

Cardiff University independent prescribing course reaccreditation event report, July 2024



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Event summary and conclusions

Provider	Cardiff University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	1 July 2024
Approval period	October 2024 – October 2027
Relevant standards	<u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u>
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 Cardiff University should be reaccredited for a further period of three years.
Conditions	There were no conditions.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Minor amendments	<ul style="list-style-type: none"> Ensure that the increase from six to eight face-to-face study days is clearly communicated to future cohorts.
Registrar decision	<p>The Register is satisfied that Cardiff University has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, 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 Cardiff University is approved to continue to offer the independent prescribing course for a further period of 3 years. The Registrar notes that there were no conditions associated with this event.</p>
Maximum number of all students per cohort	<p>Stand-alone module: 72 current; 72 planned.</p> <p>Module within Diploma in Clinical Pharmacy: 72 per cohort; 72 planned.</p> <p>Module within the commissioned Post-registration Foundation Training Programme: 50 current; 50 planned.</p>

Number of pharmacist students per cohort	<p>Stand-alone module: 72 current; 72 planned.</p> <p>Module within Diploma in Clinical Pharmacy: 72 per cohort; 72 planned.</p> <p>Module within the commissioned Post-registration Foundation Training Programme: 50 current; 50 planned.</p>
Number of cohorts per academic year	<p>Total: 5 current; 5 planned</p> <ul style="list-style-type: none"> • Stand-alone module: 2 current; 2 planned • Module within Diploma in Clinical Pharmacy: 1 current; 1 planned • Module within the commissioned Post-registration Foundation Training Programme: 2 current; 2 planned
Approved to use non-medical DPPs	Yes
Key contact (provider)	Dr Rowan Yemm, Programme Director for the Clinically Enhanced Pharmacist Independent Prescribing Programme
Provider representatives	<p>Dr Rowan Yemm, Programme Director Clinically Enhanced Pharmacist Independent Prescribing (Stand-alone intakes)</p> <p>Professor Karen Hodson, Professor for Postgraduate Taught Professional Programmes; Programme Director Clinically Enhanced Pharmacist Independent Prescribing (Diploma intake)</p> <p>Kate Francis, Programme Director Post-registration Foundation Training Programme</p> <p>Dr Mat Smith, Director of Education, School of Pharmacy and Pharmaceutical Sciences</p>
Accreditation team	<p>Professor Ruth Edwards (event chair) Professor and Head of School of Pharmacy, University of Wolverhampton</p> <p>Professor Andrew Sturrock – Director of Pharmacy and Postgraduate Pharmacy Dean – NHS Education for Scotland</p> <p>Hannah Poulton (team member – lay) Non-Executive Director, Lay Member and Consultant Marketing Director</p>
GPhC representative	Rakesh Bhundia, Quality Assurance Officer (Education)
Rapporteur	Marcia Fernandes, Managing Director, Association for Accredited Learning

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 Cardiff University, School of Pharmacy and Pharmaceutical Sciences, 'the provider', has run a Prescribing Programme since 2004, initially as a joint course with the School of Nursing and Midwifery Studies. Since 2012 the course has been solely delivered by the School of Pharmacy and Pharmaceutical Sciences as a pharmacist-only programme. The course was last reaccredited for three years in July 2021 with no conditions or recommendations.

Cardiff University has continued to apply the application requirements of the standards for the education and training of pharmacist independent prescribers January 2019, updated October 2022, an event was scheduled on 01 July 2024 to review the course's suitability for reaccreditation.

Since the previous reaccreditation, 191 pharmacists have enrolled onto the programme, with 184 passes; two fails, one withdrawal and four pending.

Health Education and Improvement Wales (HEIW), which funds pharmacists in Wales to undertake independent prescribing programmes, have consistently requested that the School considers increasing the capacity of the programme by introducing extra cohorts each year. Consequently, in 2023 the GPhC approved an increase to a maximum annual intake of 316.

Since the last accreditation, no significant changes had been made, just amendments. This included, during Induction, having an additional half day introduction to the e-portfolios system, to support those who did not have sufficient IT skills.

Since 2021 there have been six 2-day study blocks; half are delivered online and half are face-to-face (12 days total). It was identified that students want more face-to-face delivery, and the provider wishes to offer more practice assessment skills in the workplace so are proposing to move from six to eight face-to-face study days.

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 event was held remotely by videoconference on 01 July 2024 and comprised of several meetings between the GPhC accreditation team and representatives of Cardiff 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

- 09:30 - 10:30 Private meeting of accreditation team
- 10:30 - 11:00 Comfort break
- 11:00 - 13:00 Meeting with course provider (Provider joins zoom meeting at 10:55)
- 13:00 - 14:00 Lunch
- 14:00 - 14:30 Learning outcomes testing session (Provider joins zoom meeting at 13:55)
- 14:30 – 16:00 Private meeting of the accreditation team
- 16:00 – 16:15 Deliver outcome to the provider (Provider joins zoom meeting at 15:55)

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, 8, 14, 19, 21 and 22.**

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 of the six criteria relating to the selection and entry requirements continue to be met.

The supporting documentation stated that, if a student does not meet any one of the criteria, they will not be admitted to the programme.

When asked about how consistency of selection is ensured, the provider detailed that there are University systems for admissions as part of the School's Recruitment and Admissions Group, which reports to the Education and Students Committee. These systems ensure that the processes and procedures comply with the relevant legislation, including equality and human rights. For consistency, each programme director screens applications. The documentation detailed that all staff involved in the admissions process must complete mandatory training in Equality, Diversity and Inclusion, Unconscious Bias, Welsh Language Awareness and Information Security.

If there are any concerns, these would be escalated for a second opinion. There are internal discussions, therefore screening is not conducted in isolation. Documentation supported that the entry criteria is clearly published on external webpages. This ensures that the selection process is fair and transparent.

The team asked if there was any guidance or standards which the programme directors assessed against for the areas of clinical or therapeutic practice (scope of practice), as identified by the applicant. It was explained that in the application form, prospective students are asked about their experience and to consider what they are proposing early on and their experience within that area. Documentation detailed that those with therapeutic experience can include anonymised patient cases and CPD entries. The provider explained, if it is a community pharmacist, many will have ear, nose and throat experience so the team is confident they will be seeing those types of patients. It was further

explained that if pharmacists work in a hospital, they will identify their experience. Therefore, the provider triangulates their experience from work history, from their DPP and application. Documentation detailed that the professional reference required, as part of the application form, asks the referee to describe any relevant information, for example experience within the proposed scope of practice.

If there were any concerns, the applicant would be contacted to discuss further with either the programme director or professional services, depending upon the issue. It was also raised that if there were any concerns about a DPP's experience, the same process would be applied. Decisions and their rationale are documented on the records made for each application.

It was understood that to date, the provider has not had to assess any newly qualified pharmacists' relevant experience, ability to recognise, understand and articulate the skills and attributes required by a prescriber. The provider explained that if they had to, they would do so on a case-by-case basis until more information could be gathered. This would include their undergraduate experience and work history.

When asked about examples of applications rejected, it was confirmed that only completed applications are reviewed. Information sessions and discussions take place before applications are made, for example, encouraging applicants to defer their application until they have the relevant experience; therefore, suggesting a future cohort application rather than a rejection.

The HEIW course is a commissioned pathway with two cohorts of 40-50 students, with IP being a unit in the programme. Before the unit, there are meetings to ensure the experience is appropriate or if it needs to be deferred. It was clarified that it is the employer who gets the place to allocate to students.

Documentation detailed that, if a candidate does not meet the criteria for entry to the programme for example, because of insufficient experience, then the decision will be made to reject their application. All decisions to reject an applicant are communicated through the University application portal which formally issues notification of the decisions, together with the reason the application has been unsuccessful. If desired, the applicant can meet the Programme Director for a discussion on the type of experience and skills the pharmacist could consider developing before applying again.

As all decisions and associated rationale are documented, the School's Recruitment and Admissions professional services team will analyse this information each year to identify if any changes are required, for example, the information to potential applicants needs clarifying, if selectors need further training etc.

Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes No

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

Documentation detailed that the provider has produced guidance for staff in Designing Inclusive Assessment, and Barriers in Curriculum Design, so that inclusivity is embedded when curricula are created. All programmes and assessments within the School of Pharmacy and Pharmaceutical Sciences are designed using guidance from the University, reducing the volume of individual adjustments that could be needed without these measures. The programme team acknowledges that

the students are employed healthcare professionals, and as such would be required as part of their job to undertake regular equality, diversity and inclusivity training. Even though they have completed this training, it is important to further explore these concepts within their new role as a prescriber. Ongoing training is completed, such as a specific session on health beliefs and adherence; challenging conversations and scenarios.

It was explained that exclusive consultation in their study block include reading in groups and activities, sharing examples they have identified in practice, including unconscious bias which encourages them to think about Equality, Diversity and Inclusivity (EDI).

Documentation stated that equality and diversity data is analysed and discussed in the School's Equality and Diversity Committee and any points of concern addressed through an action plan. The data is made available to the College Deans of Education and Students within the Annual Programme Review and Enhancement (ARE) process. They are also considered by the University's Dean of Equality, Diversity and Inclusivity. It was further documented that the provider is also engaging actively with analysis from the GPhC and other bodies within the sector on student performance data to understand the impact of multiple protected characteristics on MPharm student attainment and award gap. This work is aligned to that of the Pharmacy Schools Council's Student Success Group and their recent position statement on enhanced support for BAME students and colleagues.

It was documented that, the framework of 'Universal design for learning' has been utilised in programme design and delivery to help students to have an equal opportunity to succeed. The three principles are representation, action and expression, and engagement. The team asked about reasonable adjustments made during OSCEs, and how students are made aware of how to request these. It was explained to the team that at the application stage discussions take place to identify needs. This includes on the Study Evening, asking for information to let the provider know as soon as possible so they can make referrals onto relevant support services. Tripartite meetings are also an opportunity to identify and discuss individual needs. It was documented that, if upon exploring reasonable adjustments for an individual student, it transpires that they will be unable to achieve learning outcomes for a programme of study, they would be advised to this effect and would need to withdraw, or potentially transfer their learning into a different module of study which would not lead to a prescriber status.

It was documented that the DPP signs a declaration, as part of the application that the learning environment promotes EDI.

Standard 3: Management, resources and capacity

Standard met/will be met? Yes No

The team was satisfied that all six of the six criteria relating to the management, resources and capacity continue to be met.

When asked about how the risk assessment is outlined, and how it is ensured that risks are identified and included, it was explained that the programme team meets regularly and will explore if a risk can be mitigated locally, at programme level or if it needs to be escalated. The Education Student Committee meets quarterly. There is a standardised template, so there is school and institutional oversight, where the senior management team meets fortnightly. Documentation demonstrated that

the Management Plan outlines the roles and responsibilities for all involved in programme delivery. The Management Plan also includes a copy of the learning agreement.

In 2023, with GPhC approval, the provider increased the number of intakes / cohorts running each year; the team enquired about how resources have been deployed to deal with the increased student numbers. It was explained that the provider had funding for educational supervisors, so is well resourced with each supervisor working two days per week to cover this. The number of community-based pharmacists has increased; students who progressed well are identified as future tutors, and this also helps in their development of prescribers across the locality.

It was documented that the provider continues to invest in appropriate equipment for the learning, teaching and assessment strategies. This includes a clinically enhanced programme, where much emphasis is on developing patient assessment skills; every effort is being made to ensure the equipment reflects diverse patient groups. Should further equipment be required, it is available from Schools within the University's College of Biomedical and Life Sciences.

The team enquired about the support provided to DPPs to undertake their role, and how feedback and support is provided following moderation exercises. It was explained that, if a DPP is at the application stage, they are sent the DPP handbook, so they understand the transparent expectations. Webinars have been offered, but not yet taken up. DPPs are asked to attend an induction evening a fortnight before the course starts, where the programme responsibilities are outlined and how to get in contact. Also, when their student is on the course, Teams access is granted for information. Ahead of the first tripartite meeting, a moderation exercise is sent to discuss during that meeting. When doing the moderation of their student's portfolio, the tutor will check it was fair and provide feedback as appropriate. It was documented that the Management Plan, Teaching and Learning Strategy and the Assessment Strategy provide details of the roles and responsibilities of the University and the DPP in delivering the programme and supporting the student throughout, including their time in practice.

Standard 4: Monitoring, review and evaluation

Standard met/will be met? Yes No

The team was satisfied that all six of the six criteria relating to the monitoring, review and evaluation continue to be met.

When asked for examples of how monitoring and evaluation of the programme have resulted in changes to the programme design, delivery or management, the provider gave details of the number of tripartite meetings being reduced following feedback from tutors; and the introduction of a half-day for the e-learning portfolio. Furthermore, when the commissioner wanted additional patient assessment skills this was addressed previously.

The team enquired, where the feedback result in a change or action plan, what are the arrangements for ongoing review of progress and ensuring that appropriate timescales are agreed and met. It was discussed that changes go to a management committee for voting. The annual review enhancement (ARE) is now a continuous review. Data includes student experience, attainment and offers/recruitment cycle. For each of these elements there is an action plan which is held by the Education Student Committee, which feeds into the school and university.

It was explained that discussions between the tutor, student and designated prescribing practitioner (DPP) have always been encouraged. However, this has now been formalised to reduce tripartite

meetings from three to two per year. It was described as working well to make the programme as effective as possible. The team enquired about how the aims of the tripartite meetings are met in light of the reduced frequency. The provider explained that contact is continuous irrespective of tripartite meetings, which is a requirement of the post registration programme. This is considered the most efficient and respectful of medics' schedules. There are open communication channels with tutors and the delivery team and students. The final tripartite meeting takes place 4 to 8 weeks before the end of the programme, but the provider explained that students and DPPs can get in touch with any issues sooner to this point.

The provider highlighted that feedback has been complimentary from External Examiners and find that it has been invaluable. They now have a separate External Examiner for Independent Prescribing, to have a designated resource. This and other stakeholder feedback documented (Stakeholder Feedback, ensures that measures are in place for course monitoring for currency it also demonstrates student feedback, which is reviewed by the Programme Director.

Documentation confirmed that there were no updates to the module descriptor since the last reaccreditation and that the programme remains validated at institutional level.

Standard 5: Course design and delivery

Standard met/will be met? Yes No

The team was satisfied that all ten of the ten criteria relating to the course design and delivery continue to be met.

It was discussed how the course has not changed, but there have been minor amendments following feedback from practitioners. It was highlighted that the provider is continuously looking for different formats to be inclusive with additional reading. Additional sessions such as from the PDA about risks and managing uncertainty have been introduced since the last accreditation.

When asked if they had adapted the training to meet the needs of the Post-registration Foundation Training Programme students, it was explained that the independent prescribing course needed to be consistent, but they had the Foundation students for one year to ensure they are ready. Feedback highlighted that there is a range of diverse and real-life experiences that people bring as well as those who are newly qualified. Documentation stated that the provider has taken the approach of recognising diversity and have designed a programme to develop general competencies (for example, consultation skills, patient assessment, cultural competence), as well as competencies specific to the student's scope of practice. Study days welcome practising pharmacist independent prescribers who run some of the masterclasses.

It was explained, when asked how the provider engages with patients and the public to refine the design and delivery of the course, that they plan to set up a school steering committee. They have active patients/actors who provide feedback on potential improvements. They have focussed on patient assessment skills and received feedback on OSCEs. The provider recognises this is an area which could be further improved upon.

When asked about recent course updates and the process for updating students already on the course, the programme team explained that other than during Covid to move online, they did not make any changes. However, if approved to increase face-to-face study days from six to eight, this would be documented on the website with the rationale for the next cohorts. It was noted that DPPs

opt to attend each session even if not new, so they can get an update. There are University processes and procedures if a change was required, which include consultations for students.

Documentation stated that the Management Plan outlines roles and responsibilities for the student, DPP, personal tutor and University in relation to supervision of competent learning. Furthermore, it details that clinical practice environments must be supervised.

The team enquired how the assessment strategy prioritises patient safety. It was explained that all assessments must be passed, without compensation. Students can have one further attempt and they are provided with formative and summative feedback. Documentation further detailed how, if a patient safety issue was identified through assessments, the work will be reviewed by the marker and a discussion would follow. Markers are clearly guided that it is essential they consider the work with patient safety in mind and if in any doubt the Programme Director should review the work (all marks 52% and below are moderated).

It was explained that, as professionals, independent prescribers in training understand fitness to practice and the mechanisms which apply to them. The provider asks students about current and ongoing investigations for both the student and DPP. It was noted for medics, the register can be checked. The provider draws students' attention to University policies and procedures.

Documentation highlights that through the Management Plan, there is a process for raising any concerns. DPPs have this information within handbooks.

Standard 6: Learning in practice

Standard met/will be met? Yes No

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

The team noted that the trainees must spend 45 hours with the DPP, 20 hours with a medical practitioner and then the remaining with a range of personnel. They enquired about what guidance is provided to DPPs and/or trainees on who is appropriate personnel for the remaining hours. It was clarified these hours are accurate, and students need to consider how they will obtain these hours. This information is within student and DPP handbooks and confirmed within portfolios. Queries are followed up if unsure about an assessor's experience. It is mandatory to have a medic, but there can be more than one personnel for those 20 hours provided they are suitably qualified. This is declared within the application form. Documentation confirmed that the University requires the student has a primary DPP and it is this person who is required to complete the DPP form as part of the application procedure.

The team was interested to know if the DPP application includes the same tick box as the student application form, to confirm they will inform the course provider if anything changes during the course in terms of being in good standing with the regulator. There was some uncertainty surrounding this, therefore the team suggest asking DPPs to inform them of any changes which may occur during the programme.

Standard 7: Assessment

Standard met/will be met? Yes No

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

Documentation detailed that the Programme's Assessment Strategy outlines the schedule of assessment, marketing, moderation and roles, as well as the Academic Regulations.

The team enquired whether the annual reviews by the Management Team of the mapping resulted in any changes. It was confirmed that there were no significant changes. Documentation detailed that there is a mixture of knows how, shows how and does, which are assessed through the calculations and Therapeutic Framework, OSCE and portfolio.

The team requested further information on how the programme team determines what constitutes a 'serious or patient safety' issue and how this decision is quality assured to be consistent at the right level. It was explained that any minor or major issues must be directed to the Programme Director for a team meeting. Documentation detailed the action required will depend on the nature of the concern. It may be that a written supplementary action plan is required where the concerns are clearly explained, and the proposed actions detailed. This action plan would consider what support the student and DPP needs and may be provided from various sources including from the Personal Tutor/Programme Director. Where there are concerns relating to the student's Fitness to Practise, the University's Fitness to Practise Procedure will be initiated and if appropriate a referral made to the GPhC.

Supporting documentary evidence under the Management Plan and the Assessment Strategy outlined compulsory attendance at study days, and monitoring for the learning in practice is by the tripartite progress review meetings and formative feedback throughout the programme; details surrounding the DPPs' roles and responsibilities are documented within the application process, DPP handbook and events; a holistic and multidisciplinary assessment of the student takes place by assessors who are trained for their involvement, and include academic members of the School's practice-based team (undergraduate and postgraduate taught), personal tutors, DPP and members of academic staff from the School of Healthcare Sciences; the Programme Director is responsible for the oversight of all assessments, at all locations for their cohort.

The University's Postgraduate Taught Programme Regulations detail that all assessments must be passed to the required level, with a mark of 50% or more to pass an assessment; for calculations 100% pass mark is required. It was further documented that there are no arrangements for compensation or condonation in the assessment strategy.

Standard 8: Support and the learning experience

Standard met/will be met? Yes No

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

The team enquired if they have sought feedback from students as to whether the workload is, as anticipated, 8-10 hours per week. This was confirmed as a fair reflection. Students are also made

aware of student benefits, library resources, counselling, financial support; these are in the handbook. As detailed within the Management Plan and DPP handbook, students have the opportunity to meet with their DPP, personal tutor and programme director throughout the programme, including but not limited to, tripartite progress review meetings.

The Management Plan outlines processes to raise a concern about the programme, and how these are managed in addition to the roles and responsibilities for those supporting students.

Standard 9: Designated prescribing practitioners

Standard met/will be met? Yes No

The team was satisfied that all five of the five criteria relating to the designated prescribing practitioners continue to be met with no conditions.

Documentation outlined that the role of the designated DPP is available on the website. This DPP form was developed with reference to the GPhC's requirements and the RPS Competency Framework for DPPs. This form is assessed, using a checklist (Admissions Procedure and Application Forms). These checks include education and training experience, previous experience, formal courses undertaken and checking the signing of a number of declarations, including governance structures, appropriate environment (for example, one that respects equality, diversity and inclusivity) and that they do not have a relationship (relative or friend) with the applicant. The team enquired about reasons why a DPP would be rejected, and how it was fed back to the applicant. It was explained that clarification was required and to explore the number of students they would supervise to discuss workloads and expectations. As there are information sessions and guidance shared in advance, DPPs are aware in advance of requirements. Ongoing support is available from the Programme Director at any time or from the professional services team for administrative matters; contact details are available within the DPP handbook or they can make contact via the DPP Microsoft TEAM site. At the end of the course, when a letter of thanks is sent, any feedback can also be shared.

