General Pharmaceutical Council

University of Derby independent prescribing course reaccreditation, November 2023

Contents

Event summary and conclusions	
Provider	University of Derby
Course	Independent prescribing course
Event type	Reaccreditation
Event date	10 November 2023
Approval period	December 2023 – December 2026
Relevant standards	**Standards for pharmacist independent prescribers, January 2019, updated October 2022**
Outcome	Approval with conditions 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 Derby should be reaccredited for a further period of three years, subject to one condition.
Conditions	1. EDI data must be collected for this course and used in a meaningful way when examining, considering, and analysing factors such as admissions, progression, attrition, and attainment. This is because the team could only see limited evidence of the collection of EDI data and its use in the design and delivery of the course and the overall learning experience. To meet this condition, the provider must submit a plan for better collection and use of EDI data broken down by relevant protected characteristics. This is to meet criteria 2.1 and 2.2. Evidence of how the provider has addressed the condition must be sent to the GPhC, for approval by the accreditation team. This must be done by 11 December 2023.
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	No recommendations were made.
Minor amendments	All references in the documentation to the period of learning in practice should be updated from 12 days to 90 hours for pharmacists.
Registrar decision	The Registrar is satisfied that the University of Derby has met the requirement of continued approval (subject to remediation) in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022.

	The Registrar confirms that the University of Derby is approved to continue to offer the independent prescribing course for a further period of 3 years. The Registrar notes that the condition as outlined in the report has been met.
Maximum number of all students per cohort	60 at Derby; 30 at Chesterfield.
Number of pharmacist students per cohort	33 at Derby; 15 at Chesterfield.
Number of cohorts per academic year	Four
Approved to use non-medical DPPs	Yes
Key contact (provider)	Alan Stephen Bloomer, Senior Lecturer; Non-Medical Prescribing Programme Lead
Provider representatives	Alan Bloomer, Programme Lead, Senior Lecturer, Non-medical prescribing Jennifer Lee, Senior Lecturer, Non-medical Prescribing Jill Gould, Assistant Head of Discipline, School of Midwifery, Childrens and Professional Practice Navjot Kaur Virk, Head of Discipline, School of Midwifery, Childrens and Professional Practice David Robertshaw, Head of School – Nursing and Midwifery
Accreditation team	Dr Fran Lloyd (event Chair) Associate Postgraduate Pharmacy Dean, NICPLD, Queen's University Belfast Mira Jivraj (team member - pharmacist), Team Lead Medicine, Pharmacy, Northwick Park Hospital Carl Stychin (team member - lay) Professor of Law and Director of the Institute of Advanced Legal Studies, School of Advanced Study, University of London
GPhC representative	Rakesh Bhundia, Quality Assurance Officer (Education) General Pharmaceutical Council
Rapporteur	Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde

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, updated October 2022.

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 the **website**.

Background

The Independent prescribing (IP) programme at the University of Derby was initially accredited in 2003 and was last re-accredited in 2020 for a full period of three years with no conditions or recommendations. Before the 2020 event, some modifications were implemented to address the updated GPhC (2019) standards, and DPP approval was applied for and approved in August 2020. In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 10 November 2023 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 accreditation team, and it was deemed to be satisfactory to provide a basis for discussion.

The event

The reaccreditation event was held remotely by videoconference on 10 November 2023 and comprised several meetings between the GPhC accreditation team and representatives of the University of Derby prescribing course. Students who were currently undertaking the course, or who had completed it in the last three years, contributed to the event by completing a qualitative survey, responses to which were reviewed by the GPhC accreditation team.

Declarations of interest

There were no declarations of interest.

Schedule

The event:

Meeting number	Meeting	Time

1.	Private meeting of accreditation team and GPhC representatives	09:30 – 10:30
	Break	10:30 – 11:00
2.	Meeting with course provider representatives	11:00 – 13:00
	Lunch	13:00 – 14:00
3.	Learning outcomes testing session	14:00 – 14:30
4.	Private meeting of accreditation team and GPhC representatives	14:30 – 15:55
5.	Feedback to course provider representatives	15:55 – 16:10

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

The following learning outcomes were tested at the event: **2, 5, 11, 17, 18 and 19.**

Domain: Person centred care (outcomes 1-6)

Learning outcomes met/will be met? Yes ☒ No ☐

Domain: Professionalism (outcomes 7-15)

Learning outcomes met/will be met? Yes ☒ No ☐

Domain: Professional knowledge and skills (outcomes 16-26)

Learning outcomes met/will be met? Yes ☒ No ☐

Domain: Collaboration (outcomes 27-32)

Learning outcomes met/will be met? Yes ☒ No ☐

Key findings - Part 2 - Standards for pharmacist independent prescribing course providers

Standard 1: Selection and entry requirements

Standard met/will be met?   Yes ☒ No ☐

The team was satisfied that all six criteria relating to the selection and entry requirements will continue to be met.

The selection criteria, along with details of the course are outlined on the course website. Consistency among selectors is achieved by all applications being considered by the Programme Lead using a feedback grid in the pre-admission portfolio, which is the application form for the programme. Other members of the course delivery team have been trained to consider applications if necessary. The submission stated that the portfolio provides information for candidates and recruitment and selection processes are adhered to and are consistent with relevant legislation. The team was told that all candidates used to be interviewed but that most current applicants are from Primary Care Pharmacy Education Pathway (PCPEP) who generally do not require to be interviewed. Suitability of applicants for the programme is evaluated using their personal statements that cover their areas of practice competence, and clinical knowledge and experience in the locus of their intended practice, together with critical reflections on their current practice. Where the information in the portfolio is insufficient, applicants are interviewed for further confirmation and greater detail. For applicants not yet at the level of experience to meet the entry requirements, the provider gives guidance on achieving a better background and skill set for future application to the course.

Standard 2: Equality, diversity and inclusion

Standard met/will be met?   Yes ☐ No ☒

The team was satisfied that three of the five criteria relating to the equality, diversity and inclusion will continue to be met with two criteria subject to a condition.

The team was told that the principles of equality, diversity and inclusion (EDI) are informed by policies of the University that are embedded in the course at all stages, and are introduced to students during their induction. The team was told that the course is structured to be accessible to a wide range of styles of learning and the needs of individuals. Teaching is not all didactic, but includes group work, discussion and debate in classes, along with formative sessions in the timetable.

Induction is also used to inform students of the support services available to them. The Wellbeing Team or students themselves inform the delivery team of any issues, and sometimes students raise issues at interview. Details of whom to contact and how to obtain an assessment in case of specific needs are covered. This is made known to the entire student group while respecting that some individuals may wish to seek advice privately. Reasonable adjustments can be made but these cannot be at the expense of meeting the learning outcomes.

All staff members have undertaken EDI training. The team was told that themes of person-centred and inclusive care are taught and then revisited in most teaching sessions. Pharmacists' understanding

of their legal responsibilities under equality and human rights legislation is covered in the induction day, is prominent in law and ethics sessions throughout, and with DPPs. Their professional values and attitudes are assessed by their DPP.

When asking about the use of EDI data, the team was told that there had been variable performance based on ethnicity over 3 years. The team was provided with a sample of EDI data that are gathered as part of quality processes, and that are used to inform the design and delivery of the course and learning experience. This simply divided students into white British and "others". The team could see little value in the data presented. It will be a **condition** of reaccreditation that EDI data must be collected for this course and used in a meaningful way when examining, considering, and analysing factors such as admissions, progression, attrition, and attainment. This is because the team could only see limited evidence of the collection of EDI data and its use in the design and delivery of the course and the overall learning experience. To meet this condition, the provider must submit a plan for better collection and use of EDI data broken down by relevant protected characteristics. This is to meet both criteria 2.1 and 2.2.

Standard 3: Management, resources and capacity

Standard met/will be met?   Yes ☒ No ☐

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

The course is supported by a management plan which includes details of roles and responsibilities, as well as lines of accountability in learning, teaching and practice environments. The Programme Leader is directly accountable for the course quality. Of those who teach on the programme, eight are independent prescribers. Associate or visiting lecturers also contribute to teaching and assessment, and there is administrative staff support for the programme. Overall risk management is undertaken by the University, with a programme-specific risk register.

There are mechanisms through which designated prescribing practitioners (DPPs) can liaise regularly with course providers about the progress of their trainees. The pre-admission portfolio contains an agreement that the DPPs will supervise and support the pharmacists, and that they are able to provide a suitable learning environment. A learning agreement between the DPP and the learner is completed within the first two weeks of the start of the course; the pre-admission portfolio requires the DPP to sign to confirm that they understand and agree to supervise the student.

The submission stated that the University attempts to keep its overall numbers relatively small. There is a current cap of 30 students at the Chesterfield site and 40 students at Derby per semester, giving a total of up to 140 students per year. If the two sites are each considered a cohort, there are four cohorts per year, but only two intakes in September and January. Applicant numbers have been largely driven by the PCPEP funding. There has been a steady increase in the number of pharmacist applications, largely driven by the available PCPEP funding, but also by requests for pharmacists outside the locality through a mixture of self- and employer-driven motivation. The planned maximum total number of students per cohort is 60 at Derby and 30 at Chesterfield, with the current maximum number of pharmacists per cohort being 28 at Derby and 10 at Chesterfield. The planned maximum number of pharmacists per cohort is 33 at Derby and 15 at Chesterfield. The team agreed to this

increase in students and pharmacists up to a maximum of 180 students overall, with a maximum of 48 pharmacists.

Staff members teaching on the course include independent prescribers, three of whom are Advanced Clinical Practitioners and one being a national clinical expert. There are four staff members contributing to the leadership of the programme, one full time nurse prescriber, 1.2 FTE pharmacist independent prescribers including the Programme Lead. The team acknowledged the updated staffing table submitted which highlighted that the 1.2FTE vacancies had now been recruited. All staff members have an Academic Workload Plan and an Annual Personal Development Review to support continual growth and academic learning. Sessional and associate teachers have the same rights as established staff. The team was told that most teaching sessions are face-to-face with the non-mandatory pharmacology being delivered online. Clinical skills teaching takes place at the sites in Derby and Chesterfield. There are four sessions in clinical skills week, including clinical examinations with trained physicians teaching.

Standard 4: Monitoring, review and evaluation

Standard met/will be met?   Yes ☒ No ☐

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

The University of Derby has validated the Non-medical Prescribing (NMP) for Pharmacists course, with its latest iteration being approved at an internal Panel in May 2020; this remains valid for 5 years. There is a cyclical process to monitoring where the course undergoes evaluation, changes are made as required and re-evaluated. The University uses a continual monitoring and validation strategy. The Programme Leader is responsible for the cyclical process of programme monitoring. This comprises course and module evaluation, which includes teacher evaluations, implementation of changes, and re-evaluation associated with an action plan.

Evaluation is based on student questionnaires and the external examiner's reports, as well as feedback from student representatives that attend course committee meetings. Feedback is sought regularly from students, with student representatives meeting the Programme Lead, allowing appropriate changes to be made to the programme in response to such feedback. There is also placement evaluation so that feedback can be given to the DPPs. The assessments and feedback are internally moderated and then seen by an external examiner who is also an advanced clinical practitioner. Following the most recent feedback regarding assessment burden the assessment requirements have been amended. Thus, students will now only sit the clinical decision-making OSCE, with the OSCE aligned to scope of practice removed. The former essay has now become a critical reflection to better reflect the individual's practice. The course material is updated in line with the contemporary evidence-base. Different therapeutic sessions are delivered by external speakers who are experts in their field and up-to-date with current evidence.

Standard 5: Course design and delivery

Standard met/will be met?   Yes ☒ No ☐

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

Recognising that students arrive with different knowledge and experience, a pre-admission discussion provides an opportunity to work with each student to develop a learning plan. This enables learners to expand in areas that may add greater breadth to their clinical practice.

Several IP pharmacists were involved in the design of the course, along with several practising pharmacists who attend stakeholder events. In order to meet the learning outcomes, the course is delivered using a wide range of different teaching methods, many of which are student-led. These include Blackboard, flipped classroom approaches, group work, Panopto lecture capture and the use of the clinical skills suite. There is a balance of directed and self-directed learning, with learners' priorities being built around their specialist areas. Students' learning is individualised, although there are some mandatory taught sessions. Students have an allocated academic assessor/pastoral tutor who ensures that their academic needs are being met and that they are progressing as expected through both academic and clinical practice.

The programme is under continuous development through meetings with senior managers, line managers, practice supervisors, students, and patients. Patients are represented in an "expert by experience" group, with members of the group able to be consulted outside scheduled meetings. Students can obtain feedback from this group, members of which can be Involved in the clinical decision-making OSCE. Members of the group are sometimes employed to undertake interviews, assessments, and to share their experience of prescribing from the perspective of being a patient. The team looks forward to seeing how the "expert by experience" initiative develops.

The course team includes active practitioners, with insight into the needs of contemporary practice; this feeds into programme development through regular course committee meetings. When working in clinical environments, trainees are always supervised and it is ensured that they do not work beyond the level of their clinical competence. Placement visits by the provider can be arranged if there are concerns in practice. Academic support is provided through a tri-partite review for students where concerns exist.

Mechanisms are in place to address any concerns that are raised about a trainee's fitness to practise. The placement site must also have procedures to investigate and deal with concerns, including those about a pharmacist's fitness to practise There have been regular DPP meetings since the last reaccreditation, which allow for feedback. There are three drop-in sessions for existing DPPs and potential new DPPs. It was confirmed to the team that the course is subject to the University Professional Conduct and Professional Suitability Procedure, a form of Fitness to Practise (FtP) process. Students are informed of FtP at induction, although the team was told that no pharmacists have been subject to FtP.

Standard 6: Learning in practice

Standard met/will be met?   Yes ☒ No ☐

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

The submission stated that prospective students and their DPPs are informed of the requirements for practice learning through the pre-admission portfolio and that these are reinforced through the Prescribing Placement Educational Audit. Interaction with patients is a requisite for the course. A range of clinical skills assessment tools, such as Consultation Observation Reports, is a mandatory aspect of the practice learning experience**.**

Part of the course takes place in a clinical setting with direct access to patients under the supervision of a DPP. Although an applicant may be supervised by more than one person, only one prescriber must be the DPP. The DPP is the person that will certify that successful pharmacists are competent to practise as independent prescribers. The DPPs are responsible for signing-off their trainees as being competent. Liaison with DPPs begins prior to the start of the course through the pre-admission website, DPP course site (for new DPPs) and mandatory NMP updates. New DPPs are expected to attend via live webinar a mandatory university training session to assure their preparation and competence to undertake the role of DPP. The DPP meets regularly with the pharmacist to complete initial skills assessment and action plans, to assess and review progress against the competencies to produce the interim report, and to collate evidence to support the sign-off for the final report, which is submitted to the University.

The Practice Assessment Document (PAD) is used to provide evidence and to verify the achievement of practice competence as an independent prescriber. Progress is monitored and the pharmacist's competence as an independent prescriber, as demonstrated in practice, is assessed and confirmed. Students must pass the final practice assessment, as well as the various assessments that form the basis of this final sign-off.

Standard 7: Assessment

Standard met/will be met?   Yes ☒ No ☐

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

The course follows the University of Derby regulations. There are additional professional requirements, for example, failure to pass an assessment due to a patient safety issue, that may impact on standard assessment regulations and result in an overall failure of the assessment or module. DPPs and pharmacists are also reminded of the need to work within their scope of practice. It was confirmed that no compensation or condonement is allowed.

The assessment includes the use of marking grids. A comprehensive range of assessments includes a poster presentation relating to prescribed drugs, a critical reflection on professional, legal and ethical considerations, a clinical skills examination, an OSCE on clinical decision-making, and a *viva voce* covering a case-based discussion. Additionally, students use their PADs to demonstrate the completion of a minimum of 90 hours of supervised practice, along with evidence demonstrating that they have achieved all of the prescribing competencies. This also includes reports of case-based

discussions and observed clinical assessments, along with the student's learning log, clinical skills assessment and service user/patient testimony. To achieve Does level, the team wished to know if pharmacists have to submit more than one piece of evidence against each competence statement in their PAD to ensure that they are demonstrating each competency repeatedly. The team was told that a lot of evidence is embedded in the assessments, normally three Case-based Discussions and three clinical observations. Occasionally, there may be only one piece of evidence required, but there must be one clinical written reflection demonstrating competency multiple times.

The team was told that clinical skills assessment, based on clinical skills taught on campus, involves students submitting a video made in practice or at home. The online examination is basic, with students given a set of observations and having to comment on abnormal findings and to outline potential actions. This is a 15-minute examination to be completed within a 24-hour window. The team learned that the examination is not proctored and that students must declare that it is their own work. The team acknowledged that although the provider asks the students to self-declare that it is their own work, the provider may wish to consider implementing a more thorough system of checking for collusion. DPPs must also sign-off the student's clinical skills as being competent based on their PAD. The *viva voce*, Clinical Decision-making OSCE, and poster presentation are university-based assessments performed in person.

There are two points for tutorial review to identify any issues that may impact on progress academically. The use of formative sessions on the clinical decision-making OSCE and *viva* case-based discussion allow for feedback to identify any student who may be struggling. Students must pass all summative assessments to be signed off; no sign-off can occur if there is any doubt as to the pharmacist's safety in practice. Thus, pharmacists cannot pass the course unless they have been deemed safe and effective in practice across the 90 hours period of learning in practice. Course regulations include that there is no compensation between assessments, all parts of the assessment must be passed with a minimum of a 50% mark, except where it is a pass/fail assessment, when a pass is required, and students must successfully achieve all the professional requirements of their practice assessment.

The team wished to know if students are allowed a third attempt in the case of failure. It was told that two attempts are the norm but that a request for an additional/alternative sitting may be considered based on extenuating circumstances. Thus, a further attempt may be allowed at a different date from the scheduled sitting. Any such appeal would be considered at Board level, although no pharmacists have had to request a third attempt.

Standard 8: Support and the learning experience

Standard met/will be met?   Yes ☒ No ☐

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

The submission stated that there is a team approach to the admission, induction, supervision and tutoring of prescribing students. Trainee independent prescribers are supported throughout their studies from the time of their application, when they are each assigned a pharmacist to act as their academic tutor. It was confirmed that there is a staff student consultative committee and that student

representatives provide continuous feedback, including via a feedback tracker. As the Programme Committee only meets 3 times a year, the feedback from student representatives to the Programme Lead allows action steps to be taken without having to wait for the Programme Committee.

Students and their DPPs are required to hold documented meetings at the beginning, mid-point and end of the learning in practice period, in order to demonstrate achievement of the prescribing competencies; at least 30 of the 90 hours in clinical practice must be spent with the DPP. Where the DPP is not medically qualified, pharmacists are required to spend at least 15 hours working with a GMC-registered medical practitioner, and undergo at least one case-based discussion and at least one consultation observation record with a medical doctor. They are also asked to have a patient testimony signed.

The practice areas where pharmacist prescribing students undertake their practice are quality assured through a placement audit prior to the start of the course. This helps to identify policies and processes in place if needed to escalate concerns about either the student, the DPP, other practitioners or the placement area itself. Everyone supporting the students must be conversant with the GPhC's guidance on tutoring for pharmacists.

The team noted that there has been a problem with students not being able to access DPP supervision time and was told that the DPP is asked at Day 1 to sign an agreement, acknowledging their responsibility to provide time for their student. Issues such as a pharmacist being employed by a different organisation from the DPP, can be identified at tutor meetings and the DPP contacted. Permission must be sought if a student needs to change DPP, but no pharmacists have needed to change DPP.

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 continue to be met.

DPPs must be registered health care professionals, in good standing on their register and with legal independent prescribing rights. They must have at least three years of recent prescribing and clinical experience in the relevant field of practice, and must have appropriate patient-facing clinical and diagnostic skills. They must have supported or supervised other healthcare professionals and have the ability to assess patient-facing and clinical diagnostic skills.

All DPPs undergo training at the University and are provided with a DPP handbook that details their roles and responsibilities in supervising and assessing their trainees; those that have been recent previous DPPs, as DMPs, are likely to only need the course update. For those DPPs new to the role this training covers the RPS (2019) DPP Competency Framework, the GPhC (2018) Guidance on tutoring and supervising pharmacy professionals in training and the RPS (2021) Competency framework for all prescribers.

The team learned that around 95 percent of the DPPs are GMC registrants, with two pharmacist DPPs. The provider has a record of all DPPs and when they last had a student. DPPs can attend an update, available eight times/year, but acknowledging that GMC registrants are extremely busy, they are allowed to update through videos and complete a quiz to show their understanding. Non-GMC registrants must attend a DPP update live, undertake an online course, upload a DPP portfolio, be

assessed against competencies, followed by being awarded a certificate. Pharmacist students should work in the same clinical area as their non-GMC DPP. DPPs that have not had a student for a few years need to review an update video. DPPs will need to update if any change occurs in the programme.

The team wished to know how feedback is compiled, moderated and delivered to DPPs on their performance. The team was told that there is placement evaluation through the student's PAD which the DPP sees. Students are encouraged to be open and feed back to their DPP. However, student permission is sought to feed back any serious issues to their DPP as sensitivity is needed. If there are serious problems, the provider will contact the individual DPP, but this has not happened for pharmacists. Generic feedback is sent to all DPPs but not individual feedback on a routine basis. Noting that this criterion indicates that feedback to DPPs "must" be given, the team was told that there is an audio case-based discussion with feedback and that the DPP would be contacted in the case of problems. Feedback is given at intermediate and on the verification form, that is, twice per year.