

**Swansea University independent
prescribing course reaccreditation event
report, May 2021**



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Event summary and conclusions

Provider	Swansea University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	20 May 2021
Reaccreditation period	August 2021 - August 2024
Relevant standards	GPhC education and training standards for pharmacist independent prescribers, January 2019
Outcome	Approval. The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by Swansea University should be reaccredited for a further period of three years.
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Minor amendments	<ul style="list-style-type: none"> The statement on page three of the course application form is unclear and could suggest that pharmacists working in the NHS do not need to meet the GPhC requirements. It requires rewording for clarity (For example, 'In addition to meeting the entry requirements...'). The name of the regulator for pharmacy, the 'General Pharmaceutical Council' must be correctly referred to in all course documentation.
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of 3 years.
Maximum number of all students per cohort:	50
Number of pharmacist students per cohort:	40

Number of cohorts per academic year:	2
Approved to use non-medical DPPs:	Yes
Key contact (provider)	Nicola Rees, Programme Development and Enhancement Lead
Provider representatives	Elizabeth Griffiths, Programme Director/Module Lead for Non-Medical Prescribing and Senior Lecturer in Advanced Practice Peter Sewell, Senior Lecturer in Non-Medical Prescribing Wendy Churchouse, Senior Lecturer in Non-Medical Prescribing Ruth Harries, Senior Lecturer in Non-Medical Prescribing Jayne Walters, Manager - Quality, Standards and Student Cases Nicola Rees, Programme Development and Enhancement Lead
Accreditation team	Professor Chris Langley (event Chair), Professor of Pharmacy Law & Practice and Head of the School of Pharmacy, Aston University; Deputy Dean, College of Health and Life Sciences Mira Jivraj, Deputy Clinical Services Manager, Pharmacy Northwick Park Hospital Susan Bradford, Adjudicator, Social Work England
GPhC representative	Philippa McSimpson, Quality Assurance Manager, GPhC
Rapporteur	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

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 College of Human and Health Sciences (CHHS) at Swansea University (SU) has delivered a Non-Medical Prescribing (NMP) module for the past ten years. This can be taken either as a standalone module, or as a core module for the PGCert Non-Medical Prescribing for Pharmacists. This NMP programme was last reaccredited by the GPhC in May 2018, subject to one condition, which was that a procedure must be devised to manage the consequences of a student demonstrating patient harm in an assessment; where an assessment was failed in this way, the student would be required to fail the whole programme and would need to restart the course, rather than resitting the failed assessment. This was to meet criterion 5.4 in the previous GPhC education and training standards for pharmacist independent prescribers. The condition was duly met by modification of the module-specific regulations for the course.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 20 May 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 was deemed to be a satisfactory 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 Swansea University and the GPhC on 20 May 2021 and comprised meetings between the GPhC reaccreditation team and representatives of the Swansea University prescribing course.

Students who were currently undertaking the course, or who had completed it in the last three years, contributed to the event by completing a qualitative survey, responses to which were reviewed by the GPhC accreditation team; four responses to this survey were received, including one from a past student.

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	11:00 - 13:00
3.	Lunch	13:00 - 14:00
4.	Learning outcomes testing session	14:00 – 14:30
5.	Private meeting of accreditation team and GPhC representatives	14:30 - 15:30
6.	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 **six** 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: **8,10, 14, 18, 24, and 25.**

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 (accreditation team use only)

The team was satisfied that all six criteria relating to the selection and entry requirements will be met. One criterion (1.1) requires a minor amendment. (The criteria can be found [here](#))

The documentation described how the entry criteria and the recruitment and selection processes are detailed on the course website and in the application form. Applicants who meet the entry criteria are invited to attend a selection event which includes an individual values-based interview. Wishing clarity on the process to establish that applicants meet the entry criteria, the team was told that this is achieved through review and scrutiny of the application form, which is structured to address the entry criteria stipulated by the GPhC. Thus, the course team considers the applicant's job, the need for their prescribing role and establishes that their minimum of two years' experience has been gained in the UK, as well as that they have identified an appropriate designated prescribing practitioner (DPP) to support them through the process; these aspects are verified by the applicant's line manager and are confirmed during the interview. Where the pharmacist is employed by a trust, the form is also reviewed by that trust, with the course team working closely with health board NMP links. Any issues are discussed with the NMP links and with colleagues, with the process starting before the submission of the application form.

Wishing to know how the selectors assure that there is an equity of approach among different interview panels, the team was told that these panels currently comprise one or two members of the course team, along with stakeholders and SUCs (Service Users and Carers), with SUCs having a big role in the programme; the intention is to include a past student on the panels. Equity is achieved through ensuring that all panels use the same questions, with each panel member asking the same questions of each applicant and scoring candidates in the same way. Scores are collected and those applicants achieving a minimum score are offered a place on the course. Interview panels meet before the selection day to discuss the process. The recruitment process has been carefully considered and is not intended to provide a barrier, but rather to ensure that applicants are at the right stage of their careers and meet the entry criteria. The team was told that some candidates are unsuccessful because of a mismatch between information on the application form and what they say at the interview; for example, they may have insufficient relevant patient-facing experience. Much care and attention is given to those who are not offered a place, including advice on how they can address their deficiencies, for example, by gaining more clinical experience.

The team noted the use of a workplace assessment before a student commences the course. In response to the team's wish to know about the criteria used and who is responsible for undertaking these assessments, the course representatives explained that this process was in accord with the University policy on workplace arrangements and that many of the areas in

which students would work have already been subject to this audit. The completed risk assessments are reviewed by the programme director.

Minor amendment: Criterion 1.1. The statement on page three of the application form is unclear and could suggest that pharmacists working in the NHS do not need to meet the GPhC requirements. It requires rewording for clarity (For example, 'In addition to meeting the entry requirements...')

Standard 2 - Equality, diversity and inclusion

Standard met? Yes No (accreditation team use only)

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

The documentation described how the University is committed to promoting and embedding EDI in all aspects of its business, including curriculum development, learning, teaching and assessment. All members of staff must complete EDI training and are cognisant of their legal obligation to provide appropriate support to students with disabilities, health conditions and additional learning needs. The team was told that it is essential for students to understand different cultures and was given examples of EDI issues that have been promoted through delivery of the course: these included ensuring that a student from a BAME background could contribute to group discussions without interruption from other learners, and making special arrangements for Muslim students as a result of study days coinciding with Eid.

Noting the University's curriculum inclusivity assessment toolkit, and wishing to know how staff have used it, as well as how it has helped to enhance course provision, the team was told that staff are trained in the use of this relatively new, extensive tool, and are considering how it can be embedded in the programme. It is used intermittently, two things having emerged. First, staff are aware of the importance of considering the abilities of individual students, with some being less academically able, while being very good practically; the staff have noted from the application process that experience is as important as academic ability. Second, staff have learned the importance of ensuring that all students are given the opportunity to contribute to discussions and have their voices heard; students from disadvantaged backgrounds may be quieter and less confident. Equality, diversity and inclusivity training is compulsory for all members of staff.

In response to the team's wish to learn how collected EDI data have been used to inform changes to the design of the programme, the course representatives explained that such data could not be used to inform selection, because students are selected from the pool made available by the health boards. In the context of ensuring that the breadth of the course is sufficient to allow students to be able to practise in different parts of the country, the team was told that a patient-centred focus and safety are cornerstones of the course: students must understand patients from the perspective of race, religion, and language, with awareness of resultant difficulties in consultation and the importance of shared decision making that takes into account what matters to each individual patient. Students are given the tools to address this, including unconscious bias training and it is ensured that the equality, diversity and

inclusivity framework applies throughout and to all patients, taking into account more than just the nine protected characteristics.

Wishing to learn how any requests for reasonable adjustments are reviewed to ensure that a student meets the standard required for each learning outcome, the team was told that learning disabilities are declared on the application form, ensuring that relevant support is provided to meet individual needs. Where undiagnosed learning disabilities are later identified, these would be discussed with the student, who would be directed to the Disability Office from which guidance would be offered; adjustments may include the provision of an additional 25% of time for assessments, or avoiding asking a particular student direct questions in classroom situations. The course representatives gave specific examples, including a student whose quietness in class eventually led to a diagnosis of dyslexia, with subsequent implementation of a planned therapeutic arrangement with progress monitoring that allowed them to continue with the course. Another student who was identified as having a considerable degree of dyslexia was allowed a period of suspension from study to allow them to catch up and resume the course at a later date. In general, the course team works with students to address all disadvantages to ensure that they can cope. The team was told that, so far, no adjustments have been required in the practice learning environment. However, were the situation to arise, discussions would be held with the DPP and others in that environment to ensure that reasonable adjustments could be made. No recommendations from the Disability Office for adjustments have yet been made that could not be accommodated.

Standard 3 - Management, resources and capacity

Standard met? Yes No (accreditation team use only)

The team was satisfied that all six criteria relating to the management, resources and capacity will be met.

The documentation described a management plan providing a clear outline of the roles and responsibilities of the Programme Director, the academic programme team, the DPP, and the Health Board NMP link in delivering the course; this includes lines of accountability and authority to act when concerns are raised. This was confirmed to the team by the course representatives, who explained that each member of staff has a job description that lists in bullet point form their key priorities and responsibilities. Moreover, as there is a small staff cohort, everybody knows each other along with their roles and responsibilities.

Wishing to learn about the process for identifying risks associated with course delivery and assessment, as well as the process for managing those risks, the team was told that risks are identified through module reviews, with senior leadership having an overview of, and addressing, the risks associated with resources and staffing: for example, increases in student numbers commissioned by the Welsh Government necessitated an increase in the number of staff members. Risks incurred by the Covid pandemic were discussed between the course team and the quality team, with the subsequent actions and changes being notified to the regulatory bodies, including the GPhC. Early in the pandemic, it was decided that the circumstances were not conducive to running the course; students' study leave was cancelled and, following consultation with the quality team and the students, the course was suspended. During the

pandemic, because of the risk, practice placement activity was changed to a virtual delivery, with limited exposure to patients: as a result, some students suspended their studies, while for others the assessment period was extended. There was extensive collaboration among students, the regulatory bodies and the Board of Study. There had been an institutional approach with immediate withdrawal of face-to-face teaching and the introduction of hybrid learning to mitigate the risks. The team was told that the University was well-placed for online learning, with the Canvas digital learning platform providing very good online resources for learners. The move to online learning had been advantageous to those students from rural areas who had previously experienced difficulties in accommodating face-to-face learning because of long travel times between home and the University. In responding to the GPhC's survey, the students expressed satisfaction with the level of staffing and resources.

Standard 4 - Monitoring, review and evaluation

Standard met? Yes No (accreditation team use only)

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

The documentation described the quality assurance process applying to the approval, delivery, monitoring, evaluation and enhancement of the NMP programme. These include the annual programme review (APR) that draws on information such as feedback from learners, external examiners, SUCs and practice partners. Established committee and reporting structures facilitate these quality assurance processes and inform the ongoing development of the course. The Board of Study provides oversight of quality assurance. The team was reassured that the course had not required revalidation as a result of the transition to the GPhC's 2019 standards; this was addressed by reporting the change through the APR, this being the mechanism for dealing with such changes.

Wishing to learn how changes in curriculum design or course delivery have occurred in response to student feedback, the team was told that all feedback from students is collated and discussed by the course team, which meets regularly to review the programme. Online module evaluations feed into staff academic development reviews, which drive staff CPD and individual development. Membership of the Board of Study includes stakeholders and patient representatives. In requesting to learn how information from the NMP Listening Forum is fed back to the course team and how decisions are made on whether to act on this feedback, the team was told that as no members of staff are present at these meetings, students are able to speak freely. The forum meets twice for each cohort and where students cannot attend their views can be transmitted by other representatives. A student experience team facilitates the meetings at which notes are taken as anonymised bullet points and sent to the academic team which discusses the feedback; the outcomes are then sent back to the students forming a positive cycle. Examples of changes made as a result of such feedback include the move to remote consultations in the pandemic, the provision of additional sessions, allowing extra time for assessment, and modifications to language in the documentation because some students had reported difficulty in understanding classroom discussions: this is indicative of an ongoing dynamic process. In responding to the GPhC's survey, three out of four students rated the

organisation of the course as at least satisfactory, with one stating that significant improvements were required.

Wishing to learn about the mechanisms in place for monitoring DPPs, the team was told of the importance of the NMP links within stakeholder organisations who verify the information about the DPP presented in the application form. The pre-course Zoom meeting involving the student, the DPP and academic staff discusses any issues, including those raised by the NMP, which are then investigated; this initial meeting is important as a reference point, establishing the collaboration with the DPP and allowing any concerns to be raised. DPPs must meet their students at least three times during the course and staff members can also join these meetings; both the DPP and the student can contact the academic team at any time and students are aware of their own responsibilities. Casual conversations in class allow the identification of any problems associated with DPPs. If there is cause for concern, this would be discussed informally with the DPP initially and then more formally if required. Feedback from the student about the DPP is recorded in the e-portfolio and DPPs are aware of this. The team was given an example of how matters had been handled successfully in response to feedback from a student concerning insufficient exposure to their DPP.

Requesting information on how it is ensured that all members of the teaching staff, irrespective of their background, are aware of any key updates within pharmacy, the team was told that the teaching team is small, with frequent meetings being held at which such matters would be discussed; staff members also receive updates via e-mails. Moreover, all members of the course team are prescribers and active clinicians, including a consultant pharmacist. Awareness of updates was exemplified by the staff having responded to the GPhC's EDI consultation and to consultation on the RPS prescribing competency framework. When expert speakers are brought in to discuss topics with the students, one member of the course team listens in on Zoom; this serves as a quality-monitoring mechanism but also provides the opportunity to receive expert updates, which are then shared with the course team. There are extensive links between practice and education, as well as contacts with HEIW.

In response to the team's concern that while fitness to practise procedures are described in the documentation with reference to a number of healthcare regulators, there is no reference to pharmacy or to the General Pharmaceutical Council, the course representatives confirmed that pharmacists are covered, and should a pharmacist be taken to fitness to practise they would be dealt with in accordance with GPhC guidance. Students are aware of this from the start of the course and it is clearly documented in the e-portfolio along with cause for concerns. The team was told that most students who go through fitness to practise are undergraduates.

Standard 5 - Course design and delivery

Standard met? Yes No (accreditation team use only)

The team was satisfied that all ten criteria relating to the course design and delivery will be met.

The documentation described how all learning and assessments are mapped against the GPhC standards and the RPS competency framework. The module curriculum focusses primarily on the principles of safe prescribing based upon a systematic assessment of the patient. The

individual learner is expected to apply these principles to their own scope of practice with the support of the DPP and using feedback provided for formative work which is submitted to the academic team.

Wishing to learn if it is intended to retain in the longer term any of the changes that were made to teaching and assessment in response to the pandemic, the team was told that the use of online material would be kept, although, in response to student feedback, live sessions would be held as well, with students coming into the University within their clinical bubbles; such live sessions early in the course help to build relationships among the students. Retention of the ability to participate remotely from home will be useful, as it was found that learning was improved through online activities, because students put in effort sooner in the course (see also the narrative under standard 3).

In response to the team's wish to understand how the course is managed to ensure that it meets the needs of all learners, bearing in mind the range of experience and practice areas of students in a cohort, the course representatives described this as challenging but the intention is to teach the principles of prescribing to meet outcomes for all students; there is a dependency on the DPP to develop the student's skills. Discussions take place in the classroom to share skills and knowledge, this creating competitiveness. Students receive formative feedback on drafts of submitted work which is within their scope of practice; such feedback raises many questions for them to consider and there is an extensive network of experts who can be called upon for advice where needed. In responding to the GPhC's survey, the students expressed satisfaction with the feedback received both from the staff and from DPPs. The team was told that pharmacists within the cohort come from different backgrounds, including hospital and community and the cohort includes other healthcare professionals, this mix allowing mutual learning from one another. The team was told that some pharmacists struggle with physical examinations because this has been outside their previous scope of practice; other healthcare professionals on the course, such as nurses and physiotherapists, help to address pharmacists' concerns in this area. Networks are built, with students learning the importance of the multidisciplinary team and that they cannot work in isolation. The team was told that input from pharmacists into the design and delivery of the course has come through feedback obtained from previous students and stakeholders, as well as from pharmacists who teach on the programme and from DPPs; proposed changes to the course are influenced by previous students, whose opinions are sought. Noting the growing engagement with the developing MPharm programme in the University, the team was told that one member of the MPharm staff will contribute to teaching on the course. In working with HEIW, other modules of use to pharmacists will be developed. The course representatives stated that the possibility of clinical skills as a pre-requisite for entry to the course was under consideration. In responding to the GPhC survey, two out of four students were satisfied with how well the course met their needs as pharmacists, with two suggesting that minor improvements were needed; the students appreciated being taught alongside other healthcare professionals.

Wishing to learn the steps taken to ensure that students are not asked to undertake tasks beyond their competence in the practice environment, the team was told that the importance of this is made clear in the initial meeting involving the DPP and student, as well as in the handbook; they are told to seek help if a task is outside their particular skill set. In developing an ability to demonstrate competence in their area of prescribing, students have a duty of care to

their patients. The course representatives highlighted that this is sometimes difficult initially, because pharmacists come onto the course as experts in medicines, and the message has to be conveyed that the course is designed to ensure safe practice in prescribing. In the context of safe practice, and in response to the team's wish to learn of the process that is followed if a potential issue of unsafe practice has been identified, the course representatives explained that it is everybody's duty to raise any cause for concern. The course team tries to address possible unsafe practice before it becomes a cause for concern, but standard University processes are followed if the situation requires escalation.

Standard 6 - Learning in practice

Standard met? Yes No (accreditation team use only)

The team was satisfied that all five criteria relating to learning in practice will be met. One criterion (6.5) required a minor amendment.

The documentation described how learners undertake 12 days of supervised practice as part of the course. This learning in practice is logged via the learner's diary, and practice hours are verified and signed by their DPP. The e-portfolio contains a set of requisites for the DPP and the learner on what needs to be achieved in the practice placement. The learner produces an action plan and contract with their DPP; this is based on the individual learner's analysis of their strengths, needs, opportunities and barriers, and is reviewed by the academic team. Wishing to know of the mechanisms for monitoring students' progress during their time in practice, and how it is identified if requirements are not being met, or if students appear to be struggling, the team was told that this is achieved through regular conversations in academic mentor meetings. Timelines are established initially for completion of work, with students being encouraged to include these timelines in their learning contracts, and the staff is alerted if students are falling behind. Academic progress and students' knowledge base are monitored, and any problems are discussed with the student. Similarly, it becomes evident if students' exposure to patients is inadequate through review and discussion of their records of hours in practice, along with the activities being undertaken within those hours: a transition from simple observation and listening to actual practising should be evident. While there are no formal checking points in the timelines, staff members have access when necessary to the practice diary and e-portfolio, with all feedback being logged and stored; members of staff look at submitted work and can cross-check with each other. There are informal but effective follow-up mechanisms to deal with students who might be falling behind, and if there are concerns about a student's progress an e-mail would be sent. A course team mailbox enables records to be kept of contact between staff and students.

Minor amendment: The name of the regulator for pharmacy, the 'General Pharmaceutical Council' must be correctly referred to in all course documentation.

Standard 7 - Assessment

Standard met? Yes No (accreditation team use only)

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

The documentation described how all assessments are mapped against the GPhC standards and

the RPS competency framework. Patient safety is fundamental and if, during any assessment component, the learner fails to identify a serious problem or provides an answer which would cause the patient harm, they will be deemed as unsafe to practise and will fail the module. Learners receive detailed feedback on their formative extended patient scenarios (EPS), case studies, discussions and prescription writing. Drug calculations and multiple-choice questions, with instant feedback are provided regularly via the 'Quiz' section on the Canvas digital learning platform. Learners must pass all theory and practice assessment components and it was confirmed to the team that no compensation of performance between assessment elements or condonement is allowed.

In response to the team's wish to learn about the mechanisms that ensure consistency between DPPs in their assessment of learners, the course representatives explained that there is a formal assessment tool, with the students submitting at least three sets of clinical consultations in their e-portfolio, with clear guidance given to the DPPs in the use of standard clinical checklists against which the learner must be assessed; feedback is recorded in the portfolio. The assessments are moderated by staff and everything is scrutinised and commented on by the external examiner.

The team was told that during the pandemic, changes made to the assessments included the students being allowed to undertake remote consultations and assessments, but with at least one patient-facing consultation. An additional teaching session was held to deal with the principles of remote consultation, including how to replace physical assessment with appropriate questions, and how to ensure that these were safe. Ensuring the maintenance of academic integrity and that outcomes continued to be met was achieved through the summative assessments, including assuring that students could undertake a consultation, take a history, and produce a management plan. Remote invigilation of examinations was employed.

Noting that DPPs are expected to meet with their students and wishing to learn how this process is supported and used to monitor progression, the team was told that the question of student development could be assured through assessment within the University (see also the narrative under standard 6).

Standard 8 - Support and the learning experience

Standard met? Yes No (accreditation team use only)

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

The documentation described how support commences on the first day, when students meet the academic team and undergo a structured induction. During induction, learners are reminded of their professional obligations to report concerns regarding practice, as well as issues or concerns with their DPP, their placement or their learning. All learners are allocated a personal academic mentor with whom they meet regularly throughout the programme. Learners and DPPs are required to meet formally on at least three occasions during the placement, with meetings being recorded in the learner's e-portfolio along with the learner's reflections and recording of their learning and hours. The team noted that all concerns raised by students go to the course director, who either deals with them, or escalates them as appropriate, but wished

to learn if there is guidance or a standard procedure to address how more serious concerns are dealt with. The course representatives informed the team that procedures are in place and are followed, but generally pre-emptive measures are taken before a situation becomes more serious. Concerns may be raised by students, DPPs, or patients. Responsibility for dealing with a concern rests with the member of staff to whom it is reported; fitness to practise procedures could be invoked where necessary. The team was told that there is a complaints process if a student is unhappy with the experience, as well as an appeals process. No examples were identified of concerns that had been raised. In their responses to the GPhC's survey, the students expressed satisfaction with the accessibility of staff, who responded very quickly to e-mail correspondence.

Standard 9 - Designated prescribing practitioners

Standard met? Yes No (accreditation team use only)

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

The documentation stated that a process is in place to confirm that DPPs are fit to supervise and support learner NMPs. Noting that the DPPs make a self-assessment of their suitability, and wishing to learn the checks undertaken at the application stage to assure this, the team was told that the process had been agreed through meeting with stakeholders and students in recognition of the University's desire to ensure that students succeed in becoming independent prescribers. There is a triangulation process involving the DPP, the University and the health board NMP link, as described under standard 1, with the last verifying the suitability of the DPP, and all parties being in agreement. The course representatives gave an example of a DPP being deemed inappropriate because they had been on sick leave at the time of application.

Prior to starting the module, all DPPs are required to complete the online DPP training programme which includes the role of the DPP, assessment of learners, providing feedback and raising concerns. Following this training, the learner and their DPP must attend a virtual meeting with a member of the academic course team to discuss learning opportunities, supervision, scope of practice and the assessment processes. Wishing to learn how DPP engagement with the mandatory training is monitored and managed, the team was told that before the pandemic DPPs were invited into the University for a workshop. Now, the presentation is sent out and it is clear from the virtual meeting with the DPP whether or not they have engaged; if there appear to be gaps, further reading is suggested. During the meeting the staff ensure that both the DPP and the student understand the importance of effective collaborative working between them to ensure the student's success, and that the DPP is signing up for a true commitment. This initial meeting is very important and will be continued. The course representatives described an occasion when a learner had to withdraw from the course because of the inability of the DPP to support the student. In their responses to the GPhC's survey, the students commented on their input to informing their DPPs about the programme during their initial meeting with the DPP and the academic staff. The students agreed that their DPPs were sufficiently well supported by the University.

In response to the team's wish to understand the process used to provide feedback to all DPPs on their performance, the course representatives explained that the e-portfolio included a form

covering all pertinent areas of feedback; this was based on five criteria and allowed free text comments. Learners are required to give their DPP a copy of the form, which must be signed to confirm that feedback has been provided. If staff identify any concerns, then those involved are encouraged to engage via a Zoom meeting. If a student is unsuccessful, a root-cause analysis is undertaken to determine the underlying reason such as problems with DPP. The team was told that keeping records was difficult because of GDPR. In responding to the GPhC's survey, the students reported regular and frequent contact with their DPPs.

