

# **University of Bolton independent prescribing course reaccreditation event report, November 2023**



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## Event summary and conclusions

<b>Provider</b>	University of Bolton
<b>Course</b>	Independent prescribing course
<b>Event type</b>	Reaccreditation
<b>Event date</b>	24 November 2023
<b>Approval period</b>	January 2024-January 2027
<b>Relevant standards</b>	<b><u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u></b>
<b>Outcome</b>	<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 Bolton should be reaccredited for a further period of three years, subject to four conditions.</p>
<b>Conditions</b>	<ol style="list-style-type: none"> <li>1. Although the team could see evidence that pharmacist applicants are asked if they have the ability to recognise, understand and articulate the skills and attributes required by a prescriber, the team could not see how this information was assessed or that the provider had provided clear guidance to the applicants on this. The provider must submit further information on the guidance to be provided in advance to prospective pharmacist applicants. This is to meet criterion 1.3.</li> <li>2. 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. Although the team could see limited evidence of the consideration of EDI factors being used to enhance individual student experience, it was not clear how EDI data are 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.</li> <li>3. Although the team could see limited evidence of how the GPhC learning outcomes have been mapped to the course learning outcomes, the team could not see that all GPhC learning outcomes had been so mapped. The provider must submit a teaching, learning and assessment strategy which sets out how pharmacist independent prescribers in training will achieve the outcomes in Part 1 of these standards. This is to meet criteria 5.1 and 7.1.</li> </ol>

	<p>4. The provider must develop an appropriate feedback process for all DPPs regarding their overall performance as prescribing supervisors. Details of this process must be sent to the GPhC. This is to meet criterion 9.5.</p>
<p><b>Standing conditions</b></p>	<p>The standing conditions of accreditation can be found <a href="#">here</a>.</p>
<p><b>Recommendations</b></p>	<ol style="list-style-type: none"> <li>1. The team notes that new prescribing pharmacist staff will be joining the programme team shortly. As there will be an increase in student numbers, the team recommends that the provider reviews all roles and responsibilities to ensure that there are enough staff from relevant professions to deliver the course and support the learning of pharmacist independent prescribers in training. This relates to criterion 3.4.</li> <li>2. The team notes that there is information and support available for the trainee pharmacist independent prescriber. The team recommends that the provider develop a clear learning agreement that covers all learning, teaching and practice environments outlining roles and responsibilities and lines of accountability. This relates to criterion 3.3.</li> <li>3. The team notes that DPPs are signposted to training. The team recommends that the provider offers additional support for those DPPs who do not access the training. This relates to criterion 9.3.</li> </ol>
<p><b>Minor amendments</b></p>	<ol style="list-style-type: none"> <li>1. Please amend and update the website to reflect the revised GPhC entry requirements. Under the 'Teaching and Assessment' tab, please update reference from 12 days learning in practice to 90 hours. (criterion 1.1)</li> <li>2. On the North West Universities NMP Collaboration form, please remove 'Specialist' from the term 'relevant GMC Specialist Register' on page 9 as the types of medical practitioner listed could be on one or more of the basic medical register, GP register or Specialist Register. (criterion 1.1)</li> <li>3. Please amend Final Sign off wording to "I have assessed the above as meeting all of the programme competencies, and to be a safe and competent pharmacist Independent prescriber". (criterion 6.5)</li> <li>4. Please update the Module Specification which refers to GPhC stipulating pass marks for pharmacology and numeracy exam – these are not specified in the 2019 GPhC standards for the Education and training of Pharmacist independent prescribers (updated 2022). (criterion 7.9)</li> </ol>

	5. Please update the DPP Handbook to add reference to GPhC guidance on supervisors; bullet point 8 on page 10 of the handbook refers to HCPC guidance on supervisors. (criterion 9.3)
<b>Registrar decision</b>	<p>Following the event, the provider submitted a response to the conditions and the accreditation team agreed they had been met satisfactorily.</p> <p>The Registrar is satisfied that the University of Bolton has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022.</p> <p>The Registrar confirms that the University of Bolton is approved to continue to offer the independent prescribing course for a further period of three years. The Registrar noted that the conditions as outlined in the report have been met.</p>
<b>Maximum number of all students per cohort</b>	50
<b>Number of pharmacist students per cohort</b>	30
<b>Number of cohorts per academic year</b>	Nine
<b>Approved to use non-medical DPPs</b>	Yes
<b>Key contact (provider)</b>	Caroline Merriman, Programme Lead - Non-Medical Prescribing
<b>Provider representatives</b>	Sian Peachey, Academic Operations Lead- School of Nursing Karen Bennett, Pharmacist Lecturer- NMP Caroline Merriman, Programme Lead – NMP
<b>Accreditation team</b>	Parbir Jagpal (event Chair) Director of Prescribing School of Pharmacy, University of Birmingham Dr Fran Lloyd (team member - academic), Associate Postgraduate Pharmacy Dean, NICPLD, Queen’s University Belfast Katie Carter (team member - lay) Consultant in Healthcare Regulation and Education
<b>GPhC representative</b>	Alex Ralston, Quality Assurance Officer (Education) General Pharmaceutical Council
<b>Rapporteur</b>	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

**Observer**

Shahzad Ahmad, Clinical Lead, NHS England Transformation Directorate  
(Observer - accreditation panel member in training)

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## 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

The University of Bolton was accredited initially by the GPhC in 2011 for a period of three years to provide a programme to train pharmacist independent prescribers. The programme was reaccredited in 2014, 2017 and 2020, on each occasion for a period of three years; the 2014 reaccreditation was subject to one condition and included one recommendation, although there were no conditions or recommendations associated with either subsequent reaccreditation event. In line with the standards for the education and training of pharmacist independent prescribers (January 2019), an event was scheduled on 24 November 2023 to review the course's suitability for reaccreditation.

The level 7 Non-Medical Prescribing (NMP) programme has a current maximum of 30 pharmacists in cohorts of a maximum size of 50 students, each cohort also including students of nursing, midwifery, podiatry, physiotherapy, and paramedic science. There are nine cohorts per year. The current programme, which is led by a nurse, has a duration of five and a half months with 12 course-led, face-to-face contact days.

### 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 24 November 2023 and comprised several meetings between the GPhC accreditation team and representatives of the University of Bolton 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

09:30 - 10:30 Private meeting of accreditation team

10:30 - 11:00 Comfort break

11:00 - 13:00 **Meeting with course provider (Provider joins zoom meeting at 10:55)**

13:00 - 14:00 Lunch

14:00 - 14:30 **Learning outcomes testing session**

14:30 - 17:00 Private meeting of the accreditation team

17:00 - 17:15 **Delivery of outcome to the University**

## 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 **five** 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: **9, 13, 19, 25 and 31.**

### Domain: Person centred care (outcomes 1-6)

Learning outcomes met/will be met? Yes  No

### Domain: Professionalism (outcomes 7-15)

Learning outcomes met/will be met? Yes  No

### Domain: Professional knowledge and skills (outcomes 16-26)

Learning outcomes met/will be met? Yes  No

### Domain: Collaboration (outcomes 27-32)

Learning outcomes met/will be met? Yes  No

## Key findings - Part 2 - Standards for pharmacist independent prescribing course providers

### Standard 1: Selection and entry requirements

Standard met/will be met? Yes  No

**The team was satisfied that five of the six criteria relating to the selection and entry requirements continue to be met, with criterion 1.3 subject to a condition. Criterion 1.1 requires minor amendments.**

The documentation described how application for the non-medical prescribing (NMP) programme is via a form shared by eleven universities that make up the North West Universities NMP Collaboration; this collaboration ensures consistency across the region. The entry requirements are identified within the course marketing pages via the University website with a link to the HE Cooperative. The application form asks for details of the applicant's employment history and continuing professional development, as well as a personal statement in which the applicant identifies the clinical/therapeutic area in which they have been working and in which they intend to develop their prescribing practice. Where applicants do not meet any of the criteria, they receive a detailed rejection notification via e-mail; applicants whose experience is considered inadequate are offered guidance on gaining the necessary experience to support a future application or to identify a more appropriate scope of prescribing practice.

The documentation implied that the completed application form is reviewed by representatives of the collaborating institutions who meet monthly as the Northwest NMP Education Group. However, the staff explained to the team that the Northwest NMP Education Group is not involved in considering the applications; these are reviewed by the programme lead together with a lead for each cohort. The staff explained that the form allows applicants to show that they meet requirements by ticking the appropriate boxes, as well as through their personal statement, the latter requiring interpretation. Equity across the process involving nine cohorts per year is achieved through the cohort leads who work to a highly prescriptive 'crib sheet' which requires the applicant to have ticked many statements and demonstrated experience relevant to their area of future prescribing, as well as shown awareness of the governance underpinning prescribing and of the need for a current DBS check. The programme lead oversees the whole process and makes the final decision on all applications. The NMP staff share an office, thus facilitating discussions of individual applications. Where the cohort lead is not a pharmacist, they would consult a pharmacist staff member on applications from pharmacists.

In response to the team's wish to learn about the guidance provided to pharmacists on what constitutes suitable experience in a pharmacy setting and how they can demonstrate how they are able to recognise, understand and articulate the skills and attributes required by a prescriber, the staff explained that guidance is provided within the application form about what should be included in the personal statement; the staff also described other aspects that applicants should address, including their current roles and experience, as well as the requirement to have secured a designated prescribing practitioner (DPP) who is relevant to their scope of practice. It is made clear to applicants that they can contact the School by e-mail if they have any questions about the application form. When asked about the type of experience needed, the staff described how applicants must be in a

patient-facing role and must describe their scope of practice, which should identify the specific conditions for which they intend to prescribe; they must show how they have gained relevant experience in their current area of practice. No pharmacist applicants have been rejected, although some have been asked for further information, for example, when it is unclear how their current work relates to their intended area of prescribing.

Although the team could see evidence that pharmacist applicants are asked if they have the ability to recognise, understand and articulate the skills and attributes required by a prescriber, the team could not see how this information was assessed, or that the University had provided clear guidance to the applicants on this. Therefore, the team imposed a condition (condition 1) that the University must submit further information on the guidance to be provided in advance to prospective pharmacist applicants. This is to meet criterion 1.3.

## Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes  No

**The team was satisfied that four of the five criteria relating to equality, diversity and inclusion continue to be met, with criterion 2.2 subject to a condition.**

The documentation described how the NMP programme takes a fully inclusive approach to the design and delivery of the curriculum content, as well as to assessment and the provision of feedback. The curriculum is designed to accommodate a range of learner characteristics, styles, preferences and competencies, in order to ensure that students are not disadvantaged based on the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Assurance that the curriculum design and delivery remain inclusive is evaluated and verified through the programme validation and review processes.

Following assessment by the Disability and Learner support team, individual learning plans are provided for students with specific needs. This includes adjustments for theory and practice-based learning and assessments, including any aids and adaptations required to support achievement of assessments and learning outcomes.

The learning outcomes and curriculum content ensure that students develop knowledge of their legal responsibilities under equality and human rights legislation. This knowledge is summatively assessed within the students' portfolio case study reflections.

Responding to the team's wish to learn of some examples of how the curriculum and assessments have been designed to consider the wide range of illnesses and protected characteristics of the types of patients with which the students will come into contact, the staff described how a wide variety of patients are chosen for the case studies that are discussed in groups. These include patients from ethnically and socially diverse backgrounds and address conditions that are more prevalent in certain ethnic groups, such as sickle cell disease in patients of African and Caribbean descent.

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Wishing to know how the School uses equality and diversity data to inform policies, procedures and to improve course design and delivery, the team learned that the staff received School-wide rather than programme-specific data, which do not necessarily identify aspects such as reasons for non-completion. The team was told that the staff was ethnically diverse, and that the University has a strong widening participation agenda, resulting in a diverse student population on the NMP programme, with pharmacists from different ethnic backgrounds. All students have a personal tutor and the staff hoped that any students with problems would engage with their personal tutors for support.

During the event, the staff provided the team with some additional EDI data concerning pharmacists on the NMP programme (2019-20 to 2022-23) broken down by protected characteristics. These data showed that the majority of students were from ethnic minorities with a varied male/female balance across the years. The number of failing/withdrawing students was too small to be analysed by age, gender or ethnicity.

Students identify any disabilities on the application form and the staff explained how the School works with the University Disability Services to address these. Many applicants have dyslexia and the staff described how the support for such students includes extra time for assessments and the provision of equipment to help with academic writing, support for which also comes from the library. No reasonable adjustments to the learning in practice environment have yet been needed for pharmacists, but the staff described how they had addressed requirements for a student from another health profession; these involved providing extra support following discussions involving the student, the DPP and the student's academic assessor.

In response to the team's wish to learn how the course design and delivery ensures that pharmacists understand equality legislation, the staff described how students are introduced to all the learning outcomes at the start of the course. There are taught sessions specifically concerned with legal and ethical aspects, including equality, diversity and inclusion; these include case studies and cover aspects such as capacity and consent, language barriers and disabilities such as hearing impairment.

Although the team could see limited evidence of how equality, diversity and inclusion (EDI) factors are considered and used to enhance individual student experience, it was unclear how EDI data are collected and used in the design and delivery of the course and the overall learning experience. The team therefore imposed a condition (condition 2) that the School must use EDI data in a more meaningful way when examining, considering, and analysing factors such as admissions, progression, attrition, and attainment; this is to meet criterion 2.2. To meet this condition, the course team should submit a plan for the collection and use of EDI data.

### Standard 3: Management, resources and capacity

Standard met/will be met? Yes  No

**The team was satisfied that all six criteria relating to management, resources and capacity continue to be met. Two recommendations were made relating to criteria 3.3 and 3.4.**

The documentation stated that the roles and responsibilities of staff in supporting students are identified within the module handbook that all students receive in preparation for study. Programme

staff members have designated roles and responsibilities in relation to curriculum design, delivery and assessment. These are monitored by the programme lead, who is responsible for overseeing support processes for those involved in the delivery of the programme; line managers are responsible for the workload balance of individuals. Weekly staff meetings discuss programme development, electronic resources, additional sessions, staff development and taught sessions. The documentation referred to a tripartite learning agreement produced at the start of the programme by the Designated Prescribing Practitioner (DPP) and the student, overseen by the academic assessor.

The teaching facilities include lecture theatres, seminar rooms, clinical skills rooms, simulation rooms, counselling rooms and blended/digital learning platforms. Most face-to-face sessions are delivered in a classroom type setting; however, students have access to the University Clinical Simulation Suite, which allows them to apply their knowledge to real life situations using simulated environments and patients. Students are also supported to further develop their clinical skills by their DPPs in practice. Pharmacists learn clinical skills in small groups, allowing for 1:1 supervision, coaching and practical demonstrations using medical devices and equipment.

The academic staff team has been developed over the past 12 months with the aim of enhancing multi-professional delivery. The staff now includes four nurses from all fields of practice and one pharmacist. The wider faculty includes other members of the multi-professional team who also contribute to the programme as needed; these include physiotherapists, paramedics and podiatrists, as well as other prescribing nurses.

There are lines of communication to support DPPs, who receive contact details for the programme team in advance of starting the programme. The allocated academic assessor then contacts the DPP by the end of week one to provide their contact details and outline their role. The learning environment and opportunities are also audited to ensure that the DPP has the facilities to support a student. There are three key liaison points within planned tutorials to monitor student progress; information is provided about raising concerns.

In response to the team's wish for an explanation of the roles and responsibilities of members of the programme team in relation to curriculum design, delivery and assessment, the staff described how, while the programme lead has overall responsibility, there is a team approach, with a recent expansion in the team to cope with the increasing numbers of students. There is a mix of skills among the staff members, with a pharmacist covering pharmacology teaching and assessment, while another staff member is concerned specifically with clinical skills teaching; there is also an assessment lead within the School covering who covers all programmes in the School. The skill mix is such that there is ready interchangeability among staff members, for example, to deal with staff sickness. Curriculum development is undertaken on an ongoing basis and there are content champions across the School to ensure that new knowledge based on research is embedded in the programme. The course content is modified and developed to meet student needs according to the experiences of previous cohorts; there is a robust procedure through the Board of Study and the University to address course modifications. Recent modifications include reversion to face-to-face teaching after the pandemic, the provision of additional help with academic writing to address issues such as referencing and plagiarism, the introduction of additional optional study sessions, and the provision of additional support for clinical management plans.

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Responding to the team's wish to know how the programme staff identify and manage risk, the staff explain that this is achieved by a team approach to the day-to-day running of the course and delivery of the taught content. As outlined earlier, staff members work to each other's skills; people can step in to cover sickness and sessions can also be moved around. If issues arise, the staff can make adjustments and inform students accordingly through the Moodle virtual learning environment. Timetabling for the use of facilities ensures the availability of appropriate rooms, and there is ongoing work to ensure recruitment of adequate numbers of students for each cohort. Two cohorts of students take the full course offsite at the Manchester University NHS Foundation Trust and the Lancashire Teaching Hospitals NHS Foundation Trust. Staff based on the University campus collaborate with NMP leads at those sites which ensures that the facilities on these sites are appropriate. University of Bolton staff also teach on these sites.

In response to the team's wish for clarification concerning the roles and responsibilities of the University, the DPP and the student, the staff explained that these were addressed through a tripartite agreement involving the academic assessor, the DPP and the student. The DPP role is to assess the student through working directly with the student for at least 45 hours of their time in clinical practice, overseeing the remaining 45 hours, and signing off the student's practice documentation before submission. Real-time assessment by the DPP includes the objective, structured clinical examination (OSCE) in which the DPP observes the student undertaking consultation and prescribing activities. The role of the academic assessor is to support the student academically, for example, by ensuring the appropriate use of research and evidence to support their prescribing. The academic assessor is also the student's personal tutor and conducts tutorials to provide feedback on formative assessment. The team sought clarification of the nature of the learning agreement, including how it is implemented and how it is used to provide support for the trainee pharmacist independent prescriber throughout the delivery of the course. The staff explained that there is no signed agreement, but students complete a personal development plan (PDP) within their portfolio; this is based on the skills that need development to achieve competency. Students score themselves initially in their 'Competency Assessment Document' against the Royal Pharmaceutical Society (RPS) prescribing competencies and then look at these scores again at the end of the course; during the course, they meet with their academic assessor and DPP to ensure that they are on track. Noting that the roles and responsibilities of the University, the DPP and the academic assessor are not defined in a single place, the team recommended (recommendation 2) that the provider should develop a clear learning agreement that covers all learning, teaching and practice environments outlining roles and responsibilities and lines of accountability; this relates to criterion 3.3.

Noting that there is assessment lead for the whole School, the team sought clarification of who is responsible for assessment across the nine student cohorts who take the course each year. The staff explained that while one person designs all the assessments, the marking of assessments is divided among the teaching staff, who mark the case studies and the portfolio, which are then moderated internally. For written papers, students come into the University and complete the papers online. One staff member is responsible for the pharmacology and numeracy assessments, for which there is a bank of questions, with a different paper being generated for each cohort.

In response to the team's request for information about how the School uses clinical skills rooms, simulation facilities, counselling rooms and blended/digital learning platforms to support learning and teaching, the staff described how students are taught relevant theory at the start of the course and watch video recordings of real time consultations. This is followed by practical sessions as well as simulation session using mannequins; there are plans to incorporate virtual reality into the teaching

of clinical and consultation skills. Students practise their skills under supervision during their learning in practice with their DPP. Results of a GPhC student survey from a small number of students suggested satisfaction with the resources, including physical facilities, equipment and online learning.

Noting the large number of students and the plans to significantly increase this number, as well as the fact that there is only one pharmacist member of staff, the team requested further information on staffing levels in relation to the NMP programme. The staff described how a staff member, who comes from an urgent care background, is allocated to teaching clinical skills and that the same staff member delivers this teaching across all nine student cohorts. However, there are many other staff members who can step in where extra help is required or who can take over in the event of staff illness. The team also learned that three additional pharmacist prescribers have been appointed to support the programme. In welcoming these appointments and noting the proposed increase in student numbers, the team recommended (recommendation 1) that the University reviews all roles and responsibilities to ensure that there are sufficient staff from relevant professions to deliver the course and support the learning of pharmacist independent prescribers in training; this relates to criterion 3.4.

In response to the team's wish to learn about the support that is provided for staff members, including appropriate personal and professional development opportunities, the staff described how there are many supportive mechanisms available through the University. Staff members receive support from their line managers who conduct annual personal development reviews (PDRs) and have an open-door policy to address any concerns. Opportunities are available for personal and career development, so that staff members can acquire additional qualifications such as MSc or PhD and can write up material for publication. There is protected time for curriculum development to ensure that the programme is up to date.

#### 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 documentation described the processes used to monitor, review and evaluate the non-medical prescribing (NMP) programme; these processes are undertaken through annual review, as well as the quinquennial periodic review. Annual review leads to an action plan for the following academic year. The annual review processes, which are collated and coordinated by the programme lead, include module evaluations by each student cohort, the results of which are reported through the Staff-Student Liaison Committee (SSLC), DPP feedback, and external examiner reports. The external examiner reviews all assessments and moderates a sample of completed assessments, including examination papers, OSCEs (objective, structured clinical examinations) and portfolios. Issues arising from these processes feed into the programme plan which provides an overview of the health of the programme. The programme plan is developed and monitored throughout the year via a standing panel and the School Board.

The programme staff work collaboratively with stakeholders, including leads of other NMP programmes, employers and service users, to ensure that the curriculum reflects current practice, with regular updating of course materials. Stakeholders attend programme team meetings, and the programme leads participate in the NMP forum via monthly meetings with the Northwest NMP Education Group.

In response to the team's wish to learn more about the monitoring, review and evaluation of the course, the staff described how students of each cohort complete electronic evaluations at the end of the module; these evaluations are concerned with student satisfaction with the course and the support that they receive. Results of these evaluations feed into the SSLC, which meets each semester. The staff identify any areas of dissatisfaction along with continuing themes such as workload and these aspects are addressed in the action plan for the next academic year. The staff highlighted examples of changes emanating from these action plans, including the introduction of 'early bird' sessions and additional tutorials, as well as the introduction of opportunities for the formative submission of the practical clinical management plan. Although the response rate for the formal evaluation is poor, the staff receive a lot of informal feedback. Results of a GPhC survey, responded to by a small number of students, suggested satisfaction with the organisation of the programme and the quality of teaching and learning, as well as with how the programme met their needs as pharmacists and the extent to which it prepared them for practice. Noting the very large number of students taking the course each year, the team would like to see evidence of greater student engagement at the next reaccreditation of the programme.

The team asked for explanations of the high failure rates on the programme and for information on the actions being taken to address this. The staff explained that many of the failures reflected students with ongoing deferrals; these included pharmacists who are permitted to take assessments for a second time. The failure rate was being addressed in the programme action plan through the provision of additional academic support for students. Academic writing and safety are major contributory factors to the high failure rate, which particularly affects the portfolio. Failure to adequately describe and provide evidence for their prescribing decisions in the portfolio is regarded as unsafe. Decisions must be explained academically and supported by evidence, which must be cited and referenced in a standard format; students must also reference clinical guidelines. Students have opportunities to submit material for formative feedback, which allows for signposting to help with academic referencing and writing, but some students do not engage with this process and therefore cannot be supported. The team hoped that an ongoing review of failures, along with action taken to address this, would see improvements by the next reaccreditation event.

## Standard 5: Course design and delivery

Standard met/will be met? Yes  No

**The team was satisfied that nine of the ten criteria relating to the course design and delivery continue to be met, with criterion 5.1 subject to a condition.**

The documentation described how the programme approach to learning and teaching involves keynote lectures, workshops, small group work, critical analysis and reflection, critical discourse, self-directed learning, problem-based learning, e-learning, tutorials and learning through work. The



programme supports maximum integration of the practice and theory components of prescribing, and classroom discussions encourage students to refer to their experience of practice. Some elements of the programme are offered more flexibly through e-learning and students can access the NMP (Non-Medical Prescribing) virtual learning environment (VLE) formulated by the HE Cooperative. A core component of the programme is the learning in practice, where the Designated Prescribing Practitioner (DPP) provides prescribing support, guidance and feedback, along with a summative practice assessment to ensure that students meet the learning outcomes and achieve the competencies based on those described in the 2021 RPS Prescribing Framework. At the start of the programme, students identify their individual learning needs and formulate an action plan to facilitate their learning, which will include the development of appropriate clinical skills.

The DPP has a crucial role in educating and assessing student non-medical prescribers and supports the student to address their learning needs in practice. Their role includes establishing a learning contract with the student, planning a learning programme that allows the student to meet their learning objectives and gain competency in prescribing, facilitating learning by encouraging critical thinking and reflection, and providing dedicated time and opportunities for the student to observe how the DPP conducts a consultation with patients and carers, as well as allowing opportunities for the student to undertake consultations and suggest clinical management and prescribing options, which are then discussed with the DPP to generate a prescription. The DPP also assesses the student to verify their competence to assume the prescribing role.

The programme staff includes a full-time pharmacist who is fully involved in the design and delivery of the course, ensuring that the course addresses pharmacy-related issues. Key stakeholders, including NMP leads, employers and service users support the development of teaching, learning and feedback for students.

In response to the team's wish to learn how they consider and provide support for a diverse range of prescribing areas, experience, and depth and breadth of knowledge amongst pharmacists undertaking the course, the staff explained that they teach the general principles of prescribing for all prescribers; this is followed by working with their DPP with whom they work in their own scope of practice, which is the subject of their first formative submission, where they receive feedback on a case study, this being followed by a tutorial. Students receive further support and additional tutorials where needed.

Noting that the stakeholder forum is in abeyance and that there are plans for its reinstatement, the team requested further information on these plans, as well as on how the School has updated the course recently to reflect current practice. The staff explained that meetings of the NMP forum had restarted but a new lead is required. Currently, the staff meets NMP leads on an individual basis and then the programme lead receives feedback through the NW collaborative. Input from service users has not occurred since the Covid-19 pandemic but there are plans for this input to restart. The School is also considering virtual consultations and the use of virtual wards. Noting the input of NMP leads, the team looks forward to seeing the developments in stakeholder consultation at the next reaccreditation. Concerning programme updates to reflect current practice, the team learned about increased consideration of electronic and remote prescribing with updates to address safety aspects during these activities; here, students must be aware of their own regulatory body requirements.

In response to the team's wish to learn about the quality assurance mechanisms that are in place to avoid risks to patient safety and how the DPP knows that the student is competent, the staff

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described how safety is a big element in all assessment criteria and students must demonstrate safe practice, which is determined by the DPP, with whom they spend a lot of time, and who bases their assessment of the student on the RPS competency framework. The DPP is somebody with whom the student has worked and who is familiar with the student's environment. Noting that DPPs may delegate supervision of their students to another person, the team wished to know how they ensure that person is appropriately qualified and experienced. The staff described how the DPP retains overall responsibility for the student's supervision and identifies the student's learning needs through their personal development plan. In considering how the student meets these needs, such as development of consultation skills, the DPP identifies the most relevant person to undertake the required supervision. Students will then complete a reflective log to show what they have learned, this being signed off by the DPP.

Noting only very brief references to fitness to practise in the University-wide Student Handbook but no mention of it in the Module Handbook, the team wished to learn about the School's procedures to investigate and deal with fitness to practise concerns within the learning and clinical environments, and how the School ensures that students are aware of the fitness to practise procedures. The staff explained that they adhere to University policies in relation to academic misconduct and emphasise to students the importance of academic writing in relation to fitness to practise. Where there are concerns, the academic assessor will speak to the student's DPP and the relevant NMP lead from the clinical perspective. When students enrol, it is made very clear that the course is covered by the University's fitness to practise policy and there are discussions with students about academic misconduct. Where academic misconduct is proven, the School will inform the relevant trust, which will follow its own processes; if the student is employed by a partner trust, the School will work collaboratively to deal with the process. While learning that no pharmacist on the programme had yet been involved in fitness to practise matters, the team would like to see fitness to practise policies and procedures highlighted in the programme module handbook. In response to the team's wish to learn how the School manages any concerns relating to a DPP, the staff explained that students have the opportunity to talk about their DPP in an early tutorial. Where there are concerns, the programme lead would speak to the DPP; if the DPP is unsuitable, attempts will be made to change the DPP at an early stage.

The team heard from the staff that students only see the course learning outcomes and not those specified by the GPhC. Although the team could see limited evidence of how the GPhC learning outcomes have been mapped to the course learning outcomes, the team could not see that all 32 GPhC learning outcomes had been so mapped. Therefore, the team imposed a condition (condition 3) that the University must submit a teaching, learning and assessment strategy which sets out how pharmacist independent prescribers in training will achieve the outcomes in Part 1 of these standards. This is to meet criterion 5.1 and also relates to criterion 7.1.

## 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 continue to be met, with criterion 6.5 requiring a minor amendment.**

The documentation stated that trainee pharmacist independent prescribers must complete a

minimum of 90 hours within a practice learning setting, at least 45 hours of which must be undertaken directly with the DPP. These hours are logged and confirmed by the DPP within the reflective log, where the student also demonstrates development in learning through reflection. The DPP has primary responsibility for signing all documentation and at the end of the programme must confirm that the student has met the required RPS competencies. Other professionals may act as practice supervisors in partnership with the DPP, to whom they will report on student progress to inform the final assessment.

In response to the team's wish to learn how the staff ensures that all learning in practice settings facilitate direct access to patients, the staff explained that this is done at the application stage, where both the student and the DPP must confirm that they are working with patients. If anything were to change in this respect, the student must inform the academic assessor; if there is a problem in accessing patients, the student can change the DPP.

## Standard 7: Assessment

Standard met/will be met? Yes  No

**The team was satisfied that ten of the eleven criteria relating to assessment continue to be met with criterion 7.1 subject to a condition. Criterion 7.9 requires a minor amendment.**

The documentation described how the assessments have been developed to ensure that all the learning outcomes described in part 1 of this report are met. Assessments include the student's learning portfolio that demonstrates the application of theory to practice; it contains a variety of materials gathered during the programme, the student's reflections on his/her learning and two completed case studies. Learning in practice is assessed by the DPP; the competence of DPPs to undertake assessment is approved on the basis of evidence presented on the student's application form. Other assessments are a limited 'open book' examination covering pharmacology, a numeracy test, and an objective structured clinical examination (OSCE). Students must pass all theoretical and practice assessments. Safe practice must be demonstrated throughout, and students will fail assessments where they demonstrate unsafe practice by failing to identify a serious problem or providing an answer that would cause a patient harm. Any concerns about practice are discussed with the student and their DPP, this resulting either in an action plan for further learning, or a referral to fitness to practise.

Student progress in both practice-based and academic learning is monitored formally through discussions at the initial, midpoint and final points in the programme. There is also a timetable for the submission of material for formative assessment, as well as mock pharmacology and numeracy examinations.

In response to the team's wish to learn more about the assessment strategy, the staff described both the formative and summative assessments. There are formative assessments throughout, comprising two opportunities for formative submission of the evidence portfolio, each covering a different aspect, along with mock examinations; students receive feedback on all formative assessments. The summative assessments comprise the portfolio, which includes two case studies on specific patients as well as a reflective log on the 10 course learning outcomes, examinations in pharmacology and numeracy, and the objective, structured clinical examination (OSCE), where students demonstrate a

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patient consultation in their own area of prescribing; the portfolio is marked by the academic assessors. Wishing to know more about the OSCE, the team learned that this is introduced in an OSCE workshop, where students watch a video of a consultation, then undertake a consultation themselves, practising on each other. In clinical practice, the OSCE is conducted by the DPP, who uses a checklist assessment form, in which students must meet every aspect to pass. The OSCE is recorded, and the student submits the recording together with the completed checklist to the School. All OSCE recordings are watched and the OSCE marking is subject to internal moderation. As well as the OSCE, DPPs use the competency assessment framework to ensure that their trainee meets all prescribing competencies; the DPP signs off the final verification of competence and also signs off the student's reflective log. DPPs are supported in their assessment role through a DPP handbook and are directed to an online DPP training module; the DPP has the contact details of the relevant staff members in the School, whom they can approach for advice and help.

In response to the team's wish to learn how the School ensures consistency of marking of assessments, the staff explained that this is the responsibility of the School assessment lead and the quality team who look at the parity of marking. The NMP teaching staff have a weekly forum in which they discuss borderline situations.

The team heard from the staff that students only see the course learning outcomes and not those specified by the GPhC. Although the team could see limited evidence of how the GPhC learning outcomes have been mapped to the course learning outcomes, the team could not see that all 32 GPhC learning outcomes had been so mapped. Therefore, the team imposed a condition (condition 3) that the University must submit a teaching, learning and assessment strategy which sets out how pharmacist independent prescribers in training will achieve the outcomes in Part 1 of these standards. This is to meet criterion 7.1 and also relates to criterion 5.1.

## 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.**

The documentation described the mechanisms in place to support students to achieve the learning outcomes specified in Part 1 of this report. The programme begins with a one-day induction session to orientate students to the programme and resources, including the library and the online learning platform, Moodle, as well as the HE Cooperative eLearning resource. Students are allocated to an academic assessor at the start and have their first group supervision in week 4, where they receive information about the support that they can expect, which includes support from the Pharmacist Lead within the staff team. Students meet formally with their DPPs for initial discussion, a midpoint review and final sign off, as well as meeting their academic assessor at key points to discuss progress, with communication taking place between the DPP and the academic assessor: this supports the early identification of learning needs and the production of an action plan where appropriate.

Students are advised of the process to raise concerns with the programme lead who has responsibility for responding to these, as well as for the processes for escalating a concern under the University complaints procedure. They are encouraged to raise any concerns during their planned tutorials;

where appropriate, these concerns are addressed through a supportive action plan.

In response to the team's wish to know how members of staff and DPPs are made aware of the GPhC's guidance on tutoring for pharmacists and pharmacy technicians, the staff described how the GPhC standards are available on the Moodle virtual learning platform and how both staff and DPPs are made aware of the GPhC website. While the team believes that the tutoring of pharmacist trainees is consistent with GPhC guidance, the team would expect the staff to review this guidance and ensure that DPPs are also familiar with it.

Results of a GPhC student survey responded to by a small number of students suggested satisfaction with the level of support that they received from the University staff. Moreover, this survey indicated that students met regularly with their DPPs to discuss their progress and review their learning needs.

## Standard 9: Designated prescribing practitioners

Standard met/will be met? Yes  No

**The team was satisfied that four of the five criteria relating to designated prescribing practitioners continue to be met, with criterion 9.5 subject to a condition. One recommendation was made in relation to criterion 9.3.**

The documentation described the mechanisms that ensure that designated prescribing practitioners (DPPs) are fit to supervise students in the practice environment. DPPs are suitably qualified professionals who must have at least three years of clinical prescribing experience in the area of practice relevant to their students' intended scope of practice, as well as having the support of their employing organisation to act in this capacity. Evidence for these aspects is presented on the student application form, which also includes evidence for the DPP's clinical and diagnostic skills. Where evidence is unclear, further information is sought from the proposed DPP. Training is provided through the 'HE Co-operative DPP eLearning resource', which is structured around the DPP competency framework and includes a self-assessment against that framework and coverage of the RPS prescribing competencies; training also addresses the roles and responsibilities of DPPs, as well as practice teaching and governance within the practice setting.

At the point of application, DPPs receive the programme lead's contact details and the DPP handbook which presents information about the programme, as well as the roles and responsibilities of the DPP. This is followed up with contact during their induction, together with information about the support available from the programme lead and the academic assessor. Student feedback on practice learning is collated by the academic assessor and the documentation stated that any issues are fed back to the DPP; appropriate action to address any issues is normally undertaken in collaboration with the DPP's employer.

When asked how they ensure that DPPs are in good standing with their professional regulator and do not have any restrictions on their practice, the staff described how DPPs must provide their registration numbers, which the programme lead/cohort lead uses to check their standing with the relevant professional regulator. The ability of DPPs to assess trainees' patient-facing clinical and diagnostic skills is checked through the application form. Here, prospective DPPs must complete a tick

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box checklist, as well as providing some narrative with details of prescribing competence, their own patient facing clinical and diagnostic skills and their ability to assess these, as well as their experience of supporting or supervising other healthcare professionals. DPPs are rejected only if they have not been in the role for sufficiently long, if they are geographically remote, or if conflicts of interest arise where the proposed DPP is also the governance lead or the applicant's referee. The team noted that the School should take further steps to ensure that prospective DPPs have no conflicts of interest with their trainees.

In response to the team's wish to learn about the training provided to DPPs on assessing and giving feedback to students, and to know if this training is mandatory, the staff explained that there is an element of trust in the DPPs, who sign to affirm their competence and that training is not mandatory, even for those who are new to the role. DPPs receive the handbook and links to the HE cooperative online DPP training resource, with the provision of additional bespoke training according to specific needs. The NMP staff members introduce themselves to the DPP and provide one-to-one support when required. While recognising that training is available and that DPPs are signposted to this, the team recommended (recommendation 3) that the University should offer additional support for those DPPs who do not access this training. This relates to criterion 9.3.

When asked how they provide feedback to all DPPs on their performance regardless of whether issues have been identified, the staff described how details of the DPPs are sent to the HE cooperative training and how, at the end of the course, DPPs receive an e-mail asking for feedback about their experiences. However, DPPs do not normally receive feedback on their performance or on their marking of the OSCE when the course team identifies any errors in assessment. The team therefore imposed a condition (condition 4) that the University must develop an appropriate feedback process for all DPPs regarding their overall performance as prescribing supervisors. This is to meet criterion 9.5.

Results of a GPhC survey responded to by a small number of students suggested that DPPs were well-informed about the course and that they were supported by the University. The students were clear concerning how they could raise concerns about their DPP, their learning in practice environment, or about any member of the teaching team. This survey also indicated that students met regularly with their DPPs to discuss their progress and review their learning needs.