

**Edge Hill University independent
prescribing course reaccreditation event
report, March 2023**



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Event summary and conclusions

Provider	Edge Hill University
Course	Independent prescribing course
Event type	Reaccreditation
Event date	2 March 2023
Approval period	May 2023 - May 2026
Relevant standards	<u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u>
Outcome	Approval with condition The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by Edge Hill University should be reaccredited for a further period of three years, subject to one condition.
Conditions	1.The provider must develop an appropriate feedback process for all DPPs regarding their overall performance as prescribing supervisors. Details of this process must be sent to the GPhC by 30 April 2023. This is to meet criterion 9.5.
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	No recommendations were made.
Minor amendments	<p>1. The Application form and other documentation (see also Appendix 1 validation meeting, Appendix 2 student and DPP Handbooks) need to be updated as there are references to ‘Standards for the education and training of pharmacist independent prescribers January 2019’. This has been superseded by ‘Standards for the education and training of pharmacist independent prescribers. Updated October 2022’.</p> <p>2. The references to ‘Practice Assessor’/‘Practice Educator’ to ‘DPP’ in the documentation and learning resources need to be updated (e.g. see Appendix 1, page 16 - the module specification paperwork refers to ‘Practice Assessor’/‘Practice Educator’ in the section on Formative Assessment; see also Appendix 3 , page 19, the PebblePad ‘final confirmation of achievement’ refers to ‘practice assessor’/‘practice educator’ rather than ‘DPP’).</p> <p>3. The NMP website should be amended to ensure that it is clear that pharmacists can only enrol on the independent prescribing version of the</p>

	<p>programme (the website implies that that that pharmacists can enrol on the supplementary prescribing version, i.e. “At present, both Independent and Supplementary prescribing frameworks are open to suitably qualified and experienced nurses, pharmacists, physiotherapists, podiatrists, therapeutic radiographers and paramedics”).</p> <p>4. The suggested references should be updated in the section under the ‘Preparation for the Non-Medical Prescribing (NMP) programmes’ on the NMP website.</p> <p>5. The NMP website should be updated to indicate that PSNI registration is also acceptable (section under ‘Eligibility’ only refers to GPhC).</p>
Registrar decision	<p>The Registrar is satisfied that Edge Hill 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 Edge Hill University is approved to continue to offer the Independent prescribing course. The Registrar notes that the condition as outlined in the report has been met.</p>
Maximum number of all students per cohort	40
Number of pharmacist students per cohort	10
Number of cohorts per academic year	Two
Approved to use non-medical DPPs	Yes
Key contact (provider)	Dr Louise Cope, Programme Lead/Senior Lecturer Medical Education and Dr Maureen Wallymahmed, Programme Lead /Lecturer Medical Education
Provider representatives	<p>Dr Maureen Wallymahmed, Non -Medical Prescribing Programme Lead & Lecturer Medical Education</p> <p>Dr Louise Cope, Non -Medical Prescribing Programme Lead (Pharmacists) Medical School Admissions Lead & Senior Lecturer Medical Education</p> <p>Julie Bridson, Head of Postgraduate Medical Education</p>

	<p>Dr Phil Welsby, Associate Head Postgraduate Medical Education & Medical School Quality and Enhancement Lead</p> <p>Hannah Colquhoun, Deputy School Administration Manager, Medical School</p>
Accreditation team	<p>Professor Chris Langley (event Chair), Professor of Pharmacy Law & Practice and Deputy Dean of the College of Health and Life Sciences, Aston University</p> <p>Parbir Jagpal, Director of Postgraduate Studies, School of Pharmacy, University of Birmingham</p> <p>Liz Harlaar, Independent Business Consultant</p>
GPhC representative	<p>Alex Ralston, Quality Assurance Officer (Education), General Pharmaceutical Council</p>
Rapporteur	<p>Ian Marshall, Proprietor, Caldarvan Research (Educational and Writing Services); Emeritus Professor of Pharmacology, University of Strathclyde</p>
Observer	<p>Ahmed Aboo (panel member in training) Associate Professor in Pharmacy Practice, De Montfort University</p>

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

Edge Hill University was first accredited by the Royal Pharmaceutical Society of Great Britain (RPSGB) in 2006 to provide a programme to train pharmacist independent prescribers. The programme was reaccredited by the RPSGB in 2008 and by the GPhC in December 2011 and December 2014. A Level 7 programme was also accredited in 2014.

There was one condition of reaccreditation in 2014. This was that, in order to meet criterion 5.4, the assessment regulations must ensure that, in any assessment, a failure to identify a serious problem or an answer which would cause the patient harm must result in the overall failure of the programme. This must be communicated to pharmacists in all materials. The University was required to submit evidence of how this condition had been met to the GPhC for approval by the accreditation team before the next intake of pharmacists onto the programme. The University responded appropriately and added this requirement to the student and mentor handbooks.

The programmes were reaccredited in 2017 when the then accreditation team agreed to recommend to the Registrar of the GPhC that Edge Hill University should be reaccredited as a provider of a pharmacist independent prescribing programmes for a further period of three years. There was one recommendation that the provider should devise a written procedure for managing cases of students demonstrating potential patient harm in an assessment. The accreditation team was satisfied that a student would fail the programme in cases of serious harm, but as the provider had not at that time had to deal with this scenario, the team agreed that it would be beneficial to have a documented procedure in place.

The submission explained that the programmes were reaccredited for their respective registrants by the NMC in 2020, and the HCPC in 2021 thereby continuing to prepare nurses, midwives and eligible Allied Health Professionals (AHPs) to practice as independent and supplementary non-medical prescribers, and appropriate AHPs as supplementary prescribers. However, it was decided not to proceed with the scheduled GPhC reaccreditation in 2021 and the Level 7 programme ceased

recruiting pharmacists in January 2020. As a result of a significant University restructure the programme was revalidated by the University as a new programme upon which the current reaccreditation exercise is based. The team was told that restructuring the programme to meet the new GPhC standards had been a large piece of work that had afforded the provider the opportunity for much learning. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 2 March 2023 to review the programme's suitability for further 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 event was held remotely by videoconference on 3 March 2023 and comprised several meetings between the GPhC accreditation team and representatives of the Edge Hill University prescribing course. Students that had completed the course 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 - 11:00
Meeting with course provider representatives	11:00 - 13:00
Lunch	13:00 - 14:00
Learning outcomes testing session	14:00 - 14:30
Private meeting of the accreditation team and GPhC representatives	14:30 - 15:30
Deliver outcome to the provider	15:30 - 15:45

Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of 6 learning outcomes during the event was satisfied that **all 32 learning outcomes will be met** to a level as required by the GPhC standards. The following learning outcomes were tested at the event: **3, 8, 13, 19, 23 and 31**

Domain: Person centred care (outcomes 1-6)

Learning outcomes met/will be met? Yes No

Domain: Professionalism (outcomes 7-15)

Learning outcomes met/will be met? Yes No

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

Learning outcomes met/will be met? Yes No

Domain: Collaboration (outcomes 27-32)

Learning outcomes met/will be met? Yes No

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

Standard 1: Selection and entry requirements

Standard met/will be met? Yes No

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

Applicants complete the North West (NW) Universities NMP Collaboration Application Form for Non-Medical Prescribing accessed via the NW Universities Health and Education Cooperative website. The application requires evidence of registration with the GPhC or PSNI, DBS checking, and clinical or therapeutic experience, patient-based experience and evidence of CPD, the latter three requirements being new to the provider. The team learned that the NW Universities Health and Education Cooperative was working to develop a list of experiences to cover this requirement; this was expected to be available before the intake of students in September 2023. The team was told that another change had been that applicants must make a personal statement on their ability to recognise, understand and articulate the skills and attributes required by a prescriber and identify their intended area of clinical or therapeutic practice. This includes examples of patient-facing experience, clinical prescribing experience, participation in clinical interventions and medicines optimisation, and experience in multi-disciplinary aspects of prescribing. The team also learned that the applicant's manager must agree to release the Pharmacist Independent Prescribers in Training (trainees) for the period of learning in practice and that the application must be signed off by their organisation's prescribing lead. Numeracy assessment will take place within the applicant's work organisation.

Applicants must provide details and eligibility of their Designated Prescribing Practitioner (DPP). The DPP must declare their eligibility for the role including their good standing with their professional statutory regulatory body. They must demonstrate that they have the experience and qualifications to take on the supervisory and assessment roles and that their professional practice is supported by relevant CPD. The team noted that these requirements are included on the application form.

The team was told that to ensure a fair, equitable and unbiased approach to applicant selection, all applications will be reviewed by both programme leads. The programme leads undertake a range of mandatory training courses including on areas such as Equality, Diversity, and Inclusion (EDI) and General Data Protection Regulation (GDPR). Where necessary, the reasons for any rejection, alongside requirements for future applications for applicants considering reapplication are conveyed to applicants. The team was told that the most likely reasons for rejection were an inappropriate post-registration experience or inability to source a DPP.

Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes No

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

The teaching, learning and assessment strategies employed within the programme align to the University's EDI Strategy 2021-2025 which condemns discriminatory practices taken against any member of the University community. Trainees with specific learning needs will be supported within the University policies/processes to ensure that they have appropriate access, support, and assistance to facilitate their studies and that reasonable adjustments are made to meet applicants' specific needs. All teachers on the programme attend courses on EDI issues.

The University uses EDI data in making University-wide changes to policies and procedures which apply to all trainees. The team was told that historically the NMP programme had not used or dissected EDI data due to the small number of pharmacists. However, moving forward, the NMP programme team plans to review these data on a regular basis to improve, where possible, the NMP programme's design and delivery.

Where needed, the programme team will work with University support services to review and decide on reasonable adjustment requests in order to assist trainees who have identified their need for reasonable adjustments in order to support their learning. Each trainee is assigned an Academic Tutor who liaises with their DPP and can identify and facilitate reasonable adjustments as required. However, trainees are informed that although teaching, learning and assessments may be modified to help those with specific needs to meet the LOs of the programme, the LOs themselves cannot be modified and must be met for successful completion of the course.

Taught sessions include Ethics; Consent and Confidentiality; Supplementary Prescribing and Clinical Management Plans; Accountability, Responsibility and Negligence; Unconscious Bias. Equality and human rights in relation to independent prescribing are core elements of these sessions and EDI issues are brought out in assessments, including in reflective case studies. During the period of learning in practice, the DPPs support pharmacists in their experiential learning regarding being able to understand their legal obligations regarding equality and human rights in relation to independent prescribing.

Standard 3: Management, resources and capacity

Standard met/will be met? Yes No

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

The programme is delivered at the University's Ormskirk campus, with additional sites at Aintree University Hospital, St James' Manchester, and Alder Hey Children's Hospital, Liverpool. The Postgraduate Centre at Aintree Hospital has undergone a complete refurbishment to provide a dedicated base for those undertaking professional development study. Trainees have access to the Clinical Skills and Simulation Centre (CSSC), primarily for clinical skills and diagnostics practical sessions. The CSSC also has consultation rooms that can be used for simulated patient consultations

with peers or with service users and carers. It will also be used for the Structured Clinical Examinations (SCE).

Since the last GPhC reaccreditation the programme team has been expanded from its original 1.5 FTE. There are now four members of staff that are independent prescribers; a pharmacist, nurse, nurse/paramedic/advanced clinical practitioner and 1 nurse/advanced clinical practitioner. The team learned that although the pharmacist has assumed responsibility for programme leadership for the pharmacy iteration of the programme, in essence there is co-programme leadership to reduce leadership vulnerability. In addition, visiting lecturers, an associate tutor, and service users and carers provide support in the delivery of the programme. The team learned that the teaching team meets formally every two weeks to discuss the programme.

Between December 2017 and October 2020, eight Level 6 and two Level 7 cohorts have been taught, including to 45 pharmacists; 38 at Level 6 and seven at Level 7). The ratio of pharmacists to other Healthcare Professionals was approximately 1:6. It is projected that there will be one cohort in 2023 and two cohorts per annum thereafter. The team was told that there will be a focus on growing the programme for pharmacists.

Trainee attendance on campus is monitored through class registers and recorded centrally via the Qwickly Attendance Tool, accessed via BlackBoard. All non-attendance is reported to the trainee's employer, and persistent non-attendance will be discussed with the trainee.

Trainees set roles and expectations with the programme team as part of their programme induction, and as they carry out their learning needs analysis. They must also develop a Learning Contract between themselves and their DPP as part of their e-portfolio which includes the roles and responsibilities of both parties. Trainees meet with their DPPs on three separate occasions which include an initial meeting to discuss the programme content, learning needs and set objectives; a mid-programme review to discuss progress and learning needs and a final meeting. Trainees have to record their meetings with their DPP and any concerns will be managed by the programme leads. DPPs are also invited to an initial, mid-point and final session with the programme team to address any queries or concerns they may have. The team was told that most concerns related to DPPs requiring information and guidance.

Standard 4: Monitoring, review and evaluation

Standard met/will be met? Yes No

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

The pharmacy NMP programme (module code CPD4905) was successfully validated by the Faculty in June 2022. The programme is embedded within the Faculty's quality assurance, monitoring and enhancement processes.

Trainees are invited to complete module evaluations towards the end of the programme. Informal evaluation takes place throughout and at the end of the programme. Trainees have access to programme leads at every in-person teaching session, providing informal opportunities for feedback

that can inform future learning. All elements of the assessment process are reviewed by the external examiner as a quality assurance mechanism, ensuring that assessments are valid, reliable, robust and are benchmarked across other Higher Education Institutions delivering programmes at the same level.

The team wished to know about the quality assurance of learning and assessment within the practice environment and was told that the environment has to be conducive to trainee learning. The trainee will meet and work with various professionals and will feed back if any problems occur. There are progress meetings at the mid-point and end of the period of learning in practice. A formative observation is checked by the programme team. DPPs themselves have a training session and are signposted to learning resources online. DPPs were said to become more familiar with the necessary processes as they repeat the procedure for subsequent cohorts. The team was told about NMP groups in hospital trusts working to attract and engage more DPPs.

Peer observation of teaching is supportive and developmental in nature, providing an opportunity for staff to discuss teaching and learning, for the benefit of themselves, their peers and to contribute to the learning experiences of trainees. An Annual Enhancement Report brings together good practice emerging from validation and modification activity, annual monitoring and periodic review, together with summaries of external examiners' annual reports. The programme team is aware of current issues within health and social care via receipt of newsletters and updates from pertinent national organisations associated with health and social care, medication, and in particular prescribing practice. The team was told that the change in practice to the use of more remote consultations would be reflected in the programme. Communication skills will be tailored to such consultations, utilising service users.

The team was told that feedback from trainees in the form of both formal and informal module evaluations had allowed more time for draft submissions of case studies and to obtain feedback from tutors.

Standard 5: Course design and delivery

Standard met/will be met? Yes No

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

The new programme will be delivered by utilising a blended learning approach that combines a range of delivery methods such as lectures, tutorials, practical classes/workshops, work-based learning and guided independent study.

The module learning outcomes have been reduced from twelve in the previous iteration of the programme to four in the new version. They are that the trainee should be able to 1) Demonstrate safe and competent prescribing practice through the competencies set out in the RPS Competency Framework for all prescribers, 2) Apply the pharmacology and numerical skills essential for safe prescribing, 3) Critically analyse and evaluate prescribing as defined within the RPS Prescribing Governance domain of the Competency Framework for All Prescribers, and 4) Demonstrate clear, concise professional communication through adherence to the required assessment brief.

The team wished to know how differences in Individual trainees entering the course with widely varying pre-existing knowledge, skills and practice are managed and balanced across the course, including how the content of the SCE is decided. The team was told that a generic rather than a specialised approach is adopted with systems-based teaching on areas likely to be met by most

prescribers, such as mental health, cardiovascular system and diabetes, along with Controlled Drugs. Thus, blood pressure and heart rate measurements could feature in the SCE, along with history-taking and prescription-writing, but there will not be bespoke system- or disease-specific SCEs.

The inter-professional nature of the delivery of the new programme results in trainees from different professions working and learning together. Nevertheless, bespoke sessions will be offered for the pharmacists to meet relevant regulatory standards and also the academic level; additionally supported with individual and group tutorial support. The team learned that service users and carers had been used in the design of the previously-run module. The NW Universities Health and Education Cooperative has a service users' forum which has produced videos related to service users.

Clinical skills teaching sessions are mandatory for pharmacists and cover a range of skills. A range of core therapeutic system-focused sessions are also provided to enable pharmacists working outside that speciality to consider the impact of their future prescribing on the patient as a whole. Speciality skills are further developed with the DPP. The team was told that DPPs have to know their role and responsibilities in relation to delegation to other professionals during the period of learning in practice and to check that trainees have appropriate supervision. Trainees must include the profession and qualifications of any supervisor to whom they are delegated in their log of hours spent in practice.

A PIP will act as the programme lead for the pharmacy iteration of the programme and is also a senior lecturer in both undergraduate and postgraduate education in the Medical School. A nurse IP will act as the programme lead for the non-pharmacist students. Both programme leads are supported by an additional two pharmacist independent prescribers and a GPhC-registered pharmacist that assist in the delivery of the programme as visiting lecturers. A range of stakeholders was engaged in the design and will be involved in the delivery of the programme. These included academic staff, expert clinicians/prescribers from multiple professions, service users and carers, commissioners and primary and secondary care providers.

Cases of potential harm identified during assessment are dealt with through University's marking and moderation process, reviewed by the programme team and where necessary then escalated via the University's Fitness to Practice Procedure, and may be escalated to the trainee's employer and the GPhC. Serious issues potentially involving patient harm or unprofessional behaviour during the learning in practice can be fed back to the programme leads by the DPP and escalated if necessary. The team was told that there had never been a case of serious harm but, if it were to occur, the trainee would fail. If a trainee fails one part of their work, they would fail that element but have the opportunity to retake that element. Multiple fails will lead to trainees being required to undertake the whole programme again.

Standard 6: Learning in practice

Standard met/will be met? Yes No

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

The application form requires line managers to agree to release the trainee for a minimum of 12 days (90 hours) of learning in practice, and to ensure that the practice environment is appropriate and relevant to their area of intended prescribing practice, with direct access to patients. It was confirmed to the team that the 90 hours of practice can be made up over any number of days. The practice experience is negotiated and agreed between the individual trainee and their DPP as part of a Learning Contract. The practice experience is recorded in the PebblePad online practice document which requires trainees to record the number of practice hours, location and name and role of supervising staff. Trainees are advised verbally in class that practice hours must involve a patient; they cannot use general CPD.

The team was told that there is variable engagement of DPPs with the support available to them at the start of each new cohort. There has been greater engagement since the change from DMPs to DPPs. Experienced DPPs can reattend the training sessions to find out about new course developments and can contact the course team at any stage.

In the learning in practice settings trainees will only 'prescribe' under the supervision of a DPP. Trainees will not be permitted to prescribe independently during the programme, and until they complete the programme and are annotated on the GPhC register. The named DPP will be responsible for overseeing, supporting and assessing the trainees' competence in clinical practice in collaboration with academic and workplace partners. Although a trainee may work with other healthcare professionals when learning in practice, the DPP assumes primary responsibility for signing off all competencies in the trainee's e-portfolio. The trainee is also allocated a named academic assessor that will contact the DPP on at least three occasions throughout the programme. The academic assessor will work with the DPP to make a recommendation for the trainee's progression. The two assessors must take this decision collaboratively, taking into consideration the trainee's learning and achievement across both theory and practice.

The DPP is required to complete and sign each element of the trainee's Practice Competency Document. Each individual competency is presented as a number of specific competency indicators that must be signed off both individually and for the competency as a whole. The DPP is also responsible for confirming that the trainee has completed the 90 hours learning in practice.

Standard 7: Assessment

Standard met/will be met? Yes No

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

In compliance with the requirements of the GPhC, trainees are required to pass all elements of the assessment process to successfully complete the programme and apply to have their record of the qualification annotated on the GPhC register; there cannot be any condonement between elements.

During the time that the programme ceased recruiting pharmacists in January 2020, the assessments have undergone a number of developments. The delivery of the written examination (multiple choice questions, short answer questions and numeracy calculations) has been changed to a computer-based examination (CBE), and the portfolio, including the practice competency document, has also been converted into an e-portfolio.

In response to the team asking about whether a trainee training is practising safely, it was confirmed all examinations are marked and moderated by course staff members. A trainee failing due to a

patient safety issue would fail the whole assessment. The team was told that there are some automatic fail issues in the SCE, for example, failing to ask about allergies. Any unpredictable answer would be discussed by experienced members of the course team and referred to the external examiner if necessary. Workshops are provided for immediate and peer feedback. Feedback on assessments is given to trainees within a University-defined timeframe. Thus, feedback on draft assessments is given at least ten days in advance of the related summative assessment. DPPs give immediate feedback on formative practice consultations.

The programme will be assessed by a critically reflective prescribing case study, a Computer-based Examination of multiple choice and short answer questions, an e-portfolio including the RPS Competency Framework that must be signed off by the trainee's DPP, and a Structured Clinical Examination comprising three stations to be completed within 60 minutes with an 80% pass mark. The assessments are designed and written by the programme team, and reviewed by the external examiner. The range of assessments has been mapped to the learning outcomes (LOs). Trainees must demonstrate prescribing safety across all the LOs. All learning outcomes must be met for a candidate to be awarded the 40 credits at Level 7. Trainees are automatically afforded a further reassessment/resubmission of a failed element. However, a third attempt to pass a failed element of assessment can only be taken at the discretion of and after approval by the Medical School Postgraduate Module Assessment Board.

Within the period of learning in practice, trainees are encouraged to meet with their DPP at planned intervals, beginning, mid-point and end of programme when feedback will be provided to them on their progress. Progress with each competency will be formally discussed at the mid-programme review, and the signing-off of competencies takes place from this point onwards. All competencies should be completed at the final review meeting and submitted within the portfolio on the submission date. Trainees are given written and verbal feedback on all formative and summative assessments throughout the programme.

Standard 8: Support and the learning experience

Standard met/will be met? Yes No

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

Prospective trainees are encouraged to discuss their suitability for entry to the programme prior to application with the programme lead and are provided with advice on evidence to meet the entry criteria. There are programme induction sessions that details the expectations of a trainee and the assessment requirements, together with guidance on the standard required to pass each element.

Trainees will be allocated an academic tutor within the first two weeks of the programme and can access support from the tutor throughout the programme. The programme leads assume primary responsibility for trainees' progress, welfare and ensuring academic support through programme delivery, assessment advice and feedback. Trainees that have an issue with the programme either academically or learning in practice are encouraged to discuss their concerns with the programme

leads. If a resolution cannot be achieved, a trainee has the right to submit a formal complaint using a complaints procedure.

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 will be met with one criterion subject to a condition.

The application form includes screening questions to confirm the suitability of DPPs and to ensure that they meet the requirements for supervising trainees. This includes qualification date, professional registration, required skills and ability to support trainees. The DPP must complete and sign the form to confirm that they have the required competence, are working in an appropriate patient-facing area of practice to supervise the trainee, are supported by other healthcare professionals and have the ability to assess patients using appropriate clinical and diagnostic skills. The team was told that although it makes checks, it depends strongly on the declarations from regulated professionals. The team was told that the programme team would not approve a DPP if there were a potential conflict of interest. This would be discussed with the trainee but the programme team agreed that a question on conflicts could be included on the application form.

DPPs are invited to attend an initial meeting with their trainee's academic advisor along with the programme team, when the DPP's roles and responsibilities will be confirmed. Access to training for DPPs is provided by the University using the online training materials from the NW Health and Education Cooperative in addition to a DPP handbook that emphasises the use of the competency framework and details the assessment and feedback requirements as well as the process on raising concerns. Trainees are encouraged to provide feedback during the programme that is recorded on the e-portfolio to which the DPP has access. Feedback is provided to DPPs by the programme team on a cohort basis at the end of each programme. Should any issues be raised, in particular about the learning experience of a trainee, the academic advisor will contact the individual DPP during the programme. The programme team agreed that it would need to consider a more formal approach to feedback to DPPs and 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.

