General Pharmaceutical Council

University of Winchester independent prescribing course accreditation event report, July 2022

Contents

Event summary and conclusions

Provider	University of Winchester
Course	Independent prescribing course
Event type	Accreditation
Event date	26 July 2022
Approval period	August 2022 – August 2025
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	Provisional approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing course provided by the University of Winchester should be provisionally accredited for a period of three years with a monitoring event taking place after completion of the first cohort of students.
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	No recommendations were made.

Minor amendments	1. The following changes must be made to the application form, website and course materials as appropriate:
	   • State that registrants with the PSNI as well as the GPhC are eligible for the programme;
	   • State that applicants must have two years of patient oriented experience, rather than one as currently stated;
	   • State throughout that the requirement for 90 hours of supervised practice is a **minimum** of 90 hours.
	2. The University Fitness to Practise Policy must be updated to include reference to pharmacists.
	3. Fitness to Practise policies and procedures must be detailed in the Student Handbook.

Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the provisional accreditation of the course for a period of three years, with a monitoring event taking place after completion of the first cohort of students.

Maximum number of all students per cohort	30
Number of pharmacist students per cohort	10
Number of cohorts per academic year	Two
Approved to use non-medical DPPs	Yes
Key contact (provider)	Professor David Voegeli
Provider representatives	Scarlett Bainbridge, provider's minute-taker
	Justine Clements, Faculty Business Manager
	Dr Chris Gale, Head of Department of Nursing
	Professor Simon Jobson, Dean, Faculty of Health & Wellbeing
	Amareen Kambooh, Visiting Lecturer – Education and Training Lead Pharmacist HHFT / HIOW System Pharmacy Workforce Lead
	Shaun Marriner, Head of Quality
	Professor David Voegeli, Professor of Nursing, Independent Prescribing Programme Lead
	Ian Winkworth, Deputy Head of Department (Nursing)
	External Stakeholder Representatives:
	Rosemary Dempsey, Paediatric Pharmacist, University Hospitals Southampton NHS Foundation Trust, Pharmacist Independent Prescriber
	Alison Freemantle, Professional Services Development Manager, Community Pharmacy South Central
	Taryn Keyser, Interim Chief Pharmacist, Hampshire Hospitals NHS Foundation Trust
	Jess Redway, lived experience representative
Accreditation team	Professor Chris Langley (event Chair) Professor of Pharmacy Law & Practice and Deputy Dean of the College of Health and Life Sciences, Aston University
	Fiona Barber, Deputy Chair & Independent Lay member, East Leicestershire & Rutland CCG

	Parbir Jagpal, Director of Postgraduate Studies, School of Pharmacy, University of Birmingham
GPhC representative	Chris McKendrick, Senior Quality Assurance Officer (Education)
Rapporteur	Jane Smith, Chief Executive Officer, European Association for Cancer Research
Observers	Alex Ralston (Observer) Quality Assurance Officer (Education) General Pharmaceutical Council
	Rakesh Bhundia (Observer) Quality Assurance Officer (Education) General Pharmaceutical Council

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/uksi/2010/231/contents/made

Background

The University of Winchester, 'the provider', delivers undergraduate programmes in Physiotherapy, Nursing, Occupational Therapy and Nutrition and Dietetics through its Faculty of Health and Wellbeing. Funding has been secured from Health Education England (HEE) to develop a multi-professional MSc in Advanced Clinical Practice with a focus on primary and community care. The provider approached the GPhC with an application for accreditation of a course to train pharmacist independent prescribers. The course will be offered as a stand-alone short course and as a module in the MSc Advanced Clinical Practice. It will be delivered twice per year to a maximum of 30 students per cohort, with up to 10 pharmacists in each cohort. Other students will be nurses and other registered healthcare providers. The course is led by a nurse.

In line with the GPhC's standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled for 26 July 2022 to review the course's suitability for accreditation.

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 accreditation event was held remotely by videoconference on 26 July 2022 and comprised of several meetings between the GPhC accreditation team and representatives of the University of Winchester prescribing course and external stakeholders.

Declarations of interest

There were no declarations of interest.

Schedule

Meeting	Time
Private meeting of accreditation team and GPhC representatives, including break	09:30 - 11:00
Meeting with course provider representatives	11:00 - 13:00
Lunch	13:00 - 14:00
Learning outcomes testing session	14:00 - 14:30
Private meeting of the accreditation team and GPhC representatives	14:30 - 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 **6** learning outcomes during the event 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: **2, 6, 8, 16, 19, and 20**

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 selection and entry requirements will be met. One criterion requires minor amendments.

The team highlighted several corrections that must be made to the application form and programme website to ensure the GPhC's entry requirements are clear to all applicants. These are:

- State that registrants with the PSNI as well as the GPhC are eligible for the programme;
- State that applicants must have two years of patient oriented experience, rather than one as currently stated;
- State throughout that the requirement for 90 hours of supervised practice is a **minimum** of 90 hours.

The team asked how the provider quality assures applicants' self-certification of their good standing with the GPhC and confirmation of the support of their employer. The provider explained that staff will check all applicants' registrations with the GPhC and PSNI for any restrictions on practice. The DBS number will also checked by the admissions team. For those applicants employed in the NHS, additional employer checks can be made. For self-employed applicants or those from the independent sector, interviews will be carried out where it is felt that additional reassurance is needed. The provider will also visit new and unfamiliar workplaces to check their suitability to host a student by using a standard audit tool.

All applications from pharmacists are reviewed by the pharmacy lead on the programme. All staff involved in interviewing have training to ensure consistency of decision-making. Interviews are normally carried out by a member of academic staff along with a patient representative or Trust partner.

The team asked for details of the process that will be used to evaluate the suitability and relevance of an applicant's clinical and therapeutic experience. The provider has discussed this with stakeholders. Applicants will be asked to describe in detail their scope of practice and to outline any postgraduate training already undertaken. If the provider has any queries, they will interview the applicant and will call on expertise from the stakeholder group if required. Once a student is on the course, a learning contract between the provider, student and the DPP will address any perceived gaps or learning needs.

Standard 2: Equality, diversity and inclusion

Standard met/will be met?   Yes ☒ No ☐

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

The team noted the University's policies for equality and diversity and asked how these are embedded in the programme. The provider stated that equality and diversity is completely integrated

into its day-to-day business. The student intake is diverse and application data is reviewed at both faculty and programme level to identify any barriers to application and admission.

Students are given a voice on the Staff-Student Liaison Committee (SSLC), which has protected seats for students from under-represented backgrounds. The SSLC has sub-groups looking at decolonising the curriculum. In addition, there is a Faculty-wide group consisting of students across disciplines which have practice placements. This group reviews curricula to ensure that equality and diversity is embedded in courses.

Any adjustments recommended to accommodate students' needs are identified through a central student support team which meets with the student and liaises with the provider. The provider will ensure that, despite any adjustments, all competencies must be achieved for successful completion of the programme. Adjustments will be discussed with the practice provider, via a link lecturer, although the provider stated that most applicants will be employed in their practice base and therefore have adjustments already in place.

Standard 3: Management, resources and capacity

Standard met/will be met?   Yes ☒ No ☐

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

The provider had submitted a programme-level risk assessment to the team. This is reviewed monthly by the HEI project team as part of the course development and is updated with mitigating actions and an adjustment of the level of risk. This will be kept under review as the course is developed and delivered, as part of the ongoing quality assurance processes.

The process for raising concerns is set out in the Student and DPP Handbooks. Any fitness to practise concerns will be dealt with through a faculty-level process. Common themes will be identified and considered as part of the annual review of the programme. The provider will include a flow diagram of the various routes to raise concerns in the Student Handbook.

The team asked how, and how often, the provider will liaise with the DPP to review the progress of learners and how this will be monitored and documented. The provider stated that each student will be allocated an academic tutor, and will have a tripartite relationship with the tutor and the DPP. There will be three formal meetings over the six months of the course, which will be documented in the practice portfolio. Additional meetings will be arranged at any party's request.

There are currently two pharmacist members of staff contributing part of their time to the programme. One of these is an independent prescriber. The provider stated that additional pharmacist independent prescribers will be appointed as visiting lecturers. In the meantime, all students will have an independent prescriber from a different profession as a personal tutor.

Standard 4: Monitoring, review and evaluation

Standard met/will be met?   Yes ☒ No ☐

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

The team asked for details of how the provider plans to review and evaluate the course, and how any issues identified will be actioned. The provider explained that each cohort will nominate a student

representative to meet with the module team informally as needed throughout the course. In terms of teaching quality, a peer observation pilot is underway. The Programme Lead has responsibility for ensuring that any urgent and important changes to the course, for example, due to changes in national guidance, are identified and implemented; they have authority to make these changes immediately.

There will be a formal module evaluation at the end of the course, which will look at the experience in the workplace as well as on campus. This review will also take stakeholder and DPP feedback into account; the provider intends to establish a Practice Partner Committee, based on a similar committee for the Nursing programmes in the Faculty. The module review and stakeholder feedback will feed into an annual course review and action plan. Feedback is given to students on the outcome and planned actions through the virtual learning environment.

Standard 5: Course design and delivery

Standard met/will be met?   Yes ☒ No ☐

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

The team asked for details of the level of patient input to the design and delivery of the programme. The provider explained that there has been extensive patient and public involvement through a stakeholder group, with a focus on the course content and delivery from a community pharmacy perspective. As a result of this engagement, the course has been designed with a focus on the importance of communication skills with diverse groups of patients, and on advanced history-taking. The team met representatives of the stakeholder group and was impressed with their level of engagement, proposed continued engagement, and with the perceived level of demand for the course.

In terms of continuing this involvement beyond the course design phase, one of the experts by experience on the stakeholder group has been employed by the provider to lead and coordinate patient and public involvement in courses across the faculty. There will be sessions within the programme where experts by experience will come and talk to students, for example about issues such as living with a chronic illness or mental health issues.

The team asked the provider to explain its process for the identification and review of cases of potential harm or unsafe practice demonstrated by a student during the period of supervised practice. The provider stated that it will be made clear to DPPs that they have overall responsibility for the student, whilst recognising that the DPP will be supported in their role by additional independent prescribers. DPPs will be made aware that they must report cases of potential harm or unsafe practice immediately to the academic team. An initial investigation will be carried out by a fitness to practise panel, with all parties interviewed. The panel will decide whether sanctions should be applied or, in the case of a serious concern, can escalate the matter to a full fitness to practise hearing. In this case, the hearing is chaired by the Dean of the Faculty and the panel consists of external representatives as well as academic staff.

The team noted that the University Fitness to Practise Policy and Process makes no mention of pharmacists. There is also no reference to Fitness to Practise within the Student Handbook. These omissions should be rectified before students join the course.

Standard 6: Learning in practice

Standard met/will be met?   Yes ☒ No ☐

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

The team asked the provider to describe the mechanisms to identify and address where learning in practice requirements are not being met. The provider stated that the tripartite relationship between the student, DPP and personal tutor will be the key mechanism used to identify issues or concerns. These can be raised by any of the three parties, either at one of the three scheduled meetings throughout the course, or at any point via the processes for raising concerns. Issues will be discussed and an action plan agreed on a case-by-case basis.

Standard 7: Assessment

Standard met/will be met?   Yes ☒ No ☐

The team was satisfied all eleven criteria relating to assessment will be met.

There are four elements to the course assessment:

- 2-hour unseen written examination comprising of 15 true/false questions and 5 short answer questions on applied pharmacology and therapeutics. Pass mark 80%.
- 30 minute online numeracy assessment comprising of three prescribing-based calculations questions. Pass mark 100%.
- Practice Portfolio which must include evidence for achieving all 76 prescribing competencies, demonstrated via a mapping document, and an assessment of a prescribing consultation performed by the DPP, Practice Assessor and Practice Supervisor based on the first six competencies. Pass/fail.
- 2500 word case study in which the student presents a critical account of a single episode of care from their prescribing practice. This may be based on the prescribing consultation assessed within the practice portfolio. 50% pass mark.

All four elements must be passed in order to successfully complete the course and no compensation between elements of assessment is permitted.

The team asked the provider to describe the processes for verifying assessment decisions and was told that the exam is single marked and then moderated. For the portfolio, parts will be reviewed by the academic tutor during the three meetings to ensure assessment decisions are being made consistently. The academic tutor will review and moderate the DPP's sign-off decisions against set criteria. There will also be also a sample moderation process once portfolios are completed. The external examiner has oversight of all assessments, including the portfolio. Students have one resubmission attempt for all failed assessments.

The team asked how the assessment strategy ensures that students only pass the course if they are practising safely. The provider acknowledged that, to some extent, this is dependent on DPPs having the confidence to fail students and said that the mandatory training, and subsequent support offered to DPPs will be important in this regard. Further, during the initial application stage DPPs are screened and interviewed to ensure they have the required competencies (see standard 9). A DPP training module is being developed and, over time, the provider will build up a register of DPPs who have

successfully supervised students on the course. Student feedback on their DPP will also be taken into account. It will be made clear to DPPs that they can discuss issues and concerns with the student's academic tutor, and can request for the tutor to be present at meetings with the student. The provider also stated that all practice bases are audited as part of the application process, to ensure that they are suitable environments in which students can learn to practise safely.

The team had some concerns about the quality assurance of the DPPs' assessment decisions relating to practical consultation and physical assessment skills, noting that there are no summative on-campus OSCE assessments to provide reassurance about students' skills. It was noted that a third independent prescriber is planned to be present for the practice-based consultation assessment. Although it is clear that the provider has appropriate plans in place, this should be kept under close review once the course is being delivered, to ensure that the provider is satisfied with the consistency and reliability of practice-based assessment decisions.

Standard 8: Support and the learning experience

Standard met/will be met?   Yes ☒ No ☐

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

Appropriate mechanisms are in place to support pharmacist independent prescribers in training, including induction, effective supervision, an appropriate and realistic workload, personal and academic support and access to resources, both on campus and in practice.

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.

DPPs make a self-declaration of their suitability and eligibility to undertake the role followed up by an interview. The provider checks their professional registration and carries out other checks with employers where possible. If further information or reassurance of a DPP's suitability is needed, then a member of staff will visit them in their workplace.

The team asked for further details of the DPP induction training and was told that this is a 2-hour meeting which is offered at several different times to accommodate as many DPPs as possible. DPPs are required to attend this session and at the start of the course are also invited to attend a welcome meeting with students. Uptake of this welcome meeting is low. Information from these sessions is also available in the DPP Handbook. If DPPs require additional support, academic staff can undertake a practice learning visit.

The provider is developing a modular training programme for DPPs delivered via its VLE. This will consist of core compulsory module for all DPPs, and additional optional modules to support them in their development. In future it is intended that a community of practice – a peer support group for DPPs – will be formed through this environment. Feedback from the stakeholder suggests that there will be a good level of engagement with this programme.

Feedback will be given to DPPs by the provider. The aim is to identify and foster good practice, as well as to identify areas for improvement. A formal feedback mechanism exists for DPPs working in the NHS and the provider will develop a similar mechanism for those in other sectors. A whole-cohort summary will also be provided to all DPPs.