Monitoring event for an independent prescribing course (Pre- 2019 standards)

# Submission template for the 2019-20 academic year

This template should be read in conjunction with the[Accreditation of independent prescribing programmes - Guidance for providers](https://www.pharmacyregulation.org/sites/default/files/document/accreditation_guidance_ip_pre_2019_standards_2019_20.pdf)

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| **Academic year:** 2019-20 |
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| **Name of course provider:** |
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| **Contact name:** |
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| **Job title:** |
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| **Address:** |
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| **Telephone/mobile:** |
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| **Email:** |

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| **This template should be completed by providers of newly accredited independent prescribing courses (pre-2019 standards) following completion of the first cohort.**  Your submission document should be a single document which includes this template complete in full.  If you are providing additional information or evidence to support your submission, then you must provide this as appendices and clearly reference these throughout your submission. Following review of your submission document and associated evidence you may be required to submit additional items of evidence, if this is necessary you will be notified in advance of your monitoring event. Following review of your submission document and associated evidence, you may be required to submit additional items of evidence or further information. If this is necessary, you will be notified in advance of your accreditation event.  NB. The submission **must include** the external examiner’s report.  Please ensure that you provide your submission in the correct format with the required level of detail and clarity. Failure to do so could lead to your monitoring event being cancelled or postponed. Information on how to submit your documentation can be found on the last page of this document.  **If you have any questions regarding your accreditation submission, please contact the GPhC’s Education (Quality Assurance) team at** [education@pharmacyregulation.org](mailto:education@pharmacyregulation.org)  The GPhC is committed to compliance with the General Data Protection Regulation (GDPR), details for our **privacy policy** can be found on our website - <https://www.pharmacyregulation.org/privacy-policy> |

**Important – please read the guidance below before completing the template**

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| **General notes regarding completion of the template**   * Your commentary must be written in prose, except where single piece information or lists are asked for. Directions to other documents only will not be accepted. * Any diagrams or images should be submitted as documentary evidence and not embedded within the tables. * Hyperlinks may be used within your commentary to signpost to evidence, but please check that the links are not broken, and that external access is permitted. * Please ensure that all documentary evidence provided is referred to within your commentary. * Supporting documents should be included as appendices and should be provided separately from the submission template. * Each module must be referred to by its full title and not by module code.   **Referencing documentary evidence**   * Please give each piece of evidence a clear and meaningful title. For ease of reference, supporting documents should be numbered accordingly. * The document title referred to in your commentary should be identical to the name of the relevant .PDF file you have provided. * Please ensure that all file names are concise and do not contain any special characters including: **/ \ : \* ? ” < > | # { } % ~ &** * Please ensure that file names are no more than 100 characters. * You do not need to duplicate evidence - you may find that you need to refer to one piece of documentary evidence multiple times across more than one section. * When referencing supporting documents within the submission, please indicate the document clearly (for example, in **bold**) and use the full name and appendix number throughout.   **Important: when completing your submission, please do not alter the formatting or orientation of the submission template.** |

**Background course information:**

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| **Course name (used on university advertising):** |
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| **Current number of cohorts per academic year:**  **Planned number of cohorts per academic year:** |
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| **Current maximum total number of students per cohort:**  **Planned maximum total number of students per cohort:**  **Current maximum number of pharmacists per cohort:**  **Planned maximum number of pharmacists per cohort:** |
|  |
| **Current number of course-led face-to-face (contact) days:**  **Planned number of course-led face-to-face (contact) days:**  **Total duration of the course (in months):**  **Planned duration of the course (in months):** |
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| **Is the programme taught jointly with any other professional group?**  **Yes**  **No**  **If yes, please state the profession(s):** |
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| **Is the programme led by a pharmacist?**  **Yes**  **No**  **If no, please state the profession(s) of the programme lead e.g. Nurse:** |
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| **Location / campus from which the programme will be taught (please list):** |
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| **Section 1: Programme information** | |  | |
| **1.1** | **First cohort start and finish dates** | | |
| Please type your commentary here  X  X  (expand as necessary) | | | |
| **1.2** | **Number of students for first cohort** | | |
| *Include:*   * *If multi-disciplinary, provide total number of students and number of pharmacists* | | | |
| Please type your commentary here  X  X  (expand as necessary) | | | |
| **1.3** | **Planned number of students and cohorts per year** | | |
| *Include:*   * *Should you wish to increase your students and/or cohorts, please indicate this here including information on how any increase will be resourced. If multi-disciplinary, provide total number of students and number of pharmacists* | | | |
| Please type your commentary here  X  X  (expand as necessary) | | | |
| **Section 2: Review information** | |  | |
| **2.1** | **An overview of progress and any changes since the programme was accredited** | | |
| Please type your commentary here  X  X  (expand as necessary) | | | |
| **2.2** | **Summary of your response to any conditions or recommendations set at your accreditation event** | | |
| Please type your commentary here  X  X  (expand as necessary) | | | |
| **2.3** | **Overview of clinical skills teaching and assessment** | | |
| *Include:*   * *Teaching strategy for clinical skills* * *Assessment strategy for clinical skills* | | | |
| Please type your commentary here  X  X  (expand as necessary) | | | |
| **2.4** | **Analysis of student feedback including feedback on clinical skills teaching** | | |
| *Include:*   * *How feedback is sought* * *Summary of feedback received.* * *Response to feedback* * *How feedback will be used to influence teaching, assessment and support strategies for future cohorts* * *If multi-disciplinary, provide overall feedback and a breakdown for pharmacists only* | | | |
| Please type your commentary here  X  X  (expand as necessary) | | | |
| **2.5** | **Details of assessment results, pass rate, referrals and resits** | | |
| *Include:*   * *Results for each assessment component* * *If multi-disciplinary, provide overall figures and a breakdown for pharmacists only* | | | |
| Please type your commentary here  X  X  (expand as necessary) | | | |
| **2.6** | **Details of any proposed changes to the programme** | | |
| Please type your commentary here  X  X  (expand as necessary) | | | |
| **2.7** | **External examiner report** | | |
| *Include:*   * *Copy of the external examiner’s report* | | | |
| Please type your commentary here  X  X  (expand as necessary) | | | |
| **Section 3: Supporting evidence** | |  | |
| **List below the documentary evidence that you are providing**  **Please refer to the guidance notes on referencing documentary evidence provided on page 3** | | |
| **(expand table as necessary)** | | |

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| **Student meeting** |  |
| The GPhC ask that you seek volunteers from pharmacists undertaking the course to meet with the accreditation team by telephone during the event.  Please provide contact details for 4-6 pharmacists so that we can organise a group teleconference or contact them individually (details will only be used for the purpose of arranging the teleconference and will be deleted after the event).  We have created guidance for pharmacists involved in accreditation events which can be [found here](https://www.pharmacyregulation.org/sites/default/files/document/guidance_for_students_involved_in_gphc_events-final.pdf).  NB Please obtain direct consent from the pharmacists before providing their details, informing them that the GPhC will be in contact via email. | |
| |  |  |  |  | | --- | --- | --- | --- | | Student name | Past or present student | Telephone number | Personal/work email address | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |

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| **Submitting your accreditation documentation to the GPhC**  **You must send the following by email:**   * A **Word** and a **.PDF** version of your submission document. * A .**PDF** version of each supporting document   [education@pharmacyregulation.org](mailto:education@pharmacyregulation.org)  mouse    Please ensure that electronic copies are sent to the GPhC’s Education (Quality Assurance) team on, or before, the submission deadline. The deadline for submission of documentation for a monitoring event is normally **four weeks in advance of the event**; however, you will be notified of your exact deadline date by the Education team. |