

**University of Strathclyde independent
prescribing course reaccreditation event
report, February 2021**



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Event summary and conclusions

Provider	University of Strathclyde
Course	Independent prescribing course
Event type	Reaccreditation
Event date	25 February 2021
Reaccreditation period	May 2021 – May 2024
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by the University of Strathclyde should be reaccredited for a further period of three years, subject to one condition and one recommendation.
Conditions	<ol style="list-style-type: none"> 1. Although the team acknowledge there are future plans to potentially involve patients and the public in the design and delivery of the course, the team could not see current evidence of this. Therefore, the course must engage with a range of stakeholders, including patients, the public, course commissioners and employers, to refine the design and delivery of the course. This is to meet criterion 5.4. This must be done by 01 September 2021.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	<ol style="list-style-type: none"> 1. Although the team acknowledge there is a learning agreement, it is not signed, and therefore it does not provide evidence that an agreement is implemented. In order to demonstrate how the learning agreement is implemented, the learning agreement should be signed by all parties involved in the training of pharmacist independent prescribers. This is in relation to criterion 3.3.
Minor amendments	<ul style="list-style-type: none"> • DPP application form does not mention that pharmacists need access to patients. This should be added (mentioned in DPP handbook). • It does not state on the DPP application form that a CV must be submitted. This requirement should be added.

	<ul style="list-style-type: none"> MP 908 is called “Consulting with patients and colleagues” in the Assessment timetable for students. It should be ‘Communicating with patients. The wording on application form states “...ability to assess clinical and diagnostic competence...” – Please amend to “...ability to assess patient facing clinical and diagnostic competence...”
Registrar decision	Following the event, the Registrar of the GPhC accepted the team’s recommendation and approved the reaccreditation of the course for a further period of three years subject to meeting one condition as described.
Maximum number of all students per cohort:	42
Number of pharmacist students per cohort:	42
Number of cohorts per academic year:	Three maximum
Approved to use non-medical DPPs:	No
Key contact (provider)	Derna Campbell - Senior Teaching Fellow
Provider representatives	Derna Campbell, Senior Teaching Fellow Dr Anne Boyter, Director of Teaching and Deputy Head of Institute Ian Towle, Senior Teaching Fellow
Accreditation team	Sandra Hall (event Chair), Retired Head of Pharmacy Practice, Leicester School of Pharmacy, De Montfort University Dr Fran Lloyd, Associate Postgraduate Pharmacy Dean, NICPLD Queen's University Belfast Liz Harlaar, Independent Business Consultant
GPhC representative	Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Chris McKendrick, Quality Assurance Officer, GPhC
Observers	Mira Jivraj, Deputy Clinical Services Manager, Pharmacy Northwick Park Hospital

Introduction

Role of the GPhC

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

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:

<http://www.legislation.gov.uk/uksi/2010/231/contents/made>

Background

The University of Strathclyde was accredited by the Royal Pharmaceutical Society of Great Britain in December 2007 to provide a course to train pharmacist independent prescribers for a period of three years. The course was reaccredited by the GPhC in 2011, 2015 and 2018. In 2018 the course was reaccredited for a period of three years subject to one condition. The condition was:

1. *[the course provider] must implement a valid and reliable quality assurance process for the assessment of physical examination and diagnostic skills. The team agreed that these are key learning outcomes for pharmacists and that the current summative assessment of these skills which occurs within the period of learning in practice is not fully under the control of the university quality assurance procedures. Therefore, [the course provider] must provide the GPhC with evidence of how [the course provider] will achieve a robust and consistent assessment of physical examination and diagnostic skills. This is to meet criteria 4.1 and 5.1 [pre-2019 standards]*

The provider subsequently met the condition and for all intakes from March 2018, the OSCE assessment was changed from three to four stations. The first three stations remained the same and a clinical assessment station added as station four. This is a ten-minute station where students are assessed in carrying out a pulse and blood pressure check. There is a requirement to demonstrate proper hand washing / sanitisation techniques as well as the procedure for checking pulse and seated blood pressure. SimMan[®] mannequins are used, and the pulse and blood pressure settings are changed for each group of students. Standard documentation is used in both teaching and assessment settings.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 25 February 2021 to review the course's suitability for reaccreditation.

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the reaccreditation team and it was deemed to be satisfactory to provide a basis for discussion.

The event

Due to the Covid-19 pandemic, the GPhC modified the structure of the event so that it could be held remotely. The event was held via videoconference between the University of Strathclyde and the GPhC on 25 February 2021 and comprised of meetings between the GPhC reaccreditation team and representatives of the University of Strathclyde prescribing course.

Students who were currently undertaking the course, or who had completed it in the last three years, contributed to the event by completing a qualitative survey, responses to which were reviewed by the GPhC accreditation team.

Declarations of interest

There were no declarations of interest.

Schedule

The event

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

Key findings

Part 1 - Learning outcomes

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

The following learning outcomes were tested at the event: **1, 2, 12, 15, 18 and 19.**

Domain - Person centred care (outcomes 1-6)

Learning outcomes met? Yes No

Domain - Professionalism (outcomes 7-15)

Learning outcomes met? Yes No

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

Learning outcomes met? Yes No

Domain - Collaboration (outcomes 27-32)

Learning outcomes met? Yes No

Part 2 - Standards for pharmacist independent prescribing course providers

Standards 1 - Selection and entry requirements

Standard met? Yes No

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

Based on the submission the accreditation team was assured that entry requirements to the course are clear. The requirements are:

- current registration with GPhC &/or PSNI as a practising pharmacist
- be in good standing with the healthcare regulator with which they are registered
- have at least two years appropriate patient orientated experience post registration, in a relevant UK setting
- have an identified area of clinical or therapeutic practice in which to develop independent prescribing practice and have relevant clinical or therapeutic experience in that area within the last six months
- demonstrate how they reflect on their own performance and take responsibility for their own CPD
- demonstrate how they will develop their own networks for support, reflection and learning, including prescribers from other professions
- have a designated prescribing practitioner who has agreed to supervise their period of learning in practice.

Applicants are required to apply using the standard University postgraduate application form. The course administrator will confirm registration status, check for two years appropriate patient-orientated practice in a UK hospital, community pharmacy or primary care setting, and check for any Fitness to Practice issues by accessing the regulator's website. If there are any issues identified, the course leader will contact the applicant and the regulator, where necessary. Additionally, applicants must provide a statement in support of their application that describes their clinical and therapeutic experience which is reviewed by the course leader in the first instance, then with another member of the course team, if required.

Applicants must provide details of the area in which they plan to develop their independent prescribing practice and submit a supporting statement (with evidence where appropriate) that describes their clinical and therapeutic experience in this area that is suitable to act as the foundation of their training. Applicants must have identified a designated prescribing practitioner (DPP) before applying for the course.

The DPP must complete an application form and provide a current CV. The DPP will be asked to provide their regulator registration number and the course administrator will check the regulator's register to ensure that the DPP is registered and has no pending Fitness to Practice

proceedings. The course leader will deal with any issues by contacting the DPP and/or regulator, as appropriate.

All staff involved in the application process have completed the compulsory University of Strathclyde Equality, Diversity and Inclusion (EDI) Online Training Module (which includes unconscious bias training).

Guidance regarding the type of experience a pharmacist should have before applying to the course is provided on the University website and is sent to anyone enquiring about the course. This includes examples of the types of evidence that can be used to support the application. The course leader reviews all applications against the application criteria to determine if they have sufficient and relevant experience to begin the course. If there are concerns these are discussed initially with another member of the course team. If the pharmacist is deemed not to have the necessary experience, they are invited to an interview to discuss their application further. Advice is provided on the necessary changes required for a future application. Formal notification of the rejected application is made via the University admissions team.

Standard 2 - Equality, diversity and inclusion

Standard met? Yes No

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

The accreditation team noted the EDI policy that underpins the university's learning, teaching, research and working environments. All staff are required to complete the compulsory EDI Online Training Module. All visiting staff who contribute in any way to the course are also required to undertake this course, in addition to any training they undertake in their normal area of practice. The University has a bronze Institutional Athena SWAN award and is currently working towards a silver award. In addition, SIPBS also holds a departmental Athena SWAN bronze award and has applied for the silver award.

When developing course materials, equality is embedded in the clinical cases using patient names and backgrounds that reflect a diverse population. Discussion around religious holidays, and the effect of fasting on treatment regimens, is built into the cases along with the impact of skin colour and genetics on diagnosis and management of certain conditions. The formative OSCE assessment is held on a Friday. If any student wishes to attend Friday prayers, the time of their OSCE is arranged to allow this.

Although the accreditation team noted the presence of EDI at the university level, and to some extent course level, there was no supporting evidence that equality and diversity data had been used in the design, delivery and the learning experience of the course at more than a basic level. Additional documentation was requested prior to the event which highlighted that the data had been collected in a limited way. The provider confirmed that the student population largely reflects Scotland as a whole. The course provider was reminded that the independent prescribing course is a GB wide qualification and therefore should be reflective of GB as a whole. The provider is strongly encouraged to analyse the themes and trends of the EDI data year on year and to present this at the next reaccreditation event as part of this criterion.

The accreditation team asked the provider to explain the process of reasonable adjustments. The course explained that as part of the application process students are asked to self-declare any disabilities and/or reasonable adjustments they may require. This is then forwarded to the university Disability and Wellbeing Service who meets with the student and produces a report for the course. Where appropriate, reasonable adjustments are made to teaching and learning for pharmacist independent prescribers in training with specific needs. The course leader is responsible for discussing these needs with the pharmacist in advance of starting the course and monitoring the implementation and effectiveness of the proposed arrangements throughout the course. This information is included within the student handbook which also makes clear that teaching, learning and assessment can be modified but learning outcomes cannot.

Standard 3 - Management, resources and capacity

Standard met? Yes No

The team was satisfied that all six criteria relating to the management, resources and capacity will be met with one criterion subject to a recommendation.

The accreditation team noted that the Course Management Team is responsible for the strategic development of the course. There is a clear management plan for the course with ultimate responsibility lying with the Head of Institute. The University has a formal funding agreement in place with NHS Education for Scotland (NES) and this is reviewed on an annual basis. The University is responsible for course approval, course development, and quality assurance of the course processes.

The course leader is responsible for the day-to-day organisation of the course and is supported in this role by the course teaching team. The course leader is the main point of contact for the students, the external teaching staff and the DPPs.

The accreditation team enquired as to how the learning agreement is utilised as part of the course. The course team explained that all parties involved in the course review the learning agreement, however, it is not signed. It is therefore a **recommendation** that in order to demonstrate how the learning agreement is implemented, the learning agreement should be signed by all parties involved in the training of pharmacist independent prescribers. This is in relation to criterion 3.3.

The accreditation team enquired as to the current management of staffing resource within the course due to the large numbers of students per cohort. It was noted that multiple cohorts run simultaneously. It was explained by the course team that course management is spread over several teams within the school. Further, there are plans to review the staffing level and workload allocation of the course based on resources and funding available in the summer of this year. The accreditation team would strongly support the planned review of staffing and workload resourcing within the course. It was felt, although there is a division of responsibility, a lot was expected of the course lead in terms of management and oversight of several cohorts on the course.

The accreditation team noted the detail of the physical facilities, student support and VLE systems. No concerns were raised about these as part of the student survey conducted by the GPhC.

Standard 4 - Monitoring, review and evaluation

Standard met? Yes No

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

The accreditation team learned that there was no student staff committee for the course. The accreditation team enquired as to how the course collects feedback. The course team explained that this is done via a two-way communication model and feedback is obtained as part of the course evaluation form. Evaluations are now collected online, and the feedback response has increased as students are given a week to complete. Under the previous feedback system it was collected at the end of an on-campus session, which often meant feedback was rushed. An example of recent student feedback highlighted that the course has adapted well moving to predominantly online teaching during the covid-19 pandemic. Course specific feedback is triangulated with feedback from the external examiner.

The accreditation team enquired as to the current validation status of the course as it appeared that the last validation event was several years ago when the course was developed to the previous iteration of the independent prescribing standards. It was explained by the course team that as part of the university regulations, a course can 'evolve' without having to undergo a revalidation. If new modules are designed and implemented these would be approved but the overall course would only be revalidated if the changes are substantial or completely revised. Thus, the changes to the IP course did not need revalidation by the university Senate. The accreditation team requested that this was confirmed to the GPhC by email from the Director of Teaching and Deputy Head of Institute. After the event this was confirmed via email and the GPhC is satisfied that the course is validated by the university.

The accreditation team enquired as to the progress made with the development of induction, quality management and support systems for prospective DPP in conjunction with RGU and NES. The course team explained that the development of the quality management system and training course for DPPs is currently in the development stage. The training course is being created to assist all DPPs, including non-medical DPPs. This will be managed by a third-party system that both RGU and Strathclyde will input into and monitor in conjunction with NES. Currently the course is continuing to recruit medical DPPs until such time that the new system is online and functional which is imagined to be next academic year. Therefore, current recruitment of medical DPPs is adequate. The course must contact to the GPhC to seek approval for non-medical DPPs when the quality management system is implemented. The accreditation team noted that currently the course is not seeing a significant number of pharmacists wanting to come forward to act as non-medical DPPs.

The accreditation team noted that a full course review is carried out annually, in addition to interim reviews after each course. The review includes all teaching materials, including distance learning materials, the format and content of the residential week and all the assessments. Feedback from the students and staff involved in the courses is used to inform any changes required along with any changes or proposed changes in current practice or legislation. Interim reviews are carried out after each course cohort and changes implemented prior to the next course cohort. Where an unexpected issue arises during the year, the change is acted on immediately. A random sample of course work, in line with SIPBS policies to review on final

submissions, including portfolios, is sent to the external examiner for review and feedback. In addition, the external examiner is also sent the relevant section of any portfolio that has failed for their comment and feedback. The accreditation team would encourage that course specific feedback is sought from the external examiner, as opposed to the current overview.

Standard 5 - Course design and delivery

Standard met? Yes No

The team was satisfied that nine of the ten criteria relating to the course design and delivery will be met with one criterion subject to a condition.

The independent prescribing course is worth 30 SCQF (Scottish Qualification and Credit Framework) credits: each credit is nominally equivalent to 10 hours of student effort. Therefore, the course is equivalent to 300 hours of student effort. This is split through the course into:

- 50 hours of student directed self-study in the Therapeutics module
- 48 hours taught (residential period and follow-up day)
- 102 hours private study for the Prescribing and Public Health, Care Planning and Communicating with Patients and Colleagues modules
- 90 hours experiential learning (PLP)
- 10 hours private study for the Period of Learning in Practice module

The course focuses on self-directed study, problem-based learning, reflective practice and continuing professional development. Student learning includes lectures, workshops, small group teaching and peer review session. This teaching and learning strategy are core to all SIPBS courses, and is based on the MPharm teaching and learning strategy. It is adapted to reflect the more mature learners who apply to the Independent Prescribing Course.

The GPhC learning outcomes have been mapped to the course's learning outcomes and assessments and are included in the module descriptors which are approved by FAC. All modules in the independent prescribing course are taught and assessed at SCQF level 11. Students and DPPs are made aware of the GPhC learning outcomes in their respective handbooks. Students are assessed against the RPS competencies in their PLP.

The accreditation team enquired as to how the 'residential week' had been managed during the Covid-19 pandemic. The course team explained that it reviewed all the sessions, all of which were small group teaching and interactive meaning they were easy to adapt to an online system. These sessions have been transferred to online interactive sessions. Currently the course is utilising Zoom for teaching and learning sessions. Online sessions covering topics such as history taking and diagnosis are run by medics: others are run by pharmacists in the teaching team. During the last cohort, pharmacists were encouraged to involve a colleague or family member to practise clinical skills such as measuring blood pressure using sphygmomanometers and stethoscopes. The skills were then transferred to the practice placement under the supervision of the DPP or their delegate. This is quality assured by the course to ensure consistency.

Although the accreditation team acknowledge there are future plans to potentially involve patients and the public in the design and delivery of the course, the accreditation team could not see current evidence of this. Therefore, it is a **condition** that the course must engage with a range of stakeholders, including patients, the public, course commissioners and employers, to refine the design and delivery of the course. This is to meet criterion 5.4.

Standard 6 - Learning in practice

Standard met? Yes No

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

It was noted that the period of learning in practice begins after the residential week. The accreditation team noted that DPPs are advised that they must directly supervise the pharmacist, and must observe the pharmacist in a consultation setting for a minimum of 10 hours, but can also delegate specific activities for supervision by other healthcare professionals. Appropriately qualified and experienced healthcare professionals (HCPs) are agreed by the DPP and pharmacist before any training takes place. However, the DPP has overall responsibility for the pharmacist, even when they are with other HCPs.

The accreditation team enquired as to how the provider ensures that DPPs are familiar with the requirements for assessing competence in practice. The course team explained that DPPs are given a handbook, all the learning outcomes are detailed in the handbook and the requirements and expectations of how DPP should be conducting assessments, with appropriate examples given. Further examples are also included on 'Myplace' and there is a forum that DPPs can use.

Declaration/sign off of competency is conducted under the RPS framework, which is mapped to the GPhC learning outcomes. It was noted that competencies don't all need to be signed off by the DPPs, other appropriate HCPs, such as nurses, can declare competency. When other HCPs sign off a competency a skills assessment form is used. This skills assessment form is ten used as part of the quality assurance process as triangulation of evidence. However, it was noted that in practice DPPs usually sign off all competencies using the skills assessment forms as evidence. DPPs agree with the pharmacist, as part of regular meetings, who the pharmacist is going to spend time with under supervision, stating the name and qualification of the HCP supervisor, this is double checked by the course team.

Standard 7 - Assessment

Standard met? Yes No

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

The accreditation team enquired as to how assessments in practice are reviewed and quality assured. The course team explained that as part of the induction session it is agreed with the DPP what they will be responsible for observing the students in practice. A skills assessment form is completed every time an activity is observed by an HCP other than the DMP. It is not just one piece of evidence used but rather multiple portfolio/CPD entries consisting of either 3, 6 or 10 pieces of evidence per declaration. It should be noted that one patient interaction can be

used for multiple competency declarations. The quality assurance happens when the course team review the portfolio, 20% of which are double marked and any that are 'borderline' or 'unsure' are discussed by the course team. Although DPPs can declare competence, the course team will go back and ask for additional evidence if required. Additionally, there is an overall sign off sheet for DPPs at the front of the portfolio.

The accreditation team note that the DPP is responsible for all clinical skills assessment (minus blood pressure) and that assessment of specialist skills is undertaken by an HCP supervisor who is appropriately qualified and experienced. Currently there is remote assessment of blood pressure monitoring undertaken by the course team using marking sheets and video evidence. This is double marked and is triangulated with multiple pieces of evidence via the portfolio.

The accreditation team enquired as to how pharmacists are made aware that unsafe practice during assessment or LIP may result in course failure. The course team explained that there are processes in place. Pharmacists are informed of unsafe practice as part of the introduction session, in the build up to OSCE and as part of the handbook. During the formative OSCEs, feedback is given straight away which also highlights any unsafe practice, such as not using first line or inappropriate treatments. If there is anything identified that could cause harm to a patient the pharmacist would not be allowed to pass. Although OSCEs are marked by one assessor, all OSCEs are recorded and at the end the course team come together to review failed, inappropriate, or unsafe practice. For the purpose of this report, it should be noted that it is not a GPhC requirement to immediately fail a student.

The accreditation team enquired as to what information the DPP is given before they agree to supervise a pharmacist. The course team explained that the main bulk of information is contained in the DPP handbook and that this can be provided before the prospective DPP signs up. The course has been running for several years and a lot of DPPs have been a supervisor a number of times before. Any new DPPs are given a copy of the handbook and can talk to the course lead before they sign up. Further, with the new DPP system in partnership with NES and RGU (detailed under standard 4) it is expected there will be a centralised training system that all DPPs will be expected to complete.

Standard 8 - Support and the learning experience

Standard met? Yes No

The team was satisfied that all four criteria relating the support and the learning experience will be met.

It was noted that when pharmacists apply for the course, they must include written support from their supervisor in practice. This can be the Director of Pharmacy, Chief Pharmacist, line manager or another supporting pharmacist.

It was noted that the DPP should meet with the pharmacist at the beginning of the placement to jointly identify activities and evidence that will contribute to the final assessment, including other HCPs with whom the pharmacist can spend time. A second meeting should take place approximately halfway through the placement to review progress, sign off any competencies achieved and, if necessary, revise the plan to achieve the outstanding competencies. At the end

of the placement the DPP meets the pharmacist to sign off the remaining competencies achieved and make the overall assessment of competency of the pharmacist as a prescriber.

It was noted that pharmacists are given a course evaluation form at the start of the residential week and are encouraged to complete it daily, to ensure the feedback is captured contemporaneously. The form is submitted at the end of the week. If any issues arise during the week, these are addressed at the time. Any non-urgent issues are addressed during the course review. Students can raise issues regarding any aspect of the course at any time with any member of staff or through the University complaints system - information about this is provided in the Course Handbook.

The accreditation team enquired as to how struggling pharmacists are identified and supported. The course explained that the university has a centralised student support system for academic support. Students can apply for support directly and discuss this with their tutor. If required, the course will work with the pharmacists and placement to support pharmacists as required through the course.

Standard 9 - Designated prescribing practitioners

Standard met? Yes No

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

The application form and criteria for selection as a DPP are clearly stated in the DPP handbook, along with the role and responsibilities of the DPP. This handbook is available on the University website. All DPPs are required to complete the application form confirming that:

- The DPP is an experienced and active prescriber in a patient-facing role with at least three years recent prescribing experience with sufficient frequency to maintain competence
- The DPP has active and relevant prescribing competence in the areas in which they will be supervising, which will allow the pharmacist to demonstrate outcomes in their area of prescribing
- The DPP has up-to-date patient-facing clinical and diagnostic skills and evidence of demonstrating competence in an area of practice relevant to the trainee
- The DPP has experience and/ or has had training in teaching and/or supervision in practice, with knowledge of different teaching methods to facilitate learning in practice and adapt to individual trainee needs.
- The DPP has the knowledge and ability to assess clinical and diagnostic competence using a range of methods
- The DPP has demonstrated CPD or revalidation relevant to this role
- The DPP has reviewed and can demonstrate that they meet all of the competencies within the document A Competency Framework for Designated Prescribing Practitioners
- The DPP has engaged with their employing organisation (or equivalent) to ensure support and resources are available to undertake the DPP role
- The employing organisation has agreed to ensure that appropriate governance structures are in place to support a safe prescribing practice.

- They have read the GPhC's Guidance on Supervising Pharmacy Professionals in Training.

The accreditation team enquired as to how the course evaluates the DPPs ability to assess patient-facing clinical and diagnostic skills. The course team explained that currently DPPs are medics and therefore self-declaration by the DPP is used, as well as standard checks against the GMC register. When the course starts using non-medical DPPs the system of training and quality assurance as detailed in standard 4 will be used. The accreditation team was satisfied that the current system for monitoring and supervising medical DPPs was sufficient until such time as non-medical DPPs are recruited. At that time, the provider must notify the GPhC of its intention to use non-medical DPPs and must receive approval before recruiting non-medical DPPs. The accreditation team acknowledged that the proposed application form being created between the provider, RGU and NES would be sufficient for non-medical DPPs. It was suggested that in terms of supporting statements against the GPhC learning outcomes, learning outcome 19 may be also appropriate to use within the application form.

The accreditation team enquired as to how DPPs are currently supported in their role. The course team explained that in addition to the handbook that is provided to the DPPs, the course lead is available by telephone and email. The course lead has also visited placement sites, although this is not normal practice. The new system being created in partnership with NES and RGU will mean there is a centralised training and support system for all DPPs.

The accreditation team noted the positive approach of asking pharmacists to provide examples of good practice by their DPP and instances where their DPP used or arranged innovative or unusual activities to help the pharmacist achieve specific competencies. As well as also asking about any issues they may have had or where things didn't work.

