

## JPB CONTENT & ASSESSMENT REVIEW GROUP MEETING MINUTES

**Date and Time:** 10.30am on Thursday 18<sup>th</sup> November 2010  
**Venue:** Room RS3, Centre for Advanced Pharmacy Studies (School of Pharmacy),  
21 Russell Square, London .

**Present:** Graham Davies (Chair), Roisin Kavanagh (London), Barry Jubraj (Lead for Tutor Support), Alison Innes (London; Assessment), Rosemary Dempsey (Portsmouth), Shivaun Gammie (Medway), Chetan Shah (Hertfordshire), Denise Farmer (L&SE Specialist Clinical Pharmacy Services) , Satinder Bhandal (Reading)

### 1) Apologies

David Wright (East Anglia)  
Tsana Rawson (Student Council)

### 2) Minutes of previous meeting (15<sup>th</sup> July 2010)

The changes to version 2 of the GLF outlined in these minutes have been made and placed on Blackboard, along with the Evidence Matrix and the guidelines for completion. The issues was raised that these changes needed formal ratification by CoDEG and the title page changed to reflect that this was now Version 3 – together with a date of approval. This would make sure that centres were using the same version of the GLF. If agreed CoDEG might highlight the new version on their web-page.

**Action:** JGD to seek approval for GLF update with CoDEG members.

SG reported that following a recent meeting it had been agreed to require students within the JPB SEC (Brighton and Medway) to include a completed evaluation form as part of their portfolio. The form was circulated and feedback was requested so that a standardised form can then be used across the JPB geography – at least a series of common questions. Individual HEIs would be free to add extra questions if required locally. It was agreed to invite Emma Wright from SEMMED to the next meeting to present the evaluation questionnaire.

**Action:** SG to invite Emma Wright to the next CARG meeting to demonstrate the online course evaluation and how results will be disseminated to inform commissioning process.

### 3) Matters arising

a) Membership review (GD)

JPB SEC raised the issue of CARG membership to ensure that NHS representation was achieved. GD described the current constitution where HEI course leaders attended along with representation from the E &SE Specialist Pharmacy Services to ensure that the curricula reflected current practice. An annual review of the four main curricula was undertaken by the various specialist (NHS) groups – using regional meetings as a forum. It was agreed to continually review the membership and to extend an open invitation to the regional JPBs to suggest changes (including additions) to the current list. The decision to

improve access to CARG minutes might also help with the dissemination of information. JGD reminded the group that the main function of CARG were operational (terms of reference listed below):

- (a) Ensuring the maintenance of a common curriculum across all JPB programmes. This will require review of the learning outcomes associated with the joint programmes to ensure currency and appropriateness.
- (b) Ensuring that the learning strategy supports the development of individual, life-long learners engaged in CPD.
- (c) Ensuring that the assessments used meet the academic requirements (in terms of level) and the NHS requirements (in terms of patient safety, equity and access).
- (d) Drawing on technology to support student learning and assessment.
- (e) Working with national providers to signpost quality learning material to support attainment of the learning outcomes.
- (f) Establishing a common approach to quality assurance of the programmes. This must ensure compliance with QAA (HEFCE) standards as well as maintaining processes for the accreditation of practice tutors and Training Centres.
- (g) Identifying and delivering the support essential to underpin the roles and responsibilities of work-based tutors and facilitators.

**Action:** JGD will talk to D Webb so that CARG membership can be presented at next JPB Coordinating Committee meeting.

b) Technical Services & MI – progress review (RK)

As requested by the employers, changes have been agreed so that both Technical Pharmacy and Medicines Information Curricula can be delivered in trusts where there are no longer formal technical or MI units. In addition, to help tutors and students, guidance has been issued on how (and where) the learning outcomes can be met, the resources available and assessor guidance, To support trainees acquire the underpinning knowledge associated with technical pharmacy the specialist service pharmacists (through Richard Bateman) have agreed to deliver study days (probably 2) in the new year, at a venue in central London.

**Action:** RK to discuss timing of Technical Pharmacy study day(s) with Richard Bateman and circulate to interested parties.

c) JPB Partners website and Blackboard Course access (RK)

The SoP website is short of space so that more space will need to be purchased to host a central page from which individuals can be directed to specific HEI course pages. The central JPB website page would then simply outline the core values and function, listing the partners and providing access to HEI course homepages. A discussion took place around where the central page could best be housed – one suggestion made was that SEMMED be approached or that individual universities might be happy to host (and maintain) the central page. It was agreed that the initial approach should be to identify how much resource would be required to purchase a central web page via the SoP.

Common core information was now available to all CARG members via the SoP Blackboard system – under the “JPB Partners” course.

**Action:** CO to discuss cost of supporting central webpage within SoP. All to access JPB Partners information using SoP blackboard to ensure system functions.

#### d) Clinical Curriculum Review

It was agreed that the curriculum guide should be refreshed to ensure that the current NHS language was adopted and to add any new topics in line with the current reform. Examples raised were to make sure that topics such as medicine reconciliation and VTE assessments were obvious. The L&SE SPS had recently produced a document on medication safety (*Seven Steps to Medication Safety*) which included a number of key aspects – all were asked to consider which should be included in a foundation programme for trainees. DF agreed to pull together a potential group of individuals from the clinical network to review the curriculum – perhaps running a focus group at one of the Clinical network meetings. RK agreed to attend if considered helpful.

A general issue was raised to make sure that the change management issues embraced clinical economy and aspects of innovation so that the QIPP agenda was central to the programme.

**Action:** Denise Farmer to establish a small focus group to review clinical curriculum with Clinical Network to ensure fit for purpose. DF to provide e-link to *Seven Steps to Medication Safety* document. All to consider how we identify QIPP-orientated learning/activity within programme.

#### e) Core JPB

SG presented a draft paper highlighting what could be considered Core JPB minimum requirements (see attached) for both community and hospital based courses. A meeting of DEC Foundation Board has highlighted two issues. Firstly, that certificate assessments (MCQ, OSCE and Portfolio) should only be undertaken at 18 months (as a minimum requirement) rather than 12 and 18 months as currently indicated in a number of programmes. Secondly that trainees would be required to include within their portfolio an acknowledgment print out demonstrating that they had completed the on-line evaluation at designated intervals (6 and 18 months and after each DAP).

It was agreed that we should try and move towards a core document which all HEIs worked to but which also allowed subtle variation in programme structure and delivery but that we all used similar assessments (or at least equivalent). RD highlighted that Portsmouth does not use an MCQ exam but has a formal written paper. It was noted that UEA and Brighton were not able to attend and their views on this document would be important to capture.

It was agreed that all HEIs would provide detail of their programmes prior to the next meeting so that the document could be revisited and a set of minimum requirements agreed.

**Action:** All to review Core JPB Minimum Requirements document by next meeting.

#### f) Statement of completion

SG presented a paper outlining a process for generating “Statements of Completion” for trainees. It was agreed that a formalised process was needed to make sure that documents could be generated within the required timeframe and informed by the appropriate evidence. It was also noted that there were currently a number of “sign off” forms which were part of the portfolio – so that any new system should build on this rather than require trust tutors to complete additional paperwork.

**Action:** JGD to raise with JPB Coordinating Committee so that a standardised approach can be adopted based on what employers considered to be important.

#### 4) Acute Sector Programme parity

- a) Intervention *proforma* and Mini-CEX & CbD adapted forms.

The documents were approved and the versions dated so that they could be reviewed periodically and the correct versions made available to HEIs.

- b) QA processes - Training Centre Accreditation (GD)

JGD reported that progress had been made with revising the accreditation criteria but that as the GPhC standards had not been finalised yet it wasn't wise to formally agree the criteria. The draft would be revisited once the GPhC standards were published – in the meantime London would use a hybrid version to progress with site re-accreditation.

- c) Assessment update

AI updated the group on the progress with developing a pool of MCQs and OSCEs for use by all partners. Various HEIs have already had sight of these and were asked to contact AI if you wanted to receive this information. Everyone agreed the importance of maintaining the confidentiality of the assessments. New OSCE mark sheets have been developed which incorporate UEA professional criteria as part of the overall assessments. In addition there was a feedback sheet which was completed for students who failed any OSCE station. AI was currently chairing the Assessment Design Group which meets three times a year to review the assessments and to develop new material. All HEIs were invited to attend so that we could better share material.

**Action:** AI indicated that the next ADG would follow CARG in order to maximise the potential contribution of other HEIs.

- d) Mini-PAT handover to all HEIs (RK)

RK is waiting for the programmer to make contact so that the option of creating a mini-PAT licence can be discussed. This would mean that the software could then be purchased by any HEI and used to manage the assessments locally.

**Action:** RK to report to next CARG on progress.

- e) DAPs approval process & guidance (BJ)

BJ tabled a paper outlining the London approach to DAP approval – so that consistency in content and approach could be better assured. He felt it important that given the current need within the NHS to maintain service flexibility that the opportunity to configure a DAP to meet specific local need was important – but also recognising that the number of DAPs needed to be clustered around a limited number of core themes. BJK agreed to provide CARG with an up to date list of approved DAPs and to allow access via the JPB Partners Blackboard course.

**Action:** BJ to present an update of approved DAPs for next CARG meeting.

## 5) Tutor Support (BJ)

BJ provided a brief update on the SEMMED led tutor support project and tabled a paper summarising the issue relating to tutor terminology for consideration by CARG. It was agreed that standardising terminology in pharmacy education was important and that we should make sure that anything implemented across the JPB complied with the GPhC standards. It was agreed to consider the titles at the next meeting so that a recommendation could then be made to JPB Coordinating Committee for approval. It was noted that the timeline would be dependent on when the GPhC standards were published. BJ agreed to discuss future plans for the production of tutor training material at the next meeting.

**Action:** Decide on change in terminology at next meeting and make recommendations to JPB CC. BJ to present plans for tutor training at next meeting.

## 6) GLPC Update

No update was possible as representatives could not attend.

## 7) Community Programme

### a) Assessment tools in primary care (BJ)

RD/BJ had received an email from DAP Lead within a PCT who had designed a specific tool to evaluate the performance of a trainee during a Formal GP visit. It was agreed that this might serve as a useful pilot and that BJ would contact the pharmacist to discuss and report back to the next meeting.

**Action:** BJ to discuss with PCT lead pharmacist and report on progress at next CARG meeting.

### b) Approval of documents (circulated previously- SG)

SG presented a number of documents for approval in connection with the community programme. All agreed to sign off the *Developing your Practice document* (Curriculum Guide) which could now be made available on the Blackboard *JPB Partners Course*.

**Action:** SG to send DP document to VZ for inclusion on BB

The second curriculum guide – for Long term conditions – needed some further work before being circulated and signed off.

**Action:** SG to circulate copy to VZ for distribution to CARG members – stating a date for feedback to be received.

## 8) Programme updates (all)

Nothing new to report

**9) Work-based learning conference (GD)**

JGD raised the possibility of JPB hosting a work-based learning conference with other HEIs sometime next year. All agreed that this would be a useful event.

**Action:** JGD to discuss possibility with JPB partners and other HEIs and report to next meeting.

**10) A.O.B.**

JGD and BJ had attended a meeting to review how aspects of clinical trials were to be included across a range of programmes. It was agreed that the London programme would accommodate the requirements of the NHS into the core programme to ensure that trainees were aware of what constituted good clinical practice in relation to clinical trial design and supply. The work was being led out of Northwick Park Hospital so that a list of core criteria was being developed and would be sent to BJ/RK for inclusion in the London programme. This information would be disseminated to all partners once received.

**Action:** BJ to circulate clinical trial learning outcomes to all partners once received from NPH.

JGD drew the group's attention to the possibility that the length of the programme might be reviewed within London – perhaps moving from 3 to 2.5 years. Although the decision had not yet been made the issue had been raised by the JPB London Local Delivery Board (the employers) employers. A review would now be undertaken over the next 12 months. JGD would report on progress to CARG.

**Action:** JGD to report to next CARG on progress with length of London programme.

**11) Dates of next meetings**

CARG would meet at 10.30am in 21 Russell Square on the following days during 2011:

24/03/2011

21/07/2011

17/11/2011