

**University of Leicester independent
prescribing course accreditation event
report, July 2022**



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Event summary and conclusions

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| Provider | University of Leicester |
| Course | Independent prescribing course |
| Event type | Accreditation |
| Event date | 1 July 2022 |
| Approval period | August 2022 – August 2025 |
| Relevant standards | GPhC education and training standards for pharmacist independent prescribers, January 2019 |
| Outcome | <p>Provisional 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 University of Leicester should be provisionally accredited for a period of three years, with a monitoring event taking place after completion of the first cohort of students. This provisional accreditation recommendation includes approval to use non-medical DPPs and for a maximum intake of two cohorts per year, with a maximum of 128 student pharmacists per cohort.</p> |
| Conditions | There were no conditions. |
| Standing conditions | The standing conditions of accreditation can be found here . |
| Recommendations | No recommendations were made. |
| Minor amendments | None |
| Registrar decision | Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the provisional accreditation of the course for a period of three years, with a monitoring event taking place after completion of the first cohort of students. |
| Maximum number of all students per cohort | 128 |
| Number of pharmacist students per cohort | 128 |
| Number of cohorts per academic year | Two |

| | |
|---|---|
| Approved to use non-medical DPPs | Yes |
| Key contact (provider) | Professor Debi Bhattacharya, Professor of Behavioural Medicine |
| Provider representatives | <p>Professor David Wright, Head of School</p> <p>Professor Debi Bhattacharya, Course Director</p> <p>Dr Sue Ambler, Associate professor for healthcare programme development</p> <p>Kiri Humphreys Business Administration manager; teaching</p> <p>Paul Jenks, Learning & Development Manager, Pharmacy, Boots UK</p> <p>Janet Cave, Patient & Carer Group member for the Medical School and Allied Health Professions</p> <p>David Roberts, Patient & Carer Group member for the Medical School and Allied Health Professions</p> <p>Ranjana Kotecha, Patient & Carer Group member for the Medical School and Allied Health Professions</p> |
| Accreditation team | <p>Catherine Boyd, Chair of Fitness to Practise Panels HCPTS (event chair)</p> <p>Andrew Sturrock,</p> <p>Brian Addison, Academic Strategic Lead in Clinical Practice & MPharm Course Leader, Robert Gordon University</p> |
| GPhC representative | Chris McKendrick, Senior Quality Assurance Officer (Education) General Pharmaceutical Council |
| Rapporteur | Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde (Rapporteur) |
| Observer | Farima Shah (observer) Education Policy Officer, General Pharmaceutical Council |

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 University of Leicester 'the provider' approached the GPhC with an application for accreditation of a course to train pharmacist independent prescribers. In line with the GPhC's standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled for 1 July 2022 to review the course's suitability for accreditation. The event was held remotely by videoconference.

The University of Leicester has broadened its portfolio of health professional programmes, developing a School of Healthcare in the College of Life Sciences that includes Nursing, Midwifery, Operating Department Practice and Physiotherapy. Radiography is planned for 2023 and Pharmacy for 2024. The College of Life Sciences and University are looking to add pharmacy to the School of Healthcare professions portfolio. The team was told that the programme team had found it relatively easy to develop the programme to the new GPhC Standards.

Documentation

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

The event

The accreditation event was held remotely by videoconference on 1 July 2022 and comprised several meetings between the GPhC accreditation team, representatives of the University of Leicester prescribing course and stakeholders.

Declarations of interest

There were no declarations of interest.

Schedule

| Meeting | Time |
|---|---------------|
| Private meeting of accreditation team and GPhC representatives, including break | 09:00 - 10:30 |
| Meeting with course provider representatives | 10:45 - 12:20 |
| Lunch | 12:20 - 13:30 |
| Meeting with external stakeholders involved in the development of the course | 13:30 - 14:00 |
| Learning outcomes testing session | 14:15 - 14:45 |
| Private meeting of the accreditation team and GPhC representatives | 14:45 - 15:30 |
| Deliver outcome to the provider | 15:30 - 15:45 |

Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of 6 learning outcomes during the event 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: **3, 5 10, 15, 23, 28.**

Domain: Person centred care (outcomes 1-6)

Learning outcomes met/will be met? Yes No

Domain: Professionalism (outcomes 7-15)

Learning outcomes met/will be met? Yes No

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

Learning outcomes met/will be met? Yes No

Domain: Collaboration (outcomes 27-32)

Learning outcomes met/will be met? Yes No

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

Standard 1: Selection and entry requirements

Standard met/will be met? Yes No

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

Up-to-date information on applying to join the Pharmacist Independent Prescribing Programme (the Programme) including all the selection criteria, and the types of evidence to submit, will be included on the University website, including links to the GPhC standards. This will include registration and good standing with the GPhC or PSNI, along with practice experience, currently a minimum of two years in a patient-orientated role. It will also include the intended area of clinical practice in which the pharmacist will be prescribing, and clinical/therapeutic experience relevant to prescribing both in general and in their proposed area of prescribing. Designated Prescribing Practitioner (DPP) details will be required and their agreement to provide supervision and support/provide feedback and the provision of learning, including clinical and examination skills and consultation assessments during the learning in practice sessions. The team was told that the single form for application would help the applicant to encourage their DPP to complete the necessary details. The team learned that there will be a brief, 20-minute induction session for DPPs.

The team was told that applicants will be asked to describe their current practice and the resources available to them. This will include ensuring that there is a good strategy for the period of learning in practice with a demonstrable ability to undertake the 90 hours of learning. It was stressed that a likely difficulty will be the development of pharmaceutical knowledge, for example pharmacology, which may have been lost in the period since graduation and registration.

The Programme will be open to community, primary care and hospital pharmacists so clear examples of relevant clinical/therapeutic experience will be provided on the website and used in the selection process.

The selection process is governed by the University Principles of Admission, which require that all processes are fair, transparent and implemented consistently and meet the requirements of the relevant legislation. The team was told that all staff involved in the admissions process will be appropriately trained in equality, diversity and inclusion issues, and in unconscious bias, and will be sufficiently experienced to make decisions. The programme lead has undergone training in interviewing and will review all applications themselves. However, the team learned that one of the newly-appointed prescribing pharmacists is also well-qualified in admissions and could deputise if necessary. It was confirmed that the University provides training for admissions. All decisions on admission will be recorded with clear reasons for rejecting an application. Application data will be reviewed regularly in Year One to check that the information provided on the website is clear or needs to be developed further.

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 submission stated that the course is designed, and will be delivered, in ways that meet the principles set out in the University Equality Diversity and Inclusion Strategy. All programme staff members have completed the University Equality and Diversity Training. All course material is designed to include a range of different equality groupings and protected characteristics and follows relevant guidelines. Case studies and consultation examples will reflect diverse cultural, ethnic and socio demographic backgrounds. The curriculum includes learning relating to Equality and Diversity Legislation as part of the e-learning course on the legal and ethical framework relating to prescribing. Pharmacists are required to complete the learning in practice employers' mandatory Equality and Diversity training. Case discussions will cover issues including cultural diversity and gender equality in relation to prescribing. The Learning in Practice Reflection should include references to discussions and feedback relating to equality and diversity.

It was explained to the team that differences in attainment are all related to the teaching and environment. As a result, trainees will be assigned to groups randomly to avoid homophily. The team was told that randomising groups virtually avoided charges of social engineering. It was stressed that the teachers would need to bond with the trainees and that all must be treated equally.

The programme team will have access to all the relevant datasets maintained by the University to monitor Equality, Diversity and Inclusivity and student feedback. The School has recently set up an EDI committee, which will be responsible for reviewing all processes, reviewing admissions and outcomes data and developing strategies and approaches to enhance performance in this area.

Applicants have the opportunity to request reasonable adjustments relating to the delivery of learning and assessments. The team was told that requests for adjustments to learning or assessment will be referred to the University's Access Ability team for formal assessment. Decisions will be relayed to the student's personal tutor. If adjustments are needed to the learning in practice environment the DPP and their employer will be involved in making the adjustments. Any such adjustments will not compromise the integrity of the learning outcomes.

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

The team was told that the rationale for the programme was based on the NHS long-term plan to upskill the existing pharmacy workforce to become prescribers. It was explained that HEE was committed to fund training in prescribing in Primary Care where there is a growing demand for prescribing pharmacists, and in community pharmacy. There is also a significant workforce within hospital pharmacy that requires such training.

The submission explained that the Head of School is ultimately responsible for development, management and quality of the programme. They are accountable for ensuring that the University Regulations and Codes of Practice are adhered to and academic standards are met within the School. The Deputy Head of School is Director of Education for the School and chairs the School's Education Committee (SEC) to which the programme team reports six times per year. SEC reports to the College Education Committee. Two joint programme leads alongside two clinical lecturers, will be responsible for the design and delivery of learning and assessments; support for trainees; maintaining contact with, and support for, the network of DPPs and completing the professional assessment of the personal statement in the admissions process. The team was told that there will be ongoing monitoring of the level of programme staff. Towards the latter end of the first year of provision there will be a review of progress. Although it was said that there will be a need to train additional trainers, it was stressed that the School does not yet have a School of Pharmacy so programme staff do not yet have to teach on an MPharm programme. The support from other professions in the School and the University Medical School was highlighted.

Core clinical examination skills workshops are the responsibility of the clinical lecturers who will all be independent prescribers. These will be taught face-to-face at two study days per cohort at venues around the country. 2.15 FTE of University staff will be dedicated to the programme along with 2.0 FTE external teaching staff, sub-contracted with the University. These will be trained and employed to deliver specific study sessions on behalf of the team. The team was told that there is an agreed budget for the programme. Thus, necessary staff to initiate the programme is in place, there is access to a clinical skills suite, but equipment for assessment of clinical skills will be purchased for the different venues. The Annual Programme Review will identify any shortages of resources as will the Periodic Development Review of the School which is due in the next two years.

The responsibilities of the trainee with regards to attendance, learning and assessments in the University are set out in a welcome handbook. An Educational Agreement, that sets out the responsibilities of the trainee, DPP and University Team in relation to the University learning and the learning in practice, must be signed by both the trainee and the DPP. It was confirmed that the role of the University is made clear in the programme handbooks.

All members of the University team responsible for learning and assessments are pharmacists. All clinical skills facilitators will be pharmacists who have training and experience in clinical examination skills and who have been trained by the University Team to deliver the clinical examination skills study days. The University will purchase and maintain all equipment needed for the Clinical Examination Skills study days and for the booking of suitable venues.

Each trainee will have a Tutor drawn from amongst the University Team. All DPPs will receive a handbook that sets out details of the learning and assessments required in the clinical placement and the responsibilities of the DPP in relation to supervision, learning and assessment and support for the trainee, plus how to report any concerns about the trainee's conduct on placement. The application form requires details of the DPP's experience as a teacher; in the case of lack of such experience, DPPs will undertake a Train the Trainers course. DPPs will have a designated member of the programme team for support but will feed back any concerns about student performance to the trainee's personal tutor who will discuss the issues with the programme lead.

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 submission indicated that the course will be monitored and reviewed annually, alongside all programmes in the School, by the SEC. The team learned that students will be asked for feedback after every study session, covering pre-learning, including e-learning, and the event. The team heard that there will be drop-in sessions for feedback. There will be two student surveys; one in the middle and one at the end. Feedback can be channelled through the trainee's personal tutor. DPPs will be asked for feedback informally throughout and formally as part of the course evaluation at the end. Feedback will also be given at the Student Staff Committee (SSC) which the team heard is chaired independently of the programme team. The team was told that pre-study day activities will provide early diagnosis of any problems. The University team will review the feedback after each session in the first year of the provision and make any amendments required. Feedback will be monitored every month in the second year of the provision.

The team was told that external examiners will be appointed immediately on accreditation by the GPhC. The Senior Employer Advisory Group and Service User group will review the programme in the first year and then a Course Management Committee including newly qualified prescribers will be established. The University Quality and Enhancement team oversees the annual update/development cycle, which incorporates curriculum planning, diet writing and the On-Line Management System. All University staff will have peer reviews of their teaching on the programme, annual performance reviews and personal development plans that include teaching and learning objectives. Students can also feedback in their SSC, and in the pre-SSC meetings. In addition to the academic review carried out as part of the Annual Programme Review process the outcomes, including student feedback, and the course content will be reviewed by the Pharmacy Senior Employer Advisory and Service User groups each year to ensure that the course remains up to date and reflects current practice.

The programme has been considered as part of the University Programme Approval process that considers the business case and the academic aspects at a Programme Approval Panel. The team was told that the business case has been approved and the review stage of the academic approval process was completed on 23 June 2022.

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

The submission stated that the programme aims to produce pharmacist independent prescribers that will demonstrate the knowledge, skills and attitudes necessary to prescribe effectively, cost-effectively and safely in a patient-centred manner. The programme will ensure that all trainees that complete the assessments have met the GPhC learning outcomes at the required level. The team was pleased to meet with a group of stakeholders representing patient interests and a community pharmacy multiple company, all of whom described enthusiastically their input to the design and delivery of the programme.

The 26 days of the taught elements of the course are delivered using a blended learning approach. They include five days of on-line learning events, two days of face-to-face core clinical skills training,

along with 19 days of e-learning and directed learning. The team was told that the online and e-learning sessions are mandatory and that students are required to engage with the material rather than simply attending. The small group approach coupled with monitoring of typing enables early detection of lack of engagement. The team was told that, based on the previous experience of the programme team, that lack of engagement is often attributable to work commitments and lack of time. There is a Student Engagement Policy, supported by a signed agreement with the employer and DPP.

Applicants will provide a personal reflective statement that supports their course application by providing information relating to their experience in practice and the clinical/therapeutic experience in their area of prescribing. The programme providers indicated to the team that trainees would have very different experiences on entering the programme, coming from diverse areas of practice.. The directed and e-learning will identify areas for particular concentration. The course will ensure that knowledge is up-dated and consultation skills are enhanced to a level that supports safe and effective prescribing. The University-based learning supports trainees to develop core skills and to develop learning and reflection skills to support their prescribing role development. The Learning in Practice provides opportunities to develop learning specific to the area of prescribing and to refresh key areas of underpinning knowledge and also to develop core consultation, clinical decision-making and record-keeping skills.

Two Personal Development Plans include objectives from the RPS competency framework for prescribers; learning activities; target completion date and learning outcomes. The DPP will have agreed the trainee's learning needs assessment and personal development plan before the start of the placement. They will be responsible for the supervision of trainees during their placement, including include knowing the scope of practice in which the pharmacist is competent to practise and ensuring that they are not asked to work outside this unless supervised appropriately. Trainees will be reminded about their core ethical responsibilities including working within their scope of practice and competence before starting their clinical placement.

Trainees will be covered by the University Fitness to Practise arrangements. The team was told that additionally there is a Health and Conduct process which will report its initial findings on any reported concerns to the School Management Group (SMG). If necessary, SMG will appoint an investigating officer who may escalate the problem to Fitness to Practise. Fitness to practise is covered in the Induction day for trainees and DPPs. Trainees will be reminded of their ethical responsibilities to work within their scope of practice at all times, and that the GPhC standards apply whilst they are in training as a prescriber. Causes for concern relating to the trainee, the DPP or the placement are to be raised in the first instance with the tutor. It is the tutor's responsibility to either deal with the concern or escalate to the programme lead. It was emphasised that the double-marking process used in the assessments can identify any unsafe practice. Trainees will need to repeat activities in which unsafe practice may be identified. It was stressed that the standard of assessment should be equal for all trainees and that the DPPs hold responsibility for decisions and decision-making.

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

The submission explained that each trainee will spend a minimum of 12 days, equivalent to 90 hours, working with their DPP in a clinical placement that has been agreed by the University. The trainee will have had to identify a clinical placement and a DPP willing to train, supervise, assess and sign off the trainee as competent at the end of the placement, before applying to join the programme. The DPP and trainee will attend an induction session at the University and both will receive a course handbook that settings out details of the learning and assessments required to be completed. The team was told that although supervision of the trainee in their clinical placement is the responsibility of the DPP, aspects of supervision and assessment can be delegated to other members of the team. The DPP is responsible for ensuring that the person to whom supervision or assessment is delegated is appropriately trained and/or experienced to carry this out effectively and maintain patient safety. It was confirmed that the final sign-off is the responsibility of the DPP.

The DPP has overall responsibility for ensuring the quality of the learning and assessments carried out and for patient safety during the placement. The DPP is responsible for signing off clinical, diagnostic, examination and monitoring skills, and the final competency to prescribe statement. The DPP is responsible for ensuring that all assessments are undertaken in a timely manner and that formative feedback is given to the trainee. The DPP is encouraged to share any concerns about a trainee's practice or progression with the University tutor in a timely manner.

Standard 7: Assessment

Standard met/will be met? Yes No

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

The submission explained that the assessment strategy for the programme aims to encourage effective learning that is efficient and is aligned with the intended learning outcomes. The core learning in the University builds on trainees' initial learning and practice experience. Thus, key consultation skills and core clinical examination skills are taught and assessed as "shows how" with formative feedback provided. Key work-based assessments are performed in the workplace by the DPP. All work-based assessments and the Learning Needs Assessment and PDP plus 2 competence statements relating to the clinical and diagnostic skills and the overall competence to prescribe, and 90 hours clinical practice log have to be signed off by the DPP and are assessed by the University Team in the portfolio. Assessment of the trainee's performance as a safe and effective prescriber forms the core of the programme's assessment plan. The University regulations allow the School to set and mark assessments that meet the standards set by the GPhC and ensure that any trainee who passes the final assessment is safe to practise as a prescriber.

Portfolio elements will be assessed by core members of the University team and each element moderated by another member of the team. Each element must be assessed as a Pass for the overall assessment to be a Pass. The trainee must also pass a simulated patient assessment which will be a remote consultation. Any element of the final assessment that is a fail can be re-submitted up to two times as per University regulations. If any element of the portfolio reveals an issue that compromises

patient safety the entire programme needs to be repeated by the trainee. The tutor is required to offer two meetings with the trainee. Before each meeting the tutor will discuss progress with the DPP, identify formative feedback that has been given and confirm progression towards completion of the assessments. Overall responsibility for the quality of assessments lies with the Programme Leads. All members of the University team have completed relevant teaching qualifications and University training.

The University team will check that the DPP marking is consistent with course expectations by double-marking one example of each assessment. The University team will provide formative feedback to both the trainee and the DPP. If the DPP has marked as a pass but the University marks a fail then the DPP will have to submit additional assessments and feedback to the University for second marking. The University team marks each assessment in the portfolio as part of the final assessment and completes a case-based discussion (CBD) with the trainee. There is also a remote patient consultation assessment to assess remote prescribing and other prescribing challenges; this is assessed using the consultation observation tool used by the DPP. It was clarified to the team that trainees must pass, along with other assessments, two CBDs. If the first CBD is failed, the trainee will receive feedback before resubmitting the work, followed by the submission of their second CBD at the end of the programme.

Personal tutors are available to provide support and feedback to trainees throughout the programme and can be contacted through the VLE. All trainees will be advised to meet their personal tutor twice during the programme: once close to the start and once halfway through the learning in practice. All elements of the e-portfolio and the simulated patient assessment must be assessed as a pass by the University team. If any element is failed as a result of unsafe practice the whole programme has to be re-sat. If for any reason other than unsafe practice that element can be re-submitted once only. Compensation or condonation is not permitted.

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

Trainees will receive a course and welcome handbooks before the beginning of the programme. The team was told that trainees are mandated to attend an Induction Day at the start of the programme; those missing the event will need to attend a repeat session. This includes details of the course; learning and assessments, the VLE system, and fitness to practise. The team learned that trainees will be allocated a tutor from the programme team, as well as the DPP. The tutor will have received University training and will be expected to follow the Student Support Code of Practice. The tutor or the Student Advice Centre should be the trainee's first port of call for personal or academic issues. The tutor is expected to maintain contact with the trainee and the DPP during the learning in practice and will monitor attendance and the record of learning in practice. The team was told that despite the current small number of staff members and the large number of trainees planned, the programme team considered that it had sufficient capacity to provide support through the personal tutor system. University staff, DPPs and Clinical Skills Facilitators will have received training that meets the GPhC Tutor standards.

The seven days of synchronous learning will be run a number of times so trainees will have a number of optional dates to attend. This is intended to give trainees some flexibility about when they study and allows sessions to be caught up if some are missed. The course can be completed in four to six months so the learning in practice does not need to be undertaken in parallel with the university learning. The e-learning is uploaded to the VLE and can be completed at any time by the trainees. Formative feedback deadlines are published in advance so trainees can plan their learning in practice sessions. Assessment dates are published in advance.

The DPP and trainee are both required to sign a Learning Agreement as part of the application process, confirming that the appropriate level of supervision, including feedback and support will be provided. The DPP is expected to meet with the trainee regularly to discuss progress, provide formative feedback and sign off the 90 hours clinical practice log, the Learning Needs Assessment and the Personal Development Plan.

Trainees may raise concerns, including any about their DPP, directly either with the programme lead or their tutor and the team was told that trainees may approach any staff or School member through the School's open door policy. An anonymous method for providing concerns will also be available through the VLE, and concerns can be reported to the SSLC or Health Conduct process.

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

The role of, and requirements for a DPP are set out in the DPP Handbook and will be available on the website. The registration status and good-standing with their regulator will be checked as part of the application/selection process. The DPP is required to provide information regarding their clinical, teaching and training skills and experience, along with their employer's approval of the role. The Education Agreement, signed by the DPP and the trainee includes a statement that confirms the requirements have been met and that the role will be completed. If the programme team has concerns about the eligibility of the DPP, two members of the team will make any necessary decisions.

The first submission of the key prescribing assessments; clinical case study; case-based discussion; pathophysiology and pharmacology, reasoning for choice of prescribed medication, are marked by the University team in addition to the DPP. This will identify any discrepancies between the DPP and University assessment and formative feedback provided to the trainee and the DPP. If the University team identifies an issue that would be a fail but has been missed then the DPP will need to submit a further assessment for checking. If this were to be a relatively minor issue initial contact will be made with the DPP and the trainee will be able to implement any necessary changes. If major issues are identified the DPP will receive additional training and/or support from the University. It was stressed that assessments are conducted early in the programme reducing the chances of late identification of marking discrepancies.

The programme team will provide feedback to, and discuss with DPPs any issues identified in a trainee's learning in practice register.

