

Sheffield Hallam University

College of Health, Wellbeing and Lifesciences



Designated Prescribing Practitioner Handbook

Practice Certificate in Independent Prescribing
(66-703004)
Level 7, 30 Credits

2023/24

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Introduction

Welcome to the **Sheffield Hallam University**, College of Health and Wellbeing and Lifesciences.

Thank you for agreeing to participate and support our Pharmacist Independent Prescribing student/s as a Designated Prescribing Practitioner (DPP). This handbook will provide you with the information to enable a clear understanding of the structure of the Pharmacist Independent Prescribing course. It will outline key information that will guide you with the assessments and processes that our students will undertake.

The Course is undertaken at Master's Level (7); therefore, it is an expectation that students demonstrate critical synopsis throughout all aspects of the assessment process. Please do not hesitate to contact the course team if you have any questions or concerns.

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DPP

DPP Hub

The purpose of the hub is to set out to the DPPs the knowledge and skills required to assist our students to learn key skills, achieve the required competencies and contextualise and enhance students learning in the practice setting.

The hub sets out the roles and responsibilities of the assessor, provides answers to frequently asked questions, objective setting, giving feedback to students, and how to identify and respond to a student in difficulty. The hub also has an interactive notice board whereby DPPs can post questions and/or comments to other DPPs or the course team to respond to.

The link to the site is: <https://sites.google.com/my.shu.ac.uk/dmp-shu/the-dmp-hub>

DPP Training Package

SHU are fortunate to be able to offer the *HealthVLE* training package to all preparing DPPs. The aim of the training package is to support the preparation of experienced prescribers who will be supporting the learning and assessment of trainees' as Pharmacist Independent Prescribers during their period of learning in clinical practice. The course team will create access to the training package once the student has attended their course induction study day.

The course is divided into modules which provide a focus for each part of the content and will also facilitate the selection of relevant modules to complete.

The resource provides a range of information which:

- Facilitates self-assessment and reflection on readiness to supporting the learning and assessment of trainees' competence as Pharmacist Independent Prescribers
- Uses as a resource for continuing professional development
- Provides flexible access to the resource to select modules or relevant resources only, or to undertake the resource in its entirety
- Enables the download of module certificates confirming completion thus providing evidence of engagement in the use of this resource

Supporting Documents

This handbook should be read alongside the following relevant documents:

- [GPhC Standards for the education and training of pharmacist independent prescribers, January 2019](#)
- [GPhC Standards for pharmacy professionals, May 2017](#)
- [GPhC Guidance on tutoring for pharmacists and pharmacy technicians, August 2018](#)
- [A Competency Framework for all Prescribers, Royal Pharmaceutical Pharmacy \(RPS\), September 2021](#)
- [GPhC Guidance for pharmacist prescribers, November 2019](#)
- [Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet, April 2019](#)
- [A Competency framework for Designated Prescribing Practitioners \(DPP\), Royal Pharmaceutical Pharmacy \(RPS\), December 2019](#)

Combined, these documents provide a full picture of the education and training requirements for pharmacists undertaking independent prescribing training.

Criteria for Undertaking Role as DPP

As a DPP you must have training and experience appropriate in line with the regulatory requirements:

Regulatory requirements:

Any prescriber taking on the DPP role must be registered with their professional regulator. All Independent Prescribing Practitioners undertaking the DPP role should have the necessary annotation for a prescriber as required by their regulator.

Prescribing competency framework requirements:

The expectation of any registered health professional practitioner acting in the DPP role is the ability to demonstrate they meet all competencies within the Competency Framework for all Prescribers. The framework can be accessed at:

https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Prescribing%20Competency%20Framework/RPS%20Competency%20Framework.pdf?ver=AlHRKuio3ef_fNnaMd3iA%3d%3d

Additionally, they must meet the criteria The Competency Framework for Designated Prescribing Practitioners:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf?ver=2019-12-18-150746-160>

Course Aim

To meet the requirements of the General Pharmaceutical Council for Pharmacist Independent prescribers to ensure that pharmacists are equipped with the necessary skills and knowledge to meet the learning outcomes and to practice safely and effectively as a prescriber.

Course Summary

The Practice Certificate in Independent Prescribing (the Course) is a 30-credit professional development course, delivered at level 7. It is accredited by the General Pharmaceutical Council (GPhC) and leads to a professional award that permits recipients to apply to the Registrar to have their entry on the register annotated as an Independent Prescriber.

The course is delivered on the Collegiate Crescent campus which includes modern teaching facilities. There are clinical skills teaching rooms with comprehensive resources for teaching clinical examination skills; these include plinth examination couches, skeletons, and models of body / organ systems alongside a wealth of digital resources. Sim-Man simulation manikins are used to teach clinical assessment and examination skills and to practice OSCEs.

As entrants to the course will already be employed as pharmacists and are required to have knowledge of therapeutics related to their chosen area of prescribing practice. The course does not aim to teach therapeutics however, the course does include the clinical management of some therapeutic areas relevant to practitioners learning experience within the general population, for example, diabetes, antimicrobials, and anti-coagulation.

Learning specific to the practitioners chosen area of prescribing practice is progressed through structured independent learning, experiential learning and through the support of their mentor(s) during learning in practice. Learning consequently focuses on the wider skills and principles required of a prescribing pharmacist and their application within a prescribing context, to establish patient centred, holistic, bio-psychosocial approaches to health.

Course Learning Outcomes

Learning Outcome 1

Apply and demonstrate effective history taking, consultation and physical assessment skills to develop appropriate differential diagnoses and working diagnosis to formulate a treatment plan, relevant to the students' chosen area of prescribing practice, recognising the limits of own practice and seeks advice or refers appropriately for support

(Maps to GPhC Learning Outcomes: 4, 19, 21, 29,31, 32)

Learning Outcome 2

Critically evaluate safe, appropriate, and cost-effective prescribing practice and monitoring to ensure improved patient outcomes through utilisation of decision support tools and emerging systems and technologies which underpin the practice of independent prescribing, consideration should acknowledge cultural diversities and recognise the contributions of the wider care team

(Maps to GPhC Learning Outcomes: 2, 6, 7, 13, 22, 23, 24, 27, 30)

Learning Outcome 3

Demonstrate and apply knowledge of the pathophysiology of disease(s) including pharmacokinetics and pharmacodynamics to achieve safe prescribing, supported by

an evidence-based decision-making process using guidelines, policies, and legislation with consideration of the public health issues in relation to prescribing

(Maps to GPhC Learning Outcomes: 11, 16, 18, 26)

Learning Outcome 4

Reflect upon aspects of the ethical responsibilities through self-awareness of own values and beliefs and their influences on prescribing practice in supporting a patient centered and informed decision-making process considering their mental capacity, including awareness to report unsafe practice to manage risk assessment or raise concerns to safeguard patients

(Maps to GPhC Learning Outcomes: 1, 3, 5, 8, 15, 17, 25, 28)

Learning Outcome 5

Reflect upon aspects of the legal and professional frameworks of accountability and clinical governance processes relevant to the practice of independent prescribing including the context of prescribing unlicensed medicine, and demonstrate the consideration of, patient confidentiality, accurate record keeping and the importance of Continuing Professional Development (CPD)

(Maps to GPhC Learning Outcomes: 8, 9, 10, 12, 14, 20)

GPhC Learning Outcomes

GPhC Learning Outcomes (32) for prescribing courses within the 2019 standards:

1. Recognise the psychological and physical impact of prescribing decisions on people (Knows how)
2. Understand and meet their legal responsibilities under equality and human rights legislation and respect diversity and cultural differences (Does)
3. Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs (Does)
4. Demonstrate appropriate history-taking techniques through effective consultation skills (Does)
5. Demonstrate an understanding of the role of the prescriber in working in partnership with people who may not be able to make fully informed decisions about their health needs (Shows how)
6. Support individuals to make informed choices that respect people's preferences (Does)
7. Demonstrate a critical understanding of their own role and the role of others in multi-professional teams (Does)

8. Recognise their own role as a responsible and accountable prescriber who understands legal and ethical implications (Does)
9. Apply relevant legislation and ethical frameworks related to prescribing, including remote prescribing and the handling, and sharing of confidential information (Shows how)
10. Recognise and manage factors that may influence prescribing decisions (Does)
11. Apply local, regional, and national guidelines, policies and legislation related to healthcare (Does)
12. Reflect on and develop their own prescribing practice to ensure it represents current best practice (Does)
13. Apply an understanding of health economics when making prescribing decisions (Shows how)
14. Understand the clinical governance of the prescriber, who may also be in a position to supply medicines to people (Knows how)
15. Recognise other professionals' practice and raise concerns related to inappropriate or unsafe prescribing by other prescribers Shows how
16. Apply evidence-based decision-making in all aspects of prescribing (Does)
17. Manage the risks and benefits associated with prescribing decisions (Does)
18. Demonstrate the application of pharmacology in relation to their own prescribing practice (Does)
19. Demonstrate clinical and diagnostic skills in clinical settings appropriate to their scope of practice (Does)
20. Create and maintain appropriate records which ensure safe and effective care and align with relevant legislation (Does)
21. Identify relevant investigations and interpret results and data in their prescribing practice (Does)
22. Utilise current and emerging systems and technologies in safe prescribing (Does)
23. Identify and respond to people's need when prescribing remotely (Shows how)
24. Apply the principles of effective monitoring and management to improve patient outcomes (Does)
25. Recognise and manage prescribing and medication errors (Shows how)
26. Recognise the public health issues in promoting health as part of their prescribing practice (Does)
27. Work collaboratively with others to optimise individuals' care, understanding their roles in the prescribing process (Does)
28. Recognise their own role and responsibilities, and those of others, in safeguarding children and vulnerable adults (Knows how)
29. Recognise when and where to refer people appropriately (Shows how)
30. Collaborate with people to encourage them to take responsibility for managing care (Does)
31. Demonstrate appropriate consultation skills to get information from individuals who are either unaware of or guarded about their health needs, to inform safe prescribing (Does)

32. Recognise when to seek guidance from another member of the healthcare team or an appropriate authority (Does)

Miller's Triangle (used by the GPhC to assess competency level)

In these standards Miller's Triangle is used to set the outcome level. Miller's triangle is a knowledge and competence hierarchy describing four levels of outcome:

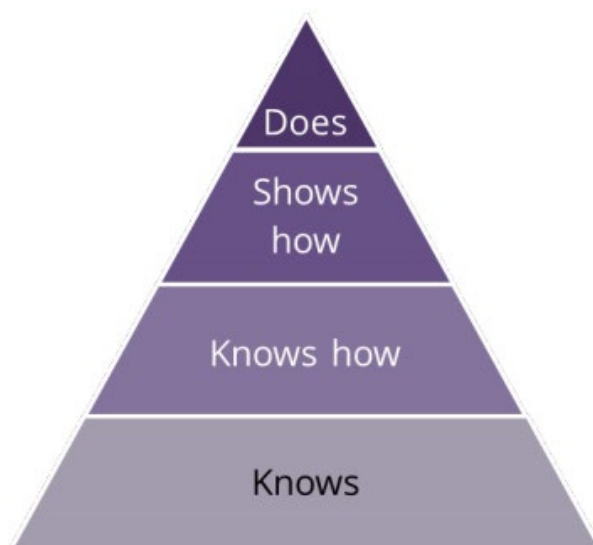
Level 1. 'knows' (has knowledge)

Level 2. 'knows how' (applies knowledge)

Level 3. 'shows how' (demonstrates competence in a limited way)

Level 4. 'does' (demonstrates competence repeatedly and safely)

The outcomes in these standards have been set at the right level for pharmacist independent prescribers in training. The learning outcomes can be found via this [link](#)



The structure of the competency framework for DPP

Section 1 - The Designated Prescribing Practitioner

This section looks at the competencies that the individual should be able to demonstrate prior to taking on the DPP role. As such, the competencies in section 1 are those that the programme providers should use to assess prospective new DPPs.

Section 2 - Delivering the role

The second section of the framework focuses on the competencies that the DPP will need to demonstrate whilst undertaking the role. New DPPs will not be able to evidence the competencies in section 2 as they will have yet to fulfil the role. This section should be used by DPPs to ensure that they are demonstrating the competencies required of the role. It can also be used by programme providers to develop training for DPPs or for evaluation on completion of the role.

Section 3 - Learning environment and governance

The third section focuses on the learning environment and governance of the period of learning in practice. Section 3 should be used in line with the scope section of the framework document.

Figure 1: The structure of the competency framework for DPP



Within the three sections are eight key themes, as shown above, each of these themes contains several competency statements relating to the DPP role:

The Designated Prescribing Practitioner

- 1 Personal characteristics
- 2 Professional skills and knowledge
- 3 Teaching and training skills

Delivering the role

- 4 Working in partnership
- 5 Prioritising patient care
- 6 Developing in the role

Learning environment and governance

- 7 Learning environments
- 8 Governance

Roles and Responsibilities

Roles and Responsibilities of DPP

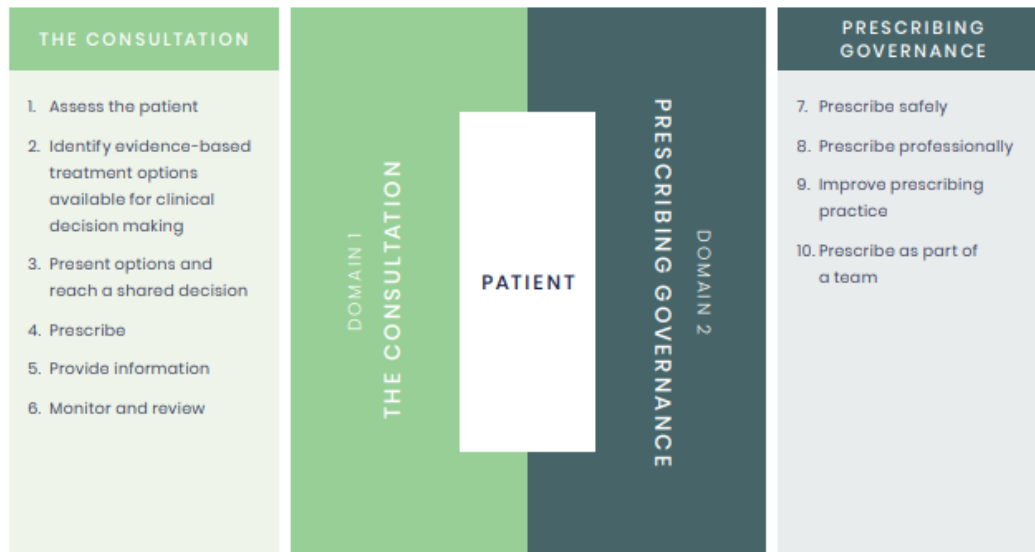
The DPP must fully understand the requirements of the GPhC for Pharmacist Independent prescribers.

- Overseeing supervised learning in practice
- Ensuring the suitability of any supervisors for learning in practice
- Ensuring clinical safety during learning in practice and in the structured case report assessment
- Providing feedback on the structured case-based discussion
- Supporting the student during learning in practice, including provision of regular feedback
- Making a competency decision relating to the student at the end of the course
- Assessing student competency in practice and to sign off the student in training as being a competent prescriber at the end of the course

There are ten practice competencies outlined in the framework in two domains. Within each of the ten competency dimensions there are statements which describe the activity or outcomes that the prescriber should be able to demonstrate.

The practice competencies are taken from: [A Competency Framework for all Prescribers, Royal Pharmaceutical Pharmacy \(RPS\), September 2021](#)

The Competency Framework for all Prescribers



Examples of how the student could receive supervision:

If an opportunity to demonstrate the competence does not arise, a simulation may be useful:

- Dedicated time and opportunities for the student to observe how the Designated Medical Practitioner (or other suitable colleague) conducts a consultation/interview with patients and/or their carers, uses clinical assessment skills, and the development of a subsequent management plan.
- Opportunities to allow in depth discussion and analysis of clinical management, using a random case analysis approach, when patient care and prescribing behaviour can be examined further.
- Facilitate student learning by encouraging critical thinking and reflection.
- Allow opportunities for the student to carry out consultations, demonstrate clinical assessment skills and suggest clinical management and prescribing options, which are discussed with the supervisor.

Roles and Responsibilities of the Academic Advisor

The primary responsibility of University staff is to advise the student in all aspects of the curriculum and to evaluate the learning that has taken place.

- Provides support for both the student and DPP

- Provides timely and comprehensive feedback to the student and DPP
- Furnishes the student and DPP with the resources they require to fulfil their roles and responsibilities
- Understands and agree to the roles and responsibilities as Academic advisor
- Advises in the preparation of the Practice Assessment Document (PAD)
- Provides advice, support and guidance to the student, employer and mentor
- Evaluates the students' learning for the purpose of awarding academic credit

Roles and Responsibilities of the student

- Knows how to raise concerns about their course
- Knows the role and responsibilities as a student
- Knows the student code of conduct
- Understands the teaching, learning and assessment strategy of the prescribing course
- Understands when working in clinical environments
- Knows limitations and not to work outside their competence

Summative Assessment

Task 1: Written Exam and Numeracy Exam

Pass / Fail. Students will be required to pass a 3-hour exam conducted with MCQ and short answer questions. The pass mark is 50% for written exam. The pass mark is 100% for numeracy. Please see revalidation document for sample questions

Task 2: OSCE

Pass/ Fail. Two 15-minute stations on a: physical assessment and b: consultation

Task 3: Reflective Portfolio (100% weighting - pass mark 50%)

This task requires the student to demonstrate achievement of the module learning outcomes by providing confirmation of:

1. 3000-word Critical reflective essay and a sample prescription
2. Practice assessment document, signed off by DPP
3. Case-Based Discussion undertaken in practice, by DPP

This task is eligible for In-Module-Retrieval (IMR)

The portfolio is an ongoing assessment spread throughout the 6 months of the course. Other assessment tasks are set toward the end of the course. This is to ensure students can apply knowledge that they gained from their learning journey.

Practice Assessment Document (Portfolio)

The practice competencies outlined above structure the practice assessment in this document.

All learning in practice assessments should be documented on the e-Platform, **PebblePad**. The course team will enrol you as the assessor, upon the student course induction day. You will receive an email from the course team informing you that your student has shared their learning assets with you. The Practice Assessment Document (**PAD**) forms a tripartite learning space between the student, DPP and the students' academic adviser to house their **portfolio**.

As DPP you will be required to assess and sign the record of assessment for each competency, and to indicate on the assessment form the result, i.e., pass, refer, or fail. You will also need to complete the tripartite learning agreement.

This record of assessment contains all the competencies that need to be achieved by the student to enable the satisfactory completion of practice learning, equating to at least 12 x 7.5 days (90 hours) of supervised practice. The DPP is the sole assessor in practice. The DPP should work with the student a minimum of 30% (**27 hours**) of the 90 hours.

The DPP may be the prescribing clinician with whom the student normally works. However, arrangements can be agreed where another appropriate Healthcare Professional acts as a supervisor, provided the criteria are met. When DPPs delegate supervision of pharmacist independent prescribers in training, they must ensure to use appropriately qualified and experienced members of staff. Competencies must be achieved under the guidance of the DPP, who is responsible as the sole assessor of competence in practice, completing and signing the PAD with the student.

When the DPP is satisfied that the student has met each competency, he/she will indicate this in the pass box and sign his/her name, Professional Registration number and date of completion on the Final interview.

If the competency is not achieved by the end of the 90 hours in practice the DPP must fail the student and indicate this in the Evidence / Comments box. It is anticipated that any problems achieving the competence will be recognised before the end of the practice placement and the student's tutor contacted prior to failing the student.

The university academic adviser may be accessed at any time deemed appropriate by the student or DPP. A practice visit will be arranged if it is requested or considered beneficial by student, DPP, tutor or manager.

Interviews

The DPP must have a minimum of **three formal meetings** with the student and these meetings need to be documented on Pebble Pad.

Initial interview

The DPP will discuss the record of assessment with the student prescriber, exploring past experiences and the learning environment necessary to facilitate the student's learning to achieve the required competencies. The DPP will discuss how they will support the student to acquire clinical assessment skills

Intermediate interview

At an approximate mid-point in practice, the DPP will review competencies with the student prescriber and the progression being made by the student. The record of assessment will be completed as applicable. If the student is not at the appropriate stage of progression or any concerns, the DPP must discuss this with the student and the university lecturer and complete a concern proforma

Final interview

The DPP will need to complete and sign each learning competence by the end of the placement. This will confirm that the student has completed the required period of learning in practice and whether the learning outcomes have been met by achievement of the stated competencies.

Case Based Discussion

Purpose:

A Case-based discussion (CDB) is designed to evaluate student clinical practice, physical assessment, or diagnostic skills, decision-making and the interpretation and application of evidence, by reviewing their record of practice.

This is a filmed assessment required for moderation quality assurance purposes, which **must** include a student demonstration of a physical assessment or diagnostic skill in a clinical setting **and** a CBD.

Video durations/format:

The tasks must be recorded as two **separate** recordings.

Quality assurance:

All recorded CBD videos will be reviewed by the academic marker(s) as part of the internal moderation process. A 10% sample of CBD videos will be externally moderated which includes a student example reviewed by each academic marker. The sample includes all clinical failures in an assessment task. The internal and external moderation process involves assessing for consistency of marking for parity and equity of both the student and DPP in line with the CBD marking grid.

Unsatisfactory or clinically unsafe CBD:

If the student is scored as unsatisfactory on any criterion, the University Assessment Regulations permit one further attempt. However, if a student demonstrates unsafe practice that can cause any incident or omission that causes the death, or would have the potential to cause the death, of one or more persons, it will lead to failure of the whole course with no re-assessment opportunity.

Please notify the course team via pipmailbox@shu.ac.uk should you have any concerns or require further information and we will guide you to a concern proforma that will be needed to complete.

Tasks:

Task 1: Demonstration of a physical assessment or diagnostic skill

- Physical assessment or diagnostic skill demonstration: **no longer than 5-10 minutes**
- Must demonstrate skill (hands on approach) **not** a talk through of skill
- Anything over these times will **not** be marked
- All physical assessment or diagnostic skill should be demonstrated **either** using a manakin (if available) or a suitable simulation prop such as a large pillow/ skeleton or oneself. **Do not** include an actual patient/volunteer in your recording.
- Where a new or adapted physical assessment or diagnostic skill, relevant to the students' scope of practice, has been taught in the *learning in practice* hours, and is NOT taught in the university* then the student will be **required to upload a video of this assessment/skill** to demonstrate that they are competent at the "DOES" competency level to fulfil the GPhC requirements.

* Core clinical and diagnostic skills taught in the University are:

Manual blood pressure, Adult respiratory examination, and Adult abdominal examination

Task 2: Case based discussion

- Case-based discussion: **no longer than 10-15 minutes**
- Both student and DPP **must** be present and captured on the video recording
- Must include a concluding Q&A from DPP on the recording with some feedback
- Anything over these times will **not** be marked
- **Active discussion** between student and DPP about the **presenting complaint and management** of a patient.
- Students should **not** adopt a 'presentation style approach' where the DPP only asks questions at the end. The student can refer to notes of the case however, it should **not** be a scripted discussion.
- Participation from the DPP throughout should focus on and explore the students **clinical decision-making process** and the way in which the student used **evidenced based medicine and influences on prescribing** to validate their decisions.
- The CBD at any point during the module.
- The selected case should be a patient where you have had direct involvement in their care. Please see CBD marking grid to guide you.

Case based Discussion Marking Grid

Section B:

DPP to grade the following areas:

	Unsatisfactory	Satisfactory	Good	Outstanding
<p>1. History taking and information gathering:</p> <p>Did the Student take an adequate history and gather enough information from relatives, staff, notes, or other colleagues to help decision making?</p> <p>(7-point conventional history taking or equivalent depending on specialist area)</p>				
<p>2. Assessment and differential diagnosis:</p> <p>Did the student make appropriate differential diagnoses using relevant clinical examination and physical assessment? The student is expected to justify all the tests/ examinations/investigations that they undertook.</p> <p>Did they describe the pathophysiology of the condition?</p> <p>Could the student describe and recognise red flag signs and symptoms?</p>				
<p>3. Initial management plan:</p> <p>Having made a full assessment:</p> <p>Was the final diagnosis appropriate/management plan holistic?</p> <p>Were decision support tools demonstrated appropriately?</p>				
<p>4. Evidence-based medicine: drug choice:</p>				

<p>For example: non-adherence, polypharmacy, Adverse Drug Reaction, drug-drug interactions, drug-disease interactions, cautions and/or contra-indications</p> <p>Were national guidelines, local guidelines and primary studies explored?</p>				
<p>5. Monitoring and follow up plan:</p> <p>Were the further management decisions appropriate?</p> <p>Did they set a review date?</p> <p>Was safety netting advice given with clinical reasoning?</p>				
<p>6. Demonstrate a Patient-centred approach:</p> <p>Was shared decision-making evident?</p> <p>Appropriate treatment information conveyed to the patient, patient's relatives, staff and other colleagues?</p> <p>Were any additional adjustments made if the patient had additional needs?</p> <p>Any appropriate referral?</p>				
<p>7. Record keeping:</p> <p>Did the student acknowledge their awareness and importance of contemporaneous records?</p>				
<p>8. CPD and awareness of self-limitation:</p> <p>Did the student demonstrate awareness of their own limitations and work within their professional competence?</p>				

Did the student acknowledge the necessity of CPD?				
9. Overall clinical care The student discussion should demonstrate that this episode of clinical care was conducted in accordance with good practice and to a good overall standard.				
10. Understanding of the issues surrounding the clinical focus chosen by the assessor. The student should show an understanding appropriate to their experience. Brief description of clinical focus discussed if possible				

A brief description of clinical focus:

Students' strengths:

Areas of practice that could be explored further:

DPP Declaration:

The pharmacist has satisfactorily demonstrated a safe clinical decision-making process and used their medical knowledge to manage the patient holistically.

If the answer is NO (unsatisfactory), please leave this blank and contact the course team via pipmailbox@shu.ac.uk.

YES. I confirm the practice was satisfactory (Pass)

Clinical Failures Process/ Unsafe Practice Regulation

Additionally, the course has programme specific regulation, introduced to meet the Standards. These cover the requirement for the assessment and delivery of the course to place patient safety as the priority.

For the Independent Prescribing Module (66-703004) any error or action in a summative assessment which may cause potential patient harm will be reviewed in line with current clinical practice. A clinical failure refers to any error or action in a summative assessment which may cause potential patient harm. All cases will be reviewed by the original marker, the internal moderator, the course leader, and the external examiner to ensure a consensus view. Students are made aware that unsafe practice in summative assessments will result in a clinical failure of that assessment task. The original submission or exam will be given a mark of 0%. The student will be required to provide an additional reflection to demonstrate learning from the event. This process ensures that there are robust mechanisms in place confirming that all students who have completed the course and applying for the prescribing annotation are competent and safe to prevent potential or actual clinical harm. If the fitness to practise status of the student is deemed to be a concern, the course leader, in line with professional standards, will raise concerns with the GPhC to assure that the public safety is protected.

The use of a learning agreement aims to minimise the risk of potential harm (unsafe practice) demonstrated in supervised practice. In the case of potential harm (unsafe practice) demonstrated during supervised practice, the DPP should refer to the concerns proforma in the DPP handbook to raise a concern with the course team. If the fitness to practise status of the student is deemed to be a concern, the course leader, in line with professional standards, will raise concerns with the GPhC to assure that the public safety is protected.

Where a case of actual harm (death) occurs, this will result in failure of the whole course with no re-assessment opportunity and the fitness to practise policy will be followed.

Table 1: Summary of Clinical failures process

Situation	Outcome
<p>Any incident or omission that causes the death, or would have the potential to cause the death, of one or more persons.</p> <p>(Apply to both practice-based learning and theoretical work)</p>	<p>Failure of the whole course with no re-assessment opportunity. Refer to the Fitness to Practise policy</p>
<p>Any incident or omission that would cause harm, or would have the potential to cause harm, that required further treatment and interventions, cancelling of treatment or hospitalisation, of one or more persons.</p> <p>(Apply to both practice-based learning and theoretical work)</p>	<p>The failed assessment must be re-submitted. The student will be required to meet with one of the course team to discuss the incident and provide a reflection to demonstrate learning from the event.</p>

Change of DPP during the programme

If you are no longer able to supervise your student because of sickness or change of employment we kindly ask that you inform the Course Leader. The Change of DPP form is available on request from the Course Leader

We will require you, as current DPP, to hand over a detailed assessment of the student's progress so far to the new DPP to provide them with assurance of the student's competence.

It is likely that this will impact students, as they will need to complete additional hours of supervised practice learning with the new DPP to enable them to be assured of safe and effective practice.

DPP's Feedback

Approaching the end of each cohort, all students are asked to complete a short questionnaire focusing on the DPP's performance. This information is summarised for the cohort and fed back to all DPP's.

DPP are invited to request individual feedback from the course team, if the student agreed for their questionnaire answers to be shared, then this will form the basis of the response, together with the academic oversight of documented evidence of the DPP from the PAD and interactions from the Case Based Discussion (CBD).

If the student chose not to share their responses with the DPP, then the course team will only feedback on objective data such as the quality of assessments and learning in practice documents. Student confidentiality is always maintained. If the student

has declared a negative experience with their DPP on their questionnaire, the course team will ask for consent of the student and contact the DPP directly. If negative feedback arises from the student during the course, then we ensure that we establish the students concerns and discuss an action plan, if necessary, the course team will contact the DPP.

If a student is concerned regarding the supervision provided by their DPP, the practice of a registered prescribing professional or any other healthcare professional, then they are to follow the guidance on [Guidance for Students Reporting Concerns/Complaints on Placement](#) and follow the [SHU complaints procedure where a student raises concerns](#). Students are also directly to follow the [GPhC regulatory guidance for raising concerns in practice](#).

Providing Student feedback

Providing more formal types of written feedback maybe as part of a clinical review or clinical assessment is vital if students are to gain an accurate impression of their performance to assess and measure their progress against their own learning objectives.

What is it?

- Feedback is a type of communication that we give or receive
- Feedback is a must for people who want to have honest relationships
- It is a powerful and important means for communication; feedback connects us and our behaviour to the world (profession, environment, organisation) around us
- Feedback is a way to let people know how effective they are in what they are trying to accomplish, or how they affect you
- It provides a way for people to learn how they affect the world around them, and it helps us to become more effective
- Sometimes feedback is called 'criticism', but this seriously limits its meaning
- Feedback is a routine and essential part of everyday life. We may not recognise the impact it has upon others and ourselves, therefore we need to consider this carefully as it is an integral part of the learning process
- Examples:
 - What? – Formal/informal
 - When? – Planned, unplanned
 - How? – Verbal, written, both?
 - Who? – Mentor, personal tutor, service users, manager?
 - Why? – Assessment, development formative/summative

Giving feedback in general

- Some people deliver feedback with relish; after all, it is easier to give advice than take it

- Some use feedback as a weapon or offer it as tit-for-tat. For some, feedback is a great way to be critical
- How you deliver feedback is as important as how you accept it because it can be experienced in a very negative way
- To be effective you must be tuned in, sensitive, and honest when giving feedback
- Just as there are positive and negative approaches to accepting feedback, so too are there ineffective and effective ways to give it

Giving feedback – ineffective or negative styles

- **Attacking** – hard hitting and aggressive, focusing on the weaknesses of the other person.
- **Indirect** – feedback is vague, and issues hinted at rather than addressed directly
- **Insensitive** – little concern for the needs of the other person.
- **Disrespectful** – feedback is demeaning, bordering on insulting.
- **Judgmental** – feedback is evaluative, judging personality rather than behaviour
- **General** – aimed at broad issues which cannot be easily defined
- **Poor timing** – given long after the prompting event, or at the worst possible time
- **Impulsive** – given thoughtlessly, with little regard for the consequences
- **Selfish** – feedback meets the giver's needs, rather than the needs of the other person

Giving feedback – effective or positive styles

- **Supportive** – delivered in a non-threatening and encouraging manner
- **Direct** – the focus of the feedback is clearly stated
- **Sensitive** – delivered with sensitivity to the needs of the other person
- **Considerate** – feedback is intended to not insult or demean
- **Descriptive** – focuses on behaviour that can be changed, rather than personality
- **Specific** – feedback is focused on specific behaviours or events
- **Healthy timing** – given as close to the prompting event as possible and at an opportune time
- **Thoughtful** – well considered rather than impulsive
- **Helpful** – feedback is intended to be of value to the other person

Feedback must be given with the intention of helping the student

- Providing feedback and disciplining are not the same thing
- Feedback is most effective if given immediately or soon after the event
- It should be a 2-way process between you and the student otherwise it runs the risk of being negative and judgmental
- Feedback should be offered in private or in such a way as to maintain the student's integrity
- Feedback should focus on a behaviour that can be changed
- Giving constructive feedback requires honesty
- Negative feedback can also be constructive
- Poor feedback is worse than none

Things to consider when giving feedback

- What type of feedback would the student like/need
- Any particular areas to focus on?
- Anything other evidence you need/testimonies?
- Appropriateness of learner level/outcomes, skill acquisition etc.
- The learning environment, issues arising outside of students control
- Learning styles of the student

The Feedback Sandwich

As already outlined, it can be difficult to know what to say when asked to comment on a student's clinical performance, especially when students are not performing well. This may create a stressful environment. The 'feed-forward sandwich' is a useful tool in providing a constructive approach to giving feedback, helping to focus on what could be done better next time rather than on what went wrong now. See the example below.

What do I do if I have a failing student in practice?

As the DPP you must clearly highlight any areas of concern where the student is not achieving the adequate level of competence on the concerns proforma (Appendix 1) and contact the Course Leader. If required a tripartite meeting can be arranged at a suitable time between the DPP, student and Course Lead.

An action plan should be agreed to identify the areas for development, and this will include appropriate timescales, and detail how the student will address any issues. It is essential that all meetings and action plans are clearly documented.

If despite these measures the student is still failing to progress, the student will be invited to discuss their options with the course lead.

Supporting students with a learning contract

Here at Sheffield Hallam University, we ensure that all our students are offered equal opportunities related to their individual learning needs. Therefore, you may have a student which requires reasonable adjustments being made to the assessment in practice. Some students may have a learning contract which outlines the adjustments needed to enable to the student to learn effectively. A learning contract is Sheffield Hallam University's way of recording what adjustments you need because of your disability or condition.

What is a learning contract?

A learning contract lists recommendations for 'reasonable adjustments' to the learning, teaching and assessment on the course to enable study to the students' potential. The document is personal to the student and is written according to their individual support needs.

A learning contract is produced as soon as the student has been assessed by Disabled Student. The main purpose of a learning contract is to ensure that all relevant staff members in are aware of the recommendations made by Disabled Student Support, so they can put them into practice. The learning contract is relevant to Sheffield Hallam University only, and it is not a legal document.

<https://students.shu.ac.uk/services/disability/docs/Learning%20contract%20leaflet%202012.pdf>)

Useful contact information related to learning contracts

Phone 0114 225 3964

Email: disability-support@shu.ac.uk

Appendix 1 – Concerns Proforma

Date:	Concern raised by	Concern regarding	Description
	Action	Discussion	Outcome
Date resolved:			