

**Liverpool John Moores University
independent prescribing course
reaccreditation event report, October 2023**



Contents

Event summary and conclusions	1
Introduction	3
Role of the GPhC.....	3
Background.....	3
Documentation.....	4
The event.....	4
Declarations of interest	4
Schedule	4
Key findings - Part 1 - Learning outcomes	4
Domain: Person centred care (outcomes 1-6)	5
Domain: Professionalism (outcomes 7-15).....	5
Domain: Professional knowledge and skills (outcomes 16-26)	5
Domain: Collaboration (outcomes 27-32)	5
Key findings - Part 2 - Standards for pharmacist independent prescribing course providers	6
Standard 1: Selection and entry requirements	6
Standard 2: Equality, diversity and inclusion.....	7
Standard 3: Management, resources and capacity.....	8
Standard 4: Monitoring, review and evaluation	10
Standard 5: Course design and delivery	11
Standard 6: Learning in practice.....	13
Standard 7: Assessment.....	14
Standard 8: Support and the learning experience	16
Standard 9: Designated prescribing practitioners.....	18

Event summary and conclusions

Provider	Liverpool John Moores University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	20 October 2023
Approval period	December 2023 – December 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 the pharmacist independent prescribing course provided by Liverpool John Moores University 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.
Minor amendments	<ul style="list-style-type: none"> • The programme specification should be updated to include a reference to the requirement for applicants to be in good standing with the regulator to ensure consistency with the information on the website and in the supplementary application form. • The website should be updated to confirm that four of the seven study days are face-to-face campus based study days and the remaining three are online.
Registrar decision	<p>Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and was satisfied that Liverpool John Moores University 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 approved the reaccreditation of the course for a further period of three years.</p>

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)	Professor Peter Penson, Professor of Pharmacy Practice, Head of Subject (Pharmacy) & Lead Pharmacist
Provider representatives	<p>Professor Satya Sarker, Director of the School of Pharmacy and Biomolecular Sciences</p> <p>Professor Peter Penson, Professor of Pharmacy Practice, Head of Subject (Pharmacy) & Lead Pharmacist</p> <p>Jonathan Davies, Senior Lecturer in Clinical Pharmacy, Programme Leader (Independent Prescribing for Pharmacists)</p> <p>Dr Suzanne Cutler, Senior Lecturer in Pharmacy Practice</p> <p>Dr Rachel Mullen, Senior Lecturer in Clinical Pharmacy</p>
Accreditation team	<p>Professor Chris Langley (event Chair), Professor of Pharmacy Law & Practice and Deputy Dean of the College of Health and Life Sciences, Aston University</p> <p>Charles Odiase (team member - pharmacist), Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Kings Langley and Longmeadow Surgeries, Hertfordshire UK</p> <p>Katie Carter (team member - lay), Consultant in Healthcare Regulation and Education</p>
GPhC representative	Chris McKendrick, Senior Quality Assurance Officer (Education) General Pharmaceutical Council
Rapporteur	Alex Ralston, Quality Assurance 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 the [website](#).

Background

Liverpool John Moores University, 'the provider,' was accredited by the GPhC in 2017 to provide a course to train pharmacist independent prescribers, for a period of 3 years. The course was reaccredited in 2020 for a further 3 years. There were three conditions:

- 1. To provide evidence that the principles of equality and diversity are embedded in course design and delivery and to use Equality and Diversity data (including protected characteristics) to inform the design and delivery of the course. This is to meet criterion 2.1, and 2.2.*
- 2. The provider must review the course clinical skills teaching and assessment to ensure that all students can demonstrate fundamental clinical and diagnostic skills. This is because the team believes that vital signs are appropriate to the scope of practice for all pharmacist independent prescribers. This is to meet 5.1 and 7.1*
- 3. The provider must implement a valid and reliable quality assurance process for the assessments carried out in the practice setting. This is because the team considers that the assessments undertaken by the DMPs and other assessors in the workplace are not fully under the control of the University quality assurance procedures. This is to meet 7.7*

There was one recommendation:

- 1. Review the structure of the OSCEs so that the assessment time starts once the student has confirmed that they have read the instruction sheet and are ready to begin. This would allow accommodation for students with specific needs who require additional time for reading, which cannot be accommodated in the current structure which includes reading of the instructions with the demonstration of competency element. This relates to criterion 2.3.*

Following the event, the provider submitted a response to the conditions and the accreditation team agreed that the conditions have been met satisfactorily.

The course has 2 cohorts per academic year with a current maximum total number of 30 students per cohort. The current maximum number of pharmacists per cohort is also 30. The course is taught only for pharmacists. The current duration of the course is 6 months, including 7 course-led face-to-face

days (4 in-person, 3 online). The provider proposes to increase the number of students to 40 per cohort as part of this reaccreditation process.

During 2023, the provider requested an extension to the accreditation period due to the reaccreditation of the MPharm course to the 2021 standards in 2022/23. An extension of six months was agreed to December 2023. In line with the standards for the education and training of pharmacist independent prescribers January 2019, updated October 2022, an event was scheduled on 20 October 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 20 October 2023 and comprised of several meetings between the GPhC accreditation team and representatives of Liverpool John Moores University 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. A qualitative survey was also sent to Designated Prescribing Practitioners (DPP) currently supervising students on the course, or who had supervised students in the past, the responses to which were also reviewed by the GPhC accreditation team.

Declarations of interest

There were no declarations of interest.

Schedule

Meeting

Private meeting of the accreditation team and GPhC representatives

Meeting with course provider representatives

Learning outcomes testing session

Private meeting of the accreditation team

Deliver outcome to the provider

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 5 learning outcomes during the event 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: **7, 13, 23, 26, 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 continue to be met.

Applicants to the programme must apply through the Liverpool John Moores University (LJMU) online application form. Entry requirements and guidance on the experience an applicant must have to undertake the programme are stated on the admissions webpage as well as on the supplementary application form. Information is also available about the course structure and content, assessments, learning in practice, and attendance requirements.

Applicants completing the supplementary application form must include three recent pieces of continuing professional development (CPD) to support the three reflective pieces required in the supplementary form. They must also provide a professional reference, a completed employer's declaration (if appropriate), an enhanced DBS certificate (if the applicant is self-employed) and a Designated Prescribing Practitioner (DPP) admissions declaration. As part of the application, applicants must confirm that they are registered as a pharmacist with the General Pharmaceutical Council (GPhC) or Pharmaceutical Society of Northern Ireland (PSNI), as well as confirming they are in good standing with their respective regulator. Applicants must demonstrate relevant pharmacy experience in a clinical role through their responses on the application form, as well as specifying the proposed area of practice that they plan to focus their prescribing on. Applicants must also write three reflective pieces (300 words each) focusing on how their skills, knowledge and experience have prepared them to study to be a prescriber. This includes how they selected their proposed area of practice, the role of the pharmacist prescriber in the multi-disciplinary team, and how their experience has helped them understand the role of the pharmacist prescriber.

Admissions staff undertake mandatory equality and diversity, and General Data Protection Regulation (GDPR) training. All applications are screened and scored in order of the date received; further information will be requested by e-mail. Information provided by the applicant is triangulated and evaluated through the professional reference, employer's declaration, and information supplied by the applicant in the supplementary application form. This information is captured by the admissions team in a submission checklist spreadsheet, which provides a clear audit trail of decisions. All applicants are informed of the outcome of their application, which may include an unconditional offer of a place; a conditional offer of a place (perhaps because further information is required), such as a requirement for further work on the application with a conditional offer for the next intake, or feedback and an invitation to re-apply for a later intake. Applicants who are rejected are contacted by phone so that the decision can be explained and action recommended. Unconditional offers are only forwarded to the applicant once all entry requirements to the programme are met.

The Accreditation team ('the team') asked for further detail on who is responsible for the undertaking of the screening and scoring of the applications, and how parity is ensured between different reviewers. The Course Provider ('the provider') explained that currently, all applications are reviewed by a single member of staff, which helps to assure consistency, but noted that if the admissions tutor

was unavailable, then other people are trained to make the decisions, such as the head of subject area. The provider explained that the admissions tutor reviews the entire batch of applications, supported by the course administrator. The administrator will extract the relevant documents to send to the admissions tutor for review. The provider also highlighted that there was a documented flow chart that could be used by other members of the team to make decisions if the admissions tutor was not available.

The team also asked how the provider ensured that relevant condition(s) are met for applicants given a conditional offer. The provider explained that where a conditional offer is made to an applicant, there is a deadline for the conditions to be met. The provider gave examples of typical problems with an application such as a missing document, or lack of detail on the applicant's supplementary form. In these instances, the applicant will be asked to provide further information to the administrative team who will then send on to the admissions tutor. The admissions tutor will then review the new information to ensure conditions have been met before an unconditional offer can be made.

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 continue to be met.

The University has a number of policies that help ensure equality of opportunity and compliance with the requirements of the Equality Act 2010, such as "Equality and Diversity and Dignity at Work". The University is committed to the prevention of discrimination and the advancement of equality for both staff and students. Equality and diversity issues are tracked through systematic collection of relevant data, as well as undertaking equality impact assessments. The University recognises the demographics of the region it is located in and has an access and participation plan which uses data to propose strategic measures to address inequalities at an institutional level.

There is a programme level plan for review of inclusion of Equality Diversity and Inclusion (EDI) data. The data from the current accreditation period has been reviewed and incorporated into the design and delivery of the current programme. Programme outcomes have been reviewed alongside demographic data and protected characteristics. There will be a process where outcome data is annually reviewed which will then feed into the provider's continuous monitoring enhancement process (CME).

Students requiring reasonable adjustments must request these via the 'MyLJMU' portal. The request is then reviewed initially by the programme leader, and if relevant, by the lead pharmacist. Requests for additional time for an assessment will be approved by the lead pharmacist prior to the assessment taking place. Requests for reasonable adjustments for learning in practice are discussed between the student and programme leader; the outcome is shared with the relevant DPP with the student's permission. Assessment of disability or special educational needs is undertaken by an LJMU disability adviser which then produces a statement of needs. This is addressed by an individual student learning plan (ISLP). This plan is then disseminated by the School Disability Coordinator to all relevant staff to ensure adjustments are in place.

The team asked how information about disability was captured during the admissions process and what is then done with that information. The provider noted that the University does capture some information from applicants but that this information is not yet available to the course team, though this may change during the next accreditation cycle. The provider clarified that data is however available at the point of student enrolment and that there is a structured process for considering reasonable adjustments. The provider noted that as there were a relatively small number of students on the IP programme, that meant that there was only a small amount of data available at programme level.

The team was told that examples of recent adjustments included adjustments to when teaching materials are available as well as adjustments to OSCEs in terms of the text size of materials, or extra time allocation in the OSCE exams. The provider noted that it was committed to ensuring that students with a disability should have an equitable experience. The provider confirmed, however, that adjustments that might modify the programme learning outcomes are not permitted, as students must meet all learning outcomes of the programme.

The team asked how the Access and Participation plan, as well as EDI collected data has influenced the course design and delivery. The provider observed that the course demographic had adjusted during the most recent accreditation cycle; where the course had originally attracted predominantly older students, who were further away from academia, and were taking the Independent Prescribing (IP) programme on a standalone basis, there had been a shift towards younger students undertaking the course, often as part of a longer postgraduate diploma. The provider noted that this change had informed the 2023 updates to the course with a requirement for there to be a more formal learning needs analysis to take place for each student on the first study day. This would lead to a plan of action to be discussed at the student's first personal tutorial session.

The team asked how health needs had influenced the curriculum. The provider explained that in terms of assessment, there was an effort to try and embed realistic stories based on local people, recognising, for example, local areas of deprivation, or disproportionate rates of tobacco smoking. The provider noted that consideration of issues affecting Liverpool are embedded into the backgrounds of simulated patients in the OSCE process.

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 continue to be met.

The Independent Prescribing (IP) programme sits within the School of Pharmacy and Biomolecular Sciences, which is part of the Faculty of Science. The IP course is a single 40 credit module that runs over six months. The University Academic Board has overall responsibility for the academic quality of the University's programmes. At School level, the responsibility for the Independent Prescribing course is with the Board of Studies (BoS), the programme development team (PDT), lead pharmacist and programme leader.

The programme is delivered as a blended learning programme consisting of a total of 7 attended study days, of which 4 are in-person sessions. These are delivered in the School of Pharmacy and

Biomolecular Sciences. Facilities include flexible clinical skills suites which allow for classroom teaching as well as specialist clinical skills sessions using equipment such as simulation manikins. A dedicated six-bed hospital simulation suite has recently been built. The programme operates with a ring-fenced budget where student fees are allocated to a standalone account which programme expenditure is then drawn against.

The Lead Pharmacist is responsible for leading the academic and professional development of pharmacy within the School, as well as working closely with Faculty and programme leaders to ensure the effective delivery of high quality undergraduate and postgraduate pharmacy teaching programmes. The Programme leader is responsible for the academic management and development of the programme and reports to the Lead Pharmacist. The Programme Leader chairs relevant meetings of the PDT, the Board of Study and the Assessment Board. All teaching is developed and delivered by a team of registered pharmacists who are also supported by other registered healthcare professionals. There are also contributions to teaching from practising independent prescribing pharmacists who help to ensure that teaching content and student experience are relevant and up to date. There are a number of policies to support staff working at LJMU including flexitime, maternity and paternity leave and working from home. Staff are expected to participate in development activities. New staff are allocated a mentor. The Faculty has a workload Allocation model that covers all academic staff to try and achieve a balance across teaching, administration and research activities. Staff have an appraisal process which is linked to the delivery of the University's strategic plan.

There is a dedicated postgraduate Pharmacy programme administrator supported by colleagues in the Faculty Administration office. The team asked about the administrative support for the programme, and whether the course team envisaged a need for more administrative support if student numbers increased. The provider noted that the increased student numbers were part of a wider rebalancing of postgraduate numbers. The provider explained that some postgraduate programmes within the school had less applications, but that increased numbers for the IP module would compensate for this. In terms of the administrative support for the IP course, the provider explained that the administrator works 0.6WTE and administrative colleagues pick up on issues and pass them on to the course team on days when the administrator is not there. Administrative support is supplied at Faculty level, where there is a big team, allowing roles to be shadowed. The team was assured that the provider did not foresee a problem if student numbers increased as the administrative support was very fluid and can be allocated where needed.

The programme is subject to continuous monitoring and enhancement (CME) to ensure that academic standards and quality is maintained and enhanced. An annual CME plan is produced which identify issues requiring action such as any need to recruit additional staff. The provider noted that recruitment for a further 3 WTE of staff is currently planned; the expansion of staff is to support the request to increase the number of students in a cohort from 30-40. The team asked for an update on the current recruitment of the 3 WTE staff. The provider explained that the posts had been advertised recently; it was also noted that some fixed term staff had been made permanent. It was noted that the new staff would not be specifically assigned to just the IP course, and would be shared across a number of courses in the wider school. The provider explained that pharmacy was viewed at subject group level, and that there was a school aim to bring the staff student ratio (SSR) to 16:1. The provider highlighted that the School had important relationships with the local trusts, as some teacher practitioners are employed on secondment arrangements.

The team noted the intention of the provider to increase student numbers and split the cohort into two and asked how this would work. The provider explained that in terms of delivery of teaching and

assessments, this approach was already in use, noting that in the current provision, if there are more than 25 students in a cohort, then it is split into two. The provider emphasised that there are systems already in place to support a 2-cohort delivery model and that the course is staffed appropriately. The provider also noted that there were more prescribers employed within the wider school and that there were also more senior clinical teaching fellows available. It was also noted that there were new clinical suites that were shared between undergraduate and postgraduate teaching, and that the capacity of the estate had increased in summer 2023 and would further increase in summer 2024.

Students are expected to take responsibility for their learning from the start of the programme, which is emphasised at the induction study day. Students undertake a self-assessment exercise against the RPS prescribing framework which, in discussion with their DPP enables the students to develop a personalised learning contract. The contract sets out the learning needs of the student, plans for development of skills, knowledge and behaviours and how the student will be supervised and evaluated.

The role and responsibilities of the DPP are outlined in the DPP admissions guide, as well as noted in the DPP admissions declaration and in the DPP webinar. At the application stage, DPPs are required to make a declaration that they have read the admissions guide, and understand the commitment they are making. The DPP is then asked to watch the introductory webinar which covers the expectations for the period for learning in practice and the supervision of the student. There are also a number of opportunities for the DPP to feedback on student performance including the webinar, where the student's personal tutor will contact the DPP to introduce themselves as the academic liaison and answer any queries that the DPP may have. There are also contact points in month 2 when the personal tutor will contact the DPP for an update on progress, month 4 when the programme leader will contact the DPP to release final DPP sign-off and in month 5 when the programme leader contacts the DPP to release the DPP feedback form.

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 continue to be met.

The IP programme was first validated by the University in 2016 and revalidated in 2019. The IP programme has been further revalidated for a period of 5 years as of September 2023. There are a number of monitoring and review mechanisms that feed into the continual monitoring and evaluation of teaching and assessment. The CME report reviews the successes and failures of the programme delivery and is scrutinised by the Director of School and Academic Quality Services, which in turn feeds into the School Annual Monitoring report. Actions are fed up to the Faculty Management Team (FMT) and then on to the University's Quality Assurance and Enhancement Committee. Performance Data, Module Questionnaires and responses from the institutional survey also feed into the CME process, which then feeds into the Board of Study, Periodic Programme review, the School Management team and Faculty Quality Assurance committee.

Staff participate in the Faculty of Science "Talking about Teaching" teaching observation scheme. Directly employed staff on the programme have completed or are in the process of completing a PgCert in Academic Practice. Any tutors involved in teaching delivery or assessment must undertake

appropriate training. Assessments are reviewed by external examiners following the External Examining Guidance for Staff. An annual report is produced by the external examiner which the provider responds to any issues raised and develops an action plan as appropriate.

Student feedback is collected in a number of ways. At the introductory study day, a student representative is nominated who will represent the course on the Board of Study and who will help collate and provide feedback on behalf of the cohort. Any concerns or feedback given to the Board of Study are minuted and any actions are then addressed and reported to the cohort. Institutional feedback surveys such as module evaluation surveys also take place. The provider plans to improve student response rates to feedback surveys by releasing a programme specific feedback form when students receive their results. Feedback from students will be incorporated into the CME process.

The team asked for an example of where student feedback had led to a change in programme delivery. Students had fed back that they were keen to ask questions of the course team in informal settings. The provider explained how early evening 'drop in' question and answer sessions were then made available to students prior to assessment deadlines, which enabled students to drop in after work to ask any questions. The provider also noted that assessment briefings are held 6 weeks before the assessment is due.

The team also explored student response feedback rates. The provider acknowledged that standard university feedback processes had not provided good feedback response rates to the course team. The reason for this is because the timing of the University feedback survey is suited to standard university modules rather than the different timings for the IP module. The provider concluded that students were perhaps being asked at the wrong time. As a result, from March 2024, the feedback will be collected in month 5 of the IP course. In terms of the programme specific feedback survey, the provider explained that this could be easily adapted to each cohort, to reflect different issues and concerns and will be run for the first time for the March 2023 cohort as they finish their course.

The team questioned how the provider monitors the quality of teaching provided by external tutors. The provider explained that seconded staff are subject to the same teaching evaluation scheme as university staff. As such, there was no impact on quality assurance processes as the seconded staff engage with teaching in the same way as LJMU staff. The provider noted that external tutors would need to undertake the same mandatory training as LJMU staff. The team also explored how quality assurance was carried out. The provider explained that there is a quality assurance process for each assessment in the programme. The provider gave the example that if it was the first time that a marker was marking assessments for the programme, they would be second marked for consistency; new markers on the course would mark alongside an experienced marker.

The programme team continually review, revise and update the taught content and assessments in order to align with and reflect current prescribing practice. The programme has been updated and mapped to the Standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022, as well as taking account of the 2021 update to the Royal Pharmaceutical Society (RPS) competency framework for prescribers.

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 continue to be met.

The IP programme has been developed by the core programme team who are all registered pharmacists. The programme team have a teaching and learning strategy within the programme. The strategy aims to ensure that the delivery of the course is aligned with the university policies and procedures as well as aligning to the GPhC standards. Students are encouraged to actively participate in their learning in an environment informed by research and which also places study in a professional and academic context. There is a strong focus on workplace-based learning. All applicants must be employed in an appropriate practice role in order to undertake the workplace based activities. Students will evidence their skills in their professional practice portfolio.

Students must attend seven study days, four of which take place in person on campus. Electronic content is delivered on the University's virtual learning environment, Canvas, using a blended learning model. 400 hours of study are required for the 40 credit IP programme. 131 hours are defined as contact time, including 41 hours of direct delivery such as lectures, clinical skills workshops and OSCEs. Students undertake 90 hours of supervised learning in practice. The remaining hours are for self-directed learning including structured learning activities delivered through blended learning online. All learning and assessment are at FHEQ Level 7 standard. The programme is normally studied over 6 months. There are two core clinical skills sessions delivered onsite, which focus on vital sign measurement, and respiratory assessment. Opportunities are also provided within the study days for peer group learning so that students can reflect on their own skills and behaviours. Students are provided with "Flipped Classroom" content to help them prepare for these events and utilise their pre-existing knowledge, skills and practice to support their own development as well as the development of their peers.

There is a stakeholder engagement strategy in place at LJMU to ensure that GPhC accredited programmes such as the IP programme can take into account input from patients, the public and wider stakeholders. Opportunities for patients and members of the public to contribute to patient and public engagement activities are advertised by the School and University social media channels. A meeting was held in April 2023 between members of the School Pharmacy team and members of the public where the pharmacy team presented key information about changes in pharmacy education and the role of pharmacists as independent prescribers. In addition, active practitioners on secondment from local stakeholders have also engaged with the review and update of the course. The programme team also incorporate feedback from DPPs at the end of each cohort.

The team asked about the patient and public engagement strategy and how feedback has and will actively influence the design and delivery of the course. The provider noted that at programme level, they were keen to engage patients and noted that there had been some initial stakeholder events where patients had provided feedback on the care they are receiving. The provider also commented that there were opportunities for patients to feedback on student progress. It was noted that the school was looking across its programmes holistically in terms of engagement with patients and members of the public, highlighting that postgraduate pharmacy education would change with the changes to independent prescribing. The provider explained that an engagement event with employers had been held and that they will meet regularly with employers. The provider also commented that recent engagement had informed both the MPharm and IP programmes within the School.

Patient Safety is embedded throughout the taught elements of the programme and learning in practice. Students must be appropriately supervised during their period of learning in practice and only undertake tasks where they are competent or are learning under supervision. Students must clearly articulate the supervision they will be under in their learning contract with the DPP. Clear information is given to the DPP in the introductory webinar and supplementary guidance that students must only undertake tasks where they are competent or where they are learning under supervision so that patient safety is not compromised. The team explored what would happen if, during an assessment, an assessor thought that a student had put a patient at risk. The provider explained that OSCE briefs are on paper and all have the possibility for the assessor to raise a concern, such as poor behaviour or unsafe practice. At the end of the OSCE, this concern would be raised with the lead of the OSCE. The Patient safety panel would then determine if there was any patient harm. If so, a fail would be awarded for the assessment requiring the student to repeat it. The provider explained that where there is an issue, the student is informed, it is then discussed with the programme lead, and action plan set up to address the concerns. The student will repeat the OSCE. The provider clarified that students were able to take the OSCE a maximum of 3 times, in line with LJMU regulations. It was also noted that if the student requires a final retake, they will need additional support.

The team asked how the provider took assurance that students only undertook tasks they are competent to perform. The provider explained that for students, the study days were compulsory, whilst also insisting that DPPs must access the introductory webinar, as similar messages are given to students and DPPs at the earliest opportunity. DPPs are required to watch the webinar, and this activity is checked by the programme team. At the study day, students are told about what they can and cannot do in terms of their learning in practice and supervision; this is also discussed within the DPP webinar and further written information is sent to the DPPs after the webinar. The provider emphasised that there was an open line for DPPs to contact the personal tutors or the Director of the Programme if they had any issues. It was noted that the level of supervision and contact is specified in the learning contract. The provider explained that most DPPs that they work with are doctors and that additional support is available for nurse or pharmacy prescribers working as DPPs for the first time. The provider noted that nurse prescriber DPPs had received good reviews from students.

The School of Pharmacy and Biomolecular Science has a robust Fitness to Practise (FTP) policy aligned to GPhC guidance as well as University policies on fitness to study and engagement in student experience. Prospective students are made aware of the implications of the FTP policy.

The team asked whether the provider had ever had a student who had chosen a specialist area of practice for which the provider found difficult to provide the necessary support. The provider noted that sometimes, areas of practice turn out to be unsustainable or unsuitable, such as when a type of patient is not available. In this scenario, the student will meet with the personal tutor in the first instance to consider broadening or narrowing the focus of the prescribing area. The programme team may also speak to the relevant DPP to refine or alter the scope of practice that is being supervised. The provider noted that sometimes, the students may also need to consider their DPP arrangements and suitability.

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 continue to be met.

Students enrolling on the IP programme must have a confirmed supervisor who will act as the DPP. The DPP must be an active, experienced prescriber operating within a clinical patient-facing setting. Students must complete 90 hours of learning in practice, of which 45 hours must be directly supervised by the DPP. The remaining 45 hours may be spent with another experience prescriber, but all 90 hours must be in a clinical practice setting with access to patients. Students must submit a completed DPP admissions declaration at the point of their application to study on the programme.

There are clear channels that the student or DPP can follow in the event they have concerns relating to supervision during the period of learning in practice. In the first instance, the student's personal tutor will be the point of contact for both student and DPP.

Students are encouraged to spend a proportion of their time engaging with other prescribing healthcare professionals. Where other prescribing professionals are used to support the student with the collection of evidence in the work-based environment, the DPP must ensure that these professionals are appropriately skilled and experienced in the tasks being assessed and that any other practitioner providing additional support must be familiar with, and take into account the GPhC guidance on tutoring for pharmacist and pharmacy technicians in the workplace when supervising the student in practice.

The provider follows a clear process in terms of assessing the suitability of the DPP to perform the role and has the required core competencies. The DPP must, as part of the admissions declaration process, confirm they meet the core competencies. If the DPP does not meet the criteria and does not have the core competencies, they will not be permitted to act as DPP. Feedback will be provided to the applicant and DPP to explain the rationale for any such decision.

The team asked whether the provider had ever rejected a prospective DPP or asked for further information before being satisfied they could act as a DPP. The provider confirmed that this situation had occurred in the past, when some DPPs had not been approved as they did not have the sufficient experience with the proposed area of practice or they had not been qualified as a prescriber sufficiently. Students have then been asked to identify a new DPP. The provider also noted that they would ask further questions regarding timescales and workplans for DPPs intending to supervise more than one student; this is so the provider has assurance that the DPP can support multiple students.

The DPP must complete a final declaration document confirming that the student has completed the required supervised hours and that the DPP is satisfied that the student has demonstrated the skills in practice that would make them suitable for annotation as an independent prescriber. The student must then submit this declaration as part of their portfolio. The provider will confirm during the marking process that the person completing the DPP sign off is the same person identified at the time of application.

Standard 7: Assessment

Standard met/will be met? Yes No

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

Students must complete four assessments as part of the programme. Two of the assessments are coursework components which between them generate the module mark. The Case Series is worth 60% of the module mark whilst the Critical Reflection is worth 40% of the module mark. The two other assessments are the OSCE and the Portfolio both of which assess competencies and are pass/fail. The programme team produces assessment briefs which incorporate the learning outcomes, marking criteria and instructions. These assessment briefs are available for students to view on Canvas.

The programme follows a structured marking and moderation process. All members of teaching staff who mark are either directly employed by the university or seconded, so that no casual or sessional staff are used in the marking of summative assessments.

For the Case Series assessment, students must submit two recordings which include a clinical discussion between the student and DPP relating to a patient case within the student's area of prescribing focus. The recording should also include feedback from the DPP to the student and the agreeing of an action plan between the student and DPP including opportunities for further assessment. The recordings are reviewed by a member of the programme team, usually the student's personal tutor. The team asked if there were any examples where the personal tutor was concerned that the feedback from the DPP was below the expected standard. The provider explained that there was a clear quality assurance process for recorded case-based discussions. It was noted that the course team listened to the presentation, feedback and action planning in the recording and it is also reviewed by the personal tutor. If the recording is not clear, then feedback is given to the student and the DPP. Where necessary, the personal tutor may meet with the DPP to discuss further, and may ask that the session is re-recorded. The provider explained that in the updated course, submissions of two case-based discussions must be made at different points so that the course team can see the student progress/development between the two cases.

Students must undertake three live stations in the OSCE, which are all 15 minutes in duration. Students are assessed on two distinct activities within the 15 minute period. The student will be asked to interact with a simulated patient and assessed on a series of clinical tasks and consultation related skills and behaviours reflecting the role of the pharmacist independent prescriber. The pass mark for the OSCEs is generated through the use of the Borderline Regression standard setting methodology. The OSCE assessor will mark student performance on a checklist of items determined before the OSCE. At the end of the station, the assessors are also asked to justify the student's overall performance on a four-point scale, representing a global judgment of the student's ability to perform the tasks being assessed. Simulated patient feedback will also be collected.

The team asked what happens to students who are classified as borderline in the OSCE assessment. The provider explained that borderline regression was used to generate the cut score but that student performance was also evaluated. Students must pass the OSCE in order to pass the programme. The team noted that the provider was using global scores to check the cut score following borderline regression. It was noted that if students fail the OSCE they will have two further opportunities to retake the entire circuit, which would happen at the end of the course.

All summative assessments must be passed to be successful on the programme. For the coursework components, students must achieve a minimum of 50% in each one to pass. Students have up to three opportunities to complete each coursework. Students must also achieve a mark of 50% in any referral opportunity though the module mark is capped at 50%. There is no compensation or condonement of marks on the IP programme.

The practice-based portfolio is marked using a checklist that is provided to students at the start of the course so that students are clear on what must be in the portfolio such as the completed log of supervised practice and the final DPP sign-off are present.

If a student demonstrates activity that is considered to put patients at risk this will result in an automatic fail. All assessments within the programme are based on real-life situations, so if the student does not identify or respond to a serious health issue or there is an example of unsafe practice or potential patient harm, this will be considered as a fitness to practise issue. If a patient safety issue is identified within a student's submitted work, there is a patient safety review process which will determine the nature and severity of the problem. A panel of healthcare professionals will assess the problem in line with the definition of risk in the programme guide. The decision of this panel will be reported to the Board of Examiners.

Students receive feedback on formative and summative assessments which help support skills development and achieving the GPhC learning outcomes. During the period of learning in practice there are structured opportunities for the student to receive feedback on their performance, such as collecting work based assessments from their DPP and other prescribing professionals. Students are required to attend all study days. If students miss one or more study days an action plan is implemented to ensure that the student can catch up. This is the joint responsibility of the student and the programme leader. For the Case Series and Critical Reflection assignments, there are opportunities for peer group discussions facilitated by academic staff. For the competency assessments, there is more structured feedback, such as a formative OSCE exercise which runs on study day 4 and which give students experience of what the summative OSCEs will be like when they take place later in the programme. A general formative OSCE feedback session is held on the next day so that students can discuss their experiences and receive individualised feedback which allows the students to reflect on their strengths and weaknesses. For the portfolio assessment, students can discuss and review progress with the personal tutor through the structured personal tutorial system. There is also peer group discussion focussed on the essential elements of the portfolio in the final study block.

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 continue to be met.

New students are provided with a copy of the programme guide and access to the canvas site before the first study day. As part of their induction, students receive key information about the course and module structure, the programme team, the course timetable and assessments, as well as information about what to do should they have concerns during their period of learning in practice. Students carry out a self-assessment against the RPS competency framework for prescribers. The role of the DPP is emphasised throughout the induction programme and students receive support from the programme team with the development of their learning contracts. After the introductory study day, students meet with their DPP to discuss the outcome of their self-assessment, evaluate their learning needs and establish a realistic learning contract to address these needs during the period of learning in practice. Online content required to be studied before one of the course study days is

made available four weeks in advance of the study day to allow students to plan their workload. The University library provides study support and resources and is situated close to the School of Pharmacy and Biomolecular Science. The Student Life building in Liverpool City Centre provides IT and quiet study facilities 24 hours a day throughout the year.

All students are assigned to a personal tutor who is a member of academic staff and will also be a qualified independent prescribing pharmacist involved in the delivery of the course. Students meet their personal tutor formally three times during the course, but students can request tutorials, academic or pastoral support if required. Each member of staff also allocates 4 hours each week to a drop in facility so that students can book appointments to discuss issues. Informal drop-in sessions are scheduled in the early evenings prior to coursework or portfolio submission dates.

The importance of regular meetings between the DPP and the student during the period of learning in practice is emphasised in the DPP webinar and included in supplementary information sent to the DPP after the webinar. DPPs must supervise a minimum of 45 hours of supervised practice as well as provide work-based assessment and feedback to support the student's portfolio. The team asked how the provider assured itself that struggling students can be identified in a timely manner and appropriate support be put in place. The provider explained that there was a series of structured personal tutorials during the course, beginning with one early in the programme just after the first study day. The second tutorial takes place around the end of month 2 with a formative personal review which enables personal tutors to pick up any possible issues surrounding the learning in practice. This also enables staff to identify students who may be struggling and out in place action plans at an early point. The provider noted that it was emphasised to students that they should keep an open line with staff and that students can come in at any time to discuss issues.

Students are advised at the introductory study day of the processes for feedback to be provided as well as nominating a student representative who will represent the cohort on the Staff-Student Consultative Committee. Students will also be told what they should do if they have concerns during their period of learning in practice. If the student has concerns about the programme, assessments or teaching, the appropriate actions are explained in the programme guide. If concerns arise in the period of learning in practice, the DPP will normally be the first point of contact. If the student has concerns about the DPP, they should discuss these with the personal tutor in first instance. DPPs will also have the contact details of the programme leader in the event that the tutor is not available.

The team asked for an example of when a student raised a concern about the practice learning environment and how it was dealt with. The provider explained that some students applied to the course with a particular area of expertise, but then changed rotation which made it difficult for them to do their learning in practice. In this situation, a conversation with the employer is required with regards to changing the area of original practice. The provider noted that this might need additional entry criteria or a new DPP to be identified. The provider also gave examples of when the environment that the student is working in might not be suitable which might mean the student needing to find a new DPP. The provider described a situation where, during a ward round, the DPP was referring to the student in their role as a pharmacist rather than encouraging their prescribing skills; the course team helped the student to raise this issue and also spoke to the DPP to resolve the issue. The provider highlighted that there are scheduled touchpoints between the programme director and DPPs.

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 continue to be met.

DPPs must complete a declaration outlining their suitability to perform the role at the application stage. Applicants will not be offered an unconditional place without a confirmed DPP declaration. Prospective DPPs are introduced to the roles and responsibilities through the Supplemental DPP Application Guide which is available on the programme webpage. Once an application has been received, the programme team carry out a series of checks to ensure the suitability of the DPP. The name, occupation and professional registration of the proposed DPP is checked with the relevant professional register to ensure that the DPP is registered by their professional regulatory body, that they are annotated to allow them to prescribe independently and that the DPP does not have any fitness to practise or conditions associated with their reregistration that will mean they cannot supervise students. If any of these criteria are not met, the proposed DPP will not be able to act as a DPP for the course.

As part of the declaration form, DPPs must confirm that they have experience in supporting, supervising and teaching healthcare professionals, that they have appropriate patient facing clinical and diagnostic skills and can assess patient facing clinical and diagnostic skills. DPPs must confirm whether they have acted as either a primary or additional supervisor in the training of either medical or non-medical prescribers in the past. DPPs must also provide a statement outlining their experience in teaching, supervision and assessment. This information will be reviewed by the admissions tutor. DPPs may be contacted to provide additional information if it is not clear whether they meet the criteria. DPPs must also confirm that the placement location where the period of learning in practice will take place meets statutory requirements for placement locations as outlined in QAA standards.

The team was told that the suitability of the DPP is checked in the same process as student admission and reviewed by the admissions tutor to ensure consistency of approach. As with the review of student applications, other members of staff are trained to deputise if the admissions tutor is unavailable. There is a flow chart that captures the structured process that must be followed. The team also asked how the provider assessed a prospective DPP's ability to assess patient-facing clinical and diagnostic skills. The provider explained that the DPP must provide details of their level of experience and that there is a free text box within the form for the DPP to explain this which helps the admissions team make a judgement on the suitability of the DPP. DPPs are required to put their past experience on this form. The provider noted that the vast majority of DPPs for the LJMU course are Doctors and many are registered GP trainers.

As part of the declaration, DPPs confirm that they are willing to engage with the training programme offered for DPPs. This includes accessing the recorded DPP webinar. The webinar includes key information about the programme, the learning outcomes, the role of the DPP in assessing students and a summary of the support available to the student. The personal tutor will contact the DPP and will check that the DPP has engaged with the webinar. DPPs can ask additional questions if they are not answered in the webinar. The team was told that the webinar was a mandatory requirement and that if DPPs do not view it then they cannot act as DPP on the programme. The team asked about the process for DPPs to raise concerns. The provider explained that in terms of raising concerns, minor concerns would be dealt with by the personal tutor, whilst major concerns would be dealt with by the

programme director. DPPs will have contact details for a named liaison if they require support or advice. This will normally be the student's personal tutor, but the DPP will also be able to contact the programme leader in case the personal tutor is not available.

Students will be asked for feedback at the end of programme which will include feedback about their period of learning in practice and their experiences with the supervision, feedback and guidance provided by DPPs. This feedback will be collated by academic staff. Where students have raised concerns with regards to supervision or guidance from the DPPs, they should discuss this with their DPP directly. An anonymised summary of the experiences of the cohort and general feedback will be collated by the programme team and a summary will be sent to all DPPs. A new feedback survey will also be sent to DPPs at the end of the period of learning in practice for each cohort so that feedback can be captured about their experiences acting as a DPP on the programme.

The team asked how DPPs would get feedback on their individual performance in addition to any collated cohort feedback. The provider explained that as there will be case based discussions in the updated programme, which must be recorded as part of the assessment. Where necessary, the course team may provide feedback to the DPP on these. The provider also confirmed that additional feedback for DPPs can be provided if required. Where DPPs identify areas where they might require additional feedback or support in performing their role, this can be discussed with their individual academic liaison.

