

University of Strathclyde independent prescribing course reaccreditation event report, February 2024



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Event summary and conclusions

Provider	University of Strathclyde
Course	Independent prescribing course
Event type	Reaccreditation
Event date	19 February 2024
Approval period	May 2024 – May 2027
Relevant standards	<u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u>
Outcome	<p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by University of Strathclyde should be reaccredited for a further period of three years, subject to two conditions.</p>
Conditions	<ol style="list-style-type: none"> 1. The EDI data collected for this course must be 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 collected is 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 use of EDI data. This is to meet criterion 2.2. 2. The provider must remove the current arrangement which allows 10 hours of learning outside of the learning in practice in clinical settings to contribute to the required 90 hours. This is because the standards require 90 hours of learning in practice to be completed in clinical settings with direct access to patients. This is to meet criterion 6.1.
Standing conditions	The standing conditions of accreditation can be found <u>here</u> .
Recommendations	No recommendations were made.
Minor amendments	<ul style="list-style-type: none"> • The course website states that the period of learning in practice “should equate to a minimum of 12 days (90 hours)”. The accreditation team advised the provider to remove the reference to 12 days. • The course website for the MSc in Advanced Clinical Pharmacy Practice (ACPP) includes the Independent prescribing (IP) qualification as an optional part of the MSc, but the IP entry requirements on the website page for the ACPP course still relate to the previous IP entry

	requirements. The accreditation team advised that this be revised to reflect the updated IP entry requirements.
Registrar decision	<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 University of Strathclyde has met the requirement of continued approval (subject to remediation) 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 Strathclyde is approved to continue to offer the Independent prescribing course for a period of 3 years. The Registrar noted that the conditions as outlined in the report have been met.</p>
Maximum number of all students per cohort	70
Number of pharmacist students per cohort	70
Number of cohorts per academic year	3
Approved to use non-medical DPPs	Yes
Key contact (provider)	Derna Campbell
Provider representatives	<p>Derna Campbell, Senior Teaching Fellow</p> <p>Professor Anne Boyter, Professor of Learning and Teaching</p> <p>Professor Yvonne Perrie, Head of Institute and Chair in Drug Delivery</p> <p>Professor Gerard Mackay, Consultant Physician and Clinical Pharmacologist</p> <p>Ian Towle, Senior Teaching Fellow</p> <p>Paul Kearns, Teaching Fellow</p> <p>Shefali Chowdhury, Teaching Fellow</p> <p>Morven McDonald, Teaching Associate</p>
Accreditation team	Dr Fran Lloyd (event Chair) Associate Postgraduate Pharmacy Dean, NICPLD, Queen's University Belfast

	<p>Charles Odiase (team member – pharmacist) Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Kings Langley and Longmeadow Surgeries, Hertfordshire UK</p> <p>Carl Stychin (team member – lay) Professor of Law and Director of the Institute of Advanced Legal Studies, School of Advanced Study, University of London</p>
GPhC representatives	<p>Siobhan McGuinness, Director for Scotland General Pharmaceutical Council</p> <p>Alex Ralston, Quality Assurance Officer (Education) General Pharmaceutical Council</p>
Rapporteur	<p>Rakesh Bhundia, Quality Assurance Officer (Education) General Pharmaceutical Council</p>

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 Strathclyde ‘the provider’ was accredited in 2007 to provide a course to train pharmacist independent prescribers, for a period of three years. The course was reaccredited by the GPhC in 2011, 2015 and 2018. In 2021, the course was reaccredited for a period for three years subject to one condition and one recommendation.

Condition:

1. Although the team acknowledge there are future plans to potentially involve patients and the public in the design and delivery of the course, the team could not see current evidence of this. Therefore, the course must engage with a range of stakeholders, including patients, the public, course commissioners and employers, to refine the design and delivery of the course. This is to meet criterion 5.4.

Evidence to demonstrate the condition had been addressed was sent to the GPhC for approval by the accreditation team. This included a paper describing the remit of the Patient and Public Involvement

Group, the process for recruitment to the group and actions and timelines for the meetings. The accreditation team were satisfied that the condition was met.

Recommendation:

1. Although the team acknowledge there is a learning agreement, it is not signed, and therefore it does not provide evidence that an agreement is implemented. In order to demonstrate how the learning agreement is implemented, the learning agreement should be signed by all parties involved in the training of pharmacist independent prescribers.

The learning agreement was updated to include details specific for the programme. The pharmacist and DPP sign this at the start of the Period of Learning in Practice and the signed copy is uploaded as part of the PLP portfolio.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, updated October 2022, an event was scheduled on 19 February 2024 to review the course's suitability for reaccreditation.

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team, and it was deemed to be satisfactory to provide a basis for discussion.

The event

The reaccreditation event was held remotely by videoconference on 19 February 2024 and comprised of several meetings between the GPhC accreditation team and representatives of University of Strathclyde prescribing course. Students who were currently undertaking the course, or who had completed it in the last three years, contributed to the event by completing a qualitative survey, responses to which were reviewed by the GPhC accreditation team. A qualitative survey was also sent to Designated Prescribing Practitioners (DPP) currently supervising students on the course, or who had supervised students in the past, the responses to which were also reviewed by the GPhC accreditation team.

Declarations of interest

There were no declarations of interest.

Schedule

Meeting

Private meeting of the accreditation team and GPhC representatives	09.30 - 10.30
Meeting with course provider representatives	11.00 - 13.00
Learning outcomes testing session	14.00 - 14.30
Private meeting of the accreditation team	14.30 - 16.00
Deliver outcome to the provider	16.00 - 16.15

Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of 5 learning outcomes during the event. The team 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: **5, 13, 15, 19, and 27**

Domain: Person centred care (outcomes 1-6)

Learning outcomes met/will be met? Yes No

Domain: Professionalism (outcomes 7-15)

Learning outcomes met/will be met? Yes No

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

Learning outcomes met/will be met? Yes No

Domain: Collaboration (outcomes 27-32)

Learning outcomes met/will be met? Yes No

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

Standard 1: Selection and entry requirements

Standard met/will be met? Yes No

The team was satisfied that all six criteria relating to the selection and entry requirements continue to be met. One criterion requires minor amendments.

The University of Strathclyde's website provides an overview of the Independent Prescribing (IP) course for pharmacists and the entry requirements. Applicants must meet the entry requirements to be offered a place. The application process is based in two parts. The first part is the generic University application form for all postgraduates and the second part is adapted to specific requirements for the IP course.

These requirements include:

- To hold current registration with GPhC &/or PSNI as a pharmacist
- To be in good standing with the healthcare regulator with which they are registered
- having relevant experience in a UK pharmacy setting
- an ability to recognise, understand and articulate the skills and attributes required by a prescriber to act as the foundation of their prescribing practice whilst training
- identification of an area of clinical or therapeutic practice on which to base their learning
- an ability to demonstrate how they reflect on their own performance and take responsibility for their own CPD
- an ability to demonstrate how they will develop their own networks for support, reflection and learning, including prescribers from other professions
- a designated prescribing practitioner (DPP) who has agreed to supervise the applicant's period of learning in practice.

The team noted that the website states that the period of learning in practice "should equate to a minimum of 12 days (90 hours). The team advised the provider to remove the reference to 12 days. The team also noted that the website for the MSc in Advanced Clinical Pharmacy Practice (ACPP) includes the IP qualification as an optional part of the MSc, but the IP entry requirements on the website page for the ACPP course still relate to the previous IP entry requirements. The team advised that this be updated to reflect the updated revised entry requirements.

As part of the submission document, it was noted that all applications undergo the same approval process. Applications are reviewed initially by an administrator responsible for postgraduate admissions in the Faculty of Science Office. If applicants meet the standard entry requirements, these are then reviewed for clinical and therapeutic appropriateness by the Programme Coordinator. Only after both reviews are complete, are applications approved. The team was reassured that in the absence of the Programme Coordinator, any member of the course team can step in to provide cover if needed. If there are concerns, these are discussed initially with another member of the programme team. If the applicant is deemed not to have the necessary experience, they are invited to an interview to discuss their application further. Advice is provided on the necessary changes required

for a future application. The application is then either rejected or deferred to the next intake on the programme.

Formal notification of the rejected application is made by the University admissions team. The Programme Coordinator maintains detailed records of any application queries and uses this to update and improve the application documents, as well as provide feedback to NHS Education for Scotland (NES). Prior to the application period, the Programme Coordinator meets with the educational support team in NES to refresh the application process and address any queries they raise. This is to ensure that pharmacists applying are not only appropriately experienced but also knowledgeable about the application process and what they are required to provide.

The closing date for applications is normally one month prior to the start date of the programme. This allows applicants time to submit all required documentation for review. Any applicant who does not meet all the entry requirements before the programme start date is not allowed to start the programme.

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 the equality, diversity and inclusion continue to be met with one criterion subject to a condition.

As part of the submission document, it was noted that the University's Equality and Diversity Policy underpins the programme design and delivery, which is committed to achieving and promoting equality of opportunity in the learning, teaching, research and working environments. All staff are required to complete compulsory Equality Diversity and Inclusion (EDI) and Introduction to Gender-based Violence training including all visiting staff who contribute to the programme.

The University Strategy and Planning Directorate produce management information reports through the Strathclyde University Business Intelligence Reports and Dashboard (SUnBIRD). These detail student characteristics from all application forms, including gender, disability, ethnicity, sexual orientation and religion, and can be broken down by cohort and/or by year. Data is collected on an annual basis by the Programme Coordinator and communicated to the programme team to ensure the design and delivery of the course is continually being reviewed in line with the student demographic. The team was provided with EDI data that is gathered as part of quality processes. The team explored how the data collected was then used to inform the design and delivery of the course. Although the team could see limited evidence of the consideration of EDI factors being used to enhance individual student experience, the team could not see how the EDI data collected was used in the design and delivery of the course. The team agreed to set a **condition** that the course team must submit a plan for the use of EDI data. This is to meet criterion 2.2.

The team was told that reasonable adjustments are made to teaching and learning for students with specific needs in line with recommendations from the University Disability and Wellbeing Service. For example, consideration is given to extensions for maternity and paternity leave, caring responsibilities and cultural occasions which may impact on submission dates. The Programme Coordinator is responsible for discussing these needs with the pharmacist in advance of starting the programme and monitoring the implementation and effectiveness of the proposed arrangements throughout the

programme. Any emerging difficulties are resolved through discussion with the pharmacist and University Disability Advisor. The Programme Coordinator liaises with the DPP to ensure they are aware of any specific needs of the student and to discuss how these will be accommodated and managed during the period of learning in practice.

As part of the submission document, it was noted that all students learn about their legal responsibilities under equality and human rights legislation during the face-to-face week where they discuss the relevant legislation and how this relates to their future role as a prescriber. The team asked if students must complete EDI training. The provider confirmed that all students must complete EDI training called StrathEquals.

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.

It was noted that the Programme Coordinator is responsible for the day-to-day organisation of the programme and is supported in this role by the programme teaching team. The Programme Coordinator is the main point of contact for students, external teaching staff, staff supporting the students and DPPs. Programme evaluation forms are completed by students in every cohort, and these are circulated to the Programme Management Team and all staff involved in teaching on the programme to ensure any issues are highlighted and dealt with prior to the next cohort. The external examiner reports are reviewed after each exam board and any points raised are actioned in an appropriate time frame. The team asked how issues which arise in the delivery of the course would then feed into the School management structure. The provider advised that any issues that do arise would feed into IP course management, which then feeds into the Postgraduate taught management committee, then into the Teaching, Learning and Assessment committee which then feeds into the Institute leadership group. This demonstrates clear lines of reporting.

The team was told that the School risk register is reviewed at Faculty level every quarter and monitored on a monthly basis. The provider explained that the main risk is access to staffing and the risk if they lose key members of the team. Staffing profile is reviewed annually including maintaining contingency and posts that are strategic to the IP course.

As part of the submission document, it was noted that the provider has agreements in place outlining the roles and responsibilities of everyone involved in the delivery of the course. The University has a formal funding agreement in place with NES which is reviewed on an annual basis.

At the previous reaccreditation, the provider was reaccredited for 2 cohorts of 72 students per cohort. The programme is for pharmacists only. The provider has requested approval for an increase to 3 cohorts of 70 students. This is in part a response to a request from NES to manage the higher number of pharmacists who are now eligible to undertake the course in line with the revised entry requirements to the updated standards for the education and training of pharmacist independent prescribers, published in October 2022. The provider sought and was granted approval to implement the revised entry requirements in December 2022. The team sought further information on how the staffing profile has changed to support the additional student numbers. The provider explained that they were aware of the increase in numbers and that they had appointed staff to cover the increase. The Undergraduate programme now also has more prescribers available who can assist. The team

noted that the increase in student numbers had been implemented prior to reaccreditation. The provider was reminded that they must always receive approval from the GPhC before any changes are made to an accredited programme such as changes to assessments and any increase in the number of cohorts or the number of students.

It was noted that the Programme Coordinator contacts DPPs at the start of the programme and maintains regular contact throughout the students' period of learning in practice. Students attend a follow-up day approximately three months into their learning in practice. At that time, they participate in a peer review session to discuss their progress, facilitated by one of the programme team. This allows students to provide feedback on what is going well and discuss any issues they are having. The programme coordinator is available to discuss these issues further and contact the DPP, if required. Students are advised that they should contact the programme coordinator immediately if any issues arise.

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 standard of teaching and assessment of the programme is monitored through student and staff evaluations and the Strathclyde Institute of Pharmacy & Biomedical Sciences (SIPBS) post-graduate Exam Board. Minor changes are implemented by the programme teaching team. Any significant changes in the programme delivery or assessment must be approved by the relevant Faculty and University Committees. Significant changes which need to be approved by the Faculty Academic Committee (FAC), Quality Assurance Committee (QAC) or Senate include changes to learning outcomes, assessment methods and credit weighting. Changes which do not need to be approved by the FAC, QAC or Senate include changes to timing of assessments during the period of study and changes to teaching methods.

It was noted that members of the programme team regularly meet with the programme's two main stakeholders, NES and Community Pharmacy Scotland (CPS). Feedback from NES regarding the application process has led to more specific detail being added to the application form and a longer lead in period being granted to allow adequate time to collect and complete the necessary documentation and evidence. Feedback from CPS has led to the introduction of more clinical assessment skills that are directly relevant to community pharmacists, led by pharmacist prescribers currently delivering Pharmacy First Plus in community pharmacies. Feedback provided on the programme evaluation forms completed by recent students has led to the addition of two therapeutics topic in the area of common clinical conditions and cancer. It was noted that any changes to the programme take into account Scottish and UK government policy and any legislative changes.

Issues or complaints raised are dealt with through the University Complaints resolution procedures. Appeals are sent directly to the Faculty of Science where the appeals procedure is followed with the Director of Teaching providing a response and then an independent panel making a decision based on the evidence.

The programme has been fully validated by the FAC, QAC Committee and University Senate. Major changes are revalidated by FAC when appropriate.

Standard 5: Course design and delivery

Standard met/will be met? Yes No

The team was satisfied that all ten criteria relating to the course design and delivery continue to be met.

The IP course is worth 30 SCQF (Scottish Qualification and Credit Framework) credits: each credit is nominally equivalent to 10 hours of student effort, so the programme is equivalent to 300 hours of student effort. This is split through the course into:

- 50 hours of student directed self-study in the Therapeutics module
- 48 hours taught (face-to-face period and follow-up day)
- 102 hours private study for the Prescribing and Public Health, Care Planning and Communicating with Patients and Colleagues modules
- 90 hours experiential learning (PLP)
- 10 hours private study for the Period of Learning in Practice module

The programme focuses on self-directed study, problem-based learning, reflective practice and continuing professional development. Student learning includes lectures, workshops, small group teaching and peer review sessions.

The Programme Management Team includes practising pharmacists and pharmacist independent prescribers. All teaching and assessment on the programme is undertaken by practising pharmacists, most of whom are independent prescribers, and who are University employees or hold honorary appointments at the University. Members of the Programme Management Team include a representative from NES, one community pharmacist, one primary care pharmacist and a medical professor.

It was noted that students are reminded that they should only undertake tasks within their area of competence or in which they are learning to become competent under supervision. DPPs are advised that they should directly supervise students and must observe the pharmacist in a consultation setting for a minimum of 10 hours. DPPs can delegate specific activities for supervision. Appropriately qualified and experienced healthcare professionals are agreed by the DPP and pharmacist before any training takes place. On completion of the supervised activity, the healthcare professional completes and signs a declaration that activities have been carried out satisfactorily. This is used as evidence by the DPP and the provider, however, the DPP has overall responsibility.

It was noted that students are provided with a Programme Handbook at the start of the programme which outlines the programme regulations as well as all policies and procedures that apply to the programme. Patient safety is emphasised at all times. The provider confirmed to the team that the University's Fitness to Practice (FtP) process applies to this programme. The team were told that students are made aware of the FtP process through the Programme Handbook.

The Programme Coordinator is the first point of contact for any concerns about a student, the DPP or any aspect of learning in practice. The Programme and DPP Handbooks provide information on how the student and the DPP should progress any concerns raised.

Standard 6: Learning in practice

Standard met/will be met? Yes No

The team was satisfied that four of the five criteria relating to the learning in practice continue to be met with one criterion subject to a condition.

The provider approves DPPs and agree that they have the core competencies to carry out the role effectively through the DPP application form and provision of a current CV. The provider reviews these against the role requirement of a DPP, as set by the Royal Pharmaceutical Society (RPS) *A Competency Framework for Designated Prescribing Practitioners*. The programme coordinator checks with the relevant professional regulator to ensure the DPP is of good standing and does not have any restrictions on their practice. It was noted that the provider works with relevant stakeholders on quality management and support systems for the training, development, mentoring and evaluation of DPPs. A recent initiative was the creation of a 'buddy' system for pharmacists new to the role of a DPP alongside additional training sessions for prospective DPPs. These were designed in response to an increase in applications from pharmacist prescribers applying to become DPPs.

As part of the submission document, it was noted that the period of learning in practice normally lasts a maximum of 12 months during which time the pharmacist will have direct access to patients in all areas of practice. The pharmacist must complete a minimum of 90 hours. The team asked if there is a process by which the learning in practice can be extended and whether the provider has oversight of these extensions and if there are any limits. The provider advised that if an extension is required, the student is asked for personal circumstances and if appropriate an extension is provided to the next exam board. Voluntary suspensions, for example students going on maternity leave, are granted, and the student can pick up where they left.

Students are allowed to complete a maximum of 10 hours of their period of learning in practice after registration but prior to the five-day face-to-face teaching, provided that the students were undertaking appropriate supervised learning activities (SLAs) that cover a number of the competencies required to be undertaken in the period of learning in practice. The team noted from the submission that a maximum of 10 hours of the required 90 hours can be completed through activities such as attendance at training events or conferences where the pharmacist plays an active role. The team noted that the standards require that all 90 hours of learning in practice must be completed in clinical settings with direct access to patients. The team set a condition that the provider must remove the current arrangement which allows 10 hours of learning outside of the learning in practice in clinical settings to contribute to the required 90 hours. This is to meet criterion 6.1.

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.

As part of the submission document, it was noted that all modules in the Practice Certificate in Independent Prescribing course are taught and assessed at SCQF level 11. For each module there are set assessments. Each assessment has a set, clearly defined marking schedule which will award the students with a PASS or FAIL. To gain the SCQF credits for each module, students must obtain a pass in each assessment at 50% or above. Students must gain 5 SCQF credits from each module and 10 from

the portfolio to obtain the 30 SCQF credits required to be awarded the Practice Certificate in Independent Prescribing.

The individual therapeutics and public health assessments are written by specialist pharmacists in that area and reviewed for clarity by an academic member of the teaching team. The assessments are reviewed annually unless there have been changes to practice or relevant therapeutic guidelines in which case they are reviewed when these are published. The reflective reports are set by the academic members of the team and are matched to the course learning outcomes. A random 20% of each written assignment undergoes double marking and all assessments given a FAIL are double marked. Students are permitted to resubmit material or retake an assessment on one occasion only. All modules must be passed and there is no compensation between modules of the programme. The formative resit OSCE assessment in Care Planning operates as an exemption exam: if students pass this they do not need to proceed to the summative exam.

Students submit a portfolio of evidence from the learning in practice which is assessed on a PASS or FAIL basis by a small team of prescribing pharmacists and academic staff. Students failing on the first submission of any element of the portfolio are allowed a second, final submission. The portfolio will only be passed when all individual elements are passed.

During the face-to-face teaching week, students work individually and in small groups to design management plans and undertake patient consultations. The safe environment provided allows them to demonstrate competence as well as identify errors or inappropriate practice without there being any risk to patients. Peer and facilitator feedback are used to promote learning and understanding.

Written feedback is provided for all assessments within four to six weeks, not just where the student has failed. Verbal feedback at the end of the formative OSCE provides the student with feedback from a patient perspective without an actual patient being involved. Should a student demonstrate unsafe practice during any assessment, the student will fail that assessment. If they continue to demonstrate unsafe practice, they will not be awarded the credits for the relevant module and will not pass the course. If the student demonstrates any unsafe practice during the learning in practice, this will be discussed with the DPP, the programme coordinator and the student and appropriate action will be taken.

The team asked about the rationale for a four to six week turnaround time for feedback on assessments. The provider advised that the University formal time is 15 working days, however, the rationale for having a longer turnaround time for the IP course is fitting in with other staff duties; therapeutics, for example, are marked by specialists who work for the NHS, so the provider does not wish to overburden them with tight deadlines. Students are made aware of feedback turnaround times. It was noted that the external examiner recommended that students who have passed should be provided with more feedback relating to their portfolio. The provider acknowledged that it is easier to give feedback on poor portfolios, however, this feedback has been passed on to the programme team and feedback on all pieces of work in the portfolio should resolve this.

The regulations for the Practice Certificate in Independent Prescribing have been approved by the Faculty of Science and Senate of the University of Strathclyde. These regulations allow the provider to fail students if they demonstrate any unsafe practices. When students complete all assessments and gain 30 SCQF level 11 credits they are eligible to be awarded the Practice Certificate in Independent Prescribing. This decision is ratified by the SIPBS Postgraduate Exam Board. Once the awards have been made the programme coordinator provides the pass list to the GPhC. Students cannot pass the programme if there are any concerns about patient safety. All modules and the period of learning in

practice must be passed and there is no compensation between modules or the period of learning in practice.

Standard 8: Support and the learning experience

Standard met/will be met? Yes No

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

As part of the application process for prospective students, they must include written support from their supervisor in practice. This can be the Director of Pharmacy, Chief Pharmacist, line manager or another supporting pharmacist. An area of clinical or therapeutic practice must be identified in which the student will base their learning. Arrangements must be made to allow the student to be released for education and training relating to the IP course and the student must be in a position to prescribe on successful completion of their training.

Students are supported throughout by the Programme Coordinator and programme team. Students are sent an induction pack which contains information relating to programme registration, programme assessments, access to the University VLE, access to additional resources and details of the face-to-face periods. An introductory session takes place on the first day of the course, where the course is described in full, and contents of the induction pack are discussed. Students have access to the University VLE, Myplace, where support resources are provided. This includes materials to support the distance learning and face-to-face parts of the programme. Additional resources can be uploaded at any time as requested by any of the students. Information about the learning in practice and the portfolio of evidence are also provided. There is a student discussion board for questions and feedback. Programme assessments are spread throughout the duration of the programme and submission timelines are sufficiently long to consider the fact that the student is normally taking the course in addition to having a full-time job and family life. Students are provided with an assessment timetable at the start of the programme so they can plan accordingly. The Programme Coordinator is in regular contact with each cohort and individual discussions can take place if requested. In addition, students can access personal support offered to all students by the University, including the counselling service, Disability & Wellbeing Service, and the mature students' association. The Programme Coordinator is in regular contact with the DPP to ensure that the pharmacist is fully supported and that any issues are identified and resolved as soon as possible. The team were assured by the provider that students who may be struggling are identified in a timely manner so early interventions can be put in place to support the student in the learning in practice environment.

A programme evaluation form is provided to students at the start of the face-to-face teaching week. They are encouraged to complete it daily, to ensure feedback is captured contemporaneously. This form is then submitted at the end of the week and any issues that have arisen are addressed at the time or at the programme review if non-urgent. If students have concerns with the supervision being provided by their DPP, the practice of another prescribing professional or HCP, they can raise this with the programme coordinator. The team asked the provider for an example of where a trainee has raised a concern about their period of learning in practice and how this was dealt with. The provider explained that the main concern has been where their DPP has not been available, for example due to long term sickness. In these circumstances the provider has assisted the student in finding a suitable alternative DPP. It was noted that the student must spend a minimum of 10 hours with the new DPP

in a consultation environment. The final DPP takes responsibility for sign off of the completed 90 hours. The DPP must be assured that the previous activities have been met satisfactorily.

At the start of the learning in practice, the learning plan for the 90 hours must be set out and agreed by the student and DPP, in line with the programme learning outcomes. Progress must be monitored regularly, and competencies signed off as they are demonstrated. The DPP and other HCPs involved in the training must provide the pharmacist with timely, constructive feedback to allow the pharmacist to improve and there must be opportunity for the pharmacist to gain additional support, where necessary.

The team noted that there are three MUST touch points where the DPP must meet with the trainee. The team suggested that the provider may wish to consider following up with the DPP after each touch point to check if there are any issues with their respective trainee rather than waiting for the end of the course for any issues to be flagged.

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.

It was noted that the application form and criteria for selection as a DPP are clearly stated in the DPP handbook, along with the role and responsibilities of the DPP. All DPPs are required to complete the application form. The provider advised that all prospective DPPs must confirm that they are experienced and an active prescriber in a patient-facing role with at least three years recent prescribing experience with sufficient frequency to maintain competence. Alongside this, they must confirm that they have active and relevant prescribing competence in the areas in which they will be supervising with up-to-date patient-facing clinical and diagnostic skills and the knowledge and ability to assess clinical and diagnostic competence using a range of methods. DPPs must also be practicing in the same health board or community pharmacy as their trainee, and provide a declaration that they have no conflicts of interests.

All prospective DPPs must also provide additional information to demonstrate how they will facilitate the pharmacist in developing a selection of competencies, taken from the RPS Competency Framework for All Prescribers. This will help establish that the DPP has appropriate training and experience to be a supervisor. This evidence is reviewed by the Programme Coordinator and another member of the programme team. If further clarification or information is required, the Programme Coordinator will contact the DPP directly. The team asked the provider for detail on occasions where they have had a non-medical DPP assessed as not meeting the criteria. The provider advised that they have had a number of these recently and have rejected more DPP applications in the last two cohorts than previously. Examples include a DPP working in a separate health board who was an upper limb orthopaedic surgeon and a Foundation Year medic. The provider advised that they are being more vigilant in scrutinising DPP applications. The provider gave the example of how the DPP application form is evolving as the previous application form did not state that the DPP must be in the same health board; this has now been updated to avoid any misunderstanding.

An induction and training session for new DPPs takes place before the students start their learning in practice. This session covers topics including introducing the programme team, programme aims and objectives, roles and responsibilities. The session is run by the Programme Coordinator in the evening

using Zoom® and offers the opportunity for the DPP to ask any further questions. Materials from the meeting are uploaded to the University VLE, Myplace, for future reference and for anyone unable to attend the session. The team learned that induction sessions are not mandatory for DPPs to attend, however, DPPs do get sent all the relevant materials which they need to log in to access. The DPP must tick and sign the application form to confirm that they have reviewed the material.

DPPs are provided with a handbook that provides information about the programme including the programme learning outcomes and the competencies from the RPS Competency Framework for All Prescribers. The handbook also contains a short description of each module the pharmacist will undertake and the role of the DPP in the programme, including how to assess competence and the use of Skills Assessment forms completed by other healthcare professionals. The DPP is provided with the GPhC guidance documents In practice: Guidance for pharmacist prescribers and Guidance on tutoring and supervising pharmacy professionals in training. Frequently asked questions are included as a resource as well as information on additional support for the DPP, what to do if there are concerns about the progress of the pharmacist and what to do if the DPP can no longer undertake their role. The DPP is issued with the University of Strathclyde document, Guidance on Marking Assessments in Undergraduate and Postgraduate Taught Courses to enable them to become familiar with the standards required from students. All documents are also available on the University VLE and details for personal access to the University of Strathclyde VLE, Myplace, are emailed directly to the DPP.

The team learned that after each exam board, the Programme Coordinator contacts students to ask for feedback about their DPP and learning in practice. They are asked to provide examples of good practice by their DPP and instances where their DPP used or arranged innovative or unusual activities to help the pharmacist achieve specific competencies. Students are also asked to provide examples of activities that did not work as well or issues that resulted in the original plan being changed. All information provided is anonymous. This fully anonymised information is then circulated to all DPPs in the form of an update memo to provide positive and constructive feedback.

