

University of Central Lancashire, School of Pharmacy, independent prescribing course reaccreditation report, June 2024



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Event summary and conclusions

Provider	University of Central Lancashire, School of Pharmacy
Course	Independent prescribing course
Event type	Reaccreditation
Event date	10 th June 2024
Approval period	September 2024 – September 2027
Relevant standards	<u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u>
Outcome	<p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by the University of Central Lancashire (School of Pharmacy) should be reaccredited for a further period of three years, subject to one condition.</p>
Conditions	<ol style="list-style-type: none"> 1. The Provider must produce a course management plan which clearly outlines the schedule of roles and responsibilities in learning teaching and practice environments and the lines of accountability in the learning teaching and practice environments that are applicable to this course. This plan should include a learning agreement for all pharmacist independent prescribers in training. This is because although some agreements between the DPP, employer, course provider and trainee are captured in the application form and other course documentation it is not clear how these agreements cover all learning, teaching and practice environments or clearly outline the roles and responsibilities and lines of accountability. The is to meet criteria 3.1, 3.2 and 3.3.
Standing conditions	The standing conditions of accreditation can be found <u>here</u> .
Recommendations	No recommendations were made
Minor amendments	<ol style="list-style-type: none"> 1. Please update the website to include references to the PSNI (1.1) 2. The Course handbook should be updated to reflect the correct amount of credits available for the course. Please update all other programme documentation to ensure consistency. (3.1)

	<p>3. Please amend the Final Statement of Competence sign off sheet by removing the reference to 12 x 7.5 days and amending this to 90 hours. (6.5)</p> <p>4. Please ensure that the GPhC's guidance on tutoring for pharmacists and pharmacy technicians is clearly signposted to DPPs and Trainees in the Student and DPP handbooks (8.4)</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 the University of Central Lancashire (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, 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 the University of Central Lancashire (School of Pharmacy) 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	20
Number of pharmacist students per cohort	20
Number of cohorts per academic year	2
Approved to use non-medical DPPs	Yes
Key contact (provider)	Dr Clare Lawrence
Provider representatives	<p>Jane Alder, Associate Dean of School (Students and Teaching)</p> <p>Cathryn Brown, Senior Lecturer in Pharmacy Practice, Equality Diversity and Inclusion Lead and Disability Co-ordinator</p> <p>Louise Cogan, Deputy Associate Dean</p> <p>Elaine Court, Principal Lecturer, Professional Lead, Student Experience Lead, Retention Lead, Patient Safety Panel Chair and Mitigating Circumstances Lead</p> <p>Clare Lawrence, Dean of School</p>

	<p>Charlotte Lawson, Associate Dean of School (Business Development)</p> <p>Fiona McFall, Senior Lecturer in Pharmacy Practice</p> <p>Kennedy Omoniala, Lecturer in Pharmacy Practice</p> <p>Tamer Rabie, Lecturer in Pharmacy Practice</p> <p>Christopher Smith, Principal Lecturer in Pharmacy Education and Assessment Lead</p> <p>Christine White, Lecturer in Pharmacy Practice</p>
Accreditation team	<p>Fiona Barber (event Chair) Independent Member, Standards Committee, Leicester City Council</p> <p>Professor Chris Langley (team member – academic) Professor of Pharmacy Law & Practice and Deputy Dean of the College of Health and Life Sciences, Aston University</p> <p>Dr Gemma Quinn (team member – academic) Head of School of Pharmacy and Medical Sciences, University of Bradford</p>
GPhC representative	Alex Ralston, Quality Assurance Officer (Education) General Pharmaceutical Council
Rapporteur	Juliette Morgan (rapporteur) Senior Consultant and Dean for Teaching and Learning, 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

The University of Central Lancashire School of Pharmacy Independent Prescribing Course was initially accredited by the General Pharmaceutical Council (GPhC) in June 2017. The programme underwent a monitoring event in 2018 and was reaccredited in 2021. This course offers a standalone certificate in Independent Prescribing and can be taken as a 40-credit component of the MSc and Postgraduate Diploma in Advanced Pharmacy Practice.

The course was due for reaccreditation in June 2020, which was extended to September 2021 due to the COVID-19 pandemic. It was reaccredited in June 2021 without conditions. In April 2023, the School suspended the IP course for one year due to low student numbers, resuming recruitment in late 2023, with a new cohort starting in April 2024.

The University of Central Lancashire (UCLAN) 'the provider' was reaccredited by the GPhC in 2021 to 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 10th June 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 10th June 2024 and comprised of several meetings between the GPhC accreditation team and representatives of the University of Central Lancashire prescribing course. Students who were currently undertaking the course, or who had completed it in the last three years, contributed to the event by completing a qualitative survey, responses to which were reviewed by the GPhC accreditation team. A qualitative survey was also sent to Designated Prescribing Practitioners (DPP) currently supervising students on the course, or who had supervised students in the past.

Declarations of interest

There were no declarations of interest.

Schedule

Meeting

Private meeting of the accreditation team and GPhC representatives	9.30 – 10.30
Meeting with course provider representatives	11.00 – 13.00
Learning outcomes testing session	14.00 – 14.30
Private meeting of the accreditation team	14.30 – 16.00
Deliver outcome to the provider	16.00 – 16.15

Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of 6 learning outcomes during the event 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: **3, 9, 13, 15, 25 and 30**.

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 will continue to be met.

Applicants to the University of Central Lancashire (UCLan) School of Pharmacy Independent Prescribing Course undergo the same application process. The applicants are assessed based on eligibility criteria, commitment to learning, and availability of support. The applications are primarily evaluated through the V300 North West Universities NMP collaboration Application form for Non-Medical Prescribing form, references, CPD entries, and MS Teams interviews. Applicants must be registered pharmacists with relevant UK experience, supported by a designated prescribing practitioner (DPP) who must also meet specific criteria.

UCLan's course selection process is strictly aligned with the Equality Act 2010 and the Human Rights Act 1998, ensuring unbiased evaluation of all applications. Through the EDI strategy and mandatory training, fair practices are maintained. Interviews, conducted by two staff members, follow GDPR policies and are recorded for review, with applications retained for six years.

Feedback is provided to unsuccessful candidates, and the course webpage offers guidance and contact details. Rejected applicants receive detailed feedback, ensuring all entry requirements are met before course commencement. Applications are meticulously reviewed for completeness, with any changes communicated promptly for necessary amendments.

The Accreditation Team ('the team') asked the Course Provider ('the provider') to confirm that all students are interviewed by the university as part of the application process. The provider confirmed that each interview involves two staff members, ensuring a comprehensive assessment of the applicant. Five members of staff participate in the interview process as part of an interview group that meet to maintain consistency. New members of staff are incorporated into the interview process, ensuring any concerns or issues can be addressed by the entire interview group. The team was told that in terms of assessing an applicant's expertise and competence in their chosen area of prescribing, the interview focuses on their experience prior to application, particularly their patient interaction and scope of practice. Applicants are expected to have sought active experiences within their field, and to then discuss these experiences in detail during the interview. The interview group uses a proforma to flag and address any areas of concern, ensuring consistency across all interviews.

The provider confirmed that the ability of applicants to recognise, understand, and articulate the skills and attributes required by a prescriber is also assessed during the interview. Applicants are asked about the skills needed for the transition to a prescriber role. The interview team will identify specific areas of concern and follows up on any issues that arise during the discussion. The provider noted that it is crucial that applicants understand the significant differences between their current roles and the role of a prescriber and can articulate how their skills will be applied in this new capacity.

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 University ensures equality and diversity in its admissions process, welcoming all applicants regardless of protected characteristics. Longlisting is based on academic criteria, and shortlisting considers the quality of personal statements. The team provides comprehensive support for students with disabilities or specific learning difficulties, ensuring inclusivity in teaching and assessments. Applications are assessed solely based on meeting specified criteria without discrimination. The team accommodates queries and changes for individual student needs, providing extensions and flexible assessment formats.

Diverse case studies and actors are incorporated into teaching and assessments, reflecting various backgrounds. The course team itself is diverse, with staff trained in implementing reasonable adjustments. Institutional support includes an EDI dashboard and a curriculum framework ensuring inclusivity.

The Provider uses a virtual learning environment (VLE), Blackboard and e-learning packages such as the e-Learning for Health (eLFH) training to support different learning styles, with additional support provided through drop-in sessions and Microsoft Teams. Adjustments are made in content delivery and assessment without compromising learning outcomes. Remote consultations are accepted as part of the required supervisory hours, with training provided on equality, diversity, and human rights legislation.

The team asked the provider for an example of programme amendment to embed and promote aspects of equality, diversity, and inclusion (EDI). The provider confirmed that students attend a session with the school's equality and diversity lead, where protected characteristics and other important considerations are discussed. The programme is adapted to meet the needs of each student, including those with additional learning requirements. An example was given of adapting teaching materials to show sepsis and septicaemia symptoms across a range of skin tones.

The provider confirmed that EDI is a standing item at both School meetings and school management level meetings. While the broader considerations are discussed at the School meeting and Senior Executive Team (SET) level, specific pharmacy-related issues are addressed at the student and teaching level through a dashboard that enables scrutiny of students via the teaching and learning committee. The provider collaborates with the student data team and course team to ensure the data being captured and reported is live and interactive. There is also a dedicated period in teaching and quality meetings for reviewing EDI and attainment characteristics across the school. An example was provided of where adaptations were made to support a student with ADHD.

The team asked the provider about the gaps in student data for the years 2021 and 2022/23 and were told by the provider that this was due to no cohorts running in the previous academic year (2022/23). However, the provider did confirm that the data analysed by the school is now part of a centralised system that enables more comprehensive analysis and that this would be scrutinised and utilised going forward.

The team asked how often the EDI data is reviewed. The provider confirmed that this currently takes place on an annual basis, as part of the course review and before the next admission cycle. The provider noted that with easier access to data via the dashboard, reviews could occur at the end of every six-month iteration of the course.

The team asked for an example to give an example of a reasonable adjustment used for the OSCE assessment. The provider described a scenario where a student required extra time for the OSCE assessment. The OSCE was adjusted to accommodate this need without being discriminatory to the rest of the cohort.

The team wished to know about the use of the eLFH resource. The provider confirmed that Equality, Diversity, and Human Rights is designed as background knowledge on eLFH and is expanded upon through course sessions, discussions of examples, and formative feedback on reflections. The eLFH content is further integrated with GPhC competency sessions that link to person-centred care and personal beliefs, ensuring its relevance to prescribing contexts. The provider has a system in place to manage access issues, with work staggered for students to complete. Students must submit certification of completion in their portfolio to demonstrate engagement with the e-learning.

Standard 3: Management, resources and capacity

Standard met/will be met? Yes No

The team was satisfied that three of the six criteria relating to the management, resources and capacity continue to be met. Three criteria are not met and are subject to a condition.

Academic standards at UCLan are upheld by the Academic Board and its committees, including the Academic Standards and Quality Assurance Committee. The School of Pharmacy, led by the Dean and supported by academic leaders, ensures quality in teaching, learning, and research through routine and in-depth meetings.

The Independent Prescribing course team, comprising accredited pharmacists with diverse backgrounds, designs the curriculum and supports student learning. Regular meetings allow for progress review and feedback implementation.

Students access extensive resources and receive personalized support through feedback sessions, meetings, and dedicated online spaces. Engagements with local and national committees ensure alignment with industry needs, while Fitness to Practise (FTP) procedures adhere to university policies and GPhC standards.

The team asked for further information with regards to the risk register and the identification and management of risk. The provider confirmed that the risk register is a standardised document within the university and is reviewed to identify and manage risks associated with each course. Mitigations are discussed and assigned to specific individuals. The Senior Executive Team (SET) reviews the risk register quarterly, assessing any changes and implementation of mitigations. Additionally, monthly reviews of mitigations occur, with discussions held at SET meetings, leading to updates in the risk register, as necessary.

The team asked about the current student numbers on the course. The provider confirmed that a designated staff member oversees the initial application process, ensuring effective advertising and positioning of the course within the larger North West Group of University IP Pharmacy training providers. This includes maintaining visibility for potential applicants and reviewing internal processes

to secure student numbers. The team noted that the University currently offers two versions of the Independent prescribing course, both of which are accredited by the GPhC. The provider commented that they had identified a lack of visibility and promotion for the School of Pharmacy Independent Prescribing (IP) course. To counter this, external discussions with stakeholders, such as local pharmacies and GPs, have been initiated to further enhance the course's visibility. Extended interactions with the Health and Education Cooperative have further utilised facilities to increase exposure, which it is hoped will help to boost student numbers. The provider indicated that several applications had been received for the September 2024 cohort.

A PowerPoint presentation has been developed to attract potential applicants, which is expected to increase completed applications. Additionally, there are ongoing live discussions with potential applicants for the next iteration of the course.

The provider confirmed to the team that they plan to continue offering the current course. The provider noted the importance of the IP course in the competitive graduate marketplace and the ongoing need for pharmacists to upskill. The provider also anticipated an increase in student numbers as with undergraduate MPharm students shortly being able to graduate as prescribers, many pharmacists in the workforce will wish to upskill and enhance their skills further.

The provider confirmed an intention to reduce the planned number of students on the course from 2 cohorts of 40 students a year to 2 cohorts of 20 students. The rationale for this is to balance the affordability of delivering the course and to utilise the staff resource base appropriately. The provider noted that there would be three new staff appointments to support the course. The team asked the provider about their recruitment plans for a 1.0 FTE lecturer in prescribing, and the provider confirmed that they have recruited an advanced pharmacy practitioner on a part-time basis (0.6 FTE, increasing to 0.8) to retain clinical practice one day per week. A second post has been offered to another excellent candidate, with both starting at the end of August 2024. Additionally, a lecturer in advanced practice, who is also a pharmacist and IP, has been recruited, ensuring a full-time equivalent (FTE) staffing of 2.0.

The team asked about the training, support and development mechanism in place for new staff. The provider confirmed that any new staff joining the IP team receive a comprehensive orientation, including a PowerPoint presentation outlining the course aspects and their roles within the IP provision. The provider explained that responsibilities of external stakeholders, such as applicants and Designated Prescribing Practitioners (DPPs), are also covered. Staff are provided with assessment documentation and marking rubrics, and a question-and-answer session is included. An IP staff member is present during each session day.

The team asked the provider to outline how DPPs are supported in role. The provider explained that DPPs receive the student and DPP handbooks via email and attend a DPP meeting at the start of the course supported by a PowerPoint presentation explaining the course outline and objectives. They are directed to online learning packages and encouraged to provide ongoing feedback via email. An end-of-course feedback session is conducted. The provider also confirmed that students undergo a comprehensive induction where each session is broken down, and expectations are outlined. They receive a copy of the DPP handbook and are informed of DPP expectations. Students are advised of the support lines available for concerns or issues, with built-in touchpoint sessions throughout the course to review supervised hours, DPPs, and teaching and learning aspects.

The team was told that the V300 application form that is completed by the student, employer and DPP at the start of the course details roles, responsibilities, and the learning environment. At the end

of the course, the DPP signs off on the student's competencies which is included as part of the portfolio, which is then submitted by the student. The provider explained that the application form comprehensively outlines DPP expectations, requiring their signature to confirm their agreement to facilitate learning and their good professional standing. It was noted that following reaccreditation, an updated form will remove the two-year requirement for pharmacists in line with the revised entry criteria.

Although the team could see elements of how roles and responsibilities, lines of accountability were outlined in the course documentation and the application form, the team could not see how these agreements covered all learning, teaching and practice environments or clearly outlined the roles and responsibilities and lines of accountability. The team noted that the current course management plan focussed on general quality management procedures in the school rather than the IP course specifically. The team therefore set a **condition** that the provider must produce a course management plan which clearly outlines the schedule of roles and responsibilities in learning, teaching and practice environments on the IP course, as well as clearly outlining the lines of accountability that are applicable to the course. As part of the course management plan, the provider must also include a learning agreement for all Pharmacist independent prescribers in training which covers all learning, teaching and practice environments and outlines roles and responsibility and lines of accountability. This is to meet criteria **3.1**, **3.2** and **3.3**.

The team asked the provider to confirm the process used to document concerns about a trainee's progress. The provider confirmed that there is a discussion between the provider and the DPP following several supervised sessions, documented in the DPP handbook with the RPS competencies. The handbook includes sections for initial and end meetings, as well as additional comments for any concerns, which can be highlighted at any stage. Any issues arising are expected to be communicated to the provider.

The team asked the provider to detail how they ensured that resources and facilities within practice environments were sufficient. The provider confirmed that they assure this through a centralised learning and support service that collaborates with the course team. A specific pharmacy technician supports the IP course delivery and identifies required resources, coordinated centrally within the university. Practice environments with DPPs are confirmed via the V300 form, requiring DPPs to commit to adequate practice environments before signing up. Regular touchpoints throughout the course ensure that necessary resources and environments are maintained, with students encouraged to report any challenges promptly.

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.

UCLan employs a thorough course monitoring system, with annual reviews now in a dynamic format since 2022/23. Led by the Course Leader, these reviews incorporate feedback from various sources to promptly address issues, enhance the student experience, and improve course quality. The Associate Dean for Students and Teaching oversees actions, ensuring proactive issue management. Changes to the curriculum undergo careful consideration and consultation before implementation.

Student feedback drives improvements, influencing practical changes such as additional practice sessions. Continuous staff development, including induction workshops and peer observation, supports teaching quality. External engagement with industry experts informs periodic reviews to align the course with industry standards.

Quality management is proactive, with evidence provided through programme specifications and module descriptors. UCLan maintains a commitment to continuous improvement, ensuring a high-quality learning experience.

The team asked the provider to detail any specific changes to the course which have taken place in the last twelve months as a result of recent monitoring and reviews. The provider confirmed that as the course has not run for the past 12 months, there have been no recent changes. Nevertheless, informal feedback from students during course delivery has been consistently acted upon. The provider also confirmed that sessional feedback is collected and addressed. Team review sessions facilitate adjustments, such as changing from lecture formats to workshops to enhance student engagement. Intensive sessions have been divided with comfort breaks and activities to maintain engagement. Feedback has indicated that these modifications have been beneficial, making sessions more enjoyable.

The team was told that the course schedule has been altered, moving from Saturday sessions, which were conflicting with students' work commitments, to Tuesday sessions, thus improving the student experience. The provider also noted that moving the course to run on a weekday would also make it easier for staff to contribute to the course.

The course remains current with health and care environment updates. The provider confirmed that all teaching staff are practising pharmacists, ensuring the curriculum reflects contemporary practice issues, such as drug shortages. Sessions conducted by the Pharmacists' Defence Association (PDA) are updated every six months to address common pitfalls, ensuring the programme remains relevant and current.

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 aims to produce competent prescribers ready for contemporary healthcare challenges, fostering continuous improvement and accountability.

The course employs a blended learning approach, emphasizing face-to-face delivery. Learning outcomes align closely with assessments, emphasizing patient safety and effective prescribing. The curriculum is comprehensive, mapped against programme specifications and GPhC learning outcomes and standards, covering theoretical and practical aspects of prescribing practice.

Assessment methods include OSCEs, portfolios, and formative feedback, ensuring rigorous evaluation. Stakeholder involvement, including patients and the public, informs curriculum development, maintaining relevance to healthcare standards. Supervision by DPPs supports students' professional development, with protocols in place for accountability.

The team asked the provider about the design of the programme teaching and learning strategy in relation to Miller's Learning Triangle and ensuring that students achieve the required level of competence. The provider confirmed that the programme's teaching and learning strategy has been designed to ensure students meet the Learning Outcomes at the relevant level of Miller's Triangle. Students are encouraged to build competence and confidence by progressing through the triangle, starting from introductory sessions and moving towards demonstrating competencies at the "does" level. Learning outcomes are continually reassessed, and sessions are tailored to ensure students can meet GPhC learning outcomes, with an emphasis on reflective practice in their portfolios.

The provider also confirmed that all assessments undergo internal verification through a quality assurance mechanism, focusing on Bloom's taxonomy rather than solely on Miller's Triangle. Additionally, an external examiner ensures that quality and standards are maintained. The programme extensively uses eLFH modules, ensuring all students have access and that the modules meet the programme's needs. An annual review of teaching material, including external content such as Centre for Pharmacy Postgraduate Education (CPPE) learning modules and eLFH learning modules is conducted. Students must submit completion certificates from e-learning as part of their portfolio, and the provider confirmed that any issues, such as forgotten passwords, are managed promptly.

The team asked the provider about maintenance of currency in regard to the eLFH training. The provider confirmed that staff keep up to date with all relevant updates, incorporating changes into workshops and reviews. The provider explained how staff would undergo the training packages themselves to ensure that they were still relevant. The provider also explained that the use of the packages was to help provide a baseline for the students, and that the material covered was then expanded upon in teaching sessions and other learning.

The team was told that the provider plans to engage with stakeholders, with a specific stakeholder event to be hosted for the course. Despite the course not running for a year, the provider has discussed plans for stakeholder engagement, including the Comensus group, which seeks stakeholder views and will be scrutinised at the next reaccreditation for its impact on course design.

The team asked the provider to confirm the rationale for DPP supervision of students for a minimum of 45 hours out of the total of 90. The provider explained confirmed that the programme requires a minimum of 45 hours of supervision by the DPP out of the total 90 hours to ensure a breadth of learning opportunities for the student. Setting it at this level, allows students to engage with other professionals within their scope of practice, enhancing their learning and development. Students complete a supervised hours form, recording activities and obtaining signatures from clinicians and the DPP to ensure oversight. The provider also explained that they considered that 45 hours enabled them to be confident that the DPP was able to assess the progress of the student, whilst also enabling the student to benefit from supervision from other prescribing professionals.

The team asked about the number of assessment opportunities for each student. The provider confirmed that students are allowed one sit and one resit for each assessment unless mitigating circumstances apply, with formative assessment opportunities built in. Students are informed of this during the initial induction and through the student handbook. In addition, the team asked the provider about notification of fitness to practise to students. The team was told that the School's professionalism handbook was provided to all students. This handbook outlines the behaviour expected of the students as well as detailing the Fitness to Practise (FtP) processes, which are aligned with the university's procedures. Concerns can be raised by students or the DPP and are investigated

through the university process, with decisions made accordingly. This information is also highlighted during the initial induction to ensure student awareness.

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

Pharmacists on the course must complete 90 supervised hours over six months, logged in an e-portfolio and signed off by the DPP. Patient-facing interactions are emphasized to enhance clinical skills. Failure to meet requirements may delay assessment submissions, prompting guidance on alternative activities or mitigating circumstances. Reflective entries and case presentations in the e-portfolio assess prescribing decisions, validated by the DPP. The DPP receive handbooks and induction events to clarify their responsibilities and ensure alignment with the RPS competency framework.

The team asked about patient-facing hours and how these were communicated to students. The provider confirmed that this is communicated to students and DPPs upon commencement of the course. The provider explained that students are advised that it is essential to engage in activities involving direct patient interaction to meet the competencies effectively and that the emphasis remains on direct patient-facing interactions to develop skills and competencies. The provider confirmed that adopting this approach has not presented any issues thus far. During the initial interview, the scope of practice is reviewed to ensure that students will be able to meet the necessary competencies. For instance, in a case involving hypertension, it would be impossible for the student to gain competence without patient interaction. Any potential challenges in meeting these requirements during the period of learning in practice would typically be identified and discussed during the initial interview.

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

Students are primarily assessed through a portfolio and an eight-station OSCE, collectively accounting for 100% of the module weighting. Passing both components is necessary for module completion. Internal verification ensures portfolio quality, with each assessment accompanied by a clear brief and rubric aligning with learning outcomes.

OSCEs undergo internal verification and employ standard setting methods like borderline regression and Ebel. Constructive feedback is provided promptly, with patient safety concerns referred to the Patient Safety Panel (PSP). Monitoring systems and DPP reviews track student progress, supported by mandatory study day attendance.

Assessment regulations prioritize patient safety, ensuring alignment with university standards. The Provider is committed to producing competent, safe prescribers, with no compensation for failing elements.

The team asked the provider to detail how they chose the range of assessment methods on the programme and how they ensure that the students can demonstrate they meet the learning outcomes. The provider confirmed that the range of assessment methods was chosen to ensure

students can demonstrate they have met the learning outcomes effectively. The assessment strategy includes OSCEs and a portfolio, deemed the most appropriate methods at the "does" level. The OSCE comprises eight stations, all of which students must pass, with formative support provided beforehand. The portfolio is comprehensive and staged, enabling formative feedback throughout the module. This approach allows for continuous engagement with students and ensures sign-off at the "Does" level as appropriate.

The team asked about quality assurance of the portfolio assessment. The provider confirmed that the portfolio components are assessed through a rigorous quality assurance process. Written work is evaluated using a rubric prepared by the course team, circulated to students and marking staff, and verified internally and externally. Each portfolio element is a must-pass component. New staff members participate in parity marking for support, and consistency in marking is ensured through formative reflection submission and reflection marking meetings. Comprehensive rubrics, provided to both staff and students, ensure clarity in expectations and marking standards. The portfolio is tracked using an Excel sheet, supporting the rubric and marking bands, with all entries double-checked during the marking process.

The team asked about the use of borderline regression within OSCEs. The provider confirmed that the standard method for OSCEs is borderline regression, though with low student numbers, the provider uses Ebel for the IP course, rating each station for students. All stations are standardised, and prior cohort information is used to ensure consistency.

The team asked the provider about assuring safety and policies in place to safeguard patients from harm within the OSCE. The provider confirmed that all OSCE stations are recorded. Any untoward incidents are flagged with the marker, and a patient safety panel convenes to assess the risk of harm. Depending on the degree of harm, the student may fail the station or the entire OSCE. This process is consistent regardless of whether the harm was pre-identified.

The team asked about attendance and the provider confirmed that where a student misses a compulsory study day or clinical skills day, they would require deferral to the next cohort. Alternative teaching methods are considered if they can meet the learning objectives and the days missed are not compulsory or linked to clinical skills. The provider ensures students are aware of these requirements in advance.

The team asked about changes to a DPP once the student is in training and the provider confirmed that when there are cases where a trainee's DPP needs to change, the process would depend on the timing. If the change in DPP occurs at the start of the course, the student would submit a new DPP form which would then be processed as normal. If a new DPP is required during the course, the provider assesses the completed hours and the feasibility of making up hours with a new DPP on a case-by-case basis. Mitigating circumstances are considered in cases where the DPP may be absent due to ill health.

The team also asked about feedback for the students in training. The provider noted that students receive regular feedback from their DPP throughout the course. This takes place at initial, midpoint (if a midpoint meeting is held), and endpoint meetings. The provider maintains a hands-on approach, ensuring students stay on track with competencies and receive support when needed.

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.

On the first day of the course, students attend an induction session where they are introduced to university support services, achievement coaches, and their personal tutor. Complex issues are managed by specialist services, as needed. The personal tutor meets students during the first week and at least twice more during the course. The course leader provides an overview of course content, delivery, and assessments.

Timetabled sessions discuss the learning agreement, expectations, engagement, attendance, professionalism, and fitness to practice. Emphasis is placed on patient safety and professionalism throughout the course.

Students are introduced to various university support services including careers, the Students' Union, the subject librarian, inclusive support, and more. An orientation workshop covers IT systems such as Blackboard, MyUCLan, Starfish, and the online library. Achievement coaches assist with digital literacy and online portals. Students needing extra help are referred to achievement coaches for support, followed up by the personal tutor.

All timetabled sessions are conducted by permanent academic staff, with guest lecturers supervised by course staff. Clinical skills sessions include health and safety checks and risk assessments. Spaced deadlines for portfolio drafts allow for formative feedback and remedial work. If students face issues meeting deadlines, they can apply for additional time through the university's mitigating circumstances process.

Clinical skills are taught by medics, with additional practice opportunities before the OSCE. Formative OSCEs provide assessment requirements familiarity, and feedback for competency reassessment.

Study days allow for discussions with fellow students and tutors. Academic study skill sessions, tailored workshops, and one-to-one support are provided. Achievement coaches and personal tutors offer additional support, referring students to Student Support services as needed. Programme and module information is available on Blackboard. Coursework is submitted via Turnitin, with feedback provided electronically. Microsoft Teams is used for informal discussions, and formal communications are via email. Starfish aids in student support referrals.

DPPs review students' progress at three points during the course, ensuring meaningful activities and feedback. The RPS framework guides the DPP's oversight, with regular competency assessments. Activities under supervisory time are outlined in the DPP handbook.

Overall, the induction and ongoing support processes aim to ensure students are well-prepared, supported, and able to meet the course requirements successfully.

Feedback is provided promptly, with patient safety concerns addressed through the PSP. Monitoring systems track student progress, supported by mandatory study day attendance. The course team prioritizes patient safety and ensures alignment with university standards.

The course aims to produce competent prescribers, with no compensation for failing elements. Supervision is conducted by academics and DPPs, with health and safety checks conducted for clinical

sessions. Deadlines are spaced for portfolio drafts, with additional time available through mitigating circumstances.

Clinical skills are taught in sessions led by medics, with study days facilitating discussions and tutor guidance. Academic support is offered through workshops and one-to-one sessions. All program information is accessible online, with communication channels available for support referrals.

Expectations are maintained throughout the course, with concerns addressed through various channels to ensure consistent support measures aligned with regulatory guidelines.

The Team enquired about the roles and responsibilities of DPPs and how these are outlined in terms of support for the student. The provider explained that DPPs receive a handbook detailing their duties and attend an introductory meeting covering expectations, programme details, and student responsibilities. Additionally, they receive an introductory email and access to a training module. Towards the end of the course, another meeting is held to review expectations and address any concerns. The provider ensures that support measures for students align with the GPhC guidance on tutoring, but the team agreed to set a minor amendment to ensure that the guidance is clearly signposted in the handbooks for DPPs and trainees.

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 university's V300 application form assesses DPP suitability based on self-declaration and experience. This is a form which is used by a number of Universities in the North West of England for IP courses to ensure consistency of approach. Criteria assessed include job role, professional registration with a regulator, years of experience (typically at least 3 in patient-facing roles), mentoring experience, and familiarity with the student's practice area. Additional requirements apply for Non-medical prescribers such as such as pharmacists or nurse prescribers.

Interviews ensure that there is no conflict of interest between learners and DPPs. DPPs are encouraged to familiarize themselves with the RPS DPP competency framework and e-learning resources. An induction event, supported by the DPP handbook, clarifies roles, responsibilities, and issue resolution.

Access to additional DPP preparation resources is available. Ongoing assistance is provided through induction events, handbooks, direct contact with the course leader, and guidance on portfolio queries. Feedback on DPP supervision is collected throughout the course, summarized at the module's end, and shared with DPPs. Formal feedback is provided at the course's conclusion, addressing any concerns raised during the duration.

The team asked the provider about the assessment of a DPP's ability to assess patient-facing clinical and diagnostic skills, and where this takes place. The provider explained that this occurs through full completion of the V300 form and matching of student and DPP experiences. Initial meetings and sign-offs with RPS competencies further ensure DPP capability. The team was told that if there was insufficient information in the application, this would be followed up; the provider gave an example where a DPP had not completed the required information with regards to the skills and experiences,

but when the provider followed up and spoke to the DPP, it then became clear from discussion of their skills and experiences that they were an appropriate DPP for the course.

The team asked how DPPs were supported if they were unable to attend initial DPP training, and the provider confirmed that they make plans for those DPPs unable to attend the induction event, through a repeat meeting which accommodates alternate schedules. The provider also makes available presentation materials and key discussion points after training sessions, along with regular contact points for support.

The team also asked the provider about their mechanism to provide formal feedback to DPPs at the end of each programme period. The provider explained that they planned to send formal feedback to all DPPs, beginning with the current cohort, such as information on good practice as well as areas for further development. The provider confirmed that they intended to use MS Forms to capture this information.

