

**Buckinghamshire New University
independent prescribing course
reaccreditation event report, May 2021**



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Event summary and conclusions

Provider	Buckinghamshire New University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	5 May 2021
Reaccreditation period	August 2021 - August 2024
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	Approval. The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by Buckinghamshire New University should be reaccredited for a further period of three years.
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Minor amendments	<p>Criterion 1.1: Appendix 4, p.8 of the application form – section 3a omits PSNI from the 3rd bullet point. This should be added.</p> <p>Criterion 1.1: The provider’s website currently does not make it clear that registration is necessary for pharmacists on the programme (it does for the NMC and the HCPC).</p> <p>Criterion 5.9: The cause for concern form (shown in the DPP handbook) does not specify to whom the form should be submitted.</p> <p>Criterion 8.3: ‘Raising concerns’ refers to the DMP. This should be amended to refer to the DPP.</p>
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team’s recommendation and approved the reaccreditation of the programme for a further period of 3 years.
Maximum number of all students per cohort:	25
Number of pharmacist students per cohort:	8

Number of cohorts per academic year:	Two short cohorts and four long cohorts.
Approved to use non-medical DPPs:	Yes
Key contact (provider)	Sue Axe, Senior lecturer and Programme lead for Non-Medical Prescribing
Provider representatives	Sue Axe, Senior lecturer and NMP programme lead (Nurse) Dr Angela Alexandra, Associate Lecturer BNU (Pharmacist) Joanne Turner, NMP and Senior Lecturer (Nurse) Puja Nathwani, NMP and Senior Lecturer (Pharmacist)
Accreditation team	Leonie Milliner (event Chair), Director of Education, General Optical Council Dr Gemma Quinn, Lead for PGT Pharmacy Practice Programmes, Deputy Director of Studies and Senior Lecturer Clinical Pharmacy, University of Bradford Dr Fran Lloyd, Associate Postgraduate Pharmacy Dean, NICPLD Queen's University Belfast
GPhC representative	Chris McKendrick, 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 reaccreditation process is based on the GPhC's standards for the education and training of pharmacist independent prescribers January 2019.

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

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

Background

Buckinghamshire New University was accredited by the GPhC in 2017 to provide a course to train pharmacist independent prescribers, for a period of three years. On that occasion the accreditation team imposed two conditions; these related to the GPhC's 2010 accreditation criteria for independent prescribing. The conditions were:

- i. The GPhC learning outcomes were required to be mapped accurately to the programme learning outcomes and assessments.
- ii. The assessment strategy was to be revised to ensure that the assessments are valid and reliable and suitable for the assessment of pharmacists: this was because the assessment of competency did not reflect best practice.

To meet these conditions, the mapping of GPhC learning outcomes to the programme learning outcomes and assessments was undertaken, and the OSCE assessment was revised to the comprise a three-stage 'patient assessment' and 'practical skills assessment'.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 5 May, 2021 to review the course's suitability for reaccreditation. The following is a report 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 reaccreditation team and it was deemed to be satisfactory to provide a basis for discussion.

The event

Due to the Covid-19 pandemic, the GPhC modified the structure of the event so that it could be held remotely. The event was held via videoconference between Buckinghamshire New University and the GPhC on 5 May 2021 and comprised meetings between the GPhC reaccreditation team and representatives of Buckinghamshire New 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. Four students, comprising three currently on the course and one past student, responded and their views have been incorporated into this report.

Declarations of interest

There were no declarations of interest.

Schedule

The event

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

Key findings

Part 1 - Learning outcomes

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

The following learning outcomes were tested at the event: **9, 11, 13, 14, 16 and 23**

Domain - Person centred care (outcomes 1-6)

Learning outcomes met? Yes No

Domain - Professionalism (outcomes 7-15)

Learning outcomes met? Yes No

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

Learning outcomes met? Yes No

Domain - Collaboration (outcomes 27-32)

Learning outcomes met? Yes No

Part 2 - Standards for pharmacist independent prescribing course providers

Standards 1 - Selection and entry requirements

Standard met? Yes No

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

The documentation stated that amendments to the entry requirements on the website will be made to reflect the course accredited to the new GPhC/NMC/HCPC standards.

At the accreditation in 2017, it had been noted that the employer section of the application form appeared to suggest that it was the employer's responsibility to confirm that the student met the entry requirements; on that occasion, the team had sought reassurance that the University held this overall responsibility. Noting that the updated application form (2021) still seeks such employer confirmation, and wishing to learn about the application process, including confirmation that meeting the entry requirements is also checked by the University, the team was told that the electronically-submitted application forms are divided so that applications from pharmacists are checked by pharmacist members of the admissions team. All applicants undergo a telephone/online interview with one member of the admissions team, during which the interviewer goes through the application form, allowing clarification of any issues; this also allows the interviewer to obtain further context relating to the information provided, and enables the identification of problems such as a lack of good connection between the applicant and their DPP, or the need for the pharmacist to obtain clinical experience before starting the programme. Those members of staff who are new to interviewing discuss their findings with other members of the team; they receive training in the interview process and all staff members undergo training in equality, diversity and inclusion. Following the telephone interview, the applicant is contacted via e-mail to inform them of acceptance or rejection; where an applicant is rejected, they are provided with feedback.

Minor amendment (criterion 1.1): the provider's website currently does not make it clear that registration is necessary for pharmacists on the programme (it does for NMC and HCPC).

Minor amendment (criterion 1.1): Section 3a (third bullet point) of the application form needs to be amended to include the PSNI where it states 'GPhC registered'; this should state GPhC/PSNI registered.

Standard 2 - Equality, diversity and inclusion

Standard met? Yes No

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

The documentation stated that equality, diversity, and inclusion (EDI) are fundamental principles within the University, both for staff and students, and that the course has been redesigned in line with these principles, with any EDI bias in the teaching materials considered and removed. Noting

that the documentation refers to collection of data on the background of applicants and trainees, and wishing to learn how these EDI data have influenced course design and delivery, the team was told that the data identified first that a high percentage of trainees come from a BAME background and second, that 91% of trainees are female; both were unsurprising, respectively, because of the high BAME representation in the local population, and because the majority of students are nurses, thus coming from a predominantly female profession. Subsequent contact with the UK Black Pharmacist Association highlighted problems in identifying DPPs for pharmacists from a BAME background. One contributory factor here was that such people were first-generation pharmacists, thus lacking an established network; the team was told that the move to using DPPs may alleviate this problem. The course is designed to be inclusive, catering for the different learning styles and abilities of its multicultural student body, and appropriate support is provided, such as language resources for students whose first language is not English; while the latter resources are useful they involve online training which is time consuming, and therefore those trainees needing English language tuition are directed to access the resources at an early stage in the programme. The move to hybrid learning with the concomitant reduction in face-to-face activities contributes to catering for differences among students in their learning styles.

Noting that the documentation stated that applicants are asked about any adaptations needed but that this was not mentioned on the application form itself, and wishing to know how reasonable adjustments are identified and made, the team was told that the Course Lead would be notified: examples of adjustments that have been made include the provision of additional time during assessments such as an extra eight minutes for the 45-minute 3-stage patient assessment for students with dyslexia, the recording of lectures for students with dyspraxia, and the provision of a special chair for a student with arthritis. The team was told that the application form would be amended so that applicants could declare the need for such adjustments.

Standard 3 - Management, resources and capacity

Standard met? Yes No

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

The documentation referred to a management plan, listing the roles, responsibilities, and lines of accountability of the University, the DPP and the student. Wishing to learn how everybody involved in the course understands their role, the team was told that while there are benefits to online working, it is sometimes difficult to keep abreast of developments; it is thus important to have continuity and consistency of messaging, and to present a uniform message to students. Accordingly, daily staff team meetings, each of around 30 minutes, are held to discuss student issues and teaching matters; these are useful and work well, especially to support new members of staff during the pandemic. For new staff members, there is also a buddy system with senior member of staff, as well as support from line managers.

There is a risk register for the course that shows the potential risks and methods of mitigation. Wishing to learn how the key long- and short-term risks to the programme are identified, including financial risks, for example, those arising from a potential contraction in workforce supply or funding, and how the University integrates mitigations/controls into the business planning, the team

was told that in relation to Covid-associated risks, the University had discussed the modification of assessment strategies with the GPhC. In addressing the sustainability of the numbers of pharmacists participating in the programme, the course representatives told the team that while they were aware of potential risks incurred by developments such as the inclusion of prescribing in the undergraduate MPharm programme, the current numbers were sustainable and the programme was viable. There are good links and regular meetings with the NHS trusts to liaise on training requirements, and feedback is received from the trusts, trainees and DPPs, allowing the University to keep abreast of developments. One identified risk is that of students having to leave the programme, in mitigation of which the University would allow periods of study interruption rather than the loss of students. The team was told that the risk register is reviewed every semester at course committee meetings.

Noting that intermediate reviews are undertaken by the DPP at 30 and 60 hours into the learning in practice, and wishing to learn what action is taken following these reviews if the student is not progressing satisfactorily, the team was told that the 30-hour review is documented in the student's portfolio. The 60-hour review is submitted to the staff for comment, and this is then added to the portfolio so that it is seen by the DPP. If problems are identified with a student's development, these are discussed with the DPP and the trainee. An example was given where a DMP expressed concern about a student's clinical experience and the number of patients seen in relation to meeting the required number of hours; this was addressed by developing an additional, new learning contract. The team was told that DPPs are kept informed of the stage at which the trainees should be. A group e-mail has been created for DPPs, who also have access to a dedicated Microsoft Teams area (see also the narrative under standards 5, 6 and 7).

In responding to the GPhC's survey, the students expressed satisfaction with the resources, including the facilities, the rooms used, the clinical skills laboratories, the library and the digital resources. The students reported some confusion about the two modules that previously contributed towards the course; however, the documentation was clear that this course now comprises a single, 60-credit module.

Standard 4 - Monitoring, review and evaluation

Standard met? Yes No

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

In response to the team's wish to learn how the course is monitored, reviewed and evaluated, including the processes used by the University for this purpose, the course representatives explained that the University undertakes an annual review of all programmes to which all course leads contribute, and which considers all aspects of the courses, including design, delivery, assessment, external examiners' reports, retention, attrition, progression, resources, and EDI; feedback from trainees and from staff contributes to these reviews, the output from which is a report with an action plan. Outcomes of these reviews are useful for course and assessment redesign; for example, such reviews resulted in the numeracy assessment being moved to an earlier time point in the course. Another example of an outcome from a review is the modification of the three-stage patient assessment so that instead of learning three conditions and being tested on one, this clinical assessment is now bespoke to individuals, with each student submitting three conditions from their

own practice, from which one is selected for the assessment, this being much fairer. The course review process also identified that module feedback was poorly accessed by students; this led to the establishment of a working group, the Student Surveys Action Group (SSAG), to improve the response rate. Wishing to learn how trainee feedback is obtained, the team was told that two representatives of each cohort attend course committee meetings; the staff ensures that these representatives always include a pharmacist. Pharmacists also provide informal feedback on an ongoing basis. There is a lot of informal group work, for example, in practising for the 3-stage patient assessment, in which pharmacists are mixed with trainees from other professions; mixing professions in this way provides a useful resource. In responding to the GPhC's survey, the students commented on the value of working in a multi-professional cohort.

Standard 5 - Course design and delivery

Standard met? Yes No

The team was satisfied that all ten criteria relating to the course design and delivery will be met. One criterion (5.9) requires a minor amendment.

The documentation described how the University has a project team to further enhance online pedagogy and the use of educational technology, through which it has developed a hybrid approach to learning, teaching and assessment designed to provide students with a greater degree of choice as to how they engage with their learning. This allows trainees to focus their learning in a way that builds on their pre-existing knowledge and experience. For example, the VLE includes opportunities for trainees to develop their consultation and clinical assessment skills, an area which is a priority for pharmacists. In responding to the GPhC's survey, the students acknowledging the value of the emphasis on the clinical examination skills for pharmacists.

The team was told that the transition to the new GPhC standards for the education and training of pharmacist independent prescribers had been straightforward; the University had also been transitioning to the new standards required by the NMC and the HCPC. The transition had coincided with the University's focus on hybrid learning, one aim of which had been to make learning more inclusive to accommodate different learning styles (see also narrative under standard 3).

Wishing to know how students are supported to identify their own learning needs and build on their existing knowledge and skills, the team was told that this is achieved through the individual learning contract, which is included in the portfolio, and in which students identify their areas of strength and weakness. At 30 days and 60 days into their training, students individually discuss matters with their DPP who signs off on the competencies that they have met. Their acquisition of physical assessment skills is individualised through hybrid teaching with a mixture of face-to-face communication and online learning. The review of competencies recognises the initial level of competence, enabling the student to focus on areas that need development (see also the narrative under standard 7).

In response to the team's wish to learn about their approach to obtaining stakeholder engagement and feedback, and how patient, service-user, and pharmacist representation has influenced the design and delivery of the course, the course representatives explained how an initial meeting with stakeholders had been held to discuss the new standards for all regulatory bodies, and past students had provided feedback on enhancement. DBS checks had been discussed because of the need to undertake these to meet the standards. There is an active service user group which had been asked

about their experiences; members of this group also come into the University to talk to students about general healthcare, as well as their experiences of prescribing. Some service users also act as patients for the three-stage patient assessment and in this role provide feedback on student performance, although that feedback does not contribute to the assessment. Service users have provided feedback about important interview questions, physical assessment skills for pharmacists, and aspects of roles in practice, including how to ensure safe practice and how to deal with patients appropriately; remote prescribing had also been discussed along with health psychology and the patient experience. Input from the service user group is discussed by the course team.

Wishing to learn more about the use of the form for DPPs to report any concerns, including to whom the form would be returned and what would happen subsequently, the team was told that, so far, the form, which is part of safeguarding, had not been used. The form would be returned to the Course Lead or the student's personal tutor, following which the DPP would be contacted to discuss the issues, which would also be discussed with the student. It was hoped that any issues would be identified very early in a student's training, before the need to use the form. If required, and on the advice of the line manager, fitness to practise procedures would be invoked through the Fitness to Practise Panel. The team was told that there was a close group of students, with whom the staff had good contact.

Noting that the University Fitness to Practise Policy refers to the NMC and HCPC but does not mention the GPhC, the team was told that while this is covered in generic terms, it will now be ensured that the documentation states explicitly that the policy applies to the GPhC.

Minor amendment (criterion 5.9) – the cause for concern form should specify to whom the form should be submitted.

Standard 6 - Learning in practice

Standard met? Yes No

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

The documentation described how DPPs and placement providers are required to confirm in the application process their agreement to support the trainee for the 90 hours of learning in practice; a log of these hours is kept as part of the portfolio. The intermediate reviews undertaken by the DPP at 30 and 60 hours provide evidence of how the trainee is progressing and interacting with patients. The DPP confirms that the pharmacist trainee has completed the required period of learning in practice and is, in their opinion, competent to apply for annotation as a pharmacist independent prescriber. In responding to the GPhC's survey, the students confirmed regular and frequent formal and informal progress review meetings with their DPPs, either face-to-face or over the telephone.

Wishing to learn how success is measured of the engagement with, and involvement of, patients during learning in practice and in simulated and assessment situations, the team was told that this was especially important for pharmacists, who may have had significantly less patient contact than nurses and paramedics before starting the programme. Much work is undertaken to involve patients, for example, in simulated scenarios, including the three-stage patient assessment, where patients receive training and provide feedback on student performance. Service users participate in teaching sessions, where they discuss their experiences with students. Patient involvement includes

group work so that students have a realistic view of the patient perspective, for example in considering health beliefs, family circumstances, cultural diversity, and gender issues when consulting patients. Using a holistic approach to patient care is a thread running throughout the course. While trained patients are used in the actual three-stage patient assessment, students work in groups of three when practising for this, with one acting as the patient, one the student and one acting as the examiner; preparatory work is undertaken so that the 'patient' is as realistic as possible. Throughout the teaching, the aim is to get students to think about being a patient; this includes how to ask questions, such as those concerning 'red flags' relating to breastfeeding and pregnancy, while being cognisant of their relevance in the context of the age of the patient.

Standard 7 - Assessment

Standard met? Yes No

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

The documentation described how the assessment strategy has been developed to ensure that, on completion of the course, pharmacists can demonstrate that they have met all the GPhC learning outcomes and all of the competencies described in the RPS Framework. The monitoring of trainee progress is facilitated by a learning contract developed by the trainee in conjunction with their academic tutor and DPP; trainees receive feedback on their progress through formative submissions and assessments, as well as reviews at 30 and 60 hours by their DPP (see also the narrative under standard 3). Summative assessments, which must all be passed, are undertaken by members of academic staff.

Wishing to learn how prior learning is recognised and assessed, the team was told that there is an initial review of competencies before starting, so that the student can focus on areas that need development; however, no accreditation is offered for prior learning and students must complete the entire programme, even if elements have been done previously. Although pharmacists do not need to attend the basic pharmacology sessions, they must pass the relevant examination; instead of attending the pharmacology teaching, pharmacists are required to participate in the consultation and physical assessment skills sessions.

In response to the team's wish to learn which assessments are undertaken by the DPPs and how these are reviewed and quality assured, the course representatives referred to the reviews at 30 and 60 hours and the sign-off of competencies by the DPP; the DPPs write a brief statement about their students, as well as signing-off on the student's log of hours. The portfolio is marked by members of staff who review the DPP's comments. Once marked, another member of staff moderates a selection of the portfolio marks and the selection of portfolios is then sent to the external examiner. The team was given an example of how scrutiny of a submitted portfolio by members of academic staff had resulted in failure of that portfolio, because the student had included several pieces of self-directed study in their hours.

The course representatives described how Turnitin and the Blackboard VLE are used to provide formative feedback to trainees with a three-week turnaround. Feedback on a submitted draft of one of the student's patient analyses is also provided in a meeting with the personal tutor, and all students have a tutorial on the portfolio; where students show weaknesses, for example, in

academic writing, assistance can be provided. Pharmacists need tutorials on consultation skills, and further tutorials can be provided if they require further support. In responding to the GPhC's survey, the students reported face-to-face as well as virtual one-to-one meetings with their tutors to receive feedback on their work; these comprised both formal and informal meetings.

Wishing to obtain further information about the 'risk stratification matrix' that is used to determine patient safety during assessments, the team was told that this is based on a red-amber-green classification for reviewing each deviation from safe-practice, taking into account the likelihood and severity of the consequences. As indicated in the programme and DPP handbooks, patient safety is emphasised from the very start of the course. Students learn of the importance of red flags, which are incorporated into the marking grid for the three-stage patient assessment to detect unsafe practice, with extensive scrutiny of the written records; this also applies to the marking of the portfolio.

Noting some ambiguities in the terminology used for numbering particular assessments and wishing to learn how the marking criteria are used, as well as to which assessments they apply, the team was told that the generic marking guide is used in the portfolio for the three-patient analysis and the reflective accounts, where all areas on the marking grid are considered; the use of the generic grid will be incorporated into the documentation. In clarifying the assessment numbering in the module descriptor, the course representatives also explained that the portfolio comprises four parts, these being the three-patient analysis, which is awarded a mark, and three other parts, the log of hours, the competencies and the clinical management plan, which are all pass/fail assessments; the portfolio also includes the learning contract, service user evaluations, and medication templates. While only the three-patient analysis is awarded a mark, poor completion of other elements, such as the medication templates or scripts, can reduce the mark awarded using the grid; students would be given feedback on poor performance in the pass/fail elements. The team was told that those students who are well-engaged perform well.

In response to the team's request to learn how comments from the external examiner are addressed, for example, their advice to developing a robust online numeracy assessment, the course representatives described how the external examiner provides both e-mail comments and a formal report, following which the comments are reviewed by the Course Lead, with comments being flagged to the Head of School and line manager using a traffic light system; thus far, all comments had been rated as 'green'. The robustness of the online numeracy assessment was addressed by ensuring that all staff members were available to invigilate, with each member of staff monitoring a maximum of four students, thus ensuring that cheating could not occur; moreover, opportunity for cheating was minimised by the fact that the students were required to attempt 10 questions in 30 minutes. This approach had been complimented by the external examiner. The team was told that the external examiner approves the examination papers beforehand, and then receives samples of all work, as well as a recording of the 3-stage patient assessment.

Wishing to learn more about the general policy relating to re-sits and resubmissions, and specifically about the policy for exceptionally allowing a third attempt at the numeracy assessment, the team was told that several assessment boards are held each year; these decide on resubmission times and dates. Students receive their provisional results before the board meetings with at least four weeks' notice of the resit/resubmission date and are offered tutorial support. Normally, only one resit is

permitted but a discretionary third attempt for the numeracy assessment is allowed because the pass-mark is 100%; this occurred for one student last year and is considered only where the student has passed all other assessments, with the decision being made by the Board.

In responding to the GPhC's survey, students reported some problems in using Blackboard to compile the portfolio, as well as technical issues with Blackboard during online sessions; however, the course tutors had addressed the latter by providing additional material and revision sessions. Another issue raised by the students was the reference in various materials, including the portfolio, to 'supplementary prescribing' which was not felt to be relevant.

Standard 8 - Support and the learning experience

Standard met? Yes No

The team was satisfied that all four criteria relating to support and the learning experience will be met. One criterion (8.3) requires a minor amendment.

The documentation described how support for trainees commences with their induction and continues for the whole course through their academic personal tutors and DPPs. Trainees develop a learning contract in collaboration with their DPPs; this includes the scheduling of meetings such as the intermediate progress reviews conducted by the DPP at 30 and 60 hours. Noting that the University has a policy for raising concerns for all its clinical courses and wishing to know of an example of how a concern was addressed, the team was told that concerns had been expressed relating to the holding of all assessments at the end of the course. Now, assessments are spread throughout, with the numeracy examination taking place early, followed by the practical skills assessment and the portfolio, with the 3-stage patient assessment held at the end of the course. Concerns about the course had also been raised as a result of the pandemic, which has led to the challenges of dealing with the welfare of students working in the frontline; the team was told that colleagues of some students had died. In responding to students' needs during the pandemic, the course had been paused to support students who were working clinically, although on their return they were tired and stressed while having to address gaps; on the other hand, the experience had increased their competence. In response to the GPhC's survey, the students stated that their tutors were very helpful and readily accessible via e-mail, to which they responded rapidly. Were there to be any concerns, these would be raised either with the DPP/DMP or the personal tutor. Student advisory services were always available.

Minor amendment: In the documentation, 'raising concerns' refers to the DMP; this should be amended to the DPP.

Standard 9 - Designated prescribing practitioners

Standard met? Yes No

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

The documentation described how their induction and a handbook provides DPPs with information about the pharmacist independent prescribing role and the course; this information covers learning

about the role of DPPs in supporting trainees, assessing their performance, and in providing feedback to them. Feedback is gathered from trainees, both informally from the intermediate reviews at 30 and 60 hours and more formally at the end of the session. A summary report of their responses is sent to the staff and to DPPs. Where DPPs are found to require additional training or support, this will be arranged.

In response to the team's wish to learn how a DPP's experience would be checked, the course representative explained that this is achieved through scrutiny of the detailed information presented on the comprehensive application form, including checking their registration as well as the required statement concerning how they meet the RPS competency framework. If the DPP does not have the appropriate experience, the student is asked to find another, more suitable DPP.

Wishing to know if the DPP training is mandatory, the team was told that ideally DPPs would be invited to attend the University for such training but participation had been poor. Now, Microsoft Teams is used for online training and participation has been much better. The training includes a presentation on the role of DPP and a discussion about the use of the dedicated Microsoft Teams pages that have been established for their use; the team was told that the DPPs were not permitted to access Blackboard because of data protection regulations. There is regular e-mail contact with the DPPs, who receive all the necessary information. Student responses to the GPhC's survey indicated that DPPs were well-supported by the University where needed. Where students have had problems with their DPPs, for example, due to the DPP going on maternity leave, or experiencing family problems, they may need to interrupt their training if an alternative DPP cannot be sourced. The team was told that local trusts have training programmes for non-medical DPPs. DPPs will continue to be used until there are sufficient non-medical DPPs; nurses are keen to fulfil this role.

Responding to the GPhC's survey, the students confirmed that online training was available for DPPs, and that DPPs received information from the University via e-mail. However, their responses indicated that the students themselves also provided a considerable amount of information about the course and the DPP role; the students also indicated that experienced DPPs did not need the training.

