

Bangor University independent prescribing course reaccreditation event report, April 2024



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Event summary and conclusions

Provider	Bangor University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	29 th April 2024
Approval period	September 2024 – September 2027
Relevant standards	<u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u>
Outcome	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing course provided by Bangor University should be reaccredited for a further a period of three years. There is one condition and one recommendation.</p>
Conditions	<p>1. The provider must revise the Portfolio assessment to require sufficient student evidence in support of the activities undertaken during the period of learning in practice, including where oversight of training has been delegated by the DPP. This should then be used to develop a robust quality assurance process for the DPP sign-off of clinical competencies. This is because the team could not see how the DPP sign-off was quality assured by the University and therefore the assessment of the portfolio is not currently robust, reliable, and valid. This is to meet criteria 6.3, 7.1 and 7.7.</p>
Standing conditions	The standing conditions of accreditation can be found <u>here</u> .
Recommendations	<p>1. To develop a framework which clearly articulates all the risks associated with the management, delivery and sustainability of the course and measures to mitigate those risks. This is because the team agreed that although some risks have been considered, the management of the course would benefit from more defined processes for identifying and managing risks across all elements of the course. This relates to criterion 3.1.</p>
Minor amendments	<p>1. The Application form does not currently ask if the applicant is registered (or in good standing) with any other healthcare regulators (other than the GPhC/PSNI). Please amend the form to include this option. (1.1)</p> <p>2. Please remove the reference to 12 days in the prescriber statement: “I certify that the above-named pharmacist has undertaken the minimum</p>

	<p>supervised 90 hours of learning in practice within the prescribing for pharmacists' course, and in my opinion, the trainee's practice is competent (or not competent) for annotation as an independent prescriber with the General Pharmaceutical Council" (5.6)</p> <p>3. The student Handbooks need to be updated to include clear references to the Fitness to Practise process. (5.9)</p> <p>4. Please amend the FTP scope document (Appendix 16) to include reference to the GPhC. (5.9)</p>
Registrar decision	<p>Following the event, the provider submitted a response to the condition and the accreditation team agreed that the condition had been met satisfactorily.</p> <p>The Registrar is satisfied that Bangor 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.</p> <p>The Registrar confirms that Bangor University is approved to continue to offer an Independent prescribing course for a period of 3 years. The Registrar notes that the condition as outlined in the report has been met.</p>
Maximum number of all students per cohort	30
Number of pharmacist students per cohort	30
Number of cohorts per academic year	1
Approved to use non-medical DPPs	Yes
Key contact (provider)	Ffion Simcox, lecturer in Advanced Clinical Practice
Provider representatives	<p>Mrs. Julie Lunt, Programme Team</p> <p>Mrs. Helen Charles, Programme Team</p> <p>Mrs Elin Gwyn, Programme Team</p> <p>Miss Lowri Puw, Programme Team</p> <p>Mrs Gillian Roberts, Programme Team</p>

Accreditation team	<p>Dr Gemma Quinn (event Chair) Head of School of Pharmacy and Medical Sciences, University of Bradford</p> <p>Professor Ruth Edwards (team member – academic) Professor and Head of School of Pharmacy, University of Wolverhampton</p> <p>Hannah Poulton (team member – lay) Non-Executive Director, Lay Member and Consultant Marketing Director</p>
GPhC representative	Alex Ralston, Quality Assurance Officer (Education) General Pharmaceutical Council
Rapporteur	Juliette Morgan (rapporteur) Senior Consultant - Student Success with Advance HE
Observers	None

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

Bangor University ('the provider') was accredited by the GPhC in 2021 to provide a course to train pharmacist independent prescribers, for a period of 3 years. In line with the standards for the education and training of pharmacist independent prescribers January 2019, updated October 2022, an event was scheduled on 29th April 2024 to review the course's suitability for reaccreditation.

Bangor University historically offered a single Independent Prescribing course for various professions. Recognising pharmacists' unique learning needs, the University introduced the accredited Prescribing for Pharmacists course in 2021. This course runs concurrently with the Independent Prescribing course for nurses, midwives, physiotherapists, and paramedics. Interprofessional learning ensures trainee prescribers are well-prepared for interdisciplinary practice.

There were no conditions from the 2021 re-accreditation event. There were 3 recommendations which have been considered to enhance the course experience and ensure quality standards are met:

1. Review the process for making adjustments to assessments so that reasonable adjustments are tailored to a student's specific needs to address the disadvantage that needs to be removed. This is because the current blanket approach of providing an adjustment of additional time to all students does not appear to fully address the specific needs of each individual, and has the potential to provide an advantage to those who do not require adjustment. This relates to criterion 2.3.
2. That the number of pharmacists involved in the course is increased to make sure that there continues to be a sufficient level of pharmacist input to the design and delivery of the course. This is because the current level of input from pharmacist staff employed by the University is only 0.1 FTE. This relates to criterion 3.4.
3. That DPPs are asked to provide supporting evidence at the application stage to describe how they meet the requirements for the role. This would allow the course team to make a judgement as Bangor to the suitability of the DPP, as set out in 9.2. This relates to criteria 9.1 and 9.2.

Reasonable adjustments have been tailored to individual student needs, ensuring fairness, and addressing disadvantages. To ensure sufficient pharmacist input in course design and delivery, the

University has also increased pharmacist staffing from 0.1 FTE to 0.3 FTE. This additional input complements existing pharmacist teaching contributions. DPPs (Designated Prescribing Practitioners) are now required to provide supporting evidence during the application stage. This evidence demonstrates how they meet the role requirements outlined in the Royal Pharmaceutical Society's DPP Framework (RPS, 2019). The University website now provides detailed information for potential applicants.

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 29th April 2024 and comprised of several meetings between the GPhC accreditation team and representatives of Bangor 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.

Declarations of interest

None

Schedule

Meeting	Time
Private meeting of accreditation team and GPhC representatives, including break	09:30 – 10:30
Meeting with course provider representatives	11:00 – 13:00
Lunch	13:00 – 14:00
Learning outcomes testing session	14:00 – 14:30
Private meeting of the accreditation team and GPhC representatives	14:30 – 16:00
Deliver outcome to the provider	16:30 – 16:45

Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of 5 learning outcomes during the event and was satisfied that **all 32 learning outcomes will be met** to a level as required by the GPhC standards. The following learning outcomes were tested at the event: **2, 9, 13, 22, 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 University's course page for "Prescribing for Pharmacists" has been updated to reflect revised entry requirements, emphasising registration with the General Pharmaceutical Council (GPhC) or Pharmaceutical Society of Northern Ireland (PSNI), good standing with either regulatory body, relevant UK pharmacy experience, and articulation of prescriber skills. The application process includes a personal statement and manager endorsement to assess suitability, while interviews feature standardised questions evaluated by a panel comprising the course lead, local health board pharmacist, applications tutor, and service user representative. Referee reports assess applicant suitability, aligning with course criteria. Admissions procedures prioritise equality and diversity, adhering to university policies and strategic equality plans. Nationality data is solely for monitoring purposes. Applicants meeting criteria proceed to interviews, with outcomes communicated promptly. Feedback is provided for unsuccessful candidates to aid future applications. The interview process employs standardised questions, graded by the panel to determine candidacy.

The Accreditation team ('the team') asked about the verification of applicants' good standing. The Course Provider ('the provider') confirmed that they employ a process that considers various factors. Applicants complete a comprehensive supplementary application form where they explicitly declare their good standing and confirm the absence of restrictions with the GPhC/PSNI. This form includes a request for their registration number, which is then used to review their status on the GPhC register. The team also asked about references from the applicant's manager and were told that the manager's role is crucial in confirming the applicant's suitability for the course. They assess not only the absence of restrictions but also the applicant's overall experience gained so far and their understanding of what it means to be an independent prescriber (IP). For self-employed applicants or those without a direct manager, references are obtained from two suitable healthcare professionals. These references address the same criteria as the manager reference, ensuring consistency in the assessment process.

The team asked about the criteria for the invitation to interview. The provider confirmed that all applicants who meet the established criteria receive invitations for interviews. To assess whether applicants have fulfilled subjective criteria, such as their ability to recognise, comprehend, and articulate the skills and attributes necessary for a prescriber, a comprehensive approach is adopted. Initially, candidates submit personal statements outlining relevant experiences, guided by suggested inclusions covering their training, professional background, and continuous professional development (CPD). These statements undergo evaluation by the programme team considering completeness and relevance. Subsequently, during interviews, applicants are queried on the qualities and competencies vital for prescribers, employing a standardised interview template and predefined criteria to ensure consistency across assessments. The interview process also includes scoring to enhance objectivity. Moreover, the program lead reviews and scores all applications, contributing to the maintenance of a

standardised evaluation process. In the event of unforeseen circumstances such as sickness, a transparent process and scoring system are in place to uphold consistency and fairness.

The team wished to know about the consistency of scoring. The provider explained that panel members individually make notes and score candidates during interviews. Subsequently, the entire panel convenes to discuss and review their assessments collectively. Additionally, input from service users is solicited to gauge their perspectives. While the composition of the interview panel may vary concerning service users, the core panel members remain consistent, comprising the admission tutor, program lead, and either of the pharmacist staff members. This approach ensures continuity and uniformity in evaluations. In terms of recruitment practices, inclusivity is fostered through various channels. The course is advertised on the university website and often recommended through word-of-mouth, reflecting the diverse population of North Wales in the applicant pool. This dissemination strategy ensures accessibility and attracts a broad spectrum of candidates, promoting inclusivity in recruitment.

The team asked about the grading system utilised in assessing candidates' suitability for the programme ensures consistency through a structured approach. The provider explained that candidates' experiences in a UK pharmacy setting are evaluated based on their relevance to prescribing and independent prescribing. This assessment encompasses information provided in their personal statements and further explored during interviews, with specific questions posed if necessary. In cases where interview responses do not sufficiently address the desired criteria, supplementary questions may be employed to elicit pertinent information. Furthermore, all applicants receive comprehensive feedback on their interviews, highlighting areas for improvement and providing guidance for future applications. This feedback ensures transparency and clarity regarding the expectations for successful candidacy.

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 will be met.

The course team adheres to the principles outlined in the University's Strategic Equality Plan 2020 - 2024, ensuring equality, diversity, and inclusion are central to admissions procedures and aligned with the University's Policy and Code of Practice on Student Recruitment and Admissions. Applicants are encouraged to disclose disabilities to facilitate reasonable adjustments in accordance with the University's Code of Practice on Inclusive Provision for Disabled Students. Disability Service Advisers develop Personal Learning Support Plans (PLSP) for students requiring adjustments, accessible to the independent prescribing team. Athena SWAN charter membership underscores the University's commitment to gender equality and diversity. Equality data collection, including protected characteristics, informs ongoing efforts to enhance inclusivity, evaluated through the Strategic Equality Plan's annual review.

The course handbook emphasizes diversity appreciation and adherence to GPhC standards. Support for dyslexic students is provided through the dyslexia centre, ensuring marked assignments consider specific learning differences. Teaching delivery aligns with inclusive provision standards, employing various methods and accessible resources. Bilingual course materials and assessment options

accommodate students' language preferences. Academic assessors collaborate with Designated Prescribing Practitioners (DPPs) to implement necessary adjustments without compromising learning outcomes. Equality and human rights topics are integrated into course sessions to promote awareness and understanding.

The team asked about the integration of Equality, Diversity, and Inclusion (EDI) principles into course design and delivery. The provider detailed the process. Firstly, applicants are prompted to disclose any disabilities, enabling the university to provide personalised support, such as a personal learning support plan. This plan is accessible to all team members for enhanced support. Secondly, assessment methods encompass various formats, including exams, written work, portfolios, competencies, and OSCEs, ensuring students are evaluated on diverse criteria to prevent disadvantage.

The team was told that the course accommodates Welsh speakers, allowing assessments to be submitted in Welsh if preferred, aligning with the University's inclusivity goal. While no specific alterations have been made based on EDI data analysis, ongoing efforts to diversify the student population are pursued through broader marketing strategies. Course content extensively covers EDI addressing regional nuances like Welsh language proficiency. Feedback from students shapes assessment adjustments, such as the decision to replace a discussion boards assessment with an essay. Reasonable adjustments, such as additional exam time, are implemented as needed, with ongoing discussions during DPP training ensuring alignment with clinical practice standards.

The team asked about adjustments for OSCEs. The provider explained that adjustments are not typically made due to their reflection of real-world clinical scenarios. As there is no reading component in OSCEs and instructions are verbal, extra time allocation for reading is unnecessary. The team commented that the provider may wish to consider monitoring the inclusivity of the new assessment types to ensure that students are not disadvantaged.

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 be met.

The course employs a blended learning approach, combining face-to-face and remote teaching, supported by comprehensive resources and collaborative team structures to facilitate an inclusive and supportive learning environment.

The team asked about the process of managing risks within the course. The provider explained that the process of managing risk involves regular team meetings where risks are collectively identified and discussed. The provider detailed that, following recent discussions, staffing changes had been addressed to ensure continued collaboration with the local health board, mitigating any potential disruptions. The team was told about another potential risk relating to the provider being able to secure an adequate number of DPPs. The provider explained that this was addressed through engagement with the health board to promote the DPP role within their CPD meetings. The team was told that that regular programme lead meetings and course board discussions are held, allowing for direct communication with higher-level management if needed. The team recommended that the provider develop a framework which clearly articulates all the risks associated with the management,

delivery and sustainability of the course and measures to mitigate those risks. This is because the team agreed that although some risks have been considered, the management of the course would benefit from more defined processes for identifying and managing risks across all elements of the course. This relates to **critterion 3.1**.

The team asked about resource allocation in terms of accommodating the proposed increase in student numbers. The provider explained that alternative university spaces would be available for lectures, lab facilities for larger group can be booked. The provider noted that there had been discussions with the Head of School to secure additional staffing resources, including employing IP staff members, and forming agreements with the health board to involve more pharmacists in the programme team.

The team also asked about support for the course team. The provider explained that there was a work allocation model, with avenues for escalating issues to program leads and heads of school. New staff members receive training in EDI and inclusion, participate in regular team meetings, and benefit from mentorship and guidance from experienced team members. The team was told that in terms of assessment, 25% of students' work is double marked, with all failures double marked. Marking meetings ensure consistency and standardisation, with regular checks to discuss grading and assignments. New staff members receive support and guidance from the team, including meetings with previous role holders and ongoing mentoring.

The team was told about communication channels to ensure that DPPs are aware of their responsibilities, including discussing concerns with the academic assessor. The provider highlighted that training packages, live meetings, handbooks, FAQs, and regular DPP meetings facilitate ongoing awareness and discussion of these requirements.

Standard 4: Monitoring, review, and evaluation

Standard met/will be met? Yes No

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

The course adheres to school and university quality monitoring standards for taught programs, encompassing various processes such as peer-based validation and revalidation, annual program monitoring, and the appointment of External Examiners to ensure academic standards. Internal quality audits occur every six years, with the course undergoing internal validation in 2021. The provider confirmed that the course had been revalidated at a recent internal validation event. The annual review and development plan (QA1 form) are utilized to monitor and report quality assurance at the programme level, incorporating feedback from external examiners, assessors, professional bodies, students, and peers. Continuous improvement is fostered through stakeholder engagement, with feedback informing course enhancements such as the introduction of mock examinations and scenario-based sessions. Learning in practice evaluations guide the refinement of Designated Prescribing Practitioner (DPP) training. Stakeholder collaboration during course development ensures alignment with industry needs and student learning requirements. Additionally, ongoing professional development and clinical practice engagement of course staff ensure currency and relevance of course content. The course undergoes regular review and refinement to uphold quality standards and meet evolving educational and professional requirements.

The team asked about the process for addressing issues identified in the annual review and development plan (QA1 form). The provider detailed that this begins with the completion of the QA1 form by the team, which evaluates the programme annually based on external examiner feedback, student feedback, and grades achieved. Following this evaluation, a plan is developed, bound by a specific timeframe, and reviewed at the next annual meeting. If a more serious issue arises, it is addressed with an urgent timescale.

The team also asked about progress monitoring. The provider explained that this depends on the nature of the issue and how it is measured. An action plan is devised, including measurement criteria, and recorded on the module paperwork and Worktribe management system.

The team asked about the annual peer review process. The provider explained that staff are allocated into groups for peer evaluation. Staff complete various processes leading up to the review, including sessions, courses, and module and session learning outcomes. Observations occur, followed by feedback generation and staff member input. Peer review is conducted across the school, not specific to professions.

The team asked about changes in practice. The provider told them that significant changes undergo revalidation, while smaller changes may go through the modular change process. Discussion with teaching and learning (T&L) committees determines if changes require formal approval. Changes are assessed for their impact on the entire course and other professional courses before being presented to the T&L committee or to regulatory bodies for approval. If minor changes need to be implemented quickly, the team first discusses if the change is already covered in the course and then considers its integration into the module. Following initial discussion in team meetings, the provider determines how best to deliver the change, such as in lectures or workshops.

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 course is designed to equip pharmacists with the essential principles of prescribing practice applicable to various clinical settings. Content delivery adopts a generic approach, allowing for the application of principles across diverse practice areas. Pharmacists, leveraging their existing expertise, are expected to engage actively in inter-professional learning, fostering collaboration and enhancing their understanding of different clinical perspectives. Inter-professional learning facilitates collaborative learning among professionals to improve patient care.

In addition to fostering inter-professional collaboration, the course aligns with the Royal Pharmaceutical Society's (RPS) Competency Framework for all Prescribers (2021), ensuring pharmacists are equipped to meet professional standards. Formative assessments, such as numeracy assessments and practice-based sessions, support learning, while structured learning activities and assessments are organised in alignment with course objectives and GPhC learning outcomes.

Pharmacists, as active participants in their learning, are required to identify strengths and weaknesses in their learning contracts within the portfolio. Regular reviews and co-production meetings with stakeholders inform course enhancements and ensure alignment with professional standards and

regulatory requirements. Moreover, pharmacists are made aware of their professional responsibilities and the consequences of unsafe practice, with clear guidelines outlined in course handbooks and documents.

The team asked about ongoing stakeholder involvement in course design and delivery. The provider explained that the school engages with service users through regular meetings attended by the course lead and by involving them or their representatives in teaching and OSCEs. Additionally, annual meetings with the local health board and Health Education Improvement Wales, provide opportunities to discuss course numbers, processes, and applications.

The team asked for examples of patient and service user input in course design and delivery and were told by the provider that these include incorporating carers' perspectives into the curriculum following discussions with local council carers groups and Carers Trust. Guest speakers, including carers and service users, are invited to talk to trainees about the importance of involving carers.

The team asked how students are made aware of the Fitness to Practice (FTP) policy. The provider explained that this was achieved through the handbook and assessment handbook, emphasising that any identified unsafe practice will be addressed through the university's FTP process, potentially involving regulatory bodies. The team set a minor amendment that the student handbooks should be updated to include clear references to the FTP process to ensure clarity for students, as well as including a reference to the GPhC in the FTP scope document.

The team asked about how employers and DPPs are informed about the raising concerns process. The provider gave a recent example which involved a DPP expressing concerns about a trainee's progress. This led to meetings between the programme lead, DPP, and the trainee to develop an action plan, including additional training hours so that the trainee could play more of a leading role in consultations. Regular follow-up meetings ensured the action plan's implementation.

Standard 6: Learning in practice

Standard met/will be met? Yes No

The team was satisfied that four out of five criteria relating to the learning in practice continue to be met. One criterion was not met and is subject to a condition.

Pharmacists must undergo a minimum period of 90 hours of supervised learning in a suitable environment, overseen by a qualified Designated Prescribing Practitioner (DPP). Applicants are required to identify a suitable DPP, who must confirm their eligibility and suitability for the role, including possessing the necessary personal characteristics, professional skills, knowledge, and teaching abilities. Additionally, DPPs must agree to undertake training prior to the trainee pharmacist starting the course.

To ensure the suitability and safety of the learning environment, DPPs must conduct a short audit and complete a learning contract with the trainee pharmacist at the beginning of the learning period. This contract outlines the responsibilities of both parties and must be shared with the academic assessor within the initial three weeks of the programme. Moreover, a local level agreement between Bangor University and the local health board is in place for students undertaking NHS Wales commissioned courses.

Throughout the learning period, DPPs are responsible for directly supervising the pharmacist trainee for a minimum of 45 hours and must complete all required aspects of the pharmacist's portfolio. At the conclusion of the learning period, DPPs are required to assess the trainee pharmacist's competence and certify their readiness for annotation as an independent prescriber with the General Pharmaceutical Council. It is emphasised in course handbooks and documents that pharmacists must not independently prescribe during the course. Instead, they must be supervised by a qualified DPP, who may delegate certain supervisory duties based on the pharmacist's learning needs and agreement between both parties. Additionally, a database of all current and previous DPPs and learning environments is maintained by the programme lead to ensure continuity and quality of supervision.

The team asked about oversight of supervision regards trainee pharmacists and supervision. The provider explained that DPPs receive some information regarding oversight of trainees where they are not being directly supervised by the trainee. The provider explained that at the start of the course, the DPP and Trainee must develop a learning plan, which includes the trainee doing a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis; this helps identify where the trainee may need more clinical skills, for example, which would allow the DPP and trainee to identify the appropriate opportunities that the trainee should undertake, such as spending time with another healthcare professional. The DPP must agree any hours that are supervised by another healthcare professional, and must also sign these activities off. The provider explained that these hours tended to be more observational in nature than was the case when the trainee was spending time with the DPP. The team asked if there was any stipulation around the types of individuals that this responsibility can be delegated to. The provider explained that it must be relevant to the trainee's area of future prescribing practice. The team agreed that it was not clear how these hours were being supervised and then signed off by the DPP, so set a **condition** that the provider must revise the portfolio assessment to require sufficient student evidence in support of the activities taken during the period of learning in practice. This should then be used to develop a robust quality assurance process for the DPP sign off of clinical competencies. This is to meet **criteria 6.3, 7.1 and 7.7**.

Standard 7: Assessment

Standard met/will be met? Yes No

The team was satisfied that nine out of eleven criteria relating to the assessment continue to be met. Two criteria were not met and are subject to a condition.

The course adheres to Bangor University regulations for assessments, with some derogations to meet Professional, Statutory and Regulatory body (PSRB) requirements and ensure public safety. DPPs undergo training and confirm eligibility to support trainee prescribers effectively. Standard double marking is applied to assessments, ensuring consistency and fairness. Quality assurance visits are conducted to maintain assessment standards. The team was told that around 5 out of 15 DPPs had been visited in the random sample of quality assurance visits, which required the provider to complete a standardised form.

All elements of assessments must be passed, with no compensation across theory and practice learning. Attendance is monitored, and academic assessors liaise with DPPs to track progress

effectively. The program maintains high standards, with all examiners and prescribers being experienced professionals.

The team asked how many attempts trainees are entitled to. The provider clarified that trainees are allowed two attempts, and if they fail both attempts, they fail the program. However, trainees have the option to submit a mitigating circumstances request, accompanied by evidence, which is evaluated by a panel separate from the team. If the request is accepted, the student is granted one additional attempt. Whichever attempt the trainee submits circumstances for becomes void if the mitigating circumstances request is accepted.

The team asked for further information about the circumstances in which a trainee can reapply if they have failed the programme. The provider confirmed that students are not excluded from applying again, either at Bangor or elsewhere. Each application is assessed on a case-by-case basis during the admissions process, considering the reasons for the initial failure. For instance, if a trainee failed due to numeracy issues, they are not barred from reapplying, however, the provider explained that the trainee would need to address the relevant learning needs that led to their initial failure prior to the application being reconsidered.

The team asked about attendance falling below 80% and was told that trainees must provide a reason for non-attendance and demonstrate how they will meet the missed content. The course team reviews each case individually, and if they cannot ensure that the learning objectives are met, the trainee may not be allowed to continue.

The team asked for further information about the Quality Assurance (QA) process for the portfolio. The provider explained that the Programme Lead reviews competencies to ensure they meet the required standard and have been signed off by the DPP. If any competencies are marked as developing by the DPP, the portfolio fails. The Programme Lead also commented that they verify evidence of continuous assessment so if any portfolio is submitted with all competencies completed on the same day then it would not pass. The provider also noted that there would be a conversation with the DPP at the midway point to track progress. The provider noted that only the DPP can assess the trainee using the Ongoing Assessment of Prescribing Competency. The team agreed that it was not clear how the provider quality assures the sign off process, so set a **condition** that the provider must revise the portfolio assessment to require sufficient student evidence in support of the activities taken during the period of learning in practice. This should then be used to develop a robust quality assurance process for the DPP sign off of clinical competencies. This is to meet **criteria 6.3, 7.1 and 7.7**.

The team was told that in terms of quality assurance of other assessments, the course team meet together to discuss what is required, as well as sharing examples of good grades. There is second marking of 25% of the assignments, plus all fails. The provider also highlighted that marks are scrutinised in the exam board as well as reviewed by the external examiner. It was also noted that staff are allocated as a supervisor for an assessment; there would be different staff for each assignment.

Standard 8: Support and the learning experience

Standard met/will be met? Yes No

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

The course induction, led by the course team, initiates the programme, and familiarises pharmacists with its structure. Each pharmacist is assigned an academic assessor, a Bangor University staff member with an independent prescribing qualification, for academic and pastoral support. The course lead also offers pastoral support and can direct students to university support services. Additionally, each trainee receives an academic supervisor who provides guidance, feedback, and feedforward on their work, encouraging the submission of drafts prior to assessment. Group tutorials led by academic assessors occur at five points during the course to discuss progress and address concerns. Personal support details are available in the course handbook. Assessment guidelines and academic writing tips are provided in the Assessment Handbook. Course resources, including presentation slides and professional documents, are accessible via Blackboard. Students are informed they can submit assessments in Welsh if preferred. Academic assessors coordinate with DPPs at key intervals, and a tripartite meeting post-midway assessment allows for comprehensive progress review and learning needs identification. The course emphasizes the duty to report unsafe practices, following both regulatory body advice and university policies on concern escalation. Links to relevant guidance, such as the GPhC's advice on raising concerns, are provided in the course materials.

The team asked about ensuring appropriate and realistic workload for trainees and were told by the provider that this involves several measures. During induction, trainees are informed about assignments and submission dates, allowing for workload planning. Each trainee is assigned an academic supervisor for assessments and encouraged to send drafts for feedback. Individual support is provided based on each trainee's needs.

The team also asked about how trainees receive education on time management and workload expectations. The provider explained that this occurred during induction, as trainees are informed about the course's complexity and high workload from the outset. The team was told that feedback was shared from previous cohorts, and is shared with new cohorts to provide insight into the course experience.

The team asked about assessment weighting and the provider told them that the Programme Lead is mindful of assessment weightings and ensures that assessments are spread out to manage workload. The team wished to know about the frequency of meetings with Designated Prescribing Practitioners (DPPs). The provider explained that these meetings are facilitated through clear guidelines on time allocation and activities during these sessions. In addition to initial and mid-way meetings, tutorial groups are held five times throughout the course for portfolio reviews and discussions.

The team explored how trainee concerns are addressed and the provider told them that this was achieved through clear communication channels outlined during induction and in the course handbook. Trainees are responsible for raising concerns, and mechanisms are in place for them to contact the university or learning in practice representatives. Any concerns that are raised are documented in student records for appropriate follow-up and resolution.

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.

Applicants are required to nominate a suitable DPP and provide their details during the application process. DPPs affirm their eligibility by confirming their possession of the necessary personal characteristics, professional skills, and teaching abilities outlined in the RPS framework. They commit to demonstrating the required competencies while supervising trainee prescribers and ensuring the suitability of the learning environment and its governance. Additionally, DPPs agree to undergo training before the course begins and must provide confirmation of completion within the first four weeks. The provider assesses the suitability of the DPP to support the applicant's learning needs, which is also discussed further during the interview process.

To ensure the learning environment's safety and suitability, DPPs conduct a brief audit as part of the trainee's application process, which must be approved by the programme lead before the learning period begins. The DPP Handbook details the requirements for DPPs' assessment of learning in practice, covering various aspects such as roles, regulatory requirements, and patient safety.

Throughout the course, academic assessors maintain communication with DPPs at specific intervals, including the start, midway point, and conclusion of the course, with DPPs encouraged to seek further guidance as needed. The course facilitates support for DPPs through resources like a Padlet for queries and drop-in sessions via Microsoft Teams.

Tripartite meetings post-midway assessment allows for comprehensive progress review and identification of learning needs. If DPPs have concerns regarding trainee progress or competence, they collaborate with the university to develop an action plan. At the end of the course, trainees evaluate their learning period, with feedback contributing to the refinement of the DPP preparation program.

The team asked for further information regarding the suitability of the DPP if something became known that suggested the DPP was no longer fit to be a supervisor. The provider explained that if doubts arise about a DPP's suitability, it is managed sensitively. Such concerns may be addressed during the interview process, where the applicant's suitability for the role is discussed. Alternative DPPs may be sought if necessary.

If a student raises concerns about a DPP, these concerns are escalated through the appropriate process, potentially involving the local health board. If the course team determines that a DPP is not the best fit, a team process is initiated to find an alternate DPP. In the first instance, a meeting with the DPP is arranged to discuss the student's learning experiences, clarify roles and responsibilities, and assess suitability for the role. An action plan is developed collaboratively to support both the DPP and the trainee.

The team was told that ensuring DPPs can assess patient-facing clinical and diagnostic skills involves evaluating their experience and training during the interview process. The DPP framework is used as a

benchmark, with applicants providing examples of how they meet its criteria. Suitable DPPs are identified based on their clinical opportunities for students.

The team was told that feedback to DPPs is provided through evaluations completed by trainees. This feedback is specific to the individual DPP and addresses their teaching, learning experience, and adherence to safety procedures. Once the course is completed, DPPs receive certificates and evaluations from trainees. If negative feedback is received about a DPP, it is not anonymous, but the trainee's name is not disclosed on the form. The DPP is offered support, and steps are taken to ensure the trainee is not disadvantaged.

