

**University of Leeds independent
prescribing course reaccreditation event
report – November 2019**



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Event summary and conclusions

Provider	University of Leeds
Course	Independent prescribing course
Event type	Reaccreditation
Event date	08 November 2019
Reaccreditation period	January 2020 – January 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 programme provided by the University of Leeds should be reaccredited for a further period of three years.
Conditions	There were no conditions.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made.
Minor amendments	To request the Designated Prescribing Practitioner's (DPP) healthcare profession on the application form.
Maximum number of all students per cohort:	50
Number of pharmacist students per cohort:	50
Number of cohorts per academic year:	2
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.
Key contact (provider)	Dr Mary-Claire Kennedy, Lecturer in Pharmacy Practice and Module Leads for Independent Prescribing for Pharmacists

Reaccreditation team	Mike Pettit (event chair), Retired Senior Lecturer, Pharmacy Practice and Hospital Pharmacy Manager Sandra Hall, Retired Head of Pharmacy Practice, Leicester School of Pharmacy, De Montfort University Catherine Boyd, Chair of Fitness to Practise Panels HCPTS
GPhC representative	Philippa McSimpson, Quality Assurance Officer, GPhC
Rapporteur	Jane Smith, Chief Executive Officer, European Association for Cancer Research

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The reaccreditation process is based on the GPhC's standards for the education and training of pharmacist independent prescribers January 2019.

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

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

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

Background

The University of Leeds has run accredited prescribing courses for pharmacists since 2003; first as a supplementary prescribing module and then as an independent and supplementary prescribing module from January 2008. The University of Leeds was last reaccredited by the GPhC in 2016 to provide a programme to train pharmacist independent prescribers, for a period of three years. There was one condition and one recommendation arising from this event. The condition was:

"The provider must implement a valid and reliable quality assurance process for the assessment of clinical and physical examination skills that is currently undertaken by the DMPs. The provider must provide the GPhC with evidence of how it will ensure consistent standards of assessment of clinical and physical examination skills in order to ensure safe and effective practice. This is to meet criteria 4.1 and 5.1."

The recommendation was:

“The OSCE element of assessment is reviewed to:

- a) make sure that the number of stations is appropriate to ensure a valid and reliable assessment. This is because OSCE are considered to be most valid and reliable when they comprise a greater number of stations than those currently in place.
- b) create a more consistent approach to quality assurance. Standard setting may be considered, for example, by using Angoff or another evidence-based method.”

To address the condition and recommendation, three additional OSCE stations were introduced, requiring pharmacists to demonstrate clinical assessment skills. Teaching and formative assessment was added to the programme to prepare students for these assessments. The marking schemes for the OSCE stations were revised using a modified Angoff approach. The condition was deemed to have been met and the programme’s reaccreditation was confirmed.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 8 November 2019 to review the programme’s suitability for further reaccreditation. The provider was seeking approval to train two cohorts of up to 50 students per year. The programme is taught jointly with nurses and midwives, and from 2020 will also include allied health professionals. It is led by a pharmacist.

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 at the GPhC head office on 8 November 2019 and comprised a number of meetings between the GPhC reaccreditation team, representatives of the University of Leeds prescribing programme, as well as a meeting with current and former students (via teleconference).

Declarations of interest

There were no declarations of interest.

Schedule

The event

Meeting number	Meeting	Time
1.	Private meeting of accreditation team and GPhC representatives	09:30 – 11:30
2.	Meeting with provider	11:30 – 13:15
3.	Lunch	13:15 – 13:45
4.	Student meeting (by telephone)	13:45 – 14:30
5.	Private meeting of the accreditation team	14:30 – 14:45
6.	Learning outcomes testing session	14:45 – 15:30
7.	Panel private meeting	15:30 – 16:00
8.	Feedback to provider	16:00 – 16:15

Key findings

Part 1 – learning outcomes

During the event the team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of **five** learning outcomes during a separate meeting 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: **5, 9, 23, 28 and 31**.

Person centred care (outcomes 1-6)

Learning outcomes met? Yes No

Professionalism (outcomes 7-15)

Learning outcomes met? Yes No

Professional knowledge and skills (outcomes 16-20)

Learning outcomes met? Yes No

Collaboration (outcomes 27-32)

Learning outcomes met? Yes No

Part 2 - Standards for pharmacist independent prescribing course providers

1 - Selection and entry requirements

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

Applications are initially reviewed to check that the eligibility criteria are met. A more detailed check is made when places are available; until this time, applicants are kept on a waiting list. Places are offered on a strictly first-come first-served basis. Any queries based on the written application are followed up with the applicant by telephone.

All applicants are required to have undertaken some safeguarding training before enrolling on the course. They are pointed to online training, which is freely available, if they do not already meet this criterion.

In the case of self-employed students, who might not have a formal line manager, a practice manager, GP or some other suitable person is expected to support the application. If the provider has any concerns, they will visit practice placements to check their suitability.

In the teleconference with five current and previous students on the course, students confirmed that the criteria for entry to the course were clear and that guidance on the type of clinical experience that was suitable for entry to the course was readily available.

Applicants who are not admitted to the course are given detailed feedback about the reasons for the rejection and suggestions as to how they might meet the criteria in future.

Information about the course available on the provider's website will be updated to reflect the changes to be made to the course from January 2020 onwards, as soon as accreditation for those changes is achieved.

2 - Equality, diversity and inclusion

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

All staff involved in admissions undertake equality and diversity training provided by the University. Demographic information including gender and ethnicity is gathered through the application form but is not analysed unless the applicant are admitted to the course. This will be reviewed, as it was acknowledged the information gained from an analysis of those not meeting the entry criteria might be useful in helping to identify any barriers inherent in the application process. Similarly, equality and diversity data in relation to students who fail the programme will be considered for analysis.

In terms of teaching and assessment, adjustments are made where these are recommended by the University. Most commonly, students are given extra time to complete assessments and examinations. Learning outcomes are not modified.

A new taught session on equality and diversity is planned for the course in response to the new GPhC standards.

3 - Management, resources and capacity

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

The course is delivered to two cohorts each year. Each cohort consists of up to 50 students from a range of professions (pharmacy, nursing and allied health professionals). Appropriate teaching facilities, including facilities for teaching clinical skills, are available and staffing levels are sufficient and include staff from a range of professional backgrounds.

A tripartite agreement between the student, the provider and the DPP ensures that all those involved in the course are aware of their roles and responsibilities. This also sets out actions that should be taken if students are making unsatisfactory progress. If the issue is serious enough for a change of DPP to be required, then the provider has a pool of people who have previously taken on the DPP role who they can ask to take a student on partway through their course. There are three formal points during the course at which the learning agreement is reviewed.

The provider has consulted on the change from DMP to DPP and has concluded that students will still benefit from time working with a medic. Students will therefore be encouraged to secure some time to work with a doctor during their period of learning in practice.

The external examiner provides quality assurance that assessment processes have been conducted according to University requirements. As part of the external examiner role, OSCE stations are reviewed prior to the assessment.

4 - Monitoring, review and evaluation

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

The course has been mapped to the new GPhC standards to identify any gaps. Where gaps have been identified, new sessions have been introduced and assessments have been updated to ensure that all standards are covered. Previous students and other stakeholders were consulted as part of this review process.

The course will reduce from 45 to 30 credits from January 2020. The provider explained that the assessment load has been reduced rather than the teaching. In particular, several written elements of the portfolio have been removed.

The course is reviewed annually, taking into account feedback from students, staff, DPPs and the external examiner. A written report is prepared by the course lead that summarises key action points and identifies areas of good practice that can be shared with the wider School. The action points documented in one year are revisited at the following year's review to ensure they are completed. The completed report is considered and approved by the School Taught Student Education Committee.

Students confirmed that they were invited to give feedback on the course via an end-of-course questionnaire. Changes were made from one cohort to the next as a result of feedback. For example, the number of hours of clinical skills teaching has been increased.

The tripartite learning agreements are the key quality assurance mechanism for the period of learning in practice. These are reviewed at the start, middle and end of the course. The scope and depth of a student's learning is documented in the portfolio and drafts of the portfolio pieces are reviewed by the provider at the mid-point of the course. Any issues are addressed by the provider and are identified either through the formal review points, or during teaching sessions or through email contact with the academic supervisor.

5 - Course design and delivery

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

The course is delivered to pharmacists via eight face-to-face teaching days and a further 18 days of online study with material provided through the virtual learning environment. Students also undertake 90 hours of supervised practice. The course handbook and induction session clearly inform students that they cannot prescribe until they have become annotated as prescribers on the GPhC register. The learning outcomes of all taught content is mapped to the 32 GPhC learning outcomes. Assessments have also been mapped to these learning outcomes.

The course is designed by pharmacists and is updated to reflect clinical, legal, policy and practice changes. Any changes are consulted on with current and former students, education leads/line managers, DMPs, healthcare professionals who are likely to act as DPPs in the near future and a service user/carer group within the School of Healthcare.

Students said that they had a comprehensive face-to-face induction over a two-day period and that the information they were given is also provided in the course handbook. Students can also contact their academic supervisor with queries, or attend one of the out-of-hours drop in sessions organised by the provider throughout the course.

Teaching sessions are tailored to students' individual areas of prescribing. Students work in small groups according to their areas of intended prescribing practice, and share their experience with the wider group in whole-class discussions. Tailored materials are prepared for students to address different patient populations they might encounter, for example for those working in paediatrics. Students confirmed that, while some of the taught topics are generic, they were able to apply them to their own prescribing background.

Fitness to practise processes are appropriate and are made clear to students and to DPPs. The policy allows for a large Fitness to Practise Committee but this can be quorate with as few as five members, with no requirement for a lay member. The provider will consider making at least one lay member a requirement for a quorum. The Fitness to Practise Committee will decide if a matter warrants referral to the GPhC, noting that all students on the course are registered professionals.

6 - Learning in practice

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

Students are required to undertake a period of learning in practice comprising a total of 12 days (90 hours). The course handbooks for the student and DPP provide information on the types of activities that can be undertaken during this period. The learning agreement, prepared at the start of the course by the student and DPP and the midway progress review, also completed by both parties, provide an opportunity to define learning needs in the context of the four domains of the GPhC learning outcomes.

The provider monitors the amount and quality of time that students spend with patients during the period of learning in practice through a review of the student's log that forms part of the portfolio.

The eligibility criteria for DPPs are clear and the provider checks that these are met as part of the application process. The team noted that the application form requests a variety of information from the DPP, however a key piece of information, their healthcare profession, was not asked. The team advised that the form must be amended so that this can be captured at the application stage so that the provider has full information available to them when determining the suitability of the DPP.

DPPs are given clear information about their role and responsibilities at the point of application and again when the student enrolls on the course. Attendance at induction days is currently very low, as most DPPs have undertaken the role previously. However, with the move to DPPs, the provider expects a higher level of attendance; Trusts have said that they will release staff to facilitate this.

7 - Assessment

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

Assessment is conducted in accordance with the School of Healthcare's Code of Practice on Assessment. This defines policies and processes and also makes reference to the University's Code of Practice which explains the University's overall policy on assessment.

From January 2020, the course will be assessed via:

- OSCE (50% of final mark)
- Assessed reflective account (50% of final mark)
- Portfolio including supervised practice (pass/fail)
- Drug calculation and prescription writing (pass/fail)

Each of these components must be passed; compensation is not allowed. The assessments have been mapped to the GPhC learning outcomes. Students are informed that a failure to identify a serious problem or an answer which would cause the patient harm will result in overall failure of the module and that patient confidentiality must be maintained at all times; if a patient can be identified from a piece of work, that piece of the assessment will automatically fail.

The DPP is responsible for setting the calculation assessment for the student they are supervising, but all questions are reviewed by the provider to ensure that they are at an appropriate standard. The DPPs role in assessment is included in the tripartite learning agreement signed and reviewed by the provider, the student and the DPP.

The OSCE consists of six stations. Compensation between stations is allowed and there are no stations that must be passed in order for the whole assessment to be passed. However, unsafe practice results in an automatic fail. Students confirmed to the team that the marking criteria and the threshold for failure were clear to them. The provider has introduced standard setting for the OSCEs, following the condition and recommendation arising from the 2016 reaccreditation event. A document explaining this process and the way the pass mark is calculated has been written for students and was given to the team during the event.

Students are given opportunities for formative OSCE assessments in the form of a practice session held three weeks before the summative OSCE so that students are familiarised with the format. Practice OSCEs are also uploaded to the VLE so that students can gain experience in the workplace. Students confirmed that they were given support to prepare for the OSCE and that they received feedback on their performance in the practice session in the form of the marking sheet and criteria.

Students are encouraged to send in samples of their work in the portfolio for review by a member of the course team. There is a timetabled session on preparing the portfolio and students can bring samples of their work to this session and receive feedback from the tutor.

Students said that the course had taught them to recognise their own scope of practice and to be aware of national guidelines and good practice.

Quality assurance processes are robust and regulations are appropriate. The Module Assessment Board issues the certificate on completion of the course. Students who pass the Prescribing module but who do not pass the associated Masters programme are still awarded the Certificate.

8 - Support and the learning experience

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

Induction sessions are provided for students and students are allocated an academic supervisor who they contact at any time if they have queries or concerns. A comprehensive course handbook is given to students which contains for the formal process for raising concerns in the School of Healthcare. This is also made available to the DPP. The DPP handbook directs the DPP to the GPhC guidance on tutoring for pharmacists and pharmacy technicians.

Students said that they were supported throughout the course and that staff are available and responsive.

9 - Designated prescribing practitioners

The team was satisfied that all five criteria relating to the designated prescribing practitioners will be met. Two criterion require minor amendments (see commentary at standard 6).

The DPP declaration form requires the DPP to self-declare that they meet the necessary criteria to act as a DPP:

- three years' prescribing experience
- qualified as an Independent Prescriber
- active prescribing competence applicable to area in which they will supervise the student

- appropriate patient-facing clinical and diagnostic skills and the ability to assess these skills

Students told the team that their DMP had access to sufficient information about the course and about the DMP role. Initially, support and induction for DPPs will be offered via face-to-face sessions. Online materials are also being prepared to support DPPs in their role. If particular training needs are identified, the provider will design an individual training plan, drawing on existing resources where available.

The provider is aware of the requirement to give feedback to DPPs on their performance but is reluctant to give individual feedback as this may cause difficulties between the student and DPP. They will instead share pooled feedback from the cohort with all DPPs.

The team approved the provider to begin using prescribers other than medical practitioners once they have embedded the RPS competencies for the DPP role into the programme, which are due for release in December 2019.

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.

