

**University of Bradford independent  
prescribing course reaccreditation event  
report, April 2022**



# Contents

<b>Event summary and conclusions</b> .....	<b>1</b>
Introduction .....	3
Role of the GPhC.....	3
Background.....	3
Documentation.....	3
The event.....	4
Declarations of interest .....	4
Schedule .....	4
<b>Key findings - Part 1 - Learning outcomes</b> .....	<b>4</b>
Domain: Person centred care (outcomes 1-6) .....	4
Domain: Professionalism (outcomes 7-15).....	4
Domain: Professional knowledge and skills (outcomes 16-26) .....	4
Domain: Collaboration (outcomes 27-32) .....	4
<b>Key findings - Part 2 - Standards for pharmacist independent prescribing course providers</b> .....	<b>5</b>
Standard 1: Selection and entry requirements .....	5
Standard 2: Equality, diversity and inclusion.....	5
Standard 3: Management, resources and capacity.....	6
Standard 4: Monitoring, review and evaluation .....	8
Standard 5: Course design and delivery .....	8
Standard 6: Learning in practice.....	9
Standard 7: Assessment.....	10
Standard 8: Support and the learning experience .....	11
Standard 9: Designated prescribing practitioners.....	12

## Event summary and conclusions

<b>Provider</b>	University of Bradford
<b>Course</b>	Independent prescribing course
<b>Event type</b>	Reaccreditation
<b>Event date</b>	08 April 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>	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by the University of Bradford should be reaccredited for a further period of three years.</p>
<b>Conditions</b>	There were no conditions.
<b>Standing conditions</b>	The standing conditions of accreditation can be found <a href="#">here</a> .
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>To update the guidance, training and materials given to DPPs to ensure that their role in assessing the performance of pharmacists is clear. Particularly to provide clarification to all DPPs that the competency statements underpinning the learning outcomes at the 'does' level should be demonstrated repeatedly and safely. This relates to criterion 7.2 and 9.3.</li> </ul>
<b>Minor amendments</b>	<ul style="list-style-type: none"> <li>To ensure that all references to the pharmacy regulator are to the GPhC and not the previous regulator the RPSGB.</li> <li>To ensure that a complete and accurate version of the competency framework for all prescribers is used.</li> <li>To update all programme materials for pharmacists to refer to the new term Designated Prescribing Practitioner (DPP).</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 course for a further period of three years.
<b>Maximum number of all students per cohort</b>	55

<b>Number of pharmacist students per cohort</b>	30
<b>Number of cohorts per academic year</b>	2
<b>Approved to use non-medical DPPs</b>	Yes
<b>Key contact (provider)</b>	Justine Raynsford
<b>Provider representatives</b>	Justine Raynsford, Joint Programme Leader Prescribing for Healthcare Professionals Jane Collins, Joint Programme Leader Prescribing for Healthcare Professionals Emmanuel Idowu, Head of School of Nursing & Healthcare
<b>Accreditation team</b>	Fiona Barber (event Chair), Independent Member, Leicester City Council Dr Fran Lloyd, Associate Postgraduate Pharmacy Dean, NICPLD, Queen's University Belfast Lyn Hanning, Director of Practice Based Learning and Head of Pharmacy Practice, University of Bath
<b>GPhC representative</b>	Philippa McSimpson, Quality Assurance Manager, GPhC
<b>Rapporteur</b>	Alex Lescaian, Senior Education Policy Officer, GPhC

## Introduction

### Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The 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

The University of Bradford 'the provider' was originally accredited by the RPSGB in July 2007 to provide a pharmacist independent prescribing programme. The programme was reaccredited by the GPhC in 2010 and 2013.

In 2015, the provider approached the GPhC to request an early reaccreditation event, as they wished to make changes to the delivery of the programme from January 2016. The changes involved moving from 16 days of face-to-face delivery to 8 days face-to-face teaching and 8 days of online delivery. A reaccreditation event was held in October 2015, at which the revised programme was reaccredited, subject to two conditions and one recommendation. The GPhC confirmed that the conditions had been successfully met in April 2016.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 3 May 2019 to review the programme's suitability for reaccreditation to the new standards, subject to one condition. Following the event, the provider submitted a response to the condition of reaccreditation, and the accreditation team agreed that it had been met satisfactorily. The registrar of the GPhC accepted the team's recommendation and approved the reaccreditation of the programme for a further period of 3 years.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, the most recent reaccreditation event was scheduled in April 2022 to review course's suitability for reaccreditation. This report details the outcome of that event.

### 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 8 April 2022 and comprised several meetings between the GPhC accreditation team and representatives of the University of Bradford 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 break	13:00 - 14:00
Learning outcomes testing session	14:00 - 14:30
Private meeting of the accreditation team and GPhC representatives	14:30 – 16:30
Deliver outcome to the provider	16:30 – 16:45

## 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 continue to be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **9, 10, 13, 19, 21 and 22.**

### 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 continue to be met.**

The selection and entry requirements for the independent prescribing course are stated on the University's website and are in line with the GPhC standards. Applicants are also required to provide a current DBS check as part of the application process.

The accreditation team sought further clarification on the application process in relation to consistency of decision making, and the use of the checklist that was described. The provider explained that applicants are required to complete a prescribing application form accessible online. Applicants are asked to also upload their CV which helps the programme team to identify if the applicant's experience is relevant and meets the GPhC requirements. Applications are initially reviewed by the admissions team, and those that are complete are passed on to the programme leaders for consideration. Programme Leaders use a check list to aid consistency and transparency and to provide clear feedback to unsuccessful students. If there is anything unclear or lacking detail, the applicant is contacted to provide further information. The programme Leaders are trained in inclusion and diversity, as well as recruitment and selection.

In terms of applicant rejection rates, these make up 10% of applications per year, however many of these will respond with further supporting evidence. Should applications be rejected for not meeting requirements, the programme leaders offer suggestions, such as to find an alternative DPP that is more suited to the area of practice and/or to build more experience in certain areas of prescribing.

### 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 continue to be met.**

The provider confirmed that all courses within the University - including the pharmacist prescribing programme - are subject to an equality impact assessment. This assesses the programme based on equality, diversity and inclusion (EDI) principles through a pre-applicant phase, learning and teaching content, assessment practices, access to campus and online learning, and progression and attainment. The results of the assessment must be deemed satisfactory by the University's programme approval panel. The programme team confirmed that it is standard practice for the module team to review the full range of cases used by different lecturers to ensure that a diverse presentation of cases is achieved, addressing age, gender and ethnicity as a minimum requirement. Equally, through taught sessions, the students are asked to bring their own experiences (personal and professional) into their group discussions so that diversity can be explored through real life scenarios.

The provider maximises the existing diversity of their student groups (such as age, gender and/or ethnicity) and also their experiences of working with the local population (as ethnically diverse and socio-economically challenged).

The accreditation team asked for clarification on the differences in attainment found for students with disabilities and the action taken to address this gap. The provider clarified that the differences reported refer to student attainment and related to the percentage of students who achieve over 60%, rather than the pass rates. The accreditation team was told that the programme team is proactively working on identifying the LSP (learning support profile) students in the system, and personally inform every academic tutor - particularly about the LSPs they will be marking. This is to provide a more proactive student support, as LSPs might require additional support - such as academic skills. As part of the process, the disability unit sends out a questionnaire to the students, which they encourage to complete. Any student that is identified with further needs, will receive an e-mail asking them to fill out another form and book an appointment.

Another aspect of this standard which was explored further by the accreditation team during the event related to reasonable adjustments in practice settings. The provider representatives clarified that that the standards within the PSA (practice support agreement) are written by a disability officer, who would make practice suggestions for the student. These can include extra time to complete notes, the need to carry a notebook, or need to take time with the telephone calls. The student has the PSA document and recommendations and is aware that it is their responsibility to share the information with the DPP directly. The university encourages students to share their PSA with everyone they're working with, particularly their DPP.

### Standard 3: Management, resources and capacity

Standard met/will be met? Yes  No

**The team was satisfied that all six criteria relating to management, resources and capacity continue to be met. Criterion 3.3 requires minor amendment.**

The programme is offered by the University of Bradford's School of Nursing and Healthcare Leadership. It is subject to all the University's standard governance processes and there are processes to identify and manage risk. Processes, such as the annual programme monitoring, require the programme leaders to report on any areas of risk and to manage risks. The accreditation team asked for more detail on the processes used to identify and manage risk on a regular basis in between the annual monitoring process. The Head of school confirmed that there is a risk register at School level and the Head and programme leads meet regularly to discuss and update the register as necessary. As part of the risk monitoring process consideration is given to feedback from external examiners and from students and any issues with recruitment or retention. Data sets are reviewed to support this process.

In terms of roles and responsibilities, there are two joint programme leaders who are responsible for day-to-day management of the course and who are both allocated time in their workload model for delivery of teaching content and management responsibilities. It was clarified that due to the structure of the programme, it is considered through University processes to be both a module and also a programme, hence the programme leaders also hold the roles of module leaders.

The roles and responsibilities of DPPs are set out in the Prescribing Applications for Pharmacists form, as well as the DPP handbook. The accreditation team asked the provider representatives for more

detail and clarity around their learning contract for individualised learning. Their response clarified that the purpose of such a contract is to recognise that student groups are formed of adult learners who tend to carry great experience and is a self-assessment of their own learning needs which helps to form their learning plan. This learning-needs analysis becomes the learning contract which is signed off by the academic tutor or DPP. The learning contracts are checked as part of the portfolio, with appropriate coverage of 60 hours of self-directed study, in addition to 90 hours of time in practice (in addition to directed learning time).

The provider confirmed that a wide range of professionals are involved in delivering the taught elements of the course, including medical consultants and pharmacists from practice settings as well as a nurse, a physiotherapist and pharmacist lecturers from the university. There is also an identified administrator to support the programme.

Students are allocated a Personal Academic Tutor (PAT) with relevant skills and experience to support their academic and pastoral needs throughout their programme of study. Moreover, students are provided with face-to-face teaching sessions within the University, with rooms that are adequately equipped for education at university level. The School of Nursing and Healthcare Leadership has a suite of clinical skills rooms which are used in the teaching and assessment of clinical and diagnostic skills. It provides a full range of clinical skills equipment, including simulation equipment.

All learning materials are posted on a Virtual Learning Environment, which can be accessed by students on and off campus. Library facilities are also available on and off campus.

The accreditation team asked for details on the process used for securing sufficient resource for the course. The provider representatives confirmed that resource implications for delivering the programme are discussed between the programme team and the programme leaders – through which they agree on an appropriate SSR (staff student ratio). The programme leaders present this to the Head of School for approval.

In addition, the programme leaders recognise capacity within the team and provide details to the head of school - who is responsible for approving programme resources. There is also a defined programme team and a wider team of staff who are involved in marking. They use a workload model for the marking, teaching, and planning for teaching allocated.

There are currently two cohorts of the programme delivered per year. These are multidisciplinary, including nurses, pharmacists and other healthcare professionals. The upper limit of students per cohort is currently 50 (out of which a maximum of 25 are pharmacists, and 25 are other health professionals). However, there is an intention to increase the number of pharmacists from 25 to 30 per intake (summing up to a total of 60 pharmacists per year). This means that the upper limit of students per cohort will also increase from 50 to 55. Following further clarification of the resources available to support this increase it was approved by the accreditation team.

At the request of the accreditation team, further details were provided on the specific roles and responsibilities and time commitment to the course of the four staff members whose CVs have been submitted as part of the reaccreditation documentation.

The accreditation team observed that although staff resource to the programme appeared on the lower end, there was no evidence suggesting that this was causing any issues. The accreditation team agreed that contingency planning should be placed to consider how they might manage in the event that one of the programme leads is unavailable.

The accreditation team requested a minor amendment to programme documentation which was to ensure that all references to the pharmacy regulator are to the GPhC and not the previous regulator the RPSGB.

#### 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 continue to be met.**

The independent prescribing programme follows the University's quality assurance processes. Each programme has an annual programme monitoring report which includes feedback from students via formal and informal communication channels, and also requires analysis of external examiners feedback.

The programme information including programme specification, module and programme handbooks are subject to approval at faculty and university level, on an annual basis. The same process applies to specifications and descriptors where there have been no changes from a previous year. It also applies where there may have been minor changes, for example, to the way in which the detail of an assessment is expressed or an update to an external reference point.

Equally, after each intake, the students are invited to complete a feedback form. This is reviewed by the programme leaders who may need to adjust the course delivery. The feedback is also fed into the annual programme monitoring activity.

The accreditation team sought clarification as to whether assessments are internally moderated as the External Examiner reported not seeing evidence of this. The provider confirmed that this was an administrative error and that all assessment are moderated by the programme team. A sample of 10% of assessments are 2<sup>nd</sup> considered, in addition to 2<sup>nd</sup> consideration of any assessments marked fail at first consideration and any assessments marked by those new to marking. The External Examiner may also review all marks given at first assessment and select a sample of assessments to review further.

Furthermore, the provider gave their reassurance to the accreditation team that they also have addressed an issue around EE meeting with the course leaders, which was noted in the EE report. They confirm that the EE is now aware of changes being made as part of the reaccreditation.

In line with this standard, the accreditation team explored the processes the provider has in place to ensure that the teaching materials and assessment remain up to date in the event that there are changes in practice and guidance. The provider confirmed that the two joint programme leaders check the e-learning modules regularly. They also update and review these annually (as routine) and live (as changes occur). All lecturers are responsible for keeping their own materials up to date. They are also given time to update the materials - as part of their workload model.

#### 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 continue to be met.**

The course learning and teaching strategy is made clear to applicants and current students through the programme specification and online information. The learning outcomes are mapped to the teaching and assessment strategy in the module descriptor, which is found in the student handbook. This provides information on how the 26 days of structured learning activity are spent.

A blended approach to the course delivery has been adopted, and student engagement with online content is tracked. Additionally, each e-learning module is accompanied by a journal, where students are expected to complete additional tasks, which could include evaluating a research paper and completing a reflective write up. Students must complete each e-learning module in order to pass the portfolio as confirmation of completion of each e-learning must be included.

Engagement with patients and their contribution to shaping the design and delivery of the course was explored in more depth during the event. The provider explained that a patient is an active part of the programme management team. They design some of the content just as any other member of the team, and suggest changes. Patients also contribute to the programme's teaching and learning for example, there is session on carers' influence on prescribing decisions where a mother of a child with learning disabilities attends to share her own experiences.

The accreditation team noted in the assessment regulations that certain assessments can be passed at 40%. The provider clarified that this referred to the written element of assessment, such as case study and patchwork assessment and that the pass rate is a University-wide regulation. The remaining marks are gained through academic performance and demonstration of analyses, reflection, evaluation rather than demonstrating knowledge of core content. Unsafe practice demonstrated during any assessment will lead to failure of the assessment, and if the unsafe practice is deemed to be severe (patient harm) the whole programme would be failed. Categorisation of unsafe practice is carried out using a safety matrix, which is based on the potential impact on the patient.

The provider confirmed that although not specifically named within the Fitness to practice policy, the policy does apply to this programme.

## 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 continue to be met.**

Students are expected to undertake at least 12 x 7.5 hrs (90 hours) in a clinical setting with direct access to patients. To ensure safe practice and appropriate supervision the requirement that pharmacist independent prescribers in training to prescribe under the supervision of a designated prescribing practitioner is reiterated during the course introduction session on day one. Examples of supervised practice are also given, whilst students are expected to submit a sheet detailing their supervised practice hours as part of the final portfolio. The DPP handbook also makes supervision requirements clear. Students are expected to spend a minimum of 30 of the 90 hours directly with their DPP and the DPP must approve any other healthcare practitioners who will be supervising the DPP, and has responsibility for overall sign off.

The monitoring systems in place during learning in practice element of the programme were explored by the accreditation team, and heard that following the initial point of contact, there is a formal a mid-point assessment. Every student is allocated an academic supervisor to review that midpoint

assessment and build an action plan with the student (if necessary). In the event that there are any points in between that require contact, programme leader will meet with the student and DPP to address these.

## Standard 7: Assessment

Standard met/will be met? Yes  No

**The team was satisfied all eleven criteria relating to the assessment continue to be met. Criterion 7.2 requires minor amendment.**

The provider evidenced their assessment strategy through their Programme Specification document, which conforms to the standard University Assessment Regulations, with some waiver exceptions agreed for this programme.

The provider was confident of the validity and reliability of the programme's assessments which they have enhanced through use of faculty wide assessment rubrics for the portfolio, standardised OSCE assessment grids, and staff OSCE briefings. The second consideration of marks, which is in line with University Assessment Regulations, also improves the reliability of assessment marking. MCQ and OSCE scenarios are approved by the external examiner annually before students undertake assessment. The external examiner independently reviews a sample of all completed assessments from across the full range of pass marks and fails, including the review of a selection of portfolios.

The programme's assessments include:

- MCQ and short answer questions (80% pass/fail)
- Objective Structured Clinical Examination (80% pass/fail)
- Satisfactory completion of 12 x 7.5-hour days in practice with the DPP and completion of a competency framework (pass/fail)
- Clinical examination (pass/fail)
- Coursework presented in a portfolio, 3000 words (graded 100%)

The team wished to understand more about the peer assessment process that is used and was told that the student is assessed in their summative clinical skills assessment by both a member of the programme's staff team and five fellow students. With each person completing the marking proforma with their judgements. The member of staff considers all the mark sheets but has the final marking decision. The process appeared to be a learning opportunity for the other students and the team was satisfied that the member of staff's marks were those that were carried forward.

The team enquired what mechanisms the provider had in place to reduce opportunities for collusion or plagiarism in the MCQ/short answer questions and written assessments which are undertaken online. The team was told that the MCQ and short answer exam are a single examination and undertaken online using an invigilated system. These assessments are, however, to return to a face-to-face format going forwards. In order to monitor for plagiarism, the University uses the Turnitin system for all written assessments including their portfolio. The first marker will check the system's plagiarism score and if it is at an unacceptable percentage the piece of work is then reviewed by a panel within another faculty of the University.

The accreditation team was keen to gain a better understanding on the use of the completion of the competency framework, as part of the assessment strategy. The DPP is asked to confirm that the student is competent against each aspect of the RPS competency framework and this in turn is mapped to the GPhC learning outcomes. The team particularly wished to understand what evidence is expected for the DPP to confirm competence at the 'does' level. The team heard that the student must write briefly what they have done and how they have applied it against each item within the competency framework, giving examples, this is then signed by the DPP, and by academic staff to quality assure what has been provided. The provider explained that the number of examples given per competency statement would depend on the nature of the competency being assessed but most would require more than one. The team reminded the provider that at the 'does' level the student is expected to demonstrate the learning outcome repeatedly and safely and that to ensure consistency this should be made clear to DPPs through their training, guidance and materials (see recommendation). The provider also assured the team that many of the learning outcomes were also assessed through other assessments.

The accreditation team additionally requested, as a minor amendment, that the provider ensure that a complete and accurate version of the RPS competency framework for all prescribers is used.

OSCEs and clinical skills assessments marking schemes ensure that major safety issues result in a failure for that exam. Students who fail to identify a serious problem which would cause patient harm in any assessment of the programme, will result in an overall failure of the programme. All such instances would be discussed with the programme leaders. The student would be given an opportunity to identify their error, however, if they failed to do so, they would forfeit the right to be given a supplementary attempt. Assessment of competency in practice is undertaken by experienced clinicians who have a track record of training and assessment in practice.

The accreditation team has asked the provider to explain the processes used to quality assure assessments carried out by the DPP. The provider reassured through their response that the programme team quality assure the portfolio. It was clarified that the OSCE assessments which had been moved to the practice setting involved patients and a similar marking proforma. These OSCE assessments will return to the University from the September 2022 cohort onwards.

## 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 continue to be met.**

The provider submitted sufficient information to evidence that the support and learning experience is in line with this standard.

Students and DPPs are invited to an induction at the beginning of the course, which is led by the programme leaders. During this, they receive an overview of the programme, including teaching and

learning content and assessment. The competency framework is introduced, and the role of the DPP explained, with the aim of starting with shadowing opportunities and gradually moving towards having prescribing practice observed by their DPP.

The formative assessment of the competency framework occurs at the intermediate interview between the student and the DPP. This enables students and DPPs to identify issues and action plans at a timely point in the course.

In terms of student workload, the student manager is required to sign part of the application and agree to a manageable workload. Also, a pharmacist is required to complete a practice audit which indicates whether sufficient resources are likely to be available in practice. This is in the eventuality that there is no non-medical prescribing lead within the employing organisations.

Students are also provided with disability support and academic skills advice services. Lecture and seminar rooms are available, including fully equipped clinical skills suites. Equally, all students have access to library resources and course materials both on and off campus.

Furthermore, students are ensured regular liaison with the DPP. The DPP handbook suggests that a minimum of 30 hours (out of the 90 hours spent in practice) should be spent with the DPP. A midpoint evaluation is also required, to ensure that students receive timely feedback on their performance.

Lastly, the university reassures that everyone supporting the independent prescribers in training, including DPPs and lecturing staff, are expected to act as role models and offer confidential and supportive feedback, as well as advice throughout. This is in line with the GPhC guidance on tutoring for pharmacists and pharmacy technicians.

## 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 continue to be met. One recommendation was made in relation to Criterion 9.3. Criterion 9.5 requires minor amendment.**

The provider has been using medical professionals as DPPs to date, but is keen to begin to include other prescribing healthcare professionals in the DPP role going forward.

The suitability of the DPP is checked at the application stage, as DPPs must complete part of the students application to the programme to confirm that they meet the RPS competency framework for DPPs. The DPP must demonstrate experience of training or supervising in practice and provide further details of their current role to support this.

The programme lead scrutinises each application form and in the event that information is unclear or lacking sufficient detail further information will be requested, such as a full CV.

The accreditation team asked for further detail of the support and guidance they provide to DPPs and was told that training is provided in the format of an online presentation via Zoom. This covers information about the DPP role, the learning outcomes, the expectations of the role, and what they might need to do to facilitate, and how to raise concerns. The session concludes with Q&A. The provider identified a challenge regarding DPPs not attending the online training session, which they have addressed by recording the session to allow DPPs to watch the session when convenient. All

DPPs receive a handbook and access to the recorded training session. Programme leaders are available for 1-to-1 sessions with the DPPs, if needed.

In relation to the assessment of competency in practice the accreditation team made a **recommendation**: to update the guidance, training and materials given to DPPs to ensure that their role in assessing the performance of pharmacists is clear. Particularly to provide clarification to all DPPs that the competency statements underpinning the learning outcomes at the 'does' level should be demonstrated repeatedly and safely.

In terms of providing feedback to DPP on their own performance, the accreditation team asked the provider to expand on how they review and triangulate the information received from students' time in practice, module review and practice placement evaluations in order to evaluate DPPs' performance and take action when necessary. The provider explained that they review all the information received to obtain an overall picture and to create aggregated feedback to pass to DPPs which is anonymised. No specific issues have arisen to date in the information received, however there is a mechanism in place should the feedback highlight a specific issue that needed to be addressed, and the programme leaders would take action as appropriate.

The team requested a minor amendment - to update all programme materials for pharmacists to refer to the new term Designated Prescribing Practitioner (DPP).

