

**University of Bath independent prescribing
course reaccreditation event report,
January 2023**



Contents

Event summary and conclusions	1
Introduction	3
Role of the GPhC.....	3
Background.....	3
Documentation.....	4
The event.....	4
Declarations of interest	4
Schedule	4
Key findings - Part 1 - Learning outcomes	4
Domain: Person centred care (outcomes 1-6)	4
Domain: Professionalism (outcomes 7-15).....	4
Domain: Professional knowledge and skills (outcomes 16-26)	5
Domain: Collaboration (outcomes 27-32)	5
Key findings - Part 2 - Standards for pharmacist independent prescribing course providers	5
Standard 1: Selection and entry requirements	5
Standard 2: Equality, diversity and inclusion.....	6
Standard 3: Management, resources and capacity.....	7
Standard 4: Monitoring, review and evaluation	8
Standard 5: Course design and delivery	9
Standard 6: Learning in practice.....	11
Standard 7: Assessment.....	12
Standard 8: Support and the learning experience	14
Standard 9: Designated prescribing practitioners.....	14

Event summary and conclusions

Provider	University of Bath
Course	Independent prescribing course
Event type	Reaccreditation
Event date	30 January 2023
Approval period	April 2023 – April 2026
Relevant standards	<u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u>
Outcome	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by University of Bath 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.
Registrar decision	<p>The Register is satisfied that the University of Bath has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022.</p> <p>The Registrar confirms that University of Bath is approved to continue to offer the independent prescribing course for a further period of 3 years. The Registrar notes that there were no conditions associated with this event.</p>
Maximum number of all students per cohort	40
Number of pharmacist students per cohort	40
Number of cohorts per academic year	Four
Approved to use non-medical DPPs	Yes

Key contact (provider)	<p>Joanne Clarke, Programme Lead, Independent Prescribing*</p> <p>Emma Taylor, Co-Programme Lead, Independent Prescribing**</p> <p>Terri Turner, Co-Programme Lead, Independent Prescribing**</p> <p>*Up until February 2023</p> <p>**Effective from March 2023</p>
Provider representatives	<p>Joanne Clarke, Programme Lead, Independent Prescribing Course</p> <p>Emma Taylor, Lecturer, Independent Prescribing Course</p> <p>Terri Turner, Lecturer, Independent Prescribing Course</p> <p>Dr Tim Rennie, Director of Taught Postgraduate Programmes</p> <p>Sarah Jones, Lead for Advanced Practice and Director of Studies for Advanced Practice</p> <p>Amanda Lester, AP3T administrator (observer)</p> <p>Lyn Hanning, Director of Practice Based Learning*</p> <p><i>*attended 'Meeting with course provider representatives' and 'Deliver outcome to the provider meeting'</i></p>
Accreditation team	<p>Professor Chris Langley (event Chair), Professor of Pharmacy Law & Practice and Deputy Dean of the College of Health and Life Sciences, Aston University</p> <p>Dr Brian Addison, Academic Strategic Lead (Clinical Practice), Robert Gordon University</p> <p>Fiona Barber, Deputy Chair & Independent Lay member, East Leicestershire & Rutland CCG</p>
GPhC representative	<p>Rakesh Bhundia, Quality Assurance Officer (Education), General Pharmaceutical Council</p>
Rapporteur	<p>Chris McKendrick, Senior Quality Assurance Officer (Education), General Pharmaceutical Council</p>
Observer	<p>Lisa Smith, Professional Assessment Manager, General Pharmaceutical Council</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, updated October 2022.

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

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

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

Background

The University of Bath was accredited by the Royal Pharmaceutical Society of Great Britain in 2007 to provide a programme to train pharmacist independent prescribers. The programme was reaccredited by the GPhC in 2010, February 2014, January 2017, and January 2020. Two conditions were set at the previous reaccreditation event. The conditions were:

1. The provider must submit confirmation to the GPhC that the independent prescribing course has been validated by the university prior to enrolling any further students. The course is not permitted to run any further cohorts until this has been received and approved by the GPhC. This is to meet criterion 4.6
2. The provider must develop an appropriate feedback process for all DPPs regarding their overall performance as prescribing supervisors, including the arrangements for extra training, support and development as necessary. Details of this process must be sent to the GPhC before the next intake of students onto the course. This is to meet criterion 9.5

After the event, both conditions were responded to by the provider and subsequently deemed as met by the GPhC.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, updated October 2022, an event was scheduled on 30 January 2023 to review the course's suitability for reaccreditation.

As part of this accreditation event, the provider confirmed that there will be four cohorts per year with a maximum of 40 students in each cohort. The delivery is offered both virtually and hybrid (virtual and face to face). The course is currently led by a pharmacist and is only offered to pharmacists.

Documentation

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

The event

The reaccreditation event was held remotely by videoconference on 30 January 2023 and comprised of several meetings between the GPhC accreditation team and representatives of the University of Bath prescribing course. Students who were currently undertaking the course, or who had completed it in the last three years, contributed to the event by completing a qualitative survey, responses to which were reviewed by the GPhC accreditation team.

Declarations of interest

There were no declarations of interest.

Schedule

Meeting	Time
Private meeting of accreditation team and GPhC representatives, including break	09:30 - 11:00
Meeting with course provider representatives	11:00 - 13:00
Lunch	13:00 - 14:00
Learning outcomes testing session	14:00 - 14:30
Private meeting of the accreditation team and GPhC representatives	14:30 - 15:30
Deliver outcome to the provider	15:30 - 15:45

Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of 5 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 event: **10, 15, 19, 26 and 28.**

Domain: Person centred care (outcomes 1-6)

Learning outcomes met/will be met? Yes No

Domain: Professionalism (outcomes 7-15)

Learning outcomes met/will be met? Yes No

Domain: Professional knowledge and skills (outcomes 16-26)

Learning outcomes met/will be met? Yes No

Domain: Collaboration (outcomes 27-32)

Learning outcomes met/will be met? Yes No

Key findings - Part 2 - Standards for pharmacist independent prescribing course providers

Standard 1: Selection and entry requirements

Standard met/will be met? Yes No

The team was satisfied that all six criteria relating to the selection and entry requirements continue to be met.

The accreditation team noted that the provider has an established admissions process for the Independent Prescribing unit (course) offered by the University of Bath. Applicants are required to complete an electronic Online Application Form which also requests referees. Applicants are also required to complete additional forms to ensure that the GPhC pre-requisites for entry are met. Applicants must be registered with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI).

The accreditation team questioned how the provider was proposing to implement the GPhC's revised entry requirements. The course team confirmed that a majority of the application process won't change, but more emphasis will be placed on the applicants' relevant experience. The applicant will need to outline and explore around 10 competency domains from the Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers and how they relate to becoming a prescriber. This will include their understanding and comprehension as a prescriber and planned development of these over the duration of the course, leading into Continuing Professional Development (CPD), as a supporting statement. The employment history of the applicant is also considered as well as the setting in which they have indicated that they will be completing their learning in practice.

Additionally, the applicant will need to outline a narrow clinical/therapeutic scope of practice and write a treatment plan. Subject to successful reaccreditation from the GPhC, this application process will be implemented from April 2023. The accreditation team noted that an IELTS score of at least 7 overall with no less than 6.5 was required for entry onto the course and questioned if that was a university entry requirement or a course requirement. The course provider confirmed that IELTS requirement is one from the university and that this can be waived by the course team upon application, as by completing a GPhC and/or PSNI registrable degree, it would be assumed that this requirement is met.

The applicant is responsible for identifying the Designated Prescribing Practitioner (DPP) for their 90 hours supervision. This information is completed online and provides the supporting evidence that the DPP fulfils the requirements of the GPhC. The DPP provides supporting information which the Programme Lead will use to assess whether they meet the requirements set out in the RPS DPP Competency Framework and GPhC standards.

Once all elements are confirmed and a decision is reached by a member of the Programme Team, the application is progressed and either an offer or rejection letter is generated by the University. The provider operates on a first come first serve basis when offering places onto the course. However, priority is given to those students who are studying for a certificate, diploma or masters at the University of Bath where Independent Prescribing is part of their planned course of study, and/or applicants that fall within the funding remit of Health Education England (HEE) South West. If rejected, the reasons behind this are communicated to the applicant. The accreditation team questioned how the course team ensures fairness and consistency during the selection process. The course team explained that due to the high number of applications, they are reviewed via a live (editable) tracking document by the whole team; who review each of the applicants information to make sure they meet the entry requirements e.g. Fitness to Practise (FtP) and registration, experience, identification of a suitable DPP. All members of staff have completed training on Unconscious Bias and Equality, Diversity and Inclusion to ensure all applications are processed fairly.

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 continue to be met.

The accreditation team noted that the principles of equality and diversity are embedded within and promoted through the course design and delivery. It was also noted that the course welcomes applications from people with disabilities and/or long-term health conditions and considers their applications on the same academic basis. The application process includes checking whether the prospective student has a disability requiring adjustments. Students declaring a disability within their application, are referred to the university student services for assessment/support, which typically includes the production of a report detailing adjustments. This report is provided to the Director of Programmes and Programme Lead, who will then make appropriate adjustments to support the student as recommended. The accreditation team questioned how this process happens in practice, including examples, and what, if any, information is shared with the DPP. The course team spoke of an example of a student experience relating to mental health and anxiety and the course team supporting the student even though they were not in the UK due to a family situation. In terms of notifying the DPP of any reasonable adjustments, due to data protection, this is up to the student to declare, but the course team can provide support via a tripartite meeting, if required. It was noted that teaching, learning and assessment can be modified but learning outcomes cannot as per the GPhC education standards.

The accreditation team questioned how EDI data had been used to inform the course design and delivery since the last reaccreditation. The course team explained that the last full review was undertaken a few years ago but there are plans to undertake the exercise more regularly going forward. The last report looked at demographics and attrition rates, but the dataset wasn't as comprehensive as the course team would have liked. The course team is working closely with the university to get the data needed going forward. A preliminary analysis of EDI data showed a higher proportion of Asian students and students in community practice failing, but it is noted that the sample size is small, and more work needs to be undertaken in this area. However, analysing this information has meant that the provider has focussed on increased teaching support for community

pharmacy students which has resulted in setting up a specific drop-in session for community pharmacists on the course and sending a specific email to DPPs supporting community pharmacists. The course team hope to build up this data set so that more analysis can be undertaken over this period of accreditation. The course provider has recently set up an anonymised survey for students that have failed assessments, it is hoped this will shed further light on any reasons and feed into themes and trends for the overall analysis report.

Standard 3: Management, resources and capacity

Standard met/will be met? Yes No

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

The accreditation team noted that the Director of Programmes maintains an overall management plan for the Independent Prescribing course. This includes ensuring that risks are routinely identified and managed appropriately across all activities, which is quality assured by a specific risk management policy. This policy sets out the roles and responsibilities of teaching and administrative staff in relation to teaching sessions involving physical examination skills or manipulation/use of medical devices; including sessions run by University of Bath staff or visiting staff. There is a clear risk management process within the independent prescribing course which allows for action as required. In terms of wider risk management and mitigation, the course team reported that risk assessments going forward will be periodic.

The accreditation team questioned how management of teaching is monitored within the practice environment. The course team explained that they encourage students to start observing from as soon as they are under supervision of the DPP utilising the clinical logs which are reviewed by both the DPP and course team. Students are reminded throughout that they need to achieve the appropriate 90 hours in practice which means under the supervision of the DPP or other healthcare professionals and self-directed learning. Feedback is also triangulated from the DPP, other healthcare professionals and patients. The course team can triangulate evidence of the DPP oversight through the clinical treatment plans. Additionally, the DPP has a login to PebblePad, which is used for resources as well as to provide feedback on the student's progress at the interim and final stages to the course.

The accreditation team was made aware that the programme lead is due to step down from their position. There is an ongoing recruitment exercise to replace the programme lead as well as other planned recruitment to increase the capacity of the course due to the increase in planned cohorts per year. It was noted that there are four additional posts currently recruited/in recruitment:

- 0.2FTE Lecturer (Independent Prescriber) – Medical Doctor. Commenced employment January 2023.
- 0.4FTE Lecturer (Independent Prescriber) – Pharmacist. Commenced employment January 2023.
- 0.4FTE Lecturer (Independent Prescriber) – advertisement live.
- 0.8FTE Administrative Officer. Commenced employment December 2022.

Additionally in terms of wider support:

- 0.4FTE e-Learning Coordinator of which approximately 0.1FTE is dedicated to the Independent Prescribing team.

To cover the programme lead after they have stepped down, two actions have been taken:

1. To ensure seamless leadership of the team, two senior course team members have agreed to co-lead the course.
2. The advertisement to replace the course leader will attract an increased the FTE, from 0.5FTE to 1.0FTE, for a period of two years (to revert to 0.5FTE permanent thereafter). Advertisement is closed on this position and shortlisting is taking place.

In terms of the overall landscape in terms of capacity and resource of the course, the accreditation team noted that there is an active increase in student numbers applying for the course. The course team rely on a pool of external markers, a majority of which are prescribing pharmacists. These external markers are trained by the course team, and their assessments quality assured through peer review processes. The plan is to gradually increase the external markers pool utilising past students as they know the course. The course team has a good working relationship with external markers and update them about course changes as required. External markers are also involved in OSCEs and workshops. The course team use medics and other healthcare professionals for clinical skills sessions and can call on the wider post graduate team to assist with other day to day teaching and assessment matters as required. Further support is also provided by the course administration team in terms of application screening and dealing with day-to-day queries. The accreditation team was informed that there is an equipment bid due with the hope to increase the pool of simulated equipment for the course, as well as the wider MPharm programme.

Standard 4: Monitoring, review and evaluation

Standard met/will be met? Yes No

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

The course sits within the Advanced Programmes in Pharmaceutical Practice and Therapeutics (AP3T) PGCert/PGDip and Masters degrees, and is a fully modular Masters-level (FHEQ Level 7) suite of programmes which makes use of online learning, blended with work-based learning and face to face study days. The accreditation team noted that in 2022/23 the University is introducing Education Annual Review and Enhancement. This will replace the current Annual Monitoring process. Departments will be expected to report on core indicators, highlighting any successes and risks, and provide an action plan setting out enhancements to its courses. The accreditation team was informed that current validation process means that the course is reviewed prior to regulatory oversight. Therefore, the course remains validated by the University of Bath at FHEQ Level 7 and is worth 30 CATS credits (equivalent to 300 notional hours of study).

The accreditation team questioned how the course fits into the university quality management structure. The course team explained a process whereby feedback from the units within the AP3T programme feeds in at departmental level, then up to faculty level. This would then be reviewed by the Director of Taught Postgraduate Programmes with any issues picked up at programme level. This includes input from the course team, external examiners, and students. Response and actions are

then reported, and feedback given at faculty and department level to the course team, external examiners, students, and wider stakeholders as required. The university committee structure facilitates and monitors this process. Where changes are proposed to the course, these are submitted to the GPhC via the notification of change process. No changes are implemented in practice without approval from both the GPhC and University QA processes.

The accreditation team questioned how the standard of teaching, learning and assessment is monitored and evaluated in the practice setting. The course team explained that feedback about students and DPPs are collected at set points throughout the course, which enables the course team to provide both DPPs and students' individual feedback. The first part of this process serves as feedback for continued learning and the midway serves as a check in on practice standardisation. Student clinical logs are descriptive and reflective allowing the course team to have good oversight of in practice experiences and enable an open dialogue between the course team, DPP, and student as required. The DPP is also encouraged to go through the course and assessment guide, undertake e-learning on their role, and contact the course team if they have any questions.

The accreditation team noted in the GPhC survey that some students appeared dissatisfied with the timeliness of feedback on their progress. The course team explained that overall, there is a three-week window for feedback with markers and that most markers will complete this within this timeframe. Challenges arise with new markers and the subsequent review internally by the course team to ensure standardisation. The course team will only release marks and feedback when all students are marked, which can sometimes cause a bottleneck with feedback. It is hoped that the new PebblePad system will help with this going forward as the system between students, markers, and the course team will be streamlined.

The accreditation team noted that the course has two external examiners in post. Further, that the University has a suitable process for the appointment, training, and support of external examiners. External examiner feedback is routinely sought at:

- Setting of OSCE examinations to ensure robustness and parity of assessments
- Board of Examiners for Units and Programmes
- Annual External Examiner's Report that is responded to by the Director of AP3T in relation to actions intended and taken
- End of term report

Standard 5: Course design and delivery

Standard met/will be met? Yes No

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

The structure of the course is made up of 300 hours learning time, broken down to 146 hours private study, 56 hours face to face learning events, 8 hours of summative assessment, and 90 hours of supervised practice by their DPP. It is noted that 'face-to-face' days will be delivered either in person or remotely via Zoom. It is anticipated for half of the cohorts to have a hybrid (blended) model of in-person and remote days and half of the cohorts to have fully remote (virtual) face-to-face contact days. The course is divided into two Parts, with a formative submission point for the portfolio of tasks at the end of Part 1 and a final summative submission at the end of Part 2. Within this there are face-

to-face workshop sessions (delivered in person or online) which provide additional targeted sessions supporting the development of skills and knowledge in a purposeful way, linking to the portfolio and practice-based learning tasks that the students complete sequentially over the duration of the unit.

The accreditation team questioned what the key differences are between the blended version and the online version of the course. The course team explained that the creation of the blended and online course was a result of the Covid-19 pandemic. The course team engaged with stakeholders and weighed up the benefits of having face to face vs virtual sessions. The course team, based on stakeholder feedback, ultimately settled on offering a mix of both. In terms of the virtual course, it is fully remote, with all 7 workshops being undertaken on Zoom. With the blended model, 4 workshops are online with the remainder face to face in person. In terms of OSCEs both modes of assessment are undertaken by the course team. For those cohorts that are purely online, all OSCE stations are delivered using Zoom, the course team stated that they have had a lot of experience in managing this during the Covid-19 pandemic. With blended cohorts, the OSCE assessments are completed in person at the University. Scenarios used in both sets of OSCEs are the same and there is a numerical pass mark of 50%, which equates to threshold safe and effective practice. In addition, each station has standing instructions to the examiner that any answer or omission that could cause patient harm must result in the student failing the examination. Students must pass all stations individually to pass the assessment element. The course team confirmed, that although there is a numerical pass mark associated with this assessment, any answer or omission that could cause patient harm would result in overall failure, regardless of the numerical mark.

The accreditation team questioned how the course wide learning needs analysis identifies and recognises prior knowledge and experience. The course team explained that students at the start of the course self-assess against the RPS Competency Framework for all Prescribers, this then feeds into the course-wide learning needs analysis process which in turn allows the course team to identify and recognise students' prior knowledge and experience.

The accreditation team questioned how the course continues to engage with patients and the public to refine the design and delivery of the course. The course team explained engagement with employers, and the healthcare service more broadly, is strategically achieved through the Pharmacy External Advisory Group (PEAG). The PEAG membership comprises employers, leaders across all sectors, patients/service users and students and covers undergraduate and postgraduate education and informs on whether it meets the needs of the employers and leaders. As part of recent engagement, the course team have explored what patients want to see in independent prescribing pharmacists. A main theme identified was continuity and transfer of care which is being embedded into the course as part of the providers review of units to inform iterative changes/improvements that are needed on an ongoing basis. It was noted that the make up for the patient group was not as diverse as the course team would have liked, and there are plans to engage with and build up wider representation in those groups such as from patients from the LGBTQ+ community and the local mind charity group, to better utilise lived experiences. The course team also uses medical actors and encourages students themselves to talk about their own lived experiences. This is facilitated by providing students safe space as part of the workshop sessions, these sessions are non-recorded which is hoped fosters a sense of openness within the group.

The accreditation team questioned how the course provider was ensuring that the DPP delegated tasks to appropriately qualified and experienced colleagues/staff. The course provider explained that should a DPP ever need to check if the delegated person would be suitable, guidance around this is provided in the DPP support guide. Further, DPPs can always email the course team to check. It was

explained that although DPPs can delegate some tasks to appropriately qualified and experienced colleagues/staff, and indeed this is encouraged to support multi-disciplinary learning, the DPP remains responsible for oversight of the full 90 hours in practice. 50 percent or more time needs to be under the direct supervision of the nominated DPP, clinical logs provide detail as to who was supervising at the time. In addition, where the nominated DPP is a non-medical, the student must spend 20 percent of their time with a medical DPP.

The accreditation team questioned the course process for dealing with any concerns about the student, DPP, or the learning environment. The course team explained that this process is covered as part of the course induction for both students and DPPs and is also included in the relevant induction pack and handbook. Where possible the course team will attempt to informally encourage the student, designated prescribing practitioner, or the learning environment (where applicable) to resolve concerns, not involving patient safety, informally. The course team gave an example of where they mediated between a DPP and student where there appeared to be a breakdown of communication between the two parties. The mediation process ultimately highlighted that the student would benefit from transferring to another DPP. Once the new DPP was identified, the course team facilitated the transfer process. Including making sure that the appropriate hours and competencies were logged and transferred from the previous DPP, and ultimately the student passed the course.

Standard 6: Learning in practice

Standard met/will be met? Yes No

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

The accreditation team noted that students must undertake at least 90 hours of learning in practice. This is documented in the portfolio (on PebblePad) and assessed as being relevant by the portfolio marker and then through the peer review process. The clinical hours are documented using a 'Clinical Activity Log' form and students are required to provide information about what was done, what was learnt and have some reflection on this time relating it to their future prescribing role.

When a student applies to the course, they complete several application forms. One of these forms is an online DPP form which asks questions to determine the suitability of the DPP in line with the RPS DPP Competency Framework. At the application stage, DPPs are asked to confirm their suitability to act in the role of DPP. The programme team decide whether they are suitable to provide support in practice for the trainee independent prescriber. The Director of Taught Postgraduate Programmes (or another Director of Studies) summarises the relevant information with a particular emphasis on educational qualifications, professional registration and experience in delivering teaching. A recommendation is then made to the Head of Department who reviews the candidates and if satisfied, approves the appointment of the DPPs on behalf of the Chair of the Board of Studies for the Faculty of Science. Once approved through this review, the DPPs are offered an appointment as visiting staff of the university and can receive training and support for their assessment role.

The role of the DPP in assessing key skills in practice is quality assured through use of a structured assessment guide, which was developed with the input of the GP trainers associated with the course. The DPP assessment guide provides explicit behavioural indicator statements linking to each of the skills to be assessed, assuring a standardised approach is taken in the assessment of all students. The

DPP works through these with the student over the course of the six months and then completes a final declaration.

Standard 7: Assessment

Standard met/will be met? Yes No

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

The accreditation team noted that the assessment make-up of the course is as follows:

Assessment measure	Key elements	Weighting	Summative	Formative	Feedback
Practice learning Portfolio	Run through PebblePad. Part 1 & Part 2 including: <ul style="list-style-type: none"> • General Portfolio Tasks • Observation Tasks • Treatment Plan Tasks • Consultation Tasks • Workshop Tasks 	60%	✓	✓	Comprehensive feedback at 3 months (written)
Oral Presentation	Based on the pharmacology and application of knowledge within area of practice.	30%	✓	In practice	Verbal feedback (optional)
pOSA (online structured assessment)	Covering key elements of legal, ethical and professional frameworks along with antimicrobial stewardship and calculations.	10%	✓	✗	Outcome communicated
DPP Assessment	Core competencies assessed by the DPP	Pass/Fail	✓	✗	Regular meetings with DPP summing in DPP assessment; Outcome communicated
Objective Structured Clinical	Focused on clinical examination and consultation skills	Pass/Fail	✓	✓ - a practice OSCE is completed	'fishbowl' consultations completed in workshops

Examination (OSCE)				in a workshop	with formative feedback. Outcome communicated
Learning in practice	90 hours	Pass/Fail	✓	✓	Comprehensive feedback at 3 months (written)
Workshop attendance	7 workshop days	Pass/Fail	✓	✗	N/A

The accreditation team noted that assessments are designed by the Programme Lead and programme team and are peer reviewed within the team. OSCE examinations are all reviewed by the External Examiner with a view to assurance of validity, reliability and robustness. Practice Learning Portfolios are portfolios moderated using a stratified sampling approach. Oral Presentations are marked and then moderated across all the cohort. pOSA questions are set by an initial member of staff and then peer reviewed. External Examiners are asked to review a cross section of questions within the 'question bank' at set intervals. DPP Assessments, declarations made on PebblePad which are pass/fail are reviewed by the programme team. OSCEs, any station where a student has given an answer that the first assessor has identified is not or may be not consistent with safe and effective practice is reviewed by the Programme Lead. Any student that may have given an answer that could cause patient harm is reviewed by a convened Clinical Review Group. Any student determined to have failed the OSCE is further discussed with the External Examiner, including a review of any determination as to whether patient harm would occur. Boards of Examiners for Units review the range and spread of marks awarded to students within a cohort to ensure that the finalised marks for individual units are an accurate reflection of the standards achieved by the candidates.

The accreditation team questioned what step the provider would go through to verify that an answer provided by a student is unsafe and would therefore result in failure. The course provider clarified that it would depend on assessment being undertaken. The course team and markers work in clinical practice and can pick up on anything unsafe. Standardised OSCE rubrics outline what the student must achieve, and anything marked as unsafe would warrant further review. In the portfolio review, if a student is making clinical decisions outside their clinical area, this would be deemed as a concern which would be flagged and reviewed. The course team can also engage with external clinical practitioners, that specialise in clinical areas being undertaken by students to check student responses, if warranted.

The accreditation team noted that external examiner attendance is optional at unit exam level but required at programme board level. If the external examiner cannot attend, they always provide observation in advance of the respective boards. There must, however, be at least one external examiner at programme board.

The accreditation team questioned what formal touch points there are for the DPP, course provider and student to discuss any issues. The course team explained that there are advertised drop-in sessions for DPPs at the start of the course, there is also a generic email address that the course team

access where the DPP can email if they have any questions. There are formal touch points at the beginning, halfway point, and the portfolio and final sign off point at the end of the course.

It was noted that completion of the 12x7.5hour days (90 hours) in practice is compulsory and monitored through completion of Clinical Activity Logs submitted as part of the e-portfolio. The course team clarified that these 12x7.5 hours are not set and can be any variation as long as the overall 90 hours are met.

Standard 8: Support and the learning experience

Standard met/will be met? Yes No

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

The accreditation team noted that student induction is included in the first compulsory workshop (day 1 and 2). The course team provide students with information about the course as well as an introduction to non-medical prescribing. Students are given access to the VLE (Moodle), and their workspace for submission of their e-portfolio (PebblePad). Supervision is discussed in this session and students are signposted to personal and academic support and resources from the University (Student Support and Safeguarding services, department information, library resources etc). The school of pharmacy has secured recurring funding to support the use of PebblePad, the e-portfolio platform. This has been a department-led and funded initiative supporting recording of students learning in practice and mapping to GPhC Learning Outcomes.

The accreditation team noted that the portfolio tasks have been designed so that the student is required to meet with their DPP regularly. A variety of tasks are to be completed where the student is to observe or be observed by their DPP. The course team utilise the GPhC Guidance on tutoring for pharmacy professionals this is referenced within the DPP support guide. The support for students considers this guidance and is consistent with its approach. Academic staff frequently engage with wider support systems of the University to advise on matters pertaining to students.

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 continue to be met.

The accreditation team noted that the application forms and guidance include an online DPP form with questions that allow the course to assess the suitability of a DPP. The RPS competency framework for DPPs is linked within this form so that applicants can see this prior to applying, the DPP must declare they can meet the competency requirements. The DPP must declare if they have any restrictions on their practice and the course team will check the relevant professional register for any restrictions. If practice restrictions are present, the course team will discuss with the DPP and decide whether the DPP is appropriate to supervise the student. Successful DPPs then sign a declaration. The course team review the information provided by the DPP and ensure they meet the requirements of

active prescribing experience; patient facing clinical and diagnostic skills; support or supervision of other healthcare professionals; and ability to assess patient facing clinical and diagnostic skills. The course team will arrange a discussion with the DPP if anything is not clear and the discussion is clearly documented. The above is supplemented by a mandatory induction process that DPPs must complete which also includes provision on assessment of students in the learning environment. Additionally, since the last reaccreditation, the course team now offer the DPP training resources provided by the Health & Education Co-operative.

In terms of feedback to DPPs, the course team use a questionnaire for DPPs and students to evaluate their views on DPP support. This was analysed and fed back to the DPPs to encourage them to continue to support their student by highlighting areas of good practice and areas for further development. Where there are explicit concerns about the DPP support of a student, the initial discussion is encouraged to come from the student themselves. The course team encourage the student to discuss this with their DPP as one of the RPS competencies is to negotiate the level of support required. If the student is not satisfied with the outcome of this, the Programme Lead will contact the DPP to discuss any concerns and areas for improvement.

