

University of Manchester independent prescribing course reaccreditation event report, December 2023



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Event summary and conclusions

Provider	University of Manchester
Course	Independent prescribing course
Event type	Reaccreditation
Event date	4 December 2023
Approval period	February 2024 – February 2027
Relevant standards	<u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u>
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by University of Manchester should be reaccredited for a further period of three years.
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found <u>here</u> .
Recommendations	No recommendations were made.
Minor amendments	None
Registrar decision	The Register is satisfied that The University of Manchester 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. The Registrar confirms that The University of Manchester is approved to continue to offer the independent prescribing course for a further period of 3 years. The Registrar notes that there were no conditions associated with this event.
Maximum number of all students per cohort	40
Number of pharmacist students per cohort	40

Number of cohorts per academic year	Two
Approved to use non-medical DPPs	Yes
Key contact (provider)	Dianne Bell, Programme Director
Provider representatives	<p>Dianne Bell, Programme Director</p> <p>Helen Hardy, Deputy Programme Director</p> <p>Dr Alain Pluen, Lead for Postgraduate Teaching and Learning, Division of Pharmacy and Optometry</p> <p>Professor Kaye Williams, Director, Division of Pharmacy and Optometry</p> <p>Andrew Mawdsley, Director of Education, School of Health Sciences</p> <p>Sally Hickson, Lecturer in Academic Development, School of Health Sciences</p> <p>Christie Finegan, TLSE coordinator, Accreditation</p>
Accreditation team	<p>Dr Gemma Quinn (event Chair) Head of School of Pharmacy and Medical Sciences, University of Bradford</p> <p>Dr Andrew Sturrock (team member – academic) Director of Pharmacy and Postgraduate Pharmacy Dean, NHS Education for Scotland</p> <p>Hannah Poulton (team member – lay) Non-Executive Director, Lay Member and Consultant Marketing Director</p>
GPhC representative	Rakesh Bhundia, Quality Assurance Officer (Education), General Pharmaceutical Council
Rapporteur	Juliette Morgan, Senior Consultant for Student Success, Advance HE

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 Manchester Independent Prescribing (IP) programme was first accredited in 2014. A subsequent monitoring event in 2015 and reaccreditation events in 2017, and 2020 did not identify any outstanding conditions. In line with the standards for education and training of pharmacist independent prescribers January 2019, updated October 2022, an event was scheduled on 4 December 2023 to review the course's suitability for reaccreditation.

Since the last accreditation, the programme has continued to offer two cohorts, each accommodating up to 40 students with variable proportions of pharmacists, nurses, and midwives. Among the students admitted since the last accreditation event, 76% were pharmacists (162 out of 214). The majority of the pharmacists enrolled in the programme work in primary care (43%) and secondary care (38%). Geographically, more than half of the students (55%) are based in the North West of England, while the remaining students come from various regions across the UK.

The student profile of the programme aligns with the diversity of the pharmacy profession in terms of ethnicity and age. However, female students are more prevalent, accounting for 74% of the student body. The programme focuses on several favoured scopes of practice, including hypertension (23%), asthma and COPD (13%), and Type 2 diabetes (9%). Additionally, there have been students enrolled with highly specialized scopes of practice, such as renal transplantation in HIV, various aspects of oncology, and intensive care across all age groups.

The delivery of each cohort employs a blended learning approach, combining six face-to-face study days with approximately 20 days of self-directed learning through the Blackboard virtual learning environment (VLE). The learning activities incorporate a flipped learning model, utilizing reading materials, reflection exercises, and practice-based activities to consolidate foundational knowledge. Workshops provide an opportunity for learners to develop practical skills in a supportive environment and explore different perspectives related to applying their learning in practice. Supervised practice is then integrated into the programme to contextualise and further develop knowledge and skills within the scope and sector of practice.

Regular reviews of staff and student feedback, as well as alignment with university and health system strategies, have facilitated the ongoing evolution of the course provider. The adoption of PebblePad as the electronic portfolio platform has been positively received by students, their Designated

Prescribing Practitioners (DPPs), and academic staff. This platform is noted for its accessibility, streamlined features, and ongoing access through alumni accounts. The only significant change since the last accreditation has been the approval to adhere to the 2022 standards regarding eligibility criteria. As of now, no learners with less than two years of post-registration experience have been admitted, and applications for the September 2023 cohort were likely based on previous marketing materials, as the approval was obtained just before the application deadline.

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 4 December 2023 and comprised of several meetings between the GPhC accreditation team and representatives of University of Manchester prescribing course provider. All documentation was reviewed by the Team prior to the event.

Declarations of interest

There were no declarations of interest.

Schedule

Meeting	Time
Private meeting of accreditation team and GPhC representatives, including break	09:30 – 10:30
Meeting with course provider representatives	11:00 – 13:00
Lunch	13:00 – 14:00
Learning outcomes testing session	14:00 – 14:30
Private meeting of the accreditation team and GPhC representatives	14:30 – 15:20
Deliver outcome to the provider	15:30 – 15:45

Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course provider. To gain additional assurance the team also tested a sample of 6 learning outcomes during the event and was satisfied that **all 32 learning outcomes will be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **6, 14, 15, 17, 22 and 23.**

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.

To ensure consistency and standardisation of scoring across all interviewers, interviews are conducted on a one-to-one basis following a scoring scheme based on a standardised set of questions. In the case of concerns or borderline decisions, discussions are held with the programme director and deputy programme director. The interview schedule is carefully designed and implemented to provide a comprehensive assessment of individuals' experiences, ensuring robustness in evaluating their quality. Recently, scoring has been introduced to enhance standardisation and consistency among academics involved in the interview process. Moreover, interviews are recorded and used for further discussions as needed. The standards and questions used in the interviews are made available to the programme team in case another individual needs to take on the interviewing role.

Applicants primarily come from CPPE primary care pathway, MSc Clinical Pharmacy and MSc Advanced Clinical Practice (Paeds). The challenge of finding Designated Prescribing Practitioners (DPPs) has been recognised nationally as a barrier, resulting in fewer applicants from other groups; particularly community pharmacy. An important criterion is that candidates must work in a patient-facing role, and this requirement is verified. Furthermore, candidates are expected to demonstrate a solid understanding of the responsibilities associated with prescribing, and interview questions are designed to assess their suitability. The scoring system provides valuable insights into candidates' level of prompting required, the quality of their thinking, and their ability to exhibit a clear understanding of the subject matter.

Ensuring that applicants are suitable for the programme is a critical responsibility, aimed at avoiding situations where individuals may not succeed. One aspect assessed is the quality of the supervision arrangement proposed by the applicant. If it is determined that the applicant may require additional time or support to meet the programme requirements, they are offered the opportunity to address their needs and reapply at a later time. In situations where there is a capacity constraint in the current cohort, applicants may be offered a conditional offer for the subsequent cohort. Where conditional offers are made for the subsequent cohort because of capacity reasons, there is no need for applicants to make adjustments. In cases where it is evident that the Manchester programme may not be the appropriate fit for the applicant, guidance and advice are provided regarding alternative programmes that may better suit their aspirations. Decisions regarding the suitability of applicants undergo careful review and quality assurance mechanisms. This includes a thorough evaluation of the candidate's qualifications, experience, and responses during the interview process. Discussions are held among the decision-making panel to ensure consistency and fairness in reaching decisions. The intention is always to provide constructive feedback to the applicant about the decision made. This feedback is communicated clearly and respectfully, outlining the reasons why the applicant may not be considered suitable for the programme. The communication may also include guidance on how they can address any identified areas of improvement, should they wish to reapply in the future. The

objective is to maintain transparent and honest communication throughout the decision-making and feedback process.

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.

Adjustments to support those with specific needs in course provider delivery and assessments are implemented to ensure inclusivity. The use of a diverse range of formats, such as visual aids, graphics, videos, and balanced text, caters to different learning preferences and enhances accessibility. Additionally, the design of learning materials incorporates recommendations from the university's disability advisory service, specifically considering the needs of learners with learning disabilities.

Regarding assessments, a case was discussed in the event where a student with dyslexia required additional time for the Objective Structured Clinical Examination (OSCE). The team responsible for assessment considered the practicality of providing a 25% time allowance for this student, taking into account both the student's needs and regulatory requirements. It was determined that this adjustment was a reasonable accommodation, and as a result, the scheduling of the OSCE allowed for the additional time required by the student, while ensuring fairness among all students.

The approach to making adjustments for specific needs in practice is based on the identification of individual needs and the implementation of relevant accommodations. The aim is to support students in their learning journey and ensure equal opportunities for success. The process involves ongoing review, considering the specific needs of students, and making adjustments accordingly. This proactive approach is taken to address any challenges or barriers to inclusivity, ensuring a supportive and inclusive learning environment for all students.

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 main risks associated with the delivery of the programme are related to the currency and accuracy of the taught content. To mitigate these risks, the materials are reviewed by a range of stakeholders to ensure they are up to date and relevant. This review process occurs at the end of each cohort as part of the course provider evaluation, as well as on a rolling basis throughout the year. Additionally, a programme of reviewing all materials is in place in preparation for the new central learning environment that will be launched in September 2025. As part of this programme, the learning materials are subject to a deep review by subject matter experts.

Another risk is the capacity of the teaching team to deliver the programme effectively. This risk is managed as it arises, and the team has the flexibility to reschedule sessions if needed. The process for keeping track of and managing these risks is embedded into the risk assessment that is part of the course provider evaluation. The risk assessment covers aspects such as staffing, health and safety, and staff availability.

The programme also benefits from the availability of staff within nursing and pharmacy who can step in if required. The risks associated with the delivery of the programme are reviewed as part of the course provider evaluation and the cohort review.

The process of developing the learning agreement starts from the application, where information is provided to the applicants and their DPPs about their roles and responsibilities. During the interview process, the applicants are encouraged to think about the structure of their supervised practice and the availability of their DPPs, as well as other people who may be involved to provide them with a range of experiences. Before the programme begins, an induction workshop is provided, which focuses on developing the learning contract, conducting a self-assessment, and having a conversation with the DPP to ensure feasibility.

The learning contract is then compiled by the student and is required at the first study day, where it is discussed with the academic supervisor and the peers. The contract is then submitted as a draft, which receives feedback from the academic supervisor. During the first two weeks of the course, an individual meeting is held between the student, their DPP and the academic supervisor to discuss the planning of the learning agreement in terms of its suitability and alignment with the learning outcomes.

The course provider has sufficient resources for clinical skills teaching, which are assured by regular programme review. The team has also overstocked the equipment to ensure contingencies. The students are divided into small groups for clinical skills teaching, which allows them to support each other and have enough equipment for their needs and then some. The resources from medicine and nursing are also shared as contingencies if needed.

The resources for the course provider are not only about equipment, but also about staff. With the development of clinical skills in the undergraduate pharmacy degree, there are more staff available to support the teaching. Moreover, the students who have already completed the advanced clinical skills unit are keen to develop their leadership skills by supporting those who are new to clinical skills development.

The programme has not recruited any new staff for three years, but the induction process for new staff is based on an assessment of their previous experience in teaching, student support, and assessment, as these are the main elements that the academic supervisors are involved with. A buddying process is in place to review the new staff's approaches and provide feedback for consistency and alignment with the expectations of the students. The programme also plans to benchmark the case presentations to ensure marking consistency and review and develop the marking schemes. Furthermore, the programme is looking to conduct a peer review of the formative feedback to ensure that all staff are working consistently, especially considering the number of years that the staff have been in the role.

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 data for the academic year 2022/2023 indicates that out of 52 trainees, 14 are marked as TBC, 37 have passed and one has failed. The Accreditation Team probed this data set further for increased

understanding as to the status of a student showing as TBC – The Course provider told the Team that TBC means that the trainees are still in the process of completing their cycle, either due to resits or interruptions of studies. Some of the trainees have faced difficulties in securing and maintaining practice assessors and supervisors, which has led them to interrupt their studies. This was discussed in regards the implications of this for future cohorts and teaching, alongside any plan to manage these extensions and the next cycle of trainees. The Provider detailed that the assessment schedule is the most affected, as these problems tend to occur towards the end of the teaching phase. The size of the cohort also has an impact on the accommodation arrangements for the OSCE. The computer clusters are sufficient for the number of trainees. The portfolio deadline poses some challenges for marking capacity, but there are options to adjust the deadline for the trainees who need more time, and this is considered in the marking schedule. The case presentations have some spare capacity in the scheduling, which allows for flexibility.

The course provider has various monitoring systems in place to ensure the quality and effectiveness of the workplace learning environments and DPPs for the students, including:

Supervision meetings: These are formal meetings that involve the students, the DPPs, and the course provider team. They provide an opportunity to review the students' progress, reflect on their learning experiences, and identify any issues or challenges. The second supervision meeting focuses on the communication skills, interpersonal dynamics, and implicit messages that are relevant for prescribing practice.

Study days: These are informal sessions that allow the students to share what they are doing in their workplace LEs and receive feedback and guidance from the course provider team and their peers. They also help to monitor the range and quality of the learning experiences that the students are exposed to.

Formative assessment: The students are required to submit a reflective practice log at a formative point in the course provider. This provides reassurance and validation for the students, as well as feedback and recommendations for improvement from the course provider team.

One of the challenges that the course provider faces is the limited capacity of the system to support DPPs, especially for community pharmacists who may not have access to a prescriber in their own organisation. This is compounded by the increasing demand for supervisors across various training initiatives and practice areas. The course provider is working with the training directorate and NHS employers to address this issue by reducing the required hours of supervision by the DPP from 45 to 30, while ensuring that the DPP has a good understanding of the student's capability and competence. The course provider encourages the students to spend time with other prescribers, healthcare assistants, and administrative staff, where relevant to their role and learning needs. This helps to broaden their perspective and understanding of different functions and systems in prescribing practice. The proposal is to increase the supervised practice time permitted with non-prescribers from 5 to 10 hours, with ongoing monitoring and evaluation. The course provider supports the DPPs to develop their skills and confidence in supervising, assessing, and providing feedback to the students, as well as identifying and mentoring potential DPPs among their colleagues. The course provider also provides resources and guidance for the DPPs to enhance their practice learning and assessment abilities.

The course provider is responsive to the developments and changes in the health and care environment and adapts its content and delivery accordingly. Some examples of recent changes have been the integration of the topic of environmental sustainability into the ethics workshop, instead of

having a separate session on it. This was based on the feedback from the students, who indicated that they did not need a lot of teaching on this topic, but rather wanted to explore the ethical implications and considerations of prescribing in relation to the environment. This change also helped to embed the idea of the breadth and complexity of ethics in prescribing practice.

The course provider has updated the course content to reflect the changes in practice policy and shared care guidelines, as well as the emerging trends and innovations in prescribing, such as genomics. The course provider plans to incorporate genomics into the curriculum for the March cohort, building on the existing knowledge and skills of the students from their MPharm degree. In changing the structure and timing of the study days, in response to the feedback from the students, who expressed the need for more breaks and refreshments during the intensive and active learning sessions, the provider detailed that they have seen better engagement and participation of the students, as well as improved satisfaction and well-being.

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.

Patient and public involvement in the programme design and delivery has been ensured through various methods. These include gathering the perceptions of service users, inviting members of the public and patient advisory board to contribute to decision-making processes, collaborating with actors for feedback on consultation skills, implementing changes based on previous cohort feedback, and involving the northwest prescribing group in refining selection criteria.

Engagement with employers in the community and primary care sectors has been established through active participation in networks for sharing best practices, inviting DPPs to contribute their expertise, providing online access and facilitating communication for DPPs working outside the region, engaging in discussions with the private sector to understand expectations, taking feedback from stakeholders, establishing an external advisory board, and aligning the programme with MPharm developments.

Formative assessments, such as mock OSCEs, online exams, and reflective practice logs, are used to evaluate students' readiness for autonomous practice. Students are expected to engage with these assessments and receive feedback and support. Non-engagement is discussed, and students understand the importance of these assessments in their development. Sign-off for autonomous practice is part of the process, not the end point.

The programme follows a rigorous process for reviewing decisions related to patient safety in assessments. Summative assessments are independently marked, and concerns regarding patient safety are discussed by the examiners and the exam board. Standardised assessments are evaluated based on whether they fall within the students expected scope of practice. Patient safety failures leading to referral are rare, as students primarily fail due to aspects of practice unrelated to patient safety. Concerns about patient safety are discussed and addressed promptly and appropriately.

Students are made aware of and understand the section of the handbook related to fitness to practice (FtP) through supervision meetings. Academic supervisors and DPPs ensure students have read and referenced this section, and they are provided with FtP resources and guidance. Supervision meetings also monitor students' progress, performance, and any related issues or concerns.

A written process outlined in the handbook addresses concerns raised by or about students. Informally, concerns are discussed in supervision meetings to develop action plans. If concerns persist or escalate, they are escalated to the programme leader who may refer students to support services, impose conditions or sanctions on progression or assessment, or involve the FtP panel for further investigation.

There are processes in place to ensure that students have read and understood the section of the handbook related to fitness to practice (FtP). During supervision meetings, students are required to reference this section and it is documented in their meeting records. Additionally, they are regularly signposted to the FtP resources and guidance to reinforce their awareness and understanding. These measures help to verify that students have engaged with the relevant information regarding FtP.

In terms of dealing with concerns raised by or about students, there is a written process outlined in section 5.10 of the handbook. In the first instance, concerns are addressed through an informal process by raising them with the academic supervisor during supervision meetings. The academic supervisor, along with the student and the DPP, discusses the concerns and develops an action plan. This informal approach is documented in the supervision records.

If the concerns are not resolved through the informal process, or if they are serious or urgent, the academic supervisor may escalate them to the programme leader. The programme leader then decides on the appropriate course provider of action, which could involve referring to student support services, academic skills support, the programme board, or the fitness to practice (FtP) panel depending on the nature and severity of the concerns. The process ensures that concerns are addressed in a timely and appropriate manner, involving relevant parties such as line managers or employers if necessary.

These processes and procedures for addressing concerns are documented in the induction materials provided to students and DPPs, facilitating a clear understanding of the steps to be followed in case concerns arise.

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.

The programme has a robust process for assessing the student's learning plans at the outset. The course provider also recognises the need for ongoing monitoring and feedback throughout the programme. The process for monitoring the student's progress against their plan takes place in a second supervision meeting between the student, their designated prescribing practitioner (DPP), and their academic supervisor. The purpose of this meeting is to review the student's plan and progress, and to identify any gaps or challenges that may affect their learning outcomes and competence. The meeting also provides an opportunity for the student and the DPP to discuss their expectations and experiences of working together, and to address any issues or concerns that may arise.

The portfolio requires the student to document their learning experiences and reflections, and to demonstrate their achievement of the competencies and learning outcomes. The portfolio element has been changed to safeguard the student's progress and alignment with their learning and action plan. The learning contract and the action plan, which are the documents that outline the student's plan and goals at the beginning of the course provider, are now stand-alone documents that do not

need to be updated or presented as part of the portfolio. Instead, there is a portfolio competency checklist, which is a document that lists the competencies and learning outcomes that the student needs to achieve and provides evidence and feedback on their attainment and is provided for in the portfolio. The competency checklist is addressed at the second supervision meeting, where the student, the DPP, and the academic supervisor can review and discuss the student's progress and performance.

The programme will take appropriate action to support the student and ensure their successful completion of the course. Students may be provided with additional feedback and guidance, shared with the DPP as to how to improve their learning experiences and outcomes. A student learning plan may be adjusted to reflect their situation and needs ensuring that they are realistic and achievable. Students may be referred to additional support services, such as academic skills, counselling, or disability, if needed and a learning action plan, such as deferral, referral, or extension, if the student is at risk of failing or not meeting the standards may be offered in way of supporting any students learning needs.

The course provider has a transparent process for ensuring that the DPPs meet the criteria for supervising and assessing the students. The DPPs apply using an application form which has a specific question asking the DPP to provide information on how they meet the criteria for the role, as set by the GPhC. The form also has a checklist, which is a list of the eligibility criteria that the DPP needs to meet, based on the regulations and good practice guidelines. The course provider reviews and verifies the information provided by the DPP, using the free text section of the form to establish evidence and examples of the DPPs skills and experience. If the free text section is not filled in, or if it is insufficient, the course provider will look at the rest of the information provided by the DPP, such as their qualifications, training, and employment. If the DPP is a medic with trainer status, the programme team will accept this as sufficient evidence of their suitability for the role. If the DPP does not have this status, or if the programme team is still unsure, they will go back to the applicant and ask them to complete or provide more information.

The course provider may arrange a meeting with the DPP, if they feel that they need more information or clarification on suitability for the role. The purpose of this meeting is to have a conversation and assess DPP skills and confidence in supervising and assessing the student. The meeting also provides an opportunity for the course provider team to guide the DPP on what is required and expected from them, and to answer any questions or concerns that they may have.

The course provider acknowledges that sometimes the DPP may need to change during the course, due to various reasons, such as illness, retirement, or relocation. The programme has a formal documentation process for dealing with this situation.

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.

In response to the query regarding the Objective Structured Clinical Examinations (OSCEs), the Course provider detailed a three-station OSCE, covering basic observation, prescription, and history taking, with case note entry. The scoring approach incorporates a technical skills checklist and a personal skills assessment checklist. Examiners utilise provided marking schemes and analytical checklists, marking in real time. A global assessment mark is assigned before the next student's OSCE, and the

scoring is considered in relation to the Ebel pass mark. Quality assurance is ensured through the agreement of two assessors.

Ensuring the fulfilment of all GPhC Learning Outcomes, even those not encountered in practice, is achieved through case presentations, a standardised set of questions in the written exam, OSCE and the practice-based reflective portfolio.

Responsibilities for DPPs are clearly outlined in referenced documents, section 3 of the applicants application form and the learning contract serves as a formal agreement of understanding and commitment, with both students and the DPP signing to acknowledge their roles and responsibilities.

To ensure the quality of the portfolio, particularly in relation to the Royal Pharmaceutical Society (RPS) competency framework, modifications have been implemented. Specific instructions guide reflective practice logs, emphasising critical thinking, action plans, learning outcomes, and application in practice. Extensive conversations between students and DPPs further contribute to portfolio quality, reinforcing the principle that if it's not documented, it hasn't occurred. A proactive approach is taken where there are competency concerns and students are given the opportunity to address development needs, thereby fostering a continuous feedback loop to support their growth as learners.

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.

In addressing the need to support students to achieve the learning outcomes outlined in this standard, the course provider detailed a comprehensive set of mechanisms, including induction processes, effective supervision, maintaining an appropriate and realistic workload, and provision of both personal and academic support, alongside access to essential resources.

Academic supervisors are integral members of the core team. All academic supervisors actively contribute to programme delivery. Regular course provider meetings serve as a platform for ensuring a collective understanding of ongoing developments, changes, and other pertinent information. Benchmarking for case presentations is systematically implemented, providing not only an avenue to discuss formative assessments but also an opportunity to address any updates or professional requirements.

Mechanisms are in place to facilitate regular meetings between pharmacist independent prescribers in training and their DPPs, ensuring the ongoing discussion and documentation of their progress as learners.

Clear procedures are established for students to raise concerns, with a commitment to reasonable resolution in a timely manner. Any documented concerns trigger appropriate actions to address them effectively. Further details related to this aspect can be referred to in Standard 5.

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.

The Course provider has established mechanisms to ensure that DPPs are fit to supervise pharmacist independent prescribers in training. This was also addressed in standard 6.

Prospective DPPs are required to possess active prescribing competence relevant to their supervisory areas, alongside patient-facing clinical and diagnostic skills. Additionally, they should have a history of supporting or supervising other healthcare professionals, coupled with the ability to assess patient-facing clinical and diagnostic skills.

The Course provider offers training for DPPs encompassing various facets of their role, including specific course details, the DPP's role in the course, assessing and providing feedback to students, and handling concerns. This training is not mandatory and where DPPs can evidence prior successful completion of this role or prior experience, additional training is not required. However, for new DPPs, it is recommended that training is undertaken prior to working with students.

Updates on course changes and developments are routinely communicated through cohort-specific screen casts, with verification during supervision meetings.

The Course provider offers feedback to the DPPs on their performance. The process involves inviting anonymous feedback, with students providing insights into what went well and areas for improvement. Reflection exercises encourage students to consider their role from the perspective of a DPP. This information is provided back to DPPs. Additionally, DPPs are invited to share their own feedback, contributing to continuous improvement and programme enhancement. This robust feedback loop ensures DPPs are active participants in the programme's evolution.

