General Pharmaceutical Council

University of Central Lancashire, School of Pharmacy, independent prescribing course reaccreditation event report, June 2021

Contents

Event summary and conclusions

Provider	University of Central Lancashire, School of Pharmacy
Course	Independent prescribing course
Event type	Reaccreditation
Event date	25 June 2021
Reaccreditation period	September 2021 – September 2024
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by the University of Central Lancashire 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	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of 3 years.
Maximum number of all students per cohort:	40
Number of pharmacist students per cohort:	40
Number of cohorts per academic year:	2
Approved to use non-medical DPPs:	Yes
Key contact (provider)	Sakib Saleem Yousaf, Lecturer in Pharmacy Practice, Course Lead

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Provider representatives	Anisha Mamu, Lecturer in Pharmacy Practice
	Louise Cogan: Principle lecturer for pharmacy practice and MPharm course lead
	Dr Jane Alder: Deputy head for students and teaching
	Prof Colin Davidson: Professor of neuropharmacology, Head of the School of Pharmacy and Biomedicine
Accreditation team	Dr Ruth Edwards (event Chair), Head of Professional Experience, Aston University
	Mira Jivraj, Deputy Clinical Services Manager, Pharmacy Northwick Park Hospital
	Dr Cathy O'Sullivan, (lay member), workforce development consultant
GPhC representative	Damian Day, Head of Education, GPhC
Rapporteur	Simon Roer, Policy Manager, GPhC

Introduction

Role of the GPhC

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

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit: http://www.legislation.gov.uk/uksi/2010/231/contents/made

Background

The University of Central Lancashire's School of Pharmacy was accredited by the GPhC in 2017 to provide a course to train pharmacist independent prescribers, for a period of three years, with a follow-up monitoring visit in 2018. The initial approval was subject to a condition related to the course's assessment strategy. The School was required to implement the condition before admitting students to the programme. The 2018 monitoring event resulted in one further

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condition, that the school confirm the staff resourcing of the programme in the light of staff changes at the school.

The reaccreditation event that would have been held in 2020 was postponed for a year as a result of the Covid-19 pandemic in 2020. In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on June 2021 to review the course's suitability for reaccreditation. The course is approved to admit up to 40 students per cohort, though in recent cohorts student numbers have been less than half this number.

In addition to this course, the University of Central Lancashire offers an independent prescribing course through its School of Community Health and Midwifery. This course holds separate approval from 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 reaccreditation team and it was deemed to be satisfactory to provide a basis for discussion.

The event

Due to the Covid-19 pandemic, the GPhC modified the structure of the event so that it could be held remotely. The event was held via videoconference between the University of Central Lancashire School of Pharmacy ('the provider') and the GPhC on 25 June 2021 and comprised of meetings between the GPhC reaccreditation team and the provider.

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
2.	Meeting with course provider representatives	11:00 – 13:00
3.	Lunch	13:00 – 14:00
4.	Learning outcomes testing session	14:00 – 14:30
5.	Panel private meeting	14:30 – 15:30
6.	Feedback to course provider representatives	15:30 – 15:45

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Key findings

During the event the team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of five learning outcomes during a separate meeting with the provider and was satisfied that **all 32 learning outcomes continue to be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **3, 10, 16, 17 and 29**

Domain - Person centred care (outcomes 1-6)

Learning outcomes met? Yes ☒ No ☐

Domain - Professionalism (outcomes 7-15)

Learning outcomes met? Yes ☒ No ☐

Domain - Professional knowledge and skills (outcomes 16-20)

Learning outcomes met? Yes ☒ No ☐

Domain - Collaboration (outcomes 27-32)

Learning outcomes met? Yes ☒ No ☐

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Part 2 - Standards for pharmacist independent prescribing course providers

Standards 1 - Selection and entry requirements

Standard met?   Yes ☒ No ☐ (accreditation team use only)

The team was satisfied that all six of the criteria relating to the selection and entry requirements continue to be met. (The criteria can be found **here**)

The provider has an initial form for prospective students which asks them to provide evidence of training and relevant CPD from myGPhC, preferably linked to their intended scope of practice. Some applications are rejected at this point and the provider explained that this was usually because they had not met basic criteria, such as identifying a DPP or having had insufficient time in practice. Applicants are then invited to an interview which has a standard set of questions related to the applicant's CPD and experience to date, their intended scope of practice and their learning needs. Candidates who are judged to meet the criteria for entry at interview are admitted to the course.

The course has relatively few students and, at present, the course lead conducts all entry the interviews but can refer to the wider team if it is unclear whether an applicant has met the standard for entry. We heard that they provider planned move to a system of having a panel of two to improve the consistency and diversity of interviewers. The team agreed this would be an improvement and noted that, should numbers on the programme increase, more staff would be likely to be needed to support this part of the process anyway.

All staff on the programme complete equality and diversity training and complete separately an e-learning for health package on equality and diversity. The team was satisfied that all staff involved in recruitment had received training in equality and diversity.

The provider explained that timescales for feedback to candidates who were not admitted to the course would vary depending on the reason for not admitting. Where there was a straightforward failure to meet any of the criteria, the applicant would generally receive feedback in 24-48 hours but where the reasons for rejection might be less clear cut the feedback would take longer to provide.

Standard 2 - Equality, diversity and inclusion

Standard met?   Yes ☒ No ☐ (accreditation team use only)

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

The course incorporates equality and diversity in teaching and learning in a number of ways: Course materials and assessments are designed to reflect diverse patients Clinical knowledge is taught with respect to diverse group of patients and integrated into teaching around patient centred care; for example, trainees on the course often learn to practice in the area of diabetes or areas which involve managing blood pressure and teaching on this area incorporates

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discussion on issues such as fasting for religious reasons and treatment guidelines for patients from different ethnic backgrounds. Teaching is designed so that students are taught to respect patients' views and wishes, and to give advice to help patients manage their conditions and medications in line with their religious (or other) preferences. This is also reflected in teaching on consultations with patients and clinical examinations, where issues related to the physical examinations of patients are discussed.

The parent university has a project to coordinate and provide equality and diversity data from a range of sources about students on all programmes through dashboard. The provider was able to review the data available for its course for three years, but noted that numbers on the course were small.

Reasonable adjustments are made to the course to allow students with specific need to meet the learning outcomes. The provider gave the example of reasonable adjustments made to adjustments to allow pregnant students to demonstrate the practical procedures. The delivery of the course is designed to support accessibility and resources are presented in accessible formats and uploaded to the virtual learning environment (VLE), Blackboard, in advance of teaching.

Standard 3 - Management, resources and capacity

Standard met? Yes ☒ No ☐ (accreditation team use only)

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

In addition to the course leader, the course is staffed by three pharmacist independent prescribers from different practice backgrounds and a clinical psychologist. Teaching and lecturing on the course is primarily carried out by the course team, but external staff from GP and psychiatry backgrounds, and from pharmacy organisations are used to deliver specific parts of the teaching programme. The provider plans to recruit a further post in pharmacy practice who will contribute to the programme as well. With the recruitment to this post, the staff complement in the course will be stable and no further staffing changes are planned.

The ratio of staff to students on the course is related to the supervision of the student portfolio. Portfolio supervisors are expected to oversee students' progress, provide advice and support and review and feedback on submissions and assessments submitted to the portfolio. Currently the ratio stands at one member of staff supporting every five students. Typically, each member of staff acts as supervisor to between two and four students, with course leads taking on more. There has been a recent review of portfolio supervision to achieve a more equitable split of supervision across the course and additional posts recruited to create capacity for additional students on the course.

The course has a number of mechanisms to ensure that students are supported in their learning in practice placements. DPPs are provided with a handbook and an induction event for the programme which covers the expectation about supervision and the programme. Students on the course are expected to complete a personal development plan and learning needs assessment in the first week for the course and then to discuss this with DPP. Students are

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expected maintain the personal development plan through three formal meetings with their DPP. Students who completed the survey told us that the formal meetings take place in practice and explained that generally have a good amount contact with their DPP.

Students are also expected to maintain the learning and development relationship with their portfolio supervisor (based at the provider) over the duration of the programme through regular meetings. The provider does not set out an expectation about what constitutes regular contact with their portfolio supervisors, though students on the course reported they had received good support from their supervisors who were generally available and supportive.

Students who provided their feedback about the programme were positive about the support they received and confirmed that the arrangements described by the school were reflected in practice. They confirmed that their DPPs were away of the requirements of the programme and felt that the resources provided by the school to support the supervision process were useful.

Standard 4 - Monitoring, review and evaluation

Standard met?   Yes ☒ No ☐ (accreditation team use only)

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

The course is subject to the university's annual monitoring and reporting mechanisms and student evaluation is collected at the end of the course. The school provided examples of how this feedback had been used in the course, for example, by reorganising clinical skills teaching during the programme to provide more practice time before assessments in response to student requests. The provider also identified other changes made particularly around the timing of deadlines and study days, staggered deadlines for reflective entries, additional clinical teaching and moving some teaching to weekends in response to feedback.

The programme also benefits from an advisory board that meets annually to review the course and make improvements. Membership of the board includes the course team, former students and patient and public representation. The provider noted some of the ways this had influenced the course, specifically in relation to patient and public perspectives on the curriculum.

The team explored feedback from external examiners about the marking of the portfolios. The external examiner reports highlighted disparities between the marking of the assessments in the course and comparable modules at the provider that could be taken as part of MSc courses in advanced practice. The provider noted this feedback had triggered a review of marking criteria on the prescribing programme to bring marking criteria into line with other comparable modules.

Standard 5 - Course design and delivery

Standard met?   Yes ☒ No ☐ (accreditation team use only)

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

The course is delivered through a blended learning approach, making use of distance learning and face to face teaching for aspects such as clinical skill teaching. The provider makes use of a number of e-learning packages from the Centre for pharmacy Postgraduate Education (CPPE) to cover aspects of the programme related to equality and diversity or aspects of safety and states it may recognise prior learning completed in employment for this purpose. In practice, the provider states it rarely accepts prior learning to cover course teaching and would need assurance about the training completed.

Students on the course complete the e-learning packages as guided learning to introduce the themes and learning outcomes to which they are linked. The outcomes are then developed in through portfolio reflections on learning in practice and in the teaching content of the programme.

As well as e-learning and portfolio, learning outcomes are integrated into the relevant face to face teaching. The school identified how learning outcomes were covered in the lecture programme or clinical skills teaching as well as case study presentations where students are expected to demonstrate influences on prescribing decisions through presentation and portfolio entry. The provider identified a number of elements of the teaching programme about prescribing within competency and noted that students were expected to complete a development plan on completion of the course around their future practice and prescribing. Overall, the team were satisfied that the use of e-learning packages was appropriate, that the portfolio ensured systematic coverage of all the learning outcomes in the course, and that teaching in the programme supported graduates to prescribe safely in their scope of practice on annotation.

Patient involvement in course design comes primarily through advisory board, where a patient representative has been invited to attend. The team also heard about the university wide group, Comensus, which provides patient input for the range of health professional courses across at the university group and which the provider stated they planned to involve more in the course in the future. The provider has also made new staff appointments in respect of patient public involvement in the course. The team supported plans to increase the patient and public involvement in course design and felt the provider may benefit from obtaining a broader range of patient perspectives in the advisory group.

In response to the Covid-19 pandemic, the provider moved much of the learning and teaching online (as have many providers of comparable courses). The provider considered that a number of changes made in response to the pandemic were less than ideal. For example, some aspects of teaching around conditions with 'expert patients' had had to be suspended and the provider had had to make changes to its clinical skills teaching. The provider has prioritised the resumption of clinical skills teaching in person as soon as possible, but staff explained that they had needed to modify this teaching in light of the pandemic. For example, students would usually rotate between different tutors to gain exposure to a wider range of staff with different experience. This arrangement had been modified so that students stayed in the same groups and with a single tutor for all this teaching instead.

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The provider had identified some areas where the course was already well suited to online delivery or where adaptations made would be continued post-pandemic. Teaching and assessment of online consultations and remote prescribing already featured in the course and the provider considered this activity would continue in its current format.

Standard 6 - Learning in practice

Standard met?   Yes ☒ No ☐ (accreditation team use only)

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

Students on the course are expected to identify a designated prescribing practitioner (DPP) who will supervise them for their learning in practice. The provider requires the DPP to demonstrate they have appropriate experience and competence for this role, firstly through completion of a form. Currently, the provider permits DPPs to use a form developed for use when the course was originally set up, or the form developed by a consortium of independent prescribing course providers in the North West of England (known as 'V300'). The former reflects the context in which the course was set up, in that only doctors could act as supervisors for trainee independent prescribers. More recently however, the GPhC has permitted prescribers of any profession to supervise trainee pharmacist independent prescribers, provided they are appropriately experienced and expert prescribers. The provider noted that it was likely only the V300 would be used in future as it provided better assurance about the expertise and experience of non-medical DPPs. The team agreed that it was desirable to discontinue the use of the older form for the reasons identified by the provider.

DPP application forms are reviewed by the course lead and the provider can carry out further checks if required. Staff noted occasions where applications had been declined, for example, where the proposed DPP had a close familial relationship with the prospective student. As with student applications, if there is uncertainty about whether the DPP has demonstrated adequate experience or expertise, this can be discussed with the wider course team.

The portfolio includes an evidence log to indicate how the time with the DPP is spent and this is reviewed by the portfolio supervisor, alongside the other types of portfolio entry, to provide assurance that appropriate experience and coverage is being obtained. Along with the quality of reflective entries, the evidence log is intended to provide an indication of the quality of learning in practice. Evidence of poor engagement, limited time spent with the DPP or lack of feedback is should be identified by the portfolio supervisor and followed up by discussion with the student and/or DPP to determine if additional support is required.

The experiential learning component is closely linked to the completion of the portfolio and students are required to demonstrate how outcomes are covered through learning in practice. The provider expects students to identify two to three reflective entries linked to each learning outcome of the course demonstrating engagement with the theme from the student's scope of practice. Each entry may relate to more than one learning outcome and the provider noted that typically 10-14 separate reflections will be required to demonstrate that required outcomes have been covered. Staff from the provider gave examples of the kinds of situations that students used to demonstrate that learning outcomes had been met through their reflections. Entries are reviewed by the portfolio supervisor at the provider, who is responsible for ensuring

the quality of reflective submissions. The supervisor can provide feedback on the extent to which an entry demonstrates whether an outcome has been met or not. If an outcome is not covered or covered poorly, the portfolio supervisor can advise the student to improve the reflection or gather further experiences for reflection.

Standard 7 - Assessment

Standard met?   Yes ☒ No ☐ (accreditation team use only)

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

The assessment of learning outcomes in the course is carried out through:

- Review of the portfolio, in which students record experience and reflection and must map this to the GPhC learning outcomes for review by their portfolio supervisor
- An Objective Structured Clinical Assessment (OSCE) of eight stations

Both elements must be passed to complete the course and experience in the portfolio must cover all 32 GPhC outcomes for independent prescribing. Staff on the course who acted as portfolio supervisors explained that they expected explicit discussion of outcomes in real situations to the appropriate level of Miller's hierarchy and where this had fallen short of the level required, feedback would be provided and remediation required.

As well as reflective entries in the portfolio against the standards, students on the course:

- must be signed off against the RPSGB competencies for the learning in practice period by their DPP, and evidence of the sign off along with DPP commentary is included in the portfolio for review by the portfolio supervisor
- present a case study on a patient under their care and provide a related entry to their portfolio.

The team was satisfied that the students were required to demonstrate the outcomes to the level required through the portfolio, its associated assessments and the OSCE.

The OSCE focuses on the assessment of clinical skills- history taking, diagnosis and prescription. OSCE stations are written by the course team and subject to a verification process involving internal and external staff. There is a briefing for the simulated patients prior to delivery and the provider records stations to aid quality management and consistency. Moderation is generally carried out at the end of the assessment, though the provider noted some of the advantages of carrying out online assessment in that separate 'marker' and 'moderator' teams could be created on MS Teams, which simplified and sped up the process.

In addition to the summative assessment through the portfolio and OSCE, there are formative practical assessments in preparation for the OSCE and there are opportunities for students to receive formative feedback on their portfolio entries.

Standard 8 - Support and the learning experience

Standard met?   Yes ☒ No ☐ (accreditation team use only)

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

Documentation around the course requires confirmation that the DPP is able to provide the 90 hours minimum supervision required. They also indicated that in addition to the formal meetings, they generally met their DPPs regularly and received regular feedback though the actual regularity of meetings, even amongst the small number who provided feedback to the GPhC, was variable. The team was satisfied that students on the programme were guided to, and would have, regular interactions with their DPPs. However, they considered that the provider may find it helpful to articulate an expectation about the regularity of students' meetings with DPPs to further support supervision.

Students receive feedback from their portfolio supervisors at seven points and are invited to discuss this feedback with the supervisor. The provider indicated that most students met their portfolio supervisor 2-3 times over the course of the programme and that students were advised they should meet their portfolio supervisors. In the first instance, concerns around engagement would be managed through communication between the student and their portfolio supervisor. For example, some supervisors on the course noted how they had used teaching days to make informal contact with students early in the programme to explore why they had made few submissions to the portfolio. Although portfolio supervisors are expected to act if a student demonstrates is limited engagement, there is formal minimum requirement for students to meet their portfolio supervisors. The team considered this approach could lead to inconsistencies in the levels of engagement expected between tutors. They also noted that it could be problematic in the event that numbers of students on the courses increased, as less proactive students may be overlooked. For this reason, the team felt that it was appropriate for the provider to consider whether it should include a minimum expectation for students to meet with their portfolio supervisor.

Students who provided feedback on the programme were positive about the support available from portfolio supervisors and the course lead. They told us that supervisors were responsive and helpful, and that they valued the flexibility about the different routes by which they could contact their tutors. They also noted that while their supervisor was intended to be first point of contact, they could contact other members of staff if their tutor was unavailable.

The provider noted occasions where difficulties had arisen with the DPPs during the programme and had largely managed this by supporting the transition to a new DPP with an appropriate scope of practice and who was capable of providing support to the trainee. Time counting towards the requirement to complete 90 hours under the supervision of a DPP is not carried over from one supervisor to another and the provider stated that ensuring this was understood by all parties was important. Issues around DPPs would usually be referred to line managers and concerns about the practice would be referred to the appropriate regulator. The provider has not had to deal with concerns arising about the clinical environment to date but described a similar process, in which concerns about the wider clinical environment would be investigated and a decision about the appropriate route of escalation, including to a regulator, made.

Standard 9 - Designated prescribing practitioners

Standard met?   Yes ☒ No ☐ (accreditation team use only)

The team was satisfied that all five the criteria relating to the designated prescribing practitioners will be met.

In addition to the checks on entry, the provider offers induction and resources to support DPPs to provide appropriate supervision and support to students for their learning in practice. The students who provided feedback on the survey confirmed the resources were useful and that they were able to meet with their DPP regularly and generally indicated their DPPs received good support from the provider. However, the induction is not currently mandatory for new DPPs and not all new DPPs choose to attend. The team felt the existing arrangement could allow DPPs who were new to the role or relatively inexperienced in providing educational supervision to take on the role with limited preparation. The provider may wish to consider how it will address this potential gap.

DPPs receive feedback from each iteration of the course they are involved in. The feedback is collected from trainees as part of the end of module evaluation survey and anonymised. The number of students on the course at any one time is relatively small and DPPs tend to act as a supervisor for only one student at a time. For these reasons, the provider does not routinely give individualised, anonymised feedback to DPPs. Instead, the feedback from students is collated and provided as generalised feedback to the cohort of DPPs.

Issues arising during the programme in relation to support for DPPs are still addressed in the course of the programme. The provider gave an example where an issue about scope of practice had arisen between a student and their DPP and where the course lead had intervened to discuss the issue and support the DPP to a resolution (which included providing feedback to the student). This incident had led to the introduction of a midpoint check-in between the course lead and the DPP.

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