University of Birmingham School of Nursing and Midwifery independent prescribing course accreditation, October 2023



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Event summary and conclusions					
Provider	University of Birmingham, School of Nursing and Midwifery				
Course	Independent prescribing course				
Event type	Accreditation				
Event date	Desktop exercise				
Approval period	October 2023 – October 2026				
Relevant standards	Standards for pharmacist independent prescribers, January 2019, updated October 2022				
Outcome	Provisional				
	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing course proposed by University of Birmingham School of Nursing and Midwifery should be provisionally accredited for a period of three years, with a monitoring event taking place after completion of the first cohort of students.				
Conditions	None				
Standing conditions	The standing conditions of accreditation can be found <u>here</u> .				
Recommendations	None				
Minor amendments	None				
Registrar decision	The Registrar is satisfied that University of Birmingham, School of Nursing and Midwifery has met the requirement of provisional 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. The Registrar confirms that University of Birmingham, School of Nursing and Midwifery is approved to offer the independent prescribing course. The Registrar notes that there were no conditions.				
Maximum number of all students per cohort	40				
Number of pharmacist students per cohort	10				

Number of cohorts per academic year	2	
Approved to use non- medical DPPs	Yes	
Key contact (provider)	Clare James	
Accreditation team	Dr Fran Lloyd (Associate Postgraduate Pharmacy Dean, NICPLD, Queen University Belfast)	
	Dr Brian Addison (Associate Dean for Academic Development and Student Experience, Robert Gordon University)	
	Fiona Barber (Deputy Chair & Independent Lay member, East Leicestershire & Rutland CCG)	
<b>GPhC</b> representative	Rakesh Bhundia, Quality Assurance Officer (Education)	
Rapporteur	Rakesh Bhundia, Quality Assurance Officer (Education)	

### Introduction

### Role of the GPhC

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

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

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

### **Background**

The University of Birmingham was first accredited by the GPhC in December 2015 to provide a course to train pharmacist independent prescribers, for a period of three years.

A reaccreditation event was scheduled on 31 October 2018 to review the programme's suitability for reaccreditation. This was achieved with no conditions or recommendations. In line with the GPhC's process for reaccreditation of independent prescribing courses, an event was scheduled for 3 December 2021. This was achieved with no conditions or recommendations.

Currently, the School of Pharmacy delivers a GPhC accredited Practice Certificate in Independent Prescribing (PCIP). The School of Pharmacy sits with the Institute of Clinical Sciences, along-side partner Schools of Medicine, Dentistry, Nursing and Midwifery, and Biomedical Science. There has been teaching and learning support for the existing programme from the School of Nursing and Midwifery.

The School of Nursing and Midwifery deliver an MSc Advanced Clinical Practice (ACP) (both commissioned and Degree Apprenticeship Route) where learners undertake the PCIP in year 2 of the programme, this includes GPhC registrants. As part of the Degree Apprenticeship delivery for ACP, the apprenticeship financial regulatory authority (EFSA) is clear that there cannot be any duplicity in learning whilst on the programme. As such this instigated a review of the ACP learners on the PCIP currently delivered within the School of Pharmacy, as module 2 is heavily focussed on advanced health assessment (AHA). It is noted that all learners on the ACP programme will have undertaken a robust AHA module in year 1 and therefore need to ensure this is not repeated as part of the PCIP course for these learners.

The School of Nursing and Midwifery met with the School of Pharmacy recently to discuss this issue. Following discussions regarding potential delivery modalities, the College Head of Education and the Heads of School in Pharmacy and Nursing and Midwifery have agreed that the School of Nursing and Midwifery should deliver an alternative pathway for those undertaking PCIP as part of the ACP programme. This will avoid duplication of learning and potential EFSA repercussions, whilst providing

a robust and focussed prescribing programme building on the extensive AHA skills acquisition earlier in the ACP course. This will include learners from all three regulatory bodies, maintaining a multiprofessional approach to learning.

It is proposed, the School of Nursing and Midwifery will continue to deliver the course as per the current programme and module specifications, validated by the GPhC December 2021. As such, it was agreed that the GPhC would undertake a desktop exercise to accredit a separate iteration of the PCIP delivered by the School of Nursing and Midwifery.

#### **Documentation**

The provider submitted updated documentation to the GPhC. The documentation was reviewed by the accreditation team, and it was deemed to be satisfactory to provide a basis for accreditation.

The event

N/A

### **Declarations of interest**

There were no declarations of interest.

### **Key findings - Part 1 - Learning outcomes**

As part of the reaccreditation event held in December 2021, 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 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: **2.13.17.18 and 23.** 

learning outcomes were tested at the event: 2, 13, 17, 18 and 23.

Domain: Person centred care (outcomes 1-6)

Learning outcomes met/will be met? Yes ⋈ No □

Domain: Professionalism (outcomes 7-15)

Learning outcomes met/will be met? Yes ⋈ No □

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

Learning outcomes met/will be met? Yes ⋈ No □

Domain: Collaboration (outcomes 27-32)

Learning outcomes met/will be met? Yes ⋈ No □

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

### **Standard 1: Selection and entry requirements**

Standard met/will be met? Yes ⊠ No □

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

As part of the submission documentation, it was noted that initially, applicants apply via the University of Birmingham (UoB) admissions portal and are sent a supplementary application form if initial screening indicates a suitable application. Registration status is checked when reviewing applications to ensure registration with the General Pharmaceutical Council (GPhC) or the Pharmaceutical Society of Northern Ireland (PSNI), to ensure that applicants are in good standing with the GPhC or PSNI. If there are any restrictions on practice, applicants will not be permitted onto the course. All checks must be passed before acceptance onto the course. Any applicant rejected for the course would be followed up by the course team with a clear explanation as to why they had been unsuccessful.

It was noted that since the last reaccreditation event held in December 2021, the University of Birmingham had sought and received approval to use the new GPhC entry requirements for Pharmacist Independent Prescribers as set out in the updated standards (October 2022). The University received permission for this in March 2023, which removed the requirement for two years post-registration appropriate patient-oriented experience relevant in the UK. However, it is noted that registrants undertaking the ACP under the School of Nursing and Midwifery require three years post registration experience as entry criteria.

The supplementary application form includes the initial nomination of a Designated Prescribing Practitioner (DPP) who must confirm that they meet the requirement of the role of the DPP using the Royal Pharmaceutical Society Designated Prescribing Practitioner Competency Framework as guidance. The registration and good standing status of the DPP is checked with their professional regulator. The suitability to supervise the applicant is assessed via a telephone discussion (interview) using the Designated Prescribing Practitioner Admissions Checklist. If the DPP is deemed suitable, they will be invited to an introductory training session and provided with access to DPP resources via a workbook in PebblePad, the Practice Supervision and Assessment Handbook, and Portfolio Handbook. All applications are reviewed and screened by the programme lead.

### Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes ⊠ No □

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

As part of the submission documentation, it was noted that the principles of equality and diversity are embedded in, and promoted throughout, course design and delivery. This includes diverse case

studies with a range of patient, ethical and communications scenarios inclusive of religious and cultural differences, disability, mental capacity, challenging behaviour, poor engagement, and drugseeking behaviour. Assessment material, questions and OSCE stations take account of diversity during development.

Student equality and diversity data is collected upon registration and reviewed to inform design and delivery of the course in terms of diversity of teaching, learning and assessment material. The university uses software ('Tableau') to collate and analyse student performance and progression. This provides some information around disability, ethnicity, gender, religion & belief, sexual orientation of students which enables some course review. The course is recorded as a 'pass', 'fail' so Tableau does not record performance or attainment gaps. Student performance and progression is reviewed at course level to identify and address any issues.

UoB as an institution collects and processes the data. However, at a course level and as a team, progress is tracked against EDI characteristics allowing a snapshot of any trends or issues to be identified. This has allowed the course team to pick up on low scores and consequently have been able to provide support to students as appropriate. Religious groups, ethnicity and sex characteristics are embedded in case studies along with other EDI characteristics and IP course representation is embedded as part of the university wide EDI group.

It was noted by the accreditation team that UoB policies and procedures including reasonable adjustments, extenuating circumstances and leave of absence are also reviewed at course level to ensure students are not disadvantaged and are treated fairly. Reasonable adjustments during assessments can include sitting in a separate quiet space, use of different font sizes and colours of text or paper, and additional reading time or note-taking time for OSCE stations. Regular meetings with the course personal tutors and DPPs, including mandatory tripartite meetings, provide an opportunity for all parties to work together to support implementation of reasonable adjustments to meet the specific needs of individual pharmacists during teaching and supervised time in practice.

At the reaccreditation event in December 2021, the accreditation team questioned how pharmacists on the course understand their legal obligations in relation to equality and human rights. Pharmacists on the course understand their legal obligation in relation to equality and human rights throughout the course in taught materials and case studies, problem-based learning in clinical decision making, including ethical dilemmas, so the right clinical decision can be made in practice. This is assessed in module 1 case presentations, module 2 OSCEs and significant event analysis within clinical management plans and in the structured reflective portfolio. Students are observed and assessed by their DPP for at least one case in practice which is included in the portfolio.

### Standard 3: Management, resources and capacity

### Standard met/will be met? Yes ⊠ No □

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

As part of the submission documentation, it was noted that the course is led by the Programme Director who has overall responsibility for all aspects of the programme. They are supported by the Head of Postgraduate Taught and CPD, the Head of Education and the Head of the School of Nursing and Midwifery. The Programme Management Committee meets at three times per year with

feedback provided to the School of Nursing and Midwifery Senior Management Team. The programme team have a wide range of expertise in education and clinical practice across sectors to support delivery of the course and facilitate students' contextualisation and application to practice.

The programme to be delivered in the School of Nursing and Midwifery will consist of two cohorts of up to 40 students in each cohort across the professional groups, with up to 20 pharmacists per cohort. The ratio of professional groups can vary.

The majority of course tutors are existing or previous independent prescribers so are appropriately qualified and experienced professionals. Staff from other professions including nurses and physiotherapy input to the programme in addition to visiting lecturers delivering sessions (e.g. ophthalmologist, advanced clinical practitioners, medical doctors). Previous students also contribute to teaching sessions on the role of the independent prescriber, clinical skills teaching and application to practice. Students are supported by course tutors and personal tutors throughout the programme. This includes liaising with the DPP through formal tripartite meetings and informally as needed.

Regular meetings are held to discuss the programme in addition to formal annual programme management committee meeting. Staff discuss resource and workload issues together with any training and support needs which are reviewed and addressed. Further review and discussions occur in annual personal development reviews which identify personal and professional opportunities for development.

It was noted that learning agreements are in place with the pharmacist independent prescriber in training and the DPP. Both DPP and student review and agree a learning contract at the beginning of the course and this is included in the student's portfolio in PebblePad. Students must meet with their personal tutors regularly and attend two formal tripartite meetings with the DPP and academic tutor. The submission documentation stated that the UoB has insurance to cover course activity. Both applicants and DPPs must also confirm that they have professional indemnity insurance in place as part of the application process.

It was noted that each pharmacist independent prescriber in training is supported by a dedicated personal tutor who will meet with them regularly to discuss their progress and development. They are also offered pastoral support and signposting to other services e.g. well-being, and student services which is introduced on the induction day and referred to in the student handbook. There are two mandatory tripartite meetings between the student, personal academic tutor and DPP in module one and module two. These provide an opportunity to discuss progression and development during the supervised learning time in practice. At the reaccreditation event in December 2021, the accreditation team questioned how the course team support DPPs to identify and report back where students may be struggling or not progressing in line with expectations. The course team explained that as well as the two mandatory tripartite meetings, the course team try and maintain good communication with DPPs and students to be proactive and not reactive. Where issues such as low engagement are identified, a member of the team can go out onsite to the placement to discuss issues with the DPPs.

### **Standard 4: Monitoring, review and evaluation**

Standard met/will be met? Yes ⊠ No □

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

As part of the submission documentation, it was noted that the University, College and School have robust quality assurance processes to monitor, review and evaluate education provision. In terms of the process for modification of modules or programmes, minor modifications are considered by Chair's action of the College Quality Assurance and Approval Committee (CQAAC) to ensure an agile response. More substantial changes to a module or programme are considered by the Committee in depth, by a panel of curriculum approval experts. Two members of the School of Nursing and Midwifery, the Head of Education and the Head of Quality, are members of CQAAC.

Major changes to programmes are also considered by the Deputy Pro-Vice-Chancellor for Education, once the College has approved them. The responsibility for development of the relevant strategy for Nursing and Midwifery programme developments resides with the Head of the School of Nursing and Midwifery. Responsibility for the development of the Practice Certificate in Independent Prescribing lies with the Head of Education working with the Programme Director and the programme management committee.

External examiners are appointed for a period of 4 years. The School of Nursing and Midwifery have an existing external examiner for NMC students undertaking the PCIP. This external examiner will also review the Pharmacists students undertaking the course. They review assessments in advance with comments, provide general support and quality assure the assessment process at exam board. The Board of examiners will be held three times per year, within the School of Nursing and Midwifery.

As part of the submission documentation, it was noted that the programme team meet regularly to discuss operational delivery, feedback from students and DPPs. Annual module and programme review, external examiner comments, review of student progression, student and DPP feedback informs discussions at programme management committee meetings and at the quarterly School of Nursing and Midwifery Quality Committee. The Head for Quality (Nursing and Midwifery), who chairs the Quality Committee, is an academic member of Nursing and Midwifery staff who provides profession specific oversight of quality assurance arrangements.

Review of course content and delivery are ongoing to ensure the course takes account of current practice and remains up to date. The course team has a wide range of expertise around education, prescribing and clinical practice across multiple sectors. Some members of the team work at national level with regards to standards and policy development and implementation.

Some recent key developments have included digital access to patients, use of remote consultations and the significance of accurate documentation and good communication to support safe and effective patient care. Course content has been enhanced to support this and includes additional sessions on remote prescribing, effective clinical decision-making and role play scenarios. This is informed by active clinical practice within the programme team to support students in their professional development together with additional personal tutor support.

Students will provide feedback on study days via EvaSys and Staff Student Forum meetings. Regular meetings with personal tutors and tri-partite meetings with DPPs provide further opportunities to gain feedback on the course and the supervised learning time in practice. There is also a student representative on the programme management committee. This informs ongoing course development and support for students and DPPs.

### **Standard 5: Course design and delivery**

Standard met/will be met? Yes ⊠ No □

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

As part of the submission documentation, it was noted that the independent prescribing programme is founded upon an enquiry based-learning approach geared to provide students with a comprehensive, clear understanding of the core principles of safe and effective prescribing.

The course comprises at least 26 days of structured learning activities. This includes 9 on-campus teaching days (4 in module 1, 5 in module 2), 4 days directed learning to complete SCRIPT and review other resources on virtual learning environment CANVAS, 5 days on completion of the structured reflective portfolio and 12 days supervised learning time in practice. There will also be self-directed learning. The Practice Certificate in Independent Prescribing is a 40-credit module with 400 hours of indicative student effort.

Pharmacists are invited to attend 3 optional study days to support areas of learning including calculations, pharmacology and clinical skills. These are attended by the majority and students benefit from peer learning in a multi-professional group. It was further noted that student profiles and experiences are reviewed with sessions tailored to be inclusive to meet the needs of the cohort as expertise may vary across sectors of practice and levels of experience.

Student profiles and experiences are reviewed with sessions tailored to be inclusive to meet the needs of the cohort as expertise may vary across sectors of practice and levels of experience e.g. hospital pharmacists doing regular ward rounds are likely to have more experience of adjusting drug doses due to poor renal function than their colleagues in community or primary care pharmacy. Individual tutorials are arranged to meet specific needs e.g. to support calculations, pharmacology, development of clinical management plans. Pharmacists are invited to attend 3 optional study days to support areas of learning including calculations, pharmacology and clinical skills. These are attended by the majority and students benefit from peer learning in a multi-professional group.

It was noted as part of the submission documentation that DPPs are responsible for the learning and supervision of pharmacist independent prescribers in training. The course recommends that at least 50% of the supervised learning time in practice is spent with the DPP who makes a professional judgement on the competence of the pharmacist.

### **Standard 6: Learning in practice**

### Standard met/will be met? Yes ⊠ No □

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

Supervised learning in practice time is facilitated by the DPP in a clinical setting with direct access to and interaction with patients. Pharmacists must complete at least 90 hours of learning in practice in clinical settings appropriate and relevant to their area of prescribing practice.

Requirements of the placement learning in practice are detailed to pharmacists and DPPs at the admissions stage, during induction for both pharmacists and DPPs and throughout the course, including in the student handbook, practice supervision and assessment handbook, and portfolio handbook. During the supervised learning in practice, pharmacist independent prescribers in training can make prescribing decisions under the supervision of a DPP but must not independently prescribe until successful achievement of the course and annotation with the regulatory body.

DPPs are responsible for the learning and supervision of pharmacist independent prescribers in training. The programme recommends that at least 50% of the supervised learning time in practice is spent with the DPP who make a professional judgement on the competence of the pharmacist. It is made clear to DPPs that delegation of supervision must only be to appropriately qualified and experienced members of staff.

Mechanisms are in place for liaising with DPPs regularly about the progress of a pharmacist in training. DPPs are contacted for feedback on the student during module 1 and module 2. There are also two mandatory tripartite meetings between the student, DPP and personal tutor.

### **Standard 7: Assessment**

### Standard met/will be met? Yes ⊠ No □

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

It was noted as part of the submission documentation that the underpinning UoB policy on assessment criteria is included in the Code of Practice on Taught programme and module assessment and in the UoB Regulations. The choice of appropriate assessments, their weighting, timing and provision of subsequent feedback is critically devised through multi-disciplinary processes. The course has been developed in a sequential manner to achieve a 'knows how/shows how/does' position for learning outcomes. The assessment philosophy includes the use of synoptic assessment to demonstrate the student's capability to apply knowledge, skills and understanding. The Programme Director is responsible for the development and quality assurance of all assessments. These are developed in conjunction with the course team and draws on their expertise. They are discussed and drafted within the team and sent to the external examiner for review and comment before finalising.

The synoptic assessment is utilised within the course. It is utilised within two exams using an ethical scenario-based approach. They are all quite holistic assessments, using different areas of practice and real-life practice examples. In development the course team use the Zubin Austin model as part of developing OSCE assessments and utilised extended matching questions as synoptic assessment. The course team have regular debriefs to ensure consistency.

It was further noted that all assessments are double marked and moderated to verify marks and assessment decisions. Debriefs after assessment delivery and marking review the suitability of assessments and consider enhancements and improvements. At the exam board, the external examiner reviews a sample of assessments to include a range of lower, middle and upper marked assessments and referrals as part of the quality assurance process. Regular formative feedback is provided throughout the course to support students to prepare for summative assessments. In any assessment, a failure to identify a serious problem or an answer which would cause the patient harm will result in overall failure of the course. Failure of any component of the module will require reassessment. The final result will be capped at 50% for the module as a whole (not including the portfolio, pharmacology-based assessment and the calculations examination). Failure of any OSCE station/s will result in a re-sit of the whole OSCE examination. Failure in the period of learning in practice cannot be compensated by performance in other assessments. Compensation of individual components is not available.

The accreditation team questioned how the course assessment strategy ensures trainees are practising safely, including in the use of summative assessment, OSCE and DPP assessment. The

course team explained that the course content is reviewed regularly and learning and the link to course material and script modules is assessed as part of this. There are 24 mandatory Script modules which are used as a safety net, linking to all aspects of the course to ensure safe practice. Module one focuses on problem-based learning, including testing drug interactions; these are scenario based with new drugs introduced, and are linked to practice. Clinical skills are assessed by DPP and OSCE, all summative assessments are checked by the course team. Clinical skills assessed in practice are assessed in portfolio then quality assured by the course team. The accreditation team questioned how the course assures that all DPP assessments of students are consistent. The course team explained that all DPP assessments are quality assured and checked by the course team as part of the review of portfolio. This is subsequently checked by the UoB quality assurance process via the exam board to ensure that all aspects of assessment decisions are checked and ratified.

It was noted that Pharmacists who successfully complete the course are awarded a 'Practice Certificate in Independent Prescribing'. All assessments must be passed, and outcomes achieved by the end of the course to an objective standard. The GPhC standards supersede those of the University with regards to patient safety.

### **Standard 8: Support and the learning experience**

### Standard met/will be met? Yes ⊠ No □

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

It was noted as part of the submission documentation that the induction day provides students with orientation to the course and supervised time in practice, together with signposting to well-being and student services available through the UoB central services. Students are assigned a personal tutor who they meet with regularly throughout the course. Students have access to a variety of resources on the virtual learning environment on CANVAS, and separately on campus. The role of personal and academic tutors is clearly outlined in the student handbook.

### **Standard 9: Designated prescribing practitioners**

### Standard met/will be met? Yes ⊠ No □

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

DPPs are provided with a Practice Supervision and Assessment Handbook, attend an induction event, and have resources in the DPP workbook on PebblePad. Guidance is provided on their role, including assessment of the pharmacist independent prescriber in training, providing feedback, support and raising concerns. DPPs must confirm that they have reviewed the resources provided.

The Programme Director is the first point of contact for DPPs, delegating to the wider course team as required. There is also a DPP on the programme management committee who provides support to the team and DPPs. The accreditation team questioned how DPP suitability is assessed by the course team in relation to criterion 9.2. The course team explained that the assessment of suitability begins during the application stage where the DPP completes a section confirming the points of the criterion. This is cross referenced and triangulated with the DPP's CV and then followed up at the interview stage

against the Prescribing Practitioner Admissions Checklist, which completed by a member of the course team.

It was noted that the two mandatory tripartite meetings provide an opportunity for the personal tutor, student and DPP to discuss the course and provide feedback to each other. Students are asked to provide feedback on their DPP via a survey included in their portfolio on PebblePad at the end of the course. This is collated and key general points are communicated to all DPPs. Individual feedback may be considered upon request. The student handbook details the process for raising concerns regarding the DPP or supervised learning time in practice and would be investigated by the course team with timely feedback provided to all concerned.

