

**University of Plymouth independent  
prescribing course reaccreditation event  
report June 2022**



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## Event summary and conclusions

<b>Provider</b>	University of Plymouth
<b>Course</b>	Independent prescribing course
<b>Event type</b>	Reaccreditation
<b>Event date</b>	10 June 2022
<b>Approval period</b>	August 2022 – August 2025
<b>Relevant standards</b>	<a href="#">GPhC education and training standards for pharmacist independent prescribers, January 2019</a>
<b>Outcome</b>	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by University of Plymouth should be reaccredited for a further period of three years.
<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>To develop a framework which clearly articulates all of the risks associated with the management, delivery and sustainability of the course and measures to mitigate those risks. This is because the team agreed that although some risks have been considered, the management of the course would benefit from more defined processes for identifying and managing risks across all elements of the course. This relates to criterion 3.1.</li> </ol>
<b>Minor amendments</b>	<ul style="list-style-type: none"> <li>The provider should include specific reference to the GPhC Standards for Pharmacy Professionals (5.9)</li> <li>To ensure that the types of assessments are accurately recorded in all programme documentation (7.1)</li> </ul>
<b>Registrar decision</b>	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 three years.
<b>Maximum number of all students per cohort</b>	50
<b>Number of pharmacist students per cohort</b>	11

<b>Number of cohorts per academic year</b>	4
<b>Approved to use non-medical DPPs</b>	Yes
<b>Key contact (provider)</b>	Richard Lowe
<b>Provider representatives</b>	Richard Lowe, NMP Lead Heather Hopper, Deputy Head of School of Nursing and Midwifery Dr Tracey Harding, Associate Head of School, PG Study Caroline Jamison, Associate Head of School, Teaching and Learning Meriel Chudley, Lecturer in Prescribing Nicola Chivers, Lecturer in Adult Nursing Beth Hawkes, Associate Lecturer Penny Baker, Assistant Faculty Registrar James Mitchell, Faculty Marketing, Recruitment and Admissions Manager Jenna Anderson, Senior Quality Administrator Natalie Dixon, Senior Quality Administrator
<b>Accreditation team</b>	Catherine Boyd, Chair of Fitness to Practise Panels HCPTS (event Chair) Dr Andrew Sturrock, Associate Professor of Public Health, Northumbria University Dr Brian Addison, Lecturer in Pharmacy Practice (Master of Pharmacy Course Leader), Robert Gordon University
<b>GPhC representative</b>	Rakesh Bhundia, Quality Assurance Officer (Education), General Pharmaceutical Council
<b>Rapporteur</b>	Alex Ralston, Quality Assurance Officer (Education), General Pharmaceutical Council
<b>Observer</b>	Philippa McSimpson, Quality Assurance Manager (Education), General Pharmaceutical Council

## 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.

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:

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

### Background

University of Plymouth 'the provider' was accredited by the GPhC in June 2019 to provide a course (programme) to train pharmacist independent prescribers, for a period of 3 years. There were no conditions or recommendations made. In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 10 June 2022 to review the course's suitability for reaccreditation.

University of Plymouth offer the GPhC accredited 'Independent and Supplementary Non-Medical Prescribing'. The course is led by the pharmacy profession. There are currently four cohort offerings per academic year including a maximum of fifty students per cohort with ten course-led face to face (contact) days. The duration of the course is six months.

### 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 10 June 2022 and comprised of several meetings between the GPhC accreditation team and representatives of University of Plymouth 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.

### Declarations of interest

There were no declarations of interest.

## Schedule

Meeting	Time
Private meeting of accreditation team and GPhC representatives, including break	09:30 - 11:00
Meeting with course provider representatives	11:00 - 13:00
Lunch	13:00 - 14:00
Learning outcomes testing session	14:00 - 14:30
Private meeting of the accreditation team and GPhC representatives	14:30 - 15:30
Deliver outcome to the provider	15:30 - 15:45

## Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of 6 learning outcomes during the event and was satisfied that **all 32 learning outcomes will be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **2, 13, 15, 19, 27, 28**

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

Learning outcomes met/will be met? Yes  No

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

Learning outcomes met/will be met? Yes  No

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

Learning outcomes met/will be met? Yes  No

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

Learning outcomes met/will be met? Yes  No

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

### Standard 1: Selection and entry requirements

Standard met/will be met? Yes  No

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

As part of the submission document, it was noted that applicants are required to meet specific criteria in order to undertake the Non-Medical Prescribing (NMP) course. Information is provided by the course provider ('the provider') to help applicants make an informed decision about applying to the programme. This includes detailed profession-specific guidance, including scope of practice. Entry requirements for the programme are initially checked by the admissions team and then rechecked by the NMP programme lead. Applicants must meet a series of criteria for level 7 academic studies as well as criteria specified by the regulatory and profession specific bodies. Pharmacist applicants must be registered with the General Pharmaceutical Council (GPhC) or with the Pharmaceutical Society of Northern Ireland (PSNI); they must be in good standing with the regulator that they are registered with, they must have two years' appropriate patient-orientated experience post registration; they must have an identified an area of clinical or therapeutic practice in which to develop independent prescribing practice with relevant clinical or therapeutic experience in that area and they must have a Designated Prescribing Practitioner (DPP) who has agreed to supervise their learning in practice. The DPP must be a registered healthcare professional in Great Britain or Northern Ireland with legal independent prescribing rights and with suitable experience and qualifications to carry out the supervisory role. The NMP programme lead is responsible for overseeing this process and makes the final decision regarding admission.

The accreditation team ('the team') asked for further information on how consistency was achieved in the selection of students. The provider explained that the programme lead was responsible for approving all admissions and did not delegate any applications, but colleagues joined in discussions and that there was a close working relationship between the programme team and the University admissions team. The provider explained that consistency was achieved by interviewing all applicants to the course in order to verify information on their respective application forms. The provider also noted that the interview was an opportunity to ensure each applicant would get the right support if they undertook the course, as well as an opportunity to explain to the applicant what the course is like to aid their decision making.

The team also asked how the suitability and relevance of an applicant's clinical and therapeutic experience was evaluated. The provider described the admissions process for the NMP programme, noting that the application form is first checked for accuracy, including a check of the applicant's professional body registration number. The application form is then sent to the programme lead to review and arrange an interview. If information on the application form is incorrect or missing, the form is sent back to the admissions team to seek further information. If an applicant is subsequently accepted on the programme, materials such as pre-reading, the course website and programme handbook are made available to help the applicant prepare for the start of the course.

The team also asked about instances of rejected applications and what support is then provided to a rejected applicant. The provider explained that applications were sometimes rejected, for example, if the applicant had been unable to identify and secure a suitable DPP. The provider noted that efforts were made to keep in touch with these applicants as they may wish to make a future application. The rejected applicant is provided with information with regards to who to contact and where to go for additional information.

## 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 be met.**

The team was told that principles of equality, diversity and inclusion (EDI) were embedded in the design and delivery of the NMP programme. The University has EDI policies that apply to all aspects of staff and student activity, and it currently holds an Athena Swan Bronze award. The University also has a race equality charter, a 'speak up' system in place and several EDI champions at school, faculty and university level, including an EDI champion on the teaching team for the NMP programme. EDI data is used to inform design and delivery of courses and support services to students. Feedback from service users has informed the creation of learning materials and there has also been service user feedback during classroom sessions. Students are reminded of their legal responsibilities under equality and human rights legislation through classroom sessions. There is also comprehensive information around this area within the online Health & Education Co-operative training package. Professional accountability in prescribing is also covered in the course induction and early face-to-face teaching.

As part of the submission document, it was noted that the programme lead and programme team are responsible for making reasonable adjustments as well as ensuring inclusive assessments are considered for all modules. The programme lead and programme team also consider alternative assessments for those students for whom inclusive assessment modes may not be possible. There is variety in the assessment for the NMP programme that allows a range of learning outcomes to be appropriately assessed. Inclusive and equitable assessment also ensures no group or individual is disadvantaged. All students can discuss their requirements with the programme lead and personal tutor, as well as through University Disability Services. Learning outcomes are the same for all students and cannot be modified, but additional support is available to students to ensure the learning outcomes are achieved. Students are allocated a personal tutor within an 'open door' tutorial system. Students can contact tutors both face-to-face and online.

The provider explained that they felt that EDI was a strength of the NMP programme. Stakeholders provide input to this, for example through reading the learning material to check their suitability or detect unconscious bias. The provider also explained that there was a lot of research within the University in this area, and that EDI had been a fertile ground for discussions raised by students in classroom sessions. The provider highlighted that there was a strong EDI ethos at the university, noting that course materials, for example, were checked via a traffic light system to ensure they were accessible for students. The provider went on to describe how EDI information is collected in the application process and that the admissions team will flag any students that might need support



before the course starts. The provider explained that students requiring adjustments will undergo a review process with disability services to ensure firstly, that it is appropriate for them to undertake the course. If so, reasonable adjustments are then made for the students concerned, such as printing of notes or extra time for assessments.

The team was told that there was an expectation that everyone should support and implement equality policies and ensure that their behaviour and/or actions do not amount to discrimination or harassment in anyway - this is addressed immediately with students on the first day of the course. It is made clear that students are allowed to express what they want and that the classroom should be seen as a non-judgmental arena. Placement settings are also checked to ensure that EDI principles are in place. Students are asked for feedback on this. The team was told that there had not yet been any reasonable adjustments required for pharmacists undertaking the programme, but this had occurred for other disciplines. The provider explained that there was good disability support provision at the university that enabled adjustments to be made early.

### 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 be met. One recommendation was made.**

As part of the submission document, it was noted that the NMP programme sits within the Faculty of Health, School of Nursing and Midwifery. The programme lead is a pharmacist and prescriber. The other members of the programme team comprise prescribing registered nurses and other allied healthcare professionals. The programme lead is responsible and accountable to the Head of School and the Subject Assessment panel for academic quality and standards. Practice-based learning is managed by the Associate Head of School for Practice Learning along with the Faculty Placement operational group. Day to day operational management of the programme is the responsibility of the programme lead and NMP programme team. The programme is supported by colleagues from across the University, including learning development, Faculty information specialists, Library services, Learning technologists and the Digital Learning Environment (DLE) project. The Associate Dean (Education and Student Experience) holds overall responsibility for the faculty portfolio of programmes.

The submission document also noted that the programme is delivered via blended learning, which includes face-to face delivery and online learning. Students have access to a range of facilities and services, including simulation type training and activities within the clinical skills suite. The suite simulates the clinical environment and includes appropriate equipment and handwashing facilities. The team were told that the NMP course has priority access to the clinical simulation suite. The provider recognised that pharmacists may need more time to develop their clinical skills, and as a result, pharmacists undertaking the course can spend an extra time in the suite if required. Students also have borrowing rights and access to the facilities, library services and IT at the university.

The provider explained that students were told on day one of the programme that they had access to anyone involved in delivery of a session; they can also contact their personal tutor and the programme lead. Students are also able to contact University student services. It was noted that the programme handbook outlined who students can speak to if they have concerns. Learning

agreements are in place both within the university and clinical practice. The team were told that students sign a learning agreement at the start of the course on the DLE (Digital Learning Environment) outlining their role and responsibilities and what they should do if they encounter difficulties. DPPs are given access to an e-learning resource provided by the Health and Education Co-operative. They are forwarded a copy of the timetable and module handbook with all assessments included and welcomed by the programme lead explaining how they can provide feedback and can contact the programme lead at any time. Students create a learning contract within practice with their DPP, a documented first interview, midpoint review and final interview which is then uploaded to the DLE for review. A midpoint review is also held by the personal tutor with the student; should any of these show cause for concern, the DPP is contacted, and where necessary, a tripartite meeting arranged between practice assessor, academic assessor and student.

The team asked about the processes in place for identifying and managing risk and if a risk register was maintained. The provider explained that student and staffing numbers were monitored as part of school processes. The course team also worked closely with the admissions team to forecast numbers of students. This enabled the course team to have confidence that the programme can be run ahead of the course start dates. The provider acknowledged the risk of too many students on the programme which would then require more DPPs than are currently available. The forecasts on student numbers provided by the admissions team helped ensure that the course team did not go over capacity in recruitment. The team felt that more detailed information could have been provided by the provider with specific regard to who is responsible for identifying and managing risks and whether a risk register was maintained, so the team made the **recommendation** to develop a framework which clearly articulates all the risks associated with the management, delivery and sustainability of the course and measures to mitigate those risks. This is because the team agreed that although some risks have been considered, the management of the course would benefit from more defined processes for identifying and managing risks across all elements of the course.

The team asked about the support in place for members of the course to carry out their roles effectively. The provider explained that the programme lead was very diligent in their role and very supportive of the NMP staff and was always available and present in teaching sessions. The team was also told that there was a culture within the course team and wider school of inclusivity and interprofessionalism. The programme lead indicated that they were well supported by the Head of Postgraduate Services. The provider also explained that there were several University processes to support the course team such as teaching and learning and opportunities for continuing professional development. The provider highlighted that student evaluations had been very complementary about staff, such as the setting up of the NMP café during the pandemic (a virtual forum to encourage interactions between students). Student feedback indicated that students felt part of the programme team.

The team were told that staff involved have equal responsibility for the delivery of the programme. The programme lead supervises the course and then delegates aspects to various staff. The programme lead also sits in on most sessions. The provider highlighted that staff involved in the course will have undertaken the introduction to Teaching and Learning training before teaching on the module, and they should also hold an NMP qualification. A workload allocation model is used in spring each year to ensure enough staff for the programme. The provider noted that there had been an increase in FTE staff supporting the course from 1 to 2FTE. The team was satisfied with the current staff input to the programme but agreed that the provider may wish to consider contingency

planning, bearing in mind the key role of the programme lead, the scalability of the course, and the additional resource required if numbers were to increase.

#### 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 be met.**

The provider stated that the course was validated by the University of Plymouth in 2019 and approved/accredited by appropriate regulators such as the Nursing Midwifery Council (NMC) and the Health and Care Professions Council (HCPC). As part of the submission document, it was noted that the NMP programme is monitored, reviewed and evaluated through University procedures. Stakeholders such as prescribing pharmacists, students, local NMP leads, DPPs and service users provide useful feedback that is then fed forward to improve the course. There is an end of module review meeting attended by staff, student representatives, NMP leads and service users where issues can be raised. Feedback from both cohorts is taken to the end of year review. A face-to-face meeting is also held between the NMP team and the student rep (and any other students who wish to attend).

It was also noted in the submitted document that the programme committee meets twice yearly to consider issues. The programme lead works alongside the programme committee to consider and evaluate the quality of academic provision. A subject assessment panel meets to look at module marks, followed by an Award assessment board which looks at individual student marks. The membership of both includes the external examiners, programme leads and the Associate Dean or their representative. The annual report from the external examiner feeds into the annual programme review. The NMP programme team meet before, during and after a course runs in order to plan, monitor and evaluate delivery of the programme. The University also conducts a periodic review process, which focuses on academic standards, student learning opportunities and learning and teaching provision. The course includes student feedback and evaluation, self-evaluation by lecturers, peer observation and feedback between colleagues and the external examiner and current scholarship outlining the latest evidence-based guidelines involving clinical education, pedagogy and innovation, which is reviewed and incorporated into programme content. Academics hold current healthcare professional registration and independent prescribing qualifications. The programme lead also meets with other NMP leads in the southwest to share best practice and new guidance. Members of the NMP team are engaged with active research in areas such as the management of pain.

The team asked how the teaching, learning and assessment practice of DPPs in the clinical environment was monitored. The provider explained that a meeting was held with students to evaluate the DPP. A mid-point review was held to speak to students to find out how they are getting on; a similar review is held with the DPP. The DPP is also asked at the end of the course for feedback on the student. The team were told that if any issues arose, a tripartite meeting was organised mid-course. The team asked if self-evaluation by lecturers and the DPP was mandatory. The provider noted that it was mandatory for lecturers to undergo peer review and DPPs needed to complete an evaluation. The provider also explained that students were asked for feedback about the DPP. It was noted that if there were difficulties with the DPP, they may not be used again.

The team asked for an example of where the course design or delivery had been influenced by trainee feedback. The provider gave the example of how, initially, there was a lot of different guidance for students from different disciplines both in terms of websites and handbooks. Following student feedback, the guidance was brought together into one shared website and handbook.

## 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 be met. One criterion requires a minor amendment.**

The team were told that the GPhC standards (2019) and RPS (2021) framework had been cross referenced and mapped to ensure all content is included in the course. The programme is aligned with the University's 'Raising Aspirations' ethos at the heart of teaching and learning. The submitted document noted that the design and delivery of the programme had been influenced by a close collaboration between the School of Nursing and Midwifery and the School of Health Professions. Guidance from the professional regulator and professional body had been incorporated into the design of the programme.

The submission document noted that the course is delivered by an experienced teaching team with expertise in prescribing from a variety of multi-disciplinary backgrounds. The course adopts a blended learning approach incorporating self-directed study using an NMP distance learning package, clinical work-based learning, supported by suitably qualified prescribing assessors. The curriculum was planned with two prescribing pharmacists, one of whom teaches on the programme. Pharmacists undertake the programme at level 7. Teaching methods such as lectures, seminars, group work, workshops and tutorials are all used. Students are provided with numerous opportunities to undertake formative assessments and receive feedback. Students are also able to access e-learning resources and have access to a simulations suite. Service users are involved in the course. The University holds a silver award from the Teaching Excellence Framework.

The team asked for a description of the teaching and learning strategy that has been adopted on the course. The provider explained that a blended approach had been developed, which consisted of 10 teaching days and 16 days used for online learning opportunities. The provider noted that this had been useful in securing the release of staff from other organisations for teaching. The team were told that clinical skills, pharmacology, legal and ethical teaching had all been maintained as face-to-face teaching. The provider described several different styles of delivery ranging from didactic to simulated and discursive, underlining diverse opportunities for learning. The team was also told that experts in the field were brought in for topics, such as pain, microbiology and cardiovascular. The provider also explained that there were 14 different methods of assessment within the portfolio and that there were opportunities for formative assessment, particularly for the clinical exams where students were able to practice as much as they liked. Students were also supported in areas of difficulty such as numeracy. The team were also told that the blended learning approach, how students will know they are competent in practice and the importance of providing the best possible care to patients are all emphasised from day one of the course. The provider's aim was to support the student to enable them to become the best prescriber they can be.

The provider clarified that a module in advanced practice assessment was made available to pharmacists following feedback. This enabled pharmacists to study for the Pg Certificate Independent Prescribing and Health Assessment programme (PgCert IPHA) as well as the Practice certificate in independent prescribing. Feedback from health care professionals from all eligible disciplines, past and current students, service users and professional bodies all help to support the teaching and learning on the course. There is also feedback from NMP leads in local organisations.

The provider detailed the processes in place to ensure changes in practice were reflected in the teaching and learning material. The provider noted that professional regulation requires staff to be up to date. The team were also told that the NMP course is updated when there are significant changes in practice, such as changes in the role of pharmacists, which had led to the formation of the PgCert IPHA. Changes in the Royal Pharmaceutical Society (RPS) competency framework have also been incorporated. The provider also highlighted that staff held honorary NHS contracts to ensure they kept up with prescribing updates in practice. The provider noted that practice development teams from the university were in all the major local trusts.

The team explored how pharmacists and independent prescribing pharmacists were involved in the ongoing design and delivery of the course. The provider explained that a lot of time had been spent with a pharmacist lecturer and GP Prescriber to focus on what would be needed for the course. In addition, a Rheumatology pharmacist prescriber had been consulted in the development of the programme. The current programme lead was also helpful in explaining what pharmacists needed, drawing upon their experience of external examining at other institutions, as this enabled them to share ideas from other providers.

The team also explored how the course provider engaged with stakeholders, including patients and the public. The provider described how information was sought from members of the public and patients in the teaching sessions, such as the perception of non-medical prescribing. The provider also noted that volunteers who had been involved were invited to provide feedback at the end of cohort review.

As part of the submitted document, it was noted that the provider ensures that all trainees and DPPs are fully aware that trainees can only undertake tasks that they are competent to do so. This is emphasised on the first day of the course. The registration of the DPP is also checked during the application process. Students and DPPs are made aware of supervisory mechanisms. The needs of patients and their safety are paramount and take priority, which is reinforced by course regulations and in taught sessions and the course handbook. Students are made aware of the Fitness to Practise (FTP) process and that FTP issues can be raised with their employer/Faculty Registrar. If required, the professional regulator will also be informed. Concerns in placement or in academic setting are dealt with in a supportive way.

The provider explained that students are supervised using agreed mechanisms in all clinical practice environments to ensure safe person-centred care is always delivered. This was achieved by checking at the admissions stage if the practice setting was suitable; that the student must have a DPP and be practising under DPP supervision. Feedback is collected from the student at the midpoint review and there is also an end of course check where all parts of the portfolio must be signed off by the DPP in hard copy.

The team also explored how students are informed about the provider's approach to FTP issues or other concerns. Issues can be given to the personal tutor but can also come to the programme lead. The programme lead can then raise the issue with the Head of Postgraduate services; if the issue

cannot be resolved, then FTP process will be followed. The provider noted that FTP issues were a rare occurrence and had not involved any pharmacists to date. The team felt that a clearer reference to the GPhC standards was needed so a **minor amendment** that the provider should include specific reference to the GPhC Standards for pharmacy professionals was required.

## 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 be met.**

As part of the submission document, it was noted that students undertaking the NMP course must complete 90 hours of supervision, supported by a suitably qualified DPP. The DPP is responsible for determining whether the students' competencies have been met. DPPs must meet certain criteria during the application process. This is checked by the programme lead. The tripartite partnership between the DPP, NMP student and the provider is essential in ensuring the development of the partnership working between clinician and patient. Pharmacists are only able to make prescribing decisions under the complete supervision of the DPP. The DPP takes primary responsibility for the supervision of the student. All assessments must be signed off by the DPP including the RPS (2021) competency linked practice document and statement of completion.

The team explored how the provider monitors the number and quality of opportunities that the student has to access patients. The provider explained that a specific number of opportunities was not asked for and highlighted that the formularies that the student completes as part of the portfolio must have different patients in them. In signing off the student, the DPP is confirming that the student has completed 90 hours of clinical work. The team also explored how the provider ensures governance and quality assurance within these partnerships. The provider explained that the Associate Head for Practice placements helped to ensure that the placements were audited on an annual basis, with any concerns being investigated. Feedback from practice and academic environments provided quality assurance. The provider noted that the midpoint review was also used to check that the student is getting the required opportunities. If this was not the case, time was still available in the programme for the provider to intervene with the DPP.

The team asked if the process used to evaluate the suitability of the DPP at the application stage could be described in more detail. The provider explained that as there was a shortage of DPPs, the provider was careful to ensure that DPPs were not put off by the process. DPPs needed to self-declare their training and experience by the time the course started. DPPs would also have received a copy of the handbook and undertaken training by this point. The provider highlighted that the registration of the DPP is checked with their professional body during the admissions process. Students are also given opportunities to provide feedback on the DPP.



## Standard 7: Assessment

Standard met/will be met? Yes  No

**The team was satisfied all eleven criteria relating to the assessment will be met. One criterion requires a minor amendment.**

As part of the submitted document, it was noted that students undertake a range of assessment as part of the NMP course. All assessment regulations are appropriate for a course leading to professional registration. All elements of assessments must be successfully passed to receive qualifications. No compensation is permitted. There is diversity in assessment design and spacing out of assessments. Academic work is marked and assessed by the NMP team. Assessments are designed to be inclusive, but where alternative assessments are needed, the NMP team work closely with the University disability service to arrange these. Formative assessment is a key feature of the course, as well as the provision of formative and summative feedback. There are several opportunities for feedback integrated within the course.

The course is assessed by portfolio, critical reflection case study, history taking, numeracy, clinical examination skills, a final written exam and sign off from the DPP. Students have several opportunities to submit draft work. Students also have some choice with regards to the focus of their assessment such as choosing a topic for their case study. Written summative feedback is provided to students within 20 days.

The course learning outcomes are aligned with assessment. Miller's triangle is embedded in the achievement of an assessment learning outcome (ALO). The portfolio is worth 50% of the course and consists of a lot of elements that must be passed including 5 x personal formularies and 5 x mini clinical examinations. If unsafe practice is identified, a mark of 0 is given. The students are permitted a second attempt to resit. Some elements of assessment are repeated to ensure a consistently safe approach, such as undertaking 5 mini clinical examination assessments, all of which must be passed.

The submission document noted that in the practice environment, the DPP and student meet and establish a learning contract, undertake mid-point and formative reviews before summative assessment. Should issues arise, this allows time for support to be put into place. The provider and the DPP have agreements in place to ensure open communication and outlining roles and responsibilities with regards to assessment. The DPP must confirm that they understand this. Assessments are only carried out by appropriately qualified academic staff and DPPs. All assessments are thoroughly reviewed by the NMP teaching team, including those in clinical practice. The assessments are also subject to internal and external moderation; External examiners oversee the assessment process and will have an appropriate level of practice-based expertise.

The team asked how the assessment strategy is robust, reliable and valid. The provider confirmed that the NMP course team meet to ensure marking consistency and noted that all courses are required to review their assessment processes each year. External evaluation by their external examiner also confirmed that the assessment strategy is robust. As additional assurance, the provider undertakes evaluations from students who have passed the course to see if they feel confident to prescribe. Feedback is also sought from employers to confirm they were happy with quality of the students completing the course and that they were also confident that any students who should not get through the course would be unable to do so. The provider explained that the assessment

strategy also ensured students were practising safely through continual contact with past students to see how they are practising, as well as seeking feedback from other NMP leads.

The team noted that clinical assessments were now taking place within the clinical environment, and asked how the practice assessor was trained, and how the assessments were quality assured by the course team. The provider explained that the impact of Covid meant that it was felt that it was not safe to do the clinical assessments by Zoom and that it would be more appropriate for them to take place in practice with the DPP. This was explained to the DPP, noting that the assessment was part of their role, though if the DPP was unable to do it, another person could do the clinical assessment, provided the overall assessment was countersigned by the DPP. The team was told that the provider sent staff out randomly to watch the clinical assessments and make sure they were working. Although the checks were random, they could be more direct/targeted if required. It was expected that students perform the clinical exam on a real patient with the practice assessor to make the assessment more robust.

The team asked how the quality of assessments undertaken by practice assessors was verified given the move from taking place at university to the practice setting. The provider indicated that the change had been well evaluated and would be maintained going forward as it was more supportive for the student and enabled the DPP to see that clinical assessment had occurred. Students were also able to practice repeatedly in the clinical environment, with only one submission date at the end of the course to avoid undue stress. The clinical assessment could also be undertaken at any time.

The team sought clarification on the terminology used to describe the assessments in the practice setting, noting that in the NMP handbook, these had been referred to as 'OSCEs'. The Provider confirmed that 'OSCE' had been replaced by assessments in the practice setting. The team set a **minor amendment** that all types of assessment are accurately recorded in all documentation.

The team also asked what monitoring systems were in place in the academic and clinical learning environments. The provider explained that random checks were undertaken in the clinical learning environment, whilst in the academic environment, processes such as second marking and moderation took place. The provider highlighted that every practice portfolio was checked by the programme lead to ensure it had been signed off by the DPP.

The team sought clarification on a form used for assessment of consultation competencies and how feedback provided to the student is recorded. The provider explained that this was part of the mini clinical examination as not all patients would need physical examinations. The provider noted that this was a strength of formative assessments, as the students could do as many as they liked, as they ultimately only need to provide five from different consultations by the end of the course.

The team also sought clarification the relationship between the Advanced practice module (PgCert IPHA) and the GPhC accredited IP course. The provider confirmed that the courses were separate. Pharmacists were recommended to take the PgCert IPHA as it supported developing competency in other areas, but pharmacists only needed to pass the accredited independent prescribing module.



## 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 be met.**

The team were told that students receive extensive support during their learning experience. Students are supported by the programme lead, NMP teaching team, personal tutor and their DPP. The programme lead describes the course content, learning requirements and assessment strategy to the students at the interview stage. The programme lead also repeats this information on the first day of the course, to ensure students have an awareness of what is expected on the course and are clear on what they need to achieve. Students and DPPs are also given a sample numeracy paper and programme handbook before the start of the course.

As part of the submitted document, it was noted that line managers/employers are required to sign an agreement to release the student for 26 theory days and 12 practice days. They are reminded that students' contact day attendance and recorded achievement of all theory and practice hours are mandatory. Students and DPPs establish and agree a learning contract. They must meet regularly including holding a midpoint review before the summative assessment. Students must have access to the DPP before sign off. DPPs take primary responsibility for assessment and must only take evidence from supervisors they deem competent to do so. Supervisors may access course material and online training. Forms for each formal meeting with DPP available and required to be part of the portfolio. Students are encouraged to meet with DPPs on regular basis. DPPs will be contacted by the personal tutor or programme lead if any issues are raised.

It was also noted that there are clear procedures for students if they have concerns –this is noted in the learning agreement. All concerns are dealt with promptly by the programme lead. Student concerns or concerns about student progress are discussed with the programme lead and/or a personal tutor and are then added to the student record system. The provider noted the GPhC guidance on tutoring for pharmacists. The DPP must confirm that they have received suitable training and that they have requisite RPS competencies.

The team noted that the annual monitoring form indicated that there is a continuing shortage of DPPs and practice supervisors and that the issue had been raised with Health Education England (HEE). The team were interested in the timescales for resolving this and the impact on the students in training. The provider responded by noting that the numbers of pharmacists on the course would likely be higher if more DPPs were available, but that there was no timescale for resolving the issue. The provider indicated that NMP leads were arranging training for DPPs, and that HEE were running a project to increase the number of DPPs. The provider acknowledged a potential risk to the course if there were not enough DPPs available. The provider was keen to encourage students to become DPPs in the future, as this would help resolve the problem, and help avoid reliance on one profession to supply all DPPs.

## Standard 9: Designated prescribing practitioners

Standard met/will be met? Yes  No

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

All students must have a DPP in place before starting the course. The DPP must meet all the criteria specified by the GPhC. The programme lead looks at the appropriateness of the DPP's skill set in conjunction with the clinical area that the student intends to achieve their competency in. All applications are reviewed by the programme lead/NMP team. The DPP is sent an email from the programme lead offering a face-to-face meeting if desired. DPPs are given access to a DPP training package from the Health & Education Cooperative. Records of completion are held by the provider. Training is mandatory for all new DPPs. The DPP is assured that the programme lead, teaching team and personal tutor are available for advice and support when required. DPPs are contacted at the beginning, middle and the end of the course. Feedback for the DPPs is available after the statement of completion and student evaluations have been received.

Practice Development Teams are supported by the school of Nursing and Midwifery and are in local trusts in the southwest; these teams help quality assure and support placements and are helpful to the NMP course team. Other placement areas are considered on a one-to-one basis and visited where any issues are raised. These are required to be Care Quality Commission (CQC) registered.

The team asked how the provider assured themselves at the application stage that all DPPs had met the requirements for their role. The provider explained that they acknowledged that DPPs are registered professionals and were therefore asked to self-certify that they had the necessary experience, qualifications and training, and had received the course handbook. The provider noted that they did not wish to alienate DPPs with difficult processes. The provider confirmed that the professional registration number of the DPP was checked before the course start date. The team were interested in any examples where a DPP had not been accepted at the application stage. The provider noted that there were no examples of this happening to a pharmacist DPP, but where it had happened before, to a nurse DPP, the application had been rejected because the premises weren't audited or CQC registered.

The team asked for detail on the mechanisms for supporting DPPs in practice. The provider explained that DPPs must be given as much support as they needed. As such, they can access the programme lead or any of the NMP team if help is needed. The provider also highlighted the Health & Education Cooperative training package that DPPs can complete. It was noted that the provider does not insist that Designated Medical Prescribers (DMP) who have done the course before and have experience should undertake the training course, but all new DPPs should complete the training and read the handbook before the start of the course. The DPP should also see all assessment in order to see what is required of the student on the course. The team were told that DPPs sometimes sought further information from the provider as to how better they can support the student's academic work. The provider noted that they would support the DPPs with how this could be done.

The team also explored the process used for providing feedback to the DPPs. The provider explained that the programme lead gets feedback from the students. When the student is signed off, the programme lead then invites comments from the DPPs. Student feedback is then provided to the DPP, as well as thanks from the provider for supporting the student during the course. The provider

highlighted that feedback from the DPP would also be taken forward for consideration at the annual programme review.

