General Pharmaceutical Council

University College London independent prescribing course reaccreditation event report, May 2024

Contents

Event summary and conclusions	
Provider	University College London
Course	Independent prescribing course
Event type	Reaccreditation
Event date	20 May 2024
Approval period	August 2024 – August 2027
Relevant standards	**Standards for pharmacist independent prescribers, January 2019, updated October 2022**
Outcome	Approval with conditions The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by University College London should be reaccredited for a further period of three years, subject to two conditions.
Conditions	1. The University must introduce a robust arrangement for quality assurance of summative assessment of clinical and diagnostic skills. This is because the current arrangement does not allow for sufficient oversight of this assessment by the University course team for assurance that learning outcome 19 is met. This is to meet criteria 7.1, 7.2 and 7.7 and learning outcome 19. 2. The University must develop an appropriate mechanism for providing feedback to all DPPs. This could be in the form of summary feedback from the student cohort or individualised feedback but must be provided to each DPP, not just those where particular issues have arisen. This is to meet criterion 9.5. Evidence of how the University has addressed the conditions must be sent to the GPhC, for approval by the accreditation team. This must be done by **12 July 2024**.
Standing conditions	The standing conditions of accreditation can be found **here.**
Recommendations	1. To maintain staffing levels by recruiting a replacement for the member of the course team who has recently left, and to monitor staff and external tutor resource on an ongoing basis to ensure it remains sufficient to support the programme, taking feedback from students and DPPs into consideration. This relates to criteria 3.4 and 3.6.

Minor amendments	• To revise the application form to prompt applicants to declare registration details for any other healthcare regulator with which they hold registration. This relates to Standard 1. • Reference to the GPhC setting requirements for the make-up of selection panels must be removed from all documentation within the School. This relates to Standard 1. • Programme information must be amended to make clear that successful completion of the programme is not a guarantee of annotation or future employment. This relates to Standard 1 and the Standing conditions of accreditation. • To ensure that information within programme materials and on the University's website makes clear that although other healthcare professionals may supervise the student, they may only have one DPP. This relates to standards 1 and 6. • To update programme materials to remove reference to the number of days of learning in practice that must be undertaken. The standards require a minimum of 90 hours but do not specify over how many days this should be undertaken. This relates to Standard 6. • To remove reference to Designated Medical Practitioner (DMP) from all programme materials. This relates to Standards 6 and 9
Registrar decision	Following the event, the provider submitted a response to the conditions and accreditation team was satisfied that the conditions have been addressed satisfactorily and that associated criteria were now met. The Registrar[1] of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of 3 years.
Maximum number of all students per cohort	70 split into groups of no more than 35 for teaching
Maximum number of pharmacist students per cohort	70 split into groups of no more than 35 for teaching
Maximum number of cohorts per academic year	Two intakes of 70 students each per year, split into groups of no more than 35 for teaching purposes
Approved to use non-medical DPPs	Yes
Key contact (provider)	Amira Shaikh, CEPIP Academic Lead, Lecturer (Teaching),

[1] Registrar or appointed delegate

Provider representatives	Ms. Amira Shaikh (CEPIP Academic Lead, Lecturer) Mr. William Swain (Lecturer (Teaching) & Associate Director of Clinical Education) Mr. Rajinder Bhamra (Lecturer (Teaching)) Professor Ian Bates (Professor of Pharmacy Education, Chair of Pharmacy Education) Professor Cate Whittlesea, Director of Pharmacy
Accreditation team	Dr Gemma Quinn (event Chair) Head of School of Pharmacy and Medical Sciences, University of Bradford Dr Fran Lloyd (team member – academic) Associate Postgraduate Pharmacy Dean, NICPLD, Queen's University Belfast Hannah Poulton (team member – lay) Non-Executive Director, Lay Member and Consultant Marketing Director
GPhC representative	Philippa McSimpson, Quality Assurance Manager (Education) General Pharmaceutical Council
Rapporteur	Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The accreditation process is based on the GPhC's standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022.

The Pharmacy Order 2010 details the GPhC's mandate to check the standards of pharmacy qualifications leading to annotation as a pharmacist independent prescriber. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit the **website**.

Background

The Clinically Enhanced Pharmacist Independent Prescribing (CEPIP) course is provided by University College London (UCL) School of Pharmacy, which is a Department of the Faculty of Life Sciences at UCL. The CEPIP course is provided under the umbrella of the Postgraduate Diploma in General Pharmacy Practice programme, which is a part-time programme introduced in 2007 as a workplace-based programme linked to a postgraduate award. The diploma programme also forms the postgraduate professional training programme for junior pharmacists primarily in the immediate post-registration phase of their career. The course is a 60-credit module offered at FHEQ level 7 accessed either as a standalone course leading to a PG Certificate in General Pharmacy Practice (Prescribing), or as an option embedded course within the General Pharmacy Practice diploma (PG Dip GPP).

One recommendation was made at the last accreditation event on 19 May 2021. This was that UCL undertake a review of quality assurance of the assessments carried out in the period of learning in practice to ensure consistency of assessment is maintained across all learning environments. This was in relation to criteria 4.3 and 7.7.

The submitted documentation explained that a change to the course assessment was approved by UCL and GPhC in May 2023. The main change was to remove a 4,000-word prescribing plan and incorporate the learning outcomes assessed previously in this plan into the portfolio. The portfolio is now assigned a mark and contributes to 50% of the overall module mark. In addition, the OSCE has been modified; previously there were six x 15-minute stations, each with 3 minutes of reading time. Physical examination skills were included as part of the OSCE. This has now been reduced to 4 x 10-minute stations with 10 minutes reading time, with physical examination being assessed in class.

Two hundred and seventy-two pharmacists have taken the course since the previous accreditation event with 208 passes and with 56 either on interruption of study or being still to be assessed.

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 20 May 2024 and comprised several meetings between the GPhC accreditation team and representatives of the University College London 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

Dr Quinn declared that she had undertaken her Diploma qualification at the London School of Pharmacy some 20 years ago. As this was not a GPhC-approved course, it was agreed that this did not constitute a conflict of interest.

Schedule

Meeting
Private meeting of the accreditation team and GPhC representatives
Meeting with course provider representatives
Learning outcomes testing session
Private meeting of the accreditation team
Deliver outcome to the provider

Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of **six** learning outcomes during the event and agreed that one of the 32 learning outcomes **was not met** to the level required by the GPhC standards. The following learning outcome was not met: **19.** The following learning outcomes were tested at the event: **2, 5, 13, 19, 22 and 23.**
The learning outcome that was not met will need to be addressed before reaccreditation can be confirmed (see condition 1).

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 ☒
The team agreed that Learning Outcome 19, "Demonstrate clinical and diagnostic skills in clinical setting appropriate to their scope of practice", was not met. See commentary to Standard 7 below.
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. Four criteria require minor amendments.

The submitted documentation stated that information on entry criteria is publicised on the UCL course website, in the Application Pack and in the Applicant Guidance document. Applicants complete a UCL online application form with general information on the applicant within the central UCL Select Application System and also upload a completed Application Pack into the UCL Select Application System which requests information and evidence specific to the course. The entry requirements for the course are stipulated by the GPhC, including that the pharmacist applicant has relevant clinical or therapeutic experience in their chosen area, and has a designated prescribing practitioner, DPP, that has agreed to supervise their learning in practice and who meets the criteria for acting as a DPP. The team was told that as the course is only open to pharmacists, only registration with the GPhC and/or PSNI is checked; pharmacists declare any other professional registrations. The team was also told that applicants are asked to discuss their scope of practice and experience, plus any analysis of needs. The UCL course team is responsible for applying the selection criteria consistently and in an unbiased way that meets relevant legislation. The admissions process adheres to the UCL Academic Manual. Equality and human rights legislation is embedded in these principles. All staff members involved in the admissions process have undergone annual online diversity training and unconscious bias training. The team learned that applicants who have not fully demonstrated the entry requirements in their application will be invited for interview where they will be asked to provide further evidence to demonstrate the requirements. Interviews on Teams will be carried out by two members of the course team, always including the course leader. The interview will focus on clarifying any areas of uncertainty in order to give the applicant an opportunity to demonstrate that they meet the entry requirements. The team was told that there are no standard interview questions, but rather questions are based on what is missing in the application. The final decisions on applications are recorded on UCL Select with a reason if applications are rejected. Applicants that are rejected, generally based on an incomplete application pack, are provided with feedback via a template rejection letter on why they do not meet the entrance criteria and the types of experience and skills they could consider acquiring before reapplying. An example was given of an applicant refused admission on the basis of insufficient experience.

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 continue to be met.

The School of Pharmacy has an Equality, Diversity and Inclusion Committee which is responsible for coordinating the gathering of data and other qualitative and quantitative information for the School and facilitating its analysis to identify key findings, gaps, and areas that will require further research and feed into action planning. The team was told that the demographics of TiPs are reviewed annually to inform curriculum design, for example, making OSCE stations more diverse. The documentation explained that the course has been developed to meet the diverse requirements of learners, rather than having to make adaptations at a later date to meet an individual's needs. This includes using multiple modes of representation to provide core learning, sourcing relevant videos and images as well as text, and providing further learning resources if a learner needs to study a concept in more depth, or needs an alternative presentation. The video hosting site, Lecture Cast, provides transcripts to all video content. In the online learning, a mix of discussion groups, MCQ tests, short answer responses, and interactive responses using Mentimeter is used to enable learners to engage with others and express their views. In the face-to-face learning, a range of techniques is used to enable TIPs to engage including small group work, paired work, whole class response and interactive presentation software allowing voting and anonymous audience response. The team learned that, on the return to face-to-face teaching post-pandemic, the previously-used eight face-to-face study days have been reduced to five face-to-face days, along with three online learning days in order to make attendance easier. Examples of efforts to avoid bias in teaching include coverage of black cardiovascular, skin and mental health issues, along with sex differences.

In the period of learning in practice, learners are encouraged to access a range of different learning experiences, and to learn from different people within the multi-disciplinary team. Learners are in control of their learning both in the learning in practice time, and the online learning, setting their own goals as they progress through the course. The course team has undertaken an Inclusive UCL Curriculum Health Check to support staff to reflect on how to embed the principles of inclusivity in all aspects of the academic cycle. TIPs with disabilities are assessed by UCL Disability Services, who will make recommendations as to whether any adjustments are required. Although extra reading time will be provided if this is needed, extra time is not provided for TIPs in OSCEs as the stations are designed to be real world scenarios that ensure that TIPs are not expected to complete tasks in the OSCEs that would not take place in a clinical setting. Reasonable adjustments required in the learning in practice time will be discussed with the TIP and the DPP at the tripartite review meetings. It was stressed that learning outcomes are not modified and must be met. An example was given of a TiP with a physical issue that was resolved by the use of technology.

The online learning includes a specific activity focused around understanding and meeting the legal responsibilities under equality and human rights legislation and respect diversity and cultural differences. TIPs are directed to the Equality Act 2010 and are asked to source the prescribing policy for their organisation to review it for reference to Equality and Diversity. It is also taught in the online learning about the patient's own beliefs, perceptions, expectations and attitudes to their health needs, together with developing an understanding of how the patient's cultural and ethnic needs can influence prescribing. This is reinforced through the use of a diverse range of patient cases during the clinical skills study days.

Standard 3: Management, resources and capacity

Standard met/will be met? Yes ☒ No ☐

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

The roles and responsibilities of all those involved in delivering the course are delineated in the Course Management Plan. The roles of course tutors and assessors, and those of the DPP and the TIP, along with the course provider, are included in a Tripartite Agreement between the three parties which is reviewed, agreed and signed at the first tripartite review meeting which takes place within the first six weeks of the course. The organisation supporting the learning in practice time is required to confirm that there is sufficient and appropriate support and capacity, including time.

The documentation stated that UCL has been delivering four cohorts of 30 pharmacists each, with two intakes per year in October and April, but made a change request to the GPhC in May 2023 to increase the cohort sizes to 35 pharmacists, 70 per intake. The staff resource for the course currently totals approximately 3.7FTE, with a 1.6 FTE course team, all of whom are annotated prescribers. This is made up of three members of academic staff supported in the delivery by a learning technologist, and an administrator. In addition, the team was told that five external clinicians/practitioners are employed on casual contracts totalling 0.4 FTE, as and when needed to support delivery. The team noted that staff FTE has decreased from 6.4 FTE at the last accreditation event in spite of increasing student numbers. It was explained that the course is now well-developed and well-established, having been running for nearly six years. In addition, how learning, assessment, and the way academic and pastoral care are delivered, has been restructured and streamlined. The team was told that the School has applied to the University for a 1.0 FTE full-time replacement for the previous course leader who resigned recently; it is planned that the appointee would contribute significant time to the IP course. The team agreed that there be a **recommendation** that staffing levels be maintained by recruiting a replacement for the member of the course team who has recently left, and to monitor staff and external tutor resource on an ongoing basis to ensure it remains sufficient to support the programme, taking feedback from students and DPPs into consideration. This relates to criteria 3.4 and 3.6.

Teaching of prescribing skills takes place in one of the teaching rooms at the School while clinical skills teaching takes place in the Clinical Skills Suite in the School. A bespoke on-line learning package designed to support and augment learning delivered during the study days and from the learning in practice time is provided via Moodle. The online learning makes use of discussion and collaboration tools such as Mentimeter, Microsoft Teams and online forums to support learning.

Tripartite reviews will take place within six weeks of the TIP starting the course, and approximately halfway through the course: within month four for those completing in six months; within month five for those completing in nine months; and within month six for those completing in 12 months. The team learned that eight persons, including the external tutors, liaise with the DPPs and conduct the tripartite meetings, each having responsibility for five or six TiPs.

Standard 4: Monitoring, review and evaluation

Standard met/will be met? Yes ☒ No ☐

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

The course is the compulsory module for the PG Certificate in General Pharmacy Practice (Prescribing). This programme received approval from the Programme and Module Approval Panel, PMAP, in May 2018, which has been amended since the previous reaccreditation event to reflect changes to assessment and to entry criteria in response to the GPhC revised entry criteria.

The documentation explained that Internal Quality Review, IQR, is the UCL central academic quality management and enhancement process. IQR is a risk-based programme of peer review. In addition, a Department Education Plan, DEP, covers all programmes offered by the School and records the enhancement activity to improve the student education experience and/or student outcomes in areas that present a comparatively high risk. A DEP must be informed by the review of key education and student outcomes metrics, through discussion with colleagues, both internal and external to the department, and in partnership with students. The team was also told of a Postgraduate Professional Programmes Board, along with a Postgraduate Examination Board, that plan to adopt a more holistic and seamless approach to quality assurance across all the School's programmes. These will produce an annual report and action plans.

The IP programme Steering Group identifies areas for change and improvement based on feedback from students, DPPs, and tutors. These include the increased use of simulation, and changes in assessment.

New members of the UCL course team undertake professional development in teaching and learning through the UCL Arena 2 programme and all UCL staff undergo annual appraisal, and take part in pair-based teaching observation on an annual basis. Course tutors and assessors are required to attend an annual training session to update them on changes to the course, and to address any specific training needs, for example, giving feedback or undertaking the progress reviews.

Four examination boards are held per year. Course evaluations and any proposed changes are discussed with the external examiner. Any recommendations from the external examiner are entered into the course action plan and discussed at the Steering Group which meets twice per year. Feedback is obtained from TIPs through monitoring of questions asked on the 'Ask a Question' forum, the mid-point and end of course surveys and feedback surveys on study days when changes or implemented new teaching have been introduced. The main examples of change were that the previously used Prescribing Plan had been overwhelming for students, tedious to mark and was not reflective of practice or a good assessment of competence. This has now been incorporated into the portfolio assessment. Student feedback has also resulted in the production of a guide on ethnicity and gender. Feedback is obtained from the DPPs through monitoring of questions asked and issues raised during the tripartite reviews, and the DPP feedback and end of course surveys.

Standard 5: Course design and delivery

Standard met/will be met? Yes ☒ No ☐

The team was satisfied that all ten criteria relating to the course design and delivery will continue to be met.

The Learning and Teaching strategy details how the course content, design and delivery will allow pharmacists to demonstrate the knowledge and skills to meet the GPhC learning outcomes. The 60-

credit course totals 600 hours of learning including 240 hours, approximately 32 days, of structured learning activities as a mix of online learning and study days, with a flexible completion time to recognise the differing experience of entrants. The online learning constitutes 180 hours of structured learning designed for generalist pharmacists with little prescribing experience. The Prescribing Portfolio allows pharmacists to reflect on their knowledge and experience, and identify their learning needs; they undertake a learning needs analysis with their DPP as part of the initial application process. The portfolio builds on the initial learning needs analysis and, before the first tripartite review, pharmacists are required to develop a learning contract with the DPP defining their learning needs in relation to their scope of practice, the relevant prescribing competencies and physical examination skills.

The core course team consists of three pharmacists, the course lead and two part-time staff members. All three are pharmacist independent prescribers, and are supported by other UCL pharmacy staff as described in the commentary to Standard 3 above. The course Steering Group includes Academic Lead for the course (Deputy Chair), the Lead Academic Advisor for the course (Chair), UCL Tutors, pharmacist prescribers from different areas of practice including hospital trusts, GP Practice, Urgent Care and community pharmacy, a representative from UCL Medical School, a DPP representative, a patient or carer, and a recent CEPIP alumni.

The team was told that the School has set up a dedicated and funded, Department-wide Patient Public Involvement Panel with the specific aim of providing input into course design. The Panel, which meets four times per year, has eight to ten members from a wide range of ethnicity and neurodiversity. The CEPIP course team has met with this panel on one occasion when a mental-health OSCE station was proposed, along with other suggestions to make the OSCE stations more true-to-life. In this context, the team noted that the number of OSCE stations had been reduced from six to four since the previous reaccreditation and the 2023 Change Request.

The DPP handbook and induction video provide guidance to the DPP about what constitutes supervision, and that the pharmacist must not prescribe independently until they have successfully passed the course and been annotated. They also include the need to ensure that when DPP supervision is delegated, it is to appropriately qualified and experienced members of staff. A training package for DPPs on delivering the Medicine Related Consultation Assessment Tool (MR-CAT) and Case-based Discussion (CbD) assessments is available on Moodle.

Mechanisms for identifying patient safety and potential harm in the TIP's coursework is included in marking guidance for summative assessment. Tutors also use this marking guidance to provide feedback on formative assessment. Where an assessor/tutor identifies that a TIP has failed to identify a serious problem or given an answer which could cause the patient harm the course team will review the TIP's work. The team wished to know if a student who is deemed to have caused patient harm in one of the OSCE stations could pass the overall OSCE if they do well in other stations. It was told that the cut scores for the stations are determined using the Angoff method but that if a TiP achieved the cut score but failed a station on safety grounds, they would benefit from retaking the entire OSCE. However, in the case of a TiP failing a station due to poor communication with the actor/patient they would not necessarily fail the entire OSCE.

If a fitness to practise concern arises during a pharmacist's normal duties as a pharmacist, this should be dealt with by the employer, but they are expected to notify UCL of any changes in circumstances relating to their fitness to practise. The process for the pharmacist to raise concerns about their

learning in practice time, and the other aspects of the course that are administered by the School are included in Course Management Plan.

Standard 6: Learning in practice

Standard met/will be met? Yes ☒ No ☐

The team was satisfied that all five criteria relating to the learning in practice will continue to be met. Three criteria require minor amendments.

The course includes at least 90 hours of learning in practice in a clinical setting appropriate to the pharmacist's area of practice and with direct access to patients. A representative from the organisation supporting the learning in practice time is required to agree that the organisation will support the minimum of 90 hours learning in practice time. At application, the pharmacist is required to detail how they plan to develop their competence in clinical assessment skills, which must include interaction with patients. The DPP is also required to provide a training plan for the period of training. Three tripartite reviews, together with the pharmacist's reflections on their learning in practice in their portfolio are the main mechanisms for monitoring that learning in practice requirements are being met. The DPP and pharmacist's understanding of the requirements is checked by the UCL tutor at the first tripartite review. The three tripartite reviews, together with the TIP's reflections on their learning in practice time in their portfolio are the main mechanisms for monitoring that learning in practice requirements are being met. Concerns will initially be dealt with within the tripartite reviews. The pharmacist is required to submit a log of their learning in practice, and the DPP signs a final statement that the learning in practice time was completed as per the requirements. Omission of the final statement will result in failure of the portfolio. The pharmacist's progress in demonstrating the competencies within the RPS Competency Framework for All Prescribers is checked at each tripartite review and, at the final review, the pharmacist should have evidence of achievement of all of the competencies within their portfolio.

If, for any reason, the DPP needs to change, the new DPP will be required to complete the DPP declaration and be approved by the course team. The record will be updated. The new DPP will be sent the DPP handbook and induction video. The UCL tutor will meet with the TIP and the new DPP and use the criteria for the first tripartite review meeting to ensure that the DPP understands the requirements of the role, and to plan how they will take over the supervision of the TIP.

Standard 7: Assessment

Standard met/will be met? Yes ☐ No ☒

The team was satisfied eight of the eleven criteria relating to the assessment will continue to be met with three criteria subject to a condition.

The submission explained that each GPhC learning outcome is assessed by at least two different assessment methods to enable triangulation and verification of the DPP's assessment of the learning in practice time, and maps the online learning and face-to-face learning against the GPhC learning outcomes. The team learned that attendance at the face-to-face study days, whether delivered in person or online, is compulsory with non-attendance requiring the TiP to attend the missed session at the subsequent cohort. A range of assessment methods is used to test achievement of the learning outcomes and prescribing competencies, including written coursework, reflective activities,

workplace-based assessments, and OSCEs. Pharmacists must pass each element of assessment in order to pass the course; there is no compensation allowed between assessments. TIPs that do not pass all assessments at the first attempt are allowed a reassessment opportunity for the failed assessment. This is normally taken at the next available sitting, in the case of the OSCE or, in the case of coursework, a resubmission deadline will be set for an appropriate date in the future to allow the TIP sufficient time to complete the assessment. University regulations do not permit a third attempt. A TIP that does not pass the course at the second attempt must leave the programme, and must not be permitted to re-enrol.

The submission explained that the Prescribing Portfolio and Case Studies assess at the 'Does' level as these assessments are embedded in the pharmacists learning in practice. These assessments focus on the TIP's identified area of practice. The case studies involve individual patients cared for by the pharmacist, including complex patients, with comorbidities or social circumstances that complicate their treatment. The OSCE is at the 'Shows How' level. Each OSCE station is assessed using an OSCE-specific analytical checklist and a global assessment of professional approach to assess communication skills. The assessor will score using the analytic checklist. The simulated patient, played by an actor, will score the global assessment of professional approach and agree this with the assessor.

The Prescribing Portfolio is the main assessment for the period of learning in practice time. The team learned that the Portfolio was marked previously on a pass/fail basis but now carries a weighted 50 percent mark. It includes structured activities in discrete sections of the portfolio including marked reflection on significant events that will enable the TIP to demonstrate achievement of the learning outcomes and prescribing competencies. This is in addition to structured observation and feedback by the DPP through the use of significant learning events including, Medicines-related Consultation Assessment Tool, MR-CAT, Case-based Discussion, CbD, and Peer Assessment, and assessment of physical examination skills. TIPs must complete at least three of both CbD, MR-CAT, and DOPs workplace-based assessments, ensuring that all elements have been assessed at least once. Overall, UCL tutors will make the final summative assessment regarding whether or not the pharmacist has met the learning outcomes and related prescribing competencies.

Successful completion of the period of learning in practice is a required element of the prescribing portfolio and therefore the pharmacist must pass the learning in practice time, signed-off by their DPP, in order to pass the course. Where a pharmacist is assessed by the DPP to lack competence in a particular area, a member of the course team will normally liaise with the DPP and TIP to agree a course of action. The team learned that if a TiP is undertaking the 12-month version of the programme, for currency, at least 30 hours of their learning in practice must take place during the final six months. To ensure consistency of assessments carried out during learning in practice time, a bespoke DPP training package has been developed, consisting of learning materials, video-recorded example consultations and assessments, and a critique by the course team. DPPs are invited to take part in critiquing the assessments as well as completing a small number of MCQs. Tutors check in with DPPs during the tripartite reviews to confirm engagement with the training package and answer any questions. TIPs are required to demonstrate their specific physical examination skills during the study days under the supervision of a course team member who provides formative feedback.

The team had some difficulty in understanding the assessment of clinical examination skills and its quality assurance. It heard that the DPP has to sign-off the portfolio, in which the TiP demonstrated competencies, but the DOPS in the portfolio were described as not being assessed summatively. The provider clarified that this was an error and that the DOPs are summative assessments and there

must be a competency sign off for all three within the portfolio. Clinical assessment skills were described as being taught during the study days at the University but assessed formatively. Taking into account that better quality assurance of the assessment process was a recommendation of the previous event, the team agreed that it be a **condition** that the University must introduce a robust arrangement for quality assurance of summative assessment of clinical and diagnostic skills. This is because the current arrangement does not allow for sufficient oversight of this assessment by the University course team for assurance that learning outcome 19 is met. This is to meet criteria 7.1, 7.2 and 7.7 and learning outcome 19.

Pharmacists are provided with feedback on their performance as they progress through the course. The external examiner for the programme reviews a sample of coursework and marking to ensure that the assessments are robust and appropriate and that the marking is fair and consistent. Consideration of the spread of marks, average marks achieved and inter-assessment variability for individual students is undertaken as part of the Board of Examiner processes to ensure reliability. Pharmacists must pass each of the three assessments (Case studies, Portfolio and OSCEs) in order to pass the course; there is no compensation allowed between assessments.

Standard 8: Support and the learning experience

Standard met/will be met? Yes ☒ No ☐

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

A representative from the organisation supporting the learning in practice time is required to confirm that the trainee independent prescriber will be supported and that sufficient time has been organised in order for them to complete all elements of the course, including attendance at the required study days and a minimum of 90 hours of learning in practice time. Also, that there is sufficient capacity and infrastructure to appropriately support the applicant in their studies in the organisation. A named tutor to each pharmacist provides both personal and academic support and attends the three tripartite reviews with the pharmacist and DPP. The TIP must record the reviews in their Prescribing Portfolio. UCL tutors must complete a review record and report this to the course team and alert the course team of any concerns they may have identified during the review. The tutor will confirm that an induction for the learning in practice time has taken place, and that effective supervision is in place. In line with the GPhC guidance on tutoring pharmacists and pharmacy technicians, apart from the tripartite meetings DPPs are expected to meet regularly with the pharmacist. The GPhC guidance on tutoring is included in the UCL tutor job description and tutors are reminded of the guidance at the biannual tutor training. The guidance is also included in the DPP roles and responsibilities in the tripartite agreement. The course has processes for the DPP to raise concerns about the pharmacist, including their fitness to practise, and for DPPs and pharmacists to raise concerns about the quality of the course.

Standard 9: Designated prescribing practitioners

Standard met/will be met? Yes ☐ No ☒

The team was satisfied that four of the five criteria relating to the designated prescribing practitioners will continue to be met with one criterion subject to a condition. One criterion requires minor amendment.

The documentation explained that applicants and DPPs are provided with information on the DPP roles and responsibilities, and the information required during the application process. Along with their qualifications and relevant experience, prospective DPPs have to provide evidence that is assessed by UCL that they have active prescribing competence applicable to the area of practice in which they will be supervising, along with appropriate patient-facing clinical and diagnostic skills with the ability to assess the pharmacist's skills. Where there are gaps or areas of uncertainty, the DPP will be invited for a professional discussion with the course team and may be asked to provide further evidence. Examples were given of DPPs that had not been accepted for the programme, due either to ongoing investigations or to insufficient experience.

All DPPs will be required to view an induction video and read the DPP Handbook. Feedback on DPP performance is collected at the tripartite review meetings. UCL tutors will collect information about the key issues that DPPs and TIPs are experiencing during the learning in practice time that may affect DPP performance. Questions and queries raised by TIPs in relation to DPPs on the Ask a Question forum, from TIPS at the mid-way and end of course surveys, and through Individual queries/concerns raised by TIPs are monitored. Generic feedback on DPP performance is collected at the tripartite review meetings, and from surveys and queries/concerns from pharmacists. The submission explained that individual feedback on performance, except in exceptional circumstances, will not be provided due to the one-to-one nature of the supervisory relationship between the pharmacist and DPP. Given the stipulation in Criterion 9.5 that feedback on their performance must be provided to DPPs the team agreed that there be a **condition** that the University must develop an appropriate mechanism for providing feedback to all DPPs. This could be in the form of summary feedback from the student cohort or individualised feedback but must be provided to each DPP, not just those where particular issues have arisen. This is to meet criterion 9.5.

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