General Pharmaceutical Council

University of Lincoln independent prescribing course accreditation event report, November 2022

Contents

Event summary and conclusions	
Provider	University of Lincoln
Course	Independent prescribing course
Event type	Accreditation
Event date	10 November 2022
Approval period	January 2023 – January 2026
Relevant standards	**Standards for pharmacist independent prescribers, January 2019, updated October 2022**
Outcome	Provisional approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing course proposed by University of Lincoln should be provisionally accredited for a period of three years, subject to 1 condition, with a monitoring event taking place after completion of the first cohort of students.
Conditions	1. Although the team could see limited evidence of provider assessment of DPP experience in the application form using an application check list; DPPs must be asked to provide supporting evidence at the application stage to describe how they meet all the requirements for the role, including their ability to assess patient-facing clinical and diagnostic skills. This would provide the course team with information which can be used to evaluate the suitability of the DPP. This is to meet criterion 9.2. This must be addressed, and a response submitted to the GPhC, for approval by the accreditation team, by end of December 2022.
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	No recommendations were made.
Minor amendments	• The provider must ensure that the wording for the briefing of all assessments, and the specific requirements to pass each assessment, are clear and consistent across all documentation. This includes numbers, the use of structured learning events (SLEs) and references to remote prescribing in the assessment briefs.

Registrar decision	The Registrar is satisfied that University of Lincoln has met the requirement of provisional approval (subject to remediation) in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022.

The Registrar confirms that University of Lincoln is provisionally approved to offer the Independent prescribing course for 3 years, with a monitoring event taking place after completion of the first cohort of students. The Registrar notes that the condition as outlined in the report has been met. |
Maximum number of all students per cohort	25
Number of pharmacist students per cohort	25
Number of cohorts per academic year	2
Approved to use non-medical DPPs	Yes
Key contact (provider)	Caroline Needham and Dianne Ramm
Provider representatives	Josie Solomon, Professor in Human-Centred Health (former Head of School).

Dr Aruna Garcea, Visiting Professor

Dianne Ramm, Associate clinical lecturer and interim programme lead

Caroline Needham, Associate clinical lecturer and interim programme lead

Penny Mosley, MPharm Programme Lead, Senior Lecturer in Pharmacy Practice

Judy Steven, Clinical Programmes Officer

External Stakeholder Meeting:

Ahtisham Saddick, Associate Chief Pharmacist, Clinical Pharmacy Development and Governance, United Lincolnshire Hospitals NHS Trust

Joshua Confue, (Acting) Pharmacy Clinical Service Manager, Lincolnshire Partnership NHS Foundation Trust

Nicola Howsam, Advanced Care Practitioner - Dermatology Trust Wide, United Lincolnshire Hospitals NHS Trust |

	Amanda Brewster, Together Group representative (Patient and service user/carer group)
	Julie Wolfarth, Together Group representative (Patient and service user/carer group) University of Lincoln, independent prescribing course accreditation
	Dr Runa Shyamali Saha, Medical Director Lincolnshire Training Hub, Clinical Associate Professor of Medical Education (Primary Care): Lincoln and Nottingham Medical Schools, Programme Director: HEE (EM)
	Yuen Toh, PCN Strategic Lead, Lead Senior PCN Clinical Pharmacist, Apex Primary Care Network
	Katherine Ray, Training and Development Pharmacist, United Lincolnshire Hospitals NHS Trust
Accreditation team	Fiona Barber, Deputy Chair & Independent Lay member, East Leicestershire & Rutland CCG (event chair)
	Dr Gemma Quinn, Associate Professor of Clinical Pharmacy, University of Bradford
	Mira Jivraj, Deputy Clinical Services Manager, Pharmacy Northwick Park Hospital
GPhC representative	Chris McKendrick, Senior Quality Assurance Officer, (Education) General Pharmaceutical Council
Rapporteur	Alex Ralston, Quality Assurance Officer, (Education) General Pharmaceutical Council
Observer	None

Introduction

Role of the GPhC

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

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

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

Background

The University of Lincoln ('the provider') approached the GPhC with an application for accreditation of a course to train pharmacist independent prescribers. It was noted that the School of Health and Social Care (SHSC) at the University of Lincoln had historically provided a multidisciplinary Non-Medical Prescribing programme (NMP). This programme was accredited by the General Pharmaceutical Council (GPhC) in 2015. Due to the need to design a new and updated NMP course following new prescribing standards from the Nursing Midwifery Council (NMC) in 2018, the GPhC accreditation of the NMP course lapsed. The School of Pharmacy at the University of Lincoln has since decided to develop an innovative postgraduate portfolio, including an independent prescribing course for pharmacists. This is partly in response to feedback from pharmacists on the earlier iteration of the course that more focus and time spent on clinical skills would have been beneficial. The School of Pharmacy have therefore proposed to admit 2 cohorts of 25 pharmacists per year to an independent prescribing course.   Therefore, in line with the GPhC's standards for the education and training of pharmacist independent prescribers January 2019, updated October 2022, an event was scheduled for 10 November 2022 to review the course's suitability for accreditation.

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 accreditation event was held remotely by videoconference on 10 November 2022 and comprised of several meetings between the GPhC accreditation team and representatives of the University of Lincoln prescribing course.

Declarations of interest

- Gemma Quinn declared that she knew Professor Josie Solomon from a previous external examiner role and noted that Penny Mosley undertook her MSC course at the University of Bradford.

- Fiona Barber declared that she had previously worked with Dr. Aruna Garcia in some CQC work and noted that she had been involved in policing in Lincolnshire, though before the School of Pharmacy had opened.

Schedule

Meeting	Time
Private meeting of accreditation team and GPhC representatives, including break	09:00 – 10:30
Meeting with course provider representatives	10:45 - 13:00
Lunch	13:00 – 13:30
Meeting with external stakeholders involved in the development of the course	13:30 – 14:00
Learning outcomes testing session	14:15 – 15:00
Private meeting of the accreditation team and GPhC representatives	15:00 – 16:15
Deliver outcome to the provider	16:15 - 16:20

Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of 6 learning outcomes during the event was satisfied that **all 32 learning outcomes will be met** to a level as required by the GPhC standards. The following learning outcomes were tested at the event: **4,9, 13,15,23,30**

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 will be met

The University of Lincoln School of Pharmacy ('the provider') provides an overview of the Independent Prescribing (IP) course for Pharmacists Short Course in their marketing information. The overview contains information such as the GPhC and University of Lincoln eligibility criteria that potential applicants must consider before making an informed decision over any application. Applicants are told clearly by the website and online marketing materials that all requirements must be met before they can start the course.

The provider has updated its guidance regarding eligibility criteria to reflect the recent changes made by the General Pharmaceutical Council (GPhC) to the standards for the education and training of Independent Prescribers in October 2022. Applicants must complete an application form, provide a copy of their CV, and a written narrative (800 words) explaining how their experiences as detailed on their CV have prepared them to undertake training as a pharmacist independent prescriber. Applicants must also include evidence of patient orientated/person-centred experience, clinical/therapeutic experience and evidence of continuing professional development (CPD) within the narrative, as well as a short reflection to demonstrate how their experiences have strengthened their understanding of the role, skills and attributes a prescriber. The applicant must also provide a short statement clearly identifying the area(s) of clinical or therapeutic practice they wish to develop their IP practice alongside a rationale. Applicants must also confirm they have a designated prescribing practitioner (DPP) who fulfils all of the necessary criteria.

An application checklist must be completed by the University for each applicant to ensure all parts of the form have been completed. Applications are then passed to the selection and recruitment panel for review. This panel consists of an academic from the teaching team, a member of the Together group (the University's service user group) or a clinician/manager from clinical practice. The provider has updated the screening tool and scoresheet to reflect the revised entry requirements, which enables the panel to make informed decisions about the applicants' readiness to start the course. Application, selection and recruitment activities and processes are consistent with the University of Lincoln PG Admissions Policy.

In the case of any concerns about the applicant's clinical and therapeutic experience, the academic will seek guidance from the programme leader(s); if the information provided by the applicant is insufficient, they will be contacted and asked to provide further information. If an applicant does not have the relevant experience, they will be given constructive feedback and to help support a possible future application, including the opportunity to discuss further with the programme leader(s).

The Accreditation team ('the team') asked for clarity on how the scoring process worked in terms of ensuring that the process was consistent and how the provider used the score sheet to assess an applicant. The provider explained that the score sheet was a screening tool used for the applications, and that it was a tool designed to make the process more objective. If an applicant scores '0' for any

of the 7 criteria in the screening tool, for example, the application will be unsuccessful. The team were told that applicants would then be given the rationale for the failure. Unsuccessful applicants would also be given the opportunity to speak with a member of the team to receive feedback that might help support a future application. The provider clarified that if applicants scored 1-2 on the criteria, they may still be given an offer to join the course, though they would also receive feedback on their applications from the course team. The provider explained that applications would be open on a 'tranche' basis - a batch of applications would be screened, with applicants scoring 0 rejected and then offers to mid-level scoring applicants may be made. Applications will then open to another tranche. The provider noted that its aim was to include, not exclude, people from applying.

The team explored guidance and training given to staff using the screening tool to determine the line between acceptance and non-acceptance of applicants. The provider explained that programme leads were involved in the initial screening process. It was also noted that members of the University of Lincoln Together service user group were also consulted prior to the application process starting. The provider will keep a record of selection meetings. Other staff involved in the process will be trained. The provider emphasised that applicants must have the right attitude to undertake the course, whilst also noting that there was support available for applicants through the application process.

The team were told that feedback to unsuccessful applicants would be highly individual and that descriptors from the screening tool would be used to explain clearly to an applicant as to why they may have been unsuccessful. Meetings would be offered, in person or virtually, to unsuccessful applicants to support future applications. The provider noted that the administrative process would be very standardised and that a full time administrator will be appointed to support the Independent Prescribing course. It was noted that the programme lead would take responsibility for the admissions process as part of the process of constant programme monitoring.

Standard 2: Equality, diversity and inclusion

Standard met/will be met?   Yes ☒ No ☐

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

As part of the submitted document it was stated that within the University, the School of Pharmacy has strong stances on issues related to equality, diversion and inclusion and is involved in several initiatives at school, college and University level. The University is a member of the Race Equality Charter and holds an Athena Swan Bronze award and is committed to providing an inclusive and positive environment to support the diversity of its students and staff. The University has a 'One community' ethos centred on values of Equality, Understanding, Listening, Kindness and Acceptance. There are also several university wide initiatives such as the LEAP (Lincoln Equality of Attainment Project), and the Eleanor Glanville Centre, which is the University's department for equality, diversity and inclusion (EDI). There is a 'Respect tutor' in the School of Pharmacy to support Equality, diversity and inclusion. A School EDI group meets on a 3-6 monthly basis to discuss EDI issues and projects such as decolonising the curriculum can be implemented.

Blackboard, the Virtual Learning Environment (VLE) used by the School of Pharmacy, is used to communicate with the students (trainee prescribers) and provide teaching and learning materials. An accessibility report can be run once teaching materials are uploaded, which enables staff to address

any issues and ensure material is fully accessible. At course level, there are formative attempts for both the written report and presentation, enabling students to get prompt feedback and providing support for students who need further guidance ahead of summative submissions.   Personal tutors will monitor the progress of allocated students and can refer them to the wellbeing service where further support is needed. Students with disabilities may also self-refer to this service. Students can be assessed by this service for an individual Personal Academic Study Support (PASS); if the student has this in place, they are encouraged to share this with the DPP to ensure support required in all settings can be provided. The academic team can liaise with the DPP to ensure consistency in this (with the permission of the student). Teaching, learning and assessment activities can and will be modified for individual students with the PASS, but GPhC Learning outcomes and Royal Pharmaceutical Society (RPS) competency statements cannot be modified.

The course also supports students in understanding their legal responsibilities under equality and human rights legislation, which is covered in a number of teaching sessions. This outcome is tested via the 3000 word report.

The team explored how the principles of EDI will be embedded in the course and how they will be promoted through course design and delivery. The team were told that EDI data would be monitored at every stage of the process such as admission, retention and attrition. The provider highlighted that EDI factors had been considered in the design of the course in terms of when in person teaching days would be scheduled, such as ensuring that they will not take place on religious ceremonies or in school holidays; sessions will start at 10 am to ensure that people will be able to drop children at school, and where possible, sessions will be timetabled to be mindful of train times. The provider also highlighted that there was a multifaith chaplaincy at the University which included a prayer room; breaks would be timed for people who might need to go for prayer breaks. The team were also told that diverse case studies and cultural scenarios such as consideration of different skin tones would be part of the curriculum. Students will also be encouraged to come up with their own examples.

The team questioned how the provider could be sure that they will get the right input in terms of the teaching materials. The provider explained that people will be involved in the IP course from across the wider School of Pharmacy. Furthermore, the provider expected students to be involved with the wider population in their respective areas, enabling them to come back and discuss examples with peers during the course. The provider noted that it would seek reassurance that the learning materials would meet the prescribing needs of the students, whilst also recognising that the learning materials were being tested in the first year of the course.

The team asked about the nature of the EDI data that the provider had access to in terms of designing and delivering the course. The provider explained that the Equality partnership team collected the EDI data and that results were then shared with the head of school. The provider noted that this data did not include individual student details, but that the numbers of students are available for analysis. The provider recognised that as the course was new, it would be important to involve students as 'Student producers' in the same way as had occurred in the development of the Lincoln MPharm, so that feedback from the early groups of students could be actioned quickly by the provider if required.

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 will be met.

As part of the submitted document it was stated that the roles and responsibilities of staff involved with the delivery of the course are clearly outlined in the management strategy. These roles include the Programme leader, Personal tutor, External examiner, DPP, service users/carers, student cohort representatives, employers/line managers and practice partners. The Practice Assessment Document (PAD) for the DPP and the student describes the role of the supervisor in more detail, as well as the contact details of other members of the course team. The PAD also outlines the roles of the DPP and the student in relation to their teaching and supervisory relationship. The School of Pharmacy has a partnership agreement, which is a formal document that sets out clearly who is responsible for what during the student's practice learning hours in the student's placement environment. This must be signed and agreed by both parties before the 90 practice hours begin.

The course is subject to the governance and quality assurance requirements of the University and the School of Pharmacy, including annual review and formal reporting mechanisms. The Programme Leader(s) is responsible for writing an annual report and liaising with the external examiner, as well as the student representative of the cohort. The programme leader(s) meet with the Head of the School of Pharmacy at a weekly meeting to ensure good communication between the teaching team and the senior management of the school.

The submitted document stated that there are 15.0 WTE academic staff and 3.0 WTE administrative staff in the wider school. There are 12 registered GPhC pharmacists employed in the school, of which 5 are independent prescribers. The school also employs a clinical associate who is a registered nurse teacher with the NMC and an experienced programme leader for Non-Medical Prescribing courses. The School of Pharmacy has strong links and partnerships with local NHS Trusts such as United Lincolnshire Partnership NHS Trust and Hull University Hospital Trust; local community pharmacy organisations such as Weldricks and Lincolnshire Co-op pharmacies and links with local primary care organisations through the Lincolnshire training hub and primary care networks.

Academics and clinicians involved in the teaching will be invited to attend weekly module meetings. During these meetings the staff will be told which of the GPhC learning outcomes their specific session(s) will address. All DPPs must complete their specific School of Pharmacy training and preparation for the role. Once an applicant accepts an offer of a place, the DPP is contacted by e-mail and sent a copy of the PAD for DPPs, which outlines what is expected of them, including the documentation that the DPP and student will use to document their three formal interviews. The programme leader will review the mid-point submissions via Blackboard and provide feedback to the student and DPP. If the student is not progressing, the programme leader will arrange a tripartite meeting to discuss the issues and agree an action plan.

The team questioned what processes will be used to identify and manage risk for the course. The provider explained that risk was considered in three main categories, financial, clinical and educational. Data risk is also considered meaning that staff must complete mandated GDPR training. Risks are considered under normal school governance processes. Any risks that are raised are then examined and then considered in terms of how the risks can then be mitigated. In terms of finance,

the provider highlighted that the School of Pharmacy had invested heavily in the development of the IP course, which was seen as an expansion in the school following the development of the undergraduate MPharm course. The provider noted that the College of Science (of which the School of Pharmacy is part) had provided reassurance that they supported the development of the IP course. It was also noted that there was also a new medical school at the University, as well as the School of Health and Social Care which meant less risk as the university was expanding. The provider highlighted that three members of staff were currently being recruited for the IP course, as well as an administrator. The team queried which members of staff would be involved with teaching on the course and how many of these are prescribers. The provider clarified that the current interim programme leads would be involved, as well as the NMP lead. The current MPharm practice team had also been invited to be involved in the course and that the three members of staff being recruited were also independent prescribers. There are currently five independent prescribers in the wider School of Pharmacy. The provider also explained that practice clinical associates can be used. It was also noted that whilst the programme would have a designated programme lead and administrator, other staff would come from the wider school of pharmacy with the time of any staff used from the UG course subsequently backfilled. In terms of clinical risk, the provider highlighted a clear audit trail, noting that if something happens in practice, for example, the administrator can escalate to the Head/Deputy Head of School the same day. The provider also noted that there was a 'traffic light' system in place with regards to clinical risk.

The team asked about the facilities that will be used to deliver the face-to-face teaching, and whether there was availability of space and equipment to undertake clinical assessments. The provider confirmed that special time would be booked out in the clinical skills lab for the course. It was also noted that there were technical skills labs available in the Schools of Pharmacy, Health and Social Care school and the Medical School. Other facilities included a medicines information suite with a lab tutor package. The provider noted that consultation rooms would also be upgraded. Mock up wards and critical skills were available in the health and medical schools respectively. The provider also highlighted that there were library facilities to support the students. The team asked if there was enough equipment in the existing rooms to support the students, which the provider was able to confirm. It was noted that there was no hospital bed suite yet, but that there was software without Sim Man that was available to be used.

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 will be met.

The Independent Prescribing short course was validated by the University on 5th August 2022. The roles and responsibilities of all involved in the course are included within the management strategy. The programme leader compiles an annual report including key information such as the number of enrolments, the number of completions, passes and fails for each cohort. This report feeds into formal University quality and governance processes. The teaching team meet weekly, chaired by the programme leader. Practice partners and service users/carers will be invited to a formal management

meeting held twice a year to discuss programme developments and encourage two-way communication.

Students are encouraged to complete a module evaluation on completion of the teaching. The elected student representative for the course will work closely with the programme leader in terms of feedback. The student rep will be invited to the relevant student and progress board. Students can also provide informal feedback on an ongoing basis. The external examiner for the course will be asked to look at each assignment brief and ensure that it is set at the right level. The external examiner will also review all marks and consider the fairness of the marking and moderation. Any modifications that are required to be made to the programme are subject to the approval process of the College Academic Affairs Committee. Approved modifications are then logged by the Office of Quality, Standards and Partnerships. The external examiner must be consulted on any such changes.

If a student raises an issue and wishes to make a complaint, the academic team will seek to resolve the matter informally as noted in the general university regulations. If the matter cannot be resolved informally, students will be directed to the student complaint proforma where they can then make a formal complaint.

The DPP will be given access to specific School of Pharmacy training either in person or via video. It will be made clear to the DPP that the academic team are available and willing to support them. The University will assess the quality of support provided to trainees through the documentation within the PAD which is submitted at regular points. The programme leader will review the trainee's portfolio of evidence and ensure that all aspects have been completed.

Some members of staff on the programme are registered healthcare professionals holding 'Teacher Practitioner' status. A number of members of the school of pharmacy are also Pharmacist Independent Prescribers. A range of guest speakers will also contribute to the teaching of the programme., following preparation from the programme leader. After each cohort, the team will review their teaching and learning materials to update teaching materials/presentations and ensure they continue to be relevant.

The team questioned how the system of evaluation for the course will be developed. The provider explained that the systems of evaluation for the course would come under the policies of the university, but it was recognised that as this was a new programme, the course team would look to take the temperature of the students as they go along. It was noted that the students' union would arrange for a cohort representative. The module will also be evaluated halfway through and at the end, replicating National student survey (NSS) style questions. The provider highlighted that this survey was being run by the school, so specific questions could be added in. The results would then be evaluated by the programme lead. The provider highlighted that a holistic approach to monitoring and evaluation would be taken, such as considering feedback from staff and practice partners, not just from the students. There would be continuous programme monitoring, with feedback going through a layered structure and feeding into the Quality Student committee. The provider expected to adopt a 'You said, we did' approach to help show students where feedback had been heard and then acted on.

The team asked for clarification as to whether the annual report was a reporting tool or whether it also acted as a mechanism to address issues. The provider confirmed that the annual report was not just a reporting tool and that it did identify actions which would then feed into action plans. In addition, staff would proactively make themselves available to help resolve issues. The team were also told that the provider would use different methods to collect trainee feedback such as from

discussion boards on the University virtual learning environment (VLE), Blackboard, to considering issues raised by the student rep in various forums such as the subject and progress boards to regular meetings between the student rep and the programme leader.

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 will be met.

Students must be able to demonstrate achievement of all learning outcomes and prescribing competencies set out by the GPhC (2019, updated 2022) and the RPS (2021) respectively. The programme has been developed with reference to the competencies, which must be demonstrated by the student during their period of supervised practice.

External stakeholders were consulted in March 2022 about the new course. Meetings with service users/carers and professional healthcare colleagues were also organised. The external stakeholders reported that they had been engaged in different ways by the University, some from previous involvement with the development of the Lincoln MPharm, some from involvement with the previously accredited NMP course and some with regards to the role of the DPP. The team were told that service users had also been very involved by the university, with the university proactively seeking their opinions on issues affecting the development of the course, such as consideration of the role of the pharmacist independent prescriber and how they might benefit the patient.

There are 26 structured learning days for the course. The successful completion of the module together with a pass mark in all summative elements is mandatory before student can receive the Practice Certificate in Independent Prescribing. The external examiner has also reviewed the formal content of the course when proposed and approved it as fit for purpose. A launch event will be held for the course in early 2023 specially designed for pharmacists.

One of the programme leaders is a practicing Pharmacist independent prescriber, the other is a community nurse prescriber and nurse teacher. The programme leaders will be assisted in the delivery of the course by other members of the academic team of the School of Pharmacy. The University of Lincoln general regulations and postgraduate taught regulations apply to this course. Fitness to Practise (FTP) regulations specific to the School of Pharmacy are included within the general regulations. The course handbook describes the professional standards and FTP mechanisms that apply to trainees on the course.

The concept of Miller's Triangle is explained so that DPPs and students are familiar with it. The Practice Assessment Document (PAD) provides clear information for the DPP and students with regards to how to evidence the achievement of the learning outcomes including three structured learning events (SLEs). Documentation for the Direct Observation of Procedural Skills (DOPs) is also included in the PAD. During the initial interview, the DPP and student must consider which specific clinical skills or procedures the student will need initially in their role.

The teaching team will work with each pharmacist to ensure that pre-existing skills are built on, whilst areas of relative inexperience will be developed. The teaching team will work collaboratively with each student and DPP to identify which DOPS will be most relevant to their future role. The teaching

team will support DPPs with the DOPS, one of which will take place within the University setting, focusing on procedures such as blood pressure, temperature, pulse. This will provide the course team with necessary overview and triangulation for quality assurance processes.

It is clearly stated to students and DPPs in the PAD that students must only undertake tasks in which they are competent or are learning under supervision to be competent so that patient safety is not compromised. Clinical areas used for training must have signed the partnership agreement in place incorporating HEE quality standards. Students must enter into a learning agreement with their DPP noting that they may only prescribe under the supervision of the DPP and only undertake tasks that they are competent in or learning to be competent in to ensure patient safety is not compromised. Students and DPPs will be advised to contact the course administrator in the first instance if they have a problem. Issues in relation to student conduct are considered within the partnership agreement.

The team explored how the course will update its content when there are significant changes in practice and ensure that is current. The submitted document stated that there are five current practitioners on the teaching team who are independent prescribers, who have a professional obligation to maintain their competency and ensure that their knowledge of the evidence base supporting their clinical practice is up to date. The provider also explained that regular management meetings would be held which would include input from clinical practice such as from associate lecturers who will be working half of their time in the practice environment. The provider also highlighted that some expert practitioners were going to be involved in the course and noted that staff would be sent on update training. It was noted that the students who will be on the course are clinicians themselves and would be bringing their own experiences to the course which would also help bring other trainees up to date through sharing these experiences.

The team asked how an audit trail will be set up to track changes. The provider explained that in terms of the management meeting, this would be done through being highlighted in the agenda and the minutes, but also recognised the importance of documenting such changes so that they could feed into programme monitoring. It was noted that if major changes to the course were required, there was a formal process of curriculum modification. The team noted that the process for recording changes will need to be tightened and implemented to create a proper audit trail.

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 will be met.

Students must complete a minimum of 90 hours of supervised practice learning during the course. The 90 hours must focus on real patients and carers. Time spent with other prescribers must be agreed with the DPP beforehand. The DPP must ensure there is time to conduct initial and midpoint interviews and then a final interview with sign-off. Students are expected to use the form in the PAD to evidence the perceptions of their patients. The PAD includes final assessment documentation.

Students will be responsible for approaching a DPP and getting them to contact the university. The DPP must confirm they have the relevant qualifications, clinical experience and skills to carry out the role. All DPPs must attend in person or access online the training provided by the School of Pharmacy. The DPP must complete section 3 of the application form and confirm that they meet GPhC requirements and the RPS competencies. The course administration team will check the professional registration of the DPP and their standing with the relevant regulator. The DPP must confirm that they are willing to complete the specific University of Lincoln training as if not, they will be unable to act as a DPP.

Students and DPPs must ensure time is negotiated so that the DPP can assess the professional development and competency of the trainee. The trainee must must pass all summative assessments before being signed off.

The team asked how time spent by a student with other qualified prescribers will be monitored. The provider explained that the student must keep a log of their 90 hours, noting who they spend time with and ensure that it is signed and documented and submitted with their portfolio. It was noted that it was the responsibility of the DPP to ensure that there is enough time to complete the portfolio. The provider highlighted that there was a review at the mid- point assessment and at the end. The provider noted that it was important for the student to understand working in a multidisciplinary team (MDT) and experience prescribing with other MDT members. The provider noted that at the trainee and DPP induction events, it was highlighted that the 90 hours was a minimum and that it should be spread across the learning outcomes.

The team explored how the course will ensure that other qualified prescribers will share their assessment with the DPP. The provider explained that they were using a structured learning event model and that forms for these were included in the DPP paperwork for this to be recorded and included in the portfolio. The provider highlighted that it was essential that an important working relationship with the DPP be established and that it was part of the DPP role to ensure that the learning environment, and the team that the student will be working with are aware of their responsibilities towards the student. The provider noted that it was very important to support DPPs to ensure continuity of learning. The provider explained that DPPs understand that the role is one that is developing and that feedback from trainees will be used to help improve the role. The provider highlighted plans to develop a community of DPPs, as well as the role of a DPP champion and to develop a mentorship scheme. The provider reiterated that DPPs had open access to contact members of the course team when required.

Standard 7: Assessment

Standard met/will be met?   Yes ☒ No ☐

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

The assessment strategy is detailed in the short course specification. Assessment is mapped against the GPhC learning outcomes and RPS competencies. There is a wide range of assessment styles. These include case based discussions (CBDs), a presentation, a written report, and a practice portfolio including CBDs and DOPS. The importance of each student achieving the relevant level of Miller's triangle is explained in the PAD. The assessment strategy is in the PAD to enable the DPP and the student to understand the structure of the course. Some learning outcomes are assessed in practice

settings via direct observation. Assessments will only be carried out by appropriately qualified and trained people. All summative assessments must be passed. There is no compensation allowed as per GPhC regulations. The external examiner will have regular and appropriate oversight and will submit an annual report.

The importance of patient safety is highlighted in the course handbook, which outlines how patient safety is at the centre of the assessment strategy, such as what would happen if a student were to prescribe a dose that might cause patient harm. It is clearly stated that in all assessments that students will be penalised if patient safety in clinical practice is jeopardised. If this occurs as part of a summative assessment, the student will fail the element. If the element is part of a formative assessment, the trainee will need to complete a root cause analysis or reflection.   Summative assessments are subject to the normal rules as noted in the University of Lincoln general regulations.

A learning agreement will be signed by the DPP and student during the initial interview to ensure monitoring takes place during the required 90 hours. This is submitted to the university. The learning agreement must document the trainee's area of clinical expertise. The DPP and student should consider the practical skills most relevant to the student's area of specialism. There is a formative mid-point assessment which provides an opportunity for the DPP and the student to review and refocus if necessary before the submission of the final summative assessment. The academic team will have one practical assessment take place in the university setting using the DOPS template, focussing on blood pressure readings, pulse, respiratory rate. The DPP and student must also submit an audio of one case based discussion to the course team for purposes of triangulation. Formative assessment will take place before summative assessments following feedback from previous NMP students, as this helps allow students to seek advice and learning support if needed.

The school will provide the DPP with the necessary training and education to enable them to assess student progress regularly, such as through structured learning events. The academic team will use opportunities to provide support to the student and the DPP as required. Assessment documents must be uploaded to the student's online portfolio via the PebblePad platform.

The team questioned If there was an expected level of competence required for the structured learning events (SLEs) that trainees needed to pass. The provider explained that these would be triangulated with the observed DOPS that would take place at university. The SLEs would take place throughout the course, and the provider noted that the 5 DOPS might reflect a learning journey of the trainee prescriber. The DOPS would ultimately be signed off by the DPP. The team asked for further clarification as to what would happen if all five DOPS were below expectation as it was not clear from the submission what the threshold was. The provider clarified that at least 50% of the DOPS must be a pass, and it was hoped that if the trainee was not meeting the level of competence that this would be picked up early in the course, such as at the mid-point review. The team was told that if it was clear that the student is not going to be competent that support would be offered to the DPP to help the student. The team asked if it will be clear to the students what is needed to pass these assessments. The team were told that this will be made clear to the students from day one when the course team go through the practice assessment document with the cohort. The provider acknowledged that it was important that DPPs were consistent and that it would be clear to both student and DPP what will be required.

The team decided that there should be a **minor amendment** that the provider must ensure that the wording for the briefing of all assessments, and the specific requirements to pass each assessment,

are clear and consistent across all documentation. This includes numbers, the use of structured learning events (SLEs) and references to remote prescribing in the assessment briefs.

The team asked what action would be taken if a student exhibited unsafe practice in the DOPS undertaken at the University or in the audio recorded case based discussion that will be submitted. The provider explained that there would be a 'traffic light' system in place to flag clinical concerns and that it was important to establish an environment of learning and ensure prioritisation of patient safety. The provider also highlighted processes such as FTP are in place and noted that if concerns were reported back to the academic team, they were very clear that patient safety would be paramount. The provider reiterated that students will be penalised if patient safety is threatened. In terms of assessment, a red flag system is used so that if the first marker raises an issue, this is then discussed by the marking team. If the marking team then agree that there is a red flag, the student will receive a fail mark and then given feedback and a rationale for the fail so that the student will be able to improve. Minutes are also taken at the marking panel so that issues can be recorded in case similar problems occur. If there is not a majority agreement in the marking team, outside advice could be taken to develop a standard process. If a student fails the flagged assessment they will be asked to resubmit it.

The team asked how the course team will identify any issues in relation to the progress of a student. The provider explained that this would be identified in the mid-point review by the DPP and in formative assessments. The team also asked how the provider proposed to quality assure assessments carried out in the learning in practice environment. The provider explained that triangulation was carried out through the observed DOPS at the university and the audio recording of the case based discussion between the student and the DPP. An internal review of assessments would also be held to check the marking at the mid-point as this would help ensure standardisation of the DPPs' marking.

The team asked for clarification on whether the provider will double check and moderate the sign off of all learning outcomes as it was not clear from the submission what would happen if some elements were not complete or not met. The provider clarified that the marking team would look to seek a consensus on the learning outcome in question and if that was not possible, the provider would then speak to the DPP to discuss the issue further. If the learning outcome is considered to not be met, the student will be asked to do more work to meet the required standard.

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 will be met.

As part of the submitted document, it was stated that clinical areas hosting students must self-audit to Health Education England (HEE) Quality standards to provide safe environments for students. Applicants nominate DPPs during the application process. The administrator will check that the DPP is registered, has no FTP entries and is in good standing. The DPP must sign to confirm that they have read the PAD and have completed the training at the time of the student's initial interview, which will be checked. The support of the employer is essential so the application form requires them to sign

that the student can be released for the course. The PAD also requires the student and DPP to meet regularly.

Students should send any concerns they have to the Pharmacy Lincoln e-mail address which enables an audit trail to be created. Where this is not possible or appropriate students may also approach the programme leader, personal tutor, or any member of the teaching team. Representatives from the student union and wellbeing service will also attend the induction day to explain how concerns can be raised.

The university has safeguarding and whistleblowing policies. There is specialist information in the course handbook with guidance from the GPhC on tutoring pharmacists.

Standard 9: Designated prescribing practitioners

Standard met/will be met?   Yes ☐ No ☒

The team was satisfied that four of the five criteria relating to the designated prescribing practitioners will be met with 1 criterion subject to a condition.

As part of the submitted document it was stated that the administrator reviews the application and uses a checklist to record whether it is complete. The professional registration, FTP entries and standing with the regulator of the DPP are all checked as part of this process. The DPP application form states the eligibility for the role; any issues should be highlighted by the administrator during the application process. The applicant will be notified in the event they have to nominate an alternative DPP.

The DPP must confirm their willingness to undergo School of Pharmacy training and preparation. Training will be provided in person or via an online teaching package that can be accessed remotely. Training will take around 30-45 minutes. There will be an opportunity for the DPP to ask questions in either scenario. The DPP must indicate they have accessed the training package via declaration and signature at the time of the student's interview. The training will focus on the Practice Assessment Document (PAD) for DPPs where the course team will go through the PAD so that information is consistent. The PAD includes information on the role of the independent prescriber and the scope of pharmacist prescribing practice. Information is also given regarding the learning outcomes, GPhC and the competency framework. The role of the DPP is listed as a series of bullet points so that the key features of the role are clear.

The documentation to facilitate the student's progress is within the PAD for convenience and reference. The student should work together with the DPP to consider ways in which student can evidence their achievement of each learning outcome. The DPP is reminded that they should contact the university if they have any concerns concerning the trainee's performance/progress/or any difficulty with the admissions process.

The programme team will support DPPs and provide feedback and extra training, support and development as necessary as it is recognised that communication is essential as the course is new. DPPs are made aware they can contact the academic team at any time. The administrator is the first point of contact for DPPs to ensure that they can ensure most appropriate team member can respond to queries. Students will also receive this information. The DPP will be sent an email from the course team after the mid-point interview and formative assessment of learning outcomes and competencies

to confirm that the course team has received their assessment and comments. After receipt of the final assessment documentation, the course team will review the portfolio for all necessary elements including signatures and dates. Upon completion of the portfolio, the DPP is thanked and will be asked to complete a questionnaire to provide feedback on support so the course team can improve this. DPPs will be asked if they are interested in assisting for specialist teaching of future cohorts.

The team questioned how the provider ensures that the prospective DPP has the right level of competency required and how this is triangulated. The provider explained that the DPP must meet the standard of eligibility in the GPhC standards. The student must ensure that the DPP can support the area of practice. The course team will check the registration, FTP, good standing of the proposed DPP and whether they are an active prescriber. This is assessed through self-assessment within the application where the RPS competencies are set out and the DPP asked to declare their competency and that they are willing to support the student. The provider explained that the induction would be used to ensure that DPPs have the necessary skills and that it would be made clear that prospective DPPS can come to the course team and seek guidance. The provider also noted that they hoped to develop peer support for the DPPs.

The team decided that although they could see limited evidence of provider assessment of DPP experience in the application form using an application check list, it was not clear that DPPs were providing supporting evidence at the application stage to describe how they would meet all the requirements of the role, so **criterion 9.2** was not met. The team therefore decided to set a **condition** that DPPs must be asked to provide supporting evidence at the application stage to describe how they meet all the requirements for the role, including their ability to assess patient-facing clinical and diagnostic skills. This would provide the course team with information which can be used to evaluate the suitability of the DPP. This is to meet **criterion 9.2.**

The team asked what support would be available to DPPs whilst they are acting in that role. The provider explained that the provider would encourage the DPP to develop a relationship with the university with the option for DPPs to be able to 'drop in' if needed. The provider highlighted that it was important to establish that the course team were also supportive of the DPPs learning. The provider highlighted that DPPs could also contact them by e-mail or telephone, and virtual learning was also available. It was also noted that the mid-point checking process enabled the university to be proactive in checking and providing support to DPPs, such as if the provider has a particular concern about the trainee, they can then contact the DPP to discuss further.

The team explored how the course provider will provide feedback to DPPs. The provider explained that there were several planned feedback points such as the induction, the mid-point review and the endpoint where the DPP is invited to reflect on their experience. The provider also noted that feedback would be provided about the quality of the portfolio and would ensure that comments were clear and transparent. If required, the provider will arrange a meeting with the DPP to discuss further. The provider also explained that they would provide support for the DPP if there were difficulties. The team queried what would happen if the DPP was found to not be undertaking their role as required. The provider explained in such a scenario, they would seek to meet the DPP in the first instance to consider their perspective, but if it became apparent that the process was not working then the provider would meet with the student to consider the use of a new DPP.

The team were told that ideally, DPPs would attend the induction session in person, as this would give them the opportunity to know who to speak to if they needed support, but noted that there is an alternative, which would be an online narrated PowerPoint with the opportunity for the DPP to

contact the programme leads if required. The provider explained that there were early plans to develop a mentoring module so that DPPs could potentially gain credits or a certificate.