

University of Winchester independent prescribing course monitoring and reaccreditation event report, June 2024



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Event summary and conclusions

Provider	University of Winchester
Course	Independent prescribing course
Event type	Monitoring and reaccreditation
Event date	20 June 2024
Approval period	August 2024 – August 2027
Relevant standards	<u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u>
Outcome	Approval with conditions The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by the University of Winchester should be reaccredited for a further period of three years, subject to one condition.
Conditions	<ol style="list-style-type: none"> 1. Prospective DPPs must be asked to provide supporting evidence at the application stage to describe how they meet all the requirements for the role, including their ability to assess patient-facing clinical and diagnostic skills. This will provide the course team with information which can be used to evaluate their suitability. This is to meet criterion 9.2.
Standing conditions	The standing conditions of accreditation can be found <u>here</u> .
Recommendations	No recommendations were made.
Minor amendments	No minor amendments were made.
Registrar decision	<p>Following the event, the provider submitted a response to the condition and the accreditation team agreed that it had been met satisfactorily.</p> <p>The Registrar¹ of the GPhC accepted the accreditation team’s recommendation and approved the reaccreditation of the course for a further period of three years. The Registrar noted that the condition as outlined in the report had been met.</p>
Maximum number of all students per cohort	20

¹ Registrar or appointed delegate

Number of pharmacist students per cohort	20
Number of cohorts per academic year	Three
Approved to use non-medical DPPs	Yes
Key contact (provider)	David Voegeli, Programme Lead
Provider representatives	Ian Winkworth, Deputy Head of Department Amareen Kamboh, HIOW ICB Pharmacy Workforce Lead Dr Hazel Brown, Associate Dean
Accreditation team	Professor Chris Langley (event Chair) Professor of Pharmacy Law & Practice and Deputy Dean of the College of Health and Life Sciences, Aston University Ahmed Aboo (team member – academic) Interim Head of the Leicester School of Pharmacy, De Montfort University Fiona Barber (team member – lay) Independent Member, Standards Committee, Leicester City Council
GPhC representative	Chris McKendrick, Senior Quality Assurance Officer (Education)
Rapporteur	Chris McKendrick, Senior Quality Assurance Officer (Education)

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

The University of Winchester, 'the provider', delivers undergraduate programmes in Physiotherapy, Nursing, Occupational Therapy and Nutrition and Dietetics through its Faculty of Health and Wellbeing. Funding has been secured from Health Education England (HEE) to develop a multi-professional MSc in Advanced Clinical Practice with a focus on primary and community care. The provider approached the GPhC with an application for accreditation of a course to train pharmacist independent prescribers. The course was granted provisional accreditation for three years subject to a monitoring event after the first cohort of pharmacists completed the course, there were no conditions associated with the initial accreditation event.

Due to a delay with scheduling the monitoring, it was agreed with the provider that a combined reaccreditation and monitoring event would be preferable. The course was initially approved for two cohorts a year with a maximum of 30 students per cohort, with up to 10 pharmacists in each cohort. The first cohort that included pharmacists was delivered in 2022/23 academic year - of the three pharmacists enrolled, all three completed the course.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, updated October 2022, and revised methodology combining the reaccreditation and monitoring, an event was scheduled on 20 June 2024 to review the course's suitability for reaccreditation.

Documentation

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

The event

The reaccreditation and monitoring event was held remotely by videoconference on 20 June 2024 and comprised of several meetings between the GPhC accreditation team and representatives of the

University of Winchester 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: **5, 6, 10, 16, 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 all six criteria relating to the selection and entry requirements continue to be met.

It was noted that in the 2022/23 academic year three pharmacists enrolled onto the course and successfully completed. There were 14 pharmacists that enrolled onto the current cohort, of which there was 1 deferral.

It was noted that the course continues to be open to eligible UK based pharmacists registered with the GPhC or PSNI who can demonstrate they meet the entry requirements as defined at initial accreditation. With this reaccreditation and monitoring event the provider sought permission to implement the Standards for the education and training of pharmacist independent prescribers, updated October 2022, to comply with the revised entry criteria. The accreditation team questioned when the provider would seek to update the application form to reflect the revised requirements. The provider explained that the application form would be edited and updated post event, subject to approval from the accreditation team. The provider confirmed that criteria 1.1 c and 1.1 d would be explicit within the application form.

It was noted that as part of the university online application process, applicants are required to download, complete, and upload a specific independent prescribing course application form. All members of the course team involved in reviewing applications and selection have received mandatory training in student selection and interviewing. Applications for the Pharmacist Independent Prescribing course are scrutinised by the course lead and Pharmacist Teacher / Practitioner to ensure consistency in the application of selection criteria. Applications are overseen by the university admissions team via an online system, which enables a clear audit trail and recording of all decisions made. The accreditation team questioned how the provider plans to assess that the pharmacist applicant has sufficient expertise and competence in their chosen area of prescribing. The provider explained that pharmacist applicants complete an application which includes articulation of experience and identification of scope of practice, which is all normally clear. If there are any concerns, or anything is unclear on the application, the provider will contact the applicant and have a very short interview. The provider recognises that this tends to be an issue with applications from pharmacist independent/community backgrounds. In terms of cross referencing and checking experience, the provider relies on the professional duty of candour, but also requests manager sign off and professional reference, as appropriate. All applications have a moderation process, and all applications are reviewed by the course lead. If the course lead is unclear on any aspect of the pharmacist's experience, they will seek input from other members of the programme. It was noted that if an application was to be rejected, the reasons for this would be documented within the university admissions system and would be communicated to the unsuccessful applicant - to date no complete applications submitted have been rejected.

It was noted that the course team have established positive relationships with the Pharmacy Workforce Leads in several of the local integrated care boards (ICBs).

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 continue to be met.

It was noted that the provider has appropriate policies, practices, procedures, and other functions in respect of compliance with the Equality Act 2010 and the protected characteristics specified within it. The principles of equality and diversity aim to be embedded within the course design and delivery, utilising 'lived experience'. In terms of use of data, the university collects equality and diversity data from applicants, this data is then anonymised and used to supply statistical information to the Office for Students and Higher Education Statistics Agency (HESA), as well as informing the design and delivery of courses and the learning experience. The accreditation team questioned the level of equality and diversity data available at course level, and how it has been used in the design and delivery of the course. The provider explained that the course team has access to applicants EDI data from the central admissions team, and also has access to data from the local ICB and medicines optimisation team, with their focus being to improving access to independent prescribing provision within the area. In terms of using data, the provider has a department within the university structure that is responsible for analysing the data against protected characteristics and will flag any area where it falls out of the acceptable metrics, reporting back to course level. Currently no single metric is being flagged although it was acknowledged that the current data set is limited due to the small numbers so far on the course. If there was an identified need for action such as the data stating there was an issue around progression involving a protected group, there would be an action plan to explore and address any issues. More widely at course level, the provider gave an example about teaching of dermatology, including the effects of skin tone and colour, on prescribing decisions.

It was noted that the course has been designed and operates in accordance with the expectations set within the university. The interests of students with protected characteristics, or specific needs, are taken into consideration and reasonable adjustments to assessments can be made if these do not compromise academic standards, as expressed through the learning outcomes, or Professional, Statutory and Regulatory Bodies (PSRB) requirements. Support services are available to all students enrolled on the course and are overseen by the Student Support & Success Team. To date no pharmacists on the course have required any reasonable adjustments to be made.

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 continue to be met.

It was noted that the course is supported by a defined management plan outlining roles and responsibilities, lines of accountability and processes, and is subject to annual review. The

accreditation team questioned how risk is identified and managed at course level and who is responsible for this. The provider explained that the course lead is responsible for this and governed/monitored by faculty level processes. The provider further gave an example of recent risk identified in terms of staffing resources and succession planning due to an unexpected period of leave by the course lead. The risk management processes worked, and the cohort continued and passed with minimal disruption. In addition, there are teacher practitioner post interviews imminent for a Pharmacist Independent Prescribing post. The provider explained that the course was not on the previous HEE (NHSE) tender, that is now changing, and as part of this event are seeking approval to increase numbers and overall capacity. The team noted the requested 3 cohorts with 20 pharmacists per cohort. The accreditation team questioned the potential impact on current staffing in relation to the proposed increase in cohorts and student numbers. The provider explained that they expect minimal impact in terms of staffing and by securing the teacher practitioner 0.2 FTE post for the increase in pharmacists on the programme, this should be mitigated altogether. It was noted that students from all professional disciplines on the course are taught together, and there is an appropriate number of visiting lecturers involved in the delivery of the course. The accreditation team agreed that the proposed increase to the number of cohorts and pharmacists is acceptable based on the new 0.2 FTE teacher practitioner post being recruited to.

It was noted that all elements of the course are delivered by educators / active researchers with relevant specialist knowledge and current clinical expertise in the subject being taught. There is a good mixture of academic staff, experienced independent & supplementary prescribers from a range of professions (including Pharmacist Independent Prescribers) and specialist pharmacists involved in the programme delivery. The team questioned how staff are supported in their roles and what opportunities are there for development. The provider explained that visiting lecturers maintain their clinical knowledge by being in practice. This practice is also shared with the wider team when updates are required, such as through course material reviews. Visiting lecturers can develop to consultant status by undertaking post graduate training and have access to look at research and a post graduate certificate in education. Wider faculty support for all staff with online courses for all. Additionally, new academic staff have a buddy as part of academic induction processes.

In terms of quality assurance and the practice environment, the accreditation team questioned how the resources and facilities within the practice environments are appropriate for those applications from outside of the Winchester geographical area. The provider explained, interest in the course has increased from outside of the geographical area. Out of the 13 pharmacists currently on the course, 5 are local and remaining are from Surrey and London. The provider has a good working relationship with the local ICB lead, and other ICBs within the SE England area. It was explained that the provider has been working with other institutions and ICBs in respect of standardised practice audits from other institutions, across the SE region. This works well, apart from self-funding pharmacists. The provider can undertake its own audit if required.

It was noted that the library and university student services offer a range of support and resources to assist with study skills at all levels, and pharmacists enrolled on this course have full access to this additional support.

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 continue to be met.

It was noted at university level there is a continuous enhancement of the student academic experience feedback from students which utilises a range of formal and informal mechanisms. These feedback mechanisms include informal ongoing module feedback processes, formal programme evaluation questionnaires, engagement through Student-Staff Liaison Committees, and student representation on other University committees as well as national surveys such as the National Student Survey (NSS), Postgraduate Taught Experience Survey (PTES) and the UK Engagement Survey (UKES). The accreditation team questioned how the course has recently been enhanced/changed through the review process. The provider explained that based on feedback a hybrid model of delivery was suggested utilising technology where appropriate. This has been implemented with the current cohort running as a trial and are evaluated at the end. Further, in terms of day-to-day management of the course, there is continuous evaluations and feed forward comments on a week-by-week basis meaning the course team can integrate changes as and when needed quickly. The accreditation team questioned where student feedback had led to a change to the course. The provider explained that weekly feedback has highlighted those students wanted more content about GPhC standards, and the Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers, linked to module learning outcomes to be able to demonstrate competencies more effectively in practice. The course team was able to adapt a session to accommodate this.

The course is reviewed annually by the course lead and programme management team to ensure clinical currency and that content reflects current best practice, this review integrates feedback from a wide range of stakeholders. The accreditation team questioned how the provider monitors and evaluates the standard of teaching, learning and assessment within the patient-facing part of the course. The provider explained part of this is done through DPPs via feedback which feeds in as part of stakeholder groups including any concerns DPPs may have. In terms of during the course, this rests on the tripartite relationship between the provider, pharmacist, and DPP. There are points where all parties meet to discuss and monitor progress.

It was noted that the course remains validated and the initial method for delivery was validated with blended approach in mind, so the course does not need to go back for reapproval.

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 continue to be met.

It was noted that the course consists of 26 days of structured learning activities (10 face-to-face/blended taught days and 16 directed study) which must be logged, and 90 hours of supervised prescribing practice. The course has been further mapped to the RPS Competency Framework for all Prescribers. The course has been designed with the recognition that nurses, AHPs and pharmacists have different pathways to registration, and develop different skills, experiences, and competencies in practice before undertaking the prescribing course. For nurses and AHPs, the course places a greater focus on pharmacological principles, pharmacokinetics and pharmacodynamics, drug interactions,

disease management and therapeutic decision making. Whilst for pharmacists, there is a greater emphasis on communication and consultation skills, history taking and clinical assessment skills. The course was co-designed with input from a multisector stakeholder group comprised of members from across the Hampshire and Isle of Wight Integrated Care System, including patient and service user representation.

Pharmacist independent prescribers in training on the course are supervised in all practice environments by their DPP or other suitably qualified independent prescribers. Learners will only be permitted to engage in practice learning where the course team are satisfied that the environment is suitable, safe and provides adequate opportunities for the student to demonstrate achievement of the required competencies with the appropriate level of supervision and support. The accreditation team questioned how the assessments methods meet the relevant level of Miller's triangle. The provider explained that they meet with students and talk through how the learning outcomes map against the different levels of assessment within the course. It was noted that the practice portfolio relies primarily on the RPS Competency Framework for all Prescribers which is mapped to the GPhC learning outcomes. This generally means that in practice, assessment is being undertaken at the GPhC level or higher.

The team noted that there is an appropriate level of pharmacy input into the design and 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 continue to be met.

It was noted that prior to the commencement of the course, pharmacists must have secured a suitable DPP and access to an appropriate clinical setting to enable completion of the required learning practice competencies. It is acknowledged by the course team that this can sometimes cause problems for pharmacists, especially community pharmacists. It was further noted that the local ICB are currently trialling a process to pair up community pharmacists with an appropriate DPP and access to clinical settings. This is currently being evaluated but has been useful to pharmacist applicants for the May 2024 cohort.

It was noted that the role and responsibilities of both the pharmacist and the DPP are clearly outlined in both the student and DPP handbooks. Pharmacist independent prescribers in training on the course will only be involved in prescribing decisions under the direct supervision of a DPP who has been confirmed as competent to fulfil the role. The accreditation team questioned how the provider ensure that pharmacists undertake 90 hours of learning in practice in clinical settings where they have direct access to patients. The provider explained that part of this comes back to the application, having identified their DPP and scope of practice. From the application, the provider knows where the pharmacist will be and the DPP and have access to patients, with oversight from the beginning by monitoring a reviewing the practice portfolio including type of patients they have access to for the minimum 90 hours, which are recorded.

It was noted that in some situations, a pharmacist will work with more than one independent prescriber. This is encouraged where possible as it enriches the experience of the learner and provides greater opportunity for supervised prescribing practice. However, it is clearly emphasised in all course documentation and during the DPP induction sessions that one independent prescriber must assume primary responsibility for a prescribing pharmacist's supervision and act as the DPP. The DPP is expected to directly supervise the pharmacist for a minimum of 30% of their time in practice.

Standard 7: Assessment

Standard met/will be met? Yes No

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

It was noted that throughout the course, pharmacists receive regular, appropriate, and timely feedback on their performance both formally and informally. Within the taught component this occurs within tutorials with personal academic tutors and during their practice learning experience feedback from their DPP, which is ongoing and documented within the practice portfolio. At the start of the course, as part of the practice portfolio, students complete a SWOT analysis and use this to develop an individualised learning contract. The completion of the practice portfolio under the supervision and assessment of the DPP, provides the overall evidence that a pharmacist independent prescriber in training is practising safely. The accreditation team questioned how the provider decided the range of assessment methods used on the course and ensure that they assess students' ability to demonstrate they have met the learning outcomes. The provider explained that as it is a multi-disciplinary course, the assessment strategy ensures that all PSRB requirements are met, with pharmacists concentrating more on consultation skills, for example. The course pairs professionals together and promotes shared learning. In terms of assessment, there is always a formative OSCE for pharmacists on basic consultation skills and the in-course exams assess knowledge. If they don't pass formative assessment, they are offered opportunity to retake, with reflections fed into learning contracts and action plans as required. If issues still present then ultimately, they won't pass the practice portfolio as this needs to be demonstrated at the required level in practice. The team questioned what happens if a member of the course team, or the DPP, identifies that the pharmacist has, or would have, undertaken an action which undermines patient safety. The provider explained that, in practice, the DPP would be expected to alert the course team and the pharmacist would be withdrawn from the practice area, depending on the severity, and subsequently the Fitness to Practise (FtP) policy would be enacted. The FtP process has been designed for all professionals undertaking the course, ultimately, patient safety comes first while any investigation takes place. The FtP panel is multi-disciplinary and includes practice partners. The same process applies if identified by a member of the course team and focus more on patient safety elements included within the practice portfolio and written assignments which would result in an automatic failure based on the level of severity which utilises a systems approach.

It was noted that the course team monitor all learning environments through placement visits (if needed), student feedback and DPP / DPS feedback. All assessments undertaken by students on the independent prescribing course comply with University Regulations for Taught Programmes and are reviewed annually as part of the annual programme evaluation process. The quality of assessments is further assured and monitored by the External Examiner. The External examiner reports have not raised any concerns over the quality of assessment on the course and confirm the standard of

assessment and quality of student work. It was further noted that all summative assessment components must be completed and passed, and results ratified by a final exam board before recommendation for professional annotation is given. No compensation or condonation is permitted for any aspect of the prescribing course in the interests of patient safety.

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 continue to be met.

It was noted that the provider has a range of mechanisms in place to support trainees to achieve the learning outcomes including, induction, supervision, appropriate and realistic workload, personal and academic support, and access to resources. Formal progress meetings occur at the start of the course with an initial meeting to look at the student's SWOT analysis and agree the learning contract, an intermediate report at the half-way stage and a final report at the end of the practice learning. There are also informal and ongoing meetings with the DPP providing feedback on progress are documented in the portfolio within the Record of Supervision Sessions with DPP/Practice assessor forms.

The accreditation team questioned how concerns are raised by pharmacists, about the practice learning environment or their DPP, and how these are dealt with. The provider explained that to date no concerns had been raised. However, an example was provided where in the last cohort the original DPP unfortunately went on long term sick meaning the individual had to find new a DPP. The provider was made aware and the process to change DPP was implemented. The new DPP went through the same checks by the provider, and the provider believes that this shows that the communication channels worked effectively and as intended.

Standard 9: Designated prescribing practitioners

Standard met/will be met? Yes No

The team was satisfied that four of the five criteria relating to the designated prescribing practitioners continue to be met with one criterion subject to a condition.

It was noted that prospective DPPs are required to self-certify that they meet the RPS Competency Framework for Designated Prescribing Practitioners. For NHS Trusts the suitability of a nominated DPP is confirmed by the organisation's non-medical prescribing lead (where available). For community pharmacists the same checks are performed, but often with the assistance of the local PCN or ICB. In all cases the proposed DPP's eligibility criteria and registration status is checked by the course lead as part of the student application process. The accreditation team questioned if there was an example of, following review of an application for the programme, a prospective DPP was not deemed suitable. The provider explained that there had been several, usually because they hadn't been qualified for long enough or was not working in an area that would meet the needs of the pharmacist. The course lead ultimately makes the decision on this and provides feedback as to the reason(s) for the rejection.

It was noted that the University Practice Learning Lead and prescribing course lead work with the Non-Medical Prescribing Leads in partner organisations to ensure that staff who are involved in

supporting prescribing students are suitably qualified and experienced and maintain a DPP register. Currently prospective DPPs are required to self-certify through the application process that they meet the RPS Competency Framework for Designated Prescribing Practitioners. The accreditation team questioned how the provider ensures itself a prospective DPP has the necessary skills to be a DPP, and how these skills are assessed particularly in relation to ability to assess patient facing clinical and diagnostic skills. The provider explained that part of this is during the application process and registration/annotation check of the DPP, also that the DPPs are regulated and registered healthcare professionals. The course also offers introduction to the programme for DPPs which is delivered through the VLE canvas site. The DPP handbook also has information on assessment. The provider example that they are working with ICBs around standardisation of DPPs applications within the area and nationally. The accreditation team, having reviewed the providers application form, and the providers response to questioning, could not see how the information on the application form triangulated to give the provider enough information to make a judgment on the suitability of the prospective DPP under criterion 9.2. Therefore, a condition was imposed that prospective DPPs must be asked to provide supporting evidence at the application stage to describe how they meet all the requirements for the role, including their ability to assess patient-facing clinical and diagnostic skills. This will provide the course team with information which can be used to evaluate their suitability. This is to meet criterion 9.2.

It was noted that the provider gives DPPs an online one-hour training session introducing the course, the learning outcomes, assessment processes and role of the DPP. Prior to the start of the course, DPPs are emailed the DPP Handbook. If DPPs require additional support, academic staff can undertake practice learning visits, if required, or arrange one-to-one meetings. The accreditation team questioned what feedback from DPPs the course had received so far. The provider explained that most of the feedback had been positive from their perspective but acknowledge there is some work to do and recognises there are challenges in the sector, specifically in relation to DPP capacity. The GPhC DPP survey highlighted some challenges around DPPs receiving communications from the provider. The provider acknowledged that there were some initial issues with the welcome letter and DPP handbook that didn't go out in a timely manner but was confident that lessons had been learnt and shouldn't happen again.

It was noted that DPPs get a 'thank you' from the provider as standard at the end of their period as a DPP. DPPs are given feedback as part of pharmacist portfolios, and generic feedback is incorporated into this. Feedback in broader terms is anonymised and put in summary canvas which DPPs can access.

