

**Swansea University independent  
prescribing course reaccreditation event  
report, May 2024**



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## Event summary and conclusions

<b>Provider</b>	Swansea University
<b>Course</b>	Independent prescribing course
<b>Event type</b>	Reaccreditation
<b>Event date</b>	8 May 2024
<b>Approval period</b>	August 2024 – August 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 has agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the Pharmacist Independent Prescribing course provided by the Swansea University 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 2 cohorts per year, with a maximum of 50 students (50 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>	None
<b>Registrar decision</b>	<p>The Register is satisfied that Swansea University 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 Swansea University 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>	50
<b>Number of pharmacist students per cohort</b>	50

<b>Number of cohorts per academic year</b>	2
<b>Approved to use non-medical DPPs</b>	Yes
<b>Key contact (provider)</b>	Nicola Rees, Academic Quality and Programme Development Lead
<b>Provider representatives</b>	Elizabeth Griffiths, Senior Lecturer in Advanced Practice Sarah Davies, Senior Lecturer Advanced Clinical Practice/Non-Medical Prescribing Joanna Rees, Senior Lecturer/Pharmacist Practitioner in Non-Medical Prescribing Peter Sewell, Senior Lecturer/Advanced Critical Care Practitioner in Non-Medical Prescribing Jayne Walters, Academic Quality and Assessment Manager Nicola Rees, Academic Quality and Programme Development Lead
<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 Shahzad Ahmad (team member – pharmacist), Clinical Lead, NHS England Transformation Directorate Hannah Poulton (team member – lay), Non-Executive Director, Lay Member and Consultant Marketing Director
<b>GPhC representative</b>	Rakesh Bhundia, Quality Assurance Officer (Education) General Pharmaceutical Council
<b>Rapporteur</b>	Richard Calver (rapporteur), Freelance education consultant
<b>Observer</b>	Alison McVitty, rapporteur (observer)

## 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

Swansea University ('the provider') has delivered a non-medical prescribing module for the past thirteen years. This can be taken either as a standalone module, or as a core module for the PGCert Non-Medical Prescribing for Pharmacists. GPhC reaccreditation is sought only for this module (the 'course'). It was last reaccredited by the GPhC in 2021 for a period of three years, with no conditions. It is currently accredited to admit two cohorts of students per year.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, updated October 2022, an event was scheduled on 8 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 (the '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 8 May 2024 and comprised of several meetings between the GPhC team and representatives of the Swansea 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 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 team.

### Declarations of interest

There were no declarations of interest.

## Schedule

### Meeting

09:30 – 10:30: Private meeting of the accreditation team and GPhC representatives

11:00 – 13:00: Meeting with course provider representatives

14:00 – 14:30: Learning outcomes testing session

14:30 – 16:00: Private meeting of the accreditation team

16:00 – 16:15: 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 6 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: **5, 8, 9, 19, 22 and 25.**

### 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 provider's written submission detailed the admissions process which includes a detailed application form and an interview. The team was confident that applications are handled fairly and consistently. For example, applicants must describe their experience and intended scope of practice as part of their application. Applicants are interviewed by a panel consisting of three members (a member of the course's academic team, a member of the applicant's health board, and one of the provider's health volunteers). Interviews are conducted using a standardised scoresheet and all interview panels consist of an academic, health volunteer and NMP practice partner/lead to ensure consistency.

Admissions staff and interview panellists are well prepared to assess applicants and must complete equality, diversity and inclusion (EDI) training before undertaking recruitment and selection activities.

Applicants must also provide details of their DPP to confirm that the latter has sufficient experience to support the applicant. The provider runs a mandatory pre-course workshop for new students and DPPs to ensure that all parties are aware of their responsibilities and that students will receive the experience they need to complete the course successfully. The team explored the possibility that some DPPs may be unable to offer the support required by their student. The academic team explained that students are permitted to find another DPP in these cases. For example, a previous student hoping to gain experience in community pharmacy had initially chosen a junior doctor working in secondary care as their DPP. This DPP was unable to provide adequate support so the student found an alternative DPP. The academic team pointed out that such instances are rare because of the comprehensive discussions between staff and DPPs before the course. The team was therefore assured that the provider's policies were sufficient to confirm applicants' preparedness for the course.

### 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 provider's written submission demonstrated its commitment to providing an environment free from discrimination with all modules and courses delivered within this context. The team discussed the strategies for embedding the principles of EDI in teaching and assessment and was assured that these strategies promoted fairness as well as making students more aware of the principles of EDI. For example, the academic staff had held discussions with students to ascertain their understanding of

equality and found that students had asked for more knowledge of a wider diversity of patients, including children and transgender patients. This process had helped students to reconsider their relationships with patients and colleagues, and raised their awareness of matters such as unconscious bias.

The team was keen to discuss the collection and use of students' EDI data. The course application form collects this data, and the academic team has used it to assist students by, for example, making reasonable adjustments for students observing festivals such as Ramadan during assessments. The academic team explained that, although the university collected students' EDI data, there was currently no university-level system for relating this data to students' academic achievement. The university hopes to introduce such a system in September 2025 and the academic team agreed to notify the GPhC when the system is running. The academic team can still analyse students' achievement in terms of their EDI data and protected characteristics, however almost all students successfully complete the course. The provider aims to make the course fair and equitable for all students, looking proactively for students who may have specific learning needs, and will continue to do so even when the university's new data collection system is in place.

### Standard 3: Management, resources and capacity

Standard met/will be met? Yes  No

**The team was satisfied that all six criteria relating to the management, resources and capacity continue to be met.**

The provider's written submission described the roles and responsibilities of the staff involved in delivering the course. All members of the Non-Medical Prescribing (NMP) academic team and associated lecturers are clinicians with prescribing qualifications. These staff members include a dedicated programme director and a pharmacist lecturer/practitioner. They are supported by four other pharmacists, including the programme director for the provider's undergraduate pharmacy programme.

The team noted that the current cohort size of thirty pharmacists was smaller than the course's maximum capacity of fifty. This was relevant because the provider wishes to admit fifty students in future, and the team required assurance that staffing would be adequate. The academic team explained that the course has been designed and resourced on the basis of the maximum cohort size, and that it could be delivered to fifty students using current resources without compromising the quality of students' learning experience. They also pointed out that the maximum capacity had been planned following a request from Health Education and Improvement Wales to admit fifty pharmacists but that this capacity had not been reached.

The academic team also ensures that practice environments have sufficient resources and facilities to support students' experience. For example, health boards can confirm the adequacy of practice facilities, and liaise with independent pharmacies outside health boards' remit. They also have close connections to local practices but try to be more vigilant when verifying the suitability of unfamiliar practices. Members of the academic team recently inspected an unfamiliar practice to verify that facilities were adequate. They also verify that students are gaining sufficient experience and progressing well in practice environments: DPPs must document students' progress on at least three



occasions, and this requirement is stated explicitly in pre-course information and at the pre-course workshop.

The accreditation team was confident that the provider has sufficient resources to admit fifty pharmacists to the course, and that there are robust systems for verifying practice resources. The team therefore supports the provider's request to admit fifty pharmacists to the course.

#### Standard 4: Monitoring, review and evaluation

Standard met/will be met? Yes  No

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

The provider revalidates all courses using an ongoing risk-based approach to quality review which is also influenced by visits by regulatory bodies, including the GPhC, the Health and Care Professions Council, and the Nursing and Midwifery Council.

The team also heard that the course is monitored through various systems, including an annual programme review and a Board of Study which meets three times per year and includes student representation. Students can also offer their views through a listening forum and through regular evaluation surveys, although latter process attracts limited responses. Tutors also provide time in class to discuss issues raised by students. The course is also subject to university-level quality assurance processes, including risk-based quality reviews and the use of external examiners and university Progression and Award Boards to monitor assessments. Feedback obtained through these processes has stimulated worthwhile changes to the course: students found objective structured clinical examinations (OSCEs) held at the university to be stressful and artificial, so they are now held in students' practices. This change has been received well by students and DPPs, and external examiners are satisfied with the OSCEs' rigour. Students also use their portfolios to provide feedback on their DPPs and can discuss concerns with the academic team. Almost all members of the teaching staff maintain their professional contracts with local health board, and lectures by external specialist speakers are attended by the academic team to confirm their quality: these approaches help to maintain the currency of the course. The team was assured that these processes provide robust evaluation of the course and have led to meaningful changes.

#### 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 academic team explained that the course's teaching and learning strategy had evolved while still ensuring that students could meet the learning outcomes at the appropriate level. The strategy used to take a generic approach but this overlooked students' individual requirements so teaching now prioritizes students' scope of practice. Members of the academic team also speak to DPPs to match classroom teaching to students' experience in practice. They feel that this strategy has given students

more confidence to prescribe in their specialist area. Members of the academic team confirmed that they have always been able to support students in their chosen area practice and try to match students to academic mentors with similar expertise. They have also on occasion advised a student against following a specific scope of practice as relevant experience could not be guaranteed.

The team was keen to discuss the use of health volunteers. These are service users who volunteer their time to support the course. They undergo a formal training process and help to support the course by participating in classes, sitting on the Board of Study and on interview panels.

Members of the academic team also explained how they identify and investigate unsafe practice by students. They observe students throughout the course and check for signs of unsafe practice in all activities. They approach assessments in a similar way, holding team discussions and consulting external examiners when causes for concern emerge during assessments. They assured the team that students will fail the whole module if they engage in unsafe practice: they cannot be reassessed but must reapply to retake the course.

The team was confident that these measures ensured an appropriate learning experience which encouraged safe practice.

## Standard 6: Learning in practice

Standard met/will be met? Yes  No

**The team was satisfied that all five criteria relating to the learning in practice continue to be met.**

It was clear that the course offers students sufficient experience and a supportive learning environment while they are learning in practice. The provider's written submission stated that students must undertake twelve days of supervised practice: the academic team explained that this constitutes 90 hours of supervised practice, which students must record in their portfolios so that it can be checked by members of the academic team. Students must also explain what they have learnt from their supervised practice.

There are clear policies for verifying that DPPs are able to support their students. The academic team has identified potential DPPs who would be unable to support students adequately (for example, the junior doctor working in secondary care discussed under **Standard 1**) and can also offer support when a DPP's suitability is uncertain. They can meet students and DPPs to discuss their suitability and can offer training and guidance to the DPP. If the DPP cannot meet their student's needs, the academic team will support them to find another suitable DPP. This has only once been necessary, as DPPs are carefully selected. This reassured the team that the course meets students' learning needs in practice.

## 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 provider's written submission and discussions at the event confirmed that students are assessed using a robust and fair assessment strategy. There is a varied range of assessments, which collectively

assess all the learning outcomes at the appropriate level. OSCEs, for example, have been redesigned and are now held in practice so that students are assessed at a 'does' level in practice (see also **Standard 4**). The variety of assessment methods helps to ensure fairness for all students, who might experience difficulty with some types of assessment. Assessments have been mapped to the learning outcomes and to the Royal Pharmaceutical Society's Prescribing Competency Framework.

DPPs are responsible for marking the OSCEs, so these have been carefully designed and are subject to a rigorous quality assurance process. The OSCE covers a series of clinical tasks including a patient history, a basic examination, an examination relevant to the student's scope of practice, an evaluation of clinical findings, and prescribing. DPPs receive a marking rubric which defines how students should be marked against each item on a checklist. Although DPPs mark the OSCE, the academic team ratifies the result by checking that the checklist is complete and by triangulating the OSCE result with their own assessments of students' knowledge, including case discussions. The team was confident that this method was suitable for validating practice-based assessments, including the OSCE.

The team was also assured that the provider operated appropriate systems for monitoring students' safe practice. Students are told at the beginning of the course that they must attend all classes unless they have a valid reason, such as illness. Arrangements can be made for them to redeem their attendance in such cases.

Students who fail the course owing to unsafe practice are permitted to reapply for the course (see also **Section 5**) but are required to demonstrate an understanding and awareness of their unsafe practice for a reapplication to be considered. Those whose unsafe practice was caused by their disobeying advice, for example, would not be readmitted. The team was assured of that this principle encourages safe practice as it is based on students' own attitudes to their practice. Students must pass all elements of the course: the provider does not permit compensation of marks for this course.

The team was also assured of the system for offering regular, supportive feedback to students. Tutors provide developmental feedback on formative pieces of work to help students improve, and written feedback is given after summative assessments. Students can also receive feedback in class. The provider monitors the consistency of the feedback which is stored centrally by the provider.

## 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 provider's written submission confirmed that students are supported by a wide range of services to support students' wellbeing and study skills. These are provided through a 'Hub' which can be accessed online. The academic team confirmed that students are made aware of these services as soon as they begin their studies. Students are also assigned a personal tutor and benefit from academic mentors and a buddy system.

The academic team also ensures that students' workloads are realistic. They provide details of the workload and timeline before students apply for the course: students are told that they must commit to the workload, and that it will be demanding. This information is reiterated in students' portfolios. Students' line managers must also confirm that they provide their students with appropriate support,

including time to study as well as to gain experience. The accreditation team was satisfied that these measures would support students' learning 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 continue to be met.**

The provider's written submission confirmed that DPPs are carefully selected and trained. The team used the event to discuss the feedback given to DPPs, as the GPhC's survey issued to DPPs before the event elicited a response from one DPP who claimed that they had received no feedback. The academic team was surprised by this and confirmed that all DPPs receive feedback. For example, each student uses a questionnaire in their portfolio to give feedback regarding their DPP (see also **Standard 4**): this feedback is shared with the DPP. The academic team uses this feedback to support DPPs and students by improving DPPs' supervision. DPPs also receive guidance based on feedback from previous student cohorts: the academic team includes themes arising from previous cohorts in pre-course workshops. The team concluded that DPPs benefited from appropriate support throughout the course.



