

Queen's University Belfast independent prescribing course reaccreditation event report, June 2022



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Event summary and conclusions

Provider	Queen's University Belfast
Course	Independent prescribing course
Event type	Reaccreditation
Event date	23 June 2022
Approval period	August 2022 – August 2025
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) and the Council of the Pharmaceutical Society of Northern Ireland (PSNI) that the pharmacist independent prescribing course provided by Queen's University Belfast should be reaccredited for a further period of three years.</p>
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the course for a further period of three years. A copy of this report will be shared with the Council of the PSNI.
Maximum number of all students per cohort	30
Number of pharmacist students per cohort	30
Number of cohorts per academic year	One
Approved to use non-medical DPPs	No
Key contact (provider)	Dr Briegeen Girvin, Senior Lecturer

Provider representatives	<p>Professor Lezley-Anne Hanna, Director of Education</p> <p>Dr Brian McCaw, Manager of the Distance Learning Centre</p> <p>Dr Briegeen Girvin, Programme Lead, Senior Lecturer (Education)</p> <p>Dr Sharon Haughey, Reader</p> <p>Aileen McKenna, Assistant Manager of the Distance Learning Centre</p> <p>Dr Mary-Carmel Kearney, Lecturer (Education)</p> <p>Clare Murray, Lecturer (Education)</p>
Accreditation team	<p>Fiona Barber, Independent Member, Leicester City Council (event Chair)</p> <p>Dr Andrew Sturrock, Associate Professor of Public Health and Primary Care, Northumbria University</p> <p>Charles Odiase, Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Dacorum GP Federation, Hertfordshire UK</p>
GPhC representative	Alex Ralston, Quality Assurance Officer, General Pharmaceutical Council
Rapporteur	Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde
Observers	<p>Chris McKendrick, Senior Quality Assurance Officer, General Pharmaceutical Council</p> <p>Daniel Young Education, Training and Pharmacy Lead, PSNI</p>

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

Queen's University Belfast 'the provider' was accredited by the GPhC in 2019 to provide a course to train pharmacist independent prescribers, for a period of 3 years. In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 23 June 2022 to review the course's suitability for reaccreditation. The course was initially a modified version of the Pharmacist Independent Prescribing (PIP) Programme run by the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD), which caters for Northern Ireland students. In 2016, the NICPLD course was tailored by Queen's to suit students from Great Britain (GB) and was first run in 2016/17 with two students from GB. Since then, cohorts have been around 20-22 students. During 2018 and 2019, the PIP programme was redesigned based on the new GPhC guidelines and the educational needs of the GB students. The GPhC accredited the new PIP in June 2019, without any conditions or recommendations. Two cohorts have completed the new programme and there are currently 22 students undertaking the programme (cohort 2021-22).

The submission stated that as a result of the COVID-19 pandemic, the 2019-20 cohort had assignment extensions for up to one year to allow them to complete the course at their own pace, while coping with COVID pressures. The learning in-practice hours were reduced from 90 to 80 for this cohort. Subsequent cohorts for 2020-21 and 2021-22 have worked to the original timetable with no extensions to deadlines, unless specifically requested. For the residential teaching and assessments the five-day face-to-face residential session in February 2021 was replaced by three days of virtual teaching and assessment on Microsoft® Teams and two days of face to face teaching in June 2021; Similarly in February 2022 the five-day face-to-face residential was also replaced with three days of virtual teaching and assessment on Microsoft Teams and two days of face to face teaching in June 2022. In 2020 the residential period had been completed before the outbreak of the pandemic.

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/monitoring event was held remotely by videoconference on 23 June 2022 and comprised several meetings between the GPhC accreditation team and representatives of Queen's University Belfast prescribing course. A small number of 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

Daniel Young declared that his undergraduate education had taken place at QUB.

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 6 learning outcomes during the event 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 **5, 9, 14, 23, 27, 31**

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 continue to be met

The submission stated that only pharmacists who meet the GPhC entry requirements, and are fit to train as an independent prescriber, are admitted onto the course. The Postgraduate Admissions Policy of QUB is available to learners through the Student Gateway and the selection criteria for the course are detailed on the School's website. The team was told that prospective trainees must complete the Pharmacist Application Form using the guidance provided that explains the pre-requisites for the course based on the GPhC requirements. Admissions decisions are based on transparent criteria ensuring that prospective students understand how the admissions process works. Applications are processed in a timely manner. The type of experience a pharmacist should have, in addition to the other entry requirements, is outlined in the Pharmacist Application Form and on the QUB website.

Prospective applicants are encouraged to contact the programme lead with queries about the entry requirements prior to applying; a long lead-in period allows any queries/problems to be resolved. The team learned that the programme team does not interview applicants but will request further information if necessary. The entry requirements are designed around the GPhC prerequisites for admission on to a PIP programme. Applicants enter their registration number on the application form which is checked against their status on the GPhC/PSNI register. They must state their area of clinical/therapeutic practice and provide evidence of at least 2 years' appropriate patient-orientated practice in a UK hospital/community/primary care setting following their pre-registration year, plus provide a curriculum vitae.

The programme delivery team is responsible for checking that all the pre-requisites have been met. The team learned that this includes evaluating the suitability and relevance of applicants' clinical/therapeutic experience in a systematic and structured way using a spreadsheet. All applications are reviewed within 4 weeks of the application deadline. The team was told that the programme lead takes responsibility for ensuring that the entry criteria are met but will consult with others on the teaching team. In the case of problems with a pharmacist's application, the applicant will be contacted for further information. If the programme team decides that the applicant has insufficient relevant experience, the application will be rejected and the applicant informed of the reasons. The team was told that it had only been necessary to reject two applications to date, with one having reapplied after gaining more experience and completing the programme successfully. A record of the application evaluation meeting is maintained.

Applicants must also submit a completed form from their designated prescribing practitioner (DPP) who has agreed to supervise their learning in practice. These forms are also assessed and approved by the programme delivery team. The team noted that only medical practitioners will continue to be eligible to undertake this role. In addition, a completed sponsoring organisation form should be

submitted demonstrating approval for the trainee to complete their in-practice training on the organisation's premises.

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 continue to be met

The University has policies which comply fully with all Northern Ireland and GB legislation relating to equality and discrimination including that all applicants and trainees are treated fairly. To this end, the University has a dedicated Diversity and Inclusion Team within the Human Resources Department. Its role is to help create a culture that is inclusive at all levels, in every system and process. QUB has systems and policies in place for capturing equality and diversity data. The team was told that within the School there is an MPharm EDI working group that examines EDI data. Most of the IP cohort is white followed by Asian students. Seventy percent of the IP students are female, in accord with the profession as a whole. Most are aged between 25 and 34 years, and with two disabled students. A possible potential concern of the teaching team was said to be related to age with older students being unfamiliar with clinical skills, OSCE assessment and physically examining patients.

The University EDI policy applies to all staff and students and applicants for courses and relates to all decisions in respect of the admission of students and the provision of all services to students including teaching and supervision, assessment, progression and award, and support services.

A range of training courses relevant to EDI is provided by the Staff Learning and Development Unit and by Disability Services. The team was told that all staff members have been trained and that the training and support has helped the programme delivery team and the School of Pharmacy Disability Officers to embed and promote EDI principles through the programme design and delivery. The programme has been designed so that the environments, both virtual and physical, and learning experiences provide all trainees with the opportunity to reach their full potential. Thus, the team was told that the residential period is sited at the end of January to avoid a clash with Ramadan, all meat served for meals is Halal in origin. Patient beds can be lowered to allow better access in the case of students' restricted movement, and facilities are available for hearing impairment and for the expression of milk.

So far there have been no patterns/trends identified in terms of the protected characteristics of gender, age or disability in relation to module failure or failure to progress although it was stressed that student numbers are low. It has not been possible to identify such trends with respect to ethnicity. The programme lead identifies any trainees that have registered with disability services and require reasonable adjustments to meet the learning outcomes. All reasonable adjustments for trainees are passed on to the relevant staff prior to the delivery of the residential week and to DPPs. However, in line with GPhC requirements learning outcomes cannot be changed. At the induction session webinar, the programme lead ensures that all trainees understand their legal responsibilities, including confidentiality regarding patient information, and Equality and Human Rights legislation.

In terms of prescribing to patients of different ethnicities, the team was told that students are taught to be aware of cultural differences. As the local population in Northern Ireland is not as diverse

ethnically as in Great Britain, international postgraduate students from the University are invited to be used as simulated patients in addition to people from Northern Ireland.

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 continue to be met

A management plan for the programme includes a tripartite agreement setting out the roles and responsibilities of the University, the student and the DPP, and who to contact if there are concerns about safety in the learning in practice environment. By signing the tripartite agreement, both student and DPP agree to report any such safety concerns to the programme lead. Oversight of the School's educational portfolio is the responsibility of the Head of School. Management of the accredited courses is then devolved to the Director of Education (Pharmacy). The Director of Education works closely with the Manager of the Distance Learning Centre, programme leads and the Distance learning Subgroup of the Education Committee (Quality and Standards), in order to assure appropriate delivery of the Centre's postgraduate taught courses. External teachers have contracts in place which also outline their role and responsibilities. The programme is delivered in one cohort per year. It is accredited for a maximum intake of 30 students, with usually 20-22 students per year.

The programme lead is a qualified independent prescriber with experience of general practice and spends 0.5 FTE delivering the programme. The programme lead is supported by five other pharmacist staff within the School of Pharmacy, two of whom are qualified independent prescribers. Course provision is also supported by six external pharmacists, all of whom are independent prescribers, a nurse and medical doctor, who work on a sessional basis to provide the programme and support.

There is a live risk register which is considered by the School Management Board. A red, amber and green traffic light system is used to flag issues with the Head of School and the School Manager will assign risk scores. The team was told that the student:staff ratio had been considered in March 2022 and that, driven mainly by key changes in the MPharm provision, the School had been given permission to appoint an additional lecturer in education. It was stressed that the budget cut referred to in the submission did not relate to pay or staffing for teaching and had not compromised the education provision. The team was told that the IP programme has a limit of 30 students and that, should this be exceeded, extra resources would be required.

Learning materials are reviewed annually and provided by the University's virtual learning environment, Canvas, which is supported at University level. Trainees complete the modules on the programme using e-learning, webinars, in-practice learning and a one-week residential period in Belfast. Students have access to the same clinical skills resource materials as the medical and nursing students at QUB, through access to the Clinical Skills Education Centre website. The residential week is held within the recently-opened simulation centre at QUB – InterSim with sufficient space and clinical resources to accommodate the cohort. Students have access to simulated wards, acute care and general practice environments, which all contain equipment normally used in clinical practice.

The programme lead meets with external tutors individually to discuss their duties and roles, including expectations around assessment and student feedback. Staff members are supported to develop the knowledge and skills required to teach on the programme by attending courses on clinical and diagnostic skills. DPPs are contacted by email formally three times during the course, after modules 1,

3 and 5, and requested to contact the programme lead if they have any concerns about the pharmacist or any queries about the course. The team was told that there is an introductory webinar for DPPs that covers their responsibilities. Students are asked to encourage their DPP to view the webinar. Reflections on conversations between students and DPPs are included in the e-portfolio with any necessary extra activities. Although the teaching team does not see the portfolio until it is submitted, students are encouraged to ensure early resolution of any problems.

The team noted that there are currently 1.8FTE staff members for 30 students. The team was told that the University has not used pharmacists historically in the teaching of clinical skills, but the programme lead is qualified in clinical skills, and other IP pharmacists are brought in to help teach the clinical skills in collaboration with nurses and other staff experienced in teaching medical students at the University. It was stressed that in the experience of the programme team, pharmacists required strong teaching in diagnostic skills. Students interviewed rated the clinical skills teaching as one of the highlights of the programme. Trainees and DPPs are encouraged to contact the programme lead at any stage if they have questions.

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 continue to be met

The programme was approved and validated by the University Courses and Regulations Group (Queen's University Belfast) on the 16th April 2019. The programme was then initially accredited by the GPhC in June 2019 and there have been no major changes to the programme since then.

All modules are updated annually to include any changes to pharmacy laws or general legislation. The standard of teaching and assessment is monitored through module and course evaluations, peer review of teaching, Student Voice and the University Examination Board structures. Action points for the course are prepared on an annual basis. Trainees complete a Module Evaluation Questionnaire (MEQ) at the end of each of the six modules. The results of the MEQs are reviewed by the programme lead annually and by the distance Learning programme sub-group of the School's Education Committee. Additionally, following completion of the programme, the cohort is contacted for feedback, including how it prepared them for the prescribing role, how they were supported by QUB and their DPP, and how useful they found each module.

The external examiner for the 202-21 cohort was completely satisfied with all of the subject standards and programme quality measures and made no recommendations. External tutors and DPPs also provide feedback about the programme. The team was told that DPPs have suggested that students could benefit from the development of more cognitive assessment skills and more on depression screening. DPPs working in niche areas have provided important feedback, and DPPs have also suggested a greater emphasis on remote prescribing. Patient feedback in the published literature has indicated that patients still prefer initial diagnosis to be performed by medical doctors before non-medical prescribing. So far there have been no issues raised about the programme at Student Voice Committee meetings. IP students are invited to the committee but so far have not attended. This is likely to be because any issues or queries that IP students have, are raised during the webinars which occur regularly throughout the programme.

The team was told that there is an intention to institute a specific stakeholder group for the IP programme with a first meeting planned for late summer. English patients' groups will be approached for advice. Suggested outcomes from meetings will be fed back to the IP team meetings.

Advances in practice are reflected in the programme development through the use of practising prescribers on the programme team, who are involved in updating programme materials, writing assignments and OSCE station scenarios. As part of CPD requirements the programme lead and team ensure that they keep up-to-date on advancements in pharmacy practice or changes to national standards/frameworks through completion of courses and attending clinical pharmacy conferences. The programme team is also encouraged to subscribe to the NICE Medicines Awareness Service or equivalent and become members of pharmacy organisations such as RPS. The team was told that members of the teaching staff receive email updates from, for example, NICE and GPhC. There was particular emphasis on guidelines and practice for remote prescribing, described as a constantly developing and evolving practice, with students having to be aware of when such prescribing is appropriate. As a result, in future there will be an OSCE station devoted to remote prescribing.

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 continue to be met

The programme consists of six 10-credit modules and a zero-credit portfolio. It is a distance-learning programme that involves more than 26 days of structured learning activities, including a residential element held at the University. It is a 60-CATs programme, comprising 600 hours of structured learning activities.

The Teaching and Learning Strategy acknowledges that trainees have a diverse range of prescribing areas, experience and knowledge. Each module builds on the knowledge and skills sets of pharmacists and integrates it with further knowledge and skills required for the prescribing role. The team learned of feedback on the residential element subsequent to the enforced move to a virtual approach during the COVID-19 pandemic. This indicated that there had been mixed views on virtual versus face-to-face provision, with some students finding the virtual approach easier and more comfortable. Nevertheless, the team was told that it is the intention to revert to a full face-to-face approach for the 2022-23 cohort.

The programme team includes six pharmacists, three of whom are qualified prescribers. Five of the external tutors are practising pharmacist prescribers working in a practice setting on a regular basis. The programme has been developed in collaboration with members of the School's Stakeholders group that meets annually and has a number of pharmacist prescribers and patients. Patient feedback is included in the programme, where possible. Patient feedback shapes indirectly programme content and assessments when members of the teaching team bring recent examples from their practice back into the programme, including misunderstandings around explanations, adherence issues, or the impact of medication-related errors. Twelve DPPs responded to a short DPP survey for the 2019-20 and 2020-21, agreeing that the programme was appropriate and prepared the pharmacist to undertake their prescribing role.

During the Introduction webinar, students are reminded that as a pharmacist part of their professionalism means they should not practise beyond their competence. When carrying out

physical examinations in-practice, these will occur under the Direct Observation of Procedure (DOPs) by their DPP or other appropriately qualified healthcare professional in order to ensure patient safety. During the residential week, students practise physical examination skills on simulated patients under the direct supervision of a tutor.

Information for the DPP includes a link to the GPhC's Guidance on tutoring pharmacists and pharmacy technicians. The DPP is made aware that the trainee must spend at least 50% of the 90 hours in-practice training under their direct supervision. They are provided with examples of the type of other staff who are appropriately qualified and experienced to undertake this supervision. Should a patient safety issue become apparent either in an assignment, OSCE or the in-practice training, the NPSA risk analysis table will be used to determine the potential level of harm. Potential harm at or above a 'moderate' level may require removal from the programme. In these instances, advice will be taken from clinical experts and the decision will need to be approved and ratified through the appropriate University procedures.

The progression policy for the programme limits the number of attempts in terms of assessment. GPhC Standards are highlighted to trainees and they are informed that any concerns regarding fitness to practise will be investigated and may result in a report to the relevant healthcare regulator. The team was informed that there is a parallel academic offences process operating alongside the fitness to practise process. A dedicated School member of staff has responsibility for monitoring student conduct. All trainees, DPPs and all staff in contact with trainees during the programme are made aware that all concerns regarding trainees can be raised. The team was told that should the programme lead be unavailable, another staff member will always deputise to deal promptly with any concerns.

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 continue to be met

The 90 hours of learning in practice must take place in patient-facing environments. A record of where the trainee will have their in-practice training is kept by the programme lead as part of the application process. The approval of the supporting organisation where the training will occur is also required. Trainees provide evidence of their time with patients as part of their e-portfolio. Most pieces of evidence should take the form of Patient Consultation Reflective Records, demonstrating their prescribing competencies via direct patient-facing activities. Students should provide evidence of exposure to a range of patients in a clinical setting. The DPP is contacted at three time points on any questions or concerns about the trainee's progress and learning in practice. Students can contact the programme lead or their Advisor of Studies at any point during the programme and/or raise issues about learning in practice at Student Voice committee meetings.

At the end of the programme, DPPs must sign and declare that the pharmacist has undergone the required 90 hours in-practice training, passed the DOPs and in their opinion is suitable for annotation as an independent prescriber. DPPs are supported to do this via attending the Introduction webinar, during which they are given the opportunity to ask any questions. They are encouraged to contact the programme lead should they require any clarification or support. Detailed information on how trainees should lead consultations and make prescribing decisions and monitor patients, all under the

supervision of their DPP, is provided within the Portfolio webinar. This is evidenced through submission and marking of the portfolio.

The DPPs must be medically qualified and provide information on the DPP agreement form to meet the programme requirements. This includes a signed declaration that they have prescribing competence applicable to the relevant clinical/therapeutic area, that they have supported or supervised other healthcare professionals and that they have the ability to perform and assess patient-facing clinical and diagnostic skills.

Standard 7: Assessment

Standard met/will be met? Yes No

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

All teaching and learning activities and assessments have been designed and aligned with the learning outcomes. The OSCEs require trainees to recognise and resolve appropriately a number of issues that would affect patient safety on an eight-station circuit. Situational judgement tests (SJTs) are used to assess ability to choose the most appropriate action in workplace situations. The assignments are designed to test skills such as critical appraisal, evidence-based and shared decision-making, and reflection. The RPS Competency Framework for all Prescribers is used for the portfolio evidence. Trainees are given formative learning opportunities in a safe environment and are given feedback on their performance to enable development and improvement. All summative assessments are limited to two attempts.

Assessment points in each of the six modules and the portfolio of learning in practice provide monitoring points for the trainees and programme team. The module coordinators and programme lead have oversight of all assessments and trainees failing to progress can be identified. Attending the residential week is mandatory and attendance at webinars is monitored. Webinars are recorded for the benefit of students who cannot attend.

The programme lead has overall responsibility and oversight of all assessments to ensure quality and consistency. Assessments are developed by the module team and peer-reviewed by the module coordinator or programme lead. All written summative assessments are returned with detailed feedback from the assessors within three weeks of the submission deadline. Ten percent of assignments are double-marked by the programme lead when a new tutor is employed, to ensure consistency. Where there are two tutors marking the same assessment, they double mark 10% of the assessments to ensure consistency of marking. All fails are also double-marked.

All OSCE assessments are developed and scrutinised by the programme team in advance of the residential element, with tutors meeting to review each station, to agree an Angoff score and any essential criteria within the marking scheme. All OSCE assessors have undergone training on OSCEs and any queries that arise during examinations are brought to a scrutiny meeting.

Direct Observation of Procedures (DOPs) of clinical and procedural skills are quality assured by the programme lead who checks that all returned documentation is appropriate, according to the clinical/therapeutic area in which the student has specialised. The programme lead also checks that the DPP has signed the DOPs confirming that each skill was carried out on three patients appropriately and safely. Patient safety is paramount at all times and trainees must demonstrate

through assessments their ability to practise safely. The tripartite agreement with the DPP includes four time points for review and feedback to students on their progress.

Pharmacists must pass every assessment independently, including their practice portfolio and in-practice clinical skills DOPs. Compensation or condonement is not permitted. Pharmacists who successfully complete the programme are awarded a Practice Certificate in Independent Prescribing.

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 continue to be met

Students surveyed indicated a high level of satisfaction with the support provided by the programme lead, DPPs and the teaching team. Induction sessions are conducted via webinars to introduce the programme lead and encourage active participation of all trainees. Trainee engagement is regularly monitored through webinar attendance, online learning activity and assessments. Supervision requirements are detailed in the DPP information and any issues can be raised directly with the programme lead by the trainee through the tripartite learning agreement or through monthly virtual meetings. The team was told that the close relationship between staff and students allows the early identification and resolution of any problems or concerns. Documentation of problems on a spreadsheet provides an audit trail accessible to teaching team members.

The student workload for the course is comparable to other equivalent certificate courses offered by the University. The Manager of the Distance Learning Centre acts as an Advisor of Studies for all trainees on the programme, and trainees are fully supported by the programme lead who can be contacted at any point. Canvas, the virtual learning environment, allows trainees access to a variety of learning resources.

Trainees have access to the Clinical Skills Education Centre (CSEC) portal, which has numerous resources for clinical examination skills. During the residential week trainees have access to clinical teaching facilities to develop clinical and consultation skills. Trainees must formally meet with their DPP on at least four occasions during the in-practice training, during which there should be discussion of strategies and identification of mechanisms for achieving the learning outcomes for the in-practice training. In the portfolio all competencies must be rated and evidence provided to support that final rating. Records of meetings and discussions are maintained in the portfolio. The trainee must report any lack of engagement by the DPP to the programme lead as soon as possible. If any student concerns relate to patient safety issues in practice the trainee has a professional responsibility to raise concerns and will be advised to do so using the procedures in the Trust or GP Practice.

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 will continue to be met

It is the responsibility of the applicant to identify a suitable DPP. The submission stated that DPPs must be senior medical practitioners; preferably a general practitioner in primary care or consultant physician in secondary care with whom the student currently works closely in daily practice or intends

to work closely with. All DPPs will have at least 3 years' recent prescribing experience and be an active prescriber consulting with patients and making prescribing decisions based on clinical assessment with sufficient frequency to maintain competence. Students may also work with other healthcare professionals within the practice environment. DPPs must complete an application form in which they state their name, work address and GMC number. This, and any restrictions against their prescribing, is checked on the GMC register by the programme lead. The team was told that the programme lead will request further information from the applicant if there is any ambiguity around the suitability of their DPP or proposed setting for their in-practice training.

The information for DPPs refers potential DPPs to the RPS DPP competency framework. DPPs declare that they have the competencies required to taking on the DPP role. The team was told that in the rare case of a DPP being insufficiently fit to take on the role, the student would be required to identify an alternative DPP.

At the start of the programme all students and DPPs are invited to an introduction webinar. All DPPs are also sent a link to a recording of this webinar. DPPs are contacted by email formally three times during the course and are encouraged to get in touch with the programme lead if they have any concerns about the pharmacist or any queries about the course. There is a general list of suggested skills to be undertaken in practice per clinical area, but in specialist areas the programme lead will meet with the DPP and student to decide on the most relevant clinical skills to be undertaken in practice.

There is no formal training for DPPs organised by the University, but a link is provided should further training be required. The team was told that there have not been any situations where the programme team has had to intervene and provide additional support to DPPs. The team was told that general practitioner DPPs are regarded as all-rounders and are not required to submit a curriculum vitae. However, more information is requested if the programme lead has any queries about the suitability of DPP for the student's chosen clinical/therapeutic area.

If a student reports an issue with a DPP, including non-engagement or not being provided with opportunities to lead consultations with patients, this will be dealt with promptly and a meeting arranged between the programme lead, Advisor of Studies, DPP and trainee to attempt to resolve the issue, including the possibility of the student finding an alternative DPP. An anonymous student feedback questionnaire includes questions about DPPs. Students are encouraged to provide open and honest feedback. Individual feedback cannot be provided to each DPP. However, the feedback is collated and a generic version sent to all DPPs to highlight examples of constructive criticism and feedback from students.

