

Kings College London independent prescribing course reaccreditation event report, June 2024



Contents

Event summary and conclusions	1
Introduction	3
Role of the GPhC.....	3
Background.....	3
Documentation.....	3
The event.....	3
Declarations of interest	4
Schedule	4
Key findings - Part 1 - Learning outcomes	4
Domain: Person centred care (outcomes 1-6)	4
Domain: Professionalism (outcomes 7-15).....	4
Domain: Professional knowledge and skills (outcomes 16-26)	4
Domain: Collaboration (outcomes 27-32)	4
Key findings - Part 2 - Standards for pharmacist independent prescribing course providers	5
Standard 1: Selection and entry requirements	5
Standard 2: Equality, diversity and inclusion.....	6
Standard 3: Management, resources and capacity.....	6
Standard 4: Monitoring, review and evaluation	7
Standard 5: Course design and delivery	8
Standard 6: Learning in practice.....	9
Standard 7: Assessment.....	9
Standard 8: Support and the learning experience	10
Standard 9: Designated prescribing practitioners.....	11

Event summary and conclusions

Provider	Kings College, London
Course	Independent prescribing course
Event type	Reaccreditation
Event date	19 June 2024
Approval period	August 2024 – August 2027
Relevant standards	<u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u>
Outcome	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by King’s College, London should be reaccredited for a further period of three years.
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Minor amendments	None
Registrar decision	<p>The Register is satisfied that Kings College London has met the requirement of continued approval 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.</p> <p>The Registrar confirms that Kings College London is approved to continue to offer the independent prescribing course for a further period of 3 years. The Registrar notes that there were no conditions associated with this event.</p>
Maximum number of all students per cohort	50
Number of pharmacist students per cohort	50
Number of cohorts per academic year	2

Approved to use non-medical DPPs	Yes
Key contact (provider)	Rory Donnelly, Co-Course Lead, Principal Teaching Fellow Gillian Murray, Co- Course Lead, Principal Teaching Fellow
Provider representatives	Rory Donnelly, Co-Course Lead, Principal Teaching Fellow Gillian Murray, Co- Course Lead, Principal Teaching Fellow Professor Sukhi Bansal, Head of Department of Pharmacy Helen Lofthouse, Quality Assurance Manager
Accreditation team	Parbir Jagpal (event Chair) Director of Prescribing, School of Pharmacy, University of Birmingham Shahzad Ahmad (team member – pharmacist) Clinical Lead, NHS England Transformation Directorate Katie Carter (team member – lay) Consultant in Healthcare Regulation and Education
GPhC representative	Rakesh Bhundia, Quality Assurance Officer (Education) General Pharmaceutical Council
Rapporteur	Richard Calver (rapporteur) Freelance education consultant

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

King's College, London, 'the provider', was accredited by the GPhC in 2021 to provide a course to train pharmacist independent prescribers, for a period of 3 years. In line with the standards for the education and training of pharmacist independent prescribers January 2019, updated October 2022, an event was scheduled on 19 June 2024 to review the course's suitability for reaccreditation.

The Postgraduate Certificate Pharmacists Independent Prescribing (PIP) course is a level 7 single 60-credit postgraduate module, delivered to registered pharmacists. The course was previously taught over a nine-month period as the Clinically Enhanced Pharmacists Independent Prescribing (CEPIP) course. In 2023, following consultation with stakeholders and local commissioners, and to better reflect the national priorities of employers and pharmacy professionals, the duration of the CEPIP course was reduced from nine months' duration to six months' duration. The current PIP course uses this model and admits two cohorts per year with a maximum cohort size of 50 pharmacists.

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 19 June 2024 and comprised of several meetings between the GPhC accreditation team and representatives of King's College, London's 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. A qualitative survey was also sent to Designated Prescribing Practitioners (DPP) currently supervising students on the course, or who had supervised students in the past, the responses to which were also reviewed by the GPhC accreditation team.

Declarations of interest

There were no declarations of interest.

Schedule

Meeting

09:30 – 10:30 Private meeting of the accreditation team and GPhC representatives

11:00 – 13:00 Meeting with course provider representatives

14:00 – 14:30 Learning outcomes testing session

14:30 – 16:00 Private meeting of the accreditation team

16:00 – 16:15 Deliver outcome to the provider

Key findings - Part 1 - Learning outcomes

The accreditation team (the 'team') reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of 6 learning outcomes during the event was satisfied that **all 32 learning outcomes continue to be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **1, 9, 14, 19, 21, and 29.**

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 continue to be met.

The provider's written submission explained the course's admissions system. Applicants complete a generic electronic admissions form and a course-specific application form. All members of the provider's admissions team are trained, and they confirm that applicants meet the provider's generic admissions criteria before forwarding applications to the course team. The admissions team also collects applicants' equality, diversity and inclusion (EDI) data but does not disclose this information to the course team.

Applicants must be registered with the GPhC or Pharmaceutical Society of Northern Ireland, and must demonstrate that they have identified an appropriate scope of practice. They must also show that they have relevant experience in their chosen scope of practice and that a designated prescribing practitioner (DPP) has agreed to supervise their learning in practice. The DPP may be a doctor, nurse, pharmacist or allied healthcare professional independent prescriber but must always have at least three years' prescribing experience, as well as experience of assessing clinical and diagnostic skills and experience of, or at least training in, supporting and supervising other healthcare professionals. They must also work close to the applicant's location and must guarantee that students will achieve sufficient hours of experience. The course team seeks further information from the applicant or DPP if the application and DPP's statements are unclear. The course team uses the same criteria to evaluate each application and uses a spreadsheet to record the applicants' information: this ensures that course staff are aware of each student's expected scope of practice and their DPP's details.

Staff use the same criteria to evaluate applications from locum pharmacists who do not have permanent employers. However, staff also ask these applicants to state their hours of locum employment to confirm that they will receive adequate support in their workplaces.

The DPP and a representative from the supporting organisation must act as the applicant's referees and confirm their support for the applicant. Students complete a learning contract when they join the course: this helps them to finalize their scope of practice. Staff explained that they have sometimes asked applicants for assurance that they have sufficient and relevant experience to succeed on the course. Staff are prescribing pharmacists and they use their experience to judge applicants' preparedness. Most queries relate to applicants' scopes of practice. For example, staff took advice from colleagues having expertise in dentistry for an applicant who intended to treat dental pain, and subsequently asked the applicant to amend their intended scope of practice. Staff have also rejected applicants whose DPPs were unsuitable: this happened when an applicant proposed a DPP who was suspended from their professional register. Applicants may reapply for the course if their initial application shows that they are not sufficiently prepared for their studies.

Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes No

The team was satisfied that all five criteria relating to the equality, diversity continue to be met.

The provider's written submission detailed the institutional policies and processes which aim to embed the principles of EDI throughout the provider's work. These policies align with the Quality Assurance Agency's UK Quality Code for Higher Education. They are monitored at school-level committees and ultimately overseen by an institutional-level committee. Cultural awareness and EDI training is compulsory for all staff.

Staff take an inclusive approach to course design, responding to changes in the student population and to circumstances requiring adaptations to the timetable or delivery. The course incorporates various teaching modes to accommodate different learning styles and to promote accessibility. Transcripts are provided for recorded material, and electronic formats are used for written content so students can adjust the material to suit their needs by increasing font size, for example. The course syllabus also considers the broad range of both student and patient backgrounds, using inclusive language and choosing case studies and images which reflect student and patient diversity. Assessment skills are taught in a manner that is inclusive and sensitive to students' physical, cultural and religious needs. Staff confirmed that they also analyse assessment data to identify the impact of any protected characteristics on student attainment. This is an annual exercise which contributes to the provider's Continuous Enhancement Review process (CERp).

The team explored the process for students needing reasonable adjustments for assessments. Staff described the process used for a student with a hearing impairment: they ensured that hearing loops were working and that the assessment took place in a room free from excess noise. Staff reassured the team that the course's learning outcomes are still assessed at the same level if reasonable adjustment are applied to an assessment, and pointed out that reasonable adjustments do not necessarily change the method of assessment: sometimes students are merely permitted extra time for an assessment, for example. Staff still ensure that learning outcomes are met and assessed if the assessment method is changed, and students must meet the Royal Pharmaceutical Society's (RPS's) Prescribing Competency Framework to complete their portfolios.

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 continue to be met.

The provider's written submission showed evidence of a clear course management structure connected by a series of committees to faculty-level and institutional-level management teams. A course leader oversees the course's design, delivery, assessment and quality assurance. The course is delivered twice per academic year, and each cohort has its own course co-ordinator.

The team used the event to explore the process for monitoring staffing levels. Staff explained that heads of department monitor staff numbers and will support applications for more staff if there is a need. This is referred to the Executive Dean via the Dean of Education. New colleagues have recently been recruited and staffing levels are therefore good. All members of staff are able to contribute to any aspect of the workload and any aspect of teaching, and teaching is further supported by colleagues from the Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care. The personal tutoring system is also efficient and not burdensome on staff.

The team also discussed the roles of the course's academic advisors and tutors in supporting the students. Staff explained that the course uses face-to-face teaching for the first three months and this format allows students to approach staff to discuss any problems that they encounter. Monthly drop-in sessions are then held to discuss issues with groups of students. Staff encourage students to contact them individually if they experience problems with their studies, and mitigations can be applied where necessary. Each student has a personal tutor and senior tutors are available if students experiencing academic problems need further support.

DPPs are responsible for overseeing and assessing students' learning in practice, and the provider operates several mechanisms allowing DPPs to liaise with the course staff about students' progress. For example, staff contact all DPPs at the start of the course and send them a recorded webinar. DPPs also receive a list of course requirements and a handbook. This defines their responsibilities and provides guidance on assessing students and identifying and managing unsafe practice. The learning contract is also used to inform DPPs of students' needs and includes a timetable for completing the course's learning outcomes: DPPs must sign the contract to show they are aware of its requirements. The provider holds lunchtime drop-in sessions for DPPs to raise concerns with course staff. The team noted that the course co-leads shoulder significant workload which would test the course's resilience if students and DPPs require more support. Staff acknowledged that more support might be needed to cope with cohorts' changing needs but the team noted that there are established processes for securing sufficient resources and staffing. The team was therefore assured by the provider's processes for managing the course's resources and staffing.

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 continue to be met.

The provider's quality assurance system is managed by a system of committees which are ultimately overseen by the provider's Academic Board. Within the Faculty, the School of Bioscience Education Quality Committee is responsible for monitoring and reviewing programmes. At the end of each academic cycle the course leader submits data needed by the provider's Continuous Enhancement Review process (CERp), examining relevant quality assurance data and detailing any actions to be implemented before the next academic cycle. The provider also uses feedback from students and stakeholders for its quality assurance processes. An Independent Prescribing Programme Steering Group includes the management teams for the pharmacy and nursing independent prescribing programmes, and reviews the curriculum, delivery mode and strategy for assessment.

The team was keen to explore the impact of reducing the length of the course from nine months to six months. Staff pointed out that this was a recent change and the current cohort is only the second to experience this new structure. Staff have not, therefore, been able to review the new course in detail, but the initial cohort has provided positive feedback on the new course, and student achievement has been encouraging. Staff recognized that a thorough review is necessary, particularly as students now come from a wide variety of clinical backgrounds, and assured the team that this will be conducted in line with the provider's usual CERp systems at the end of the current academic year. They also informed the team that stakeholder engagement meetings are held annually, with the next one to be held at the end of the academic year. The team noted the provider's plans to review the course and will consider the outcomes of the provider's review, including the use of stakeholder engagement, at the next accreditation event.

The team also discussed the provider's use of student feedback to inform course delivery. Staff explained that feedback is collected at the end of each cohort and that it is a portfolio requirement for students to submit feedback. Staff have been responsive to the feedback, most obviously in shortening the course because previous students felt that the previous nine-month course was too long. Staff also removed teaching on key body systems because this was unhelpful to cohorts with such diverse clinical backgrounds and enhanced the teaching of consultation skills, such as history taking. Staff hold staff-student liaison committee meetings but have found that students rarely attend them, probably because they are in full-time employment. They intend to promote these meetings in future, perhaps using remote meetings to facilitate attendance. The team noted that plans are in place for more formal processes and will review the success of these plans at the next accreditation event.

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 continue to be met.

The course is designed and delivered in accordance with the provider's institutional-level education strategy and a course-level teaching, learning and assessment strategy. The course adopts a blended learning format, comprising face-to-face instruction, supported by e-learning material and 90 hours of learning in practice which is guided by the learning contract and supervised by DPPs.

Staff explained that the course accommodates students with a diverse range of prescribing areas, experience and knowledge. Recent changes to the course content have made it more suitable for a diverse range of students. Staff expertise is also broad, encompassing primary and secondary care as well as experience working in multidisciplinary teams. They can also use the expertise of colleagues from different departments.

The team was aware that DPPs may sometimes delegate the supervision of students, and sought assurance that this function was delegated to appropriately qualified and experienced colleagues. Staff explained that DPPs are given information on assessments and who may conduct them, and that they must countersign any assessment conducted by other colleagues. Students are also advised of the circumstances under which supervision may be delegated to someone other than their DPP. Staff pointed out that students can gain valuable experience when supervised by a colleague with specialist

expertise in particular field. Staff always verify that workplace assessments have been conducted by appropriate supervisors when they mark students' portfolios and they do not recall any cases of supervision or assessments being conducted by unsuitable staff.

Staff described the process for managing concerns regarding a DPP: they hold a discussion with the DPP and the student and try to remedy the concern. For example, they have provided advice to DPPs when students reported insufficient supervision or experience and have helped a student to change DPPs when their original DPP was not offering sufficient supervision. Staff have also granted extensions to students' work and have adjusted their scopes of practice when DPPs have been taken ill.

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 continue to be met.

Students on the course must undertake at least 90 hours of learning in practice in a patient-facing clinical setting relevant to their area of prescribing practice. The provider regards this as essential for students to develop the behaviours, skills, knowledge and understanding required for independent prescribing. The provider states these requirements in its online prospectus, ensuring that that prospective students and DPPs are aware of the requirements before starting the programme. The student, DPP and a manager from the employing organisation must confirm in writing that they are aware of the learning in practice requirements. Students must record their learning in practice in their portfolio. They are expected to detail the patient-facing activities that they undertake in practice and the skills that they achieved through each activity. The DPP must confirm that the student has completed their learning in practice under their supervision.

The team discussed the amount of time students spend under their DPPs' supervision. The provider does not stipulate the minimum amount of supervision by DPPs, but staff advise students that their DPP should supervise at least half of their supervised experience. Staff also advise students to seek supervision from other colleagues to gain wide experience.

Standard 7: Assessment

Standard met/will be met? Yes No

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

The course uses formative methods to inform student learning, through feedback during the taught sessions and ongoing feedback from DPPs during the learning in practice component of the course. Summative assessments test students' knowledge and skills relating to physical assessments and prescribing, including risks. These assessments include an extended MCQ exam, the submission of a therapeutic and risk framework report, and a 30-minute obstructive structured clinical examination (OSCE). The OSCE requires students to do an in-depth clinical consultation, SBAR the finding to the examiner and communicate the next steps to the patients based on their findings. Students' portfolios include two cases of patients they have managed, and a range of workplace-based assessments tools

completed by the DPP. The second case has a greater word limit and includes the element of holistic care for assessment, both cases are summative.

A competency grid relates activities undertaken to learning outcomes and competencies. Students must also submit reflective accounts on cases they have managed. DPPs must state that students have achieved the required level of practice at the end of the course. The portfolio is reviewed by a member of the course team and verified during an oral examination. All elements of assessment must be passed for the student to graduate from the course.

The team used the event to discuss the robustness of the provider's assessment strategy, including the provider's approach to setting pass marks and their relation to safe practice. Staff explained that, in accordance with university regulations, the pass mark for all postgraduate courses is 50% but reassured the team that the course's assessments cover students' complete scope of practice. Staff also pointed out that students will automatically fail an assessment if they demonstrate unsafe practice. There have been no examples of unsafe practice to date, but some students have failed when they have failed to work within their scope of practice when a patient's clinical status has changed. Staff are planning to apply formal standard-setting approaches, such as Angoff and borderline regression methods, to establish pass marks. They expect to implement a suitable approach by the next academic year. The team noted that a standard-setting process is in development and this will be reviewed at the next reaccreditation event.

The team also explored the provider's measures for ensuring the consistency of marks. Staff explained that marking is blind and is guided by a marking template to maintain consistency. Assessments are marked by two members of staff as well as an additional colleague where the two marks differ by ten percentage points. Marks are discussed at the examination board if they are close to the pass-fail borderline, and an external examiner confirms that marks are appropriate. Marks awarded by new staff are checked closely.

Staff explained that DPPs must sign-off students' hours of practice and conduct various assessments including direct observations of procedural skills, and assessing the RPS Prescribing Competency Framework competencies. DPPs must have at least three years of experience as well as experience of supervision. The course team believes this is adequate to ensure that DPPs conduct assessments appropriately. The team was satisfied that the provider checks DPPs' suitability at beginning of the course and also notes the routes to address any problems concerning assessments conducted by DPPs.

The team was also interested to understand the provider's system for offering timely feedback. Staff explained that formal results and feedback can only be given after examination boards have confirmed students' marks. However, they are confident that students are aware of this because they are given the course's key dates, including the dates of the examination board. Students therefore know when they will get formal feedback when they begin the course. Staff also remind students of the timescales for receiving their results when they meet them for their oral examinations.

Standard 8: Support and the learning experience

Standard met/will be met? Yes No

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

The provider's written submission described the support available for students. Students receive an induction session on the first day of the course: this includes introductions to the course and its assessments, the library and computer services, and the course's learning contract.

Each student is allocated an academic personal tutor to provide pastoral support during the course. Students are informed of the support available from the provider's central student services, IT and libraries. This includes guides for academic skills and writing, advice for health, wellbeing and disability issues, and information concerning the appeals and misconduct processes. Students have access to all the provider's resources including library services, study support resources, study space and computer access.

The team sought reassurance that students received appropriate support for the course, which has now been shortened to six months' duration. Overall, staff were satisfied with students' engagement with the course. Drop-in sessions are available to students but these have not revealed any problems with the course, and students' case reports have so far been of a high quality. Staff reassured the team that there had been few problems with students' workload although workforce pressures have sometimes interfered with students' hours of practice and have delayed some assessment submissions. The provider has supported these students by applying mitigation to allow them to defer the completion of their studies. Staff also noted that some issues arose when agreeing learning contracts with individual students but were confident that these matters reflected the needs of specific students and DPPs rather than concerns over the course itself. They also noted that an IT problem had affected some online assessments but that this had been resolved.

The team also sought clarity concerning the amount of time students should spend with their DPP. The provider does not formally specify the minimum amount of time students should spend with their DPP: staff advise students to spend half of their supervised practice with their DPP but this is not stipulated in the portfolio handbook, the student handbook or in the DPP handbook.

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 continue to be met.

As discussed under standard 1, the provider considers prospective DPPs' experience and expertise when applicants apply for the course. As well as describing their experience, DPPs must state whether they are supervising other students on other courses: there must be a plan for supervising multiple students under these circumstances. The DPPs' training programme is described under standard 3. Course staff confirmed that they do not check DPPs' engagement with the initial webinar and noted that few DPPs engage with the webinar held midway through the course. DPPs are able to contact course staff if they experience any problems supervising their students, and the provider maintains records of any concerns raised by, or regarding, DPPs. They also contact DPPs if students express concerns over their supervision and highlight any concerns that might indicate a DPP is unsuitable for

the role. The team was reassured that staff are able to detect problems with supervision through their regular meetings with students.

The team discussed the type of feedback available to DPPs. The provider offers cohort-level feedback that captures students' views on their DPPs, however staff recognized that there were challenges to providing feedback to individual DPPs and that no such feedback is currently offered. Staff are considering giving additional forms of feedback in future. The team will review the provider's progress on this matter at the next reaccreditation even

