

# Medway School of Pharmacy independent prescribing course reaccreditation event report, May 2024



# Contents

<b>Event summary and conclusions</b> .....	<b>1</b>
Introduction .....	3
Role of the GPhC.....	3
Background.....	3
Documentation.....	4
The event.....	4
Declarations of interest .....	4
Schedule .....	4
<b>Key findings - Part 1 - Learning outcomes</b> .....	<b>4</b>
Domain: Person centred care (outcomes 1-6) .....	5
Domain: Professionalism (outcomes 7-15).....	5
Domain: Professional knowledge and skills (outcomes 16-26) .....	5
Domain: Collaboration (outcomes 27-32) .....	5
<b>Key findings - Part 2 - Standards for pharmacist independent prescribing course providers</b> .....	<b>6</b>
Standard 1: Selection and entry requirements .....	6
Standard 2: Equality, diversity and inclusion.....	6
Standard 3: Management, resources and capacity.....	8
Standard 4: Monitoring, review and evaluation .....	9
Standard 5: Course design and delivery .....	10
Standard 6: Learning in practice.....	11
Standard 7: Assessment.....	11
Standard 8: Support and the learning experience .....	12
Standard 9: Designated prescribing practitioners.....	13

## Event summary and conclusions

<b>Provider</b>	Medway School of Pharmacy
<b>Course</b>	Independent prescribing course
<b>Event type</b>	Reaccreditation
<b>Event date</b>	17 May 2024
<b>Approval period</b>	October 2024 – October 2027
<b>Relevant standards</b>	<b><u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u></b>
<b>Outcome</b>	<p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by the Medway School of Pharmacy should be reaccredited for a further period of three years. There are no conditions or recommendations.</p> <p>The team’s recommendation includes approval for a maximum intake of 5 cohort(s) per year, with a maximum of 40 students (40 pharmacists) per cohort.</p>
<b>Conditions</b>	There were no conditions.
<b>Standing conditions</b>	The standing conditions of accreditation can be found <a href="#"><u>here</u></a> .
<b>Recommendations</b>	No recommendations were made.
<b>Minor amendments</b>	<ul style="list-style-type: none"> <li>• The School website must be amended to include the phrase that applicants must be ‘in good standing’ with their regulator.</li> <li>• The School website must be updated to replace ‘Designated Medical Practitioner’ with ‘Designated Prescribing Practitioner’ (DPP)</li> </ul>
<b>Registrar decision</b>	<p>The Register is satisfied that Medway School of Pharmacy has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022.</p> <p>The Registrar confirms that Medway School of Pharmacy 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.</p>
<b>Maximum number of all students per cohort</b>	Current maximum total number of students per cohort 35

	Planned maximum total number of students per cohort: 40
<b>Number of pharmacist students per cohort</b>	Current maximum number of pharmacists per cohort 35 Planned maximum number of pharmacists per cohort:40
<b>Number of cohorts per academic year</b>	Current number of cohorts per academic year: five to six Planned number of cohorts per academic year: five
<b>Approved to use non-medical DPPs</b>	Yes
<b>Key contact (provider)</b>	Trudy Thomas, Director of Taught Graduate Studies
<b>Provider representatives</b>	Dr Trudy Thomas, Director of Graduate Studies, Reader in Pharmacy Practice (pharmacist) Dr Nicola Tyers, Head of School of Pharmacy (Pharmacist) Mrs Fiona Peniston-Bird – Prescribing Lead for Nurses – Lecturer in Clinical and Professional Practice Mr Colin Waldock – Prescribing Lead for Allied Health Professionals – Lecturer in Clinical and Professional Practice Mrs Teresa Benniman - Lecturer in Clinical and Professional Practice Ms Denise Rabbette – Senior Lecturer in Clinical and Professional Practice (pharmacist) Ms Rachna Selvan – Lecturer in Clinical and Professional Practice (pharmacist) Ms Rhianna Doran – Senior Administrator for Taught Post Graduate Studies
<b>Accreditation team</b>	Professor Chris Langley (event Chair) Professor of Pharmacy Law & Practice and Deputy Dean of the College of Health and Life Sciences, Aston University Charles Odiase (team member – pharmacist) Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Kings Langley and Longmeadow Surgeries, Hertfordshire UK Katie Carter (team member – lay) Consultant in Healthcare Regulation and Education
<b>GPhC representative</b>	Rakesh Bhundia, Quality Assurance Officer (Education) General Pharmaceutical Council
<b>Rapporteur</b>	Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); 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 Medway School of Pharmacy, operated jointly by the Universities of Kent and Greenwich, was accredited initially by the Royal Pharmaceutical Society of Great Britain (RPSGB) in 2004 to provide a programme to train pharmacist independent prescribers, for a period of three years. The programme was reaccredited by the General Pharmaceutical Council (GPhC) in 2008, 2011, 2014, 2017 and 2021.

The first cohort of nurses and pharmacists was enrolled on the Medway School of Pharmacy PGCert in Independent/Supplementary Prescribing in 2004. The submitted documentation stated that since that time the programme had expanded to qualify pharmacists as independent prescribers, is approved to qualify allied health professionals (AHPs) as Independent/supplementary prescribers dependent on profession and has offered variations on the standard original 8-month programme.

The provider was last reaccredited by the GPhC in 2021 for a period of 3 years subject to two conditions and one recommendation. The conditions were: Firstly, a quality assurance mechanism must be introduced for the assessment of clinical and diagnostic skills carried out by the DPP in the practice setting specific to the student's area of prescribing practice that are not covered by the assessments within the University. This was to ensure that the course team had appropriate arrangements in place to ensure consistency and make sure that all pharmacists demonstrated meeting learning outcome 19 at the 'does' level, regardless of their scope of prescribing practice. This related to both learning outcome 19 and criterion 7.7. Secondly, the assessment marking arrangements must be amended to require students to achieve a pass mark in each individual assessment element in order to pass each module and the overall course. This was because criterion 7.10 requires that students pass all assessments. Additionally, the team viewed the current arrangement that allowed a student to pass the overall module if they have achieved 45-49% in an individual assessment as condonation, which is not permitted. This related to criteria 7.10 and 7.11. The recommendation was that the minimum number of hours in practice that students are guided to spend under the direct supervision of their DPPs should be reviewed. This was because the team agreed that the DPP was likely to require more than the suggested 15 hours to be able to have adequate oversight of the students and to be able to make an overall judgement on their competence.

At the current reaccreditation event the provider wished to re-accredit the standard PGCert Independent/Supplementary Prescribing 8-month programme and the 40-credit module Non-medical Prescribing which is currently approved for pharmacists, nurses and AHPs as an optional module at stage 2 of the MSc in Advanced Clinical Practice. The team learned that no pharmacists had taken the latter route to date.

Since the last reaccreditation event in 2019, 226 pharmacists have enrolled onto the course with 185 passes and 23 still on course. In line with the standards for the education and training of pharmacist independent prescribers January 2019, updated October 2022, an event was scheduled on 17 May 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 17 May 2024 and comprised several meetings between the GPhC accreditation team and representatives of the Medway School of Pharmacy 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 (DPPs) currently supervising students on the course, or who had supervised students in the past, the responses to which were also reviewed by the GPhC accreditation team.

## Declarations of interest

There were no declarations of interest.

## Schedule

### Meeting

Private meeting of the accreditation team and GPhC representatives

Meeting with course provider representatives

Learning outcomes testing session

Private meeting of the accreditation team

Deliver outcome to the provider

## Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of **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: **6, 17, 19, 22, 23 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 required minor amendments.**

The selection criteria are detailed on the Medway School of Pharmacy, MSoP, website. In this respect, the team noted that the website required minor amendments to include the phrase that applicants must be 'in good standing' with their regulator, and that 'Designated Medical Practitioner' be replaced with 'Designated Prescribing Practitioner'.

Students make declarations that they meet the selection criteria. Their registration and that of their DPP is checked. The declarations are supported by confirmatory statements by the line manager or NMP lead and the DPP. The experience of the candidate as stated in their personal statement will be rated against a set of criteria. Thus, the Pharmacist Experience Rating Criteria, PERC, will be assessed by the Application Lead and independently by a second member of the prescribing team relevant to the profession; in the case of a pharmacist applicant, the second reviewer will be another pharmacist. The team was told that there are SOPs for the applications process and that any member of the teaching team could adopt the position of Applications Lead should the need arise.

The Application Lead presents each applicant to an application panel for anonymous consideration. This will include the results of the PERC experience rating by both the Application Lead and the designated second team member. Panels assessing applications from pharmacists will always include a pharmacist member of the course team. Applicants are referred to the GPhC guidance on the type of experience that might be relevant and the experience rating criteria, as well as some samples of good reflective application statements that are published on the website. The experience criteria are formulated by a group including a patient representative with relevant experience. The criteria have been developed following a review of past pharmacist prescribing students and unsuccessful applicants, looking for key evidence presented in their application forms and considering their subsequent success or otherwise on the programme. The team was told that this produces a 4-point score that can be used to assess the quality of the applicants and to assess any likely support needed. The application panel's decision will be based on the sufficiency and relevance of the applicant's experience. Ultimately, the Prescribing Lead for Pharmacists makes the final decision whether or not to admit the applicant to the programme or study. If applicants do not have quite the required level of experience, this would be outlined in their rejection letter and it may be possible that they would be offered a place for a later cohort subject to them gaining the required experience. The team was told that the most common reason for rejection is insufficient time and experience in the applicant's current role.

### Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes  No



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

The MSoP application form only gathers information required to determine if the applicant meets the selection criteria and is adequately prepared and has appropriate support to give them the best possible chance of being successful. Applicants are presented to the application panel and their designated second team member anonymously. Applicants are asked at the University application stage to declare any learning needs and so can be referred to the University Student support services. On the first meeting with the student, the personal tutor will ask the student if they have any learning needs and how they learn best. A mixture of recorded sessions and face-to-face seminars is also offered. Many of these seminars are offered at weekends and evenings as well as during the normal working day.

When asked how the principles of equality and diversity are embedded in, and promoted through course design and delivery, the provider's representatives described avoiding teaching during school holidays and religious festivals, providing teaching materials to students before and immediately after delivery, and recorded lectures. The team was also told that assessments had been changed to accommodate students that had difficulty in writing essays, replacing them with more relevant methods of assessment. The team considered these actions to be laudable and based on feedback and common sense.

In terms of equality and diversity, the team learned that equality and diversity data is collected at University level and used for HESA returns. A report of these data is presented to the School annually and considered at the Prescribing Team meetings and any actions determined. The submission presented some equality and diversity data that had been reviewed by the School in December 2023. In the time period covered by the protected characteristics review, February 2020 to December 2023, 221 pharmacists had engaged with the programme of whom 26 were still continuing and 188 had passed, 12 with distinction. Of the 221, 28% were male and 72% were female. The analysis presented was rudimentary with the overall conclusion that the numbers in protected characteristic groups were too small to draw conclusions. It was also opined that equality and diversity data is inherently incomplete and therefore difficult to respond to. The provider is proposing a MPharm project in 2024-25 to delve to deeper into the available data. The team agreed that this area should be revisited at the next reaccreditation event.

In conjunction with the Student Support service of the University, reasonable adjustments can be made as part of a student's individual learning plan. Reasonable adjustments made for prescribing students to date include: extra time in exams, breaks in exams, large typeface, computer-based exams, Moodle adaptations, individualised timetables, specific seating position in classrooms, planned extension of studies from the start of the programme to accommodate caring responsibilities or where the student is part-time. It was emphasised that in all cases where reasonable adjustments are made, the student must demonstrate that they meet the learning outcomes of the programme and the requirements of the Professional and Regulatory Bodies. The team learned that changes had been made to Moodle following a review by an expert in diversity of the distance learning and the Moodle environment/materials.

Prescribing pharmacist independent prescribers in trainings' understanding of their legal responsibilities under equality and human rights legislation is discussed in the accountability and legal sessions on the study days. The raising concerns paperwork is also highlighted at these sessions.

### 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 will continue to be met.**

The Overall Prescribing Programme lead produces and maintains a live risk management document. This is used to inform the prescribing team meetings. Any issues raised by students, stakeholders, external examiners, reviewers, the Universities' departments or from national policies affecting health or education will be entered into this document. The Overall Prescribing Programme lead will respond to issues in conjunction with the prescribing team, senior management team, head of school or other University representative. The team asked for clarification of the process for completing, discussing, and signing off the Quality Review of Practice Learning Environment in the Teaching and Learning Strategy Document, and was told that the tripartite meetings between the tutor, DPP and student are important in this respect, with the example given of students not receiving sufficient protected time to complete the course requirements.

The prescribing teaching and assessment teams comprise individuals with a wide range of experience and from a background of pharmacy, nursing, physiotherapy and medicine. All are qualified, and most are currently practising as independent prescribers. Staff members undergo annual appraisal and peer review with their functional and named line manager, and are kept apprised of priorities, feedback, risk and future planning through the fortnightly prescribing programme team meetings. The team noted that the risk register included reference to problems recruiting staff because of University restrictions. The team was told that recruitment is a challenge. MPharm staff members are used if necessary, and it is planned to use Experience Exchange Project pharmacists to assist during pinch points. The team was told that these eight pharmacists, seven of whom are independent prescribers, are working towards becoming consultant pharmacists and have contributed on a voluntary basis to the MPharm since October 2023. They have contributed to the design of the Practical Assessment of Prescribing Practice, PAPP, element of the course, and are gaining experience on the assessment of the portfolios; one undertakes pharmacology teaching.

The team was told that there are three prescribing reviews, involving student, DPP and academic tutor, that act to ensure that struggling trainees are identified for timely intervention. These occur after six to eight weeks, four weeks before the end of the course, and with one in between. The team was told that these reviews provide a good picture of the placement activity and contact with the student's DPP.

The submission stated that prescribing programmes form part of the business plan of the MSoP and are resourced appropriately. There is an annual budget for the purchase/replacement of equipment and prescribing programmes are now prioritised for room bookings outside the Anson building which has enabled bigger rooms to be booked. Clinical skills teaching is carried out in two clinical skills laboratories, and a newly fitted primary care consultation room with three separate screened consultation areas in the Anson Building. Two other clinical teaching areas within the Anson building are due to be developed. There are two simulation manikins with two more due to be delivered. Computer/internet facilities in the clinical skills labs allow students to access computer-assisted learning to support development of clinical assessment and consultation skills and interpretation of

diagnostic findings. Students surveyed indicated that the facilities were appropriate,

#### 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 will continue to be met.**

The PGCert in Independent Prescribing Programme was initially validated at a conjoint approval event by the two Universities in 2004. It underwent quinquennial review in 2010 and 2015. The University does not carry out the reviews in the same way currently. Changes to module assessment ahead of this GPhC reaccreditation event are currently passing through University of Greenwich internal quality processes, with members of the quality team having been consulted at all stages. The team was told that the date of the outcome of the internal quality review could be as early as the following week, with approval definitely finalised before the next intake in September 2024. The team emphasised the fact that the GPhC must be informed, through formal routes, of the University approval of the changes to assessment and the successful outcome of the review. The course must be validated by the University for the reaccreditation to stand. Following the event, the Head of School confirmed to the GPhC of validation.

Monitoring of numbers admitted for each cohort is undertaken, with a maximum of 40 places to be offered at the application panel. This increase from 35 students per cohort was agreed by the team. MSOP is required to report back on the progress of contracted students along with other KPIs required by commissioners. Materials, Moodle resources, face-to-face teaching and assessment are reviewed in an iterative process. After each set of study days, and the completion of each module, students are encouraged to complete an online study day feedback form. From September 2024, students will submit a structured reflective diary entry as part of their overall portfolio submission. The data from both of these are collated by the evaluations lead and fed into the next prescribing team meeting where they are discussed with any actions/timescales being decided. Student progression is monitored throughout, particularly through the Placement, Portfolio and Reflective Diaries process (PPR). Workplace issues may be raised with the student's line manager or the non-medical prescribing lead as appropriate. Numbers and demographics of students passing, withdrawing, extending studies, deferring or failing are monitored after each examination board and reported anonymously to the programme planning board.

Any issues raised by the external examiners as part of the progress and award board are documented in the external examiner reports. The team was told that the programme has always had two external examiners, one a nurse and the other a healthcare professional, with the current nurse examiner being cognisant of the GPhC requirements through leading a very large independent prescribing course in their own institution. Prescribing team members are health care professionals who report on an ongoing basis to the prescribing programme meetings any issues which change in the health care environment and are likely to impact the teaching and learning.

## 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 will continue to be met.**

It was confirmed that there are three pharmacists on the course team, supported by the seven Experience Exchange Project pharmacists and one pharmacy technician described under Standard 3. The team was also told that there is a Programme Planning Board with external members, including service users. Two extra service users are being recruited actively. A carer has acted as chair on meetings to review assessments and the Portfolio, and a patient representative is involved in teaching on patient experience.

The GPhC learning outcomes are mapped to the module learning outcomes for both the PGCert and the 40-credit module. Flexible distant learning study guides for each module and the variety of resources available on Moodle are designed to enable students with differing professional and clinical backgrounds to access the materials and resources and tailor their learning to suit their needs. Some study day sessions are profession-specific with pharmacists spending more time on clinical and consultation skills than their nurse/AHP colleagues. However, pharmacists attend the sessions on numeracy as they are related to the examination and pharmacists have indicated that they felt disadvantaged when not able to attend. Significant changes in practice, for example, clinical, legislative, contractual or NHS structural which impact teaching and learning will be considered at the Prescribing Programme meetings for discussion, to identify actions, assign responsibility and allocate a timeframe. The team was given the example of the increasing use of remote prescribing.

There is a separate set of academic regulations that specifically deals with prescribing to ensure that patient safety is protected at all times. These have been updated recently to reflect the new style of assessment and are currently going through University of Greenwich and University of Kent quality approval processes as described under Standard 4 above. The documentation stated that patient safety is paramount throughout. Any issues where students have undertaken or where they have been asked to undertake any activity for which they are not competent will be dealt with through the raising concerns process. The University is making some changes to its fitness to practise policies currently. The team was told that students are made aware of fitness to practise and raising concerns processes at the outset of the course. The team was told that the course team attempts to deal with any issues on an initial informal basis and that DPPs have access to the fitness to practise process via Moodle. Working within their competence and scope of practice in the period of learning in practice is stressed to both students and DPPs; any issues are resolved by discussion of the concerns and development of action plans. Both students and DPPs are encouraged to recognise the student's developing competences, with the Prescribing Progress Reviews, PPRs, highlighting the move from the student observing prescribing practice through to undertaking tasks themselves. The learning agreement signed by the DPP stresses that students may be supervised by a designated other during their period of learning in practice, with students being encouraged to spend time with other prescribers to see prescribing in a range of contexts.

## 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 will continue to be met.**

In relation to the recommendation made at the previous event, that the minimum number of hours in practice that students are guided to spend under the direct supervision of their DPPs should be reviewed, the submission explained that during the approval discussions it had been stated incorrectly that students must spend 15 hours of the 90 hours with their DPP. Although this had been corrected at the time that all documentation states 30 hours, it was included as a recommendation. The 30 hours minimum remains. It was confirmed to the team that the entire 90 hours learning in practice takes place in clinical settings with direct access to patients, and that this requirement is in the DPP guidance.

The team wished to know if there had ever been a situation where a nominated DPP had not been approved and was told that there had been a DPP that had been qualified for less than three years. The University has maintained for the time being the requirement that DPPs have at least three years' experience. In this case, the student had been allocated a different DPP.

The team also wished to know how it was assured that a new DPP joining at a different time point in the Learning in Practice period had supervised the trainee for a reasonable period to sign-off on previous supervisions and learning in practice hours completed. The team was told that the primary role of the replacement DPP will be to assure the student's competency. The DPP will review the student's diary entries and, if unable to sign off the competencies due to insufficient time with the student, extra practice hours may be made available to allow completion. The team agreed that this was a pragmatic approach.

## Standard 7: Assessment

Standard met/will be met? Yes  No

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

The assessments comprise, critical reflective assignments, numeracy and pharmacology tests, a viva, case-based assessments/discussions, multiple choice and short answer questions, portfolio and Practical Assessment of Prescribing Practice, PAPP. The team was told that the programme was moving away from the use of essay-type questions, mainly due to artificial intelligence issues but also due to some students being unused to writing essays. There had been a full day of discussions, chaired by a carer and including stakeholders, at which the assessment strategy had been discussed. Changes in approach were approved of by both students and external examiners, and the new methods had been piloted in the clinically enhanced prescribing programme. The discussions had started with the learning outcomes, with assessments designed to ensure that students would meet all the learning outcomes. This had been tested with assessment methods dovetailing but not overlapping.

The team wished to know about processes to identify in a timely manner trainees who may be struggling, so early interventions could be put in place to support the trainee in the learning in practice environment. It was told that students are contacted after Study Day 3 and Placement, Portfolio and Reflective Diaries, PPRs, are reviewed to check if any extra student support is needed.

At the previous approval event in 2021 a condition was set which related to the requirement to have clinical skills signed off by an appropriately qualified person. Eventually, this condition was met by a combination of a clinical skills assessment document which was signed formatively and summatively by two suitably qualified health care professionals from the student's workplace. However, the establishment of extra hours for two out of the three clinical skills assessment team since the last event has meant that the summative sign off of students' clinical skills can now be achieved at the University after the DPP has confirmed that the competencies have been met. It was noted that students summative sign off in their clinic skills assessment document is completed by two different suitably qualified people from their practice and sign off by a member of the clinical skills assessment team who will have seen them perform their clinical skills on one of the study days.

The second condition related to condonation in the assessments not being permitted. This condition related to the weighting between two written assessments in module 1. The condition was met initially with a derogation meaning pharmacists had to pass both units of assessment at 50%. This approach was then replaced with a separate module 1 for pharmacists, Non-Medical Prescribing in Context for Pharmacists. Changes to the assessment of the programme made at a December 2023 review mean that there is now only one assessment for module 1 with a 50% pass mark. Module 1 may in time be changed back to a single module for all students once the University quality processes are completed.

## 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 will continue to be met.**

The first three study days serve as an induction. There is an introductory session that outlines the requirements of the programme and a session on the background to non-medical prescribing, on the placement and the scope of practice, along with Q&A sessions, with tutors available across the three days. The submission explained that there are documents on Moodle that help students to orientate to the programme and its requirements, supported by a compulsory orientation webinar usually one week before programme starts. Students are supervised in practice by their DPP, with involvement of designated suitably experienced others. Their academic work is overseen by their academic tutor, and the DPP and tutor help to monitor the student workload, including hours undertaken in practice. As an absolute minimum, students must meet their DPP formally before the programme starts, prior to the tutor meeting, at the tutor meeting, at the three PPRs and the final sign off. In all cases documentation details these meetings. In addition, the DPP agrees as part of the learning agreement to spend a significant amount of time supervising the student, minimum 30 hours, directly and to oversee and help plan the remaining time in practice. DPPs are asked to sign to say that they have read the GPhC guidance on tutoring for pharmacists and pharmacy technicians. The tutor also undertakes the role of pastoral support and students are encouraged to discuss any personal matters which may impact their studies with their tutor. The School has a raising concerns policy which

students and the DPP are made aware of. The team was told that students can raise concerns about any aspect of their experience.

## 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 will continue to be met.**

The fitness of DPPs to be the supervisors of pharmacist independent prescribers in training is assessed by the Applications Lead; any concerns about the experience, background or qualifications of the DPP are raised with the panel or the Overall Prescribing Programmes Lead. Potential DPPs are provided with information on the MSoP website. Each has a DPP Guide that includes their role and responsibilities, the learning outcomes for the placement element of the programme, the RPS competencies and the GPhC learning outcomes. The team noted from the DPP survey feedback, that some DPPs indicated that they did not receive training or training material prior to commencing their role as a DPP. It wished to know of any processes to ensure that all DPPs receive appropriate training and where the training material is available. The team was told that the amount of training depends on the experience/newness of the DPP as many have been undertaking the role for several years, but new DPPs need more support. It was stressed that the relationship with DPPs had to be respectful and not jeopardised by onerous bureaucracy. DPPs have access to all necessary information on Moodle and the DPP guidance document is robust, but it was agreed that many DPPs do not have the time to read it all. The team was told that several ex-students of the programme are now acting as DPPs and hence are familiar with the requirements.

The PPRs help to provide structure to the feedback given to students and DPPs get feedback via the PPR process. The DPP has the tutor's contact details and knows to contact them in the event there are any concerns. However, the team noted from the from the DPP survey feedback that few had received any feedback on their performance from the University. From September 2024 feedback from the student about their placement will be collected as part of a structured diary entry which may be shared with the placement/DPP if appropriate. The provider indicated that it will decide how to share such feedback with DPPs; it welcomed the team's suggestion that cohort-level generic feedback might be given.

