

**University of Worcester independent
prescribing course re-accreditation event
Report – July 2020**



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Event summary and conclusions

Provider	University of Worcester
Course	Independent prescribing course
Event type	Reaccreditation
Event date	9 July 2020
Reaccreditation period	November 2020 – November 2023
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	<p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by the University of Worcester should be reaccredited for a further period of three years, subject to two conditions.</p>
Conditions	<ol style="list-style-type: none"> 1. The accreditation team believes that the RPL policy in place does not meet the minimum learning time requirements as stipulated by the GPhC. The course team must review their RPL policy to ensure that it is fit for purpose. This is to meet criteria 1.3 and 6.2. 2. The provider must develop a robust and quality assured summative assessment process for physical examination skills. This is to meet criterion 7.1. <p>Both conditions must be met before the next cohorts of pharmacists enter onto the course.</p>
Standing conditions	Please refer to Appendix 1
Recommendations	There were no recommendations
Minor amendments	The provider should explicitly state all GPhC course entry requirements on their website.
Maximum number of all students per cohort:	25 students
Number of pharmacist students per cohort:	25 students

Number of cohorts per academic year:	Two cohorts
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of 3 years, subject to two conditions which have now been met.
Key contact (provider)	Matthew Harris, Senior Lecturer in Pharmacology and Medicines Optimisation
Reaccreditation team	Dr Ruth Edwards (event Chair), Head of Professional Experience, Aston University Professor Anne Watson, Postgraduate Pharmacy Dean, NHS Education for Scotland Leonie Milliner, Director of Education, General Optical Council
GPhC representative	Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Juliette Becuwe, Policy Manager, 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 reaccreditation process is based on the GPhC's standards for the education and training of pharmacist independent prescribers January 2019.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation as a pharmacist independent prescriber is the Pharmacy Order 2010. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:

<http://www.legislation.gov.uk/ukxi/2010/231/contents/made>

Background

The University of Worcester was reaccredited by the GPhC in July 2017, to provide a course to train pharmacist independent prescribers, for a period of three years.

In July 2017, the University of Worcester’s pharmacist independent prescribing course was reaccredited subject to one condition. The condition was in relation to criterion 5.4. It required that the provider must:

- a. Develop a formal process to provide a mechanism to review and identify patient harm in any assessment.
- b. Amend the policy on referral in elements of assessment to state that referral is not permitted if a student is deemed to have ‘failed to identify a serious problem or given an answer which would cause patient harm’.
- c. Amend the assessment regulations to state that unsafe practice demonstrated during assessment will result in overall failure of the programme.
- d. Clarify the application of criterion 5.4 within the programme materials to students and DMPS.

Following the event, the provider submitted a response to the condition and the accreditation team agreed that the condition has been met satisfactorily.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 9 July 2020 to review the course’s suitability for reaccreditation.

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the reaccreditation team and it was deemed to be satisfactory to provide a basis for discussion.

The event

The event was held via teleconference on 9 July 2020 and comprised a number of meetings between the GPhC reaccreditation team and representatives of the University of Worcester prescribing course.

Declarations of interest

There were no declarations of interest.

Key findings

Part 1 - Learning outcomes

As part of the reaccreditation process the team reviewed the course's teaching and assessment in relation to all 32 learning outcomes.

To gain additional assurance the team tested a sample of five learning outcomes during a separate meeting with the provider, and as a result of this was satisfied that all 32 learning outcomes would be met during the course to the level required by the GPhC standards.

The following learning outcomes were tested at the event: **5, 8, 19, 23** and **30**.

Please see **appendix 2** of this report for a hyperlink to the detailed list of learning outcomes.

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 five of the six criteria relating to the selection and entry requirements will be met with one criterion subject to a condition (criterion 1.3) and one criterion requiring a minor amendment.

The team reviewed information about entry to the course and concluded it was generally clear and appropriate. However, the GPhC requirements are not mentioned on the provider's website, but in the application pack. The team considered this should be clearly indicated on the provider's website (see minor amendment). Applicants must submit documentation to support their application in line with GPhC and university requirements, including that they have at least two years appropriate patient-orientated experience post-registration. All applicants are interviewed either in person or via videoconference or telephone by members of the course admission team to establish whether their experience is relevant. The admissions process is managed by the programme leader. The application process involves a standard set of checks on registration and experience requirements. A wide range of evidence is accepted, and self-employed applicants can provide the testimonies of people with whom they worked with in the past. Failure to meet the entry requirements will result in the applicant not being offered a place on the programme. The team believes that the RPL policy in place does not meet the minimum learning time requirements as stipulated by the GPhC and explained that there can only be RPL if applicants were enrolled as trainees under the current DPP framework. The course team should review their RPL policy to meet the requirements for supervision (criterion 6.2) to ensure that it is fit for purpose. **The team agreed that criterion 1.3 was not met and set condition 1 in order for the provider to address them.**

Standard 2 - Equality, diversity and inclusion

Standard met? Yes No (accreditation team use only)

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

The university has a range of equality and diversity policies. All programmes at the University of Worcester are designed in conjunction with the Inclusion Toolkit which was designed to support staff in embedding the principles of inclusive design, inclusive teaching, inclusive assessment and the development of an inclusive learning environment when designing and delivering higher education programmes. All supporting material is checked for accessibility using a selection of tools and corresponding guidelines. Each course at the university undergoes an annual evaluation. Within this review, the course team use equality and diversity data collected about students who have participated in the course to inform the annual evaluation of the course and drive improvement. Anonymous data is collected and then used at strategic level to identify how students from different background are performing. This includes reporting on attainment gaps

and explaining how they are addressed. The team was satisfied this criterion was met. However, the team asked for the provider to more actively use data to inform course development in the future.

Standard 3 - Management, resources and capacity

Standard met? Yes No (accreditation team use only)

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

The team was satisfied that the course is sufficiently staffed and that staff have appropriate background and experience to deliver the programme, and are aware of their responsibilities and reporting lines. The teaching team includes a range of professionals including GPhC and NMC registered independent prescribers, doctors, specialist practitioners and academics. All staff undergo regular appraisal with their line manager annually. The scope of the appraisal includes assessing performance and achievement of previously set objectives and provides an opportunity to identify professional and career development opportunities both professionally and academically. The course is led by the prescribing course leader, who is in turn supported by a management team made up of leads of the different professions. The members of the team, who have different skill mix, work closely with each other to manage the course. The course also involves an external examiner. The core team undertakes regular CPD team meetings. There is a quality management process, which entails the identification and the management of risks. There is a formal risk assessment process with planning and mitigations set at programme level. There is no risk register at programme level, but it does exist at school level. This risk register covers staffing, resourcing, building and future planning. It is underpinned by the course's business continuity planning. Institutional memory is shared across the team. There is a succession plan in case the course leader goes off sick. This would enable colleagues to pick up admission activities and run the course. The course currently runs two cohorts per year. The maximum number of pharmacist students on each cohort is 25 students. Recently there have been low numbers of pharmacists on the course. The provider confirmed the viability of the course for pharmacists. The course is multi-professional by its nature and pharmacists, in the view of the provider, are to be a part of this.

Standard 4 - Monitoring, review and evaluation

Standard met? Yes No (accreditation team use only)

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

The accreditation team was satisfied with the processes described for evaluating the programme and the teaching quality, updating the course contents and seeking external review. The accreditation team was reassured that the external examiner had a significant influence on the design and delivery of the programme. As a result of the input of stakeholders, several changes have been made to the programme. One of them is the place patients hold in the teaching and course material. The course undergoes annual evaluation in the form of an evaluation report. This is completed every 12 months as part of the quality assurance review process. The course also

undergoes departmental periodic review every sixth year, and this is informed by the UK Quality Code for Higher Education. Where minor or major changes to the programme are requested, these are submitted to an internal committee for approval before being implemented. All members of staff have a performance development review annually, where feedback on teaching can be evaluated and further education and training opportunities identified for the subsequent year. Regarding monitoring student development, students meet with their personal academic tutor at least on three occasions. Their competency, academic progress and academic writing is monitored. An online system is used to gather evidence of student progression and enables providers to monitor students' progress in real time. Students who need additional support are identified early on in the programme. Both students and DPPs have to complete a workplace audit. This enables the provider to decide whether training sites are safe and to the required quality, and whether they can be utilised again in the future.

Standard 5 - Course design and delivery

Standard met? Yes No (accreditation team use only)

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

The programme comprises two modules (MACP4014: Health and Social Needs Assessment for Pharmacists and MACP4015: Principles and Practice of Independent Prescribing for Pharmacists). The provider has made positive use of patients in the design of the course. The programme adopts a student-centred approach to learning, teaching and assessment, supporting students to achieve the course learning outcomes. The programme uses a blended learning approach with modules being delivered face to face and online. Supervised work-based learning takes place in the students' placement of employment, self-directed learning via the VLE and reflective assessment through a pebble pad portfolio. The programme also makes use of interprofessional learning opportunities by providing multidisciplinary teaching and learning opportunities. The course has clearly articulated learning outcomes mapped to the GPhC requirements. Teaching is delivered in a range of formats, including lectures and workshops. Learning in practice is guided by the DPP who supports the development of clinical practice against the course learning outcomes and carries out practical summative assessments. The role of the DPP is supported by a portfolio (Competency document). The minimum requirement for all students in respect of learning in practice time, is to complete a total of 144 hours learning in practice, 72 hours per module to qualify as an independent prescriber. This exceeds the minimum requirement recommended by the regulator. This was done to allow students to develop a more robust training in health and social need assessment skills.

Standard 6 - Learning in practice

Standard met? Yes No (accreditation team use only)

The team was satisfied that four of the five criteria relating to the learning in practice will be met with one criterion subject to a condition (criterion 6.2)

DPPs are required to complete and sign the **regional prescribing application form** to demonstrate that they accept the responsibilities associated with the role. The organisational NMP lead and

students line manager must also sign the regional prescribing application form to confirm that they agree that the choice of DPP is appropriate. The course team scrutinises the choice by requesting that the DPP complete the **DPP nomination and endorsement form**. Within the **competency document** DPPs are expected to acknowledge and confirm receipt of the necessary training to conduct this role and their acceptance of the responsibilities placed on them in this role including adhering to standard 6.3. DPPs are provided with an overview of the roles of pharmacist independent prescribers, an outline of the learning outcomes for the programme and with the expectations for the DPP's role. DPPs are given information on how to support students in practice and explained the mechanisms for raising concerns. DPPs are responsible for the appropriate delegation of students' supervision in practice. All time spent learning in practice must be logged within the **competency document**. It is a live e-portfolio system that can be viewed in real time by the course team to monitor engagement and progress. Throughout the course each prescribing student will be required to meet with their DPP at set times to assess their progress with portfolio development. Prior to completion of the course all prescribing students will be expected to undergo a final interview with their DPP. During this interview the DPP will either verify that the prescribing student has met all of the competencies at the required level and is ready to proceed to final sign off. As stated under standard 1, the accreditation team believes that the RPL policy in place does not meet the minimum learning time requirements as stipulated by the GPhC. **The course team must review their RPL policy to ensure that it is fit for purpose (condition 1).**

Standard 7 - Assessment

Standard met? Yes No (accreditation team use only)

The team was satisfied that ten of the eleven criteria relating to the assessment will be met with one criterion subject to a condition (criterion 7.1)

The course consists of both formative and summative assessments. The team recognised that the OCSE examination is not a classic OSCE. Students' progress towards meeting the learning outcomes in practice is monitored by the DPP. The students have three formal reviews of their progress with their DPP. These meetings take place at the beginning, at the mid-point, and at the end point of the course. The meetings also involve an academic tutor, so that the appropriateness of the supervision, guidance and assessment being undertaken by the DPP can be assured. There are also opportunities for informal discussions as and when required. The senior course management team also conducts an individual review of every students' progress twice per academic year. They use a traffic light system and implement action plans to support students on with their studies on the course. Attendance is monitored for all students in all taught components of the programme. DPPs are encouraged to highlight any concerns relating to student development, attendance, engagement at any stage in the course. The accreditation team was satisfied with the range of assessments. However, it was concerned that there was insufficient quality assurance of the assessments of physical examination skills. As this element is only planned to be assessed in the practice setting the team had concerns over the consistency of this assessment. **The team was not satisfied that criterion 7.1 had been met and set condition 2 to address it.** Evidence of how the provider has met the conditions must be sent to the GPhC, for approval by the accreditation team. This must be done before the next intake of pharmacists onto the course.

Standard 8 - Support and the learning experience

Standard met? Yes No (accreditation team use only)

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

All pharmacists enrolled on the course will have identified a suitable DPP at the application stage who will be an individual who meets the requirements to be a DPP. The suitability will be agreed by the local NMP lead and the line manager of the applicant who will also be required to agree to providing the requisite level of support at the practice level. DPPs are supported from the moment they are endorsed. There are induction sessions, which this year are taking place online. During the induction sessions, the provider goes through the requirement of the DPP role, the technologies DPPs will need to use to sign off students' practice and the processes to raise concerns (for students and for DPPs). DPPs can contact the course leader if they have any questions. They also have the contact details of the whole team. All students enrolled on the programme will be given an induction where the roles and responsibilities of the course leader, module leader and the DPP are explained. Students will then be expected to meet with their DPP for an introductory interview where they will agree a learning contract and a set of objectives. This will be reviewed and agreed by the course leader and is documented in the **competency document**. This contract will be reviewed at the midway point and prior to the final interview as a minimum. It is designed to enable students to identify their own developmental needs, negotiate their learning outcomes and plan a strategy to meet these with both the DPP and the course provider throughout the course. Students must only undertake tasks independently for which they are deemed competent by their DPP and must seek agreement from their DPP before working anywhere unsupervised. For all other tasks they must be supervised by appropriately experienced member of staff. This is outlined in the induction process. Students are also given guidance on how to raise concerns.

Standard 9 - Designated prescribing practitioners

Standard met? Yes No (accreditation team use only)

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

The course team ensures that the specialty areas of both the DPP and prescribing students align and raises any obvious concerns directly with the DPP before making a judgement. The appropriateness of the individual is agreed locally by the NMP lead and line manager of the prescribing student during the application process. Prospective DPPs are asked to make a declaration within the nomination and endorsement form stating that they have agreed to provide the required supervision, understand their responsibilities with respect to equality, inclusivity and diversity and that they can evidence their suitability for the role against the **competency framework for designated prescribing practitioners**. The course team invites DPPs to a group induction session for all DPPs (either face to face or online). The induction covers an overview of the pharmacist independent prescribing role, the learning outcomes of the programme, the role of the DPP, the course assessment strategy, how to support and give feedback to students in training and mechanisms for raising concerns and accessing additional support. DPPs have access to the

course team throughout should they need additional guidance or support. The accreditation team was satisfied with the process used to ensure the suitability of the DPP and of the practice setting.

Appendix 1 - Standing conditions

The following are standing conditions of accreditation and apply to all providers:

1. The record and report include other comments from the team and providers are required to take all comments into account as part of the accreditation process. The provider must confirm to the GPhC that required amendments have been made.
2. The provider must respond to the definitive version of the record and report within three months of receipt. The summary report, along with the provider's response, will be published on the GPhC's website for the duration of the accreditation period.
3. The provider must seek approval from the GPhC for any substantial change (or proposed change) which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to:
 - a. the content, structure or delivery of the accredited course;
 - b. ownership or management structure of the institution;
 - c. resources and/or funding;
 - d. student numbers and/or admissions policy;
 - e. any existing partnership, licensing or franchise agreement;
 - f. staff associated with the course.
4. The provider must make students and potential students aware that successful completion of an accredited course is not a guarantee of annotation or of future employment as a pharmacist independent prescriber.
5. The provider must make students and potential students aware of the existence and website address where they can view the GPhC's accreditation reports and the timescales for future accreditations.
6. Whenever required to do so by the GPhC, providers must give such information and assistance as the GPhC may reasonably require in connection with the exercise of its functions. Any information in relation to fulfilment of these standing conditions must be provided in a proactive and timely manner.

