

**University of Salford independent
prescribing course reaccreditation event
report, May 2023**



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Event summary and conclusions

Provider	University of Salford
Course	Independent prescribing course
Event type	Reaccreditation
Event date	12 May 2023
Approval period	August 2023 – August 2026
Relevant standards	<u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u>
Outcome	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by the University of Salford should be reaccredited for a further period of three years.</p>
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Registrar decision	<p>The Register is satisfied that the University of Salford 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 University of Salford 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	Currently 70, increasing to 100
Number of pharmacist students per cohort	Currently 35, increasing to 60
Number of cohorts per academic year	Six

Approved to use non-medical DPPs	Yes
Key contact (provider)	Elizabeth Garth, Prescribing Programme Lead
Provider representatives	Jacqueline England UoS Directorate Quality Assurance and Enhancement Lead Elizabeth Garth, NMP Programme Lead Clare Liptrott, Professional Lead for Pharmacists Dr Paul Wilson, UoS Associate Dean Quality and Enhancement
Accreditation team	Fiona Barber (event Chair), Deputy Chair & Independent Lay member, East Leicestershire & Rutland CCG Professor Ruth Edwards (team member - academic), Head of School of Pharmacy, University of Wolverhampton Mira Jivraj (team member - pharmacist), Deputy Clinical Services Manager, Pharmacy Northwick Park Hospital
GPhC representative	Rakesh Bhundia, Quality Assurance Officer (Education)
Rapporteur	Jane Smith, Chief Executive Officer, European Association for Cancer Research
Observers	Richard Calver (Rapporteur in training) Quality Manager, NHS England Judith Montenegro (Observer) Data, Monitoring and Evaluation Officer (Education) General Pharmaceutical Council

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/ukxi/2010/231/contents/made>

Background

The University of Salford, 'the provider', was first accredited in 2007 to provide a course to train pharmacist independent prescribers. The course holds accreditation from other professional bodies to enable their registrants to train as prescribers and is led by a nurse. The provider currently offers the course to six cohorts each year. Each cohort currently consists of a maximum of 70 students, around half of whom may be pharmacists. The provider intends to increase this to up to 100 per cohort, with up to 60 pharmacists. This is in response to NHS future workforce needs.

The course was last reaccredited by the GPhC in June 2020 for a period of three years. There were no conditions associated with reaccreditation. One recommendation was made, which was that the course may benefit from documenting policies and procedures. These included, but were not limited to, a course management plan including risk management, and a teaching, learning and assessment strategy. The course team has subsequently enhanced its written policies and procedures, particularly considering developments in digital technologies and other learning from the pandemic.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, updated October 2022, an event was scheduled on 12 May 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 12 May 2023 and comprised of several meetings between the GPhC accreditation team and representatives of the University of

Salford 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

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

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 the level required by the GPhC standards. The following learning outcomes were tested at the event: **2, 5, 19, 27, 29 and 31.**

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 be met or continue to be met.

The course entry requirements are provided in an applicant information book and online, along with contact details for the programme lead and pharmacist programme lead, in case of queries from potential applicants. The provider uses an application form that is shared by a consortium of universities in the northwest of England.

The team asked how the provider will assess that applicants have relevant patient-facing experience in a UK pharmacy setting, and particularly the ability to recognise, understand and articulate the skills and attributes required by a prescriber. The provider explained that they have developed a checklist against which applications are reviewed. This will allow other members of the team to step in if the programme lead is unavailable. The application form asks pharmacists for evidence of their experience and the provider will triangulate this with professional references. The provider will also review how an applicant's experience links to their intended scope of practice, and will seek evidence of relevant transferrable skills.

Applicants who clearly do not meet the criteria are rejected by email, with the offer of verbal feedback. In the case of queries or uncertainties, the pharmacist programme lead will contact the applicant for further details. If concerns remain after this conversation, the applicant will be advised to consider reapplying at a later date.

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 be met or continue to be met.

The course curriculum is designed, with stakeholder input, to be inclusive and course materials are reviewed to ensure they are accessible in terms of the fonts, language and colours used. Lecture materials are made available at least five working days in advance of the scheduled session and students can book tutorials with staff if they need additional support in particular areas.

Students are made aware at the start of the course of the School and University-level support available to them. They are encouraged to refer themselves to the Disability Service if they feel they need adjustments to teaching or assessments. Reasonable adjustments are made according to recommendations, but learning outcomes are not modified.

Students are taught their legal responsibilities under equality and human rights legislation, and this knowledge and its application is assessed at several points throughout the course.

Equality and diversity data is collected by the University level and is analysed at School and course level to identify differences in attainment by gender, ethnicity and disability. Awarding gaps are being

identified across courses in the School and further progress in identifying and addressing gaps, utilising a broader and more detailed range of data, is expected within the next six months.

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 be met or continue to be met.

There is a management plan in place which outlines the roles and responsibilities of those involved in delivering the course, including in the practice environments. A tripartite learning agreement is signed at the start of the course by the DPP, the student and their academic assessor.

The team asked the provider to describe the process for identifying and managing risk and was told that at the point of validation, all programmes are reviewed for long-term viability. Staffing is reviewed quarterly at a programme level, and then in more detail once every five years. A new workload allocation model was introduced nice months ago which has helped to ensure that staff have fair and equitable workloads. Broader risks, beyond staffing, are identified and managed at School level.

The team asked how the provider will manage the planned increase in student numbers on the course and was told that additional staff are being recruited. Plans to grow the number of pharmacist independent prescribers involved in the course have been submitted to the University, as the planned numbers of pharmacists on the course increases over time from 35 to 60. The University gave assurance at the event that resources will be made available to support the overall planned growth in student numbers.

The team asked how the provider assures itself that facilities are fit for purpose for students when they are learning in practice. The provider uses Care Quality Commission data where that is available and has built experience over time of working with several learning in practice sites. The provider has contact with local Trusts and with individual DPPs if there are any concerns or uncertainties.

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 be met or continue to be met.

The programme was last revalidated in 2022. At the end of their studies, students complete a programme evaluation. Information is collected in a live facilitated discussion with programme staff. Key themes are identified, discussed by the programme team, and feed into an Annual Programme Monitoring and Enhancement Report with associated action plan. As an example of action taken as a result of feedback, the provider explained that students are now offered the option of joining either a university-based or an online-based cohort, in response to different learning preferences.

All University-based staff undertake a teaching qualification and teaching is peer reviewed. All University-based assessments are internally and externally moderated, and there is a review of pass marks at the end of each module. The team asked how assessment decisions in the learning in

practice environment are monitored and evaluated, and was told that there is a portfolio moderation process, including moderation across professions to ensure consistency.

Processes are in place to ensure the course is kept up to date. Lecturer practitioners bring relevant changes in practice into the School in a timely manner. For example, the remote prescribing course content has been updated in response to changes in practice during the pandemic.

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 be met or continue to be met.

The team noted that, in response to the recommendation made at the last reaccreditation event, the provider has made some progress in documenting its policies and strategies. However, these documents are not well signposted, and there is further progress to be made. For example, the course teaching and learning strategy, whilst available, is contained within the module specifications and not readily available as a stand-alone document. The team encourages the provider to make this strategy more visible.

The team asked the provider to explain how the teaching and learning strategy supports students to achieve the learning outcomes. The provider stated that the learning outcomes are used to guide course content. There is a clear strategy to use experiential learning throughout the course to integrate knowledge and practice, and there has been an investment in simulation facilities on-campus to support this. The strategy also encourages students to reflect on their learning from the beginning.

The provider has used stakeholder input to design the course, including from a University service user group, which developed to a service user and carer feedback tool for students to use in their work with these groups. The provider also engages with patients, who contribute to delivering the OSCEs in practice, and with other stakeholder such as the Northwest Forum for Non-Medical Prescribing courses.

There is a profession-specific session during induction week to remind students of their professional responsibilities as learners in practice. Patient safety is always prioritised, and course regulations are appropriate for a professional course. There are clear processes for everyone involved in the course to report concerns about patient safety. Students are subject to both Fitness to Study and Fitness to Practise policies and the team asked how these work together. The provider explained that the Fitness to Study route would be used first, with a referral to the Associate Dean for Student Experience. If this gives rise to Fitness to Practise concerns, then that policy is also followed. If the student is employed, then fitness to practise concerns are referred to the employer, and the employer is expected to report any sanctions to the GPhC. If the student is not employed, then the University will follow up with the GPhC. At all points in both processes, students are kept informed and offered support.

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 be met or continue to be met.

Students must complete the required minimum of 90 hours within a practice learning setting. These hours are recorded and confirmed by the DPP. At least 45 hours must be directly supervised by the DPP.

The team asked the provider to describe the process for assessing potential DPPs against the criteria in Standard 9. The provider stated that this starts at the point of application, when a DPP's experience is checked by the provider, along with their professional registration. The provider has a growing number of DPPs who have supervised students on the course in the past, but if there are queries about a new DPP's experience, then the pharmacist programme lead will contact them to discuss and will often visit their practice setting.

Standard 7: Assessment

Standard met/will be met? Yes No

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

The comment at Standard 5 about the lack of visibility of key policies and strategies applies also to this Standard in relation to the course assessment strategy.

Notwithstanding the above, the team noted that, there is an assessment strategy with a range of assessments mapped to the GPhC learning outcomes and the appropriate level of Miller's triangle. The strategy prioritises patient safety insofar as an assessment will not be passed if there is evidence of unsafe practise, and such concerns will be addressed through the Fitness to Practise process.

The team asked the provider for more details of the changes to the OSCE, which will now take place in practice rather than in the University setting. The provider explained that the rationale for the change is to create a more authentic assessment, carried out by someone with relevant clinical expertise. They also found that DPPs were keen to be involved in the assessment of clinical skills, as it gives them a structured tool for providing feedback to students. The provider has considered the need for consistency and quality assurance of assessment decisions and will achieve this via moderation of a clinical skills log to be completed in practice. This moves the emphasis to repeated practise, rather than a one-off assessment of a particular skill. There will also be set structured questions to ensure consistency and equity.

DPPs will be supported to make assessment decisions through training, including the use of videos role-playing model answers, and there will be an OSCE preparation session with students, as well as opportunities for formative assessments.

The provider will sample a minimum of ten OSCEs, selecting using a risk-based approach so, for example, new DPPs will be included in the sample. Moderators will provide a report and any comments needing further discussion will be discussed by the course team. Students who do not pass at the first attempt will be supported to develop an action plan for resubmission of their portfolio.

The team was satisfied that this is a robust assessment of clinical skills, and is in keeping with the course philosophy of authentic assessment. However, the team encourages the provider to consider renaming the assessment, as it is not an OSCE, but rather a direct observation of practise.

Student progress is monitored at the initial, midpoint and final points in the programme and action plans put in place if concerns are identified. All assessments must be passed for a student to successfully complete the course.

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 be met or continue to be met.

Appropriate support mechanisms are in place for students, including a comprehensive induction programme and a clear process for raising concerns. All students are allocated an academic supervisor and there is a meeting between the student, supervisor and DPP at three points in the programme. DPPs are introduced to the GPhCs' guidance on tutoring for pharmacists and pharmacy technicians, so that they are equipped to support students during the period of learning in practice.

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 be met or continue to be met.

Processes are in place to ensure that DPPs have the required experience and skills. They are given training and support in their role via an online resource. New DPPs are invited to an online session to discuss the role and requirements in more depth.

The team asked how the provider ensures that when DPPs delegate the supervision of students they do so to appropriately trained staff. The provider stated that is covered in the initial induction session for DPPs. Students submit an electronic log of their supervision and the DPP must verify the person who has carried out the supervision.

Feedback about practice learning is collated during the programme evaluation session, both at a course and individual level. This is fed back to the DPP and where appropriate action is taken to address any issues. Feedback is also provided to DPPs through the moderation of their assessments in practice.

