

Cardiff University
Report of the outcomes of the adaptation to the GOC education & training requirements
Postgraduate Certificate in Independent Prescribing
CAR-IP1-ETR
Report confirmed by GOC 03 February 2025

TABLE OF CONTENTS

SECTION ONE – ABOUT THIS DOCUMENT	3
1.1 ABOUT THIS DOCUMENT	3
SECTION TWO – PROVIDER DETAILS.....	4
2.1 TYPE OF PROVIDER	4
2.3 EXTERNAL PARTNERS DELIVERING AND/OR MANAGING AREAS OF THE QUALIFICATION.....	4
SECTION THREE – QUALIFICATION DETAILS.....	5
3.1 QUALIFICATION DETAILS.....	5
SECTION FOUR – SUMMARY OF THE OUTCOMES OF THE ADAPTATION PROCESS.....	6
4.1 QUALITY ASSURANCE ACTIVITY	6
4.2 GOC REVIEW TEAM	6
4.4 STANDARDS OVERVIEW.....	6

ADP-RPT Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

SECTION ONE – ABOUT THIS DOCUMENT

1.1 ABOUT THIS DOCUMENT

This report outlines the outcomes of the review of Cardiff University’s (provider) adapted Postgraduate Certificate in Independent Prescribing qualification (qualification) against the *Requirements for Approved Qualifications in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP)* (January 2022).

It includes:

- Feedback against each relevant standard (as listed in the Adaptation Form).
- The status of all the standards reviewed as part of the adaptation process (which includes the formal response process).
- Any action Cardiff University is required to take.

ADP-RPT Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

SECTION TWO – PROVIDER DETAILS

2.1 TYPE OF PROVIDER	
Provider <i>Sole responsibility for the entire route to registration.</i>	<input checked="" type="checkbox"/>
Awarding Organisation (AO) <i>Sole responsibility for the entire route to registration with centres delivering the qualification(s).</i>	<input type="checkbox"/>

2.2 CENTRE DETAILS	
Centre name(s)	Not applicable.

2.3 EXTERNAL PARTNERS DELIVERING AND/OR MANAGING AREAS OF THE QUALIFICATION
Not applicable.

ADP-RPT Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

SECTION THREE – QUALIFICATION DETAILS

3.1 QUALIFICATION DETAILS	
Qualification title	Postgraduate Certificate in Independent Prescribing
Qualification level	Level 7
Duration of qualification	<ul style="list-style-type: none"> • One year (if placement is undertaken alongside theoretical modules) • Two years (if placement is undertaken after the theoretical modules)
Number of cohorts per academic year	One
Month(s) of student intake	September
Delivery method(s)	Part time
Alternative exit award(s)	No alternative exit awards. Trainees who do not achieve a Postgraduate Certificate receive confirmation of institutional credit for the modules (credits) completed.
Total number of students per cohort	72

ADP-RPT Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

SECTION FOUR – SUMMARY OF THE OUTCOMES OF THE ADAPTATION PROCESS

4.1 QUALITY ASSURANCE ACTIVITY	
Type of activity	Review of the provider’s adapted Postgraduate Certificate in Independent Prescribing qualification against the <i>Requirements for Approved Qualifications in Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP)</i> (January 2022).

4.2 GOC REVIEW TEAM	
Officer	Georgia Smith – Education Development Officer
Manager	Lisa Venables – Education Development Manager
Decision maker	Samara Morgan – Head of Education & CPD Development
Education Visitor Panel (panel) members	<ul style="list-style-type: none"> • Professor Andy Husband – Lay Chair • Pam McClean – Optometrist and Independent Prescribing member • Janice McCrudden – Optometrist and Independent Prescribing member • Dr David Hill – Optometrist and Independent Prescribing member

4.3 SUMMARY OF CONDITIONS AND RECOMMENDATIONS	
Conditions	The qualification has been set one condition against the following standard: <ul style="list-style-type: none"> • S3.15
Recommendations	The qualification has been set no recommendations.
Commentary against all of the standards reviewed are set out in section 4.4.	
The qualification will remain subject to the GOC’s quality assurance and enhancement methods (QAEM) on an ongoing basis.	

4.4 STANDARDS OVERVIEW	
<p>The standards reviewed as part of the adaptation process for approved qualifications (as outlined in the Adaptation Form*) are listed below along with the outcomes, statuses, actions, and any relevant deadlines. Actions may include the following:</p> <ul style="list-style-type: none"> • A condition is set when the information submitted did not provide the necessary evidence and assurance that a standard is met; further action is required. • A recommendation is set when the information submitted currently provides the necessary evidence and assurance that a standard is met. However, the GOC has identified this may be an area that could be enhanced or that will need to be reviewed to ensure the standard continues to be met. • No further action is required – the information submitted provides the necessary assurance that a standard is met. 	

ADP-RPT			
Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

*The following standards listed were **not** reviewed as part of the adaptation process but are monitored as part of the GOC's Quality Assurance and Enhancement Methods (QAEM):

- Standard one - public and patient safety: S1.1, S1.2, S1.3, S1.4
- Standard two - admissions of students: S2.2, S2.3, S2.4, S2.6
- Standard three - assessment of outcomes and curriculum design: S3.7, S3.8, S3.9, S3.10, S3.16, S3.17
- Standard four - management, monitoring and review of approved qualifications: S4.1, S4.4, S4.5, S4.6, S4.7, S4.8, S4.9, S4.10, S4.12
- Standard five - leadership, resources and capacity: S5.3, S5.4, S5.5

Further details on the evidence that the provider was required to complete or submit as part of the education and training requirements (ETR) adaptation process can be found on our [qualifications in additional supply \(AS\), supplementary prescribing \(SP\) and/or independent prescribing \(IP\)](#) webpage.

Standard no.	S2.1
Standard description	Selection and admission criteria must be appropriate for entry to an approved qualification for specialist entry to the GOC register (AS, SP and/or IP categories) including relevant health, character and fitness to practise checks. For overseas trainees, this should include evidence of proficiency in the English language of at least level 7 overall (with no individual section lower than 6.5) on the International English Language Testing System (IELTS) scale or equivalent.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • The provider's admissions policies. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has appropriate and suitable English language proficiency requirements. • The provider has appropriate, clear, and comprehensive entry admissions criteria.

Standard no.	S2.5
Standard description	Recognition of prior learning must be supported by effective and robust policies and systems. These must ensure that trainees admitted at a point other than the start of a programme have the potential to meet the outcomes for the award of the approved qualification. Prior learning must be recognised in accordance with guidance issued by The Quality Assurance Agency for Higher Education (QAA) and/or The Office of Qualifications and Examinations Regulation (Ofqual) / Scottish Qualifications Authority (SQA) / Qualifications Wales / Department for the

ADP-RPT Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

	Economy in Northern Ireland and must not exempt trainees from summative assessments leading to the award of the approved qualification. (If necessary, separate arrangements will be made for the safe transition of trainees who have not yet completed GOC-approved therapeutic prescribing qualifications programmes prior to the introduction of the new outcomes and standards.)
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET. Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed ‘Template 2 – criteria narrative’. • A completed ‘Template 4 – assessment strategy’. • A completed ‘Template 5 – module outcome map’. • The provider’s ‘University Recognition of Prior Learning (RPL) Policy’. • Narrative provided in support of the formal response process that evidenced: <ul style="list-style-type: none"> ○ Confirmation that RPL will not be used to exempt summative assessments. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider’s recognition of prior learning (RPL) criteria and process is fairly and consistently applied. • Students who are successful in their RPL application are not exempt from undertaking all summative assessments where GOC learning outcomes are assessed.

Standard no.	S3.1
Standard description	There must be a clear assessment strategy for the award of an approved qualification. The strategy must describe how the outcomes will be assessed, how assessment will measure trainees’ achievement of outcomes at the required level (Miller’s Pyramid) and how this leads to an award of an approved qualification.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed ‘Template 2 - criteria narrative’. • A completed ‘Template 4 – assessment strategy’. • A completed ‘Template 5 – module outcome map’. • The provider’s ‘Designated Prescribing Practitioner (DPP) Training and Support’ document. • The provider’s ‘Designated Prescribing Practitioner (DPP) Sign-Off Guidance’ document.

ADP-RPT Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

	<ul style="list-style-type: none"> • The provider’s module descriptors. • The provider’s ‘Postgraduate Teaching (PGT) Module Leader Handbook’ <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has an appropriate and consistent assessment strategy mapped against learning outcomes. • The provider has fit for purpose assessment regulations. • The provider has appropriate and consistent marking criteria.
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Standard no.	S3.2
Standard description	The approved qualification must be taught and assessed (diagnostically, formatively and summatively) in a progressive and integrated manner. The component parts should be linked into a cohesive programme (for example, Harden’s spiral curriculum), introducing, progressing and assessing knowledge, skills and behaviour until the outcomes are achieved.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed ‘Template 2 - criteria narrative’. • A completed ‘Template 4 – assessment strategy’. • A completed ‘Template 5 – module outcome map’. • The provider’s ‘Academic Regulations Handbook 2023-24’. • The provider’s module descriptors. • The provider’s ‘Assessment Mapping to GOC Learning Outcomes’ document. • The provider’s ‘Marking and Moderation Policy’. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has clearly demonstrated where each learning outcome will be assessed throughout the qualification. • The assessment methods are appropriate to the qualification type and level.

Standard no.	S3.3
Standard description	Curriculum design and the assessment of outcomes must involve and be informed by feedback from a range of stakeholders such as patients, employers, trainees, commissioners, placement providers, members of the eye-care team and other healthcare professionals.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	The evidence reviewed provided the necessary assurance that this standard is MET.

ADP-RPT Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

	<p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 – criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • Narrative provided in support of the formal response process that evidenced: <ul style="list-style-type: none"> ○ Specific examples of where curriculum design and the assessment of outcomes have been informed by stakeholder feedback. ○ The process to obtain and review stakeholder feedback. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has consulted with relevant stakeholders. • The provider's curriculum design and assessment of outcomes have been informed by feedback from its stakeholders.
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Standard no.	S3.4
Standard description	The outcomes must be assessed using a range of methods and all final, summative assessments must be passed. This means that compensation, trailing and extended re-sit opportunities within and between modules where outcomes are assessed is not permitted.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • The provider's 'Academic Regulations Handbook 2023-24'. • The provider's module descriptors and marking rubrics. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • All summative assessments must be passed, and no compensation is permitted. • Extended resit opportunities are not allowed.

Standard no.	S3.5
Standard description	Assessment (including lowest pass) criteria, choice and design of assessment items (diagnostic, formative and summative) leading to the award of an approved qualification must ensure safe and effective practice and be appropriate for a qualification for specialist entry to the GOC register (AS, SP and/or IP).
Status	MET – no further action required at this stage
Deadline	Not applicable.

ADP-RPT Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • The provider's 'Academic Regulations Handbook 2023-24'. • The provider's module descriptors and marking rubrics. • The provider's 'Reasonable Adjustments Procedure'. • The provider's 'Designated Prescribing Practitioner (DPP) Training and Support' document. • The provider's 'Designated Prescribing Practitioner (DPP) Sign-Off Guidance' document. • The provider's 'Postgraduate Teaching (PGT) Module Leader Handbook'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider's choice and design of assessment items and criteria are appropriate. • Whilst teaching, learning and assessment methods may be modified, learning outcomes cannot and must be met in full.
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Standard no.	S3.6
Standard description	Assessment (including lowest pass) criteria must be explicit and set using an appropriate and tested standard-setting process. This includes assessments which occur during learning and experience in practice.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 – criteria narrative'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • The provider's 'SPOKE Indicative Guidance for Independent Prescribing'. • The provider's module descriptors. • The provider's 'Marking Rubric for Extended Case Report'. • The provider's 'Marking Rubric for Written Reflection'. • Narrative provided in support of the formal response process that evidenced: <ul style="list-style-type: none"> ○ The provider's module descriptor for OPT046. ○ The provider's marking criteria/rubric for OPT046. <p>The information reviewed evidenced, amongst other elements, that:</p>

ADP-RPT Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

	<ul style="list-style-type: none"> The provider has clearly described criteria and expectations for assessment marking.
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Standard no.	S3.11
Standard description	A range of teaching and learning methods must be used to deliver the outcomes.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> A completed ‘Template 2 - criteria narrative’. A completed ‘Template 4 – assessment strategy’. The provider’s module descriptors and marking rubrics. The provider’s ‘Assessment Mapping to GOC Learning Outcomes’ document. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> The provider has a range of teaching and learning methods to enable trainees to demonstrate the required learning outcomes.

Standard no.	S3.12
Standard description	To enable the development of trainees’ clinical, diagnostic and prescribing skills to meet the outcomes, the approved qualification must integrate learning and experience in practice (as a guide, approximately 90 hours). The supervision of a trainee’s learning and experience in practice must be co-ordinated by an appropriately trained and qualified registered healthcare professional (DPP) with independent prescribing rights.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> A completed ‘Template 2 – criteria narrative’. A completed ‘Template 4 – assessment strategy’. A completed ‘Template 5 – module outcome map’. The provider’s ‘Outline of Designated Prescribing Practitioner (DPP) Training and Support’ plan. The provider’s ‘Designated Prescribing Practitioner (DPP) sign-off guidance’. The provider’s ‘Independent Prescribing (IP) Placement Handbook’. The provider’s module descriptors. The provider’s ‘Portfolio Submission Student Guidance’. Narrative provided in support of the formal response process.

ADP-RPT Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

	<p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • Trainees will be required to undertake 90 hours of experiential learning in practice. • There are an appropriate number of hours in practice for the trainee under the co-ordinated supervision of a DPP. • The provider adequately evidenced the steps it has taken to communicate the requirements of learning and experience in practice for the DPPs.
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Standard no.	S3.13
Standard description	Outcomes delivered and assessed during learning and experience in practice must be clearly identified, included within the assessment strategy and fully integrated within the programme leading to the award of an approved qualification.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • A completed 'Template 3 – qualification diagram'. • A completed 'Template 4 – assessment strategy'. • A completed 'Template 5 – module outcome map'. • The provider's module descriptors and marking rubrics. • The provider's 'Assessment Mapping to GOC Learning Outcomes' document. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • Learning and experience in practice is fully integrated into the qualification.

Standard no.	S3.14
Standard description	The selection of outcomes to be taught and assessed during periods of learning and experience in practice and the choice and design of assessment items must be informed by feedback from a variety of sources, such as patients, employers, trainees, DPPs, members of the eye-care team and other healthcare professionals.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 – criteria narrative'. • The provider's module descriptors.

ADP-RPT			
Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

	<ul style="list-style-type: none"> Narrative provided in support of the formal response process. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> The provider has consulted with relevant stakeholders. The provider's selection of learning outcomes taught and assessed during learning in practice have been informed by feedback from its stakeholders. The provider has an appropriate range of teaching and learning methods for the qualification.
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Standard no.	S3.15
Standard description	Equality and diversity data and its analysis must inform curriculum design, delivery and assessment of the approved qualification. This analysis must include trainees' progression by protected characteristic. In addition, the principles of equality, diversity and inclusion must be embedded in curriculum design and assessment and used to enhance trainees' experience of studying on a programme leading to an approved qualification.
Status	NOT MET – a condition is set
Deadline	Friday 27 June 2025
Rationale	<p>The evidence did not provide the necessary assurance and therefore this standard is NOT MET.</p> <p>Supporting evidence reviewed included but was not limited to:</p> <ul style="list-style-type: none"> A completed 'Template 2 – criteria narrative'. Narrative provided in support of the formal response process that evidenced: <ul style="list-style-type: none"> The provider's plans to collect and analyse EDI data to produce its Annual Review and Enhancement report. <p>The evidence did not provide the necessary assurance that this standard is met. There was insufficient evidence in the following areas:</p> <ul style="list-style-type: none"> The implementation of qualification-level EDI analysis and reporting. <p>Possible areas of evidence that can be submitted, are (this list is non-exhaustive):</p> <ul style="list-style-type: none"> Examples of the qualification-level EDI analysis and reporting available to the provider, once it has been fully developed and finalised. <p>Although a condition has been set, the GOC note the progress the provider has made towards meeting this standard through confirming the timeframes for the implementation of qualification EDI data reporting and how review and analysis of EDI data will feed into the design and delivery of the qualification. Further assurance is required regarding how the provider will ensure the EDI data reporting is implemented and appropriately managed.</p>

ADP-RPT Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

Standard no.	S4.2
Standard description	The organisation responsible for the award of the approved qualification must be legally incorporated (i.e. not be an unincorporated association) and have the authority and capability to award the approved qualification.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • The provider's 'Charter, Statutes and Ordinances' webpage. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has clear awarding powers and is a legally incorporated higher education institution.

Standard no.	S4.3
Standard description	The provider must have a named point of contact for the approved qualification.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed Adaptation Form. • A completed 'Template 2 - criteria narrative'. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has a suitably qualified and experienced named individual for the qualification.

Standard no.	S4.11
Standard description	There must be an effective mechanism to identify risks to the quality of the delivery and assessment of the approved qualification and to identify areas requiring attention or development.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • The provider's 'Cardiff University PG Cert Therapeutic Prescribing January 2024' risk register. • The provider's 'Cardiff University PG Cert Therapeutic Prescribing February 2024' risk register.

ADP-RPT Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

	<p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has appropriately assessed and mitigated risks, including the management of commercial conflicts of interest.
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Standard no.	S5.1
Standard description	There must be robust and transparent mechanisms for identifying, securing and maintaining a sufficient and appropriate level of ongoing resources to deliver the outcomes to meet these standards, including human and physical resources that are fit for purpose and clearly integrated into strategic and business plans. Evaluations of resources and capacity must be evidenced together with evidence of recommendations considered and implemented.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p> <ul style="list-style-type: none"> • A completed 'Template 2 - criteria narrative'. • The provider's 'Cardiff University PG Cert Therapeutic Prescribing January 2024' risk register. • The provider's 'Cardiff University PG Cert Therapeutic Prescribing February 2024' risk register. <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The provider has appropriately assessed and mitigated risks, including the management of commercial conflicts of interest. • The provider's teaching and learning environments are suitable and have sufficient capacity for the planned trainee numbers. • The provider has sufficient resource (human and physical) to deliver the qualification.

Standard no.	S5.2
Standard description	<p>There must be a sufficient and appropriately qualified and experienced staff team. This must include:</p> <ul style="list-style-type: none"> • an appropriately qualified and experienced programme leader, supported to succeed in their role; and • sufficient staff responsible for the teaching and assessment of the outcomes, including GOC registrants and other suitably qualified healthcare professionals.
Status	MET – no further action required at this stage
Deadline	Not applicable.
Rationale	<p>The evidence reviewed provided the necessary assurance that this standard is MET.</p> <p>Supporting evidence reviewed included, but was not limited to:</p>

ADP-RPT			
Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025

	<ul style="list-style-type: none"> • A completed Adaptation Form. • A completed 'Template 2 - criteria narrative'. • The provider's 'Staff Curriculum Vitae (CVs)' <p>The information reviewed evidenced, amongst other elements, that:</p> <ul style="list-style-type: none"> • The qualification has appropriate leadership. • The provider has appropriately experienced and qualified staff members to deliver the qualification.
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ADP-RPT			
Report of the outcomes of the adaptation to the education & training requirements			
Version	v1.0	Date version approved	29 January 2024
Version effective from	January 2024	Next review date	January 2025