General Pharmaceutical Council

Sheffield Hallam University independent prescribing course reaccreditation event report, March 2024

Contents

Event summary and conclusions	
Provider	Sheffield Hallam University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	25 March 2024
Approval period	July 2024 - July 2027
Relevant standards	**Standards for pharmacist independent prescribers, January 2019, updated October 2022**
Outcome	Approval with conditions. The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by Sheffield Hallam University should be reaccredited for a further period of three years, subject to one condition.
Conditions	The University must remove the current arrangement which allows up to five hours of external learning to contribute to the minimum 90 hours of learning in practice. This is because the standards require a minimum of 90 hours of learning in practice to be completed within clinical settings with direct access to patients. This is to meet criterion 6.1. A response to this condition must be sent to the GPhC by end of April for review by the accreditation team.
Standing conditions	The standing conditions of accreditation can be found **here.**
Recommendations	No recommendations were made.
Registrar decision	Following the event, the provider submitted a response to the condition and the accreditation team agreed that they had been met satisfactorily. The Registrar is satisfied that Sheffield Hallam University has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, and in line with the Standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022. The Registrar confirms that Sheffield Hallam University is approved to continue to offer an Independent prescribing course for a period of 3 years. The Registrar noted that the condition as outlined in the report has been met.

Maximum number of all students per cohort	65
Number of pharmacist students per cohort	65
Number of cohorts per academic year	Two
Approved to use non-medical DPPs	Yes
Key contact (provider)	Helen Kundu, Course Lead, Pharmacist Independent Prescribing
Provider representatives	Andy Martin, Deputy Head of Nursing and Midwifery Angie Banks, Principal Lecturer Advanced Clinical Practice Mitch Lau, Senior Lecturer, Pharmacist Independent Prescribing Helen Kundu, Principal Lecturer PSRB and Course Lead Pharmacist Independent Prescribing
Accreditation team	Professor Andrew Sturrock (event Chair) Director of Pharmacy and Postgraduate Pharmacy Dean, NHS Education for Scotland and Visiting Professor, Strathclyde Institute of Pharmacy and Biomedical Sciences, University of Strathclyde Charles Odiase (team member – pharmacist) Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Kings Langley and Longmeadow Surgeries, Hertfordshire UK Liz Harlaar (team member – lay) Independent Business Consultant
GPhC representative	Chris McKendrick, Senior Quality Assurance Officer (Education) General Pharmaceutical Council
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

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 pharmacist independent prescribing programme at Sheffield Hallam University, a 30-credit, level 7 professional development course, is provided by the Department of Nursing and Midwifery in the College of Health, Wellbeing and Life Sciences, which has a long history of delivering Nursing and Midwifery Council and Health and Care Professions Council approved prescribing programmes. The University was first accredited by the GPhC in 2014 to deliver the pharmacist independent prescribing programme. The programme was last reaccredited in 2021 subject to one condition relating to learning outcome 19 ('*Demonstrate clinical and diagnostic skills in clinical settings appropriate to their scope of practice'*). The condition was that the University was required to introduce a quality assurance mechanism for the assessment of clinical and diagnostic skills carried out by the designated prescribing practitioner in the practice setting. This was to ensure consistency and that all pharmacists demonstrated meeting learning outcome 19 at the 'does' level, regardless of their scope of prescribing practice. An appropriate quality assurance mechanism was implemented to meet this condition. In line with the standards for the education and training of pharmacist independent prescribers January 2019, updated October 2022, an event was scheduled on 25 March 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 25 March 2024 and comprised meetings between the GPhC accreditation team and representatives of Sheffield Hallam University prescribing course. Students who were currently undertaking the course, or who had completed it in the last three years, contributed to the event by completing a qualitative survey, responses to which were reviewed by the GPhC accreditation team. A qualitative survey was also sent to Designated

Prescribing Practitioners (DPP) currently supervising students on the course, or who had supervised students in the past, the responses to which were also reviewed by the GPhC accreditation team.

Declarations of interest

Charles Odiase had trained in a Sheffield hospital at the time a member of the Sheffield Hallam University staff was working in the same hospital. The team agreed that this did not constitute a conflict of interest.

Schedule

Meeting
Private meeting of the accreditation team and GPhC representatives
Meeting with course provider representatives
Learning outcomes testing session
Private meeting of the accreditation team
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 **six** learning outcomes during the event 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: **1, 5, 7, 14, 19 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.

The documentation described how applicants complete a 'Pharmacist Independent Prescribing'-specific application form which addresses all GPhC eligibility criteria. The form signposts applicants to complete a training package prior to submitting their application to ensure that they are fit and ready to train as an independent prescriber. Admissions staff review each application to ensure that all objective eligibility criteria for both applicants and designated prescribing practitioners (DPPs) are met. The course leader then ensures that all the subjective information is appropriately documented. Subjective information includes the ability to recognise, understand and articulate the skills and attributes required by a prescriber, and that the applicant has a clearly defined area of clinical or therapeutic practice. Following the course lead's scrutiny, the form is passed back to the admissions team to inform the applicant of the outcome. If all criteria are met, applicants are offered a place. Where an applicant has not one or more of the stipulated criteria, they receive details of the unmet criteria, as well as information on how to address these, so that they may reapply in the future. Applicants who are refused a place and who subsequently re-apply are flagged on the University's admissions database. All applications are subject to the same scrutiny and processes, with admissions staff and the course team complying with all necessary requirements relating to equality and diversity, including unconscious bias.

In response to the team's wish to know how they assess applicants' ability to recognise, understand and articulate the prescriber's skills and attributes to act as the foundation of their prescribing practice whilst in training, the team described how this is determined using the application form. Once the admissions staff have checked that applicants meet the eligibility criteria, the form is passed to the course lead, who uses a screening tool to determine that the applicant's statement demonstrates that they have understood the requirements and that they are working in an environment that is appropriate to their scope of prescribing practice; applicants must have also undertaken the CPPE training package 'Preparing to train as an independent prescriber' before applying. Where an applicant is rejected, the details are checked by a colleague. Noting that the course lead undertakes the evaluation of all applications, the team was reassured that all staff members are trained in using the screening tool, so that other colleagues can undertake this task in the absence of the course lead.

Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes ☒ No ☐

The team was satisfied that all five criteria relating to equality, diversity and inclusion continue to be met.

The documentation described the University's commitment to promoting equality of opportunity, experience, and outcome, ensuring that students realise their full potential. The University's 'Access and Participation Plan' details information on access, continuation, attainment, and minority ethnic groups' progression for all students with protected characteristics. The pharmacist independent prescribing course is designed and delivered in line with the principles set out in the University's plan. Induction, timetabling, student wellbeing activities, learner analytics and support for academic writing are all promoted and used to promote inclusion and attainment among the students of minority ethnic groups. Additionally, all associated programme team staff complete the mandatory equality and diversity training, annually, to help embed and apply the principles to benefit the student learning experience. Reasonable adjustments are made to teaching, learning and assessment for all learners with specific needs. Individual students' specific needs are assessed and, if necessary, a learning contract is created for the student. The learning contract is shared with the course lead and outlines the measures that have been agreed between the advisor and student.

The principles of equality, diversity and fairness are incorporated into the teaching and learning strategy. For example, the law and ethics session explores ethical frameworks and their use in healthcare. It aims to provide students with different ethical perspectives and understand how to use ethical frameworks in decision making processes. In all other teachings, imagery and scenarios are mindful to incorporate cultural diversity.

In response to the team's wish to learn how the principles of equality and diversity are embedded in, and promoted through, course design and delivery, and how course design and delivery are informed by equality, diversity and inclusion (EDI) data, the staff described how the Head of International Student Services delivers a one-hour lecture covering different groups, highlighting the Human Rights Act. The course includes discussions of patients exhibiting different protected characteristics to emphasise diversity. Students are allocated randomly to different groups of mixed ethnicities. The application process identifies trainees who have any specific learning needs, these being addressed through the learning contract. The staff explained how the admissions team collects EDI data, which can identify any issues and highlight discrepancies in failure rates, or difficulties with specific types of assessment, such as objective, structured clinical examinations (OSCEs), these being discussed at the biannual course meetings and addressed through the Course Development Plan, which has resulted, for example, in the provision of bespoke sessions to cover academic writing.

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.

The documentation described how the pharmacist independent prescribing programme is supported by a management plan, which includes defining all roles and responsibilities in learning, teaching and practice environments, as well as the structures and processes to manage delivery by the Nursing and Midwifery department. The quality of the programme is overseen by the Departmental Board. The course team is supported locally by a Post-Regulatory Student Enrichment Academic Advisor, who

oversees and supports the provision and provides expert guidance where necessary, as well as by Academic Quality, Learning, Teaching and Assessment and Student Experience leads.

Course-specific roles and responsibilities, including the working arrangement between designated prescribing practitioners (DPPs) and the course provider, are clearly set out in the course documentation. This includes confirmation of the roles and responsibilities agreement and of the indemnity insurance arrangements that are in place for the students' learning in practice period.

Individual learning agreements are initiated at the application screening stage. Here, any potential learning needs are documented and used to form the basis of discussions once the student is allocated an academic advisor. The tripartite learning agreement defines the roles and responsibilities of the student, the academic advisor and the DPP.

The documentation described the requirements and qualifications of the course leader, the course team and the designated prescribing practitioners. The staff to student ratio is 1:14.

The course comprises a blended delivery via an online platform and face-to-face sessions on the Collegiate Crescent Campus, which includes clinical skills teaching rooms with comprehensive resources for teaching clinical examination skills. Sim-Man simulation mannequins are used to teach clinical assessment and examination skills and to practise objective, structured clinical examinations (OSCEs). Teaching materials are updated regularly, ensuring they are fit for purpose and are line with current practice. The students have access to teaching materials via the VLE platform at least 48 hours prior to the study days.

The documentation described the support available for all those concerned with delivery of the programme, as well as for the trainee independent prescribers. There is regular formal and informal contact between the course team and trainees.

Wishing to learn how the staff identifies and manages risk, how risks are escalated and how frequently the risk register is reviewed, as well as how risks are managed, the staff described how risks to the course, such as inadequacies in the learning in practice environment, are set out in the management plan, including how these may be mitigated. The Course Improvement Plan is reviewed quarterly by the academic quality standards staff, who will identify any risks, such as reduced pass rates, and request information about remedial mechanisms. The accreditation team was particularly concerned with business risks such as adequacy of funding following increases in student numbers. The staff explained that where student numbers increase, the University responds positively to requests for additional staff, as happened in 2022, where the uplift from 50 to 65 students per cohort resulted in the employment of an additional member of staff; other resources such as teaching space and support mechanisms were not impacted by this increase in student numbers. Although assurance was taken, in the future, the accreditation team would like to see a clearer articulation of financial/business risks to the programme, along with steps taken to mitigate such risks within the submission documentation.

In response to the team's wish to learn how trainees' progress is proactively checked to ensure identification of, and timely support for, those who are struggling, the staff explained the importance of the midpoint interview with the academic advisor; this comprises structured questions relating to how the trainees are progressing towards meeting the required competencies along with the evidence in the practice assessment document, which is included in the electronic portfolio. If progress is inadequate, the academic advisor and trainee agree an action plan. The trainees also produce an outline of their reflective essay, on which they receive formative feedback from the

academic advisor on their understanding and ability to write academically. The interview provides the trainee with opportunity to raise any other concerns such as health matters, issues with their learning contract, and problems relating to their DPPs and learning in practice environment, such as insufficient exposure to patients. Students can contact staff members about their concerns at any time through a generic staff team e-mail inbox.

The responses of the five people who completed the GPhC's survey of current and past students suggested that the students were highly satisfied with the facilities available to them.

Standard 4: Monitoring, review and evaluation

Standard met/will be met? Yes ☒ No ☐

The team was satisfied that all six criteria relating to monitoring, review and evaluation continue to be met.

The documentation described the Annual Review process for monitoring, evaluation and continuous enhancement of the pharmacist independent prescribing programme. The process is undertaken by a twice-yearly meeting of the course team, including the course leader, module leaders, and the external examiner where possible. This meeting reviews student performance and outcomes, module delivery and student experience, the last including student feedback, and results in the production of a Course Development Plan; student feedback is obtained through mid-module and end-of-module evaluations, which are completed by students of each cohort, as well as feedback provided during the study days. The programme is part of the 'Advancing Clinical Practice' portfolio, which has input from various stakeholders, whose significant comments, along with those of service users, are noted in the Course Development Plan and used to enhance the programme. Service users form an integral part of the quality assurance of student work, focusing on the 'patient-centred' component of the assessment. They provide written, anonymised feedback, which is fed forwards to the learners. The external examiner provides formal module feedback twice a year and provides an end-of-year report.

Advances in pharmacy practice, or changes to national standards/frameworks and developments are considered both during course design and delivery, and significant changes are reflected in updates of course materials. A course team member attends regional non-medical prescribing network meetings and/or NHSE events at least twice a year to ensure that the course remains up to date with current practice and in line with NHS vision.

In response to the team's request for examples of how student evaluations have influenced changes to the programme design, delivery and assessment strategy, the staff explained that the course is reviewed continuously on the basis of student feedback. This has resulted in improvements to the midpoint academic interview that considers the trainees' learning logs and their progress towards meeting competencies; the feedback has also led to the provision of additional training in academic writing skills, including how to write critically at the appropriate level, and the provision of examples of how competencies can be claimed.

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 documentation described how the course is designed to ensure that trainees meet the 32 learning outcomes specified in part 1 of this report and how the course curriculum has been mapped to these outcomes. To meet the learning outcomes, the course is delivered using a wide range of teaching methods and a balance of directed and self-directed learning, building on learners' pre-existing knowledge, skills and practice to develop their skills and acquire competence. Each student has an individual learning plan which forms the basis of discussions with their academic advisor, enabling them to expand in areas that may add greater breadth to their clinical practice and help meet specific learning outcomes. As well as 90 days in practice with designated prescribing practitioners (DPPs), the programme includes 26 days of structured learning activities, comprising face-to-face workshops, practical work and structured online learning. Online learning uses two e-learning platforms, e-Learning for Health (eLfH) and Script, which employ a range of interactive methods to underpin good prescribing practice, and which are updated frequently to maintain currency in evidence-based practice and legal frameworks. Both packages provide students with formative feedback.

The course design and delivery are reviewed and maintained by three staff members who are pharmacist independent prescribers working in secondary and primary care settings. These staff members feed their insight of contemporary practice into programme development through regular internal prescribing course team meetings and through engagement with the UK HEI network of prescribing leads via an online forum. Additionally, the course lead's engagement with the Department of Health and Social Care (DHSC), Community Pharmacy England (CPE) and NHS England (NHSE) and the Northeast and Yorkshire (NEY) HEI non-medical prescribing/independent prescribing programmes network helps to inform and update the course team on significant changes concerning independent prescribing. Expert clinical practitioners, who are also pharmacist independent prescribers, deliver sessions on diabetes, anticoagulation, and mental health. External stakeholder feedback from formal stakeholder events and informal communications are used to inform the design and delivery of the course, which are also informed by patient input. All of these approaches ensure that the course materials are kept up to date.

When working in practice, trainees are always supervised by their DPP or by other appropriately qualified and experienced members of staff and supervisors ensure that they do not work beyond the level of their clinical competence.

The University has comprehensive fitness to practise regulations, which apply to trainees on the independent prescribing course, with fitness to practise processes being invoked where concerns are raised about a student. Students are made aware of the fitness to practise mechanisms. Where appropriate, the outcome of the fitness to practise panel is reported to the GPhC. Students are informed in advance of the intention to report, the scope of the report and the fact that the report could affect their professional registration.

In response to the team's wish to learn of examples of how engagement with stakeholders, including patients and the public, have continued to inform the course design and delivery, the staff described how stakeholder feedback had resulted in revision of the application form, as well as the introduction of flexible submission dates for assignments, so that students will not be penalised for late submission. During Covid, changes to course delivery and assessments were heavily stakeholder led. The team heard that while feedback from stakeholders is generally very good, it has proved difficult to engage with service users because of their personal health issues. However, a meeting is scheduled with four new service users for May 2024, and the staff will provide the GPhC with the outcome of that meeting.

Wishing to learn how the staff decides when a change in practice is sufficiently significant to warrant an update to the course, the team was told that updates would be made if there were changes in legislation or regulations: for example, the RPS competency framework for designated prescribing practitioners had resulted in modification of the application form. All learning material is kept up to date, with input from mental health and other specialists, who provide advice on changes in national guidelines, such as those published by NICE. Updates are published on a Padlet discussion board, and these are discussed by the teaching team, with teaching material being updated where required.

The team noted from the documentation that for summative assessments, it is made clear to all students that the identification of any unsafe practice would lead to a clinical fail of the assessment task. In response to the team's wish to know how they decide whether an error or action constitutes patient harm or unsafe practice, and how the decision is quality assured, the staff described how if any assessment material, including that presented in the practice assessment document and in answers to examination questions, indicates that a patient may have been harmed, this would be reviewed by the course team and the external examiner based on marking schemes. If the material relates to a case study in an area in which the marker lacks specific expertise, the staff will ask a specialist to determine if the trainee's response was clinically unsafe.

Responding to the team's wish to learn if there have been any fitness to practise issues raised against pharmacists on the course, the staff gave an example of academic misconduct, which had resulted in fitness to practise procedures being invoked and a report being sent to the GPhC.

The responses of the five people who completed the GPhC's survey of current and past students suggested that they were highly satisfied with the quality of teaching and learning on the course and how it prepared them for practice.

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 criterion 6.1 subject to a condition.

The documentation described how students undertake 90 hours of supervised practice learning within a clinical area relevant to their scope of prescribing practice. During this period, trainees spend at least 40% of their time in face-to-face patient consultations and prescribe under the supervision of

their designated prescribing practitioner (DPP), whose role is central in enabling the student to obtain appropriate patient-facing learning opportunities; the suitability of DPPs is screened during the application process. The DPP is the sole assessor in practice and is responsible for confirming that the trainee has completed at least 90 hours of practice and for signing off the pharmacist has having met all competencies so that they can be deemed suitable for annotation as a pharmacist independent prescriber. However, providing the DPPs spend at least 30% of the 90 hours in practice working with their trainees, they may delegate supervision to other suitable qualified people who act as practice supervisors; the details of each practice supervisor are added to the trainees' e-portfolios so that the DPP or course team can make contact for any concerns, or any additional information required.

All records of learning in practice are documented in the practice assessment document (PAD) in the electronic portfolio. These records include trainee meetings with their DPPs and academic advisors, together with learning logs and evidence to demonstrate prescribing competencies. The DPP must hold a minimum of three formal meetings with their trainees; these take place at the start, mid-point and end of the course and meeting outcomes are all recorded in the e-portfolio. The PAD document, showing the trainee's learning in practice progress, can be accessed by the student, the DPP, the academic advisor and the practice supervisors. The course team provides support and engages with DPPs and trainees to ensure that concerns are identified and addressed throughout their learning in practice. All trainees are asked about their learning in practice arrangements during their mid-point academic interview and the discussions are documented in the electronic portfolio. Academic advisors can monitor trainee's progress by accessing the meeting notes and liaising with the DPP. The course team has an overview of each trainee's e-portfolio progress at each stage, thus enabling the identification of any support required.

The team noted that the teaching and learning strategy stipulates that at least 40% of the 90 hours learning in practice should comprise of face-to-face patient consultations and queried how they had determined the appropriateness of this minimum. The staff explained that the decision to specify this minimum had arisen from the discovery of designated prescribing practitioners supervising too many students and where the consultations were predominantly conducted remotely.

Noting from the learning and teaching strategy, as well as from the DPP and course handbooks, that a maximum of five hours of activities such as webinars and continuing professional development, including courses, conferences and additional e-learning, could be included as hours spent in learning in practice, the team asked if the entire 90 hours learning in practice take place in clinical settings with direct access to patients. The staff confirmed that all 90 hours must occur in a patient-facing setting apart from five hours. To claim these hours, the material must be relevant to the trainee's area of practice and must be related to a prescribing competency; students must record what they have learned in their portfolios, as well as demonstrating that the learning can be mapped back to the RPS prescribing framework; however, neither simulation work nor mandatory learning activities such as the case-based discussion with the DPP can contribute towards the 90 hours. Despite these assurances, the team agreed that the standard requires a minimum of 90 hours of learning in practice to be completed within clinical settings with direct access to patients and that these permitted five hours did not meet the requirement. Therefore, the team imposed a condition that the University must remove the current arrangement which allows up to five hours of external learning to contribute to the minimum 90 hours of learning in practice. 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.

The documentation stated that all of the assessments have been mapped to both the GPhC learning outcomes and the Royal Pharmaceutical Society (RPS) prescribing competency framework. The mix of assessment methods used to determine trainees' abilities to prescribe effectively and safely includes a written examination comprising multiple choice and short answer questions, a numeracy examination, an objective, structured clinical examination (OSCE) which is recorded, satisfactory completion of the period of learning in practice comprising an assessment of competence by the DPP through a practice assessment document (PAD), and completion of a case-based discussion (CBD) undertaken in practice with the DPP; the case-based discussion is video recorded, and the recording is included in the electronic portfolio. Trainees must also produce a 3000-word critical reflective essay relating to their choices and decisions, where the student critically reflects on a patient case from their chosen prescribing area accompanied by a sample prescription.

Assessments are moderated both internally and externally for appropriateness of assessment criteria and marking schemes. For learning in practice, the DPP assesses and signs off their trainee's practice assessment document and case-based discussion. To provide oversight of these assessment decisions made in practice, the PAD document and CBD are also marked by the course team; students are also required to submit their case-based discussion video, clinical skills video and learning logs for formal marking by academic assessors. The external examiner scrutinises the fairness of marking and can recommend a change of marks if they feel this is required, with final decisions on the marks being made by the Board of Examiners.

Pharmacists will not pass the course if they are assessed as being a risk to patients and the public. Any incident or omission in practice or during any assessment that causes, or would potentially cause, the death of a patient will lead to the failure of the whole course with no re-assessment opportunity. If the incident or omission causes, or would potentially, cause harm that required further treatment and interventions, cancelling of treatment or hospitalisation, this leads to failure of the assessment; this would require re-submission of the assessment, a discussion of the incident with the course team, and submission of a reflection to demonstrate learning from the event.

Throughout the course, trainees receive appropriate regular written and verbal constructive feedback to inform their focus and understanding and to help them to improve their performance against the outcomes of the course. Trainees receive formative feedback from their academic advisor on their draft academic assignment, practice assessment document and learning logs at the mid-point of the course. If improvements are required, the trainee and academic advisor will agree on a timescale for the action points. There are formative mock OSCEs and written examinations on which trainees will receive feedback; they will also receive feedback if they fail any assessment due to potential clinical harm. Trainees also have formal interviews with their DPP at the start, mid-point and end stage of the course to review their progress. The responses of the five people who completed the GPhC's survey of current and past students suggested that they were highly satisfied with the quality and timeliness of feedback received on their work.

When asked about the minimum pass criteria and moderation process for the assessments, the staff explained that the assessments comprise multiple different elements contributing towards three tasks, all elements of which must be passed. Task 1, the examination, has three main components, these being a written examination made up of multiple choice and short-answer clinically based questions, with a pass mark of 50%, numeracy questions, with a pass mark of 100% and a two-station objective, structured clinical examination (OSCE) covering consultation and physical assessment. Task 2 is a 3000-word critical reflective essay, which includes a sample prescription and has a pass mark of 50%; this essay is double marked to ensure consistency. Task 3 comprises submission of the practice assessment document and case-based discussion through the electronic portfolio, which includes a video recording of the case-based discussion; this is a pass/fail assessment which is marked by the DPP followed by internal moderation by the staff, with the video recording used for quality assurance purposes. Plagiarism software is used, and the University has a team to check for inappropriate use of artificial intelligence, although this is not a problem for prescribing assessments, as these use specific patients and must be appropriately referenced. All assessments are moderated by the external examiner, whom the staff described as a critical friend and whose comments had led to modifications to the written examination and the approach to conducting the OSCE.

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 all modes of delivery and learning in practice. The induction day for the course introduces trainees to the learning and assessment methods, the library, IT support for accessing the virtual learning environment (VLE) and other learning platforms, and the general support structures available to them. On induction, the course lead allocates each trainee to a named academic advisor, who provides personal and academic support throughout the course, including during the 90 hours of learning in practice. Each trainee has a meeting with their named academic advisor to discuss placement progress, management of workload and a review of the first draft of their assignment, as well as any concerns they may have. The interactive message board 'Padlet' is used for trainees to collaborate and support each other; it is also used by academic advisors to respond to general student queries so that the whole cohort can see the responses.

DPPs and academic advisors can simultaneously track their trainees' progress by accessing the students learning log via the Pebblepad electronic portfolio. Academic advisors additionally can see the student's engagement with their electronic learning packages. Electronic access to the students learning log via Pebblepad provides the DPP and academic advisor with immediate oversight of the trainees' progress.

At induction, students are signposted to the GPhC guidance on raising concerns. As all trainees are pharmacists, they are reminded that they should use their professional judgement in how to report their concerns. There are standard procedures and guidance relating to raising concerns. Informal concerns about the quality of provision are brought to the attention of the course team using email or

the Padlet message board. Concerns can also be raised with academic advisors and through the informal, mid-course feedback questionnaire. At the end of the course, trainees have a formal opportunity to complete an evaluation to provide feedback on the quality of the course. This feedback is gathered centrally and fed back to the course lead.

From discussions with the staff, the team was satisfied that mechanisms were in place for identifying and addressing concerns raised about the practice learning environment.

Standard 9: Designated prescribing practitioners

Standard met/will be met? Yes ☒ No ☐

The team was satisfied that all five criteria relating to designated prescribing practitioners continue to be met.

The documentation described the University's mechanisms for ensuring that designated prescribing practitioners (DPPs) are fit to supervise trainees on the independent prescribing programme. The appointment of all DPPs must be approved by the course team, who judge this on the basis of information provided in the trainee's application form. To demonstrate that they are suitable to support their trainees in their chosen area of prescribing practice, DPPs must have active prescribing competence applicable to the areas in which they will be supervising, appropriate patient-facing clinical and diagnostic skills, at least three years of active prescribing experience in a patient facing role, experience of supporting or supervising other healthcare professionals, and the ability to assess trainees' patient-facing clinical and diagnostic skills.

The University provides DPPs with information on the programme via the DPP handbook, which describes the role of the DPP, the course, the GPhC requirements, how to undertake practice-based assessments, and describes how DPPs are expected to work directly with the trainees for at least 30% of the 90 hours of supervised practice learning. The handbook also includes the learning outcomes, the methods for assessing the performance of the trainees, how the DPP should provide feedback to and support for the trainee, and how they can raise concerns. Once accepted as a DPP, they are provided with a link to the DPP training package HealthVLE. All DPPs are encouraged to contact the course team via a dedicated email inbox if they have any queries or concerns; the DPP may also discuss specific issues with their trainees' academic advisors. Where required, the course team can offer the DPP mentoring from a more experienced DPP and can provide additional individual training, support and development.

Feedback on the DPPs' performance is obtained using a questionnaire completed by their trainees. Information from this questionnaire is fed back to the DPPs. The course team manages any concerns relating to a DPP's performance and DPPs may obtain individual feedback. If trainees have concerns about their DPP during the course, the course team ensures appropriate actions are taken.

In response to the team's wish to learn how they manage the change of a trainee's DPP, including how the staff quality assures the hours already spent in practice, and how they assure the overview of the assessment by the new DPP of the trainee's competence, the team described the mechanisms for ensuring the eligibility of the new DPP, including a 'change of DPP' form; this form is ratified by the admissions team and the course lead. The change is facilitated by a handover document, discussed in a

tripartite conversation involving the trainee, the academic advisor and the new DPP, during which they look at the trainee's learning logs, and the stage reached in meeting the prescribing competencies, followed by development of a plan to ensure that the competencies will be met. The University does not specify a minimum number of hours to be spent with the new DPP, the required hours being decided on an individual basis to ensure that the new DPP becomes acquainted with the trainee's capabilities.

Wishing to learn how the staff ensures that non-medical DPPs have the appropriate competences, particularly relating to their ability to assess patient-facing clinical and diagnostic skills, the team was told that most non-medical DPPs are pharmacists who are advanced clinical practitioners and who have been objectively assessed on these skills. They must, of course, meet all the DPP criteria, which may be more difficult for community pharmacists, whose role is less clear; if the trainee's area of practice does not match the community pharmacist's skills, that pharmacist would be deemed unsuitable as a DPP.

When asked how they assure that DPPs undertake appropriate training, the staff explained that DPPs are enrolled as soon as the student starts on the course. They are given access to the DPP handbook and, unless they have undertaken training previously, are strongly advised to undertake the DPP training package, although this is not mandatory. The staff have an open dialogue with DPPs so that they can ask any questions. The GPhC's survey showed that most DPPs were satisfied with their understanding of the DPP role, the organisation of the programme, their training and the support they receive from the University.

Wishing to know how feedback is disseminated to DPPs, the team learned that DPPs receive feedback at the end of each cohort through a generic e-mail on overall performance based on student evaluations, with students completing a questionnaire about their own DPP. Some DPPs want individualised feedback; this would be based on a review of the student's individual evaluation, together with information presented in the portfolio. The staff offer constructive feedback on how to improve. The GPhC's survey showed that DPPs were content with the feedback that they received, although most of the respondents had not received individual feedback.

The responses of the five people who completed the GPhC's survey of current and past students suggested that they were highly satisfied with the frequency of meetings with their DPPs; the results also suggested that DPPs were well informed about the course.

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