General Pharmaceutical Council

University of Wolverhampton independent prescribing course reaccreditation event report, November 2021

Contents

Event summary and conclusions

Provider	University of Wolverhampton
Course	Independent prescribing course
Event type	Reaccreditation
Event date	23 November 2021
Approval period	January 2022 - January 2025
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 the pharmacist independent prescribing course provided by the University of Wolverhampton should be reaccredited for a further period of three years, subject to no conditions.
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found **here**.
Recommendations	No recommendations were made.
Minor amendments	No minor amendments were required.
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 three years.
Maximum number of all students per cohort	50
Number of pharmacist students per cohort	50
Number of cohorts per academic year	4
Approved to use non-medical DPPs	Yes
Key contact (provider)	Samaira Kauser, Course leader for Independent Prescribing

Provider representatives	Alan Hindle, Principal Lecturer (Accreditation)
	Professor Patrick Ball, Professor of Pharmacy Practice, Deputy Course Leader
	Dr Hana Morrissey, Reader in Clinical Pharmacy
Accreditation team	Leonie Milliner (event Chair), Director of Education, General Optical Council
	Lyn Hanning, Director of Practice Based Learning and Head of Pharmacy Practice, University of Bath
	Charles Odiase, Consultant Pharmacist Primary Care and Diabetes (Lead Clinical Pharmacist) Dacorum GP Federation, Hertfordshire UK
GPhC representative	Chris McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Alex Dourish (rapporteur) Quality Assurance Officer, GPhC

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

Purpose of this event

The purpose of the reaccreditation event is to review the performance of the course against the education and training standards with the current cohorts of pharmacists, and to ensure that delivery is consistent with the GPhC accreditation criteria. The reaccreditation event utilises student feedback and evaluation together with a review of documentation and a meeting with course representatives. The reaccreditation period is confirmed after a satisfactory reaccreditation event has taken place.

Background

University of Wolverhampton were accredited by the GPhC in October 2012 to provide a course to train pharmacist independent prescribers, for a period of 3 years. The course was reaccredited by the GPhC in 2015 for a period of 3 years subject to one condition. The condition was that in order to achieve the GPhC learning outcomes 4, 5 and 6, the Fast Track version of the prescribing programme must include sufficient teaching of clinical and physical examination and diagnosis skills, and this must be timetabled within the existing 40-credit module. The course was reaccredited in June 2018 with no conditions or recommendations.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, an event was scheduled on 23 November 2021 to review the course's current suitability for reaccreditation.

University of Wolverhampton offer the GPhC-accredited 'Practice Certificate in Independent Prescribing'. The course is led by the pharmacy profession. There are currently two cohort offerings per academic year including fifty students per cohort with six course-led face-to-face (contact) days. University of Wolverhampton are seeking GPhC approval to offer a total of four cohorts per academic year (with a total number of fifty students per cohort) as part of this 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 accreditation 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 Zoom between University of Wolverhampton and GPhC on 23 November 2021 and comprised of meetings between the GPhC reaccreditation team and representatives of the University of Wolverhampton 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. A total of five students provided qualitative feedback (two of whom are currently on the course) and their views have been considered to inform the outcomes detailed within this report.

Declarations of interest

There were no declarations of interest.

Schedule

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

Key findings - Part 1 - Learning outcomes

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: **1**, **3**, **7**, **19**, **23** and **31**.

Domain: Person centred care (outcomes 1-6)

Learning outcomes met/will be met? Yes ☒ No ☐

Domain: Professionalism (outcomes 7-15)

Learning outcomes met/will be met? Yes ☒ No ☐

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

Learning outcomes met/will be met? Yes ☒ No ☐

Domain: Collaboration (outcomes 27-32)

Learning outcomes met/will be met? Yes ☒ No ☐

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

Standard 1: Selection and entry requirements

Standard met/will be met?   Yes ☒ No ☐

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

As part of the submission documentation, it was noted that the university delegates responsibility for applicant screening to the IP course leader due to the requirements to make additional checks, such as length of registration, employer support, and DPP checks.

Self-employed applicants are required to complete a self-declaration confirming they meet the requirements of the course. The applicant is also required to ask a registered healthcare professional, who has recent clinical experience working with the applicant, to complete an extra section in the application form confirming the information that the applicant has provided, and that their therapeutic and clinical knowledge/skills are sufficient.

Selection of students is based only on evidence of meeting academic (clinical experience) and GPhC standards requirements alone. Offers are given on a first come first served basis, with the university operating a waiting list based on time of application. Potential entrants complete a declaration as part of the application process confirming that they are a registered pharmacist with the GPhC or PSNI.

The accreditation team questioned the process undertaken by the course team to transition to the 2019 standards. The provider explained that initial planning meetings had taken place with the academic team to discuss the implementation of the new standards and how some of these were already included as part of the course. The provider also outlined the challenges of introducing the new standards with a view to avoiding over-assessment whilst making appropriate changes and updates to portfolios and Objective Standard Clinical Examinations (OSCE's). The provider confirmed that work on the implementation of the new standards remains ongoing as the new learning outcomes are clearly mapped and integrated within the existing course.

The team questioned a statement made in the submission regarding a 'more rigorous' approach to selecting students from 2019 and enquired about the changes made and the impact on the admission, progression and attainment profile of trainees. The provider explained that the admissions process for the course had become more evidence-based rather than a 'tick box' exercise. Before the new standards, students were able to specify a specialist area however more generalist knowledge was required. Part of the admissions changes requires that students now include two-years' experience/evidence and further information to support their chosen area of specialism via a document which outlines the criteria and evidence required. The provider explained that the change has seen an improvement in the quality of the evidence provided and has further supported students to bridge any gaps in knowledge and expertise due to the rigour and clarity of the updated documentation. The provider also discussed the widening participation policy which feeds into selection and entry requirements for the course. Previously, a DBS certificate was not required however this has since become mandatory to ensure a more robust admission process. The course leader explained that self-employed applicants tend not to progress as well as other types of

applicants in relation to the attainment profile of trainees, but that the course is looking at ways to support them further.

Some of the support mechanisms in place for the programme and the course lead were also discussed. The successful inclusion of visiting lecturers (VLs) and support from the wider university team has ensured the course lead can rely on appropriate expertise and thus delegate accordingly. Support from the admissions team ensures that candidates are screened prior to review by the course lead.

The accreditation team questioned the new developments in the school's admission processes which have been implemented to ensure compliance with current regulation and alignment with the university's mission to be the 'university of opportunity'. The provider clarified how less 'obvious' candidates are now considered during the admissions process as opposed to only those who clearly meet the criteria. The provider explained that they also screen for candidates who 'show willingness' so as not to disadvantage any students and to support those who otherwise may have been rejected. The course team often advise students to gain experience in certain areas or refer them to specialist modules to help them gain a required level of knowledge in a particular area.

The accreditation team questioned the proposed doubling of cohorts in the future, the impact on the course lead in terms of time and capacity, and whether additional support will be put in place to mitigate any key risks. The provider explained that the course lead is a qualified independent prescriber, an admission tutor for the course and a locum, however the course lead does not have any involvement in the initial screening process as this resides with the supporting admissions team. Applicants are either accepted, rejected or may be in a 'grey area'. The course lead will work in consultation with other team members to advise and guide, with support from the admissions team. The provider talked about increased staff resources introduced over the previous six to twelve months to replace staff who had either left or retired during the pandemic, including a repurposed principal lecturer post for assessment skills, simulation and IP (to prepare for clinical assessment simulation as a requirement for 2026) and a new staff member specialising in podiatry. Wolverhampton has a school of medicine and medical practice and various health areas across the university which enable enhanced opportunities and development for both the MPharm and IP provisions.

Standard 2: Equality, diversity and inclusion

Standard met/will be met?   Yes ☒ No ☐

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

As part of the submission documentation, it was noted that during the university's initial application, students are invited to declare any reasonable adjustments that they require for the course. The eligibility for these adjustments and any associated evidence is then assessed by the university's Student Support and Well-being (SSW) team before the necessary adjustments are discussed with the course leader. Adjustments to teaching and/or assessments for students are documented on a 'Tutor Awareness Sheet' which module staff access via the 'eVision' registry programme. The Faculty also has 'Enabling Tutors', academic staff members, who are responsible for groups of schools, liaising with students, SSW and course leaders to monitor and review the support and/or adjustments required. Applicants are advised what reasonable adjustments can be made for teaching, learning and

assessments e.g., extra time during OSCEs, larger font size handouts, etc. All such applicants are advised that all learning outcomes must still be met to successfully complete the course. All staff at the university, including those responsible for admissions, undertake mandatory training in equality and diversity and unconscious bias.

The accreditation team noted feedback from the most recent external examiner report for the course and asked the provider to elaborate on how EDI data is captured and used across each of the protected characteristics, and to provide an example of how EDI data has been used to enhance the student learning experience. The provider clarified that recent feedback from the external examiner was in relation to processes around EDI and overall progression for the course. The provider outlined how EDI data is currently used (via review of student transcripts) and how EDI data will be used going forward. It was explained that the university is changing the structure of exam board systems shifting away from exam module boards to continuous monitoring review meetings which allow the opportunity for the external examiner to engage directly in the university's review of protected characteristics, survey results and other key sources of information. The provider highlighted that the continuous monitoring review meetings will embed more of a quality assurance focus in relation to EDI data and ensure this is utilised to enhance the student learning experience.

The provider explained that the EDI information included as part of the submission to GPhC was rather basic level information due to internal time constraints and data protection considerations. It was stated that the university and the course team are reviewing trends in relation to EDI and making appropriate changes and adjustments to ensure courses are more representative and progressive (for example, ensuring representation and progression for LGBT and disabled candidates as opposed to a sole focus on white heterosexual males).

The accreditation team questioned how reasonable adjustments are implemented in relation to the learning and assessment occurring in the practice experience and the Designated Prescribing Practitioner's (DPP's) supervision of this. The provider stipulated that learning outcomes for the course cannot be exempted however in some cases a learner may not be able to achieve a particular learning outcome due to a reasonable adjustment (for example, being unable to stand for a long period of time). For this reason, students consent to sharing reasonable adjustment information before embarking on the course. The provider outlined the admissions process and how reasonable adjustment declarations may be escalated to the suitability panel on Fitness to Practice (FtP) to which all Professional Statutory and Regulatory Body (PSRB's) courses are accountable to. The suitability panel considers reasonable adjustment declarations, occupational health and DBS cases and makes recommendation where there is cause for concern regarding FtP. Disclosure of any reasonable adjustment is made at the first encounter with the student which is subsequently shared with the course team to ensure appropriate adjustment and support is put in place.

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 accreditation team questioned the practical application of the 'University Workload Handbook' in relation to the planned increase in the number of cohorts per year, and how the workload allocation model supports this increase and the course lead. The provider confirmed a staffing WTE of 3.6 and

described the yearly workload review process. It was also confirmed that a budget forecast of eight thousand pounds has been identified and approved by the Dean to support staffing for clinical skills and additional resources which will be released in a staggered fashion. The budget will also support the expansion of work areas for students such as a consultation room. The provider outlined the Visiting Lecturer (VL) model and how VLs are used regularly to support teaching sessions and are sometimes involved in OSCE's. Some VLs have direct patient experience and practical consultation knowledge, and some are contracted for short periods. The university has employed the same pool of available VLs for the past five years.

The provider discussed assessment of the portfolio and how this responsibility will often have a different assessment lead to ensure this is not onerous on a single staff member. The assessment burden is spread out with a three-week break in between cohorts as requested by the course team. The course lead mentioned they have increased the size of cohorts into two sub-groups, rather than doubling overall cohort size i.e. have two groups up to 50 students rather than one group of 100. New staff members for the course are currently being developed and their involvement will be increased once the resource budget has been finalised. The course lead confirmed that they had been relieved of her undergraduate responsibilities to enable more focus and support the delivery of the IP course. Due to the blended nature of the course and its six-month duration, students are provided with a single point of contact however they will be signposted to other support contacts and resources where appropriate. The course lead explained that there is a support network in place and that the contribution of VLs and their expertise in demonstration of clinical practice allows for delegation of this aspect of the workload thus relieving any additional administrative burden.

The accreditation team questioned what the key risks are moving forward and any plans to mitigate or control these risks (in the absence of a risk register at school level). The provider clarified that key risks are identified at regular course level committee meetings and that while there is no formalised 'risk register' the process of risk management is undertaken on a routine basis. The provider discussed intentions to develop a risk register specifically for the school as opposed to the overarching risk register in place at a faculty level. The university does not devolve budget and finances below faculty level hence the faculty level risk register and the absence of a formalised risk register specific to the school of pharmacy.

The accreditation team questioned the statement made in the provider's submission about the course lead's responsibility for maintaining regular contact with the DPP throughout the course and assessing students' portfolios at the end of the course. In addition, the accreditation team enquired about the viability of this responsibility in light of the one hundred percent increase in cohort numbers. The provider clarified that while the course lead is the main point of contact and 'face' for the programme, the Leader in Clinical Pharmacy has responsibility for training the DPPs. Therefore, implementation of work for the course may be delegated accordingly to relevant members of the team and university colleagues. The course lead confirmed that if a DPP fails to engage with trainee requirements they will contact the DPP and their employer directly to ascertain the reasons why and find a suitable replacement if necessary.

The accreditation team questioned the planned refurbishment and whether this is likely to be completed on time for the forthcoming cohort. The provider explained the extent of the refurbishment which includes expansion of the pharmacy practice suite, clinical skills area, dispensary and other teaching spaces, and confirmed the refurbishment was ready for teaching with ongoing improvements being made to ensure these areas remain fit for purpose.

The accreditation team noted the articulation of plans which indicate increased staffing resources to match increased cohorts. The accreditation team confirmed that GPhC anticipates strong evidence of ongoing staffing provision for the course and continuous review going forward.

As part of the submission documentation, it was noted that DPPs are provided with a handbook and training prior to the student starting the course so they are aware of the support they will need to provide to the student. The training also highlights ways in which the DPP can support the student and who to contact at the university if they require support with delivering their role. DPPs must also sign the learning agreement with the student at the start of the course. The course team maintains contact with DPPs during the students' 'learning in practice' hours by requesting 8, 16 and 24 week reviews on their progress. Where reviews are not received, a reminder is given followed by contact with the DPPs supporting member of the employing organisation. DPPs are instructed to contact the course leader/deputy course leader if they have any questions or concerns at any time as highlighted in the DPP handbook.

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 accreditation team questioned how issues raised through monitoring mechanisms (such as the student committee) and how these had been addressed. The provider explained how students provided feedback to request more practice time and how the academic team took a considered approach to accommodate this request. In response to the feedback, the team introduced changes to include a full session on case study presentation among peers. Pre-recorded case studies involving the expertise of the DPP were also introduced to ensure a triangulated approach. As a result, the academic team were able to increase the clinical practice element allowing students to practice further clinical and diagnostic skills.

The accreditation team questioned the plans for the integration of the RPS New Competency Framework for prescribers into the course. The course lead confirmed that initial meetings had taken place among the team to discuss the new competencies and how to implement these to ensure students have the required evidence. It was also confirmed that RPS competency is integrated as part of the mapping template for the course and that the framework is already in place as part of the portfolio which is reviewed on a continual basis.

The accreditation team noted the course had last been reviewed by the governing HEI in 2015 and enquired about the due date for the next review. The provider confirmed that the next course review and validation event will take place in 2022/23. The provider highlighted that stakeholder feedback is a key aspect of the course review and that the university is updating its approach to periodic review. Despite initial plans to conduct the review in semester two in 2021, the school of pharmacy will be one of the first areas to be reviewed in the 2022/23 cycle.

As part of the submission documentation, it was noted that course committees or meetings ensure that ongoing monitoring and enhancement is occurring. The school previously appointed an external examiner (Professor Jason Hall from the University of Manchester) for the 'Practice Certificate in Independent Prescribing' who took over the role from Professor Cate Whittlesea at the beginning of

the 2016/17 academic year. Professor Hall's tenure ended in 2020/21 and, for 2021/22, the University has recently appointed Dr Sarah Corlett, from Medway School of Pharmacy, as Professor Hall's successor. Student feedback is obtained through a combination of mid and end module evaluation feedback gathered by module leaders. A course committee dedicated solely to the practice certificate has been set up to which elected student representatives contribute. Course committees run twice each year and incorporate agenda items for stakeholder feedback and continuous monitoring discussions. In addition, there are PGT student representatives on both Faculty (and University) academic and student experience committees (FASEC, UAEC) which student representatives may attend. These committees focus on Faculty and University wide student voice issues respectively. Therefore, to supplement the standard QA processes we have produced an end of course questionnaire which is completed by each student at the end of the final face to face study day; and, throughout the six months, students are encouraged to contact their student representative to relay their experiences on the course, including any feedback the students may wish to give or concerns which need to be more immediately addressed. A summary of the questionnaires and feedback provided to the student's representative is used as a basis of discussion for the course team to improve future iterations of the course, formerly via a course academic enhancement plan, and now replaced at the course monitoring touch points, incorporating action items and deadlines.

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 accreditation team questioned the total number of non-attended days required to trigger suspension or withdrawal from the course. The course lead confirmed that the course offers six face-to-face study days where students are taught key clinical and diagnostic skills. Should a student miss one of these days, there is an opportunity to repeat and attend the next study day. However, in some cases a student may be asked to defer to the next intake if they miss a day that is not repeated elsewhere in the duration of the course. The course lead confirmed the six study days are compulsory however 'drop-in' days are optional and non-mandatory.

The accreditation team thanked the provider for sharing the course committee notes as part of Wolverhampton's submission and requested further information on how stakeholder, public and patient voice informs design and delivery of the course, and how service users/carers/employers are involved in the committee. The provider discussed the historical challenges of trying to assemble stakeholders together in a single setting however the transition to remote ways of convening has improved this significantly. The provider talked about the 'success group' (a university wide group), the 'service user group' and the 'well-being group' where stakeholders are welcomed to offer different perspectives to enhance the course however there is currently no direct involvement from patient and public stakeholders. The provider announced plans to include patient and public feedback from March 2022. The provider gave the example of employer feedback requesting the need for student competency to interpret bloods which in turn triggered a review and improvement of the course. The provider also discussed engagement with Health Education West Midlands and apparent regional disparity in clinical diplomas whereby Wolverhampton has revisited the allocated funds to support and address the disparity, in addition to supporting the profession with expansion.

The accreditation team confirmed that GPhC anticipates strong evidence of the inclusion of public and patient stakeholders within course delivery and design going forward (from March 2022 onwards).

As part of the submission documentation, it was noted that the course leader attends meetings for working groups on both a local and national level and feeds back to the course team the agendas discussed. The course leader also provides feedback from DPPs and students as part of the course committee meetings. These meetings have a student representative present. Following the break in course delivery during the 2020/21 academic year all course committees now also include a member of the University of Wolverhampton's 'SUCCESS' service user/carer group; and an employer representative. The pandemic has offered an alternative way of meeting via online zoom/TEAMS events and this has received better uptake from stakeholders. The course team looks forward to attending these meetings and reviewing the feedback from the various stakeholders and using it to inform the ongoing delivery of the course.

Standard 6: Learning in practice

Standard met/will be met?   Yes ☒ No ☐

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

The accreditation team referred to the submission documentation which mentions how ninety hours supervised by the DPP can include fifty percent supervision by others and asked the provider to talk through the controls in place around the fifty percent estimate. The accreditation team asked how the course team assure the supervision is appropriate and how supervision by others is coordinated by the DPP. The team also went on to ask how much of the ninety hours may be undertaken remotely and how this is supervised.

The provider confirmed that ten percent of the ninety hours can be undertaken remotely and that learning in practice is supervised by the DPP. The provider mentioned plans for the next OSCE and how the workstation will become a remote station to develop the course and reflect new ways of working. The accreditation team noted Wolverhampton's innovative approach to remote assessment.

The provider confirmed the ninety-hour requirement as a minimum (fifty percent of the allotted time spent with the DPP and the remainder with other prescribers to ensure that students have exposure to other areas of expertise). Details of other prescribers are provided in advance and the DPP plays a key role in the approval and oversight of these individuals (stipulated as a requirement within the DPP handbook).

The accreditation team asked the provider to describe their involvement of patients in learning and practice, how this has been adapted due to Covid-19 and anticipated future changes. The provider confirmed that changes were made to the ninety-hour requirement for learning in practice settings so that ten percent of the allocated hours can be conducted remotely.

As part of the submission documentation, it was noted that in order to be accepted onto the course, DPPs must sign section 4 of the course specific application form which states that they are able to provide a minimum of 90 hours learning in practice opportunities for the applicant. The DPP handbook provides further information about this, including outlining that the 90 hours must include direct access to patients under the supervision of either the DPP or someone equivalent that the DPP has assigned, e.g. another prescriber.

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 accreditation team asked the provider to elaborate on the assessment components, including the assessment weighting of the OSCE and the portfolio (outlining the individual elements of the portfolio) and whether all elements must be passed. The provider explained that students must meet all thirty-two learning outcomes to achieve a 'pass'. Assessments are designed within the portfolio where students must demonstrate how these have been achieved. The provider gave the example of the case presentation where students must demonstrate how they would complete consultation under the supervision of the DPP (students submit an audio record and statement from the DPP as evidence). The course lead explained there are no learning outcomes that are solely assessed by the DPP as these are also assessed or double marked by the course team. The triangulation of feedback between the course team, the DPP and the student was also outlined. The course team and the DPP will agree whether a learning outcome has been met. Additionally, formative feedback is provided to students as part of their assessment.

The accreditation team asked the provider to elaborate on how DPPs are supported in their assessment decisions and how consistent assessment decisions are ensured across DPPs/practice settings. The provider discussed the triangulated assessment strategy whereby learning outcomes are initially 'signed off' by the DPP in the first instance and subsequently reviewed by the course team for final approval. The provider discussed the DPP application process where enquiry is made into the experience and expertise of the DPP to ensure relevant competency and clinical and diagnostic skills. It was also clarified that DPPs must consent and engage in required training to ensure their application can be progressed. The course team offers support and guidance with assessment, feedback and further training to support DPPs. The course team's assessment of the DPP's application forms part of the feedback shared with DPPs to identify any gaps or disparities. The course lead explained that a written case is part of the portfolio where the DPP provides student feedback after consultation followed by a complete review with further feedback on experiential learning. The course team compares DPP feedback with clinical feedback and offers additional training where there may be insufficiencies or lack of detail.

When asked about the number of students who have experienced issues with the DPP and how this would be managed with larger cohorts, the provider confirmed that only two cases have been identified and that standards were better with the DPP compared with the Designated Medical Practitioner (DMP).

As part of the submission documentation, it was noted that feedback is provided throughout the course in various formats. The DPP formally provides feedback at 8, 16 and 24 weeks and informally during the 90 hours of learning in practice. Tutors provide regular feedback to students on their portfolio entries which include CPDs, case studies, critical appraisal tasks, audit task, CPPE reflective essays and reflective entries for learning in practice hours. Written feedback is provided on these tasks with opportunities for students to discuss this further by booking an appointment with the relevant assessment lead.'

Standard 8: Support and the learning experience

Standard met/will be met?   Yes ☒ No ☐

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

The accreditation team were satisfied that all criteria relating to this standard were met at the point of review of the provider's submission documentation.

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 accreditation team questioned how the suitability of DPPs are assessed and the process for when the DPP suggested by the trainee is not suitable (for example, if there are outstanding FTP issues or internal training is out of date). The team also enquired whether all DPPs are interviewed. The application form and DPP handbook reference payments to the DPP and management of any conflicts of interest. The team enquired about the provider's approach for when a trainee is proposing to renumerate their DPP. The provider confirmed that suitability is a key factor during the admissions process where the DPP's professional registration number is requested. Additional information and evidence about mandatory training such as data protection, safeguarding and so forth is also required. Evidence of appropriate clinical and diagnostic skills is mandatory. The admissions process also checks for conflicts of interest and qualifications and experience. In certain cases where there may be evidence gaps or missing competencies, a telephone call is arranged to ensure the DPP's suitability and whether they can meet the full requirements of the role. In the event of a DPP not being accepted the provider will aim to assist in sourcing a suitable replacement. The provider explained that questions about renumeration were more of a recent addition to the process and while support is provided for students with a DMP placement. Questions regarding conflicts of interest are crucial to the legitimacy of the suitability process and therefore direct, student given, renumeration would be seen as a conflict of interest.

The accreditation team questioned how assurance is made that the points listed under criterion 9.2 are met by the DPP. The provider explained that evidence is a vital part of the admissions process. DPP's must be able to evidence experience of supervising students and evidence training at other universities for assessing students. Assessment for the course is completed by the DPP and the university therefore DPP's must undergo mandatory training in this area.

The accreditation team questioned the training offered to DPPs, and how those that are unable to attend the face-to-face or virtual training sessions receive training. The team also enquired about what happens when a DPP does not engage in training. The provider discussed the previous poor uptake for training sessions however the format of these has since changed from a full day session to a half-day session to enable a more flexible approach which in turn has seen a higher uptake. DPP's can complete training sessions remotely from home however if they do not engage the student offer will not be confirmed as a 'conditional offer' until the DPP has evidence of completion of training. It was confirmed that training sessions are compulsory.

The accreditation team questioned what support the provider is planning to provide to new non-medical DPPs. The provider clarified the training is aimed at all DPPs to ensure understanding of the GPhC learning outcomes and assessment of students. The course team are currently looking into adapted training sessions for DPPs as some tend to be more experienced at assessing students than others. Therefore, arrangements are being made to provide more support over a longer duration.

The accreditation team asked the provider to explain how feedback is shared with DPPs. The course lead explained that feedback occurs at various stages such as the initial admissions process, during initial training and throughout the course. Students are required to provide feedback on which learning objective they are meeting at which level and this feedback is used to ensure that DPPs and students are competent. Feedback is also used as part of triangulation assessment whereby the methods used by a DPP for assessment are checked to address any disparity.

As part of the submission documentation, it was noted for students to be offered a place on the course, prospective DPPs must complete section 4 of the prospective student's application form. This section outlines the necessary requirements that the prospective DPP must meet in order to become a DPP. The prospective DPP must also confirm they are not receiving payment from their student and there are no conflicts of interest, e.g. being related. They must also provide their registration details and declare any fitness to practice information. They must declare that they are up to date on all mandatory and statutory training in the workplace. They must provide details of a senior member of their organisation who can verify the information that the DPP has provided.