

Keele University independent prescribing course reaccreditation event report, May 2022



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Event summary and conclusions

Provider	Keele University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	20 May 2022
Approval period	August 2022 - August 2025
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	<p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing course provided by Keele University should be reaccredited for a further period of three years, subject to one condition.</p>
Conditions	<ol style="list-style-type: none"> 1. EDI data must be collected for this course and used in a meaningful way when examining, considering, and analysing factors such as admissions, progression, attrition, and attainment. This is because although the team could see limited evidence of EDI data being used to decolonise the curriculum, and to enhance student experience on the course, no evidence was provided on how EDI data is collected and used in the design and delivery of the course. This is to meet criterion 2.2.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	<ol style="list-style-type: none"> 1. Although the team could see limited triangulation of DPP experience in the application form and subsequent follow up by the course team; DPPs should 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 relates to criteria 9.1 and 9.2.
Minor amendments	<p>Criterion 1.1:</p> <ul style="list-style-type: none"> • Applicants must be in good standing with any regulator(s) with which they are registered. Application Form 1 (Appendix 3, Form 1) does not ask pharmacists about potential registration with other regulators. Appendix 3 (Form 4) checklist only seeks to check GPhC number (not

	<p>PSNI). The prose refers to checking GPhC register only, not PSNI nor any other regulator's register. Please amend application and checklist.</p> <ul style="list-style-type: none"> • Appendix 3 (Form 1 IP application form) mentions DMP/medical experience in Section C of the form. Should be updated to DPP and remove medical experience. • Online application Form 1, Section C (available on Keele website is a slightly different version of the Appendix 3 IP application form above) in that it specifically asks the DPP for their GMC or GPhC number. A DPP could be registered with another regulator e.g., NMC, HCPC etc. This online form should be amended. <p>Criterion 3.2:</p> <ul style="list-style-type: none"> • Appendix 6 LA refers to 60 credits. Should this be amended to 45. <p>Criterion 5.1:</p> <ul style="list-style-type: none"> • Prose refers to DMP, please amend to DPP. <p>Criterion 5.8:</p> <ul style="list-style-type: none"> • As the Course regulations were last revised April 2018 there are some updates required, as below, to reflect the reduction in credits from 60 to 45 and removal of OSCEs as an assessment: <ul style="list-style-type: none"> ○ Regulations 3b and 7b refer to DMP. ○ Regulations 6b, 8b and 8g still refer to OSCEs and likewise Regulation 8a refers to 60 credit modules which appears to describe the IP assessments. ○ Regulation 10c refers to the IP course bearing 60 credits.
Registrar decision	<p>Following the event, the provider submitted a response to the condition and the accreditation team agreed it had been met satisfactorily.</p> <p>The Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the course for a further period three years.</p>
Maximum number of all students per cohort	60
Number of pharmacist students per cohort	60
Number of cohorts per academic year	4
Approved to use non-medical DPPs	Yes
Key contact (provider)	Michaela Probert

Provider representatives	<p>Michaela Probert, Independent Prescribing Programme Manager</p> <p>Sharon Warren, Lecturer and Foundation Lead</p> <p>Simon White, Director of Postgraduate Education</p> <p>Robert Saunders, Teaching Fellow in Prescribing Studies</p>
Accreditation team	<p>Dr Fran Lloyd (event Chair) Associate Postgraduate Pharmacy Dean, NICPLD, Queen's University Belfast</p> <p>Charles Odiase, Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Dacorum GP Federation, Hertfordshire UK</p> <p>Susan Bradford, Lay Commissioner, Commission on Human Medicines</p>
GPhC representative	Chris McKendrick, Senior Quality Assurance Officer, GPhC
Rapporteur	Alex Lescaian, Senior Education Policy Officer, GPhC
Observer	Sarah Hadden, Data Monitoring and Evaluation 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

Keele University was first accredited by the Royal Pharmaceutical Society of Great Britain in 2007 to provide a programme to train pharmacist independent prescribers. In line with the GPhC's process for reaccreditation of independent prescribing programmes, the programme was reaccredited in 2010, 2013 and 2016. In August 2019, a fourth reaccreditation event was held, and the programme was reaccredited for a period of three years, having received three recommendations.

In response to the first recommendation, the provider informed that when they identify from EDI admissions data that a particular group is under-represented or that the programme is attracting individuals of a particular ethnicity, they will work with marketing to ensure that the materials are representative. Within the design of the programme, they have included more resources within the module content, such as managing medicines around religious festivals and "*recognising skin conditions in people of colour*". They have also updated the assessments to be more representative of the patient population, such as including a patient of Indian origin in the avatar activity and using patient names representative of multiple cultures in the clinical and consultation skills assessments. Hosting the new module on Microsoft Teams means that students have access to inclusive features such as live captions, transcripts, voice reader for content, high contrast modes and screen readers. They have also introduced student choice into the delivery of the patient case study assessment, which allows the student to choose a mode most suited to their strengths in line with principles of inclusivity.

In response to the second recommendation, the provider informed that Covid-19 has meant that they needed to put on hold plans to bring in patients for discussion workshops on the study days and into the clinical and consultation skills assessments. They do, however, plan to move forward with this when the University risk assessment allows. More so, they have a public contributor who sits on the course committee meetings and informs on the agenda and course delivery from a patient/member of the public stance. They are also in the process of adding in an activity for the next cohort on online/telephone consultations with patients which has been informed by advice/recommendations on good practice in the Faculty User and Carer Liaison Group's sharing report on patients' experience

of Patient and Public Involvement & Engagement during the pandemic. The Director of Postgraduate Education Chairs the group and was involved in a pilot piece of work that involved assessing the School's PPIE and ultimately being tasked for the School's PPIE strategy, including the Independent Prescribing Programme.

In response to the third (and final) recommendation, the provider informed that they have removed the OSCE assessment due to the number of stations required to ensure it was a reliable and authentic assessment. This has been replaced by the new assessments outlined in their documentation.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, the most recent reaccreditation event was scheduled on 20 May 2022 to review the course's suitability for further 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 20 May 2022 and comprised of several meetings between the GPhC accreditation team and the representatives of Keele 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	15:30 - 15:45

Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance, the team also tested a sample of 4 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: **4, 9, 12 and 18**.

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. Criterion 1.1 requires three minor amendments.

The provider has supported in their submission that they are committed to the provision of high quality, fair and transparent admissions policies and procedures for all applicants. In addition to the standard university application form, a detailed application pack (Appendix 3: Application Pack) has been designed. This covers GPhC's entry requirements and specific additional requirements as stipulated by the University and/or course management team.

Application forms are initially scrutinised by the Central Admissions Team within the University, as responsible for recording applicants' details and checking that all ancillary forms have been received.

Applications are then passed on to the Programme Manager, as responsible for checking that all students are currently registered as practising pharmacists and in good standing with the GPhC/PSNI. They are also responsible for undertaking professional scrutiny of the applicants, and equally, responsible for the final decision making on whether applicants are successful or not. This process applies to both pharmacist and DPP applicants.

During the reaccreditation event, the accreditation team has asked the provider to elaborate on the process used to assess an applicant's suitability in relation to their clinical and therapeutic experience.

The provider clarified that this is assessed through the application form, which requires applicants to demonstrate experience in the chosen area of prescribing. Received applications are reviewed by the provider, who then assesses if the applicants have undertaken work shadowing in that particular area of prescribing, if they have read relevant papers (so they are able to describe some theory), the services they have delivered and if they've attended any relevant conferences or courses.

In regard to self-employed applicants, the expectations on their experience are the same as for all applicants, however, in addition, they would need to provide a certificate of evidence of where they have accumulated the experience and a testimonial from work colleagues.

The accreditation team asked for clarity on whether unsuccessful applicants need to request feedback on their application, to which the provider confirmed that feedback is automatically offered to all applicants regardless of the outcome of their application. In terms of process, the provider would ask applicants to contact them by phone or e-mail for further advice around what they could do to become successful the next time they apply to study on the IP course.

The accreditation team followed with another question, which asked the provider if they have rejected any applicants recently, and what would constitute insufficient evidence. The provider answered that often they would contact applicants to ask them for more evidence to support their applications. At times, applicants would submit their application forms in January or February prior the September cohort, to which provider's feedback states insufficient experience to be admitted on to the course. In such cases, the applicant would often accumulate more experience in the particular areas they were lacking and return demonstrating they have gained sufficient experience in time to

join the course. The provider would often have a conversation with the applicant to assess the experience required.

The accreditation team has asked that three minor amendments need to be made in relation to criterion 1.1:

- Applicants must be in good standing with any regulator(s) with which they are registered. Application Form 1 (Appendix 3, Form 1) does not ask pharmacists about potential registration with other regulators. Appendix 3 (Form 4) checklist only seeks to check GPhC number (not PSNI). The prose refers to checking GPhC register only, not PSNI nor any other regulator's register. Please amend application and checklist.
- Appendix 3 (Form 1 IP application form) mentions DMP/medical experience in Section C of the form. Should be updated to DPP and remove medical experience.
- Online application Form 1, Section C (available on Keele website is a slightly different version of the Appendix 3 IP application form above) in that it specifically asks the DPP for their GMC or GPhC number. A DPP could be registered with another regulator e.g., NMC, HCPC etc. This online form should be amended.

Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes No

The team was satisfied that four of the five criteria relating to the equality, diversity and inclusion continue to be met. Criterion 2.2 is subject to one condition.

The provider supports through the narrative of their submission that the rights, responsibilities, and dignity of individuals are valued through the University's commitment to EDI. Therefore, all policies and procedures have been developed in a manner that reflects fairness and non-discrimination towards students. These values and commitments are embedded in the Equality Framework, translating them into everyday working practices at the University, and are equally applied to the education and training of student pharmacist independent prescribers.

All new staff must complete equality and diversity training that is also mandated on an annual basis for existing staff. The training includes aspects such as protected characteristics and recognising and addressing unconscious bias.

Additionally, staff resources and guidance promoting inclusive teaching are available on the University's inclusive learning web pages. They outline a range of practical steps that teaching staff can take in order to enhance the inclusivity of their teaching and assessment practices and meet the needs of students with disabilities.

Moreover, University's 'Decolonising the Curriculum' manifesto has also helped shape some of the adjustments made to the IP course since the previous reaccreditation. The provider has included more resources and papers within the module content, such as managing medicines around religious festivals and "*recognising skin conditions in people of colour*".

The provider has also updated the assessments in order to be more representative of the patient population. Equally, hosting the new module on Microsoft Teams means that students have access to inclusive features such as live captions, transcripts, voice reader for content, high contrast modes and screen readers. In line with the principles of inclusivity, the provider has also introduced student

choice into the delivery of the patient case study assessment, which allows students to choose a mode most suited to their strengths.

Furthermore, during the reaccreditation event, the accreditation team asked the provider to elaborate on the embedment and promotion of E&D principles through the design and delivery of the course. The provider mentioned that they have been focusing heavily on this, as it was recommended in the previous reaccreditation event. They are also considering a complete restructure to the course to better reflect the E&D principles. They use Microsoft Teams which offers options for transcripts and other accessibility needs and give trainees a choice on how to present the patient case study assessment, as some trainees may prefer to use PowerPoint whilst others a video format or a blog. This way, the provider gives students the option to choose the way they wish to deliver their assessment. The provider reiterated that they use multi-cultural patient names, avatars, representatives of different cultures, and a task sheet which considers personal and patient beliefs (whilst ensuring they take into consideration all beliefs).

In terms of E&D data, the accreditation team asked the provider to elaborate on the point in which applicant E&D data is collected, to which the provider answered that such data is collected on an annual basis at university level and is featured in the programme reviews at course level.

The provider shared the avatar activity as an example of data utilisation, as being aware that the pharmacy profession is ethnically diverse and are keen to replicate this in the avatar activity. The provider is also making efforts to represent the Asian population through the prescribing practice, in aim to ensure a diverse representation throughout the course.

Furthermore, the provider commented that they also analyse if there are underrepresented groups on their course, the potential reasons for this, and what they could potentially do to solve the issue of underrepresentation.

The accreditation team then asked the provider to give example(s) of where EDI data has been used to improve the course and learning experience. The provider responded that they routinely use EDI data in their annual reviews. The data is used to look at recruitment and ensure there is a balance. Equally, the University facilitates access to prayer rooms for all students and ensures that everyone's needs and wants are met.

Following this, the accreditation team asked if the provider could share the plans they have for current/future analysis of data, to which the provider responded that they operate an ongoing process of curriculum decolonisation to ensure inclusivity and diversity.

They also have an ongoing monitoring process, including the monitoring of student feedback, which is taken on board directly by the programme team. In addition, a theme analysis is also performed (such as underrepresented groups), through which they take actions on various factors affecting this, including marking, advertising the course or selection and recruitment.

The provider clarified that the data is sourced by the University at PG level, as opposed to an IP course level. Whilst they are able to see a breakdown that includes the prescribing course, they reported that it is currently difficult to narrow the data down to an IP level, although they try to do this.

Furthermore, the accreditation team asked the provider to explain the mode in which any agreed reasonable adjustments are communicated to anyone involved in supervision of the trainee. The provider responded by giving an example a situation in which they had two trainees with dyslexia enrolled on the course. As the trainees are assessed by their DPPs who devise an individual learning plan for them, they (the trainees) would share this with the programme and disability services teams.

These teams would decide what reasonable adjustments to put in place, i.e. extra 25% time for written assessments.

The provider further clarified that it is the responsibility of the trainee whether they may or may not wish to share this information with their DPP. However, if there are issues affecting progression, they would encourage the trainee to have the conversation with their DPP directly. Neither the provider nor the university would share such information with the DPP unless the student consents. An example of this would be the clinical consultation assessments, for which they would note down student's disability and adjustment, but always only with trainee's permission.

On the basis of the provider's submission and discussions carried out during the reaccreditation event, the accreditation team agreed that a condition is necessary in order to ensure that criterion 2.2 of this standard is met. The condition is:

"EDI data must be collected for this course and used in a meaningful way when examining, considering, and analysing factors such as admissions, progression, attrition, and attainment. This is because although the team could see limited evidence of EDI data being used to decolonise the curriculum, and to enhance student experience on the course, no evidence was provided on how EDI data is collected and used in the design and delivery of the course. This is to meet criterion 2.2."

The condition must be met satisfactorily before the next intake of students onto the course.

Standard 3: Management, resources and capacity

Standard met/will be met? Yes No

The team was satisfied that all six criteria relating to the management, resources and capacity continue to be met. The 3.2 criterion requires one minor amendment.

Provider's supporting Management Plan (Appendix 4) attached to their submission offers detailed information on staff involved in the IP course and their responsibilities. Equally, the IP course is supported by pharmacists who have gained the prescribing qualification and have experience of working in this role. More so, the provider employs staff for the IP course who have been involved for many years in running postgraduate programmes. Any issue that would pose as a risk to the course would be escalated to the Director of Postgraduate Education and Head of School to be discussed at School Executive level and minimise any risk.

During the reaccreditation event, the accreditation team sought further clarification around risk management at an IP course level, including budget and staffing.

The provider informed that the Head of School is responsible for determining whether there is adequate staffing; however, the programme team is able to contribute by feeding in information. Also, although the provider does not have fixed staffing, they do have adequate staffing. They reassured the accreditation panel that the IP programme team has extensive experience, and that they maintain open communication channels. This enables staff to cover for one another with ease and keep aware of each other's work responsibilities and expectations. More so, the provider informs that they have a formalised annual programme review process, which is planned to be responsive to their immediate needs.

Additionally, the provider reassures that the functionality of Microsoft Teams is helpful in regards to points of contact, as all staff can access trainee queries and therefore respond in each other's absence.

Furthermore, the accreditation team asked the provider to demonstrate how new and casual staff are trained in order to ensure consistency of teaching and assessment. The provider responded by clarifying that the marking is performed internally within the programme team. Casual staff mark the clinical skills assessment, but before doing so, they sit in on an assessment as an observer. The provider always meets with the new starters and goes through the programme to help them gain an understanding on how the assessment fits with the entire programme.

In terms of assessment, all casual tutors are given access to the assessment/papers, clinical worksheets, and the mark schemes and a Q&A opportunity. They are also involved in moderation processes together with the programme team and can join study days and other activities that would help them evaluate the impact training has had on their teaching and assessment practice.

The accreditation team asked for further clarification around casual staff seemingly not being able to teach/assess on their own, to which the provider confirmed that casual staff, in fact, are able to teach on their own. The provider further explained that the assessors in clinical skills assessments are recorded as part of the moderation process, to enable the programme team to review.

Also, the process for new starters involves induction and assessment, where a member of the programme team will moderate all their assessments and provide feedback.

The accreditation team requested for a minor amendment in relation to criterion 3.2: Appendix 6 LA refers to 60 credits. This should be amended to 45.

Moving forward, the accreditation team followed with another question, asking the provider to elaborate on QA processes in place to ensure that the TIP and DPP review meetings can identify issues and provide early intervention. The provider informed that DPPs have their own Microsoft Teams module, which contains highly relevant information to managing such issues these may occur. The academic team is also a point of contact with whom such queries can be raised.

In terms of action planning, the Trainee Independent Prescriber (TIP) would receive feedback on their portfolio, attend a review meeting, and would also be given the opportunity to develop an action plan if required. The provider and the DPP would be able to give feedback and comments on the action plan and discuss further through Microsoft Teams if necessary.

Following the discussion, the accreditation panel was satisfied that the provider's current and proposed staffing changes are adequate with the intended increase in student intake, as demonstrated in the supplementary evidence submitted by the provider and further discussion carried out during the reaccreditation event.

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 provider supports through their submission that a programme annual review and monitoring process takes place at the University level. This gives the opportunity for the Programme Manager to assess course performance and raise concerns. It is the Programme Manager's responsibility to complete the documentation required for reviews and to act on any recommendations within the timescales given. The reports from this process are scrutinised at School, Faculty and University level, who may make recommendations. The IP course is reviewed on an annual basis as part of this process.

Additionally, the University conducts a quality audit of all schools every 5 years, which involves two external assessors. The School of Pharmacy was last audited in 2017. Moreover, students were asked to complete an end of course evaluation form and also study day evaluations, the results of which are disseminated to the Academic Course Committee and discussed at the Exam Board meeting in order to identify areas for improvement for the next cohort.

However, based on External Examiner comments on upcoming changes to assessments post Covid19 that have been identified within the submission, the accreditation team asked the provider to outline the changes planned. The provider responded, making reference to three main changes:

1. Adopting online OSCEs. However, the provider no longer uses OSCEs as an assessment tool.
2. Clinical and consultation skills assessments and other separate online assessments now replace the OSCEs which were originally assessed as part of the portfolio.
3. Audit and case discussion assessments are no longer utilised.

In concluding the discussion, the accreditation panel asked the provider for confirmation that the University has approved the new iteration of the IP course (45 credit). The provider confirmed that approval has been given.

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. Criteria 5.1 and 5.8 require minor amendments.

The provider evidenced through their submission that they continue to deliver the course to award 45 M-level academic credits as part of its portfolio of postgraduate courses since September 2022. For this, a total of 450 hours of student effort is required, and therefore, the provider adopted various teaching, learning and support (TLS) strategies, including study days, open/distance learning, and learning in practice with a DPP.

The provider also utilises a Professional Practice Portfolio, which has a dual function as a key element for learning and assessment. This is facilitated through structured activities in the form of the task

sheets and avatar activities that require engagement and reflection on learning that can demonstrate achievement of the learning outcomes, and relevant prescribing competencies for pharmacists.

In terms of course curriculum, this has been mapped to the learning outcomes and is based on the previous GPhC indicative content – which has been updated to reflect the 2019 learning outcomes and standards. Formative assessment is provided by the student's DPP or other suitable healthcare professional through the 90 hours learning in practice time and through the 3 compulsory review meetings that are held between the DPP and the student. This gives the opportunity to review the students' progress as they move through the different levels of Millar's Triangle and to identify where further support is required to reach the appropriate level. Formative feedback is provided informally by course tutors on various occasions.

The accreditation team asked for a minor amendment in relation to criterion 5.1: prose refers to DMP, please amend to DPP.

During the event, the accreditation team asked the provider to elaborate on how peer and interprofessional learning is fostered on the course taught days.

The provider responded that in terms of peer learning, TIPs are assigned a peer work group upon joining the course that would stand throughout. Furthermore, TIPs are required to complete task sheets, involving collaborative activities.

In terms of interprofessional learning and exposure, TIPs spend most of their 90 hours with other healthcare professionals, such as medics and general practice nurses. This is a tracked process, which enables the provider to identify and assess if exposure and learning has been sufficient. TIPs are provided also with simulation rooms that can be used with other professionals, and also take part in a coordinating placement and simulation learning activity at a faculty level, which includes interprofessional/multidisciplinary exposure.

Furthermore, as the provider received a recommendation at the previous reaccreditation event to enhance patient and public involvement in the design and delivery of the course, the accreditation team, noting that Covid19 has had an impact on such plans, asked the provider for updates on future plans.

The provider informed the team that real patients take part in the clinical and consultation skills assessments. However, they are replaced by members of staff currently due to Covid19. In terms of course delivery, there is a patient who sits on the course committee. This gives a patient perspective, which is then fed into the course.

The provider also focuses on adopting a hybrid approach to meetings. Patients and carers are engaged in online discussions to ensure that the best learning environment is created. Such plans are currently confirmed to be included in a consultation document that is due to be circulated among relevant stakeholders, and potentially be enacted as a strategic policy.

In addition, the accreditation team noted that provider's stakeholder group is due to discuss IP at the next meeting. Therefore, the provider was asked to outline the involvement that the stakeholder group has had in relation to IP since the last accreditation. In response, the provider clarified that the discussion was around stakeholder involvement in the design of the courses.

However, the provider reassures that they conducted multiple informal discussions since, involving regular meetings with major stakeholders to brief them on the progress of the cohort and explore which direction it would be best to move towards for a better future prospect.

Moving forward, the accreditation team proceeded with a further question, asking the provider to confirm the version of the RPS competency framework that is being used on the course. The provider confirmed that the original version is used currently. However, they will implement the new version in time for the September 2022 cohort.

In addition, the accreditation team asked the provider to explain the way in which they ensure that TIPs in training are supervised appropriately and consistently. The provider confirmed that all TIPs are encouraged from day one induction to express any issues they may face and discuss these with the programme team. The provider checks TIPs' work on their portfolio, to evaluate the number of hours completed and with whom. In the eventuality of a pushback, they will have a discussion with the TIPs to explore what plan and support needs to be put in place in order to ensure that they complete the full 90 hours of supervision.

Following this response, the accreditation team also asked if the provider had experienced any issues with over-delegation of supervision by a DPP. The provider expressed that this usually happens in situations where DPPs become ill, however, on very rare occasions DPPs may fail for other reasons such as coping with the workload. As an example, the provider made reference to a situation in which a TIP who excels academically has completed the 90 hours of supervision, however, the DPP didn't feel ready to sign them off. The programme team had a discussion with them to develop an action plan, resulting in the TIP doing approximately 130 hours instead of 90 in order to be signed off. Everyone involved, including the TIP, was satisfied with the actions taken and outcome. The provider also added that they assess both the quantity and the quality of the hours spent with DPP.

Moving forward, as the course regulations were last revised April 2018, there are some updates required, as below, to reflect the reduction in credits from 60 to 45 and removal of OSCEs as an assessment. Therefore, the accreditation team asked for minor amendments in relation to criterion 5.8:

Regulations 3b and 7b refer to DMP. Regulations 6b, 8b and 8g still refer to OSCEs and likewise Regulation 8a refers to 60 credit modules which appears to describe the IP assessments.
Regulation 10c refers to the IP course bearing 60 credits.

The accreditation team continued with another question, asking the provider to explain the processes used to monitor students across the duration of the programme for instances other than FtP. The provider informed that students' engagement is monitored online through how active they are on MTeams, their attendance to study days which is compulsory, and also multiple formative opportunities throughout the duration of the programme. The provider clearly communicates their expectations to students at these points and provides them with a task list, including timings. Upon finalisation of the tasks, the provider uses a checklist to identify what should've been completed by the student and provide feedback.

In concluding the discussion, the accreditation team asked who is responsible for monitoring such concerns to ensure students falling behind are given support as early as possible. The provider confirmed that the entire programme team is responsible for this.

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.

The provider evidenced in their submission that the teaching and learning strategy (through the application process), the learning agreement and the DPP handbook/Sway document all support the appropriate and relevant use of the learning in practice time.

As part of the application process, the DPPs are required to sign that they agree to supervise the applicant in the learning in practice element of the course for the required time, as stipulated by the GPhC. More so, the tripartite learning agreement (Appendix 6) stipulates that DPP's signature is required, which further supports that appropriate educational and training opportunities will be provided to enable the student to achieve the learning outcomes and prescribing competencies.

The DPP handbook (Appendix 5) offers guidance on the number of hours that should be spent with direct patient contact as part of the learning in practice period. The student's Professional Practice Portfolio is key evidence of learning that the student has undertaken during their learning in practice time and that this has included patient contact time.

Following provider's submission, the accreditation team asked for confirmation on how much of the 90 hours may be undertaken remotely, and how is this QA, assessed, and included in the taught element of the course. The provider confirmed that 25% of the hours can be done remotely. However, they are also clear that there is a need for hands-on experience with the student. Therefore, this is introduced within early reading in practice: Guidance for pharmacist prescribers, and learning block 2 of the module, which includes core reading and task about remote prescribing (and risk involved) and is all assessed as part of the portfolio.

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.

Provider's submission demonstrates that they continue to use a range of assessments that allows the pharmacist to demonstrate that they have achieved the learning outcomes expected in preparation to becoming an Independent Prescriber. The range of assessments are evidenced within the IP Programme LO Mapping Document (Appendix 1), which are mapped to the learning outcomes.

The assessments are reviewed by the academic programme team, the School and the Faculty Education Committees. More so, the external examiner would be invited to comment on new assessments, whereas for assessments such as the Clinical & Consultation Skills assessment, the prescribing academic team will 'role play' to ensure reliability and validity of the assessment.

The assessment strategy for the 45C IP course comprises of formative and summative assessments. Each element of the summative assessments requires a pass grade in order to enable progression, including a Patient Case Study and a Professional Practice Portfolio.

During the reaccreditation event, the provider was asked by the accreditation team to outline the mechanism used to identify potential plagiarism/collusion in the first instance, such as in relation to the case study and/or portfolio assessments.

The provider informed that the summative assessments and patient case studies are submitted through Turnitin, through which plagiarism/collusion would be identified. In the scenarios when students give each other feedback on case studies, the provider ensures that students are from different clinical areas to one another. Peer group activities are also mixed, to ensure students are from different clinical areas to one another.

The accreditation team proceeded with another question, asking the provider if all students would have the benefit of good feedback, to which the provider informed that no negative feedback has been identified in the evaluations so far. Students are given a structure and questions to answer, not just a task alone – which helps encourage positive, good quality feedback. The programme team can assess the feedback, as it is uploaded to the portfolio.

The provider was also asked to confirm that there is a process in place to ensure all students pass the clinical skills assessment, to which they informed that the clinical skills assessment is performed in person, in the presence of an assessor. Students must achieve a minimum grade of 70% in order to pass the assessment and progress through the course.

Furthermore, as the portfolio marking scheme (Appendix 2) makes reference to an 'online written assessment, min of 50% pass mark', the accreditation team asked the provider to explain what this assessment entails. The provider explained that this assessment involves a recorded conversation between a prescriber and the student in the form of a consultation. Based on this, the student must write a patient record.

Another part of the assessment is the interaction expected, and the third is testing red flag situations. This and the clinical consultation skills assessment have replaced the OSCEs.

Finally, the accreditation team noticed that the provider's submission makes no specific reference to condonation. Therefore, they asked the provider to confirm if condonation is allowed on the independent prescribing course. The provider confirmed that condonation is not allowed on the course.

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 demonstrates through their submission that a range of mechanisms are in place to support students to achieve the learning outcomes in Part 1 of these standards.

As part of the induction, the students receive their handbook and gain access to the Microsoft Teams Space for their cohort prior to the first study day. This gives the student time to orientate as to the requirement of the programme and to prepare any questions for the first study day.

Effective supervision is achieved with the aid of the student handbook from the first day of study, which details information about the time spent learning in practice, including the role of the DPP and other healthcare professionals who may support them. In addition, students will be introduced to a

member of the prescribing Academic Team who will act as their personal tutor and first point of contact.

The student workload for the IP course is appropriate and realistic, reflecting 45 Masters level academic credits. Equally, the personal and academic support available is resourceful, including wellbeing support through the Student Services Centre, Mental Health Support and ASK (Advice and Support at Keele). Additional academic support is provided to the student through their personal tutor, peer workgroup and the prescribing team. Students will also gain support through their DPP and the networks that they will be encouraged to develop as part of their future prescribing role.

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 criteria 9.1 and 9.2.

The nomination form for DPPs included in the provider submission (Appendix 3) requires that the DPP has formal training and experience that is appropriate to their role. It suggests that in exceptional circumstances, a DPP who has the support of their workplace to fulfil the role, but no previous formal training, will be offered additional support from the University where it is felt that the individual has the personal attributes necessary for the role. They would also be invited to the University's Teach the Teachers course or to the faculty educational supervision module.

Moreover, the provider stipulates that it would normally be unreasonable for a single healthcare practitioner to supervise more than one trainee pharmacist prescriber at any time.

During the reaccreditation event, the accreditation team asked the provider to elaborate on what would happen if the DPP suggested by the TIP isn't suitable, as in DPPs who are generalists, not specialists, in TIPs scope of practice area.

The provider clarified that such occurrence would usually be identified at the application stage. They would speak with the TIP, depending on the point at which this occurs (as it may be mid-way through the course due to a change request for instance). TIPs are allowed to change their clinical area in accordance with the DPP. They are also allowed to change their DPP, however, to do so, they must re-join the course from the point they have had a suitable DPP.

The provider gave as an example a situation in which they had to refuse a DPP. The DPP was under investigation by the GPhC whilst the programme team cannot allow students or DPPs who are under investigation. The student found another DPP in time to commence their IP course.

The accreditation team proceeded with another question, asking the provider what would happen if a TIP wanted to change their DPP whilst having already completed a proportion of work. The response received affirms that it is up to the DPP to accept or not accept those hours. However, the TIP is still expected to complete 45 hours with the new DPP. Hours with the previous DPP could count towards the total of 90. Confirmation is required in Forms 1 and 2 that the student and the DPP are both happy with the agreement. This is then submitted and filed.

Moving forward, the accreditation team was keen to learn whether the provider identifies that prospective DPPs have both appropriate patient-facing clinical and diagnostic skills and the ability to assess them. The provider confirmed that this is verified through the application. Whilst registered

professionals are expected to list their experience, including times they have supervised students, the provider also exercises trust.

It was acknowledged that these questions are not explicit in the application form. These matters are generally covered, and if the provider were unsure as to experience, they would ask. The provider confirmed that they can add this wording to the application form.

Following this, the provider received a recommendation: The accreditation team recommended that the provider should explicitly include the wording/points of the criterion 9.2 onto the DPP application form.

The provider was further asked to explain what would happen in the eventuality that the DPP does not utilise the training offered by them. The response received suggests that the previous experience demonstrated through the application process and conversation held with the DPP applicant can prove satisfactory to the programme team. The provider also runs study days, to which the DPPs are welcome to attend. Lastly, the provider wouldn't allow an applicant to join as DPP if they do not meet the required experience and did not attend the training.

Following this, the accreditation team asked the provider to explain how they assure themselves that the DPP is trained for the role. The provider answered by suggesting that a proportion of approximately 10% are non-medical DPPs. They are assessed through conversations to ensure they have the relevant experience, whereas they have often been involved in supervising trainees, such as junior doctors and nurses.

The provider further informed that they also have advanced practitioners as DPPs, which is an example of the experience DPPs might demonstrate on their application.

Lastly, the accreditation team sought further clarification from the provider around how feedback has been provided to DPPs since the last accreditation, and the future plans in relation to this.

The provider informed that the evaluation form currently contains DPP-specific questions, which have been added in February 2022. These forms are shared with students anonymously, and the completed (anonymous) evaluations are then shared with the DPPs. Also, although the provider did not have DPP-specific questions previously, they still shared the feedback with the DPPs.

