

**De Montfort University independent
prescribing course reaccreditation event
report, April 2023**



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Event summary and conclusions

Provider	De Montfort University
Course	Practice Certificate in Independent Prescribing
Event type	Reaccreditation
Event date	5 April 2023
Approval period	July 2023 – July 2026
Relevant standards	<u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u>
Outcome	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist Practice Certificate in Independent Prescribing course provided by De Montfort University should be reaccredited for a further period of three years, subject to one condition.</p>
Conditions	<ol style="list-style-type: none"> 1. The provider must develop an appropriate feedback process for all DPPs regarding their overall performance as prescribing supervisors, including the arrangements for extra training, support and development as necessary. This is to meet criterion 9.5.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	<ol style="list-style-type: none"> 1. That the programme enhances support and training for DPPs on their role beyond that already provided in the handbook and initial contact. This is to support criteria 8.4 and 9.3.
Minor amendments	<ul style="list-style-type: none"> • In the Module Handbook, the student is described as ‘a pharmacist with at least two years of post-registration experience’. This should be updated to reflect the wording of the new entry requirements.
Registrar decision	<p>The Registrar is satisfied that De Montfort University has met the requirement of continued approval (subject to remediation) 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 De Montfort University is approved to continue to offer the independent prescribing course for a further period of 3 years. The Registrar notes that the condition as outlined in the report has been met.</p>

Maximum number of all students per cohort	30
Number of pharmacist students per cohort	30
Number of cohorts per academic year	Six
Approved to use non-medical DPPs	Yes
Key contact (provider)	Tim Harrison, Associate Professor of Postgraduate Pharmacy Education
Provider representatives	Dr Tim Harrison, Associate Professor of Postgraduate Pharmacy Education Meera Naran, Senior Lecturer in Clinical Pharmacy Tahir Khalifa, Senior Lecturer in Clinical Pharmacy Stephen Doughty, interim Head of School
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 Parbir Jagpal, Director of Postgraduate Studies, School of Pharmacy, University of Birmingham Carl Stychin, Professor of Law and Director of the Institute of Advanced Legal Studies, School of Advanced Study, University of London
GPhC representative	Rakesh Bhundia, Quality Assurance Officer (Education), General Pharmaceutical Council
Rapporteur	Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde
Observers	Helen Ireland, Chief Pharmaceutical Officers, Clinical Fellow & Specialist Inspector, General Pharmaceutical Council Juliette Gaunt (Observer - new rapporteur in training) Fiona Raje (Observer - new rapporteur in training)

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:

<http://www.legislation.gov.uk/ukxi/2010/231/contents/made>

Background

De Montfort University was accredited initially by the GPhC in 2011 to provide a course to train pharmacist independent prescribers, for a period of three years. It was accredited again in 2014, subject to conditions, and then again in 2017 and 2020, with no conditions. In line with the standards for the education and training of pharmacist independent prescribers, October 2022, an event was scheduled on 5 April 2023 to review the course's suitability for reaccreditation.

The provider is currently approved for six cohorts per academic year with a maximum of 30 students per cohort, all of whom are pharmacists. The course is not taught jointly with any other groups and is led by pharmacists.

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 5 April 2023 and comprised several meetings between the GPhC accreditation team and representatives of the De Montfort 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.

Declarations of interest

There were no declarations of interest.

Schedule

Meeting	Time
Private meeting of accreditation team and GPhC representatives, including break	09:30 - 10:30
Meeting with course provider representatives	11:00 - 13:00
Lunch	13:00 - 14:00
Learning outcomes testing session	14:00 - 14:30
Private meeting of the accreditation team and GPhC representatives	14:30 - 15:30
Deliver outcome to the provider	15:30 - 15:45

Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of **five** learning outcomes during the event and was satisfied that **all 32 learning outcomes continue to be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **2, 7, 17, 22, and 25.**

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.

The submission stated that the application process is competitive and previously involved two stages: a written application and a telephone or Skype interview. However, the team was told that the interview process had not been used to discriminate between candidates and that webinars will now be used instead. The applications process is being changed to align with the updated standards for the education and training of pharmacist independent prescribers (October 2022). The team was told that particular attention is being given to the current lack of requirement for two years' post-registration experience. In addition to the standard evidence of registration with the GPhC or PSNI, including a check of good standing, the applicant is required to provide evidence of knowledge of their initial scope of practice, through their thinking about patient assessment and monitoring requirements, along with their understanding of the attributes required of a pharmacist independent prescriber. In addition, Information is required about the applicant's approach to continuing professional development, and on their proposed Designated Prescribing Practitioner (DPP).

The team was told that applications are screened and scored using a screening tool that facilitates objectivity and standardisation of the screening process. Offers are made to those who meet the minimum score threshold but the team was assured that all criteria must be met. Where applicants are not offered a place, they are provided with feedback and either requested to provide supplementary information or to remediate their application and apply for the same or for a later intake. The team was told that the main reasons for rejection have been the absence of a defined area of prescribing practice, or applicants being naive or overly ambitious. Applicants are not permitted to commence studying until an unconditional offer has been made.

Problematic applications are discussed between programme team members. The team learned that when new members of the programme team commence screening applications for the first time, they shadow an experienced colleague to develop a standardised approach.

Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes No

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

The University's strategic plan encompasses the principles of equality, diversity and inclusion. These principles are embedded and evidenced within programme validation, re-validation and annual appraisal that are overseen by the Department of Academic Quality. Students enrolled on the programme may declare a disability and/or learning differences which are then managed by the Faculty Disability Team. This ensures that any required adjustments to teaching and assessment are

made available and communicated with the module team.

All DMU staff members, including the wider module team, complete mandatory equality and diversity training. Gender and ethnicity bias has been removed from teaching materials to ensure that the exemplars provided are representative of the local population in Leicester and the programme student demographic. In order to cater to the diverse student group with multiple beliefs and experiences, learning and assessment methods have been adapted in multiple ways. Adjustments can be made to teaching and learning strategies to support individual students. The team was told that this was particularly the case for clinical examination skills where private spaces are made available in order to respect cultural norms within a diverse student group. Students are supported to develop broad cultural competences, for example, where students were uncomfortable having conversations around alcohol consumption, support to develop communication skills was provided. However, despite any adjustments, all students must demonstrate the learning outcomes of the programme in order to pass.

The team wished to know the rationale for the early release of OSCE questions, and if it was just for those with an accepted reasonable adjustment. The team was told that this process had been used initially for those with specific needs, but that it has now been extended to all students to reduce the stress associated with the OSCE. A minimal amount of information is released in advance and as the OSCE is designed to test the application of knowledge, collusion is difficult. Only one case of collusion has occurred in the past and students are warned that any collusion could invalidate the examination and be reported to the GPhC.

The delivery of patient-centred care that meets the legislative and ethical requirements of equality and human rights is a core principle of the programme, and the programme sets the same standards for students. During taught sessions students will be presented with legal and ethical dilemmas that test their ability to synthesise these principles with those relating to clinical aspects of care to create coherent and holistic care plans.

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.

The programme has a module leader, module team members, peripatetic team members, patient actors, DPPs, and learning in practice delegates. A programme management plan provides an outline of the roles and responsibilities of the University and the DPP in supporting the student, consolidated into a practice commitment that must be signed at the start of the programme.

The team was told that risk assessment is an ongoing process with a live programme risk register as well as School and Faculty risk registers. The example was given of the staffing risk as a substantial number of staff had left in 2022, including the IP lead. As students had already enrolled for the September 2022 cohort, MPharm staff had been redeployed to cover the needs of the IP programme. The Head of School expressed confidence in the future viability of the programme. A new member of teaching staff is starting shortly and the School is advertising currently for 2.9FTE additional staff for which resources have been made available. In addition, there is a number of peripatetic staff, some of

work in GP practices and hospitals, that are involved in writing OSCEs and standard setting as well as assisting with the marking of portfolios where and when appropriate.

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.

The Practice Certificate in Independent Prescribing was validated in 2011. There is not a set re-validation process and the award was given indefinite approval. The team was told that the programme represents a module on wider programmes; the MSc Clinical Pharmacy and MSc Advanced Clinical Practice. These will be revalidated should there be a substantial change; such changes would go through the normal academic process with module evaluation and student and external examiner feedback.

Quality management at the University is overseen by the Department of Academic Quality which leads centrally on quality management. Every module is evaluated annually, examining delivery, student results, feedback and evaluation. A Module Evaluation Plan is shared with students on the virtual learning environment with the module leader being responsible for undertaking a review and addressing any concerns. The module lead has regular contact with a range of stakeholders, including managers of learning in practice settings, commissioners, employers and DMPs/DPPs. In addition to the annual monitoring process, every three years, as part of formal re-accreditation, the module team liaises with a wider stakeholder group. This includes education and training leads from NHS Trusts, GP Federations, and integrated care systems.

It was explained to the team that the distance learning nature of the programme provides challenges as the needs of such postgraduate students differ from those of undergraduates and that the Programme Self-Assessment Report and Quality Improvement Plan (PSAR QIP) process ensures that the University works to support distance learners. The Student Voice captures student feedback which is important as the pharmacists now coming to the IP programme are much less experienced than previously.

Module evaluation takes place midway and at the end of the programme. Feedback and question and answer sessions are held during every study day. Feedback is captured during face-to-face conversations and during staff help-line times. The team was told that the continued relevance of the programme is assured by input from stakeholders from hospital, and community pharmacy and from pharmacists in GP practices, along with feedback from patients.

All assessments are marked at Level 7 by trained academics, with a minimum of 10 percent of assessments, or 10 assessments (whichever is the greatest number) being moderated. Any clinical fails are discussed with the external examiner. In this respect, the team wished to know why the 2022 Module Evaluation Plan that included actions to increase consistency amongst markers had not been implemented. The team was told that this related to the assessment of the portfolio by peripatetic markers. The programme team is still working on this issue and is revamping guidance, providing newsletters and expectations with respect to marking. There was also a disconnect between the expectation of the markers and the information given to students that had to be rectified. The team was told that there was a correlation between formative feedback and student success.

However, with all students working through the course at different rates, and in different learning in practice settings, it is not feasible to enforce a single formative assessment point for review of portfolio entries. To cater to this the team provides three opportunities for formative review of work and the students can take advantage of two of the three opportunities submitting two pieces of work at each occasion, i.e. four pieces of work in total. This is a mechanism that is being employed to improve the uptake of formative review.

In relation to the monitoring and evaluation of the standard of teaching, learning and assessment within the practice-based aspects of the programme, the team was told that students complete a learning needs analysis which constitutes part of their portfolio. The student and their practice supervisor are required to meet at least four times during the period of learning in practice to initially agree the learning needs analysis and then formatively review progress and to ensure that all roles and responsibilities are being adhered to. Students have the opportunity to report and discuss any issues on every campus study day.

The team asked for clarification of the 2022 module evaluation reporting poor pass rates in the law and ethics element of the programme. The team was told that the programme team had been taken aback at the low level of understanding of the law including the Mental Capacity Act. e-Learning resources and relevant problem-based learning have now been introduced with students studying cases from the legal point of view, including human rights and mental capacity issues.

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

The programme consists of learning in practice hours (90 hours/12 days), structured learning (271 hour/36 days) and flexible learning (39 hours/5 days). The design of the programme considers the student's pre-existing knowledge and skills at the time of application. Pharmacists entering the programme have varied clinical and practice experience and are working in a diverse range of practice settings. The team was told that stakeholders' opinions have been sought on the removal of the requirement for two years post-registration experience and the resultant expectations. The opinion of applicants to the course was also sought prior to reaccreditation to the latest GPhC standards.

The submission explained that there has been a drive to include less face-to-face didactic teaching. Online learning resources have been developed using a flipped approach to learning to maximise the active learning opportunities. Case-based and problem-based learning are used with action learning sets to allow students to address real-life challenges and to support each other during the programme. The sets are devised to ensure a range of participant backgrounds and focus of prescribing practice. The team learned that there is a Faculty service users group that has reviewed the programme documentation when major changes to the syllabus have been introduced.

The course does not aim to teach therapeutics. Therapeutic knowledge is approached through structured independent learning, and captured within a therapeutic framework. Learning focuses on the wider skills required of a prescribing pharmacist and on the principles that allow effective application of therapeutic knowledge within a prescribing context.

The module handbook and DPP handbook state the types of activities that the student may undertake

as part of learning in practice. The student should work alongside the DPP in order to develop the behaviours, skills and competencies required of a prescriber. The shadowing is expected to be related to their future prescribing role. Although there is a variety of ways in which the DPP can supervise the student, the expectation is that the majority of supervision will be through observation of other medical practitioners and healthcare professionals conducting consultations and developing subsequent management plans. Thus, the student may spend some of their time with wider members of the multidisciplinary team. It is recommended that at least 45 hours of the student's learning in practice is spent with their DPP to enable the DPP to reach a competency decision relating to the pharmacist's prescribing practice. However, it is accepted that the DPP may wish to delegate elements of supervision to others. In the latter part of the student's supervised practice the student will undertake directly supervised consultations. Although the team was assured that the practice of pharmacists running un-supervised clinics with debriefs with a medical practitioner is not permitted due to a concern around unconscious incompetence, it was stated that without visiting the practice site it was impossible for the programme team to check. Competence is embedded within the programme and stressed to students.

As all students on the programme are registered with the GPhC, the University considers that students must abide by the GPhC standards for pharmacy professionals within the context of the programme and all aspects of the learning environment. In the case of a concern about a student, it was confirmed that the Faculty Fitness to Practise process will be followed.

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.

The learning and teaching strategy mandates that the practice setting must involve direct access to patients. Thus, the portfolio assessment requires commentary and reflection on patient interactions and cannot be undertaken without patient access. The sessions need to be logged and countersigned by supervising healthcare professionals. The student must only perform tasks at which they are competent or perform tasks under supervision; students must not prescribe, except under the supervision of a competent prescribing professional who accepts responsibility and signs any resultant prescriptions.

The DPP is required to meet with the student at the start of the programme to undertake the learning needs analysis and then review this periodically throughout the programme. The module team monitors the reviews to ensure that the process is being adhered to. Any concerns will be raised with the student and the DPP. The team was told that there is a good two-way dialogue on the practice commitment and that there have rarely been any issues with supervision by DPPs. In the case of difficulties, the student may change their DPP.

The application process requires the student to identify their proposed DPP prior to entry onto the programme. The team was told that this information is checked by the programme team. The required information on the DPP is based on the GPhC Standards and the RPS DPP Competency Framework, to include their qualifications, regulatory body and registration number, years of prescribing practice with details, support from an employer/hosting organisation, along with experience in teaching and/or mentoring, and assessment.

At the end of the programme the DPP must make a competency statement relating to the student.

This includes verifying that the student has demonstrated, or has the capacity to demonstrate, all of the competencies within the RPS Competency Framework for all Prescribers.

Standard 7: Assessment

Standard met/will be met? Yes No

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

The programme assessment strategy includes descriptions of the assessments used and mapping of the learning outcomes to assessments, along with marking criteria, grade descriptors and marking rubrics. The management of patient harm within assessments is also included. In this latter respect, patient safety is embedded within the programme. Pharmacists must be working under supervision at all times throughout the learning in practice and not undertaking tasks for which they are not competent. During learning in practice, supervisors will provide feedback to students, allowing them to learn safely. The team was told that learning outcomes are met through articulation of working in practice. Students have to detail how learning outcomes have been met including what they have actually done at “does” level, along with the attendant supervisory arrangements. DPPs provide evidence for two assessments, the structured case report and portfolio. These are marked academically but DPPs provide evidence on clinical appropriateness of prescribing decisions for niche areas. There is an overarching clinical fails process that stratifies risk in line with current practice descriptors, currently those from the National Reporting and Learning System, and applies proportionate academic penalty to students’ work based on actual or potential levels of harm.

Formative assessment is carried out during learning in practice by the DPP or their delegatee. The team learned that all summative assessments, for example, OSCEs, structured case reports and the portfolio, are undertaken by the module team, including those engaged on a peripatetic basis. All summative assessments are subject to internal moderation, in line with the University Assessment and Feedback policy. Unratified summative feedback for each assessment is provided on a cohort level and at an individual level. It was confirmed to the team that each assessment must be passed in its own right and compensation between assessments is not permitted; this is stated in the module handbook and template. Students that pass the programme are awarded a Practice Certificate in Independent Prescribing.

The team noted from the submission that an in-course recovery process for OSCE failure seemed to relate only to the individual failed stations and was told that the assessment is a three-station clinical assessment rather than a full OSCE as defined normally. There is normally a very low fail rate in the assessment but it is associated with a high level of stress and jeopardy. It was explained that the resit process is to reduce student anxiety rather than to improve the pass rate. If a student fails a station, they will be able while still on the programme to re-sit the station, essentially a standalone assessment, during the examination for the subsequent cohort.

Standard 8: Support and the learning experience

Standard met/will be met? Yes No

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

New students enrolling on the programme must attend an induction day. Failure to attend this day may result in the student being deferred to the next intake unless arrangements can be made to organise a catch-up induction day for that student or remedial arrangements. The induction day includes the expectations of the University relating to DPP support, student behaviour and learning in practice settings along with the range of support mechanisms available to the student.

All students are allocated a personal tutor, to support them with both academic and pastoral support, although the team was told that any member of the programme team can be approached for help and guidance. The core module team is responsible for support and provides ring-fenced help-line times, when students are able to talk to a member of the academic team. Nevertheless, the programme team regards the students as adult learners. The DPP induction includes the roles and responsibilities of the DPP with regards to supervision of the student during learning in practice; the DPP is provided with advice and guidance on the expectations of support mechanisms and approaches. The team learned that in addition to the review meetings between the student and their DPP at the start and end of the module, there are two documented intermediate reviews of progress. It was confirmed to the team that the module team follows the GPhC guidance on tutoring pharmacists and pharmacy technicians, and that DPPs are asked at the application stage to describe their experience of tutoring students. The guidance is embedded across the learning materials and assessment on the programme and is included in the DPP handbook. Nevertheless, the team agreed that there be a **recommendation** that the programme enhances support and training for DPPs on their role beyond that already provided in the handbook and initial contact. This is because, as detailed in the commentary to Standard 9 below, no formal training is provided to DPPs as required by the standard. This relates to Criterion 8.4.

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. One recommendation was made.

As indicated in the commentary to Standard 6 above, the student identifies their proposed DPP prior to entry onto the programme, including their qualifications, regulatory body and registration number, years of prescribing practice with details, support from an employer/hosting organisation, along with experience in teaching and/or mentoring, and assessment. The team was told that the DPP Handbook is made available to all DPPs and prospective DPPs. The course team emails DPPs within the first few weeks of the course to introduce itself, to outline the DPP support available, including telephone and email support, and to outline the expectations of their role. If necessary, a member of the module team will visit the learning in practice setting. The team was told that to date the process has been working perfectly and the programme team has assumed that the process has been appropriate unless it is informed otherwise. Nevertheless, it will be a **recommendation** that the programme enhances support and training for DPPs on their role beyond that already provided in the handbook and initial contact. This is because no formal training is provided to DPPs as required by the standard. This relates to criterion 9.3.

The team wished to know how the programme team assures itself that the DPP has the necessary experience and skills, for example, relevant and active prescribing competence, appropriate patient-facing clinical and diagnostic skills, supervisory experience with other healthcare professionals, and

the ability to assess patient-facing clinical and diagnostic skills. The team was told that the applicant has to provide their own scope of practice which the programme team will examine with relation to the proposed DPP. The team was told that the challenge was mainly with non-medical DPPs such as nurses and pharmacists for whom extra evidence might be required. Despite this reservation, the team was pleased to hear that despite the provider's initial scepticism about non-medical DPPs, its experience had been very positive. Overall, the provider considered that there was a problem with the supply of DPPs, but not with their competence.

The DPP must meet with the student at regular intervals to discuss progress. The learning needs analysis is updated at each interval and feedback on progress is given by the DPP to the student. The DPP is also given feedback by the student with respect to meeting their learning needs analysis. The team was told that support and developmental feedback will be provided to the DPP by the University team as and when it is needed; some DPPs request feedback and feedback is provided to DPPs as part of the portfolio marking process. Nevertheless, it will be a **condition** of reaccreditation that the provider must develop an appropriate feedback process for all DPPs regarding their overall performance as prescribing supervisors, including the arrangements for extra training, support and development as necessary. This is because there is no formal feedback mechanism for all DPPs as required by Standard 9. This is to meet criterion 9.5.

