

**Open University independent prescribing  
course, reaccreditation event report,  
November 2021**



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## Event summary and conclusions

<b>Provider</b>	Open University
<b>Course</b>	Independent prescribing course
<b>Event type</b>	Reaccreditation
<b>Event date</b>	29 November 2021
<b>Approval period</b>	February 2022 – February 2025
<b>Relevant standards</b>	<a href="#">GPhC education and training standards for pharmacist independent prescribers, January 2019</a>
<b>Outcome</b>	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing course provided by the Open University should be reaccredited for a further period of three years.</p> <p>This recommendation includes approval to use non-medical DPPs; it also includes approval for a maximum intake of two cohorts per year, with a maximum of 150 students (including 45 pharmacists) per cohort, provided resources are scaled in the way that has been described in the report.</p>
<b>Conditions</b>	There were no conditions.
<b>Standing conditions</b>	The standing conditions of accreditation can be found <a href="#">here</a> .
<b>Recommendations</b>	No recommendations were made.
<b>Minor amendments</b>	<ul style="list-style-type: none"> <li>• There should be explicit reference in the module handbook to the consequences of students demonstrating unsafe practice. (This relates to standard 5, criterion 5.8)</li> <li>• The term DMP is used in several documents, including in the handbook with reference to the GPhC. The correct term for pharmacist supervisors is DPP (Designated Prescribing Practitioner). This should be corrected throughout. (This relates to standard 6)</li> </ul>
<b>Registrar decision</b>	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.
<b>Maximum number of all students per cohort</b>	150

<b>Number of pharmacist students per cohort</b>	45
<b>Number of cohorts per academic year</b>	2
<b>Approved to use non-medical DPPs</b>	Yes
<b>Key contact (provider)</b>	Alison Hill, Senior Lecturer Non-Medical Prescribing, Pharmacy Lead
<b>Provider representatives</b>	<p>Alison Hill (Pharmacist), Senior Lecturer Non-Medical Prescribing, Pharmacy Lead</p> <p>Shelley Peacock (Nurse), Senior Lecturer and Module Chair Non-Medical Prescribing</p> <p>Janet Webb (Nurse), Associate Head of School, Nursing and Health Professions</p> <p>Steven Fazakerly, Head of Operations, Professional Programmes, Faculty of Wellbeing, Education and Languages Studies</p> <p>Josie Hughes, Senior Manager Qualifications (Outcomes session only)</p>
<b>Accreditation team</b>	<p>Catherine Boyd (event Chair), Chair of Fitness to Practise Panels, HCPTS</p> <p>Professor Chris Langley, Professor of Pharmacy Law &amp; Practice and Head of the School of Pharmacy, Aston University; Deputy Dean, College of Health and Life Sciences</p> <p>Dr Gemma Quinn, Associate Professor of Clinical Pharmacy, University of Bradford</p>
<b>GPhC representative</b>	Philippa McSimpson, Quality Assurance Manager, General Pharmaceutical Council
<b>Rapporteur</b>	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

## Introduction

### Role of the GPhC

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

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 Open University was provisionally accredited by the GPhC in 2018 for a period of three years to provide a course to train pharmacist independent prescribers. In line with the GPhC's process for accreditation of independent prescribing programmes, a monitoring event was scheduled for June 2020 to review the programme's suitability for full accreditation. On that occasion the accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the Open University should be fully accredited as a provider of a pharmacist independent prescribing programme for the remainder of the accreditation period; there were no conditions and no recommendations were made. In line with the standards for the education and training of pharmacist independent prescribers (January 2019), an event was scheduled on 29 November 2021 to review the course's suitability for reaccreditation.

### Documentation

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

### The event

The reaccreditation/monitoring event was GPhC held remotely via videoconference on 29 November 2021 and comprised several meetings between the GPhC accreditation team and representatives of the Open University prescribing course. Students who were currently undertaking the course, or who had completed it in the last three years, contributed to the event by completing a qualitative survey, responses to which were reviewed by the GPhC accreditation team.

## Declarations of interest

- i. Brian Furman is currently in year 2 of a degree in English Language & Literature at the Open University.
- ii. Catherine Boyd worked on two HEFCE-funded projects between 2000-2005 which were based at the Open University in the North West.
- iii. Gemma Quinn was a panel member for the HCPC when the Open University's IP course was first accredited in 2018.

The team agreed that none of these declarations constituted any conflict of interest.

## Schedule

Meeting number	Meeting	Time
1.	Private meeting of accreditation team and GPhC representatives, including break	09:30 – 11:00
2.	Meeting with course provider representatives	11:00 - 13:00
3.	Lunch	13:00 - 14:00
4.	Learning outcomes testing session	14:00 - 14:45
5.	Private meeting of the accreditation team and GPhC representatives	14:45 - 15:45
6.	Deliver outcome to the provider	15:45 - 16:00

## 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 **eight** 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: **16, 17, 18, 21, 23, 25, 26 and 30.**

### 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.**

To be accepted onto the course, pharmacists must be registered with the GPhC or the PSNI, must have two years' patient-orientated, UK-based, post-registration experience, and must provide a personal statement to describe their experience and preparation for the programme, as well as identifying an area of practice in which they will develop their independent prescribing; they must also identify a designated prescribing practitioner (DPP) who has agreed to supervise their learning in practice. Guidance on the criteria is provided to prospective students on the website. Application forms are scrutinised by the Pharmacist Programme Lead and discussed with the DPP and NMP lead where appropriate; those applicants meeting the criteria are accepted onto the course.

In response to the team's wish to learn more about how the information provided by applicants in their personal statement is used as part of the admissions process, the provider described how emphasis is placed on the applicant's scope of practice which is covered in this personal statement. Here, applicants expand on the scope, covering their relevant clinical and therapeutic experience, as well as describing their preparation for starting the course; if experience in their proposed scope of practice is inadequate, this would be discussed with the applicant. Unsuccessful applicants receive detailed, written feedback explaining why they do not meet the requirements and are notified of how to appeal against the decision, as well as being offered the opportunity to ask questions on the feedback. Examples of reasons for rejection include lack of suitability of the proposed practice environment or of the DPP, and not currently working in practice. Consistency of decisions on accepting students is ensured by discussion of every application by the course team and other staff members; applications are judged against all of the criteria, including the appropriateness of each applicant's clinical and therapeutic experience.

The team noted that one route of entry to the non-medical prescribing programme was through the Advanced Clinical Practitioner Degree Apprenticeship but learned that no pharmacists have so far joined through that route.

### 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.**

The team was told that the University undertakes extensive work on equality, diversity and inclusion (EDI) matters; the University has a Dean of Diversity and Inclusion. The University's equality scheme policy describes how it will meet its responsibilities under the Equality Act (2010) and the relevant legislation in Northern Ireland, ensuring that people are treated with dignity and respect, inequalities

are challenged, and that the University anticipates and responds to different needs and circumstances; needs are usually identified through the application form, which allows applicants to disclose any disability. There is a key disability support officer to whom students are referred and who addresses any learning needs, such as the provision of additional time for examinations. The University has strong systems to support learning; funding is available, for example, to provide adapted stethoscopes for hearing-impaired students, or specific computer equipment. If a student has a disability that needs support in the practice environment, their requirements would be discussed with the DPP and line manager.

Equality and diversity data are collected centrally and the team learned that these data are received from the centre usually twice per year. The data cover ethnicity, social background, gender, and disability; they are reviewed by the module chair and the pharmacist lead for the NMP course and are scrutinised against student attainment. The numbers are too small for statistical analysis but they have revealed that those students whose first language is not English do not perform as well; guidance is provided for such students, through for example, an open learning programme on academic writing.

An end of module report identifies any EDI issues, all of which, together with information on attainment against gender and ethnicity, form part of an annual report to the Board of Study. Any EDI issues are included in a rolling action plan with clearly defined objectives; this action plan addresses any identified attainment gaps, for example associated with disability or mental health.

There are specific learning outcomes which relate to relevant equality and human rights legislation, and discussions around this topic may arise in any teaching sessions, especially in discussing clinical cases.

### 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.**

Facilities for the programme are provided on the Walton Hall Campus in Milton Keynes; these include the library, as well as teaching rooms that are appropriately equipped for undertaking clinical assessments. A learning environment audit (LEA) of the practice environment is completed as part of the application. This ensures the availability of appropriately trained staff and the suitability of facilities; these are discussed at face-to-face meetings with the DPP and the student.

The programme is delivered by staff across a range of professions and a management plan defines the roles and responsibilities of those involved in delivery. Members of academic staff are supported in a number of ways, including regular group meetings, as well as meetings with their line manager, and personal development review/appraisals, along with annual workload planning and monitoring. There is a clearly defined organisational structure within the faculty. Each student has an academic assessor who meets the student and their DPP face-to-face twice during the course; these meetings are documented in the student's practice log.

Requesting information on how pharmacists are involved in programme design, delivery and assessment, the team was told that several pharmacists, including practitioners, deliver a significant

amount of the programme, for example, pharmacology; some associate lecturers are pharmacists. Guest speakers, for example, on antimicrobials, include specialist pharmacists.

Seeking clarification of the proposed student numbers, the team was told that the business model is currently based on 50 students per cohort, with two cohorts starting each year. Student numbers to date have remained fairly low because the start of second cohort was impacted by the pandemic, however the University is requesting approval for an increase, as higher student numbers are part of the future business model. The intention is to progressively increase the numbers to 150 per cohort, again with two cohorts per year, with up to 45 of the 150 places on each cohort taken by pharmacists. Currently, there is a good mix of professions on the course; it is planned to see increases in the numbers of nurses, paramedics, midwives and pharmacists.

Present staffing is based on a maximum of 50 students per cohort. However, the course is adopting the University's 'Associate Lecturer' (AL) model which allows recruitment of ALs according to student numbers. The ratio of students to ALs would be 12:1, with these staff members looking after students' academic and pastoral welfare, and marking in-course assignments. ALs have an annual contract, which is reviewed by each party at the end of the term. Currently, the central academic team undertakes quality assurance, marking in-course assessments, and liaising with DPPs, including checking the suitability of the DPP and the practice learning environment. In the new model, much of this work will be undertaken by ALs with monitoring and oversight by the central academic team to ensure consistency; the central academic team will attend a sample of meetings with DPPs for quality assurance purposes. As student numbers expand, the central academic team will be increased by one or two staff members.

The team required assurance that facilities and access to learning resources would be adequate for the proposed increased cohort size. The team was told that there is sufficient space on the Milton Keynes campus. Currently, there is sufficient clinical equipment for 50 students per cohort and the University can accommodate increases in student numbers by having students attend on different days. Moreover, the business model allows for increases in equipment as necessary, in line with student numbers.

The team sought clarification of the reference to teaching at different locations around the UK. The provider explained that currently this is not undertaken or required and the Milton Keynes campus remains the only site accredited by the GPhC for teaching clinical skills. However, the University was seeking approval in principle for the use of additional sites across the UK as student numbers increase; the need for this and its cost-effectiveness will be reviewed as and when required. Specific GPhC approval would be sought for any such sites, for example, in Scotland or Northern Ireland, prior to commencing teaching and a video-tour of the facilities would probably suffice. The OU has regional offices and, if required, a team can travel to other parts of UK.

## 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.**

The programme is monitored and reviewed through formal University mechanisms which include end-of-module reviews and gathering student feedback, as well as the external examiner's reports for each cohort. Noting the difficulty in obtaining student feedback, the team was told that the recent poor response was due to the survey being undertaken just as the Covid pandemic was starting. Various approaches have been tried to encourage feedback, including signposting students to the surveys, undertaking the surveys on the last day of the course, and in-course evaluations with polls taken during synchronous forums. Feedback is also obtained through the student representative on the stakeholder group. Real-time evaluation of modules is undertaken through a module review toolkit using the virtual learning environment (VLE) platform provided by the Institute of Clinical Science and Technology; this allows evaluation using short feedback surveys at the end of each of the units of learning that make up the course.

Module, qualification and external adviser reports form part of an annual Board of Studies report, which includes evaluation of data concerning student performance and student satisfaction, sharing of best practice and issues, performance against access, and participation and success objectives, as well as issues for the attention of the Faculty and of the University. The report is considered by a University-level peer review group, with overall findings and recommendations being contained in an annual report, which is submitted to various University committees, including the Qualifications and Assessment Committee. The full course content is formally reviewed for major changes every four years and individual units can be reviewed sooner where there have been fundamental changes in practice.

Wishing to learn more about the meetings of the non-medical prescribing and the wider 'Advanced Clinical Practice' (ACP) staff, the team was told that ACP meetings take place every two weeks along with monthly meetings of the course team. Actions decided at these meetings have an agreed timeframe with identified responsibilities and required outcomes, and are taken forward to the next meeting.

Noting that assessments are moderated both internally and externally and wishing to understand the moderation process, the team learned that the University uses an online system for examinations and assignments. A sample of papers is reviewed by an internal moderator from the ACP staff and a selection is sent for review to the external examiner, who discusses these papers with the central academic team of the non-medical prescribing programme; all failures are reviewed by the central academic team.

In response to the team's wish to know how the standard of teaching and assessment in the practice setting is monitored, the staff explained that all practice learning environments are audited and the students' learning needs are identified initially. The elements to be assessed in practice are considered and the student then has formal, scheduled meetings with the DPP and academic assessor to discuss progress; these take place at the start, mid-point and towards the end of the programme, with responsibilities being defined during the first meeting. Students are required to keep a practice

logbook which is discussed with the DPP; this allows checking of the level of engagement on the part of both the student and the DPP. If aspects are not adequately covered in the practice log, these are discussed, checked and discussed further.

Wishing to learn how changes relating to the practice of pharmacy are identified and incorporated to ensure that the course stays up to date, the team was told that mailings are received concerning regulatory issues. Past and present students provide feedback on changes occurring in practice, with feedback from current students being received during the managed, synchronous forums which are face to face meetings held almost weekly. These allow emerging aspects to be identified and incorporated quite quickly into the course.

## Standard 5: Course design and delivery

Standard met/will be met? Yes  No

**The team was satisfied that all ten of the criteria relating to the course design and delivery will be met. Criterion 5.8 requires a minor amendment (Please see the event summary and conclusion).**

The GPhC learning outcomes have been mapped to those of the programme. Meeting these outcomes is achieved through 600 hours of study comprising face-to-face learning, synchronous, online forum-based activities, and online study, as well as self-directed learning; and 90 hours of in-practice supervised learning. Meetings with the DPP ensure that supervision is appropriate and that students are working within their own competence. Patient safety is ensured at all times and meetings with the DPP are structured to identify any practice issues. Some students responding to the GPhC survey suggested that pharmacists should have more time available for clinical skills and physical assessment.

In clarifying the reference in the documentation to 'core therapeutic areas', the provider described them as those that all prescribers will likely encounter in their practice, such as cardiology and respiratory medicine. While pharmacology teaching is focussed on its principles and how to apply them, there are numerous opportunities for students to adjust their learning to their own specialities and they can obtain additional support in these areas.

Wishing to learn more about the stakeholder group, the team was told that its members include students, service users and carers, as well as organisation representatives such as line managers and non-medical prescribing leads; there is also a separate 'Carer and Service User' group. Although only one meeting has been held this year, the intention is to hold three meetings annually. The group addresses the design, delivery and assessment of the course. Examples of changes made in response to the stakeholder group include reformatting the OSCE from a group OSCE to an individual one and using patient actors in the consultation OSCE.

In response to the team's wish to understand how the regulations and assessment strategy prioritise patient safety, safe and effective practice and clinical skills, the provider explained that marking criteria are adhered to and there are benchmarks to achieve a pass. Any demonstration of unsafe practice, including in written work, would result in a failure. Even though the DPPs sign off the practice log books, these are marked by members of academic staff. If unsafe practice arises either during the programme or within an assessment, the matter is discussed with the student, the DPP and

the line manager and support is provided for the student. A risk assessment would be undertaken to consider if the matter relates to academic skills, or to lack of knowledge or understanding. Where necessary, if there is a risk to patient safety, the matter would be escalated to fitness to practise. Safe practice is emphasised throughout and students receive feedback after assessments. If unsafe practice is demonstrated, the student will be informed what will happen next. Although the team was told that students receive both oral and written information on the consequences of unsafe practice, this was not clear from the documentation. Therefore, the team suggested a minor amendment that there should be explicit reference in the module handbook to the consequences of students demonstrating unsafe practice.

## 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. A minor amendment was required. (Please see the event summary and conclusion).**

Learning in practice is undertaken under the supervision of a designated prescribing practitioner (DPP), whose suitability for that role is determined by the Programme Lead at the time of the student's application. Activities undertaken by the student in the clinical setting, including prescribing under supervision, must be documented in the practice logbook, which is scrutinised by the Programme Lead during scheduled meetings with the DPP and the student to ensure that these activities are appropriate and relevant to the pharmacist's area of prescribing practice. Within the logbook, the DPP is required to sign the competencies achieved and to complete and sign the summative assessment. While at least 30% of the in-practice learning should be spent with the DPP, up to 70% of this time can be spent with other healthcare professionals. The DPP must be satisfied that any other person undertaking this role is suitable to deliver teaching and to assess competence; moreover, the DPP must countersign entries in the student's practice log.

Requesting information about any examples of a DPP raising issues with the course team, and what actions were taken, the team was told that problems had arisen relating to the amount of time for which students have been released; the matter had been discussed and resolved with the practices concerned. One positive outcome had been a student being offered a job in the DPP's practice as a result of exceptionally good performance.

The team noted that the term DMP (designated medical practitioner) is used in several documents, including the handbook. The correct term for pharmacist supervisors is DPP (designated prescribing practitioner); this should be corrected throughout.

## Standard 7: Assessment

Standard met/will be met? Yes  No

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

There are eight summative and several formative assessments. All summative assessments are pass/fail; students cannot pass if they have failed any elements of the course. Identification of unsafe practice within an assignment will lead to an automatic fail for that assignment, irrespective of the mark received. Six of the summative assessments are 'Tutor-marked Assignments' (TMAs) comprising

a numeracy examination, a clinical skills assessment based on a multi-station OSCE, a pharmacology examination, a prescription writing test, an assessment of consultation skills undertaken as part of a multi-station OSCE, and a correctly-completed 'clinical management plan'. There are also two 'End-of-module Assignments' (EMAs) which comprise assessment of the practice log and of a submitted 'reflective case study'. All summative assignments are marked by University academic assessors, enabling quality assurance of assessment across different practice environments. Students must attend all of the face-to-face sessions on campus and at least 80% of the synchronous forum sessions in order to pass the course.

The team was told that students are made aware during the induction session that they must pass all assessments in order to pass the course and that no compensation or condonation is allowed, with any unsafe practice resulting in an automatic fail; these points are emphasised throughout the course.

The team noted that the numeracy assessment comprises five questions to be answered in 60 minutes, and has a pass mark of 100%. Questioning if this is appropriate to demonstrate competence, the team was told that this is an interactive, computer-marked assignment and is the students' first experience of this type of assessment; the academic team wanted to remove time pressure, although most students complete the assessment within 30 minutes. Students join the course with a level of proficiency in calculations and the questions relate to those calculations that would be encountered as a prescriber; the assessment is designed to ensure effectiveness in a prescribing environment.

Noting that the assessment strategy relies heavily on a large number of the learning outcomes being demonstrated within the reflective case study, the team wished to know how this was marked and how the staff team ensures that all learning outcomes are met by each student. The provider explained that this is double marked by the central academic team using marking criteria derived from learning outcomes. If a learning outcome is not demonstrated in one place, then the marker will look elsewhere; students will not pass the course unless all outcomes have been demonstrated. If student numbers increase, marking will be undertaken by Associate Lecturers (see standard 3) with monitoring by the central academic team.

Some clinical skills relevant to a pharmacist's scope of practice are assessed in the practice setting rather than in the OSCE. Wishing to learn how such assessments are quality assured, the team was told that the required skills are initially identified and documented in the student's 'learning needs' and clear evidence for meeting the competences is sought; such evidence is documented in the student's practice logbook and discussed at meetings with the DPP.

Noting a change in the timing of the pharmacology examination, and wishing to learn of its impact on student performance, the team was told that this change was made from February 2020 onwards to ensure that this assessment is completed before Christmas, avoiding bunching of assessments and allowing digestion of material beforehand. Although this was not really needed for pharmacists on the course, the change has been received positively by the students and there have been fewer failures at the first attempt.

Wishing to know if any changes had been made to the mock pharmacology examination in response to student feedback regarding its difficulty level, the team was told that some questions have been changed, with all questions being reviewed by the external examiner, who agreed that all are of an

appropriate standard. There are now two online mock assessments which the students attempt as often as they wish in their own time.

## 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.**

Students undergo a compulsory, on-campus induction to introduce them to all aspects of the programme. Each student is allocated a personal tutor as well as an academic assessor/facilitator, who liaises with the DPP and student to monitor and support practice learning. The student can also access other University-wide support services. Students are advised to spend at least 30% of their time in clinical practice with their DPP, with whom they should have weekly contact so that the DPP can monitor progress and provide support. Several forums are available for peer and tutor support, and students can monitor their progress via the Student Dashboard, which provides a guide to all aspects of the student's study.

Mechanisms are available to enable students to raise concerns, for example with the Programme Leader. Seeking clarity on how a student would know how to raise concerns in the practice setting, the team was told that there are both informal and formal routes for doing this, with the formal routes stated in the Module Handbook, along with the contact details of the relevant person; the systems bypass the central academic team in case the concern relates to a member of that team. Students can raise concerns with tutors or any members of staff, and there are also processes within the practice environment and at University level.

Students responding to the GPhC survey expressed a high level of satisfaction with the support received from the central academic team.

## 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.**

Applicants must identify their own designated prescribing practitioner (DPP); each DPP is contacted as part of the process that verifies the DPP's experience and suitability for the role, as well as their understanding of their responsibilities. The competence and suitability of the DPP are evaluated by the Programme Lead. A DPP handbook is provided, and training is completed through the DPP Training Guide. Once the training has been successfully completed a certificate is issued. DPPs can contact the Programme Lead for support, advice and information.

Requesting further details on the process used to evaluate the suitability of DPPs, the team was told that this is addressed during the application process, in which part of the application form relates to the DPP, who must meet the eligibility criteria to be accepted. DPPs are provided with a handbook and a training guide and must complete the training if they have not previously done this; training is currently paper-based but this is to be moved online.

Feedback on DPP performance is provided by students in practice and by the verifier, who may be another DPP or an appropriately qualified and skilled person; performance is determined by how they teach and assess their students. Both the verifier and the student complete feedback forms on the DPP. Feedback sessions are held as part of the scheduled meetings towards the end of the programme, although it is sometimes inappropriate for the student to be present if the feedback relates to DPP performance. Feedback to the DPP is given by the central academic team.



