

**London South Bank University independent
prescribing course reaccreditation event
report, April 2024**



Contents

Event summary and conclusions	1
Introduction	3
Role of the GPhC.....	3
Background.....	3
Documentation.....	4
The event.....	4
Declarations of interest	4
Schedule	4
Key findings - Part 1 - Learning outcomes	5
Domain: Person centred care (outcomes 1-6)	5
Domain: Professionalism (outcomes 7-15).....	5
Domain: Professional knowledge and skills (outcomes 16-26)	5
Domain: Collaboration (outcomes 27-32)	5
Key findings - Part 2 - Standards for pharmacist independent prescribing course providers	6
Standard 1: Selection and entry requirements	6
Standard 2: Equality, diversity and inclusion.....	7
Standard 3: Management, resources and capacity.....	7
Standard 4: Monitoring, review and evaluation	8
Standard 5: Course design and delivery	9
Standard 6: Learning in practice.....	10
Standard 7: Assessment.....	10
Standard 8: Support and the learning experience	11
Standard 9: Designated prescribing practitioners.....	12

Event summary and conclusions

Provider	London South Bank University
Course	NMP V300 Prescribing for Clinical Practice
Event type	Reaccreditation
Event date	26 April 2024
Approval period	July 2024 – July 2027
Relevant standards	<u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u>
Outcome	<p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by London South Bank University should be reaccredited for a further period of three years, subject to two conditions.</p> <p>The team’s recommendation includes approval for a maximum intake of two cohorts per year, with a maximum of 150 students per cohort.</p>
Conditions	<ol style="list-style-type: none"> 1. The current independent prescribing application form must be revised to ensure pharmacists can articulate how they meet the entry requirements as detailed under criterion 1.1. Additionally, clear guidance must be produced to support the pharmacist applicants in meeting these requirements. This is because although the accreditation team could see some plans for meeting the revised entry requirements for pharmacists, and to update the guidance material for pharmacist applicants applying to the course, timelines on implementing these, and what the guidance would entail, were not clear. This is to meet criteria 1.1 and 1.3. This must be sent to the GPhC, for approval by the accreditation team, before the University advertises for the next intake of pharmacists. 2. A clear process must be developed and utilised to identify and manage risks at course level (which can be held/managed at department and/or school level). This is because the accreditation team could not see how risks were managed proactively at course level and/or fed into the wider department/school. This is to meet criterion 3.1. This must be sent to the GPhC, for approval by the accreditation team. This must be done by 28 June 2024.
Standing conditions	The standing conditions of accreditation can be found <u>here</u> .
Recommendations	No recommendations were made.

Minor amendments	<ul style="list-style-type: none"> In relation to criterion 1.3, it is not a GPhC requirement that there must be a minimum of 1 year experience in the field they intend to prescribe. Checking the GPhC register will only show current registration status and not length of experience. In relation to criterion 6.5, the declaration on page 31 of Appendix 4 – Portfolio, should be updated to say ‘has demonstrated competency in ..’ rather than “suitable for annotation”. It is the GPhC that determines who is suitable for annotation. In relation to criterion 2.4, it is the GPhC standards not RPS standards.
Registrar decision	<p>Following the event, the provider submitted a response to the conditions and the accreditation team agreed they had been met satisfactorily.</p> <p>The Registrar is satisfied that London South Bank University has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, and in line with the Standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022.</p> <p>The Registrar confirms that London South Bank University is approved to continue to offer an Independent prescribing course for a period of 3 years. The Registrar noted that the conditions as outlined in the report have been met.</p>
Maximum number of all students per cohort	150
Number of pharmacist students per cohort	150
Number of cohorts per academic year	2
Approved to use non-medical DPPs	Yes
Key contact (provider)	Dr Bernadette Rae, Associate Professor
Provider representatives	<p>Dr Bernadette Rae, Associate Professor</p> <p>Dr Sharon Rees, Associate Professor</p> <p>Kate Davies, Associate Professor</p> <p>Farrah Kahn, Associate Professor (pharmacist)</p> <p>Afusat Osewa, Senior Lecturer</p> <p>Mohammed Miah, Senior Lecturer (pharmacist)</p>

	Shalini Ganasan, Senior Lecturer (pharmacist)
Accreditation team	Fiona Barber (event Chair) Independent Member, Standards Committee, Leicester City Council Dr Brian Addison (team member – academic) Associate Dean for Academic Development and Student Experience, Robert Gordon University Mira Jivraj (team member - pharmacist) Pharmacy Team Lead - Medicine, Northwick Park Hospital* Shahzad Ahmad (team member – pharmacist), Clinical Lead, NHS England Transformation Directorate
GPhC representative	Chris McKendrick, Senior Quality Assurance Officer (Education) General Pharmaceutical Council
Rapporteur	Ian Marshall, Proprietor, Caldavan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde
Observer	Marcia Fernandes, GPhC rapporteur (observer in training)
	*Submitted questions but was unable to attend the event

Introduction

Role of the GPhC

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

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

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit the [website](#).

Background

London South Bank University (LSBU) was accredited by the GPhC in 2014 to provide a programme to train pharmacist independent prescribers for a period of three years, and then re-accredited in 2017 and 2021. Following the reaccreditation event in April 2021, which was against the 2019 GPhC standards for the education and training of pharmacist independent prescribers, the then GPhC team set two recommendations. The recommendations were 1) that although the accreditation team acknowledges that the course provider has processes for identifying unsafe practice, the team could not see evidence of the formal mechanisms to investigate and review cases of potential harm (unsafe

practice). It was therefore a recommendation that the provider should develop a formal documented mechanism for identification and review of cases of potential harm (unsafe practice) demonstrated for both academic assessment and supervised practice. This was in relation to criterion 5.8.

Recommendation 2) was that the team could see limited evidence of how future DPP applications would ensure that the core requirements, as listed under criterion 9.2, would be assessed so that the prospective DPPs could provide evidence of how they met the criteria, and that this could be assessed by the provider. The provider should develop a process and revise their application form to reflect the core requirements. This was in relation to criterion 9.2.

LSBU has continued to apply the application requirements of the 2019 GPhC standards during the period since its previous reaccreditation in 2021. However, subsequent to the present reaccreditation event, LSBU will change the criteria provided on the application website homepage to conform to the standards for the education and training of pharmacist independent prescribers January 2019, updated in October 2022. The cohorts for April 2024 and June 2024 are already full, so the next intake that will be affected by this change is September 2024. In line with the standards for the education and training of pharmacist independent prescribers January 2019, updated in October 2022, an event was scheduled on 26 April 2024 to review the course's suitability for reaccreditation.

Since the previous reaccreditation, 66 pharmacists have enrolled on the module, with 58 passes and three pending.

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 after a required amendment it was deemed to be satisfactory to provide a basis for discussion.

The event

The reaccreditation event was held remotely by videoconference on 26 April 2024 and comprised several meetings between the GPhC accreditation team and representatives of the London South Bank 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. A qualitative survey was also sent to Designated Prescribing Practitioners (DPP) currently supervising students on the course, or who had supervised students in the past, the responses to which were also reviewed by the GPhC accreditation team.

Declarations of interest

There were no declarations of interest.

Schedule

Meeting

Private meeting of the accreditation team and GPhC representatives

Meeting with course provider representatives

Learning outcomes testing session

Private meeting of the accreditation team

Deliver outcome to the provider

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 **six** learning outcomes during the event was satisfied that **all 32 learning outcomes continue to be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **2, 6, 14, 15, 19, 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 four of the six criteria relating to the selection and entry requirements will continue to be met with two criteria subject to a condition.

The amended admissions criteria for the September 2024 intake, which will be published on the University website, specify that pharmacist applicants must be registered and be in good standing with the General Pharmaceutical Council, have at least one year's post-registration experience within the UK, and in their intended field of prescribing. They must also demonstrate an identified need for prescribing within their specified clinical practice, be working clinically for a minimum of 25 hours a week in healthcare, and have support from their employing organisation, as well as having an identified prescribing clinician as a Designated Prescribing Practitioner, DPP. The team noted two criteria in the application process additional to the GPhC minimum requirements. It was explained that the rationale for one-year post-registration experience was to align with the requirements of other regulators. The identified need for prescribing within a clinical area was to shore up employer support to ensure that the pharmacist had the opportunity to prescribe once annotated. However, the provider indicated that it would consider separate requirements for pharmacist applicants to align fully with the GPhC criteria. Despite this, the team agreed that there be a **condition** in relation the criteria 1.1 and 1.3, namely that the current independent prescribing application form must be revised to ensure pharmacists can articulate how they meet the entry requirements as detailed under criterion 1.1. Additionally, clear guidance must be produced to support the pharmacist applicants in meeting these requirements. This is because although the accreditation team could see some plans for meeting the revised entry requirements for pharmacists, and to update the guidance material for pharmacist applicants applying to the course, timelines on implementing these, and what the guidance would entail, were not clear. This must be sent to the GPhC, for approval by the accreditation team, before the University advertises for the next intake of pharmacists.

The team was told that all applications are scrutinised by the module director, and details entered on a spreadsheet to ensure consistency. Another member of the teaching team is familiar with the application process and criteria to provide back-up if necessary. The team was told that the applicant's personal statement provides valuable evidence of their suitability for acceptance onto the module. The applicant's entry on their professional register is checked to ensure they have the required length of qualified experience and no concerns noted on the register. DPPs are asked to declare their experience and training/qualification in mentorship and their registration and PIN are checked. If the declaration is incomplete, this will be questioned and verified by the module lead prior to offering a place. The submission explained that no applicant will be denied a place if they meet the criteria identified on the website and set by their regulatory body. If the intake cohort for which they have applied is full, the applicant will be offered a place in the next intake, provided it is in the same academic year. A new application will be required if the next available intake is in a different academic year. Reasons for any rejection are provided and guidance given for reapplication.

Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes No

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

The documentation described how the University's Equality, Diversity and Inclusion policy applies throughout a student's journey from selection to completion, as well as to the marking, moderation and oversight of process and results by the Examination Board. This includes any reasonable adjustments that are required for students who have identified learning needs, as well as ensuring universally accessible learning areas in the University, and any lack of bias based on protected characteristics.

It was explained that a range of teaching and learning strategies is used to engage students in their learning experience with assessments in different formats. Students with identified learning needs are supported by the teaching team and the LSBU dyslexia and disability services, DDS, team. There is a "Skills for Learning" team to assist individual students with mathematics and essay-writing skills as required. Students all have an identified personal tutor who will have an overview of the student's progress, and is available to the student, in addition to the module lead. Claims for extenuating circumstances can be made via the MyLSBU site, and may allow a further five working days to submit coursework. Should such students need to undertake a second attempt, their awarded mark will not be capped. The GPhC standards and learning outcomes must still all be met, with all assessments passed without compensation.

The team was told that diversity issues are included in the teaching materials, for example, the relationship between hypertensives and ethnicity. There is also a service user session co-led by a service user.

Standard 3: Management, resources and capacity

Standard met/will be met? Yes No

The team was satisfied that five of the six criteria relating to the management, resources and capacity will continue to be met with one criterion subject to a condition.

The roles and responsibilities of the Module Director, personal tutors, members of the teaching staff team, and designated prescribing practitioners, DPPs, were defined in the documentation. All staff are required to be registered and be in good standing with their relevant regulatory body and to remain registered for the duration of their employment at LSBU. It is a non-negotiable requirement that pharmacist/s are employed in the teaching team. Currently there are three pharmacists. All teaching takes place at the Southwark campus of LSBU, a purpose-built institution with a variety of classrooms and lecture theatres. There are purpose-built clinical skills laboratories equipped with medical equipment and simulation mannequins available for the development of clinical examination skills.

The team noted the provider's request to move from teaching six cohorts of 50 students per year to two cohorts of 150 students and asked about the rationale and plans to organise this change. The team was told that the current approach has been built up gradually over the years but now necessitates too much repeat teaching to allow the desired improvements in delivery. The team was told that the provider is working through the logistics of the changed approach with respect to

staffing and facilities, including the need for larger tutorial groups. The University has invested in clinical skills laboratories with mannequins and is currently considering a business case for the replacement of a teaching staff member that resigned recently. The progress of this change will be reviewed at any subsequent GPhC event.

The team was concerned that the requested risk register had not been provided and that the provider's representatives were unable to describe the management of risk relating to the module, apart from some reactive examples. Accordingly, the team agreed that there be a **condition** in relation to criterion 3.1, namely, that a clear process must be developed and utilised to identify and manage risks at course level (which can be held/managed at department and/or school level). This is because the accreditation team could not see how risks were managed proactively at course level and/or fed into the wider department/school. This must be sent to the GPhC, for approval by the accreditation team. This must be done by 28 June 2024.

Communication between the University and practice partners is maintained at defined intervals to oversee the students' progress, and to ensure that the DPP is comfortable in their role and to offer support where needed. The team was told that contact between students and their DPPs is planned to take place at the beginning and mid-point of the module, as well as for summative assessment; the DPP provides signed evidence of their meetings with the student, documenting the student's progress, and also provides signed confirmation of the student's development in relation to the required competencies. The team was told that previous efforts to inform DPPs of the module requirements had been unsuccessful so that now DPPs are provided with a link to a LSBU website created for DPPs for information about the role, their duties, the teaching team and contact details, as well as being provided with a DPP handbook. DPPs are free to contact the personal tutor or Module Director at any point if there are any concerns about a student's progress.

The documentation explained that the teaching team does not have the capacity to visit students in their clinical environment. Thus, in order to establish that the clinical practice learning environment is appropriate, and that it will allow the students to achieve the competencies required for prescribing, each student must complete a clinical practice placement audit at the beginning of the NMP module; this must be signed by the practice assessor and returned to the module director within four weeks.

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 continue to be met.

The NMP module was last validated by the University in 2019. In 2019 the module was revalidated by the Nursing & Midwifery Council (NMC) and awarded indefinite validation. Revalidation took place with the Health Care Professionals Council (HCPC) in March 2021 and full approval awarded. The team was told that the outcome of the current GPhC event will be forwarded to the University for consideration of continued validation.

The documentation described how the University's quality assurance procedures apply to this module; these include student feedback obtained mid-way through the course and an end-of-course module evaluation completed by the students. The team learned that the University's quality assurance process also continuously reviews resources; this has resulted in the provision of simulation facilities in the clinical skills laboratories. An annual module board is held to which stakeholders and

students are invited, and where they can offer feedback to the NMP teaching team. Feedback from this board informs the Annual Monitoring Report which contains an action plan to resolve any issues that have arisen during the year along with student profiles and pass/attrition rates. The external examiner is consulted on any changes to the module and provides an annual report to the University. No significant issues arose from the external examiner reports that the team reviewed.

Annual appraisal for all staff is used to evidence that any compulsory training is up to date, that their teaching skills are up to date, and staff development is being supported to ensure they are fulfilling their role. The academic team regularly updates lecture and blended learning content to reflect current practice. The pharmacology examination is updated to reflect current practice. Course documents are reviewed and updated regularly. An example of a recent change has been the that the assessment of competence will be undertaken by direct observation from the DPP rather than the previous cumbersome portfolio assessment. An upcoming change from five to four elements of assessment will be sent for approval by the GPhC when finalised. As indicated in the commentary to Standard 3 above, there is not capacity to visit students in their clinical environment, so students must complete a clinical practice placement audit.

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 continue to be met

The programme is a 40-credit module undertaken by pharmacists and professionals from seven other professions; the teaching thus has a multidisciplinary accent. The documentation stated that the taught content of the module is generic, with students being asked to apply the principles of prescribing to their individual areas of clinical practice. The module is structured so that the core basic philosophies of prescribing are established at the beginning of the module and then developed as the module progresses. Patient safety is emphasised throughout, and student pharmacist independent prescribers must work within their scope of practice. In response to the recommendation from the previous event, the submission stated that patient safety, the RPS (2021) competencies, the GPhC learning outcomes, and the wellbeing of patients/service users in practice are paramount. The DPP information specifies what their role and responsibility is in supporting the student in their clinical environment, including safety aspects. Thus, the team learned that at least 30 patient-facing hours must be spent in direct contact with their DPP and all events and times must be logged. This includes two observed sessions of medical history-taking with DPPs looking for improvement over the two sessions. DPPs also monitor the expected student behaviour towards patients/service users. In this respect, service users continue to be involved, some in the classroom environment. The University has also invested in a partnership with the People's Academy to provide motivational talks. A process is in place for DPPs, service users, or students for safety issues to be communicated to the University, and Trust guidelines must be followed. If there is any concern about students' practice threatening patient safety, LSBU has a Fitness to Practice process to address concerns about unprofessional behaviour and unsafe practice. This procedure is available to students on MyLSBU through their student account and is signposted on induction. The team was told that all assessments include safety aspects, legality and the use of the evidence base. The team also learned that most practice supervisors are qualified prescribers who will observe the student and judge them meeting the required competences, although the DPP has the overall oversight of the student.

Students are required to demonstrate their knowledge and understanding in their achievement of specified competencies. The module teaching and learning and assessments are aligned to expectations and standards in clinical practice, so that evidence of competence will prepare them for practice as independent prescribers. In recognition of their pre-existing skills and knowledge, instead of an introduction to pharmacokinetics and pharmacodynamics, pharmacists have a day for development of clinical skills, which are developed further in practice under the observation and teaching of their DPP, and documented in their clinical hours. Nevertheless, the team learned that pharmacists must still pass the pharmacology examination which was described as dealing mainly with pharmacotherapeutics at the clinical cutting edge.

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 continue to be met.

The team was told how students must undertake a minimum of 90 clinical patient-facing hours in practice, of which at least 30 hours must be under the direct observation of the DPP. The DPP must verify these hours and must meet with the trainee to review progress and provide documented formative feedback; the DPP must also verify that the required competencies have been achieved. The team was told that the 90 hours may include multidisciplinary team meetings and ward rounds but cannot include university hours. The provider indicated that there were no hard and fast requirements with respect to remote prescribing although this aspect was being considered. The 30 hours stipulation is a minimum requirement but the team was told that students are encouraged to engage with other practice supervisors to see a spread of practice as part of their clinical hours; the names and contact details of these clinicians are recorded in the students' portfolios. However, only the DPP may sign the competencies as having been fulfilled.

The documentation explained that a potential DPP must declare on the signed DPP agreement form that they meet the criteria required to fulfil the role. It was confirmed to the team that the DPP's professional PIN is required, and the regulatory body register is checked at application. Anyone who does not yet fulfil the core competencies may revisit the role at a later date, and for those who wish it, the module director keeps a confidential record of those individuals so they can be approached and supported at such time they do meet the core criteria.

Standard 7: Assessment

Standard met/will be met? Yes No

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

The documentation described how the course learning outcomes have been mapped against those specified by the GPhC as well as against the RPS (2021) competencies. The assessments comprise the portfolio, in which evidence for each competency must be explicitly provided, the case study, which must demonstrate safe, appropriate and evidence-based clinical assessment along with detailed rationale for prescribing the specific drugs chosen, a calculations examination, a viva voce designed to demonstrate the rationale for prescribing decisions, and a pharmacology examination. If any element shows unsafe practice, then the assessment will be failed. Students are assessed formatively through

blended learning tasks which are subject-specific and quizzes are undertaken to assess that learning has taken place. Every student is entitled to a maximum of two attempts at each assessment. If any work is outstanding, or below standard, the student will be referred in that work. If there are extenuating circumstances, the student's resubmitted work will not have the mark capped. There is no change in the standards and criteria needed to pass on second attempt. There is no compensation between assessments or between elements in the portfolio. All assessments and all individual parts of the portfolio must be passed in order to pass the module and gain the qualification. The team was told that in the case of a student failing, they are given a 1:1 tutorial before a second attempt. No third attempt is allowed but a failing student may be allowed to retake the module carrying forward passed assessments but needing to spend further time with their DPP.

The provider's representatives were initially unsure when asked about the robustness, validity, reliability and consistency of the assessments but told the team that the external examiner has oversight of all five assessments, including all failed assessments and a selection of the passes for every cohort. They have copies of all module documentation, are informed of all proposed changes in the module, and attend the exam boards to verify a correct and fair process. The Academic Standards Committee oversees all the assessments and appropriateness to meet the required academic standard. Questions were said to be clear and unambiguous. Assessments taken in practice are carried out by DPPs who have been approved and supported in their role. The portfolio is overseen by the academic staff, and all marking processes are moderated by the external examiner. Consistency of marking is checked across the marking team and marking by new members of staff is moderated.

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 continue to be met.

The documentation described the support available for students. This starts with an induction to provide them with an overview of the module, including assessments, to advise them about the expectations of them as professionals and students on the module, and to inform them of what they can expect from the teaching team and their personal tutors. The team learned that each pharmacist student has a pharmacist member of staff as their personal tutor. The tutor provides oversight of the student's progress and has regular communication with the DPP. DPPs are responsible for observation and support of the student in the clinical environment. It was confirmed to the team that DPPs are required to have a minimum of three meetings with the student to monitor their progress, including discussing and signing a learning agreement at the beginning of the module. The GPhC guidance on tutoring for pharmacists and pharmacy technicians (2018) provides advice and support. There are identified pathways through which students can raise concerns about matters encountered in practice or about University processes; there is a timeframe outlining the time the student should raise their complaint/appeal, and when they can expect a response and decision. As well as support from their personal tutors and DPPs, pharmacist student prescribers are supervised and supported by the whole teaching team. In responding to the GPhC's survey, students reported good support from all members of staff, including their tutors and the Module Director, who were accessible and who responded promptly to e-mails.

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 continue to be met.

In relation to the recommendation from the previous event, the documentation stated that DPPs must have a minimum of three years' experience as an independent prescriber, be registered with their appropriate regulatory body and must be currently prescribing a range of drugs in their clinical role at least once a week; they must also have experience or training in teaching and/or supervision in clinical practice and be able to support the student over six months, with a minimum commitment of 30 hours of direct observation. A signed agreement is required from the DPP before the student is offered a place on the module. The team was told that there is a dedicated online platform for DPPs to access relevant information about DPP duties, responsibilities, contact details about the teaching team, along with information on supporting students including the provision of formative feedback. A DPP handbook is provided prior to the student starting the module and to any prospective DPP on initial contact. Some of the LSBU teaching team members have visited Trusts that hold update days to discuss the role of DPP and give initial training on the role. Communication from the personal tutor maintains contact with and support for the DPP, as well as providing an overview of the student's progress.

Wishing to know how prospective DPPs are assessed on the criteria, to include ensuring that they have active and relevant prescribing competence in the areas in which they will be supervising and that they have the ability to assess patient-facing clinical and diagnostic skills, the team was told that although the DPPs' application is based on a self-assessment check list, albeit with a free text component, their registration and PIN are checked. Experience in mentoring was said to be a crucial element.

In response to the team's questions about feedback to and from DPPs, the team learned that the University writes to DPPs at the end of the module in appreciation of their support. If there had been any issues they would have been dealt with earlier in the module, via a tripartite meeting with the DPP, student and tutor. DPPs are invited to provide feedback, including via the website, and can contact the University teaching team of their own volition.

