General Pharmaceutical Council

Medway School of Pharmacy, Universities of Kent and Greenwich,

Report of a reaccreditation event

July 2021

Contents

Event summary and conclusions

Provider	Medway School of Pharmacy, Universities of Kent and Greenwich
Course	Independent prescribing course
Event type	Reaccreditation
Event date	15 July 2021
Reaccreditation period	October 2021 – October 2024
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	Approval with conditions. The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing course provided by Medway School of Pharmacy should be reaccredited for a period of three years, subject to two conditions. One recommendation was also made. Approval relates to two versions of the course offered by the provider, a 40-credit module within an MSc and a 60-credit standalone course leading to a postgraduate certificate.
Conditions	1. A quality assurance mechanism must be introduced for the assessment of clinical and diagnostic skills carried out by the DPP in the practice setting specific to the student's area of prescribing practice that are not covered by the assessments within the University. This is to ensure that the course team has appropriate arrangements in place to ensure consistency and make sure that all pharmacists demonstrate meeting learning outcome 19 at the 'does' level, regardless of their scope of prescribing practice. This relates to both learning outcome 19 and criterion 7.7. 2. The assessment marking arrangements must be amended to require students to achieve a pass mark in each individual assessment element in order to pass each module and the overall course. This is because criterion 7.10 requires that students pass all assessments. Additionally, the team views the current arrangement that allows a student to pass the overall module if they have achieved 45-49% in an individual assessment as condonation, which is not permitted. This relates to criteria 7.10 and 7.11.

Standing conditions	The standing conditions of accreditation can be found here.
Recommendations	1. The minimum number of hours in practice that students are guided to spend under the direct supervision of their DPPs should be reviewed. This is because the team agrees that the DPP is likely to require more than the suggested 15 hours to be able to have adequate oversight of the students and to be able to make an overall judgement on their competence.
Minor amendments	No minor amendments were suggested.
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of 3 years, subject to the two conditions which have now been met.
Maximum number of all students per cohort:	35
Number of pharmacist students per cohort:	35
Number of cohorts per academic year:	Six
Approved to use non-medical DPPs:	Yes
Key contact (provider)	Trudy Thomas, Director of Taught Graduate Studies
Provider representatives	Trudy Thomas, Overall Prescribing Programme Lead, Pharmacist IP, Pharmacist Prescribing Programme Lead, module convenor Fiona Peniston-Bird, Nurse Prescribing Programme Lead, Nurse IP, Application Lead, module convenor (module 1), academic advisor (NMC) Denise Rabbette, Pharmacist Support Practitioner Pharmacist IP, module convenor (module 4), portfolio lead (From Sept 2021 Senior lecturer Pharmacy Practice – Postgraduate focus) Colin Waldock, AHP support Practitioner, HCPC Prescribing Lead – Physio IP – module convenor (module 2), evaluation lead Teresa Benniman, Nurse Support Practitioner, Nurse IP, module convenor (module 3), clinical skills and Practical Assessment, lead Rhianna Doran, PGT Administrator.
Accreditation team	Professor Anne Watson (event Chair), Postgraduate Pharmacy Dean, NHS Education for Scotland Parbir Jagpal, Director of Postgraduate Studies and Programme Director-Practice Certificate in Independent Prescribing, University of Birmingham

	Susan Bradford, Adjudicator, Social Work England
GPhC representative	Philippa McSimpson, Quality Assurance Manager, GPhC
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde
Observer	Alex Dourish, Quality Assurance Officer, GPhC

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

The Medway School of Pharmacy, operated jointly by the universities of Kent and Greenwich, was accredited initially by the Royal Pharmaceutical Society (RPSGB) in 2008 to provide a programme to train pharmacist independent prescribers, for a period of three years. The programme was reaccredited by the General Pharmaceutical Council's (GPhC) in 2011, 2014 and 2017. On the last occasion, the accreditation team agreed to recommend to the Registrar of the GPhC that the School should be reaccredited as a pharmacist independent prescribing course provider for a further period of three years; there were no conditions and no recommendations were made. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 15 July 2021 to review the programme'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 the Medway School of Pharmacy and the GPhC on 15 July 2021 and comprised of meetings between the GPhC reaccreditation team and representatives of the independent 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. Five students, comprising four currently on the course and one past student, responded, and their views have been incorporated into this 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 representative	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 representative	14:30 – 15:30
5.	Feedback to course provider representative	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. The following learning outcomes were tested at the event: **8**, **9**, **15**, **19**, **22** and **27**.

The accreditation team agreed that learning outcome **19** was not met and **condition 1** was set (see below and also the accreditation team's commentary under criterion 7.7). The accreditation team agreed that the other 31 learning outcomes were met.

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 ☒**
Learning outcome 19 (*Demonstrate clinical and diagnostic skills in clinical setting appropriate to their scope of practice – does*) was not met because clinical and diagnostic skills are to be assessed by the DPP in practice and there was no quality assurance in place to cover these assessments. The team therefore imposed a condition that a quality assurance mechanism must be introduced for the assessment of clinical and diagnostic skills carried out by the DPP in the practice setting specific to the student's area of prescribing practice that are not covered by the assessments within the University. This is to ensure that the course team has appropriate arrangements in place to ensure consistency, and that all pharmacists demonstrate meeting this outcome at the 'does' level, regardless of their scope of prescribing practice. Please also see the narrative under standard 7 relating to criterion 7.7.
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 ☐ (accreditation team use only)

The team was satisfied that all six criteria relating to the selection and entry requirements will be met. (The criteria can be found **here**)

The accreditation team requested further information about the application process for a pharmacist who is self-employed and who does not have a line manager, and was told that the process is similar to that used for NHS employees. Comprehensive information, including details of entry requirements, along with the application form are on the website. The application form includes a section to be completed by those who are self-employed. If the applicant does not have a line-manager, a colleague or other appropriate person may verify the information relating to the applicant's background or practice, which are self-declared on the form. Applicants are asked for a comprehensive personal statement that describes how they meet the criteria. The application panel is very experienced at scrutinising the forms and sometimes identifies the need for further information, for example, if it is unclear how the applicant will implement prescribing in practice, something which is sometimes difficult for self-employed people.

In response to the team's wish to know what measures are in place to ensure the consistency and fairness of decisions at the selection stage, the course representatives explained that applications are reviewed and discussed by the whole applications panel; this panel includes the module lead, and all members of the panel have clinical expertise. Generally, the same team is used for all applications, although a team member would be excluded if they were to recognise an applicant; the review process for applications is undertaken anonymously. There is no specific training but selectors use a standard operating procedure (SOP) that covers all the information that must be scrutinised. A new member of staff would be asked to work through the SOP and then shadow an application panel as an observer, making contributions if appropriate; they acquire experience with time. The panel would normally comprise one pharmacist, one nurse and one representative of allied healthcare professions, so that there is a core of three people along with other contributors; deputies are available if a member of the panel is off sick. The team was told that all members of staff will have received training in equality, diversity and inclusivity (EDI), as well as in unconscious bias, through their employing university; the team was reminded that the Medway School of Pharmacy is a joint school of the University of Kent and the University of Greenwich, both of which have a strong EDI ethos.

Requesting examples of where applicants' clinical or therapeutic experience has been deemed insufficient, the team was told that this would be identified through the personal statement included in the application form, where it would be seen that the applicant has not demonstrated meeting all the criteria, including their ability to assess clinically and make diagnoses. A significant number of applicants do not meet the requirements for a variety of

reasons. For example, an applicant may wish to prescribe in the context of diabetes, which does not form part of their current area of practice, or may not have provided evidence of CPD that is consistent with their prescribing intentions. In other cases, the DPP may be inappropriate because of not working in a relevant area of practice, or may not be able to give the required time commitment. All applicants who are not accepted receive a bespoke e-mail that includes a summary of the panel's discussions covering why they were regarded as unsuitable and indicating the remedial action that should be taken.

Standard 2 - Equality, diversity and inclusion

Standard met? Yes ☒ No ☐ (accreditation team use only)

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

Noting that an independent specialist in diversity in learning needs reviews all course learning materials, and requesting examples of recommendations made and actions taken as a result of this review, the team was told that a review of the Moodle VLE led to a recommendation that its layout should be changed to make it more accessible to a diverse population of users. Other examples of how the principles of equality and diversity have been embedded within the design and delivery of the course, and of reasonable adjustments made to accommodate students' specific needs, include the rescheduling of examinations originally due to take place during Ramadan, and the provision of a standalone programme for students who were unable to deal with the volume of information demanded by the standard programme.

The team noted from the documentation that the School captures equality and diversity data for all students who are offered a place on the programme. Wishing to learn some details about how these data are reviewed and of any actions taken as a result of the review, the team confirmed that data, for example, relating to demographics, are collected centrally by the two universities. However, the course representatives were unsure how these data were used; they receive reports from the universities which may flag discrepancies, although so far none have been flagged relating to the independent prescribing programme, which takes students from a very wide range of ethnic and faith backgrounds. The course team looks at individual students and makes adjustments to ensure, for example, that the programme is 'parent-friendly' and that it caters for those with caring responsibilities.

Standard 3 - Management, resources and capacity

Standard met? Yes ☒ No ☐ (accreditation team use only)

The team was satisfied that all six criteria relating to management, resources and capacity will be met.

Noting that a number of staff members have left, and wishing an update on their replacement, as well as the impact if replacements are not in post before the next cohort commences, the team was told that those who have left include one full-time staff member, who has now been replaced by a person who was previously only 0.4 FTE, but is now 1.0 FTE. Having made a case to replace the 0.4 FTE staff member, permission was granted to appoint two 0.5 FTE posts, each

working a minimum of two days per week, so that the staff complement will return to at least the previous one; hopefully, the two new appointees will be in post for October. The team was told that the staff/student ratio was previously 1:22 and that it will be 1:13.6 when all the new appointees are in post. Noting that the cohort size will increase from 30 to 35 students, and wishing reassurance that resources will be sufficient to support this larger cohort size, the team was told that in order to maintain a student cohort size of 30, 35 offers need to be made because of people dropping out. In the event that all 35 arrive, these can be managed within the staff resource.

In response to the team's wish for more information about the staff who support clinical skills teaching, and how they help the students to relate their learning to practice, the course representatives explained that on the clinical skills study days the staff gave different priorities to different student groups; thus, nurse priorities relate to pharmacology and the BNF, while those for pharmacists are concerned with their need for more hands-on clinical skills. These, including consultation skills, are taught early in the course, with Moodle resources providing background material, including anatomy and physiology resources. The teaching begins with a whiteboard discussion where students decide what they and their patients want and need out of the consultation. Practical sessions allow students to practise basic skills; in these sessions students examine each other after obtaining appropriate consent, operating within Covid limitations during the pandemic. As the pharmacist cohort is small, the team was told that staff have time to work effectively with the group, discussing key skills that each student may need going forward; arrangements are flexible, so that one-to-one sessions may be held where required. Students are signposted to resources that may be needed either during their placements or at the end of the course.

Noting that there will be some joint teaching between the MSc cohort and the standard cohort, and wishing to learn more about the teaching content of these sessions and the steps taken to accommodate this larger group without negatively impacting on the quality of the learning experience, the team was told that currently there are no pharmacists on the MSc. In October, the two cohorts will run separately using the slot previously used by the CEPIP ('clinically enhanced IP programme') which is being phased out. There is some joint teaching for the more didactic aspects, with MSc students in the room at the same time as others, but clinical skills sessions are separate for the two cohorts. A very broad range of clinical skills is required but the whole range could be delivered to a cohort of 30 pharmacists with the use of more tutors if required. During the pandemic, the cohort was split, with half being taught in the morning and half in the afternoon.

Concerning physical resources, the submission stated that the programme has access to a range of other teaching accommodation; wishing to learn more about this accommodation, the team was told that normally, all teaching is undertaken in the School of Pharmacy, including clinical skills teaching and simulation work for which the School is well resourced. However, during the pandemic larger rooms were needed for this teaching.

In response to the team's wish to know how the staff is supported to develop the skills required to deliver a course that aligns with current and evolving practice, the course representatives explained that the staff includes active practitioners, one of whom is a practising nurse; thus, these staff members are required to maintain their skills and keep up with current guidance. Peer review of teaching is undertaken to ensure that staff members remain robust in their clinical skills and practice. Simulation is employed, with different scenarios being simulated

using mannequins. Staff members look at the requirements of all the regulatory bodies including the GPhC, the NMC and HCPC; the staff comprises a multidisciplinary team, providing team support, with all staff members keeping up to date with the relevant professions. There is a need for flexibility and the ability to change and improve rapidly in response to PSRB requirements, this being evidenced by the rapid change from face-to-face teaching to online delivery as a result of the pandemic.

Requesting further information about the mechanisms that are in place for liaison with DPPs regarding students' progress in the practice environment, the team was told that previously this was undertaken through practice visits, but this is now achieved remotely through the PPAPR process. Before the virtual meeting, the student is informed of its purpose, along with being told about the relevant paperwork. The main purpose is to ensure that learning outcomes and the competencies are being met; the DPP can see these on Moodle and has a good understanding of the requirements. There are three PPAPR meetings across the whole course, the process being intended to support the student, with feedback provided to the DPP following the meetings. Feedback is obtained from the trainees, and an additional meeting can be called with the DPP using MS Teams if needed. These meetings have identified where students are struggling; for example, meetings have determined how support might be provided through obtaining leave for those working in hospitals during the pandemic. The meeting may also show where there are gaps in the students' attainment, and what the student still needs to do to demonstrate competencies; demonstrating some learning outcomes during the pandemic may be difficult, and alternative ways of achieving this may be considered, including identifying with whom the student might have a conversation to address any problems. In response to the team's request for examples of where a pharmacist was not progressing in the 'learning in practice' element, the course representatives described how a GP had been reluctant to allow a student working in their practice to undertake the stipulated 90 hours; here, the course team had intervened to develop a plan to support the student.

Four of the five students responding to the GPhC's questionnaire rated the organisation of the course as at least satisfactory, with three rating it as good to excellent, while all rated the resourcing of the staff and facilities as good to excellent.

Standard 4 - Monitoring, review and evaluation

Standard met? Yes ☒ No ☐ (accreditation team use only)

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

Wishing to learn of examples of changes made to the course in response to student feedback, the team was told of modifications to individual learning plans and to the portfolio, which had been revised because student feedback had repeatedly indicated that it was too complex; changes had been effected following review of the portfolio by a task and finish group. The team was told that the School is responsive both to individual needs and to groups. The Covid pandemic had been a massive driver for change but had resulted in some problems; for example, some individuals had been unable to get the Panopto self-invigilation software to work, in response to which the course team had arrange for somebody to invigilate physically, rather than using the software for these students.

In response to the team's wish to be updated on the University's validation of the course in the context of the new GPhC standards and learning outcomes, the course representatives explained this would normally have been undertaken through the quinquennial review, which had been due in 2020, but which was deferred because of the pandemic; the programme revalidation and quinqennial review will take place in 2022 through the University of Greenwich, which remains the primary administering University. As a result of the pandemic, departments had been given permission to make changes, such as the revamp of the portfolio; this change had been reviewed by the University of Kent.

Standard 5 - Course design and delivery

Standard met? Yes ☒ No ☐ (accreditation team use only)

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

The documentation indicated the wish to run two separate programmes, these being a standalone, 60-credit, post graduate certificate, as well as a 40-credit version which will be an optional module in the MSc. In response to the team's wish to understand the reason for having two separate programmes with different credit weightings, the course representatives explained the desire to support and contribute to the University of Greenwich's MSc in Advanced Clinical Practice programme, which includes nurses, pharmacists, and allied health professionals, and which is accredited by HEE; the alternative was for MSc students to spend a whole year doing the 60-credit programme, but there was extensive overlap between this and the MSc. The learning outcomes have been remapped for the 40-credit module; MSc students do the same assessments, including the evidence-based medicine essay, the numeracy and pharmacology/BNF examinations and the practical assessment of prescribing practice (PAPP), but do not do the case study and the legislative essay, the learning outcomes for which are covered in other parts of the MSc programme. The team was told that two pharmacists are currently taking this MSc but do not need the module, as they are already independent prescribers. The course representatives described the breakdown of the 26 days for each of the two modules, which was as indicated in the module specifications. The 40-credit module comprises 63 hours of study days, 205 hours of private study and 42 hours of directed, student-centred learning, along with 90 placement hours making a total of 400 hours. The standalone programme is made up of four 15-credit modules totalling 600 hours, with the 90 hours of placement in module 4, which also includes 14 hours of study days, along with 46 hours of private study.

Noting that as a result of student feedback some cohorts will be delivered fully remotely and wishing to learn more about the delivery of the remote teaching, including how it will be ensured that the learning outcomes are met, particularly those relating to clinical skills, the team was told that only one cohort was delivered in this way as a result of the pandemic; this cohort was hard hit and elected not to come into the University. For teaching clinical skills, the techniques were demonstrated online, with students being signposted to OSCE-type video-recordings, and MS Teams being used to show them how to use the equipment, as well as to observe students assessing a member of their family. Students in this cohort have just

undergone their Practical Assessment of Prescribing Practice (PAPP) and only one student failed; the failure was based on pharmacological knowledge rather than clinical skills. All other cohorts were delivered face-to-face and it is not planned to run remote teaching in this way in the future.

In response to the team's wish to learn how they assess pharmacists' pre-existing knowledge, skills and practice to allow this to be integrated and built upon during the programme, the course representatives explained that this is based on the application process, with students' knowledge being built from there, starting with an early virtual meeting involving the student, the tutor, the DPP/practice supervisor. Here, students are asked about their strengths, weaknesses and the support that they will need, along with any reasonable adjustments that will be required. During the course, each student has three **'**Prescribing Practice and Academic Progress Report' (PPAPR) meetings, the focus of which is to identify any gaps, these being addressed by subsequent appropriate actions. Diary entries are examined to show that students are meeting particular outcomes, with students being reassured if things are going well, and decisions being made if changes are required. The team was told that that the evidence-based medicine (EBM) essay is the toughest assignment. Previously, this was too much to take in and a checklist has now been developed to show what is required to pass; this is used as a tool before commencing the assignment and as a tick-box to check progress as the student develops the essay.

Wishing to know how patients and the public have been engaged when considering the design and delivery of the course, the team was told that a meeting of the Prescribing Programme Planning Board is held every six months; this is attended by patient and carer representatives, as well as by students. During the meeting, a specific time slot is allocated so that students, service users and carers can provide input; the course team greatly values their views.

In response to the team's wish for examples of recent updates that have been made to the course content to ensure that it remains current, the course representatives described how **r**emote prescribing, which has developed hugely as a result of the pandemic, is now included in one of the study days; some students may reflect on this topic in their legislative essays or portfolios. The team was also told that a recent change has been the move to using anonymised application forms.

Wishing to know how it is ensured that pharmacists only undertake tasks in which they are competent, the team was told that this is addressed early in programme in the first PPAPR meeting and tutor meetings where the student's scope of practice is addressed, along with learning outcomes; there is a discussion about how pharmacists will remain safe in their practice, as well as the learning needs to achieve safe practice. The course representatives explained how this may present problems for pharmacists, who come onto the course with considerable expertise and who are already involved in giving prescribing advice as part of a multidisciplinary team; they are made aware that, on completing the course, they will be responsible for their prescribing decisions. Awareness of the importance of working within their competence forms part of their reflections; the team was told that the best learning emanates from where things have gone wrong during the 90 hours of practice.

Three out of five students who responded to the GPhC's survey rated the course as good to excellent in meeting their needs as pharmacists. Where students were taught only with other

pharmacists, the view was expressed that it would be useful to have other healthcare professionals alongside.

Standard 6 - Learning in practice

Standard met? Yes ☒ No ☐ (accreditation team use only)

The team was satisfied that all five criteria relating to the learning in practice will be met. One recommendation was made relating to criterion 6.3.

In response to the team's wish to know about the guidance provided to DPPs and their students concerning the amount of time that students should spend directly with their DPPs, the course representatives explained that there was concern that a student may spend the entire 90 hours in practice with their DPPs; this would result in students seeing only one prescribing perspective**.** In order to gain a broader experience by working with other practitioners, students should be spending only about 15 hours with the DPP. While acknowledging the need for students to gain a broad experience, the team agreed that the DPP is likely to require more than the suggested 15 hours for adequate oversight of the students and to be able to make an overall judgement on their competence. Therefore, the team recommended that the School should review the minimum number of hours in practice that students are guided to spend under the direct supervision of their DPPs; this relates to criterion 6.3.

Wishing to know how the School is assured that the DPP understands what is required and has the necessary skills to assess the student, the team was told that at the very start the DPP's registration details are checked; the DPPs sign to confirm that they meet the criteria, including that they prescribe in their students' area of practice. DPPs have all the information through a dedicated section on the website, and have access to the resources on the Moodle VLE; these include the learning outcomes and the competencies. In terms of training, they are provided with a set of narrated slides, and the initial meeting sets out their roles and responsibilities. At the beginning of the course, a learning agreement is signed by the tutor, the student and the DPP. The team was told that the DPP does not undertake summative assessments but signs off the student against the prescribing competencies. The second PPAPR meeting, half way through the programme, checks on progress and provides an opportunity to discuss earlier formative assessments.

The team wished to learn about the challenges presented by the pandemic for the learning in practice element of the course, and how students have been supported to develop their skills and achieve the learning outcomes within the constraints that were imposed. The course representatives outlined a number of challenges, which included the ability to provide hands-on support, the unwillingness of patients to be examined, and healthcare teams being understaffed as a result of people being required to self-isolate. As a result of these, observations were undertaken virtually, followed by discussion between the DPP and the student at the end of a session; the students could claim this discussion as a reflection. A positive aspect of the pandemic has been the need to determine alternative ways of demonstrating learning outcomes. For example, MS Teams was used for DPP meetings with the student; students were

recorded undertaking a clinical examination, with the DPP subsequently recording that they were happy with the student's assessment of the patient.

Standard 7 - Assessment

Standard met? Yes ☐ No ☒ (accreditation team use only)

The team was satisfied that eight of the eleven criteria relating to assessment will be met, with criteria 7.7, 7.10 and 7.11 subject to conditions.

Wishing to learn about the processes for managing alleged academic misconduct, the team was told that there are established University online processes following incidents, which are reported by staff following detection. Accusations are supported by the line manager and are presented along with evidence to an academic misconduct panel, which makes a decision on what action should be taken; sometimes, if necessary, this may result in referral to the University's fitness to practise processes, although this has not yet happened. One incident involved a student who had written something in their legislative essay that may have indicated academic misconduct. Subsequent discussion made the student realise that what had been written could be misconstrued, following which there was a peer review discussion and a reflective entry in the student's diary; no further action was needed. The team was told that where a student's action during an assessment might be potentially harmful to a patient, if initial investigation confirmed this, it would progress straight to fitness to practise procedures.

In response to the team's wish for confirmation of the number of assessment attempts allowed, and the processes that are followed if a student fails at first or second attempt, the course representatives explained that three attempts are allowed for the evidence-based medicine (EBM) and legislative essays and the portfolio, with one attempt before the Examination Board and two further attempts if the student fails; for essays, the same scenarios can be used for each of the first two attempts but new scenarios are required for the third attempt. For the EBM essay, students gaining marks between 45% and 50% can resubmit before the Examination Board. For examinations, students are permitted two attempts before the Board, and a third and final, extraordinary attempt at the Board's discretion.

Wishing to understand the rationale for the nine-day time window for the numeracy and pharmacology papers, and how the risk of collusion between students is mitigated, the team was told that the original intention was for all examinations to be taken onsite in a computer room; the nine-day time window was introduced when all assessments moved to being taken online remotely as a result of the pandemic. The risks of collusion were addressed by the use of Panopto invigilation software, enabling student actions and screens to be seen and recorded on the day; all Panopto recordings were subsequently reviewed. Moreover, questions on the BNF, for example, concerned with adverse drug reactions and advice labels, were randomised, so that students each had different sets of questions; if they did get the same questions, they would be received in a different order. Pharmacology questions were provided in advance, but these were randomised on the day, so that students did not know which set they would receive. The risks and consequences of collusion are made clear to the students, who are required to sign a declaration.

Requesting further details concerning the Practical Assessment of Prescribing Practice (PAPP), the team was told that this is a 40-minute dynamic assessment covering prescribing ability and scope of practice, and including a requirement for the student to describe the clinical examinations that would be undertaken; clinical skills themselves are not assessed in the PAPP, those assessments being undertaken by the DPP. Information, comprising two pages covering various aspects including the patient history, is provided to the student for the online PAPP. During the PAPP, the assessor releases information to the student only when the student asks the appropriate question; for example, if the student asks about patient compliance, they would then be required to consider the impact of this on their prescribing decision, this demonstrating independent thinking. Students do not know what they will be faced with at the beginning, making it an exacting but high-fidelity assessment.

Students' clinical skills are assessed by observing students when practising on each other, as well as during the placement, where, the team was told, there is a robust process with the DPP undertaking this assessment, with a list of skills that must be demonstrated and signed off; the process requires trust in the DPP and the student. A final review of skills is undertaken after the PAPP. Students have an initial session in which there is a discussion of basic clinical observations, and where both automatic and manual assessments and measurements are considered; students must know, for example, how to measure blood pressure manually as well as electronically, because electronic measurements are problematic if the patient has a cardiac dysrhythmia, which electronic monitors may not detect. The skills required, for example, for respiratory and abdominal examinations, are related to the scope of the students' practice. Noting that moderation is in place to achieve consistency of DPP assessments, and wishing to learn of any issues around lack of consistency in these assessments, the team was told that discussions are held with the DPP if there is a specific need concerning the scope of a student's practice. For example, a student would need certain skills if they were to run an autonomous clinic; these skills would be added to the student's learning plan and the student would be signposted to specific clinical skills and patient assessments. The team was concerned that there appeared to be no quality assurance mechanisms relating to the assessment of clinical and diagnostic skills carried out by the DPP in the practice setting. Therefore, the team imposed a condition that a quality assurance mechanism must be introduced for the assessment of clinical and diagnostic skills specific to the student's area of prescribing practice carried out by the DPP in the practice setting, where these are not covered by the assessments within the University. This is to ensure that the course team has appropriate arrangements in place to ensure consistency, and to ensure that all pharmacists demonstrate meeting learning outcome 19 at the 'does' level, regardless of their scope of prescribing practice; this condition relates to criterion 7.7.

The team noted a statement in the documentation that no compensation or condonation is permitted in assessments. However, it was also noted that students achieving an overall mark of 50% across module 1 can still pass that module if they score 45-50% in their case study because of an overlap in the learning outcomes in these two assessments. Querying this apparent contradiction, and wishing to understand it further, it was confirmed to the team that this was explained by the overlap in the outcomes assessed between the case study and the legislative essay within the module; thus, the view was that students who score between 45 and 50% will have met the learning outcomes overall. Normally, they are let down by their communication

through academic writing, especially in relation to referencing, because many students have been out of academia for a long time, so that particular context must be considered. It was emphasised to the team that academic requirements were not being reduced by allowing a pass between 45 and 50%, but the concession takes into account students' acclimatisation to academia and academic writing; moderation of the two assessments ensures that students have met the learning outcomes. In the legislative essay, students are expected to have taken on board their feedback on academic writing, and the marking considers if the students have considered the feedback from the case study. However, noting that criterion 7.10 requires students to pass all summative assessments, and that criterion 7.11 stipulates that as a result of criterion 7.10 compensation or condonation are not allowed on independent prescribing courses, the team agreed that these two criteria are not met; allowing students to pass between 45 and 50% on the grounds that learning outcomes are met across two assessments must be viewed as condonation. Therefore, the team imposed a condition requiring assessment arrangements to be amended, so that students will be required to achieve a pass mark in each individual assessment element in order to pass each module and the overall course.

In response to the team's wish to know the process that is in place for managing appeals against 'fail' results, including where failure is due to academic misconduct or patient safety concerns, the course representatives explained that the University of Greenwich has an established appeals process. Appeals can be based only on new information that could not have been made available at the time of the assessment.

Standard 8 - Support and the learning experience

Standard met? Yes ☒ No ☐ (accreditation team use only)

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

The documentation described the range of mechanisms in place to support students. As soon as they have been accepted onto the programme, students can access the Moodle VLE, which hosts documents that help them to orientate to the programme and its requirements; an outline of the programme, including the background to non-medical prescribing, the placement and the scope of practice, is presented during the first three study days, which serve as an induction and allow students to meet each other. While students are supervised in practice by their DPPs, their academic work is overseen by their academic tutor; the DPP and the tutor help to monitor the student workload, including the hours undertaken in practice, while the tutor also provides pastoral support. As an absolute minimum, students must meet their DPP before the programme starts, prior to meeting their tutors, and at the tutor meeting, as well as at the three PPAPRs and the final sign off. The School has a raising concerns policy of which students and the DPP are made aware; all of the students who responded to the GPhC's survey were aware of how they could raise concerns about the DMP, their learning in practice environment or a member of the University team.

All respondents to the GPhC's student survey described their staff points of contact as very accessible and responsive, and reported that it was very easy to speak to a member of the module team; members of staff responded within the expected response time, and frequently

well before this. The students were very satisfied with the feedback that they received on their work. Most reported regular and frequent contact with their DMPs.

Standard 9 - Designated prescribing practitioners

Standard met? Yes ☒ No ☐ (accreditation team use only)

The team was satisfied that all five criteria relating to designated prescribing practitioners will be met.

In response to the team's wish to know how a DPP is evaluated at the application stage to form a judgement as to whether they have the skills and experience required to carry out the role, the course representatives emphasised that the DPP should have the appropriate clinical skills, and be prescribing in an area appropriate to their student; practice visits and the PPAPR process confirm their suitability. The team was told that most of the DPPs have 20-30 years of experience and are of consultant or specialist status, with teams around them; some DPPs admit to the need to use their teams to ensure full coverage because of various skills needed to be acquired by students, which range from the very basic through to a full neurological examination, for example. The DPP is required to sign to confirm that they have observed the students undertaking specified clinical skills according to the student's scope of practice. Currently, only DMPs, rather than DPPs, are used until the course has been revalidated. The team was given an example of a DMP who was not accepted, because, although they had signed up to the role, they did not support the idea of independent prescribing. The most common reason for non-acceptance is that the DMP does not have time to fulfil the role.

Requesting more detail on the type of feedback that is provided to DPPs, including its format, the team was told that this goes onto the PPAPR form. The DPPs want such feedback, most of which is positive. Such feedback helps the student in their interaction with the DPP. Feedback has sometimes indicated that the DPP may need to give the student more support and/or more study time.

Among the respondents to the GPhC's student survey, there were mixed views on the extent to which the DMP had been informed about the programme by the University. While most of the students reported that the DMP seemed to be well-supported by the University, one did not feel this to be the case, with all the necessary information having being provided by the student.

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