

**University of Reading independent
prescribing course reaccreditation event
report, January 2023**



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Event summary and conclusions

Provider	University of Reading
Course	Independent prescribing course
Event type	Reaccreditation
Event date	20 January 2023
Approval period	April 2023 – April 2026
Relevant standards	<u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u>
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 Reading 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.
Registrar decision	The Register is satisfied that the University of Reading 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. The Registrar confirms that University of Reading 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.
Maximum number of all students per cohort	Up to 50
Number of pharmacist students per cohort	Up to 50
Number of cohorts per academic year	Three
Approved to use non-medical DPPs	Yes

Key contact (provider)	Jill Merewood, Programme Director
Provider representatives	Prof Jane Portlock, Interim Director of CIPPET Jill Merewood, CIPPET prescribing programme director Sue Slade, Clinical Lecturer Caroline Gowlett, Clinical Lecturer Daniel Grant, Teaching and Learning Dean Allison Penn, Senior Quality Support Officer (Accreditation and Periodic Review) Keith Swanson, Director of Quality Support and Development Dr Jan Glaze, Clinical Lecturer
Accreditation team	Lyn Hanning (event Chair), Director of Practice Based Learning and Head of Pharmacy Practice, University of Bath Mira Jivraj (team member - pharmacist), Deputy Clinical Services Manager, Pharmacy Northwick Park Hospital Hannah Poulton (team member - lay), Non-Executive Director and Consultant Marketing Director
GPhC representative	Chris McKendrick, Senior Quality Assurance Officer (Education), General Pharmaceutical Council
Rapporteur	Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde
Observer	Katie Carter (Observer - new accreditation panel member in training) Consultant in Healthcare Regulation and Education

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

Background

The University of Reading was first accredited to provide a supplementary prescribing programme in January 2005, an independent prescribing conversion programme in January 2007 and an independent prescribing programme in April 2008. It was reaccredited to provide the independent prescribing and independent prescribing conversion programmes in 2011, 2014, 2017 and 2020. The 2017 reaccreditation was approved based on two types of programmes, the weekday programme taking place on weekdays over six months and the weekend programme taking place on five weekends over six months. The last reaccreditation took place on 5 February 2020 at which the accreditation team agreed that the University of Reading independent prescribing programme should be reaccredited for a further three years. There were no conditions or recommendations.

Following the January 2020 reaccreditation event, the University received approval from the General Pharmaceutical Council (GPhC) for several programme changes in response to the COVID-19 pandemic. The changes included moving to online delivery of some assessments. Following the success of this new form of delivery the extended patient scenario and the scope of practice viva have continued to be performed online. Apart from some workshops which ran well online, most of the teaching has moved back to face-to-face. All written exams have returned to an in-person format. The programme submitted for the present reaccreditation event is the same in structure as for the 2020 submission. The programme remains approved by the Nursing and Midwifery Council and the Health and Care Professions Council with no new conditions or recommendations since the last reaccreditation by the GPhC.

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 20 January 2023 and comprised several meetings between the GPhC accreditation team and representatives of the University of Reading 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

Lyn Hanning declared that she was working with a group of schools of pharmacy, including that at Reading on undergraduate placements for the MPharm degree. This was not deemed a conflict of interest by the GPhC representative.

There were no other declarations of interest.

Schedule

Meeting	Time
Private meeting of accreditation team and GPhC representatives, including break	09:30 - 10:45
Meeting with course provider representatives	11:00 - 12:45
Lunch	13:00 - 14:00
Learning outcomes testing session	14:00 - 14:35
Private meeting of the accreditation team and GPhC representatives	14:45 - 16:15
Deliver outcome to the provider	16:15 - 16:25

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 **six** 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: **10, 14, 17, 19, 25 and 32**

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 submission stated that the entry requirements for the programme are available on the website for applicants. Applicants must submit documentation to support their application which provides selection criteria in line with GPhC and University requirements. Applicants must meet GPhC entry criteria for enrolment. There are no restrictions on applicants' circumstances to ensure that all applications are considered on merit. The team was told that the programme team had reviewed the application process in the light of the new standards. The screening process has been changed. The supporting statement must include demonstration of the applicant's area of competence considering the RPS framework and the GPhC standards. It was emphasised that patient-centred care is crucial in the statement

All applicants are interviewed to enable them to demonstrate that they meet the GPhC requirements. Interview questions have been reviewed to reflect competency. All interviews will be recorded for consistency and scoring will be on a 1, 2, 3 scale. The scoring system will be trialled on colleagues before it is implemented for applicants.

It was stressed that the programme is seeking motivation to improve patient care rather than personal career enhancement. Thus, applicants need to understand the risks and accountability associated with prescribing and show examples of patient-centred care without any evidence of patient harm. The admissions team checks independently the applicant's register entry to confirm that they are registered with the GPhC or PSNI and are in good standing with their regulator.

The applicant's employing organisation is required to confirm that governance structures are in place to support students' learning experiences. Self-funding students are required to submit an additional self-funding declaration to confirm that they have appropriate access to clinical support and records, as well as ensuring that mechanisms are in place to uphold patient safety. Sponsored/commissioned applicants that are undertaking their practice learning outside their usual employer also complete this. Applications are initially processed by the programme administration team that confirms the application is complete along with the professional registration information for the applicant and their proposed DPP. Programme-specific documentation is available on the website for applicants. Information on what is considered suitable clinical and therapeutic experience is detailed in the statement of purpose guidance.

Where applicants do not meet the criteria, a reason and justification are recorded by the admissions tutor. Applicants are informed of the decision with reasons. Applicants who are rejected can appeal the decision. The team wished to know how many applications are rejected and was told that for the last cohort 50 places were available, with around 80 applications. Four or five applications were rejected, several applications were incomplete, or the applicants chose not to study. The remainder were referred to the next available cohort.

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 and inclusion will continue to be met

All staff members complete mandatory training in information governance, unconscious bias and equality and diversity at induction. There is ongoing training and support for staff to understand and implement inclusive teaching, and to recognise equality and diversity needs. The student charter requires all students to treat one another with respect, tolerance, and courtesy regardless of identity, background, or belief, both in person and online.

Students on the programme have the choice of a weekend or weekday programme to support those with caring responsibilities and those who work part-time. Design and delivery of all workshops are designed to reflect the diversity of the UK healthcare population. Academic staff members use multicultural themes to ensure that students have equal opportunity to engage with the materials. This includes the study of rashes in different skin colourings. Group work encourages students to consider the role of the diversity of their own and their group's patient population. The influence of unconscious bias on future prescribing practice is discussed to embed good practice with respect to clinical practice. During the DPP induction training the role of fair and transparent assessments is covered to ensure that students are not discriminated against in the practice environment. In case of student difficulties, a member of programme team will meet with student and their DPP to resolve problems. If students find it impossible to fit in the required practice hours, they can submit their portfolio at 10 months rather than at 6 months.

The programme team audits student performance and progression, mainly on the MPharm degree, to identify trends over time, and to capture information on protected characteristics. Where data implies a disparity in outcomes, the Programme Director initiates an investigation, and where necessary the redesign and monitoring of agreed changes. Where a student has a declared disability, the University disability advisors work with the programme team to provide guidance and resources in line with reasonable adjustments. The School Director of Teaching and Learning works with the advisory service to ensure that assessments of competence are appropriately assessed when making adjustments. The legal aspects of prescribing workshops are led by a qualified barrister who works as a healthcare professional, including information on consent, privacy, equality, and human rights legislation.

Standard 3: Management, resources and capacity

Standard met/will be met? Yes No

A programmes management plan provides information on the relevant University policies that need to be considered for programme delivery and monitoring, roles and responsibilities, reporting lines, managing risks, and raising concerns routes. The responsibilities of the programme team, the student and the DPP are included in the DPP and programme handbooks. All workplaces are quality assured before a student can commence their learning, or when concerns are raised. All students have a

learning contract with the University and an individualised learning contract with the DPP.

The teaching team includes pharmacists, nurses, annotated independent prescribers, as well as doctors and physician associates. Sessional lecturers provide specialist teaching including a doctor and a barrister. The team was told that several new staff members have been introduced onto the programme recently with their requirements being identified, for example with advice on marking. Any emerging risks are identified which will be reported to a higher level. These include risks associated with the University and with Trusts. The programme team is aware of stresses within the NHS which may lead to the inability of some students to complete the programme.

The team wished to know the current staffing situation for the programme and was told that students have been unaffected by recent staff changes. The staffing is now stable but two new staff members (0.2-0.4 FTE) are to be recruited in the near future. The current FTE is 1.8 plus administrative and support staff. There are currently nine members of staff associated with the programme. All are non-medical prescribers and two are advanced nurse practitioners. The team was told that there are pinch points around marking but other IPs assist with marking. It was confirmed that although during the staff changes the cohort size was reduced from 50 to 30 it is now back up to 50.

All staff members are required to maintain an element of clinical practice to ensure they can bring relevant and up-to-date experience to the teaching and learning. All DPPs are screened to ensure that they have the relevant experience in clinical practice and within the student's proposed area of practice. The clinical skills teaching takes place in the Department's clinical skills suite which supports group work, clinical skills and has computer facilities and consultation rooms with video recording equipment. New staff members have all their teaching and marking peer reviewed until they have reached the required level of competence and confidence.

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 programme has been validated fully by the University. Every six years all programmes within the School of Pharmacy undergo a Periodic Review process with internal and external monitoring and evaluation of programmes. Panel members also include a student representative. The 2018 Periodic Review approved all programmes to be continued to be offered by the School. The annual quality assurance review considers the monitoring, review and evaluation of programmes including the external examiner report(s), student feedback, stakeholder feedback and student outcome trends. Feedback is obtained from students, staff and other stakeholders including practice-based learning partners and patients. Minutes of the staff/student liaison committees are posted on Blackboard so students can see how and why changes have been made. Feedback for the course consistently provides praise for the pastoral care provided. The team learned that due to student feedback Case Studies 1 and 2 were changed because they were too similar, and a maximum word count was introduced.

Teaching materials are reviewed and updated at least annually to ensure they are in line with current legal and regulatory requirements as well as with current evidence and guidelines. Where minor or major changes to the programme have been required, these have been submitted to the GPhC for

approval before being implemented. All members of staff have a performance development review annually, where feedback on teaching can be evaluated and further education and training opportunities identified for the subsequent year.

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

A range of teaching and learning methods is used to support the achievement of the learning outcomes. These are designed to promote professionalism and high standards in all areas of practice. Applicants have a diverse range of knowledge, skills, and behaviours. The programme is delivered largely by means of workshops and tutorials including group work and role-play. In addition, students are expected to undertake directed and self-directed learning to achieve the required 26 days of learning activities.

The programme team guides students in their learning plans to ensure that they meet the learning outcomes. The team wished to know how the team will adapt the application process to assess the wider range of skills that learners might present with in the coming years. The team was told that the programme has always had community pharmacists but that the process needed to be robust in supporting students for the interview process and that DPPs will need declarations of support.

The programme team works closely with the physician associate programme team, including GPs and qualified physician associates, who also can support physical assessment skills teaching and assessment. The clinically enhanced pathway to independent prescribing has been introduced successfully supported by the two advanced nurse practitioners. There is engagement with local practice-based learning stakeholders including acute trusts, mental health and community trusts, clinical commissioning groups, primary care networks, general practices, and local patient representatives. Service users are part of the assessment team for the OSCE extended patient scenario station, taking roles as patient actors. The team learned that elements of online teaching and assessment, including the use of online OSCEs to mimic remote consultations, which had been used during the COVID-19 pandemic had been retained. This was said to reflect real practice and had received good feedback from students.

There is guidance for students and DPPs on expectations for learning time, for example, minimum time with the DPP, exploration of opportunities for inter-professional learning and time focusing on diagnostic skills. The programme and DPP handbooks indicate that the DPP is responsible for not only supporting the student to plan and implement their learning experience but to also uphold patient and public safety at all times. Students are expected to maintain behaviours associated with their professional code of conduct; where concerns about patient safety are raised, they will be investigated, and the student may not be able to continue their studies. Any unsafe practice identified as a fitness to practise issue would be dealt with at Department or University level. Students and DPPs are informed of the process for raising concerns, and the DPP induction training includes a section on identifying students in difficulty and raising concerns. In the example of concerns with DPPs or the learning environment, the student would be encouraged initially to work out any personality issues or contact hours issues with their DPP. Each DPP is limited to two students.

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

All students must undertake 90 hours of supervised learning in practice. Guidance on how the hours should be planned is included in the DPP handbook and module handbooks. Students complete a practice placement profile as part of their induction which provides details of the provision plan for their supervised learning in practice hours. The DPP and the employing organisation declarations confirm that all parties are aware of the requirements of the learning in practice. Students cannot enrol on the programme without a DPP, and students cannot prescribe autonomously during the programme. Students that anticipate spending less than 50% of their hours in practice with their DPP must establish that the DPP has arranged to meet them regularly, as well as their other supervisors, to ensure they are kept up to date with the student's performance.

The programme team liaises with employers to support the workplace-based learning experience. The programme team engages with the workplace-based learning environment and the DPP at set points: during admission, induction, any site visits, submission of their record of in-house training and at the final sign-off to serve as progression monitoring points.

During application, the proposed DPP is screened for suitability to undertake the role. The DPP should meet with the student at regular intervals to ascertain progress. The DPP declaration is used to confirm potential conflicts of interest and their professional registration to confirm there are no conditions on their practice or fitness to practise annotations which conflict with the core competences of the role. Information is provided in the DPP information sheet on what constitutes evidence of competence to undertake the role as a DPP. After confirming competence, all DPPs must attend either online or face-to-face induction training to contextualise the programme. The training includes information on equality and diversity, along with that on supporting students needing any reasonable adjustments. The student must have a statement of competence from the DPP to be able to pass the modules and therefore the programme.

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

There is a range of formative and summative assessment methodologies, trying to use standard assessments. These include peer assessment, written reflective reports, written case studies, problem/case-based learning, objective structured clinical assessments (OSCEs), presentations, oral and written examinations, practice-based learning and practice-based assessment. The team was told that the programme attempts to avoid over-assessing students. All assessments include a mandatory check of professionalism and absence of evidence of potential patient harm. Throughout the coursework students are required to critique the theory/evidence to their own individual practice. Case studies focus on clinical evidence with a reflection focussing on a personal critique of the student's own practice. The marksheets for professional examinations are based on criteria that have

been validated by the programme team and are approved by the external examiners to provide assurance that they remain valid and reliable. To enhance reliability and ensure objectivity all OSCE stations are videoed to ensure moderation can occur.

The use of validated workplace-based assessment tools such as the Medication Related Consultation Framework (MRCF), case-based discussions (CbD), Direct Observation of Practical Skills (DOPS) and Mini-CEX support assessment within the practice-based learning environment. Students are required to undertake at least two workplace-based assessments, an MRCF and a DOPS. Reflective essays and case studies have proved to be effective in identifying weaknesses in knowledge as well as questions about critical awareness of student's own competence and confidence to prescribe. The team was told that the practice placement profile is used as a basis for QA of assessments and the course team can undertake placement visits and educational audits; this is done routinely for new pharmacist DPPs.

A register is taken at every study day, and the dates of sessions and of the assessments are provided on the website prior to applications being submitted so applicants can consider their availability prior to applying. Where further exploration of the written work is required, the student is invited to a tutorial meeting. This can be followed by a meeting with the DPP as needed. The programme director maintains a student tracker which identifies students with poor attendance and/or who do not submit, or perform poorly at, work submitted for formative feedback including the practice OSCE. Feedback is provided to students from their DPP, their peers and the programme team. All summative assessments must be passed for the Practice Certificate in Independent Prescribing to be awarded; there is no compensation between assessments or opportunity for condonation. The team learned that, in terms of patient safety, students must inform patients that they are in training. It is made clear that practice learning must be supervised, although it was noted that this can be difficult if the student already working in a GP surgery.

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

During induction students are provided with information on the programme including the workload, supervision requirements, support processes and how to access resources, along with the programme and module handbooks. Every new cohort has a timetabled session given by a student that has recently completed the programme, who is asked to present their own guide on how to approach the programme. New students will receive this peer-to-peer teaching session. All students are allocated an academic tutor who provides support during their studies. Students are advised to meet their DPP during induction to not delay their workplace-based induction meetings. Information on how the learning in practice hours should be designed is provided to students and DPPs during induction and in handbooks. Teaching sessions involve peer learning and peer assessment to encourage students to support each other. As some students have struggled to complete their learning in practice within six months, the use of six- and ten-month portfolio submission deadlines has been introduced to support individuals who may require more time to complete.

Standard 9: Designated prescribing practitioners

Standard met/will be met? Yes No

A database of approved DPPs is maintained to ensure that any identified issues are acted upon, and to list previously used and trained DPPs. Where proposed DPPs are not doctors, advanced nurse practitioners or advanced clinical practitioners, they will be required to provide further evidence of their competence in clinical and diagnostic skills. Acceptable evidence might include having undertaken an advanced history-taking and clinical skills module, or a statement of competence from a colleague in one of the above professions. The team was told initially that if the DPP were a pharmacist then a student's physical assessment skills would be assessed by another professional. This was revisited in an extra short meeting at which it was stated that a pharmacist DPP can undertake the assessment of physical assessment and diagnostic skills if they declare and can provide appropriate evidence of such competence and experience at the time of application.

All DPPs must agree to undertake induction training for the prescribing programme prior to beginning the role. This is to reinforce reliable, fair, and objective workplace-based confirmation of competence. The team was told that the application team will require further evidence of competence if DPP does not wish to undertake the University training. An educational audit will be undertaken for new DPPs, including pharmacist DPPs. Thus, DPPs that have limited experience in workplace-based education and training are required to undertake baseline training, including the principles of feedback, supervision and raising concerns.

The team learned that any potential issues with the DPP's experience and competence can be discussed at the student interview, but the programme team can also talk to the DPP. The team was also told that the DPP should not be a locum and that if a pharmacist DPP is used, the student must spend 12 hours with a medical doctor or advanced practitioner.

The team wished to know how it is ensured that when DPPs delegate supervision of pharmacist prescribers in training, they do so to appropriately qualified and experienced staff. The team was told that the need for delegation would be identified in the practice placement profile. There should be at least 33% direct work with the DPP. The DPP must identify a delegated supervisor who might be an advanced practitioner and be responsible for the final sign-off of competence.

All DPPs are enrolled on Blackboard to a specific area for supervisors including the DPP handbook, a copy of the training to allow refreshment of their understanding and relevant further reading. Where concerns are raised the programme team will contact the DPP immediately; most of the concerns raised are considered minor and often relate to misunderstanding. Where concerns are more major, they are investigated using the educational audit in a site visit to fully assess the workplace environment. Students complete an individual and anonymous online survey after the programme. This is to avoid the DPP seeing the feedback prior to the programme completion and disrupting the power relationship and future working relationships. However, the team was told that there has been poor student engagement as they will normally have already had discussions with DPPs or have completed and left the programme. Generic feedback is provided as a summary to DPPs at the end of the programme. Students can agree for their individual comments to be passed back to their DPPs or the programme team may include the themes generically.

