General Pharmaceutical Council

Anglia Ruskin University independent prescribing course reaccreditation report, February 2023

Contents

Event summary and conclusions	
Provider	Anglia Ruskin University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	17 February 2023
Approval period	May 2023 – May 2026
Relevant standards	**Standards for pharmacist independent prescribers, January 2019, updated October 2022**
Outcome	Approval with conditions The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing course provided by Anglia Ruskin University should be reaccredited for a further period of three years, subject to two conditions.
Conditions	1. Although the team could see limited evidence of provider assessment of DPP experience in the application form using a check list, DPPs must be asked to provide supporting evidence at the application stage to describe how they meet all the requirements for the role, including their ability to assess patient-facing clinical and diagnostic skills. This would provide the course team with information which can be used to evaluate the suitability of the DPP. This must be addressed, and a response submitted to the GPhC, for approval by the accreditation team, by 31 March 2023. This is to meet criterion 9.2. 2. The University must develop an appropriate feedback process for all DPPs regarding their overall performance as prescribing supervisors. Details of this process must be sent to the GPhC by 31 March 2023. This is to meet criterion 9.5.
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	1. While the team acknowledged that there is an application process, how the process is managed in the absence of the Programme Lead was not clear. Further, the assessment of the applicant's ability to recognise, understand and articulate the skills and attributes required by a prescriber was also unclear. The team therefore recommends that the University implements a more systematic and structured way of reviewing the application forms

	to determine the suitability of the applicant. This relates to criterion 1.4. 2. To update the guidance given to DPPs to ensure that their role in assessing the performance of pharmacists is clear, in particular provide clarification to all DPPs that the competency statements underpinning the learning outcomes at the 'does' level should be demonstrated repeatedly and reliably. This relates to criterion 7.1.
Minor amendments	• The documentation (Appendices 2 (module definition) and 16 (Practice Assessment Process) still refer to the 2016 RPS competency framework; this should be updated to 2021. • The documentation (Appendix 1 – Module Definition) concerning entry requirements still refers to the requirement for two years post-registration – this needs updating. • The documentation (Appendix 2 – Module Definition) – number of face-to-face days needs correcting. • The documentation (Appendix 4 - PAD) does not include all the explanatory notes of 2021 RPS competency framework; these need to be included.
Registrar decision	The Registrar is satisfied that Anglia Ruskin University has met the requirement of continued approval (subject to remediation) in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the **Standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022**. The Registrar confirms that Anglia Ruskin University is approved to continue to offer the Independent prescribing course. The Registrar notes that the conditions as outlined in the report have been met.
Maximum number of all students per cohort	400 students per year in three cohorts across two campuses (Chelmsford and Cambridge).
Number of pharmacist students per cohort	40
Number of cohorts per academic year	Three
Approved to use non-medical DPPs	Yes
Key contact (provider)	Eleanor Hawley, Programme Leader Lauren Spurling, Interim Director of Academic Quality

Provider representatives	Louise Jenkins (Head of School Nursing and Midwifery, Cambs) Melanie Bird (Head of School Nursing and Midwifery, Che) Lorna O'Reilly (Deputy Head of School Advanced Practice and Learning Beyond Registration) Eleanor Hawley (Course Leader) Lynn Koworera (Module Tutor) Peter Dalrymple (Module Tutor) Lauren Spurling (Interim Director of Academic Quality) Joanne Wood (Quality Assurance Officer)
Accreditation team	Dr Fran Lloyd, Associate Postgraduate Pharmacy Dean, NICPLD, Queen's University Belfast Charles Odiase, Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Dacorum GP Federation, Hertfordshire Liz Harlaar, Independent Business Consultant
GPhC representative	Alex Ralston, Quality Assurance Officer, GPhC
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

Introduction

Role of the GPhC

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

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit: http://www.legislation.gov.uk/uksi/2010/231/contents/made

Background

The independent prescribing programme at Anglia Ruskin University forms part of the Advanced Practice and Learning Beyond Registration (LBR) provision in the Faculty of Health, Education, Medicine and Social Care. The programme was first accredited by the Royal Pharmaceutical Society of Great Britain, the regulator at that time, in 2007 and subsequently reaccredited by the GPhC. The most recent reaccreditation by the GPhC took place in 2020, when the programme was reaccredited for a period of three years. On that occasion the accreditation team imposed one condition, which was that the University was required to develop and implement a robust quality assurance process of the summative assessment in practice undertaken by DPPs. This quality assurance process had to ensure that assessment decisions are robust, reliable and valid. This was to meet criteria 4.3, 7.1, 7.7 and 7.9. Accordingly, the course team implemented a process whereby the academic assessor would moderate the Summative Clinical Assessment of the trainee to quality assure the DPP's assessment. In this process, the academic assessor observes the assessed patient consultation either in-person or remotely; the academic assessor also observes the DPP's feedback to the trainee and then provides feedback both to the DPP and the trainee on whether they agree with the assessment. A record of the assessment is made in the trainee's Practice Assessment Document (PAD) by the DPP, and the academic assessor also keeps a record of their moderation of the assessment.

In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled in February 2023 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 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 17 February 2023 and comprised several meetings between the GPhC accreditation team and representatives of the Anglia Ruskin University prescribing course. Students who were currently undertaking the course, or who had completed it in the last three years, contributed to the event by completing a qualitative survey, responses to which were reviewed by the GPhC accreditation team.

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	16:15 - 16:30

Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of **six** learning outcomes during the event. The team was satisfied that **all 32 learning outcomes will be met** to a level as required by the GPhC standards. However, please see criterion 7.1 and recommendation 2.
The following learning outcomes were tested at the event: **2, 7, 13, 19, 23, and 32.**

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 ☐

Entry requirements are available on the University's website: these include an identified clinical need for prescribing by the employer, support from their employer and protected learning time, knowledge and expertise in the area in which they intend to prescribe, and a current Disclosure and Barring Services (DBS) check. Applicants complete an online application, which the admissions team and the Programme Leader check for professional registration details, the applicant's status on the register, their current role, their time in that role, and their experience in clinical assessment and diagnosis. The application form is being updated to ask applicants for examples of relevant patient-orientated experience in a UK setting, clinical/therapeutic experience, and relevant continuing professional development, as well as the area of clinical or therapeutic practice in which they will base their learning. The applicant's form also includes information about their DPP's (Designated Prescribing Practitioner's) qualifications and experience, which the Programme Leader reviews to confirm the DPP's suitability. If further information is required to make a decision about the application, the programme leader and admissions team contact the applicant via email or telephone. Only those applicants who meet all the criteria are accepted onto the programme.

The team confirmed that pharmacist applicants, unlike others, are not required to have completed advanced training in clinical assessment skills, although they are encouraged to do this if they wish. In response to the team's concern about equity in the applications process, the staff explained that consistency was assured because one person, the Programme Leader, deals with all applications; applicants are accepted if they meet the entry requirements, and are only contacted to obtain further information if their documentation lacks clarity or does not clearly show their suitability for the programme. As a full-time staff member involved only with the non-medical prescribing programme, the Programme Leader can process the large number of applications. Responding to the team's concern to learn about contingencies in place for the unavailability of the Programme Leader, the staff emphasised that the teaching team is fully aware of all entry requirements, with staff members having the experience, capability and expertise to take on this task if required; however, the module team recognised the need for more delegation of such tasks as an outcome from the reaccreditation process.

The GPhC's entry requirements (criterion 1.4) stipulate that course providers must check at the selection stage that they are satisfied that each applicant clearly demonstrates that they have relevant experience in a UK pharmacy setting, the ability to recognise, understand and articulate the skills and attributes required by a prescriber, and an identified area of clinical or therapeutic practice. In response to the team's wish to learn how the School assesses applications against this criterion, the staff described how they expect the application form to provide relevant clinical examples, such as conversations with patients, discussions with other healthcare professionals and dealing with medication-related queries; applicants should also demonstrate continuing professional development relevant to their intended scope of practice, should be in a patient-facing role and should describe how their prior learning will be applied in their development as a prescriber.

While the team acknowledged that there is an application process, how the process is managed in the absence of the programme lead was not clear. Further, the assessment of the applicant's ability to recognise, understand and articulate the skills and attributes required by a prescriber was also unclear. The team therefore recommended (see recommendation 1) that the University implements a more systematic and structured way of reviewing the application forms to determine the suitability of the applicant.

The team was satisfied that all six criteria relating to the selection and entry requirements continue to be met. One recommendation was made relating to criterion 1.4 (see above).

Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes ☒ No ☐

All members of staff undergo mandatory Equality and Diversity training, and the programme complies with relevant quality assurance policies that include 'Valuing Diversity and Promoting Equality' and the 'Strategy for Advancing Race Equality'. The course addresses the prescribing pharmacists' responsibilities in relation to equality and diversity; these include prescribing considerations in relation to ethnopharmacology, as well as prescribing for patients who are fasting for religious reasons. Principles of diversity are embedded throughout.

Equality and diversity data are held centrally by the University, and those relating to trainee pharmacist independent prescribers have been analysed for progression and achievement of these trainees from 2019/20-2022/23. The School of Nursing and Midwifery reports on data concerned with student demographics, attainment and progression as part of the Annual Monitoring Process. Issues identified through review of these data result in the generation of an action plan to rectify them.

The School supports trainee pharmacist independent prescribers who declare specific learning needs; this support is provided by their module tutor/academic assessors and student services. Individualised reasonable adjustments for students with a disability include, for example, provision of handouts on coloured paper or extra time in examinations. Students would normally discuss any required adjustments with their Designated Prescribing Practitioners.

In response to the team's wish to learn how equality and diversity (EDI) data on protected characteristics have been used in the design and delivery of the course, the staff explained that such data are reviewed as part of annual monitoring. The staff ensure that clinical examples reflect the diverse patient population; students must reflect on these issues and address any problems arising from diversity, for example, in relation to religion. Inter-professional learning and seminars address equality, and everything is made inclusive.

Noting the EDI data on the student intake, the team wished to learn if there were any differences in progression/outcome against protected characteristics. The staff explained that it is very difficult to discern trends because of the small number of pharmacists. The recently completed annual monitoring report for the whole School, not broken down by module or profession, showed no significant attainment gap between BAME and non-BAME students. Support measures are in place for students from all backgrounds and the School has race equality leads and advocates. Postgraduate

taught course surveys lead to action plans which include EDI. Each module leader is asked for action plans based on annual monitoring to ensure that everything is in line with benchmarking.

The staff described how reasonable adjustments are made to support trainees with specific needs in meeting the learning outcomes. These include the provision of additional time for assessments and giving early access to learning materials; all students are given access to resources at least two weeks in advance of sessions. Students are responsible for communicating the requirement for any reasonable adjustment to their DPP but the School will provide support if required.

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

Standard 3: Management, resources and capacity

Standard met/will be met? Yes ☒ No ☐

The Practice Assessment Process document, which is available to students, tutors and Designated Prescribing Practitioners (DPPs), defines the roles and responsibilities of the academic assessors (module tutors and module leader), the DPP, practice supervisors, and the student in the learning, teaching and practice environments; the document also sets out lines of accountability and actions to be taken if a 'Cause for Concern' is identified. These roles and responsibilities are also outlined on the University's virtual learning environment, Canvas.

The Designated Prescribing Practitioner (DPP) and the Academic Assessor (AA), review student engagement at the initial, midpoint and end stages of the course. The initial stage comprises the initial interview with the DPP and development of a learning contract, this contract being reviewed by the Academic Assessor. At the midpoint, there is an evaluation by the DPP, a review of the Practice Assessment Document (PAD) by the Academic Assessor, and then a tripartite discussion between the student, the DPP and the Academic Assessor; this discussion reviews progress, engagement, any areas for development and any needs for additional support. At the end of the programme, there is a moderated 'Summative Clinical Assessment' with the DPP and the Academic Assessor; the DPP undertakes the final sign off, which is followed by the Academic Assessor's review to ensure that the PAD contains sufficient evidence and has been fully and correctly completed.

The academic staff who contribute to the teaching and assessment of the Advanced Non-Medical Prescribing Module come from a variety of professional backgrounds with a breadth of experience in different clinical areas; these include three pharmacists. Current staffing dedicated to the module is equivalent to 3.4 WTE plus 107 hours per year of associate lecturer time, with a vacancy to be filled (0.8 WTE; the team learned that this vacancy had now been filled).

Going forwards, the course will only be delivered on the Cambridge and Chelmsford campuses, each of which is appropriately resourced with clinical skills laboratories and designated teaching rooms; members of academic staff, particularly the course leader, travel between campuses to ensure parity of delivery. Pharmacist independent prescribers in training are supported in their off-site learning through the Canvas virtual learning environment.

In response to the team's wish for clarification of the student numbers, the staff explained that the maximum number admitted per year is 400, divided among three cohorts and two campuses, with a

maximum cohort size of 125-130; this results in around approximately 60 students per cohort per campus, which could increase to about 70, if the Peterborough campus does not come back into use. The maximum number of pharmacists is 40 per cohort per campus. The students on each campus are divided among four tutor groups, with approximately 15 students per tutor for group work. The School also runs a special, bespoke cohort for nurses only; this is run on request by a partner trust and usually comprises 10 nurses, with this number included within the 400 maximum total.

The team learned that two pharmacists provide input to the course in both teaching and assessment, with one pharmacist based on each campus; input is also provided by a course tutor who is a pharmacist. While the teaching team is currently stable, if a pharmacist were to leave, the School can contact a practice partner to seek an emergency application and can issue an emergency, short-term contract for up to six months; this allows time for a permanent replacement to be appointed.

In response to the team's request to learn about the clinical skills and teaching facilities available to the prescribing course, the staff described these as 'excellent'. The facilities included simulated hospital ward, community and GP surgery environments and £5.7M has been awarded to take forward simulated clinical practice using VR technology, which allows replication of any clinical environment.

Noting the risk registers at both University and Faculty level, the team learned that placement capacity has been identified as a risk. This is mitigated by education champions, who are members of academic staff, who, together with a link team, support practice partners and learners in practice.

The University should notify the GPhC if it intends to run the independent prescribing programme on the Peterborough campus at any time in the future.

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

Standard 4: Monitoring, review and evaluation

Standard met/will be met? Yes ☒ No ☐

As well as informal feedback received from the students during their studies, the course is evaluated through the University's Module Evaluation Surveys (MES), whereby students of each cohort complete a questionnaire at the end of the course. The course leader receives feedback from this, identifies any areas of weakness, and develops an action plan of changes for implementation in next delivery of the course. Students share their thoughts and concerns about the course via their course representative who attends the Staff-Student Liaison Committee (SSLC). In the academic year 2022/23, the School will specifically evaluate the clinical skills day for pharmacists.

The University undertakes an Annual Monitoring process to review, reflect and evaluate the delivery of the module and identify actions for enhancement. This process, covering numbers of students, module evaluation scores, pass/fail rates, and mean marks, reviews module performance statistics for each location of delivery. It also reviews external examiner reports, PSRB and other external reports, as well as SSLC minutes. Action plans are created for any issues highlighted. This report is scrutinised at School, Faculty and University levels.

The currency and relevance of the taught aspect of the course are continuously reviewed throughout the year, and information and resources updated appropriately. The Programme Leader and module tutors keep abreast of changes to national standards/frameworks and advances/developments in clinical practice and update the course content accordingly, with GPhC approval when required.

The staff confirmed to the team that the external examiner is aware of the professional standards required by all the regulatory bodies, including the GPhC; there are regular conversations between the School and the external examiner about these matters. All assessment criteria, covering both formative and summative assessments, are available on the Canvas VLE, to which the external examiner now has full access.

Noting that the student evaluations made no reference to feedback specifically from pharmacist trainees, the team asked for examples of pharmacist feedback. The staff explained that most feedback is from the whole cohort and is anonymous, so that it is impossible to identify that which is pharmacist-specific. The only feedback specifically from pharmacists is that relating to the clinical skills day. However, the feedback questionnaire did not include a section for optional qualitative feedback; such a section will be incorporated into the feedback questionnaire for future cohorts. The PAD records students' reflections, which is another way of obtaining informal feedback. The only example here is from one student, who mentioned additional skills that they would like to see included in the course. In this context, the accreditation team had received feedback from six trainees through a questionnaire circulated by the GPhC. While the results from this small sample suggested broad satisfaction with the course, including its organisation, teaching quality and resources, two responses indicated the wish for more clinical skills training opportunities. The team had noted that while other students were expected to have completed advanced training in clinical assessment skills, pharmacist training in this area was limited to one day, covering a broad range of clinical assessments.

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

Standard 5: Course design and delivery

Standard met/will be met? Yes ☒ No ☐

The course builds on prior knowledge and experience to develop and broaden the student's pharmacology, pharmaceutical and generic prescribing knowledge base. The course is continually evaluated and developed to ensure currency and changes are made either through the internal curriculum revisions process or, where needed, through a full validation event. Views of practice partners, patient user groups and students were considered as part of course redevelopment and approval process in 2019. Learning and teaching have been mapped against the learning outcomes described in Part 1 and the RPS 'Competency Framework for all Prescribers'. The timetabled on-campus and online structured learning activities include the use of case studies, collaborative and group learning, tutorials, reflection, and seminars; complementary e-activities are provided through the Canvas virtual learning environment. Taught sessions are supported by pre-session reading and post-session activities on the Canvas online learning platform. Clinical supervision under the direction of a DPP provides protected time for trainees to engage in work-based learning and relate theory to

their own area of professional practice. Multi-professional group learning activities are embedded to enable trainees to apply their learning to clinical scenarios and to develop their awareness of the roles of other professions in patient care.
Patient safety is a priority and there are robust procedures to deal with any situations where students might compromise patient safety, for example, through being observed to undertake unsafe practice.

In response to the team's wish for further information on the input of pharmacists in the design and delivery of the course, the staff described how pharmacists had been involved in design of the programme, and had contributed to the revised design necessitated by the Covid-19 pandemic, including the development of online pharmacology learning material. There are two pharmacists, one on each campus, who teach the pharmacology component of the programme, including writing the relevant assessments and developing guidance documents for assignments, and run tutorials, as well as contributing to the teaching of sessions other than pharmacology. They contribute to the regular teaching team meetings which review changes in practice and discuss any required course amendments and updates, for example, as necessitated by the updating of the RPS Prescribing Competency Framework in 2021. The Course Leader is ultimately responsible for updating the programme. At the next reaccreditation, the team would like to see evidence for the ongoing input of pharmacists into the design of the programme.

The staff described to the team the School's engagement with its stakeholders in the design and delivery of the programme. Stakeholder engagement began during the 2019 programme revalidation and has continued since then. There is regular engagement at the School level with practice partners and HEE relating to the development and support of students. A patient is now involved and the School will expand patient involvement in contributing to the design of sessions to which they participate, for example, by giving their experiences relating to medicines use. There is to be an annual meeting with stakeholders, HEE and practice partners and a service user and carer forum will be held in September 2023. Service users attend the Staff-Student Liaison Committee (SSLC); they are also invited to comment on student performance in practice.

In response to the team's wish to learn how students are informed that fitness to practise procedures apply to them, the staff described how this is done on the first day of the programme; they are told that they must maintain their professional standards, and that, as qualified professionals, failure to do so may result in their referral to the GPhC. No such cases have arisen involving pharmacists, although a nurse has been referred to the Nursing and Midwifery Council.

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

Standard 6: Learning in practice

Standard met/will be met? Yes ☒ No ☐

The course includes 90 hours of clinical practice and assessment, where students are expected to have direct access to patients in order to sign off the relevant competencies in their Practice Assessment Document (PAD); the DPP is responsible for signing off the trainee as being competent on the basis of evidence presented within the PAD. Students are advised that all clinical supervision time

must be patient facing or patient focused, for example, through multidisciplinary team meetings; the majority of the hours should be directly patient facing. During this time, students may only prescribe under the supervision of a DPP, who has overall responsibility for supervising the student; students may also spend some of their clinical supervision time with an appropriate Practice Supervisor. DPPs and Practice Supervisors must provide contemporaneous feedback, as well as recording of the clinical supervision time in the student's PAD; this is reviewed by the module tutor at the mid-point, in weeks 20-24, and at summative assessment, to determine whether the clinical supervision activities are appropriate. If the clinical supervision activities recorded are considered inappropriate, this will be fed back to the student and DPP during the tripartite meeting so that this can be addressed. The PAD must be completed and passed for the student to be able to complete the course and gain the qualification, as evidenced within the PAD.

In response to the team's wish to learn what happens if a DPP can no longer undertake the role, and how a changeover is managed, the staff explained how the matter would be discussed with the student to determine if there is another suitable DPP. The proposed new DPP will complete the required form and will then be assessed for suitability. If deemed suitable, the School will send the DPP all the necessary information, including the Practice Assessment Process Document and the PAD. While the new DPP can take over the completed practice supervision hours from the previous DPP, he/she becomes responsible for at least 28 hours of contact time, which is the minimum time that a student must spend directly with the DPP. The new DPP becomes responsible for signing off the total 90 hours of clinical practice and assessment. If the student's proposed new DPP is deemed unsuitable, the student will be required to take a break from their studies until a suitable DPP is found.

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

Standard 7: Assessment

Standard met/will be met? Yes ☒ No ☐

Assessments have been mapped against both the module and GPhC learning outcomes. The assessments comprise a critical case study including the examination, diagnosis and clinical management of a prescribing episode, a calculation examination, and a pharmacology examination. Assessment of learning in practice is achieved through a practice log which includes evidence for achieving competency against the Royal Pharmaceutical Society's Competency Framework for all Prescribers; this evidence is recorded in the Practice Assessment Document (PAD). Guidance is provided to the DPP on how to assess the learning in practice. This includes guidance on what must constitute a failure in the Summative Clinical Assessment. Examinations are completed using an online system, which incorporates automated marking. Marking of the PAD and critical case study undergo internal moderation to ensure marking is consistent across the campuses. After marks are agreed at the internal moderation stage, the external examiner reviews a sample of the assignments. Patient safety is assessed in practice in the PAD and theoretically in the 2000-word case study with critical analysis. If a student compromises patient safety, or is seen undertaking unsafe practice, a 'Cause for Concern' process details the required actions, depending on the severity of the safety concern; this may include developing an action plan with the student so that they can identify and address errors. Serious concerns are presented to the Director of Studies for a formal review. Unsafe practice occurring during an assessment leads to an immediate failure and the removal of the student from

the course. All elements of the assessments must be passed, and no compensation or condonation is permitted. Failure at the second attempt in any element results in overall failure of the module. Students have their progress monitored and assessed in practice through the midway review with their DPP, followed by a tripartite meeting between them, the DPP and Academic Assessor. At the end point they undergo a Summative Clinical Assessment with their DPP, which is moderated by their Academic Assessor. Their progress and learning are reviewed and assessed by the DPP continuously throughout the programme, along with evidence for each prescribing competency. The clinical supervision log in the PAD also requires students to receive ongoing feedback after each episode of clinical supervision. Students are provided with timely and constructive feedback throughout and there are several formative assessment opportunities in relation to the Practice Assessment Document where students receive feedback from the Academic Assessor on different elements of their PAD, including on their progress in achieving prescribing competencies. Within the University, students' progress is monitored through online attendance reports; attendance at the clinical skills day is mandatory for completion of the module.

In response to the team's wish for further information about the summative clinical assessment process, the staff explained that this assessment must be within the student's own scope of practice. Where students have difficulty in finding appropriate patients, which especially occurs in primary care, the academic assessor will discuss this with the student and the DPP in order to find a suitable patient. The assessment includes minimum safety requirements, which result in an automatic failure if not met. Students must pass all seven parts (covering obtaining consent, communication skills, history taking, physical examination, diagnosis, and treatment planning, as well as providing advice and follow-up).

Throughout the programme there is set guidance on what constitutes unsafe practice. If the PAD shows a potential safety concern, the person reviewing the PAD would consider if this represents unsafe practice; if this resulted in a failure, this would be subject to moderation to confirm unsafe practice. Unsafe practice would include students missing a red flag, taking an action with potential lethal consequences, repeatedly prescribing outside their scope of practice, or prescribing with no reference to evidence-based practice.

Noting that if there is delayed feedback from an academic assessor, another academic assessor is tasked to provide trainee feedback, the team wished to know how the course team ensures that the new assessor has the appropriate knowledge of the trainee's performance. The staff explained that all feedback is recorded via the Canvas VLE, which provides a complete record of feedback; feedback is not provided in any other way such as via e-mail. Therefore, all feedback is readily accessible to the new assessor.

When discussing a number of specific learning outcomes with the staff, the team learned that although students were expected to demonstrate competencies multiple times in achieving learning outcomes at the 'does' level, they were only required to produce one piece of evidence for the relevant competencies. The team therefore recommended (see recommendation 2) that the University should update the guidance given to DPPs to ensure that their role in assessing the performance of pharmacists is clear; in particular the School should provide clarification to all DPPs that the competency statements underpinning the learning outcomes at the 'does' level should be demonstrated repeatedly and reliably.

The team was satisfied all eleven criteria relating to assessment continue to be met. One recommendation was made (see recommendation 2) which relates to criterion 7.1.

Standard 8: Support and the learning experience

Standard met/will be met? Yes ☒ No ☐

In the first week of the programme, students are introduced to the module; this introduction includes the learning outcomes, teaching and assessment, and the online learning platform, Canvas. Trainees are supervised and supported in practice by an approved DPP, and in the University environment by the Course Leader and the module team; they also have access to 'Study Skills Plus' within the Student Services department. The Academic Assessor provides both academic and pastoral support. DPPs receive guidance on how they should support their students; this guidance is in line with that provided by the GPhC.

Students receive formative feedback from their Academic Assessor at weeks 12-13 and weeks 20-24. During their learning in practice, students receive feedback after each episode of clinical supervision; this is recorded in the Practice Assessment Document (PAD).

Students have access to the 'HEE East of England Supporting and Escalating Concerns: Pathway for Learners' document via the Canvas virtual learning environment. This provides guidance on how to escalate concerns about their DPP or learning environment. Such concerns would be reviewed by the module tutor and course leader who would liaise with the DPP and employer/Education Lead as appropriate.

Wishing to know about raising of concerns by trainees and how concerns are managed, the team learned from the staff that concerns at course level may be identified informally or via module evaluation. The Course Leader is responsible for addressing such concerns, which would be included in the module report along with an action plan. Concerns relating to the practice learning environment, for example, if a student was not receiving sufficient experience, feedback or support, would be discussed with the DPP to obtain a resolution. Such concerns may become evident at the mid-point tripartite meeting.

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

Standard 9: Designated prescribing practitioners

Standard met/will be met? Yes ☐ No ☒

As described under standard 1, applicants include with their applications confirmation that the individual identified as the DPP is suitable and competent to undertake this role. The chosen DPP also needs to confirm that they meet the requirements of a DPP; these include being competent against the RPS Designated Prescribing Practitioner Competency Framework. The programme leader reviews

this information to confirm the suitability of the DPP; where the proposed DPP does not meet the criteria, the applicant is required to find an alternative.

Online training is made available to DPPs to support them in their role. The School also provides guidance to the DPP; this covers their role, the learning outcomes the student needs to achieve, assessment of their trainees and their requirement to give feedback and support, as well as how to raise concerns. DPPs can contact the programme leader directly if they have any concerns or queries about their role or the pharmacist whom they are supervising. Where there is evidence from the trainee's midpoint review and tripartite meeting, or from feedback received from the trainee, that the DPP requires support and development in their role, this will be addressed by the Academic Assessor together with the education lead for the organisation.

The staff confirmed to the team that the Course Leader reviews the DPP as part of the application, including checking the DPP's professional body registration. There is an assumed level of trust in the DPP statement. Noting that the information provided by the DPP is through a self-certification checklist, and wishing to know how the School verifies that prospective non-medical DPPs have both appropriate patient-facing clinical and diagnostic skills and the ability to assess these, the team learned from the staff that the form states the DPP's current clinical role and the Course Leader ensures that their area of practice is appropriate for the applicant. The staff stated that the School will now include an additional statement relating to the DPP's experience in clinical assessment and diagnosis. Practice partner prescribing leads ensure that suitable people are available to act as DPPs when the funding is approved for participation in the IP prescribing programme. Noting that criterion 9.2 requires prospective DPPs to have active prescribing competence applicable to the areas in which they will be supervising, along with appropriate, patient-facing clinical and diagnostic skills and the ability to assess these skills, as well as to have supported or supervised other healthcare professionals, the team could see only limited evidence of the University's assessment of the DPP experience in the application form, which was undertaken using a check list. The team therefore imposed a condition (see condition 1) that DPPs must be asked to provide supporting evidence at the application stage to describe how they meet all the requirements for the role, including their ability to assess patient-facing clinical and diagnostic skills. This would provide the course team with information which can be used to evaluate the suitability of the DPP.

In response to the team's request to learn if non-medical DPPs need additional support, the staff stated that only one pharmacist currently has a non-medical DPP, who has not reported any specific needs. Online training is provided and all DPPs receive an information pack at the start, which includes the Practice Assessment Process Document containing all the necessary information; DPPs have the Course Leader's contact details. The team learned that DPP training is not mandatory, only recommended and that there is a good turnout for this training, support being available for those DPPs who do not attend, although the DPP must be proactive in seeking this support. Gaps in DPPs knowledge may be picked up during the tripartite meeting; for example, a DPP was discovered to be unaware of their requirement to assess all competencies. The School is currently reviewing DPP training to decide if it should be mandatory. Having learned from the staff that DPPs only receive feedback during the tripartite meeting, the team noted that criterion 9.5 requires course providers to provide DPPs with feedback about their performance and arrange extra training, support and development as necessary. Therefore, the team imposed a condition (see condition 2) that the

University must develop an appropriate feedback process for all DPPs regarding their overall performance as prescribing supervisors.

The team was satisfied that three of the five criteria relating to designated prescribing practitioners continue to be met, with two criteria (9.2 and 9.5) each being subject to a condition (see conditions 1 and 2).

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