General Pharmaceutical Council

University of Salford independent prescribing course reaccreditation event report – June 2020

Contents

Event summary and conclusions

Provider	University of Salford
Course	Independent prescribing course
Event type	Reaccreditation
Event date	2 June 2020
Reaccreditation period	August 2020 - August 2023
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	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 Salford should be reaccredited for a further period of three years.
Conditions	There were no conditions
Standing conditions	Please refer to Appendix 1
Recommendations	One recommendation was made: 1. During the review of the submission and subsequent event questions, the team identified areas where the course may benefit from documenting policies and procedures. These include, but are not limited to, a course management plan including risk management, and, a teaching, learning and assessment strategy. This is related to criteria 3.1, 5.1 and 7.1
Minor amendments	The team identified one minor amendment, which is that pre-application material for potential students should advise that pharmacists complete the course at Regulated Qualifications Framework (RQF) level 7
Maximum number of all students per cohort:	70
Number of pharmacist students per cohort:	Up to 35
Number of cohorts per academic year:	Four (increasing to six)

Registrar decision	The Registrar of the GPhC has reviewed the accreditation report and record and considered the team's recommendation. The Registrar has confirmed that the University of Salford independent prescribing programme is reaccredited for a further period of 3 years.
Key contact (provider)	Elizabeth Garth, Prescribing Programme Lead
Reaccreditation team	Dr Ruth Edwards, Head of Professional Experience, Aston University (event chair) Professor Helen Howe, Retired Hospital Pharmacist, Honorary Professor at University of East Anglia Catherine Boyd, Chair of Fitness to Practise Panels HCPTS
GPhC representative	Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Simon Roer, 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/uksi/2010/231/contents/made

Background

Salford University was originally accredited to provide a course to train pharmacist independent prescribers in 2007. The course holds accreditation from other professional bodies to enable their registrants to train as prescribers and is led by a nurse. Students on the course come from a variety of professions. The provider currently offers the course in four cohorts each year, with plans to increase to six. Each cohort consists of a maximum of 70 students, around half of whom may be pharmacists.

The course was last reaccredited by the GPhC in August 2017 for a period of three years. One condition was set at this reaccreditation, which was that 'the provider must ensure that, in any assessment, a failure to identify a serious problem or an answer which would cause the patient harm would result in the overall failure of the programme. This must be communicated to students and DMPs in all materials.' Following the event, the provider submitted a response to the condition of reaccreditation, and the accreditation team agreed it had been met satisfactorily.

The GPhC introduced new standards for the accreditation of courses for pharmacist independent prescribers in 2019. The standards introduced a new set of overarching learning outcomes which include 'levels' at which the outcome should be demonstrated drawn from Miller's pyramid (a framework for demonstrating knowledge and competency). Following the introduction of the revised GPhC standards, the main changes the provider has made focussed on reviewing its course learning outcomes to ensure they are demonstrated to the required level.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 2 June 2020 to review the course's suitability for reaccreditation.

The reaccreditation coincided with the 2020 covid-19 pandemic, which impacted on some aspects of the management and delivery of the course. These impacts, and changes made to address them by the provider, were discussed as part of the 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, although the team requested some additional evidence about management structures and equality and diversity.

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 teleconference between Salford University and the GPhC on 2 June 2020 and comprised of meetings between the GPhC reaccreditation team and representatives of Salford University's prescribing course.

Students on, or who had recently completed the course, 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	09:30 - 10:30
2.	Break	10:30 - 11:00
3.	Meeting with provider and learning outcomes testing session	11:00 - 13:00
4.	Lunch	13:00 - 14:00
5.	Private meeting of accreditation team	14:00 - 15:00
6.	Feedback to provider	15:00 - 15:10

Key findings

Part 1 - Learning outcomes

Before 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 **four** learning outcomes during the event with the provider and 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: **2, 19, 25** and **28**.

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

The team was satisfied that all six of the criteria relating to the selection and entry requirements will be met. Criteria 1.1 requires minor amendments. (See Appendix 3 for criteria)

The team reviewed information about entry to the course and concluded it was generally clear and appropriate. However, GPhC requirements stipulate that courses for pharmacist independent prescribers are taught at RQF Level 7 (the level of a Master's level qualification). The provider offers the course at both level 6 and 7 but it is not clearly stated that pharmacists complete the course at level 7. The team considered this should be clearly indicated in course application materials (see minor amendment 1).

As well as the published information about application and entry, staff also provide advice and discussion opportunities to potential applicants to discuss suitability for training. In particular, the provider encourages potential applicants who plan to self-fund, or who are self-employed, to discuss their application with the course's profession lead for pharmacy before making an application.

The application process involves a standard set of checks on registration and experience requirements. The process requires the candidate to have identified a suitable Designated Prescribing Practitioner (DPP) and demonstrate a suitable scope of practice. The provider seeks verification in the form of references from employed applicants but will explore other approaches for self-employed applicants. The provider also stated that in many cases, it will conduct visits to the applicant and their proposed DPP to verify scope of practice and that adequate support and experience will be available in their placement (some of the students we surveyed prior to the event confirmed this had taken place as part of their application). Applications are audited to ensure that the standard checks have been complied with.

Pharmacist applications are reviewed by the course lead and professional lead for pharmacy, who have received relevant training for selection and admissions in other roles. They have also received mandatory university training in equality, diversity and fairness, which covers issues relevant to the selection role. Unsuitable applicants are contacted by the profession lead for pharmacy to explain why the application is unsuitable, what would need to be addressed and the likely duration for doing so.

Standard 2 - Equality, diversity and inclusion

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

The provider is part of a parent university which has a wide range of policies and approaches designed to ensure that teaching and learning is inclusive and accessible. Learning and assessment materials are required to be in accessible formats and there are specific policies

designed to ensure that materials are available in advance of teaching. The provider also benefits from specialist services available at university level to support specific needs. Individualised academic support is also made available as part of the course.

The provider acknowledged there were differential outcomes related to ethnicity at the university level though not at the level of the prescribing course itself. Differential outcomes by ethnicity are a well-documented issue across higher education, and the provider noted the existence of university wide projects aiming to address this.

In terms of individualised support, the provider explained that all students can access an assessment of learning needs through the university. Where specific learning needs are identified, a reasonable adjustment plan is drawn up and communicated to staff delivering the course.

Within the prescribing course itself, there is a strong focus on ensuring accessible teaching and learning underpinned by the university-wide approach. Equality and diversity data about the cohort completing the course is available from management information systems. The provider indicated that in practice, this information mostly used to improve accessible learning plans and does not itself often identify equality and diversity issues. The provider has previously used it to look for patterns of performance related to reasonable adjustments (and had not identified any) but was more focussed on using this data to identify discrepancies in the outcomes of different professions represented on the course. The provider did however give examples where equality and diversity issues had led to changes in delivery of the course, for example, scheduling assessed presentations over a longer period with more flexibility to avoid complications caused by a student's observing Ramadan.

The emphasis on equality and diversity is reflected in the course content and teaching, and the provider confirmed how issues related to equality and human rights legislation were covered in the teaching, learning and assessment on the course.

In response to the covid-19 pandemic, the provider noted that much of the student support process had moved to remote provision, in particularly ASKUS, which provides support for primarily pastoral issues such as mental health and wellbeing, accommodation and finance and now offers telephone appointments. The provider stated it was directing students to this service as a consequence but noted that it was a new development and it was not yet able to say whether there had been any impact from the change in the way the service was delivered.

Standard 3 - Management, resources and capacity

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

The course is led by the prescribing programme lead, who is in turn supported by a management team made up of leads for the different professions. The provider explained that the management team meets regularly to discuss the running of the course, ensuring it continues to meet regulatory requirements and to keep it up to date with current prescribing practice.

Risk management processes are established at department level and risks can be escalated to the wider department and assurance sought from the programme lead. There is a dedicated risk register and management is in place to manage the Covid-19 pandemic contingency arrangements.

While the essentials of course and risk management are in place, they are not well described in documentation relating to the course. This is particularly the case in relation to the management of the course and roles and responsibilities within it. This may in turn result in confusion for students and about the management of the course and does little to ensure processes and structures were followed. Similarly, more documentation demonstrating engagement at course level with risk management would provide greater assurance that risk is managed proactively and effectively. This was one of a number of areas identified where the course may benefit from documenting policies and procedures **(see recommendation 1).**

In terms of resourcing, the provider aims to ensure that each academic supervisor is supervisor to around 5-7 students in each cohort. The staffing of the course has increased with the increase in student numbers, and the provider has been able to maintain this ratio with the expansion of the course.

The provider ensures there are mechanisms for support in placement and regular liaison with DPPs. For self-funded applicants, this is often confirmed through visiting the proposed DPPs and their practice location during the application process. It also holds inductions for new DPPs and there are minimum mandatory formal contact points between the academic supervisor and DPP at the beginning, middle and end of the course. Students surveyed in advance of the event confirmed that these activities generally took place as required.

Standard 4 - Monitoring, review and evaluation

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

The provider quality manages the course through a number of means. The course team holds evaluations of the modules in the course. These evaluations are fed into staff student committees, which take place four times a year and also make use of feedback from students on the course. The provider also has a system for student feedback about the practice area. Further, the provider makes use of external examiners and exam boards for quality monitoring purposes.

The provider gave examples of where it had responded to student feedback around the use of the Blackboard virtual learning environment and around timetabling of the submissions. Some of the students we surveyed in advance of the event referred to these changes positively in their response. The provider also confirmed that it had acted to address feedback from external examiners around timescales for the moderation of assessments.

The course is reviewed with each cohort for currency, with the leads for particular modules and areas responsible for reviewing their section of the course in advance of the next cohort. The provider also explained that changes could be incorporated mid-course, for example, to cover guidance on remote prescribing issued in November 2019. The course team had reviewed the timetable and identified suitable points to insert teaching in this area. The provider commented

that in similar situations where relevant guidance had been published while the course was mid delivery, it had directed students to new guidance and included it in class-based discussion sessions.

Those teaching on the course are subject to the university wide appraisal process. For new staff, including those joining from practice settings, mentorship and peer support is available, and this will usually involve observation of initial teaching.

Standard 5 - Course design and delivery

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

The course has clearly articulated learning outcomes mapped to the RPS's prescribing framework and GPhC requirements. Teaching is delivered in a range of formats, including lectures and group work, self-directed learning, tutorials and e-learning. Each student is assigned an academic supervisor at the provider and this supervision is underpinned by a self-assessment of learning needs completed at the start of the course. 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 containing clinical skills log books and reflective practice.

The outcomes and assessment themselves are well described, with knowledge assessments building into assessments of practice. Course content is reviewed prior to each delivery to ensure it is up to date with professional requirements and prescribing practice.

However, evidence of a strategic approach to teaching and assessment was limited and the alignment of learning, teaching and assessment appears to happen in an informal or evolutionary way. There was no clear articulation of the principles underlying learning and its translation into assessment. This was one of a number of areas identified where the course may benefit from having clearly documented policies and procedures **(see recommendation 1).**

The provider has made positive use of patients in the design of some important aspects of the course through the its Service User Group. This group was used to design the forms and questions for students to use when collecting patient feedback. The group also developed a session and resources on service user perspectives. The provider stated that it had planned for members of the group to be involved in assessing presentations for this course, but that this had proved difficult in practice as the health of the members did not always allow them to attend.

The provider has made numerous changes to course delivery in response to the covid-19 pandemic. Teaching was suspended for one cohort, as many of the students were frontline staff or were unable to be in the same place as their DPP. The provider has recorded the remaining lectures and plans to offer refresher sessions for those returning to the course. For forthcoming cohorts, the provider is moving its learning and teaching to the blackboard virtual learning environment and practical assessments will be carried out in practice.

Standard 6 - Learning in practice

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

The provider ensures DPPs are suitably experienced and competent to act as supervisors for learning in practice primarily through the admissions process. The provider requires proposed DPPs to meet time requirements, with at least three years' experience as a prescriber, and a minimum of one year in their current area of practice. The provider also checks the registration status of the proposed DPP and seeks verification of their skills through CVs and references, usually from the non-medical prescribing lead at the NHS organisation in which they are employed. Verification of experience for proposed DPPs who are employed outside the NHS is carried out by the course's profession lead for pharmacy, with the exact approach varying depending on the circumstances of their clinical practice and employment.

DPPs are required to complete a self-declaration of competency to act as a supervisor on the course, although the provider considered this aspect needed further scrutiny and review. Once accepted as a suitable DPP, the provider holds induction in which they assess themselves against the skills required to supervise a trainee prescriber and identify and act on any gaps.

The provider ensures that students receive adequate supervision and contact time through monitoring and academic supervision. Although many individuals can be involved in supervising learning in practice with the DPP's oversight, the provider requires that at least half of the mandatory 90 hours experience is completed under direct supervision of the DPP. The provider also requires DPPs to meet formally with their student's academic supervisors on three occasions (at the beginning, middle and towards the end of the course) to discuss progress. The provider explained that should the midpoint review or other contact identify issues about a student's progression, an action plan could be put in place. Students confirmed these meetings generally took place as required. The provider stressed that three meetings was the minimum requirement and that it encouraged informal and/or additional contact where appropriate.

Further quality management of the learning in practice placement is provided through student feedback. The provider also stated that academic supervision sessions and log books demonstrating progression and growing experience (or not) could also be used to identify issues with the learning in practice placement.

Standard 7 - Assessment

The team was satisfied all eleven of the criteria relating to the assessment will be met; one recommendation was made.

Assessments on the course comprise written knowledge-based and numeracy tests and an assessed presentation conducted by the provider. Within the learning in practice placement, students complete an assessment of practice, in which they demonstrate skills and competencies over the course of their placement under the supervision of the DPP. Students are also assessed through a portfolio, which is designed to demonstrate the application of theory to practice and an extended reflection.

The final component of practical assessment is in the form of a standardised scenario 'role-play' under observed, time limited exam conditions with the student interacting with an actor or a real patient. The provider previously carried this assessment out itself but with the covid-19 pandemic, plans to move this assessment into practice settings so that it is carried out and marked by the DPP. The provider plans to maintain the quality of the assessment when delivering it locally through maintaining the standardisation of the assessment and marking criteria and briefing DPPs to support them to carry the assessment out. Academic course staff will also attend the assessment through videoconferencing to ensure the assessment is applied consistently.

Students on the course receive feedback via their (electronic) portfolio, although some of the students we surveyed found this element confusing. The provider recognised the issues around the portfolio and explained that they were clarifying the use of the portfolio and improving assessment briefings to ensure they were clear to students. Students are expected to submit evidence to the portfolio and feedback is provided on each element once it is submitted by the student.

Assessments themselves are clearly identified and described, but many of the issues identified in respect of course management and teaching and learning strategy impact on assessment. There was no clear articulation of the principles underlying learning strategy and its translation into assessment. This was one of a number of areas identified where the course may benefit from documenting policies and procedures **(see recommendation 1** and standard 5 above).

The provider ensures students are working safely in their learning in practice placement primarily through the supervision of the DPP and the contact points with them. Assessment submissions to the portfolio and the reflective log provide further assurance of safe practice.

Standard 8 - Support and the learning experience

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

Students on the course undergo an induction in the first week of the course. This includes information about the course resources and systems, the virtual learning environment, student support services and an introduction to the profession leads. Students are also allocated an academic supervisor and a group supervision session for all students under each academic supervisor is held in the first two weeks of the course. The provider accesses a wide range of student support mechanisms from the university and, as the services have moved to remote provision in response to pandemic contingencies, has directed students to remote versions of these services.

The provider has several mechanisms to ensure appropriate support is in place in the practice location. This includes potentially visiting placements as part of the application process, especially if the applicant is self-funding their training. The provider ensures regular contact between the DPP and the student through the mandatory contact between the academic supervisor and the DPP, student feedback and monitoring portfolio entries and reflection (see standard 6 above).

In terms of raising concerns about practice, academic supervisors are usually expected to act as the main point of contact for students to raise the concern about practice. For students

employed in an NHS trust or another organisation with a lead for non-medical prescribing, the provider explained they would generally expect to work with the non-medical prescribing lead. For self-employed students, the provider stated it could work with the student to raise the concern but that this would depend on the context of the concern.

Serious concerns about a student's practice, health or conduct can be escalated rapidly and independent investigators appointed to ensure an impartial investigation. Resolution of these kinds of concerns again depends on the student's employment and consent to share information. Where students are employed, the provider aims to address the issue with the employer, though this process is flexible to accommodate different circumstances and employment types. The provider gave an example of how health issues were affecting the practice of a student on the course. This had been identified and managed in conjunction with the appropriate occupational health department, eventually enabling the student to return and complete the course.

The provider also confirmed that guidance from professional/regulatory bodies, including the GPhC, is discussed and integrated into the course through regular meetings of the management team. It was noted that the professional lead for pharmacy can act as a source of advice and information for both students and other staff on pharmacy related issues and the provider confirmed the professional lead could be directly approached for support.

Standard 9 - Designated prescribing practitioners

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

The provider sets out the experience requirements for proposed DPPs and verifies that these requirements are met as part of the application process. Once accepted, there is an induction process which is designed to support DPPs to supervise students effectively (see also standard 6 above for details). The provider also checks the DPP's registration for restrictions on practice. If an issue is identified, the provider stated this would be dealt with on a case-by-case basis.

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.