

University of Chester independent prescribing course reaccreditation event report, June 2024



Contents

| | |
|--|----------|
| Event summary and conclusions | 1 |
| Introduction | 3 |
| Role of the GPhC..... | 3 |
| Background..... | 3 |
| Documentation..... | 4 |
| The event..... | 4 |
| Declarations of interest | 4 |
| Schedule | 4 |
| Key findings - Part 1 - Learning outcomes | 5 |
| Domain: Person centred care (outcomes 1-6) | 5 |
| Domain: Professionalism (outcomes 7-15)..... | 5 |
| Domain: Professional knowledge and skills (outcomes 16-26) | 5 |
| Domain: Collaboration (outcomes 27-32) | 5 |
| Key findings - Part 2 - Standards for pharmacist independent prescribing course providers | 6 |
| Standard 1: Selection and entry requirements | 6 |
| Standard 2: Equality, diversity and inclusion..... | 7 |
| Standard 3: Management, resources and capacity..... | 8 |
| Standard 4: Monitoring, review and evaluation | 10 |
| Standard 5: Course design and delivery | 11 |
| Standard 6: Learning in practice..... | 12 |
| Standard 7: Assessment..... | 12 |
| Standard 8: Support and the learning experience | 13 |
| Standard 9: Designated prescribing practitioners..... | 14 |

Event summary and conclusions

| | |
|----------------------------|--|
| Provider | University of Chester |
| Course | Independent prescribing course |
| Event type | Reaccreditation |
| Event date | 4 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 University of Chester 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 adapt the learning contract that is currently in place for the pharmacist independent prescriber in training, to ensure that it covers all learning, teaching and practice environments outlining roles and responsibilities and lines of accountability. This is because although a learning contract is available, this does not outline all of the above criteria and the learning contract referenced is optional rather than mandatory. This is to meet criterion 3.3. |
| Standing conditions | The standing conditions of accreditation can be found <u>here</u> . |
| Recommendations | No recommendations were made. |
| Minor amendments | None |
| Registrar decision | <p>Following the event, the provider submitted a response to the condition and the accreditation team agreed it has been met satisfactorily.</p> <p>The Registrar is satisfied that the University of Chester has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022.</p> <p>The Registrar confirms that the University of Chester is approved to continue to offer the independent prescribing course for a further period of three years. The Registrar noted that the condition as outlined in the report has been met.</p> |

| | |
|--|--|
| Maximum number of all students per cohort | 42 |
| Number of pharmacist students per cohort | 42 |
| Number of cohorts per academic year | 5 |
| Approved to use non-medical DPPs | Yes |
| Key contact (provider) | Daniel Milling, Non-Medical Prescribing Lead |
| Provider representatives | <p>Daniel Milling, NMP Programme Lead</p> <p>Julie Dulson, Head of Division Nursing and Healthcare Education UCB</p> <p>Jenny Stewart, Skills and Simulation Coordinator and Advanced Practice Programme Lead</p> <p>Veronique Oldfield, Deputy Head of Nursing and Healthcare Education- UCC</p> <p>Nahim Khan, Pharmacist Senior Lecturer</p> <p>Karen Ault, Senior Lecturer</p> |
| Accreditation team | <p>Ahmed Aboo (event Chair) Interim Head of the Leicester School of Pharmacy, De Montfort University</p> <p>Charles Odiase (team member – pharmacist) Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Kings Langley and Longmeadow Surgeries, Hertfordshire UK</p> <p>Carl Stychin (team member – lay) Professor of Law and Director of the Institute of Advanced Legal Studies, School of Advanced Study, University of London</p> |
| GPhC representative | Rakesh Bhundia, Quality Assurance Officer (Education) General Pharmaceutical Council |
| Rapporteur | Juliette Morgan (rapporteur) Senior Consultant and Dean for Teaching and Learning, Student Success with Advance HE |

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 Non-Medical and Supplementary Prescribing programme at the Faculty of Health, Medicine and Society, University of Chester, is accredited by the General Pharmaceutical Council (GPhC), the Nursing and Midwifery Council (NMC), and the Health Care Professions Council (HCPC). The multi-professional nature of the delivery facilitates inter-professional learning while maintaining adherence to the regulatory standards of each profession. The curriculum is grounded in the Royal Pharmaceutical Society Competency Framework (2021), ensuring a robust foundation for professional prescribing practice.

Since the last accreditation event in 2021, the University of Chester successfully completed an interim event in 2022 with the General Pharmaceutical Council (GPhC), securing approval to implement revised entry requirements for independent prescribing courses for GPhC registrants. Consequently, the regional Non-Medical Prescribing (NMP) application form and the programme admissions checklist have been updated to reflect these changes. The NMP programme team provided an admission update training session to ensure that the admissions team is fully aware of the new criteria.

The University has introduced an online clinical assessment tool via the Practice Assessment Record and Evaluation (PARE) platform. This tool allows real-time completion of the Clinical Assessment Tool (CAT) document, enabling continuous monitoring of students' clinical performance and direct communication with designated prescribing practitioners (DPP) and students. The PARE platform enhances record-keeping, governance, and monitoring of clinical outcomes, alongside improving communication, support, and advice. Feedback from students, DPPs, and academic assessors (AA) has been positive, highlighting improved communication and a more efficient interaction between students, DPPs, and AAs.

At the last reaccreditation event in 2021, one condition for reaccreditation: the introduction of a quality assurance mechanism for the assessment of clinical and diagnostic skills conducted by Designated Prescribing Practitioners (DPPs) in practice settings, which are not covered by the core teaching and assessment within the University. This ensures consistency and verifies that all pharmacists meet learning outcome 19 at the 'does' level, irrespective of their prescribing practice scope, in alignment with learning outcome 19 and criterion 7.7.

This condition was addressed through the implementation of specific course criteria for GPhC registrants:

1. The Academic Assessor (AA) must conduct a mandatory meeting (via telephone, Teams, or in person) with the DPP to underscore the importance of clinical skills acquisition, determine the student's individual learning needs, and discuss the responsibilities of both the DPP and the University. This meeting is documented in the faculty AA records.
2. Students will choose a clinical examination from a predefined list (e.g., radial pulse, manual BP, full general inspection, GI examination, ENT for sore throat presentation). The list may be expanded to include additional clinical examinations if needed, with guidance from the academic staff, who are experienced Advanced Clinical Practitioners.
3. Students will have opportunities to learn the chosen clinical examination both in clinical practice and in the University skills lab.
4. The chosen clinical skill will be assessed in clinical practice and formally assessed by the programme team. This assessment will be recorded within the University and included in the Clinical Assessment Tool (CAT) submitted at the end of the programme.

These measures ensure compliance with the reaccreditation requirements and maintain high standards for clinical skill acquisition and assessment.

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

Declarations of interest

There were no declarations of interest.

Schedule

| Meeting | Time |
|---|---------------|
| Private meeting of accreditation team and GPhC representatives, including break | 09:15 – 10:30 |
| Meeting with course provider representatives | 11:00 – 13:15 |
| Lunch | 13:15 – 14:15 |

| | |
|--|---------------|
| Learning outcomes testing session | 14:15 – 14:45 |
| Private meeting of the accreditation team and GPhC representatives | 14:45 – 16:15 |
| Deliver outcome to the provider | 16:15 – 16:30 |

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 and was satisfied that **all 32 learning outcomes continue to be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **11, 12, 13, 24, 26 and 27.**

Domain: Person centred care (outcomes 1-6)

Learning outcomes met/will be met? Yes No

Domain: Professionalism (outcomes 7-15)

Learning outcomes met/will be met? Yes No

Domain: Professional knowledge and skills (outcomes 16-26)

Learning outcomes met/will be met? Yes No

Domain: Collaboration (outcomes 27-32)

Learning outcomes met/will be met? Yes No

Key findings - Part 2 - Standards for pharmacist independent prescribing course providers

Standard 1: Selection and entry requirements

Standard met/will be met? Yes No

The team was satisfied that all six criteria relating to the selection and entry requirements continue to be met.

The Northwest NMP Education Group (NWNMPEG) has collaboratively developed clear guidelines for applicants, accessible online alongside the NMP application form on the Health & Education Co-op (HECOOP) website. The regional NMP application form ensures all criteria are met at the time of application, with updated entry requirements reflected in both the form and programme specification. The admissions team, trained by the NMP team, reviews each application to confirm compliance with these mandatory criteria and can escalate applications for further academic review if necessary. The admissions process adheres to the University's equality and diversity policies, with mandatory training for all staff.

Records are electronically stored following the University's information governance policies. Applicants meeting the requirements are informed within 28 days, while those who do not are redirected to resources outlining the necessary experience and skills needed before reapplying. The NMP programme lead is available for further discussion if required. Regular meetings between the NMP programme team and admissions staff ensure continuous improvement and update of course information. Applicants not meeting essential criteria are not admitted to the programme.

The team asked about the composition of the Admissions team, the provider explained that the admissions team comprises the head of admission, an admissions advisor, and the programme lead. It is through this team that thorough evaluation of applicants' suitability for the Non-Medical Prescribing (NMP) programme is scrutinised. The provider confirmed that the admissions team receive training to assess applicants against set criteria and standards.

The provider explained that in assessing applicants, the admissions team relies on a detailed checklist, ensuring consistency in decision-making. If there are uncertainties, the programme lead intervenes for further review, maintaining the integrity of the selection process.

The team enquired about cases of ambiguity or doubt regarding an applicant's suitability, and how these were managed; the provider confirmed that the admissions team seeks a second opinion, especially concerning unclear information or doubts about meeting standards. They also consider the geographical compatibility of the student and Designated Prescribing Practitioner (DPP) for effective support during the programme.

The provider confirmed that suitability assessment primarily hinges on meeting university criteria and GPhC standards, primarily through the personal statement. Any uncertainties prompt further discussion.

The provider also confirmed that the applicant's statement, along with completion of a checklist, informs the assessment of their experience, skills, and attributes. The provider confirmed also that the majority of applicants come from local NHS Trusts.

The team asked about examples of refusal to offer a place and the provider confirmed that whilst there have been no recent instances of refusal based on insufficient experience, the admissions team would ensure prompt feedback to an applicant within 28 days in such cases. The provider also confirmed that they maintain clarity on unacceptable arrangements, as demonstrated when informing a student about the inadmissibility of a third-party payment for the DPP.

Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes No

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

All staff involved in the design, delivery, and assessment of the programme, including clinical practice assessors, have completed mandatory equality and diversity training. Student selection is primarily conducted by practice partners. Service users also receive equality and diversity training.

As part of the quality assurance process, DPPs must confirm that the learning environment complies with equality and diversity legislation, as reflected in the application form. The admissions team ensures that each learning environment has an up-to-date placement audit.

Clinical sessions incorporate holistic assessments and patient-centred information. Specific sessions address how equality and diversity issues influence prescribing decisions and consider health inequalities. The University aims to help all students achieve their full potential, supported by a faculty student success committee that reviews the University's access and participation plan. Each school division has an academic lead for equality and diversity.

A specialist disability and inclusion team work with students to identify solutions to learning barriers and develop inclusion plans, with information available online and in the programme handbook. The University's Learning and Teaching strategy emphasises inclusivity.

The University's Continuous Monitoring of Enhancement (CME) process captures and analyses equality and diversity data to inform and track initiatives aimed at enhancing the student experience and outcomes. Data collection from the NMP programme highlights the diversity of pharmacist students.

Professional codes of conduct are emphasized throughout the NMP programme and included in the programme and DPP handbooks. The University also has a professional suitability procedure to address relevant issues when necessary.

The team asked about how Equality and diversity principles are integral to the NMP course and how this is evident in its design and delivery methods. The provider detailed that on day six of the programme, consultation sessions emphasize a holistic approach to patient care, considering cultural and religious beliefs. Concordance discussions also address diversity, respecting patients' cultural

backgrounds. The Provider indicated a plethora of other curriculum content throughout the design of the programme where EDI principles are considered and integrated.

The team asked about the mechanisms for promoting equality and diversity and the provider confirmed that this takes place through the provision of regular action planning, ensuring the curriculum reflects diverse perspectives. Reading lists are reviewed for appropriacy, and simulation suites depict a range of demographics. Additionally, the provider confirmed that a designated working group reviews course scenarios to align with EDI principles, fostering an inclusive learning environment.

The team asked about data collection in respect of EDI and were informed by the provider that this is collected at point of admission, and that it is scrutinised to then further inform programme design and delivery, which contributes to ongoing improvements, such as course content and scenarios. The provider gave an example of patient case studies representing diverse backgrounds and a further example involving communication challenges. The provider also confirmed that regular review of EDI data ensures ongoing alignment with principles. The team noted that the provider must ensure that they utilise EDI data in the design and delivery of the course and the learning experience going forward, as it was clear that this was collected but further depth concerning the use of the collected data would be valuable to reflect design and delivery development and change in more detail.

The team asked the provider about how they communicate reasonable adjustments for any student and were told that Reasonable adjustments for students with disabilities are communicated through formal inclusion plans, involving module leads and DPPs in clinical practice. The provider confirmed that formal agreements, now called the Rain Practice Plan (RAPP), ensures shared understanding and implementation of adjustments throughout the training journey.

Standard 3: Management, resources and capacity

Standard met/will be met? Yes No

The team was satisfied that 5 of the six criteria relating to the management, resources and capacity continue to be met with 1 criterion subject to a condition.

The programme lead, an HCPC registered paramedic advanced practitioner and independent prescriber, heads a diverse NMP team, including clinical pharmacists, nurse prescribers, and service users. Timetables ensure sessions are led by the most skilled personnel.

DPPs receive essential resources at the programme's start, including a handbook and contacts. Students and DPPs are each assigned a university-based academic assessor (AA) for clinical support. Communication protocols outlined in handbooks ensure effective collaboration.

Students are empowered to raise concerns through the online CAT on the PARE platform, supported by a comprehensive welcome letter and programme handbook. The university's Learning and Teaching strategy emphasizes inclusivity and excellence. The programme, open to diverse healthcare registrants, integrates formal learning with clinical practice, supported by advanced simulation technology.

Regular meetings ensure programme reflection and improvement. DPPs receive necessary support and formal communications from AAs. Timely communication is facilitated by the online CAT platform. Formal communication intervals are maintained, as specified in programme documents.

The team asked about risk management processes to address and mitigate against risk to the programme. The provider explained that the risk management process in place, includes establishing plans during programme validation to address various risk typologies. Key risks, such as staff qualification deficits, are mitigated by a diverse team of qualified prescribers. Recruitment processes include scrutiny of Staffing Structure Reports (SSRs) to ensure preparedness for unexpected deficits. The programme's location within a medical school grants access to qualified support staff. Governance risks, including staff skills and quality assurance, are managed through internal evaluation processes and committee structures. External scrutiny occurs through annual reporting and external examiner assessments. Any concerns regarding student practice trigger suspension pending investigation, with a professional suitability process in place. Staff qualifications and teaching quality are assured through peer observation and continuous professional development (CPD). Learning agreements, recorded in the application form, outline roles and responsibilities, supplemented by regular communications with DPPs and AA's. The provider further confirmed that in cases of staff illness, line managers cover absent roles, prioritising specialist needs. Contingency plans include the selection of appropriate replacements, with the head of the division authorised to recall staff if necessary. Collaboration with the Nursing and Midwifery Council (NMC) ensures a robust contingency process.

The provider explained that learning agreements outlining the roles and responsibilities for DPPs and employers are embedded within the application form. This includes the employer agreeing to support the student through the programme and the time to be released for study. The DPP also completes and signs a declaration in the application form confirming that they will support the student and that the learning environment meets the mandatory requirements.

The team wished to know more about the learning agreement with regards to the pharmacist in training that covers all learning, teaching and practice environments that outline the roles and responsibilities and lines of accountability. In particular, how the learning agreement is implemented and used to provide support to the pharmacist throughout the course. The team could not see how this learning agreement was embedded within the application form that covered the criteria as detailed above. The team noted that there was a learning contract contained within the Learning Needs Analysis (LNA) that the pharmacist completes prior to commencing the programme, however, the team noted that this was optional rather than mandatory. The team therefore set a condition that the provider must adapt the learning contract that is currently in place to ensure that it covers all learning, teaching and practice environments outlining roles and responsibilities and lines of accountability. This is because although a learning contract is available, this does not outline all of the criteria and the learning contract referenced is optional rather than mandatory. This is to meet criterion 3.3.

The team asked the provider to confirm how many cohorts are being applied for as part of this event and the provider confirmed that it is aiming for five cohorts, with 40 students per cohort. The provider also confirmed that flexible admission processes accommodate diverse student backgrounds, with a potential fifth cohort catering specifically to community nurses.

The provider confirmed that all staff receive comprehensive support, including probationary processes, learning and teaching certifications, and study leave opportunities. The provider further confirmed that DPPs receive support from AAs, with online platforms facilitating regular communication and training opportunities.

The team asked the provider to exemplify where they had experienced the process in place for raising concerns about a student, via the DPP; the provider detailed that this would take place through a process involving the module lead, which would lead to a discussion and relevant support plan being designed and implemented and further reviewed. The provider confirmed that the student affected would also receive appropriate support and possible deferral recommendations where appropriate, with plans in place to ensure their needs were met upon return.

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 NMP programme is continuously monitored and reviewed to ensure it meets student and stakeholder needs and adheres to professional standards. Planning involves staff, partners, service users, students, and the external examiner, focusing on education prescribing standards. Feedback from students is actively sought through meetings and evaluations. Quality assurance meetings review feedback and assessment results, with input from the external examiner. The University employs a robust monitoring process for programme enhancements. Student representatives collect feedback, which influences programme improvements. Various feedback channels, including online evaluations and direct communication, ensure student voices are heard. Teaching staff undergo peer observation to maintain educational quality.

The provider detailed an example where the programme review process involving student feedback, had effected a change in design/delivery. The provider recalled an example regarding the numeracy assessment, which required a 100% pass rate. Students had expressed psychological worry and difficulty in understanding the questions, leading to misinterpretation rather than a lack of mathematical skills. Following a programme planning meeting involving students and local area leads, the provider confirmed that all numeracy examination questions were rewritten to enhance clarity. Changes were then subject to consultation with stakeholders, including staff, previous students, and external examiners, which resulted in positive feedback and improved question wording without altering the content.

The team asked the provider how it stays abreast of changes in the broader health care environment and the provider confirmed that this was largely achieved by active clinical participation of practicing staff members. Further methods to ensure this were confirmed by the provider as involving regular feedback from students, module evaluations, and dedicated sessions for reporting discrepancies. These facilitate identification of areas needing adjustment. The provider further confirmed that any feedback is then discussed in programme planning meetings and incorporated into the CME process, ensuring alignment with best practices and guidelines.

The provider gave a specific example involving changes in drug prescribing by paramedics to exemplify the process in place, which included opportunities for discussion in programme planning meetings to consider the impact on various healthcare professions, including pharmacists. The team noted that the provide has a strong emphasis on multidisciplinary team (MDT) working and this fosters a collaborative learning environment, promoting ethical practices across professions.

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 University of Chester implements a robust learning and teaching strategy across its programmes, including the NMP. The curriculum is guided by the RPS Prescribing Competency Framework (2021), ensuring alignment with GPhC standards. The programme offers structured theory days and clinical practice supervision, preparing pharmacists for independent prescribing. Various teaching methods are employed, with emphasis on lectures, tutorials, simulation, and group work. Prior learning exemptions are considered, and pharmacist students contribute to programme planning. Regular reviews by the Programme Planning Team ensure the programme meets stakeholders' needs.

Students adhere to professional conduct standards, supported by handbooks and academic tutors. AA's maintain communication with DPPs, ensuring ongoing support and addressing concerns promptly.

The team asked the provider about exemption from clinical skills days and were told that this is granted only to pharmacy students following the advanced clinical practitioner pathway who have already completed their clinical skills assessment.

Interprofessional learning is fostered in the programme through case study discussions and group debates, where students draw from their diverse experiences to enrich discussions. Pharmacology sessions exemplify this approach, with pharmacists imparting formulary skills to other professions like nurses, podiatrists, and dietitians. These interactions enhance understanding of NMP and clinical practices across different care settings.

The team asked about employer engagement and how this was achieved, and the provider confirmed that engagement with employers and course commissioners is integral to course design and delivery. The Programme Planning Team, which comprises teaching staff, department heads, representatives from assessment offices, NMP leads from trusts, current and past students, and service users meets bi-monthly and offers an opportunity for the provider to facilitate updates through collaborative input, bringing about relevant change to course design and delivery and a sustained level of engagement with employers. The provider confirmed that patient and public engagement extends beyond Programme Planning Team meetings and involves service users in programme committee meetings to include soliciting feedback on student and assessor performance during OSCEs. Regular engagement with service users ensures course refinement aligns with patient and public needs.

The team asked about fitness to practice (FtP) investigations; the provider indicated that they had not encountered recent examples.

The team asked how concerns relating to PIP training, DPPs, or the learning environment are addressed and this was confirmed by the provider as being via feedback mechanisms embedded in

the CAT document and faculty processes, which ensures prompt resolution and continual monitoring of placement concerns.

Students and DPPs are informed about the FtP mechanisms and this was confirmed by the provider as being through handbooks, which also ensures awareness of the policies governing their roles and responsibilities.

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.

The team asked the provider for assurance that the entire 90-hour Learning in Practice (LIP) occurs in clinical settings, and this was confirmed by the provider, with direct patient access ensured through meticulous documentation and review processes. The provider confirmed that the CAT document includes a log of hours spent with DPPs or clinicians and enables comments on the environment and how hours were obtained by the DPP. The provider confirmed that any concerns are addressed promptly with the student, academic assessor, and DPP, and additional hours offered if needed.

The provider confirmed that assessment of a proposed DPP's core competencies begins with self-declaration on the application form. Any queries are followed up directly, and potential DPPs are advised to complete an online course prior to applying which provides a self-assessment of competencies. Registration numbers are also verified to ensure compliance.

The team asked about a process for expressing and managing concerns about a DPP's suitability and were told by the provider that concerns may arise from various issues. Vigilance during the application process and cooperative safety measures help identify such concerns early and there is a process in place.

The team asked about who has responsibility for the final sign-off, and was told by the provider that this lies with the DPP, who must affirm the trainee meets all competencies and sign each one separately. New DPPs joining at different time points in the PIP trainee LIP period undergo a thorough application process and must meet all criteria before access to the CAT document is granted.

The team asked about the minimum supervised time for a PIP trainee with a new DPP before sign-off, and the Provider confirmed decisions are made on an individual basis. Students may be deferred to a second assessment period if hours with the original DPP were insufficient, ensuring robustness and patient safety.

The provider also confirmed that the DPP's statement on how a student meets competencies is actively reviewed as part of the application process, confirming thorough assessment and judgment.

Standard 7: Assessment

Standard met/will be met? Yes No

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

The University of Chester ensures thorough assessment standards for its NMP programme, guided by professional and regulatory bodies. At the application stage, students must secure a DPP for clinical practice supervision, crucial for meeting prescribing competencies. The DPP receives support materials and guidance from the university, with regular communication facilitated by AAs. Assessment methods include written exams, OSCEs, practice assessments, and formative reviews. There is zero tolerance for responses posing harm to patients during assessments, with all components requiring passing grades. Regular feedback and support are provided throughout the programme, with attendance expectations outlined in the handbook. Upon completion, successful students receive certification and annotation from the GPhC, with rigorous quality assurance procedures in place to ensure alignment with learning outcomes.

The team asked about assessments completed outside the university from a quality assurance perspective and the provider confirmed that externally completed assessments undergo thorough moderation and quality assurance processes to ensure standards are met. The Provider confirmed that the CAT document, reviewed by AA's, serves as the primary assessment tool, with the university acting as the second marker to the DPP. External examiners provide further scrutiny, assessing 25% of the CAT document to ensure quality and adherence to criteria, including alignment with the Royal Pharmaceutical Society (RPS) outcomes. Each page of the CAT document is meticulously reviewed to ensure competence against the RPS standards. To ensure consistency and suitability, academic assessors ensure that the learning outcomes (LO's) and marking criteria are applied at level 7 standards, regardless of individual DPP interpretations.

The team asked the provider how patient harm is safeguarded and this was confirmed by the provider as being subject to a stringent assessment process, with any instance of patient safety concerns resulting in an immediate fail. This encompasses physical and psychological harm, with service user feedback also considered. The assessment criteria include elements that result in an instant fail, aligning with WHO and NHS definitions of safe practice.

The provider also confirmed that external examiners play a crucial role in quality assurance, reviewing all fails to ensure consistency and adherence to standards. The external examiner, a non-medical prescriber (NMP) with nursing background, brings relevant expertise to the role.

The provider confirmed that whilst the university expects 100% attendance, a minimum threshold of 80% is set, with certain elements deemed compulsory regardless of attendance percentage. Students are made aware of this policy during launch day sessions, where the importance of attendance and engagement is emphasized, and mechanisms are in place to monitor attendance in real-time.

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.

At the start of the NMP programme, students receive essential information through a welcome letter and detailed handbook. The induction session provides an overview of the programme and demonstrates online resources. The NMP Moodle page and updated simulation suites enhance clinical

skills learning. An online clinical assessment tool, PARE platform, improves communication among stakeholders.

The programme's structure begins with DPP identification, fostering regular communication and tracking student progress. Diverse teaching methods, including lectures and simulation-based learning, encourage self-directed and peer learning. Assessments, both formative and summative, ensure fair evaluation, with each part requiring passing grades. The programme aligns with professional standards, and any potential patient harm during assessment leads to programme failure.

Feedback mechanisms, including formal evaluations and informal communication, facilitate continuous improvement. The handbook guides students on raising concerns, and the NMP team adheres to tutoring guidance from the GPhC.

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 team asked the provider how they ensure DPPs, especially those new to the role, engage with training and materials. The provider confirmed that this is integral to maintaining competency and standards, and that new DPPs are required to attend an online course and are monitored to ensure engagement with learning resources. AA's maintain regular contact to assess role competency and provide support. Additionally, recorded training sessions are available for reference.

The team asked the provider for examples of support provided to DPPs by AA's; examples were given which included addressing concerns raised by students regarding a DPP's ability to sign off due to sickness. In this case, a deferral was granted, and support was provided to both the DPP and the student to ensure competency. Another example involved proactive measures such as mentoring and buddying arrangements for DPPs and students in general practice.

The provider confirmed they make contact globally with all DPPs and thank them for their support, and further offer feedback from the CAT document and cohort generally. Positive feedback is acknowledged, and concerns or areas of improvement are communicated to commissioners. DPPs are invited to planning meetings where appropriate, particularly if they have demonstrated outstanding performance.

The team asked the provider for an example of feedback provided which led to improvement, and the provider described a situation where learning environment challenges were addressed by suggesting mentoring or buddying arrangements. Further examples where expectations are fully discussed, and solutions provided to DPPs had been demonstrated to be integral for developing and enhancing their own DPP performance.

