

**London South Bank University independent  
prescribing course reaccreditation report,  
April 2021**



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## Event summary and conclusions

<b>Provider</b>	London Southbank University
<b>Course</b>	Independent prescribing course
<b>Event type</b>	Reaccreditation
<b>Event date</b>	20 April 2021
<b>Reaccreditation period</b>	July 2021 - July 2024
<b>Relevant standards</b>	<a href="#">GPhC education and training standards for pharmacist independent prescribers, January 2019</a>
<b>Outcome</b>	<p>Approval</p> <p>The accreditation team has agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the Pharmacist Independent Prescribing course provided by London South Bank University should be reaccredited for a further period of three years; there are no conditions and two recommendations.</p>
<b>Conditions</b>	There were no conditions.
<b>Standing conditions</b>	The standing conditions of accreditation can be found <a href="#">here</a> .
<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. Although the accreditation team acknowledges that the course provider has processes for identifying unsafe practice, the team could not see evidence of the formal mechanisms to investigate and review cases of potential harm (unsafe practice). It is therefore a recommendation that the provider should develop a formal documented mechanism for identification and review of cases of potential harm (unsafe practice) demonstrated for both academic assessment and supervised practice. This is in relation to criterion 5.8.</li> <li>2. The team could see limited evidence of how future DPP applications would ensure that the core requirements, as listed under criterion 9.2, would be assessed so that the prospective DPPs can provide evidence of how they meet the criteria, and that this can be assessed by the provider. The provider should develop a process and revise their application form to reflect the core requirements. This is in relation to criterion 9.2.</li> </ol>
<b>Minor amendments</b>	<ul style="list-style-type: none"> <li>• Criterion 1.1. The University should note that registration with the Pharmaceutical Society of Northern Ireland (PSNI) is acceptable for entry to the programme.</li> </ul>

	<ul style="list-style-type: none"> <li>• Criterion 1.1. Reference is made to the need for a ‘current CRB’; thus should be amended to reflect the need for a current Disclosure and Barring Service (DBS) certificate.</li> <li>• Criterion 3.2: Reference, including cross-reference to the GPhC Learning Outcomes, is made in the documentation to the previous GPhC Standards; this requires amendment to refer to the 2019 Standards for the education and training of pharmacist independent prescribers.</li> <li>• Criterion 3.3: The provider’s commentary refers to the 2016 RPS standards. These were updated in March 2021 and materials should be updated accordingly. The University should ensure that all materials are reviewed, and that terminology is up to date.</li> </ul>
<b>Registrar decision</b>	Following the event, the Registrar of the GPhC accepted the team’s recommendation and approved the reaccreditation of the course for a further period of three years.
<b>Maximum number of all students per cohort:</b>	50
<b>Number of pharmacist students per cohort:</b>	50
<b>Number of cohorts per academic year:</b>	Six
<b>Approved to use non-medical DPPs:</b>	Yes
<b>Key contact (provider)</b>	Bernadette Rae
<b>Provider representatives</b>	Dr Sharon Rees, Associate Professor Bernadette Rae, Associate Professor/course director Anissa Djerbib, Senior Lecturer/deputy course director Mohammed Miah, Senior Lecturer Shalini Ganasan, Senior Lecturer
<b>Accreditation team</b>	Professor Chris Langley (event Chair), Professor of Pharmacy Law & Practice and Head of the School of Pharmacy, Aston University; Deputy Dean, College of Health and Life Sciences  Lyn Hanning, Director of Practice Based Learning and Head of Pharmacy Practice, University of Bath  Dr Cathy O’Sullivan, Workforce Development Consultant
<b>GPhC representative</b>	Chris McKendrick, Quality Assurance Officer, GPhC
<b>Rapporteur</b>	Professor Brian Furman, 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 reaccreditation process is based on the GPhC's standards for the education and training of pharmacist independent prescribers January 2019.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation as a pharmacist independent prescriber is the Pharmacy Order 2010. 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:

<http://www.legislation.gov.uk/uksi/2010/231/contents/made>

### Background

London South Bank University (LSBU) was accredited by the GPhC in 2014 to provide a programme to train pharmacist independent prescribers for a period of three years, and then re-accredited in 2017. Following the reaccreditation event in May 2017, which was against the previous GPhC standards for the education and training of pharmacist independent prescribers, the GPhC set one condition and made one recommendation. The condition, which was duly met, required the University to accurately map the programme learning outcomes to the GPhC learning outcomes, using the correct outcomes across the module documentation, and clearly communicating details of the GPhC learning outcomes to students and DMPs; the assessment strategy was to be revised appropriately. The recommendation was that the University should devise a strategy for ensuring that a pharmacist student who missed a session on clinical examination and diagnostic skills could attend an equivalent teaching session; this was addressed and subsequently approved by the GPhC in June 2017.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 20 April 2021 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 reaccreditation team and it was deemed to be satisfactory to provide a basis for discussion.

## The event

Due to the Covid-19 pandemic, the GPhC modified the structure of the event so that it could be held remotely. The event was held via videoconference between London South Bank University and the GPhC on 20 April 2021 and comprised a number of meetings between the GPhC reaccreditation team and representatives of the London South Bank University prescribing course.

Students who were currently undertaking the course, or who had completed it in the last three years, contributed to the event by completing a qualitative survey, responses to which were reviewed by the GPhC accreditation team; three students responded and their views have been incorporated into the report.

## Declarations of interest

There were no declarations of interest.

## Schedule

### The event

Meeting number	Meeting	Time
1.	Private meeting of accreditation team and GPhC representatives	09:30 – 10:30
2.	Meeting with course provider representatives	11:00 – 13:00
	Lunch	13:00 – 14:00
3.	Learning outcomes testing session	14:00 – 14:30
4.	Private meeting of accreditation team and GPhC representatives	14:30 – 15:30
5.	Feedback to course provider representatives	15:30 – 15:45

# Key findings

## Part 1 - Learning outcomes

During the event 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 a separate meeting with the provider and was satisfied that **all 32 learning outcomes will be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **3, 7, 10, 19, 23 and 32.**

### Domain - Person centred care (outcomes 1-6)

Learning outcomes met? Yes  No

### Domain - Professionalism (outcomes 7-15)

Learning outcomes met? Yes  No

### Domain - Professional knowledge and skills (outcomes 16-20)

Learning outcomes met? Yes  No

### Domain - Collaboration (outcomes 27-32)

Learning outcomes met? Yes  No

## Part 2 - Standards for pharmacist independent prescribing course providers

### Standards 1 - Selection and entry requirements

Standard met? Yes  No

**The team was satisfied that all six criteria relating to the selection and entry requirements will be met. Criterion 1.1 requires minor amendments.** (The criteria can be found [here](#))

The selection criteria, which are on the University website, specify that pharmacist applicants must be registered with the General Pharmaceutical Council, have at least two years' post-registration experience within the UK, and at least one year of experience in the intended field of prescribing. They must also demonstrate an identified need for prescribing within their specified clinical practice, be working clinically for a minimum of 25 hours a week in healthcare, and have support from their employing organisation, as well as having an identified prescribing clinician willing to act as clinical facilitator.

Wishing to know what training is undertaken to ensure that selection happens in an unbiased way, the team was told that all members of staff, including those concerned with admissions, undergo mandatory, annual EDI training, as well as training in unconscious bias. The course representatives told the team about the application process, whereby all applications are made online accompanied by any necessary documentation. Applications are dealt with by the course administration in liaison with the Course Director or her deputy. Each part of the application is checked against the criteria specified by the PSRB, in this case the GPhC, for example, to ensure that the candidate has been qualified for the appropriate length of time, along with checking their GPhC registration and that no cause for concern has been flagged. The DPP's registration details and experience are checked and it is ensured that the necessary agreement is complete to meet all requirements. The area in which the applicant intends to prescribe is considered; this is covered by the personal statement. Anything missing from the application must be completed before an offer of a place is made; failure to verify all requirements will mean rejection of the applicant. In response to the team's wish to know how evidence is verified and triangulated as part of the application process, the course representatives emphasised that there is a thorough checking process, illustrating its effectiveness with examples of where the DPP did not meet the criteria, an applicant had not been sufficiently long-qualified, and an applicant's professional personal identification number had been incorrect; if the application is not approved initially, further evidence is sought, with subsequent steps taken as appropriate.

The team noted that two minor amendments are required in relation to entry requirements (criterion 1.1). First, the University should note that registration with the Pharmaceutical Society of Northern Ireland (PSNI) is acceptable for entry to the programme. Second, reference is made to the need for a 'current CRB'; this should be amended to reflect the need for a current Disclosure and Barring Service (DBS) certificate.



## Standard 2 - Equality, diversity and inclusion

Standard met? Yes  No

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

The documentation described how the University's Equality, Diversity and Inclusion policy applies throughout a student's journey from selection to completion, as well as to the marking, moderation and oversight of process and results by the Examination Board. This includes any reasonable adjustments that are required for students who have identified learning needs, as well as ensuring universally accessible learning areas in the University, and any lack of bias based on protected characteristics. Wishing to know if any reasonable adjustments had been needed, and how it was ensured that such changes did not affect the standard required to demonstrate safe and effective practice, the team was told that such adjustments were not uncommon, this occurring in almost every cohort. If it is suspected that students have needs that have not already identified by the University, such as dyslexia or dyscalculia, they would be referred to the University's Disability and Dyslexia Support Department. Examples of appropriate adjustments include allowing 25% additional time in examinations, permitting an extra two weeks to submit course work, allowing a student to use a computer with appropriate software in an examination, and dealing with mobility issues. Adjustments are addressed individually so that students can keep up with the work without any disadvantage. The course representatives emphasised that standards were not compromised by these adjustments, although different means of meeting the standards were employed, ensuring the personal and academic development of the affected students. The pandemic allowed reflection on how students have different learning needs and how these can be met, for example, through recording material, using appropriate formats, providing additional tutorials, and addressing individual needs, such as those of a student who could not attend because of Ramadan.

In response to the team's wish to learn how equality and diversity data have been used to improve the course design, the course representatives described how equality and diversity are threaded throughout the programme. Service users with different needs, clinical backgrounds and disabilities, were now brought into the classroom to give the perspective of people who are not clinicians, telling students of their experiences of moving through the healthcare system and how they, as patients, assess the clinicians who are treating them. The course team members come from diverse backgrounds, and pharmacology teaching emphasises patient diversity, including how medicines affect different groups in different ways; students learn the legal and ethical principles of equality in delivering care, for example, considering the impact of Ramadan on insulin doses, discussing patients from marginalised backgrounds, and looking at individual patient needs, such as how different environments may impact on medicine compliance/adherence. Students are encouraged to discuss and reflect on these issues.

Information to inform the course in the context of equality and diversity is obtained from course evaluations that provide student feedback and from the annual review of the programme, as well as continuously through regular tutor group meetings that highlight both general matters and individual student needs.

### Standard 3 - Management, resources and capacity

Standard met? Yes  No

**The team was satisfied that all six criteria relating to the management, resources and capacity will be met. Two criteria (3.2, 3.3) require minor amendments.**

The roles and responsibilities of the Module Director, personal tutors, members of the teaching staff team, and designated prescribing practitioners (DPPs) were defined in the documentation, although the team noted that detail was lacking in places and the University had not submitted a clear management plan; there were no specific comments about risk management, although some are inherent in quality assurance procedures. The documentation described how contact between students and their DPPs is planned to take place at the beginning and mid-point of the module, as well as for summative assessment; the DPP provides signed evidence of their meetings with the student, documenting the student's progress, and also provides signed confirmation of the student's development in relation to the required competencies. DPPs are free to contact the personal tutor or Module Director at any point if there are any concerns about a student's progress.

The teaching team does not have the capacity to visit students in their clinical environment; this was confirmed to the team by the University representatives. Thus, in order to establish that the clinical practice learning environment is appropriate, and that it will allow the students to achieve the competencies required for prescribing, each student must complete a clinical practice placement audit at the beginning of the NMP module; this must be signed by the practice assessor and returned to the module director within four weeks. Wishing further information on the use of the audit form, the team was told that its completion is compulsory and that all forms are reviewed; if problems are identified, these will be discussed with the student and/or the DPP. The placement audit forms are stored securely and confidentially.

The team was told that pharmacist trainees were allocated a pharmacist member of staff as their tutors; the staff is a multi-professional team that includes sufficient pharmacists to allow this. In other cases, where there may be no staff member from a student's profession, the allocated tutor would have an overview of the relevant professional standards.

In their responses to a survey, the students agreed that the teaching team included experienced staff from a wide range of different disciplines; members of staff were approachable and responsive. They noted that because of the pandemic the University facilities had not really been utilised, with most learning being achieved during practice-based experiences; however, they noted that the laboratory for teaching clinical skills was well equipped. They agreed that the course was well organised, with clear information on how the course would be delivered, including learning materials and the nature of the assessments; however, one student commented that more work was associated with assessments than had been advised originally.

The team required minor amendments relating to two criteria:

Criterion 3.2: Reference, including cross-reference to the GPhC Learning Outcomes, is made in the documentation to the previous GPhC Standards; this requires amendment to refer to the 2019 standards for the education and training of pharmacist independent prescribers.

Criterion 3.3: The provider's commentary refers to the 2016 RPS standards. These were updated in March 2021 and materials should be updated accordingly. The University should ensure that all materials are reviewed, and that terminology is up to date.

## Standard 4 - Monitoring, review and evaluation

Standard met? Yes  No

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

The documentation described how the University's quality assurance procedures apply to this programme; these include student feedback obtained mid-way through the course and an end-of-course module evaluation completed by the students. An annual module board is held to which stakeholders and students are invited, and where they can offer feedback to the NMP teaching team. Feedback from this board informs the Annual Monitoring Report which contains an action plan to resolve any issues that have arisen during the year. The external examiner is consulted on any changes to the module and provides an annual report to the University. Noting that apart from one student and one service user, the minutes of the Annual NMP Board do not show any stakeholder involvement, and wishing to know how external stakeholder feedback is received and addressed, the team was told that a formal meeting involving all stakeholders had been held two years ago. Stakeholders receive the minutes of the meetings of the module board and have opportunities to raise questions and make points. When major changes are to be considered, the Board is well attended by stakeholders, who are aware of all changes. For example, there was stakeholder input to the decision to reduce the credit rating from 60 to 40 credits to reflect the reduced number of days that students spend in the University; this was achieved by increasing the use of blended learning, for example in pharmacology, without compromising teaching or the range of topics covered. Other examples of stakeholder input were the movement of the calculation examination from the end of the module to an earlier time point, where failure could delay progress, and the early advertising of examination resit dates to allow clinicians to accommodate these in their clinical diaries.

## Standard 5 - Course design and delivery

Standard met? Yes  No

**The team was satisfied that all ten criteria relating to the course design and delivery will be met. One recommendation was made in relation to criterion 5.8.**

The documentation stated that the NMP teaching team must include pharmacists and that all members of the team must hold the non-medical prescribing qualification; they must remain registered with their regulatory bodies for the duration of their employment. The taught content is generic, with students being asked to apply the principles to their individual areas of clinical practice. The module is structured so that the core basic philosophies of prescribing are established at the beginning of the course and then developed as the course progresses. Patient safety is emphasised throughout, and student pharmacist independent prescribers must work

within their scope of practice. They are required to demonstrate their knowledge and understanding in their achievement of specified competencies. The module teaching and learning and assessments are aligned to expectations and standards in clinical practice, so that evidence of competence will prepare them for practice as independent prescribers. In recognition of their pre-existing skills and knowledge, instead of an introduction to pharmacokinetics and pharmacodynamics, pharmacists have a day for development of clinical skills. In their response to the GPhC's survey, the students described the course as being broad, and providing the transferable skills and principles required for safe prescribing.

Wishing to learn how delivery of the course had changed during the pandemic, the team was told that students had not attended on campus since the end of March 2020, all University-based teaching being moved online with the introduction of pre-recorded lectures and extensive use of online tasks and quizzes, for example, in pharmacology; although already set up for online delivery, the preparation of these lectures had required more time to ensure the availability of narrated and video lecture material, but staff members were now adept at preparing these. Other class materials, including tutorials with 'breakout rooms', were delivered live using Microsoft Teams, and students were required to confirm if they could not participate; the OSCE had been changed to an online viva, which had been planned before the pandemic. The team was told that sometimes students had preferred the online approach, which was associated with less pressure. Increased contact between students and their personal tutors had taken place to address student wellbeing, which had been difficult because of increased pressure on clinicians during this time. Students had established WhatsApp groups for peer support. Student responses to the GPhC's survey suggested satisfaction with the online delivery of the programme during the pandemic.

In response to the team's wish to learn about their approach to the teaching of consultation and clinical skills, the course representatives explained that before the pandemic, pharmacists spent a full day on these, with the morning spent on theory and the students practising these skills in the afternoon. During the pandemic there was an online discussion of theory, including consultation models, with an afternoon of practising the skills on members of staff in the University, while wearing full personal protective equipment; these sessions were approved after risk assessment. The session begins with a demonstration of clinical assessment, following which the students practise those skills that are relevant to their own practice, choosing three clinical assessments for which the theory has been discussed. The team was told that if students are uncomfortable about coming into the University for these sessions, they would be permitted to practise with their DPPs, although this must be evidenced; however, in practice, the pharmacists have opted to attend. The online day has provided more opportunity to discuss history taking in greater depth as a foundation, although those students who are on an Advanced Clinical Practice pathway have already done this. There is a Clinical Skills Handbook that covers all skills, which can be signed off if used out in practice, and some of the evidence for which would be presented in the case study. There is a wealth of online resources that include video-recordings of good and bad consultations, and how to use various types of equipment. While the approach to teaching clinical skills is personalised for individual students according to their needs, all students must evidence at least two examples of history taking in their portfolios, regardless of their previous experience. According to the GPhC's survey, student opinion suggested that additional practice of history taking and physical examination would be useful, although the students welcomed the way in which some extra sessions had been

provided, with the omission of pharmacology teaching for pharmacists, who had also been signposted to more appropriate educational material.

Noting that the portfolio requires students to complete a clinical management plan, and wishing to know why has this not been replaced by a treatment plan, the team was told that it was important to understand supplementary prescribing for annotation purposes; the clinical management plan would be expected to cover the same issues as the treatment plan and the case study covers the patient journey in a more focussed way.

In responding to the team's wish to know if the programme is reviewed annually, and how changes such as the reclassification of medicines would be addressed within the design and delivery of the programme, the course representatives described how members of the course team keep up to date on medicines used for specific conditions, reviewing and updating their own documentation each year, including updating resources and documentation relating to medicines management, medicine optimisation and pharmacology. Staff members constantly look at the different professional bodies for updates. In addressing legal aspects, the programme addresses the scheduling and classification of controlled drugs, including who can prescribe them, and lectures also consider matters such as reclassification of medicines from 'POM' to 'P'.

Noting the lack of clarity in the documentation on the formal mechanisms for addressing unsafe practice, and wishing to learn how the programme team deals with assessments showing that a student's practice is unsafe, the team was told that this would result in a student receiving a grade of zero. There would be a subsequent discussion with the student to understand the problem and to determine if the student's actions really represented unsafe practice, or if they resulted simply from poor understanding or inadequate recording. If a student were to display persistent unsafe practice there would be discussions with the DPP; in extreme cases where practice is shown to be genuinely unsafe, fitness to practise procedures would be invoked.

Although the accreditation team acknowledged that the University has processes for identifying unsafe practice, the team could not see evidence of the formal mechanisms to investigate and review cases of potential harm (unsafe practice). The team therefore recommended that the University should develop a formal, documented mechanism for identifying and reviewing cases of potential harm (unsafe practice) demonstrated during both academic assessment and supervised practice; this is in relation to criterion 5.8.

## Standard 6 - Learning in practice

Standard met? Yes  No

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

The documentation described how, as part of the programme, students must undertake a minimum of 90 clinical hours in practice, of which at least 30 hours must be under the direct observation of the DPP, who must verify these hours and who must meet with the trainee to review progress and provide documented formative feedback; the DPP must also verify that the required competencies have been achieved. Students are encouraged to engage with other practice supervisors as part of their clinical hours in practice; the names and contact details of

these clinicians are recorded in the students' portfolios. Although there is an approval system, the team noted that DPPs self-certify their suitability as trainers/assessors and do not undergo a formal training process themselves. In responding to the GPhC's survey, the students confirmed that the DPPs received guidance from the University and reported that they briefed them on the course structure and requirements.

## Standard 7 - Assessment

Standard met? Yes  No

**The team was satisfied that all eleven criteria relating to assessment will be met.**

The documentation described how the course learning outcomes have been mapped against those specified by the GPhC as well as against the RPS (2016) competencies; it was confirmed to the team that the mapping had been undertaken against the GPhC's 2019 standards. The assessments comprise the portfolio, in which evidence for each competency must be explicitly provided, the case study, which must demonstrate safe, appropriate and evidence-based clinical assessment along with detailed rationale for prescribing the specific drugs chosen, a calculations examination, a viva voce designed to demonstrate the rationale for prescribing decisions, and a pharmacology examination. Noting from the documentation a change in the weighting given to different assessment elements for the 2021/22 session, the team was told that currently the portfolio was a pass/fail assessment with a zero weighting contribution to the overall course mark; on the other hand, the pharmacology examination carried a 50% weighting. As the pharmacology examination had a pass-mark of 80%, demonstrating that all students had achieved a good level of pharmacology, while the portfolio required extensive academic writing, covering reflections, history taking and demonstration of how competencies were met, it was logical to give the pharmacology examination a zero weighting and to provide a weighting to the portfolio, as well as allowing a differentiation between levels 6 and 7 for the portfolio; students would still receive feedback on the pharmacology examination. The changes had been approved by the external examiner and by the Academic Standards Committee. The accreditation team agreed that assessment guidance for the students should demonstrate the credit weighting of the portfolio.

Noting that an assessment will be failed if any element shows unsafe practice, the team was told that this happens very rarely and is usually because the student has weighted the answer incorrectly (see also the commentary under standard 5). In the portfolio, the DPP must sign off that the student meets the competencies. Where there is a mismatch between the DPP's view and the evidence presented in the portfolio, the portfolio would be referred, and the student would need to produce more evidence to demonstrate meeting the competency; discussions would be held with the student to determine the reasons for not meeting the standard. If a DPP contacts the University with doubts about the evidence that a student is meeting particular competencies, as has happened, the DPP is instructed not to sign off the student until sufficient evidence has been obtained.

Wishing to know the process of dealing with referral of a student who has failed one or more assessments, the team was told that such students are not left on their own and will have a one-to-one tutorial to consider what they have done well and what could be improved, as well as addressing any extenuating circumstances; the tutorial would explore the student's concerns

and consider if the failure was due to misunderstanding or misreading the question. The same approach is used for course work, where formative tutorials with feedback are provided; in general, for failing students, the tutorial would be with the person who marked the material, although normally different tutors are used so that students see different approaches, while being assured that all tutors work to the same standards. As stated previously, students know the resit and resubmission dates.

In response to the team's wish to know how the pandemic has affected opportunities for students to receive regular, appropriate and timely feedback on their performance, the course representatives stated that the provision of formative feedback has not changed, apart from the fact that it is now online. The blended learning approach incorporates interactive quizzes on topics such as pharmacokinetics and the autonomic nervous system; there are nine core topics as well as optional ones, with the opportunity to attempt the quizzes and receive feedback in their own time as often as desired. Students are asked to complete tasks that relate to their own practice, for example relating to drugs with adverse effects on the autonomic nervous system; these are marked and feedback is provided. Mock assessments, including a mock calculations paper, with feedback are undertaken before the main assessments; where weaknesses or concerns are identified, help can be provided, including assistance with academic writing from the University's skills team. There is specific preparation for the case study, where students have a tutorial to ensure that they are working along the correct lines; tutors discuss the students' reflections in their portfolios, as well as providing feedback on meeting competencies through the use of sample prescriptions. A workshop, with an online pre-recorded example, is provided on the viva assessment, in which students choose their own drugs from the area in which they work clinically and the patients whom they see in practice, thus making every viva individual to the student; the viva requires the student to discuss in depth the rationale for their prescribing choices, as well as the underpinning background. In their responses to the GPhC's survey, the students referred to regular meetings to discuss patient cases, practical patient assessments, and to review their portfolio work, along with receiving feedback from supervisors.

Wishing to know the role of the external examiner in teaching and in decisions, the team was told that they are neither a member of the teaching team or the Examination Board; the external examiner attends the Examination Board and, as their opinions are sought, may influence decisions on outcomes.

## Standard 8 - Support and the learning experience

Standard met? Yes  No

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

The documentation described the support available for students. This starts with an induction to provide them with an overview of the module, including assessments, to advise them about the expectations of them as professionals and students on the module, and to inform them of what they can expect from the teaching team and their personal tutors: each student has a personal tutor, who provides oversight of the student's progress and who has regular communication

with the DPP, who is responsible for observation and support of the student in the clinical environment. There are identified pathways through which students can raise concerns about matters out in practice or about University processes. As well as support from their personal tutors and DPPs, pharmacist student prescribers are supervised and supported by their DPPs and the whole teaching team. In responding to the GPhC's survey, students reported good support from all members of staff, including their tutors and the Module Director, who were accessible and who responded promptly to e-mails.

## Standard 9 - Designated prescribing practitioners

Standard met? Yes  No

**The team was satisfied that all five criteria relating to the designated prescribing practitioners will be met; one recommendation was made in relation to criterion 9.2.**

The documentation stated that designated prescribing practitioners (DPPs) must have a minimum of three years' experience as an independent prescriber, be registered with their appropriate regulatory body and must be currently prescribing a range of drugs in their clinical role at least once a week; they must also have experience or training in teaching and/or supervision in clinical practice and be able to support the student over six months, with a minimum commitment of 30 hours of direct observation. A signed agreement is required from the DPP before the student is offered a place on the module. Every DPP is supplied with the module documents together with a written handbook providing details of the teaching team, details of their roles and responsibilities, and information on supporting students including the provision of formative feedback. Communication from the personal tutor maintains contact with and support for the DPP, as well as providing an overview of the student's progress. In response to the team's wish to know how the University assesses the suitability of the DPP and ensures that prospective DPPs have the requirements specified in the criterion, the course representatives explained that the form accompanying a student's application is scrutinised for completeness; the time since qualification, the length of experience, and if the DPP is in active practice are checked, as well as if they are prescribing in the area of the applicant's practice. The DPP is then contacted to ensure that they have received the handbook and other information, and that they know whom to contact at the University; this initial contact also determines if there are points that the DPP wishes to discuss, especially if they are new to role. Ideally, the DPP would be interviewed but this is not practicable. Wishing to know how the University assures that DPPs have the ability to assess students, the team was told that DPPs are asked for demonstrable qualifications and if they have prior experience of mentoring in a clinical environment; further clarification is sought if there are any concerns. The team could see limited evidence of how future DPP applications would ensure that the core requirements, as listed under criterion 9.2, would be assessed, so that prospective DPPs could provide evidence of how they meet the criteria, and that this can be assessed by the provider. The team therefore recommended that the provider should develop a process and revise the application form to reflect these core requirements.

The team was told that there is a close relationship between the academic member of staff, the student and the DPP, and that contact is maintained throughout with the student's personal



tutor, as well as with the Module Director, allowing the DPP to raise any concerns, or ask questions, for example, relating to the hours of contact with their student. Any issues are flagged early by the students, and occasionally this has resulted in a change of DPP. DPPs receive all the necessary information and sometimes the DPPs approach staff members themselves at the beginning. The team was told that DPPs receive feedback from the University, based on that received from their students on completion; this takes the form of general thanks, and an acknowledgment of the DPP's time and effort, along with an opportunity for the DPP to ask any questions. Rarely, there may be further discussion if a student has been referred. The team was told that most students are delighted with their DPPs; in response to the GPhC's survey, the students reported regular contact with their DPP and that their DPPs were supported by the University.

In response to the team's wish to learn more details about the training provided to DPPs, with a particular focus on those who are non-medical and new to the DPP role, the course representatives described how a scoping exercise had shown no interest among DPPs in attending training sessions within the University; DPPs receive course material, along with an introduction to their University contacts, and the course team will provide further training if required. The team was told that a DPP and practice supervisor private website is under development and is planned to be operational over the next few months; this website will monitor engagement with the site and will cover roles, terminology, contact details, the provision of feedback, Miller's triangle, and the standards required for DPPs, as well as linking to the RPS competency framework.

