

**King's College London independent
prescribing course reaccreditation event
report, June 2021**



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Event summary and conclusions

Provider	King's College London
Course	Independent prescribing course
Event type	Reaccreditation
Event date	30 June 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 King's College London 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	1. It was a recommendation that King's College London (KCL), as part of best practice within the sector, develop a process whereby KCL check directly the DPP's registration and/or annotation prior to being permitted to act as a DPP. This is in relation to criterion 9.1.
Minor amendments	It is not made clear in the Additional Application Form (Appendix 3; pages 4 and 8) that the two years' appropriate post-registration experience in a relevant practice setting has to have been undertaken within the UK.
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:	35

Number of pharmacist students per cohort:	35
Number of cohorts per academic year:	3
Approved to use non-medical DPPs:	Yes
Key contact (provider)	Rebecca Chanda, Clinical Senior Lecturer – Course Director
Provider representatives	Rebecca Chanda, Clinical Senior Lecturer, Course Director - Pharmacist Independent Prescribing Nicola Husain, Clinical Senior Lecturer, Course Director - Postgraduate Studies Graham Davies, Professor of Clinical Pharmacy & Therapeutics Rory Donnelly, Principal Teaching Fellow - Pharmacist Independent Prescribing Gillian Murray, Principal Teaching Fellow - Pharmacist Independent Prescribing Sharon Kitcatt, Teaching Fellow and Module Leader - Prescribing for Nurses and Midwives Helen Lofthouse, Quality Assurance Manager - Faculty of Life Sciences and Medicine (for 15:30 feedback session)
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 Parbir Jagpal, Director of Postgraduate Studies and Programme Director- Practice Certificate in Independent Prescribing, University of Birmingham Liz Harlaar, Independent Business Consultant
GPhC representative	Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Dr Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); 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

King's College London (KCL) was last reaccredited by the GPhC in 2017 to provide a course to train pharmacist independent prescribers, for a period of 3 years. In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 30 June 2021 to review the course's suitability for reaccreditation. At the 2017 reaccreditation event conditions were made in relation to criterion 5.4 (In any assessment, a failure to identify a serious problem or an answer which would cause the patient harm should result in overall failure of the course). These were specifically:

- a. A formal process must be developed to provide a mechanism to review and identify unsafe practice in assessment.
- b. The policy on resit attempts must be amended to state that a resit is not permitted if a student is deemed to have 'failed to identify a serious problem or given an answer which would cause patient harm'.
- c. The assessment regulations must also be amended to state that unsafe practice demonstrated during assessment will result in overall failure of the programme.
- d. The application of criterion 5.4 must be made clear to students and the DMPs within programme materials

All policies and procedures were revised to comply with these conditions and communicated to the GPhC in July 2017. These arrangements satisfied the GPhC that the conditions had been met.

The Practice Certificate in Independent Prescribing module is a level 7 single 60-credit postgraduate module, delivered over a 9-month period to registered pharmacists. In response to local commissioning imperatives the course was further developed in 2018 to enhance the physical assessment teaching and assessment alongside the essential prescribing elements of a traditional Independent Prescribing course. This led to the development of the 60-credit Postgraduate Certificate in Clinically Enhanced Pharmacist Independent Prescribing (CEPIP), the umbrella award for the 60-credit module. The additional teaching focus was approved by the GPhC prior to accepting students onto the course.

The team was told that the course team had reviewed the new GPhC Standards and undertaken a mapping exercise to identify overlap with the existing course provision and assessment along with areas that were missing; no major modifications were deemed necessary.

Documentation

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

The event

Due to the Covid-19 pandemic, the GPhC modified the structure of the event so that it could be held remotely. The event was held via videoconference between King's College London and the GPhC on 30 June 2021 and comprised meetings between the GPhC reaccreditation team and representatives of the KCL prescribing course.

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

Declarations of interest

There were no declarations of interest.

Schedule

The event

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

Managing the course during the Covid-19 pandemic

Provider's commentary

The submission described how, in light of the COVID-19 situation, the course team consulted quickly with a number of external organisations (London and South East Pharmacy [HEE]; various Trust non-medical prescribing leads; Chief Pharmacists within the catchment) and internally within

the College to agree the key actions required. The overriding imperative was to support NHS activity, keep students safe and ensure that students would continue to meet the GPhC learning outcomes. As a result all face-to-face teaching was suspended and material transitioned to online delivery, ensuring that all students and stakeholders were fully informed of the College's position and how students would be supported, introducing weekly student support sessions to manage expectations and concerns, including providing pastoral care to students, adjusting submission deadlines in line with individual student circumstances, as affected by COVID-19, using on-line written examinations with a timed access approach. Objective Structured Clinical Examinations were held using on-line real time assessment. The module was scheduled to be delivered in May 2020 (cohort 3) but, after consultation with HEE, local chief pharmacists and the head of department of pharmacy at the College, was cancelled to allow NHS pharmacists to focus on the impact of COVID-19.

Key findings

Part 1 - Learning outcomes

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

The following learning outcomes were tested at the event: **2, 15, 16, 19, 23, 27.**

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 or continue to be met (The criteria can be found [here](#))

Applications to the programme are made initially through the College's centralised electronic admissions portal, 'King's Apply'. Additionally, applicants complete a programme-specific application form which allows the programme team to verify that the GPhC entry requirements are met. The applicant, the DPP and a manager from the supporting organisation are required to sign the programme-specific application form to verify the information and to confirm support for the applicant. The DPP must also declare that they meet DPP requirements, namely that they are appropriately registered with suitable experience and qualification to undertake the role. The Admissions Officers ensure compliance with all relevant legislation including that pertaining to equality and human rights, and all staff members involved in the selection process have undertaken equality and diversity training. The team was told that the recruitment to the course is anonymous in terms of protected characteristics, such as disability. If it is revealed from the programme-specific application form that the applicant has insufficient clinical experience to identify a scope of practice, then applicants will be provided with feedback on the reason for rejection and support on reapplying with an improved application. The team learned that most applications are for HEE-commissioned places, from secondary care, and usually exceed the available places, with around 45 applications for 30 places; in this case strong applications may be allocated a place in the subsequent cohort. The team was told that the course has received applications from pharmacists working in other areas including GP practice, community pharmacy and the prison service; the application parameters are used irrespective of background. The team noted that It is not made clear in the Additional Application Form (Appendix 3; pages 4 and 8) that the two years' appropriate post-registration experience in a relevant practice setting has to have been undertaken within the UK; this should be rectified.

Standard 2 - Equality, diversity and inclusion

Standard met? Yes No (accreditation team use only)

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

The implementation of King's Equality, Diversity and Inclusion strategic goals is overseen at the School level by a Lead in Development Diversity and Inclusion, who chairs a School-wide DDI committee, and reports to the School Executive. Cultural awareness and equality and diversity training is compulsory for all staff. Principles of inclusivity underpin all aspects of the IP course design and delivery and a variety of teaching modes is utilised to acknowledge students' varied learning styles and to promote accessibility. The team was told that the course team ensures

that case studies are not confined to white, middle-aged males and that images that are used reflect a range of backgrounds. Particular consideration is given to ensuring that physical assessment skills are taught in a manner that is inclusive and sensitive to students' physical, cultural or religious needs. The example was given of online OSCEs being performed at the student's home with a family member playing the part of a patient on screen; in such a case a female examiner might be necessary. Also in this respect, the team was told that students must meet the learning outcomes so that particular attention is paid to meeting the needs of disabled students including accessibility to physical assessment skills teaching. Recorded lectures include captioning, and all teaching rooms are equipped with hearing loops. Students are taught about their legal and ethical obligations regarding equality and human rights in relation to independent prescribing within the legal lecture and the consultations skills teaching. For students with specific learning needs, discussions will take place with the student and the DPP to ensure that, where appropriate, adjustments to learning in the workplace are facilitated. Students must meet all the course learning outcomes and are subjected to the same assessment process although, where appropriate, some students will have adjustments made to accommodate specific learning needs. For example, the team was told that through the King's Inclusion Plan a disabled student will be allocated a disability advisor who will help application for a Personalised Assessment Arrangement. The team was told that equality and diversity data are examined after each cohort and any necessary changes made for the subsequent cohort. It was stressed that the processes are fair throughout the course, from application to assessment.

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 or continue to be met

The course is led by a named course leader who oversees all aspects relating to the design, delivery, assessment and quality assurance of the course. As the course is delivered three times over the academic year the separate cohorts are led by different academic members of staff. During the learning in practice element of the course the Designated Prescribing Practitioner (DPP) takes responsibility for overseeing and assessing the student's skills development. The course is led by a prescriber (0.4 WTE) who works with a core team of two dedicated Principal Teaching Fellows (0.4 and 0.6 WTE) and a Clinical Senior Lecturer (0.2 WTE), all registered pharmacist independent prescribers, to manage and deliver all aspects of the student and DPP experience. Aspects of the teaching are also delivered by colleagues from the Faculty of Nursing, Midwifery & Palliative Care, especially those related to physical assessment skills at the Chantler Simulation and Interactive Learning (SaIL) Centre on the Guy's Campus. Students develop a learning contract to describe their scope of practice, including formulary, key assessments and the essential exclusion criteria. This is then used to identify specific learning needs, which are mapped against the course learning outcomes within the context of the student's scope of practice. The team was told that the COVID-19 pandemic had allowed reflection on the forward progress of the course including more support for DPPs. This had led to the instigation of an online DPP drop-in session that had been well-received and had opened a good line of communication. DPPs are provided with a DPP Handbook and have access a recorded webinar.

The team also learned that as a result of the pandemic teaching staff had enhanced their IT skills in order to use the resources available to them including recorded teaching. The team was also told that joint teaching with students on the nursing independent prescribing course had been successful with students enjoying online discussions with their nursing colleagues. Despite some initial trepidation, the current situation was said to have improved relationships with students, and it was emphasised the College work would not interfere with NHS work at this time.

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 or continue to be met

Initial approval for the Practice Certificate in Independent Prescribing course was gained from the College Quality Subcommittee of the School of Biomedical & Health Sciences Teaching Committee in January 2008. The quality assurance processes for the programme involves student feedback through liaison with the committee students' representatives and the department senior tutor. Detailed feedback from students is collected via the College module survey system and a module-specific feedback form. The team noted that feedback on the course had been mixed with some criticism of the College's e-Learning and Teaching Service (KEATS). The team was told that cases on KEATS are checked for being up to date and relevant but can go out of date between updates, the last of which was six months before the first lockdown. In this respect, the team was told that previously students had submitted their clinical cases quite late in the course, but now the submission date had been brought forward to allow the course team to review elements of students' coursework, and to encourage students to keep on top of their work and assessment. The views of the external examiner are sought on the content of written examination papers and assessment tasks, and they are consulted when modifications to teaching content, delivery or assessment are proposed. The Independent Prescribing Programme Steering Group, which brings together the management teams for the pharmacy and nursing independent prescribing programmes, meets annually to review programme delivery. An annual stakeholder meeting is held to gather views from local stakeholders including prescribers in practice, DPPs, Trust non-medical prescribing leads, pharmacy clinical service leads, the external examiner and service users (patients). Student outcome data including admission numbers, attrition rate, completion rate, time to completion, and marks achieved are collected for each cohort and reviewed regularly to monitor for parity and to investigate trends or anomalies. At module level, the course leader takes overall responsibility for quality assurance, working with the course coordinators to ensure all quality data is collected, analysed and reported in line with the Faculty requirements. External influences, such as legislative changes or clinical advances that may impact on teaching content, method of delivery or assessment, will be raised at programme management team meetings. The team was told that online teaching sessions are peer-reviewed to oversee quality and that individual teachers may be spoken to if there is unsatisfactory student feedback.

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 or continue to be met

The documentation explained that the course adopts a blended approach to learning, comprising face-to-face instruction (75 hours) supported by e-learning material (120 hrs) and an extensive period of learning in practice (110 hrs). During the period in practice the student applies their learning to patients within a specific clinic environment, guided by an agreed learning contract and supervised by their DPP. The face-to-face teaching and e-learning provide the underpinning knowledge and skills essential to be a safe and effective prescriber, while the learning in practice requires the student to apply their learning to patients in their scope of practice to demonstrate competence in assessing patients and to reach a shared prescribing decision with the patient and an agreed management plan. Students are informed during the programme induction and within the student handbook of the expected behaviours and professional standards that must be upheld. These include maintaining patient confidentiality, using social media appropriately and avoiding bullying and harassment of others. A student will be contacted immediately and removed from the prescribing area should their DPP highlight aspects of poor or incompetent care resulting in patient harm; an investigation to determine all the relevant facts will be carried out. Where a change of DPP or clinical environment, or both, is required, the student must resubmit the additional application form to provide detail of the DPP, any changes required to the scope of practice and evidence that the change has the support of both the line manager and new DPP. The team was told that each year a stakeholder meeting, including students, trusts, DPPs, patients, and education and training leads, is held to determine if the course is meeting needs including patient expectation and service delivery. A service user is used currently in the consultation teaching session and will be joining the ethics teaching session. In addition, the course team is considering bringing expert patients into more teaching sessions. The team was told that the students are usually quite senior pharmacists, so the standard of their work is high with problems only arising generally due to mitigating circumstances. The course had experienced initial issues with competence in OSCEs and students have failed certain elements of the assessments, but in recent times there have not been overall fails of the course.

Standard 6 - Learning in practice

Standard met? Yes No (accreditation team use only)

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

The submission stated that students must undertake at least 110 hours of learning in practice in a patient-facing clinical setting that is appropriate and relevant to their area of prescribing practice. A minimum of 90 hours must be spent developing the behaviours, skills, knowledge and understanding required for independent prescribing and a minimum of 20 hours are

specifically for honing the skills required for enhanced patient assessment. Supervision of activities may be delegated to other practitioners such as another prescriber, but overall responsibility remains with the DPP. Students must provide an activity log of their learning in practice within their portfolio which must account for the full number of hours. Students are expected to detail the patient-facing activities that they undertook in practice and the skills that were achieved through each activity. The DPP must provide confirmation that the student has completed their learning in practice under their supervision. The requirement for students to prescribe only under the supervision of the DPP is clearly communicated to students and DPPs via the introductory teaching sessions. DPPs are informed of their responsibilities to oversee the learning in practice and to verify the student as being a competent pharmacist independent prescriber at the beginning of the course prior to the student commencing their learning in practice, including planning the experience, supervising practice, and assessing competence. The team learned that during the current COVID-19 pandemic access to patients has continued as normal in acute practice although is hampered occasionally by DPP illness, in which case another approved practitioner will take over the role or the learning in practice element will be delayed slightly. It was stressed that in such circumstances the learning outcomes must still be met; if it proves impossible to undertake a physical clinical assessment in the area of the scope of practice then the student should find another area in which they can demonstrate their skills. The team was told that remote consultation has been added to the teaching and that although such consultations were unusual initially, there is now more experience of them and that students can demonstrate their skills through such consultations.

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 or continue to be met

The documentation explained that the assessment strategy is underpinned by a formative component whereby feedback informs individual student learning. This approach is focused on the skills acquisition within the course so that students are provided with an opportunity to develop their physical assessment capability through feedback during the taught sessions. During the learning in practice component of the course, the DPP provides on-going feedback using a range of workplace-based tools, such as Direct Observation of Practical Skills (DOPS), mini-PAT (Peer Assessment Tool) and the Medication-related Consultation Framework (MRCF). Summative assessments are focused on the ability of the student to demonstrate their underpinning prescribing knowledge and specific understanding of the drugs listed in their prescribing formulary, assessed by a written 2-hour examination paper and the submission of a Therapeutic and Risk Framework report. Their competence to perform a range of physical assessment skills, including an ability to effectively consult with patients, is assessed during the Objective Structured Clinical Examination, which requires all stations to be passed. In the real-world situation, student performance with patients in their scope of practice is assessed from a portfolio of evidence which is in the real-world situation, to patients in their scope of practice, by compiling a portfolio of evidence which is reviewed by a member of the course team and verified during the portfolio oral examination. The team was told that the oral examination will

concentrate on one of the student's cases, for example, reviewing red flags, particularly to check if a potentially weak student will be safe in practice. The team was assured that there had been few cases of unsafe practice and that the policy of early submission of coursework, five months into the course, allowed teaching staff to identify any potential unsafe practice and to propose a path to remedy it. In cases of unsafe practice, the mitigating circumstances framework will allow extra time for remedial purposes. All elements of assessment must be passed for the student to graduate from the course, and there is no compensation between any element of assessment. To meet the GPhC's learning outcomes, students are expected to provide evidence demonstrating competence against the RPS Competency Framework for All Prescribers. Any unsafe practice will constitute an automatic fail, with no re-sit opportunity, and the student will be withdrawn from the programme. Compulsory attendance is mandated for the direct taught elements of the course. If a student unavoidably misses a teaching session (e.g. through illness) they must meet with the course director to discuss how they will undertake the learning via a different format. Students are informed that their learning in practice must not commence until their learning contract has been signed by their DPP and approved by an academic member of the course team who will provide feedback to the student. It was stressed that students must engage with and manage the period spent with their DPP. Internal quality assurance systems require a review of the written examination paper and OSCEs by the Course Team prior to it being sent to the external examiner for comment, iteration and approval.

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 or continue to be met

A comprehensive induction for students is delivered on the first day of the course delivered by members of the course management team; students are informed that, as a guide, a 60-credit module requires 600 hours of study of which at least 110 will be learning in practice. An academic personal tutor is allocated to each student to provide pastoral support during the course. Students are also made aware that the course leader or others within the management team are available for academic, personal or pastoral support or advice if required. Students are made aware of the College procedures for mitigating circumstances and the support that can be given if their studies are adversely affected by something outside of their control such as sickness or bereavement. In finalising their learning contract students are expected to agree a schedule of meetings with their DPP throughout the period of learning in practice; reflective accounts that must be completed at the mid-point and end of the learning in practice period require the student to scrutinise their progress and discuss any pitfalls with their DPP. If the student has a concern regarding the practice of the DPP or another healthcare professional, or about the quality of the course, they are advised to discuss it, in the first instance, with the course director. The team was told that the course had not experienced such problems but that students may need to change DPPs in the case of illness/injury of their DPP; a member of the teaching team had acted as a facilitator on an occasion when a student had to move to an alternative DPP. DPPs are directed to the GPhC's Guidance on tutoring pharmacists and pharmacy technicians within the DPP handbook, are referred to the RPS Competency Framework for Designated Prescribing Practitioners and are encouraged to self-assess against

the framework to identify areas for development. The team was told that the quality assurance of the DPPs, or delegated healthcare professional's assessment activity is by means of triangulation across the student's portfolio; the course team knows that who has signed off the student might be a clinical nurse specialist, but the ultimate responsibility lies with the DPP.

Standard 9 - Designated prescribing practitioners

Standard met? Yes No (accreditation team use only)

The team was satisfied that all five criteria relating to the designated prescribing practitioners will be met or continue to be met and one recommendation was made.

The team was told that an applicant would be rejected if they did not have a suitable DPP. The team also learned that the course currently does not have any non-medically qualified DPPs, but it is envisaged that nurse or pharmacist DPPs will be recruited in the future; it was acknowledged that such DPPs would probably require extra support. DPPs are assessed for suitability within the prospective student's application process which occurs before a student is offered a place, thus ensuring that only students who have a suitable DPP are offered a place on the course. The team was concerned that the course team told them that the DPP's qualification and standing with their regulator was not checked by the College. The provider assured the team that the DPP would need to be supported by their line manager but nevertheless, the team agreed that there would be a **recommendation** that King's College London (KCL), as part of best practice within the sector, develop a process whereby KCL check directly the DPP's registration and/or annotation prior to being permitted to act as a DPP. The role of the DPP is discussed further within the DPP training session that takes place at the beginning of the course. A DPP would normally only be allowed to supervise the training of one student at any given time with whom they should only have a professional relationship, and students must confirm that they do not have a personal relationship with their prospective DPP. The team was told that a training webinar is provided for DPPs at the beginning of the course, supplemented by a virtual 'drop-in' session facilitated by the academic programme team. DPPs are encouraged to contact the programme team directly if they have concerns about their student. The team learned that student feedback, relating to the engagement and capability of the DPP, will be collected and a summary of this data relating to the cohort, not an individual, will be made available to both students and DPPs. As part of the portfolio review, workplace-based assessments are checked to verify that DPPs have provided constructive feedback to students.

