

**University of Cumbria independent
prescribing course reaccreditation event
report, July 2022**



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Event summary and conclusions

Provider	University of Cumbria
Course	Independent prescribing course
Event type	Reaccreditation
Event date	11 July 2022
Approval period	September 2022 – September 2025
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	<p>Approval with conditions</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 Cumbria should be reaccredited for a further period of three years, subject to one condition.</p>
Conditions	<ol style="list-style-type: none"> 1. EDI data must be collected for this course and used in a meaningful way when examining, considering, and analysing factors such as admissions, progression, attrition, and attainment. This is because although the team could see limited evidence of consideration of EDI factors being used to enhance individual student experience, no evidence was provided on how EDI data is collected and used in the design and delivery of the course and the overall learning experience. To meet this condition, the course team should submit a plan for the collection and use of EDI data. This is to meet criterion 2.2.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	<ol style="list-style-type: none"> 1. The recommendation is that the provider proceeds with establishment of the 'Expert by Experience' committee in order to ensure that the views of patients and the public are considered to refine the design and delivery of the course. This is because the team could see that patients and public are involved in delivery of assessments, but there is no current involvement in the design of the programme. This relates to criterion 5.4.
Registrar decision	<p>Following the event, the provider submitted a response to the condition and the accreditation team agreed it had been met satisfactorily.</p> <p>The Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the course for a further period of three years.</p>

Maximum number of all students per cohort	25
Number of pharmacist students per cohort	25
Number of cohorts per academic year	5
Approved to use non-medical DPPs	Yes
Key contact (provider)	Janine Hill
Provider representatives	Janine Hill, Programme Lead & Senior Lecturer for NMP Haris Nemani, Lecturer for NMP Victoria Connel, Lecturer in Non-Medical Prescribing
Accreditation team	Professor Ruth Edwards (team leader - pharmacy academic) Professor of Pharmacy Education and Head of School of Pharmacy, University of Wolverhampton Charles Odiase, Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Dacorum GP Federation Dr Cathy O'Sullivan, Workforce Development Consultant
GPhC representative	Alex Ralston, Quality Assurance Officer, GPhC Chris McKendrick, Senior Quality Assurance Officer, GPhC
Rapporteur	Rakesh Bhundia, Quality Assurance Officer, 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 accreditation process is based on the GPhC's standards for the education and training of pharmacist independent prescribers, January 2019.

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 Cumbria ('the provider') has delivered an accredited independent prescribing course since 2010. The course is cotaught with Nurses, Midwives, Allied Health Care Professionals (podiatrists, physiotherapists, paramedics, therapeutic radiographers) and is Nurse led.

The course was last reaccredited in 2019 for a period of 3 years with no conditions. In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled in July 2022 to review the course's suitability for reaccreditation. The course is taught at 3 campuses, Fusehill Campus, Carlisle (September only), Bowerham Road, Lancaster (January and September), and East India Dock Road, London (January and September).

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 11 July 2022 and comprised of several meetings between the GPhC accreditation team and representatives of University of Cumbria 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 was satisfied that **all 32 learning outcomes continue to be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **2, 5, 9, 17, 19, 27**

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.

The University's programme webpage provides information and guidance for pharmacists before applying to the programme. Selection criteria for entry to the programme are identified in the Programme Specification Document. As part of the submission document, it was noted that the application form is in collaboration with the North-West Non-Medical Prescribing Education Group.

Applications are considered as they arrive at the University. Applicants must be registered with the General Pharmaceutical Society (GPhC) or the Pharmaceutical Society of Northern Ireland (PSNI) and have a minimum of two years of patient-orientated experience in a relevant pharmacy or health care setting in the UK and be in good standing which is checked through their registration number. It was noted in the submission document and in discussions with the accreditation team that the provider's website indicates that students with fitness to practise issues are not eligible. The team noted that this could be interpreted as unnecessarily excluding those with health issues; the provider advised that they are moving to a new platform and that this has been highlighted and the wording will be reviewed and updated. The provider explained that it is not their intention to exclude anybody and that any restrictions on practice would be considered by the Programme Lead on an individual basis and discussed in an interview.

A personal statement is submitted with the application by the student, presenting clinical and therapeutic experience and how they will be supported by their line manager and Designated Prescribing Practitioner (DPP) who confirm that the applicant has the appropriate qualifications, and experience to undertake the programme. Applicants who do not meet a section of the application form are asked for additional information, and if they still do not meet the admission criteria they are contacted by the postgraduate admissions officer to explain why they do not meet the admissions criteria. Any additional information will be communicated to the applicant by the programme lead via either email, telephone, or virtual conference. All applications are reviewed and authorised by the programme lead and senior lecturer in the course team. The final decision is held by the programme lead; however, the admissions team will review reasons for any rejections and if appropriate discuss with the programme lead. Further advice can be sought from the principal lecturer if a rejection appears biased or unacceptable in any way.

Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes No

The team was satisfied that four of the criteria relating to the equality, diversity and inclusion will be met with one criterion subject to a condition.

As part of the submission document, it was noted that the provider has an Equality, Diversity and Inclusion plan and that the “University of Cumbria value and celebrate the diversity of our student and staff community and are committed to ensuring that equality and inclusion is at the heart of everything we do.” All staff undertake mandatory equality and diversity e-Learning training, the University is also offering de-colonisation training and is moving these changes forward through programme leads.

The team was told that staff ensure that equality and diversity are considered throughout the programme. The provider explained that they have introduced online lectures that are recorded and available to view afterwards, PowerPoint presentations are made available prior to lectures a week before (questions and quizzes are removed), and PowerPoint presentations are narrated. Student feedback supported these changes.

During the reaccreditation event, the team sought further clarification around what EDI data is collected and used. The provider explained that this is something that the programme lead needs to look at in more depth. At the end of each cohort, the programme lead reviews all students who have failed and any reasons why, for example, if the students had a particular personal tutor, were in a particular cohort, or from a particular area. The team agreed that it would be a **condition** of reaccreditation that EDI data must be collected for this course and used in a meaningful way when examining, considering, and analysing factors such as admissions, progression, attrition, and attainment. This is because although the team could see limited evidence of consideration of EDI factors being used to enhance individual student experience, no evidence was provided on how EDI data is collected and used in the design and delivery of the course and the overall learning experience. To meet this condition, the course team should submit a plan for the collection and use of EDI data.

This is to meet criterion 2.2.

As part of submission documentation, it was noted that reasonable adjustments for specific needs are made on a one-to-one basis. The provider has a Personal Tutoring policy and each student has a personal tutor to discuss any specific needs in a personalised way. Students with any disabilities are reviewed by the University disability service and appropriate support is provided by the programme team.

The team sought clarification on how any agreed reasonable adjustments are communicated to the DPP. The provider explained that the DPP is emailed informing them of any reasonable adjustments or additional support that is required and followed up with a meeting with the DPP/Student and a plan is put in place which is agreed by all. This is then followed up by the programme lead on a monthly basis.

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.

As part of submission document, it was noted that all staff in the course team have or are working towards a post-graduate teaching qualification. The running of the programme is facilitated by the Programme lead, an Independent and Supplementary prescriber of 12 years. All staff have individual areas of responsibilities which are kept up-to-date and reviewed before each cohort through team discussions. Along with key responsibilities, the course team support each other to ensure students receive high quality learning and the best possible experience. All staff are personal tutors to a group(s) of students.

The course team comprises of six members of staff who all have areas of specialism, but to ensure flexibility, all staff have a clear understanding of the Learning Outcomes and can teach each session. Parity is maintained whoever is teaching or supporting online through regular team meetings. All staff have annual Performance, Professional Development reviews and mandatory training is kept up to date.

The team sought further information on how the course management team feed into school management. The provider explained that the course team meets regularly with the Principal Lecturer and any feedback is fed back to the senior management team by the Principal Lecturer. The team also asked the provider to elaborate on the processes in place for proactively identifying and managing risks. The provider advised that there is no formal process, however, the course team meet monthly with a rolling chair and rolling minute taker. The course team discuss how they manage each cohort and raise any issue with the course sites and numbers of students. The provider explained that they have worked hard to ensure that they mitigate risk of staff ill health and retirement by ensuring that any members of the course team can provide any of the lectures.

The team asked the provider to elaborate on the lines of accountability, and how this links to the individual staff roles and responsibilities. The provider explained staff are accountable for their actions and all staff need to feel that they have achieved what they set out to achieve throughout the course. The programme lead has overall responsibility but is evolving accountability to ensure continuity if absent.

As part of the submission document, it was noted that the students' supervised learning in practice with their DPP and health care professionals with appropriate skills is an integral part of the programme. Although more than one person may be involved in supervising practice as a pharmacist independent prescriber in training, DPPs assume primary responsibility for supervision of the pharmacist prescriber in training, and responsibility for signing off competence to undertake the role of a pharmacist independent prescriber. The DPP will be required to support learning and assessment on this course for a minimum of 30 hours.

The team sought further information on how the provider ensures consistency of delivery and experience across the three different campuses. The provider advised that each day is discussed with the team, all use the same PowerPoint presentations and resources, and consistency is less of an issue with the virtual learning environment.

As part of the submission document, it was noted that an induction session is offered to all DPPs to ensure that they are aware of the needs of students which is supported by a webfolio. All DPPs are sent initial, midpoint and endpoint letters and guidance of assessments to ensure the student is being supported by the DPP and that there are no issues or concerns.

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.

Revalidation of UAWd Independent Prescribing for Pharmacists (Practice Certificate of Independent Prescribing for Pharmacists), new code HPHN 7416 was confirmed on 26th January 2022. As part of the submission documentation, it was noted that the programme is reviewed on a regular basis, both formally and informally. An Annual Monitoring Report (AMR) is completed, and this identifies areas of concerns, issues raised within the team, principal lecturer, students, and external examiner. An action plan is raised with areas that must be addressed and the timescale to resolve these. In addition to the AMR, feedback is provided throughout the programme and at completion. The AMR can also be used to comment EDI data.

Non-medical prescribing leads across the north-west meet quarterly where areas of concern are raised and discussed. Any information from this meeting is then discussed at the North-West Non-medical Prescribing Education Group where issues of concern or change are put on the agenda. This ensures that all year round the programme is fit for purpose and adapts to any external changes or student needs.

All members of the non-medical prescribing team report to the Principal Lecturer whose responsibilities include reporting any actions to the Head of the Institute of Health. Monitoring and evaluation are undertaken after each cohort by the programme lead through the module assessment boards, there is consideration of the fail rate and if there are any recurring themes, concerns and how this may be addressed for the future. Programme delivery is in accordance with the university's annual monitoring policy and procedure.

Feedback from students is collected throughout the programme, and this is done in an informal and formal way. All feedback is reviewed and used to develop the programme to enhance the student experience but remaining fit for purpose. Student feedback is collected after several teaching sessions which is posted on a white board and is anonymous. Padlets are used for students to provide feedback through the programme anonymously. Feedback can be made by students to their personal tutor or programme lead through emails or organised meetings. Formal feedback is through the university at the end of each programme and areas identified for change or adaptation through the AMR. However, this is often limited and therefore the feedback throughout the programme has been found to be most useful.

DPPs are regularly invited to provide feedback on the programme and on how the students experience has been.

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. One recommendation was made.

As part of the submission document, it was noted that the Programme Specification details the learning and teaching strategy. The module descriptor framework sets out the estimated hours for the programme, 90 hours are linked to the work-based learning, this is a minimum, and additional hours can be completed if necessary. The programme is delivered through blended learning. The provider indicated that it would benefit from being totally online. A range of learning tools are used to produce a programme linked to the learning outcomes. There is a combination of virtual classroom and campus-based learning, which are supported through e-learning technologies, Blackboard, Collaborate, Microsoft TEAMS, Turnitin and Health VLE, this ensures that the course is interactive while supportive.

The team advised that if the provider wishes to deliver the programme completely online, they should seek approval from the GPhC and request a major change.

It was noted in the submission document that the Practice Assessment Document (PAD) builds on pre-existing experience, knowledge, and skills of the student. This is through initial assessment, mid and end point assessments. The learning is linked to the Royal Pharmaceutical Society Competency Framework (2021), the student builds on previous knowledge to achieve the learning outcomes. This includes the use of Personal Formulary, Learning Contracts, Practice Log and Clinical Skills Practice Record.

During the validation process current students, non-medical prescribing leads and Independent Prescribing Pharmacists are consulted on the changes identified in the programme specification.

The programme team consists of two pharmacist independent prescribers who have been involved in all the discussions and decisions around the programme and how any changes will enhance the student experience. Patients are asked for their opinions on the care received by the learner, this is formalised during the formative and summative clinical consultation when the patient(s) are asked their opinion of the consultation by the DPP and included in the final document submitted.

It was noted as part of the submission document that an 'Expert by Experience' committee has been set up but that the make-up of this committee is not clear. The team made a **recommendation** that the provider proceeds with establishment of the 'Expert by Experience' committee in order to ensure that the view of patients and public are considered to refine the design and delivery of the course. This is because the team could see patients and public are involved in the delivery of assessments, but there is no current involvement in the design of the programme. **This is related to criterion 5.4.**

All team members are kept up to date with any changes that may affect the programme, for example legislation. The programme lead is a member of the Northwest Non-Medical Prescribing Education Group which brings to the monthly meetings any changes through legislation or professional body or regulatory standards, this is then disseminated to the whole team and changes are made within the programme, as necessary. Changes that impact on the learning outcomes or assessments will be presented to the university board (Minor Modification) to authorise the appropriate changes. Any other changes outside of this will be updated within the blackboard site which includes teaching days,

thread work and resources. The external examiner confirms through their reports and acceptance of the minor modification form that the programme meets professional regulatory standards.

Standard 6: Learning in practice

Standard met/will be met? Yes No

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

As part of the submission document, it was noted that learning in practice training is evidenced through the PAD, demonstration of competencies, practice log and competency indicators, clinical skills log achieved and supervised clinical consultation(s). The team sought clarification around how much of the 90 hours learning in practice may be undertaken remotely and how this is quality assured. The provider clarified that there is no set number of hours that counts towards the minimum 90 hours, however, students must spend a minimum of 30 hours with the DPP and that the DPP has to countersign all other hours with appropriate health care professionals with non-medical prescribing or clinical skill experience. The DPP must sign the final declaration and 10 competencies that the student has achieved and is competent as a new prescriber. The provider explained that they have a range of resources that cover remote consultations, and this is taught throughout the course.

Supervisory requirements for the DPP role are clear from the outset, and by completing the application form the DPP agrees to ensure that these will be met. The student and DPP are advised of their individual responsibilities.

On completion and submission of the PAD, the student's personal tutor reviews the document and corroborates that the DPP on the students record as the same as the one in the document. If incomplete or not correctly signed, the PAD will fail, which will require a discussion and resubmission.

Standard 7: Assessment

Standard met/will be met? Yes No

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

As part of the submission documentation, it was noted that all learning outcomes are mapped to the GPhC (2019) and the six learning outcomes are linked to the Royal Pharmaceutical Society Competency Framework (2021). The six learning outcomes are common to all the non-medical prescribing programmes which facilitates a multi-professional delivery. The underpinning theory throughout the programme is to ensure students are safe, effective, and competent prescribers within their area of competence. Through attending the virtual and/or campus-based sessions the student is given the theory to have a sound underpinning theoretical knowledgebase. This is then supported with further depth of learning that should be undertaken for the formative thread work and final pieces of work. All theoretical knowledge should be used to support the learning in their professional practice while under the supervision of the DPP and for continuing professional practice and development. Throughout the programme, students have regular contact with the programme team through teaching days, formative work, drop-in sessions, emails, and tutorials with their personal tutor.

The team asked for further information on the quality assurance of assessments undertaken in practice in particular the format of the Objective Structured Clinical Examination (OSCE). The team

agreed that the provider may want to change the terminology from OSCE to Direct Observation of Practice Skills (DOPS) as this better reflects the nature of the assessment. The provider explained that assessment decisions by DPPs are quality assured by course team and personal tutor reviews.

DPPs complete a learning audit, this outlines that they have the skills and are prepared to support the student through a comprehensive application form in collaboration with Northwest Non-Medical Prescribing Educational Group. DPPs are offered several ways to support their role and understand what is expected. This is through the virtual learning session offered at the commencement of the programme which is offered twice for convenience and has good attendance. The provider noted that delivering the session virtually has significantly improved attendance from face-to-face sessions, this is supported by the webfolio that is made available to all DPPs and advertised to the DPP through their student and the letters they receive. Further support to all designated prescribing practitioners is through Health VLE.

The assessment in practice is through the PAD, all competencies must be met irrelevant of the location. Submission of assessments are not related to locality. Submission of assessments is into Blackboard except for the VIVA which is an oral exam undertaken through a virtual or classroom environment. Standardised marking and rubrics are used for the assessments which considers the work not the location. Standards are set to the learning outcomes and assessments. All fails are second marked, the square root of passes is second marked and any that the marker feels requires second marking. Moderation occurs by a member of the team, with a sample from all markers. The external examiner reviews and comments on a selection of work.

Standard 8: Support and the learning experience

Standard met/will be met? Yes No

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

As part of the submission documentation, it was noted that there is a four-day induction week that covers the expectations of the course. Timescales are addressed and introduced by the team over the week as well as starting on learning outcome one and clinical skills. The team enquired what the process was if a student does not attend the induction week; the provider explained that they make it explicit before the course starts that attendance is mandatory.

Each student is provided with a personal tutor at the start of the programme, as well as being allocated into a group for thread work, this is multi-professional to allow for a multidisciplinary approach. In addition to the personal tutor, all students are aware of the course team and programme lead and emails to contact as and when necessary. There are three virtual drop-in sessions staggered in the programme prior to submission of work to deal with any queries or concerns. Blackboard is populated with a vast number of resources that covers all of the learning outcomes. This includes the programme specification, module descriptor framework and programme handbook.

The PAD is discussed on Day 3 with students and two virtual sessions are provided for DPPs to attend one. Within these sessions the support required by the DPP, and student responsibilities are addressed. Within these sessions the students are advised to have regular meetings to sign hours off and discuss patient consultations. There are two supervised consultation dates given when a

formative consultation and a summative consultation are to be set, DPPs are provided a flow chart to identify key dates. An introduction letter is sent to the DPP prior to the commencement of the programme. There are additional letters sent at the midpoint and endpoint advising the DPP to ensure they are having regular meetings with the student and check there are no outstanding issues.

During induction week the learners are advised of the procedures to undertake, if there are any issues or concerns regarding the academic work/team or are issues in practice that they are unable to resolve through a discussion with their DPP. First point of contact for all students is their personal tutor, if issues are not resolved to their satisfaction, contact should be made with the programme lead. This can then be followed by contact with the principal lecturer or through university student complaints procedures. All correspondence must be made through the student email system to ensure an audit trail. Replies to the student are usually on the same day although this can be up to three working days as per university policy. All staff have out of office on to redirect a student if their personal tutor is away.

Standard 9: Designated prescribing practitioners

Standard met/will be met? Yes No

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

As part of the submitted documentation, it was noted that DPPs are identified by the student. The application form in collaboration with the Northwest Non-Medical Prescribing Educational Group must be completed in full. The application is also completed by the line manager and governance lead for the area to show that there is adequate support. DPPs provide a declaration stating that they have the appropriate clinical skills to supervise and assess students' clinical skills and prescribing ability.

DPPs are supported throughout the programme. A virtual training session is offered to all DPPs. The session contains an introduction to the programme, what is expected of the student and how they need to be supported. A PowerPoint presentation is included in the webfolio that all DPPs are given access to and covered during the training session. In addition, all DPPs are given access to an e-learning resource to support them through the role, HealthVLE - Welcome. All new DPPs are strongly encouraged to take part with the e-learning which provides a certificate. Course team contacts are made available to ensure DPPs have easy access to the course team if any concerns need to be discussed. Letters are sent at the beginning, middle and end points of the programme to remind DPPs that feedback needs to be ongoing. A survey is sent to the DPP at the end of the programme to assess any additional needs that they may require to support future students.

The team sought further information on the virtual training session, the provider clarified that since they have introduced the virtual training session, attendance has increased, and they have around 25 attending per session as before they would only have 3-4 attend. If a DPP is unable to attend, the resources are sent to the DPP. Pharmacist or Nurse DPPs are required to attend the session but if unable to do so, they must complete the online resource.

