consultant</li> </ul>
<b>GPhC representative</b>	Philippa McSimpson, Quality Assurance Manager, GPhC
<b>Rapporteur</b>	Niall Stewart-Kelcher, GPhC

## 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

The University of Hull was first accredited in 2008/9 by the Royal Pharmaceutical Society of Great Britain to provide a programme to train pharmacist independent prescribers. The programme is offered by the Faculty of Health Sciences, which has experience of successfully delivering a range of non-medical prescribing programmes since 1999. The University was reaccredited for this provision for three years by the GPhC in February 2012, again in 2015 and 2018, the latter being without any conditions or recommendations. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 17 March 2022 to review the programme'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 accreditation team and it was deemed to be satisfactory to provide a basis for discussion.

### The event

The reaccreditation/monitoring event was held remotely by videoconference on 17 March 2022 and comprised of several meetings between the GPhC accreditation team and representatives of the University of Hull 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

Gemma Quinn declared that one of the course's external examiners is also an academic at the University of Bradford where she is employed, but that they work in a different faculty. It was agreed that this did not present a conflict.

## 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 - 15:30
Deliver outcome to the provider	15:30 - 15:45

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

The following learning outcomes were tested at the event: **9, 15, 22 23, 27 and 29**

### 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 are met.**

Initial enquiries regarding applications are made through the Faculty Admissions office, who send out the course information pack to prospective applications, this pack includes the course information sheet, the designated prescribing practitioner (DPP), employer organisation and student application forms. The programme lead undertakes informal discussions with potential applicants and discusses the prerequisites for entry. All final applications are made online via the main university application portal system, with programme-specific application details returned via email.

Applicants must be pharmacists registered either with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI) and must also have at least two years of appropriate, patient-orientated experience in a UK hospital, community or primary care setting following their preregistration year.

Applicants must describe their experience, their area of practice and the need in this area to independently prescribe, outline that they have up-to-date clinical, therapeutic, pharmacological, and pharmaceutical experience relevant to their intended area of prescribing practice. Applicants must also demonstrate a reflective approach to their own practice by submitting CPD entries and they are required to detail how they expect to complete the course requirements and develop their own support network. This is then verified by their local independent prescribing lead and employer. If an applicant is self-employed a reference is required to verify the application.

The course lead reviews all applications, and, in their absence, there is a designated deputy. Both have been trained in equality, diversity and inclusion and work to an agreed internal framework to ensure consistency when reviewing applications. If there are queries or concerns with a pharmacist application, then the reviewer may contact the applicant's NMP lead or course liaison pharmacist, for clarification.

### 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 are met.**

The accreditation team was satisfied that there are appropriate policies and strategies relating to equality and diversity in place at University and course level to make sure consideration is given to equality, diversity, and inclusion throughout the course. The provider outlined assurances that all staff members on the course undertake regular equality and diversity training and are also all registered healthcare professionals and therefore subject to their own regulator's professional standards and revalidation requirements. A new University-wide social justice and inclusion strategy is due to be implemented and this will be embedded into the current course design.

Equality and diversity data is collected at University-level through the online application process, the course provider reviews this information as part of the programme management meeting. The University's Inclusive Assessment Marking and Feedback Policy is embedded throughout the course and the faculty.

The team noted that the course provider requires applicants on the programme application form to disclose any disabilities and that this early identification allows these applicants to be signposted to the university disability and inclusion team, to consider both academic and practice environment adjustments. Updates to the virtual learning environment (VLE) allow students with reasonable adjustment needs to access additional support through immersive tools. Where possible, the course provider makes all taught content available at least one week prior to allow students to access this in the format best suited to their learning. The team wished to understand how reasonable adjustment requests are implemented in the practice setting and the provider stated that there were no recent examples of this with pharmacist students on the course. However, there is a clear process the course team would follow, and they would communicate with all members of the tripartite relationship between the course, student and employer/DPP to ensure progression was not adversely impacted.

The course provider explained that the reduction in face-to-face teaching because of the COVID-19 pandemic has helped the course be more inclusive with easier access to online material and teaching alongside student's personal and professional responsibilities.

### 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 are met.**

The team wanted further information on how the course provider manages risk on an ongoing basis and the course provider explained that there are risk registers at programme, department and faculty level which are reviewed monthly by the senior faculty leadership team. Risk is a standing item on the annual Programme Management Committee, the most common risk being staffing levels. The course provider explained that they have several mitigations in place including a close partnership with alumni students who regularly return to deliver teaching and facilitate sessions and that the non-medical prescribing (NMP) course is intrinsically linked to the Advanced Practice course and staff members can work across both courses.

The team wanted more information on the student dashboard and were encouraged by the positive impact of this described by the course provider. The dashboard is a new system where student data including performance, progress and attendance is mapped onto a system which can easily visualise trends. The course team have found this system a helpful addition when managing students on the course.

Each student constructs a learning contract with their DPP in the first month, which must include a plan on how their hours in practice will be completed including reference to resources, capacity and their support network. This is reviewed by a member of the course provider's academic team. This learning contract is then revisited monthly between the student and DPP.

The team sought clarification on the numbers of pharmacists undertaking the course and the provider explained that they plan for a maximum of ten pharmacists out of a total cohort of sixty students. The cohort is run once a year. Currently within the senior course team there are two pharmacists with the programme director and a local NMP lead (course liaison pharmacist), both registered with the GPhC. The course provider explained that whilst pharmacists may often be in the minority that they design the course to recognise and utilise the differences between professions. The course provider also uses pharmacist alumni to contribute to the course through delivery of lectures, workshop facilitation and course design. The course provider explained that any pharmacists on the course are offered additional support as needed, for example with clinical skills. The team wanted to know how the course provider would manage an increase in the number of pharmacists applying for the course, the provider explained that due to their geographical area an increase above the maximum of ten pharmacists was unlikely, however the department head has a pre-mapped process and a job description in place which will be recruited to if an additional pharmacist support was needed within the course providers academic team. The team confirmed that the provider would need to seek approval for any planned change to pharmacist student numbers in the future.

The team was interested in examples of how students were supported during the COVID-19 pandemic, the provider outlined how extra sessions were put in place for students to discuss cases and their progress alongside past students who have recently completed the course. Extra drop-in sessions were set-up to allow students to discuss concerns with academic staff. The provider explained that they utilised the VLE more to provide frequent announcements and information for students. These changes have been reviewed and improvements made to the course, the provider explained that they now have a blended virtual and face-to-face approach which helps to build rapport but also supports student's digital literacy.

#### 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 are met.**

The course provider outlined their multi-strand approach to monitoring and evaluating the course, this includes in-situ evaluation via the VLE for each session, through an elected student representative who attends the programme management meeting, a mid-point and end-point evaluation form which feeds into the faculty quality governance review and through external examiner reports. All feedback and evaluations are fed into the University's continual monitoring and evaluation enhancement report. The team were interested in how the course provider uses feedback from pharmacist students and external examiners to make changes to the course, the provider explained that due to low numbers of pharmacists it can be difficult obtaining feedback due to them being easily identifiable despite feedback being evaluated anonymously. The team were encouraged by the positive feedback from pharmacists collected during a student survey as part of this reaccreditation event. The provider gave a recent example of how they have changed the pharmacology exam and split the mark distribution into smaller aliquots, after feedback from the external examiner on the difficulty and distribution of attainable marks in the pharmacology exam.

Students are encouraged to raise any concerns with the academic team immediately but are also signposted to the independent concern reporting pathways within the university.

The team sought more information on the procedures in place to monitor and evaluate the standard of teaching on the course, the provider explained that all academic staff are either fellows of the Higher Education Academy (FHEA) or senior fellows of the Higher Education Academy (SFHEA) or are working towards their teaching qualifications. All those working towards their qualifications have a peer review of their taught sessions. Any new external speakers will be accompanied by a member of the academic team to support their session and ensure teaching is of the desired standard. The team enquired about how the course material is kept contemporary and up to date, the provider explained that they utilise all their stakeholders to regularly review and quality control all aspects of the course.

## 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 is met.**

The team was satisfied that the course design and delivery was appropriate and would support pharmacists to achieve the learning outcomes. There are opportunities for stakeholders and pharmacist students to feedback and feed into the continuous development of the pharmacist elements of the course. The course provider has acted upon feedback since changes implemented because of the COVID-19 pandemic, with an updated teaching and learning strategy with 10.5 days of face-to-face teaching, 13 days of blended online sessions, 3 days of clinical skills in practice and an optional 2-day session for additional support.

The team wanted clarification on how pharmacists are supported in developing clinical skills and the provider explained that the programme director will have an informal discussion with all applicants at the application stage to assess the support they will need on the course. If the applicant requires a more enhanced clinical skills course, they will be signposted to apply for the advanced practice course. DPPs are provided with information and training for the skills required by pharmacist students and students are encouraged to spend a specific amount of time with their DPP in the practice setting to develop this. The provider outlined how they can tailor the clinical skills sessions, to an extent, to meet student's needs. The course content covers the basic skills; blood pressure, temperature, respiratory rate, heart rate and history taking in the context of safe prescribing. Students are required to 'RAG' rate their competence against the RPS competency framework at the pre-course stage with their DPP, this helps shape the content of the 90 hours and learning contract, the clinical skills competence is triangulated with the DPP at the final sign-off stage.

The team sought examples of how stakeholders have helped shape the design and delivery of the course, the provider explained that course outline was updated following feedback from students and employers and have shifted to the 13 days of blended online learning. This has helped employers and students be released from clinical services.

The team wanted clarification on the processes for identifying and reviewing incidences that may raise patient safety concerns, the provider stated that the process of raising concerns from DPPs to students is covered in detail during induction and handbooks. All students are under supervision including in the practice setting. The provider explained that they have had no patient safety concerns raised since the last reaccreditation event, but that there is a process in place and any concern raised

would be dealt with by the Head of Department. As part of the application process, Students are required to consent to sharing of information with the NMP lead and employer, including safety concerns. The provider's policy is that the student fails the whole programme and would not be allowed to re-sit failed elements if a patient safety concern has occurred during their completion of the course. The team wanted to explore the processes in place if a fitness to practise (FtP) concern was raised and the provider explained there have been no examples of this occurring but that there is a faculty FtP policy which would be followed, and students are clearly signposted to this in the VLE and their own professional regulators FtP policies.

## 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 are met.**

It is a requirement of the application process that the student confirms with their NMP lead a clinical need to undertake the prescribing programme and that there are patient facing opportunities in place under the supervision of a DPP. The student and the DPP agree and complete a learning contract at the start of the period of learning in practice, and this must be placed in the student's portfolio and shared with the provider.

The team explored the guidance that students should spend 30-45 hours of the practice time directly under the supervision of their DPP, the provider explained this guidance wasn't based on any evidence, but is what the course team have learned through experienced is sufficient for the DPP to suitably sign-off the student. Students are also encouraged to not just spend all 90 hours with their DPP as the provider feels this is not as educationally enriching. The provider explained that they have sought feedback on this and have received positive and supportive feedback that this time guidance is appropriate from DPPs and students.

The DPP is required to declare and confirm that the pharmacist has satisfactorily completed at least 90 hours of supervised practice, as well as declaring that in their opinion the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an independent prescriber.

The team asked for detail on how the provider evaluates the suitability of the DPP at the application stage, the provider explained that the competencies required of a DPP are clearly stated in the application form and course information pack. The application form requires the DPP's NMP lead to confirm that the DPP meets the competencies for the role. If the DPP is new to the course then the programme director will discuss with the DPP's NMP lead to ensure that governance processes are in place and will also have a one-to-one discussion with the DPP to ensure they understand the expectations. Each DPP receives a course information pack; this includes course dates, timetable, and assessment as well as a copy of the practice portfolio. DPPs are invited to attend a pre-course session with their students and are also encouraged to contact the programme lead with any questions or concerns.

Each student is advised that the clinical skills taught within the university must be supplemented and further demonstrated within practice and assessed by the DPP. The mid-course triangulation meeting allows further discussion of the direct observation assessment, competency assessment sheets and the final declaration to be made by the DPP.

## Standard 7: Assessment

Standard met/will be met? Yes  No

### **The team was satisfied all eleven criteria relating to the assessment are met**

The assessments have undergone review since the 2018 reaccreditation to take a more inclusive approach and reduce the assessment burden, all assessments must be passed to complete the course and any demonstration of patient safety harm leads to a programme fail being awarded.

The formative assessment comprises of a mock exam and mock OSCE to provide feedback to students, a direct observation in practice which is incorporated into the essay and a presentation to peers on prescribing a particular drug in practice. The summative assessments comprise of a 2-hour written pharmacology examination (10 multiple choice questions and 10 short answer questions) with an 80% pass-mark, a numeracy examination, an objective structured clinical examination (OSCE) and the practice portfolio and essay review. The OSCE comprises four stations, each of which must be passed. The stations comprise, history taking (minor ailment), prescribing safely, basic clinical skills (temperature, pulse, respiration) and blood pressure. Two examiners are always used for each station to improve reliability, with each station marked as pass or fail, and video recordings are made with the students' consent; the external examiner looks at a sample of these recordings. The team wanted to understand how the provider checks the prescribing and learning logs of students and their mapping to the learning outcomes. The provider explained that all assessments are mapped to the RPS competency framework and that they have in turn mapped each of the learning outcomes to this framework. The DPP signs off to confirm that each of the relevant learning outcomes have been achieved. This is further reviewed by the provider through use of a checklist. The provider reviews the evidence against each competency and learning outcome and notes the activities that were carried out and the healthcare professional supervising the student for each entry.

The team wanted clarification on how the assessments are moderated and quality assured, the provider explained that they follow the University-wide policy that all 30 credit or more assessments are independently double marked, the team also double mark the essay component and there are two assesses in each OSCE station. The portfolio has a second consideration and is always double checked by a second member of the academic team to ensure that all components have been signed off.

The team were interested to understand the monitoring systems in place in all learning environments, all students are supervised in all aspects of the course, the triangulation interview and mid-course evaluation allow the academic team to review the practice environment learning progress and feedforward on the learning log and prescribing log to the student.

## 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 are met**

Support starts during the application process and continues until the student is a qualified prescriber, with ongoing support provided to student alumni. Students are supported initially during a two-day induction period, where information is given on the assessment, practice requirements including the role of the DPP, assessment in practice and learning contracts. The course provider also discusses the workload of the course and how to balance the theory, 90 hours in practice, clinical working and home life. All students are given a practice portfolio and course handbook. Academic supervision is provided during the course by a member of the team and for pharmacists this is usually by the programme director, a registered pharmacist.

The team wanted to clarify how the course provider manages students who are not progressing at the expected rate, the provider highlighted how students should spend at least a third of their time in practice with their DPP and that is expected that a monthly meeting take place to review the learning contract. If progress is not on track, they would expect a conversation between the student, DPP and a member of the course team. The provider explained that the face-to-face teaching provides an opportunity to build rapport and the student dashboard allows quick identification of struggling students. If necessary, the course provider can suspend studies or offer extensions where mitigating circumstances are signed off by an independent panel.

The team sought clarification on the processes in place for raising a concern, the provider outlined how this is covered and reinforced extensively and any member of the tripartite partnership can raise a concern. Emphasis is put on the personal responsibility of the student as a healthcare professional to raise concerns in line with their own professional standards.

## 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 are met. There is one recommendation relating to criterion 9.3.**

The role of the DPP in assessment is to review and sign off the learning log, which must include an account of how each competency has been demonstrated, sign off the 90 hours of working in practice, and review and sign off the prescribing log, which should demonstrate knowledge of all the therapeutic areas identified by the student. All prescribing competencies are explicitly assessed by the DPP and signed off as achieved. The DPP also provides assurance that the student is competent in clinical skills relevant to their area of prescribing practice.

The team asked how the provider judges the suitability of a DPP to supervise a student or students on the course, the provider explained that if a DPP was identified as supervising multiple students this would be discussed with the NMP lead and DPP to ascertain that they know responsibilities it entails and to ensure the service and well-being of patients is not compromised.

The team wanted to understand how the provider would act on feedback received regarding a DPP not working to the expected standard and the provider explained that they would go to the Trust to discuss with their NMP lead to support improvement and re-assignment of a new DPP to the student if needed.

The team wanted to understand how clinical skills are assessed and evidenced by the DPP and what guidance is provided to the DPP, the provider explained that the guidance in the student and DPP

handbooks and in the pre-course briefings and induction. The provider explained that engagement and attendance by DPPs at the induction is challenging. The student's learning contract is an opportunity for the DPP to assess the baseline skills of the student and create learning plan. The triangulation interview during weeks 8-11 allow progress to be tracked between the student, provider and DPP. The team felt that the support and training provided to DPPs could be strengthened to give clarity and support and set a **recommendation** that the provider strengthens the training provided to DPPs on the teaching and assessment of clinical skills and enhance the guidance and support made available.



