

Programme approval visit report

Section one

Programme provider name:	University of West London
In partnership with: <i>(Associated practice learning partners involved in the delivery of the programme)</i>	London North West University Healthcare NHS Trust Berkshire Healthcare NHS Foundation Trust Royal Berkshire NHS Foundation Trust Oxford University Hospitals NHS Foundation Trust Oxford Health NHS Foundation Trust Ashford and St Peter's Hospitals NHS Foundation Trust Central London Community Healthcare NHS Trust Central and North West London NHS Foundation Trust Hillingdon Hospitals NHS Foundation Trust Chelsea and Westminster Hospital NHS Foundation Trust Hounslow and Richmond Community Healthcare NHS Trust Hampshire Hospitals NHS Foundation Trust Frimley Health NHS Foundation Trust East Berkshire Clinical Commissioning Group Great Ormond Street Hospital for Children NHS Foundation Trust West London NHS Trust Private, voluntary and independent health care providers
Programmes reviewed:	Independent and supplementary nurse prescribing V300 <input checked="" type="checkbox"/> Community practitioner nurse prescribing V150 <input type="checkbox"/> Community practitioner nurse prescribing V100 <input type="checkbox"/>
Title of programme(s):	Independent and Supplementary Prescribing

Academic level:	
Independent and supplementary nurse prescribing V300	<p>England, Wales, Northern Ireland <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6 <input checked="" type="checkbox"/> Level 7</p> <p>SCQF <input type="checkbox"/> Level 8 <input type="checkbox"/> Level 9 <input type="checkbox"/> Level 10 <input type="checkbox"/> Level 11</p>
Community practitioner nurse prescribing V150	<p>England, Wales, Northern Ireland <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6 <input type="checkbox"/> Level 7</p> <p>SCQF <input type="checkbox"/> Level 8 <input type="checkbox"/> Level 9 <input type="checkbox"/> Level 10 <input type="checkbox"/> Level 11</p>
Community practitioner nurse prescribing V100	<p>England, Wales, Northern Ireland <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6 <input type="checkbox"/> Level 7</p> <p>SCQF <input type="checkbox"/> Level 8 <input type="checkbox"/> Level 9 <input type="checkbox"/> Level 10 <input type="checkbox"/> Level 11</p>
Date of approval visit:	12 November 2020
Programme start date:	
Independent and supplementary nurse prescribing V300	<input type="text" value="14 April 2021"/>
Community practitioner nurse prescribing V150	<input type="text" value="N/A"/>
Community practitioner nurse prescribing V100	<input type="text" value="N/A"/>
QA visitor:	Registrant Visitor: Bernadette Martin

Section two

Summary of review and findings

The University of West London (UWL), college of nursing, midwifery and healthcare (the college) present the independent and supplementary prescribing (V300) preparation programme for approval. The proposed programme is offered at academic level seven.

Independent and supplementary prescribing is delivered on five occasions in each academic year. There's 26 days theory, 14 days are directed online learning with a practice requirement of 90 hours undertaken in the practice learning environment. It's offered as a 40-credit standalone programme, it's an option in the postgraduate diploma clinical practice programme and the Master of Science (MSc) clinical practice and advancing professional practice programmes. The multi-professional programme is undertaken by nurses and midwives who share learning with allied health professionals. The programme is delivered across the Brentford and Reading campuses, the programme team deliver the programme on both campuses ensuring an equitable learning experience for students.

The programme is mapped against the NMC Standards for prescribing programmes (SPP) (NMC, 2018) and the Standards of proficiency for nurse and midwife prescriber (adoption of the Royal Pharmaceutical Society (RPS, 2016) competency framework for all prescribers) (NMC, 2018).

There's evidence of partnership working between UWL and practice learning partners (PLPs). Communication is effective at strategic and operational levels. Communication between the programme team and PLPs is robust. There's evidence of PLP involvement in the development of the programmes. There's some evidence of student involvement in co-production of the programme. Service user and carers (SUCs) in the co-production of the programmes is limited.

Arrangements at programme level don't meet the Standards framework for nursing and midwifery education (SFNME) (NMC, 2018). Arrangements at programme level don't meet the Standards for student supervision and assessment (SSSA) (NMC, 2018).

The visit is undertaken remotely during the COVID-19 pandemic.

The programme is recommended for approval subject to three joint NMC and university conditions. There's one university condition. One joint NMC and university recommendation is made.

Updated 16 December 2020:

UWL has provided additional documentation to meet the three NMC and university joint conditions.

UWL confirm the university condition is met.

The conditions are met.

The programme is recommended to the NMC for approval.

Recommended outcome of the approval panel	
Recommended outcome to the NMC:	<p>Programme is recommended to the NMC for approval <input type="checkbox"/></p> <p>Programme is recommended for approval subject to specific conditions being met <input checked="" type="checkbox"/></p> <p>Recommended to refuse approval of the programme <input type="checkbox"/></p>
Conditions:	<p>Effective partnership working: collaboration, culture, communication and resources:</p> <p>Condition one: Provide an implementation plan for how feedback from students and SUCs will inform ongoing and future development of the programme. (SFNME R1.12, R4.9) (NMC and university condition)</p> <p>Selection, admission and progression:</p> <p>Condition two: Provide programme and application documentation that explicitly details how governance arrangements are directly and appropriately applied to self-employed and non-NHS applicants and how these arrangements are monitored in the practice learning environment. (SPP R1.3, R3.1) (NMC and university condition)</p> <p>Practice learning:</p> <p>Condition three: Provide an implementation plan for how SSSA for specific prescribing preparation will be undertaken for all practice assessors and practice supervisors. This must include how preparation is</p>

	<p>delivered to those who undertake supervision and assessment of self-employed and non-NHS students. (SFNME R2.4; SSSA R5.1, R5.2, R8.2; SPP R4.2) (NMC and university condition)</p> <p>Assessment, fitness for practice and award:</p> <p>None identified.</p> <p>Education governance: management and quality assurance:</p> <p>Condition four: To provide additional clarity in the module specifications about the assessment requirements, including the duration of examinations and other assessments for which providing a word-count is not applicable, information in the indicative assessment section for all assessment elements and adding a reference about the rationale for zero weighted assessment elements. (University condition)</p>
Date condition(s) to be met:	10 December 2020
Recommendations to enhance the programme delivery:	Recommendation one: The programme team should monitor how student concerns are addressed. (SFNME R1.5) (NMC and university recommendation)
Focused areas for future monitoring:	None identified.

Programme is recommended for approval subject to specific conditions being met
<p>Commentary post review of evidence against conditions</p> <p>Additional and revised programme documentation provide evidence the conditions are met.</p> <p>An implementation plan details how feedback from students and SUCs will inform ongoing and future development of the programme. Condition one is met.</p> <p>Revised application and programme documentation confirm governance arrangements are applied and monitored for self-employed and non-NHS students. Condition two is met.</p>

An implementation plan, revised application documentation and a revised practice assessor and practice supervisor handbook detail how specific prescribing preparation for all practice assessors and practice supervisors will be undertaken. Condition three is met.

UWL confirm the university condition is met.

AEI Observations	Observations have been made by the education institution YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Summary of observations made, if applicable	
Final recommendation made to NMC:	Programme is recommended to the NMC for approval <input checked="" type="checkbox"/> Recommended to refuse approval of the programme <input type="checkbox"/>
Date condition(s) met:	16 December 2020

Section three

NMC Programme standards
<p>Please refer to NMC standards reference points</p> <p>Standards for prescribing programmes (NMC, 2018)</p> <p>Standards of proficiency for nurse and midwife prescriber (adoption of the Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers) (NMC, 2018)</p> <p>Standards framework for nursing and midwifery education (NMC, 2018)</p> <p>Standards for student supervision and assessment (NMC, 2018)</p> <p>The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (NMC, 2015 updated 2018)</p> <p>Quality assurance framework for nursing, midwifery and nursing associate education (NMC, 2020)</p> <p>QA Handbook (NMC, 2020)</p>

Partnerships
<p>The AEI works in partnership with their practice learning partners, service users, students and all other stakeholders.</p>
<p>Please refer to the following NMC standards reference points for this section:</p> <p>Standards framework for nursing and midwifery education (NMC, 2018)</p> <p>Standard 1: The learning culture:</p> <p>R1.12 ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders</p>

R1.13 work with service providers to demonstrate and promote inter-professional learning and working

Standard 2: Educational governance and quality:

R2.2 all learning environments optimise safety and quality taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders

R2.4 comply with NMC [Standards for student supervision and assessment](#)

R2.5 adopt a partnership approach with shared responsibility for theory and practice supervision, learning and assessment, including clear lines of communication and accountability for the development, delivery, quality assurance and evaluation of their programmes

R2.6 ensure that recruitment and selection of students is open, fair and transparent and includes measures to understand and address underrepresentation

R2.7 ensure that service users and representatives from relevant stakeholder groups are engaged in partnership in student recruitment and selection

Standard 3: Student empowerment:

R3.3 have opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs

R3.16 have opportunities throughout their programme to collaborate and learn with and from other professionals, to learn with and from peers, and to develop supervision and leadership skills

R3.17 receive constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning

R3.18 have opportunities throughout their programme to give feedback on the quality of all aspects of their support and supervision in both theory and practice.

Standard 4: Educators and assessors:

R4.7 liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment

R4.9 receive and act upon constructive feedback from students and the people they engage with to enhance the effectiveness of their teaching, supervision and assessment

R4.10 share effective practice and learn from others

Standard 5: Curricula and assessment:

R5.4 curricula are developed and evaluated by suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes

R5.5 curricula are co-produced with stakeholders who have experience relevant to the programme

R5.14 a range of people including service users contribute to student assessment

[Standards for student supervision and assessment](#) (NMC, 2018)

Standard 1: Organisation of practice learning:

R1.4 there are suitable systems, processes, resources and individuals in place to ensure safe and effective coordination of learning within practice learning environments

R1.7 students are empowered to be proactive and to take responsibility for their learning

R1.8 students have opportunities to learn from a range of relevant people in practice learning environments, including service users, registered and non-registered individuals, and other students as appropriate

Standard 2: Expectations of practice supervisors:

R2.2 there is support and oversight of practice supervision to ensure safe and effective learning

Standard 3: Practice supervisors: role and responsibilities:

R3.3 support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills

Standard 4: Practice supervisors: contribution to assessment and progression:

R4.3 have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising

Standard 7: Practice assessors: responsibilities:

R7.9 communication and collaboration between practice and academic assessors is scheduled for relevant points in programme structure and student progression

Standard 9: Academic assessors: responsibilities:

R9.6 communication and collaboration between academic and practice assessors is scheduled for relevant points in programme structure and student progression

Findings against the standard and requirements

Provide an evaluative summary about the effectiveness of the partnerships between the AEI and their practice learning partners, service users, students and any other stakeholders.

There's evidence of sound partnership working between UWL and key stakeholders. Documentary evidence and the approval process provides some evidence of consultation with key stakeholders. PLP representatives, including practice assessors, practice supervisors, non-medical prescribing (NMP) leads and senior managers tell us they have an excellent strategic and operational working relationship with the college. Minutes of programme development meetings provide evidence of programme co-production and contribution to its development by a range of PLPs and student representatives.

PLPs confirm confidence in the programme to develop practitioners who are safe and effective prescribers. They commend the programme teams for their commitment to partnership working and tell us the programme is fit for purpose. They tell us about a commitment by the programme team to support flexible learning that meets service need. PLPs tell us about how they contribute to the delivery of the programme using clinical specialists from practice to support teaching. Documentary evidence and the approval process confirms PLPs and the programme team have sound communication processes. There's evidence of strategic and operational meetings that contribute to a sound partnership working relationship. PLPs tell us they've contributed to the development of the programme through development meetings which are part of an ongoing collaborative partnership approach. A senior PLP representative describes the importance of a multi-professional programme that ensures inter-professional learning meets the requirements of service delivery. They tell us the programme prepares students and ensures they are future prescribers who are well prepared for the challenges in practice.

Documentary evidence confirms the roles of the practice assessor and practice supervisor are clearly differentiated and explained in student and practice assessor and practice supervisor facing documentation. Senior PLPs and academic leads confirm there's a strategic partnership working to ensure the implementation and operationalisation of the SSSA (NMC, 2018). This is supported by strategic partnership working across a variety of senior partnership and workforce meetings. The operationalisation of the SSSA is monitored and evaluated at educational lead meetings across local approved educational institutions (AEIs). PLPs and the college describe excellent partnership working which involves all stakeholders who monitor and evaluate student learning and achievement.

Students tell us the programme team have discussed changes to the programme, they aren't however clear how their feedback has influenced programme development. Students tell us they are aware of some changes to the programme through the student representative process. They confirm they are fully supported by a programme team who are accessible and who provide a positive learning experience. Students tell us learning in practice is protected; if there's issues, they're confident to report these to their practice assessor or the programme lead. They tell us there's excellent support from the programme team and they commend the programme lead who provides an exceptional learning experience. Students tell us they're supported to provide feedback; they tell us the programme team and in particular the programme lead are responsive to feedback and act upon any issues they have. Formal evaluations are undertaken, the outcome of any actions is reported through the university quality assurance process. Students and practice assessors tell us they're aware of how to raise concerns. Student, practice assessor and practice supervisor facing documentation detail the process for raising concerns in the college and in practice learning environments. NMP leads tell us students have access to organisational prescribing supervision. They

can attend monthly clinical education meetings where they can share any practice related concerns. Students confirm attendance at supervision meetings and tell us it's their opportunity to raise any concerns associated with practice learning.

Students tell us the programme team and practice assessors are supportive and respond to questions or concerns. Whilst students confirm they know how to raise concerns they tell us they usually report concerns directly to the programme lead in the first instance as they have confidence that issues will be addressed.
(Recommendation one)

There's some evidence of SUC involvement in the delivery of the programme. Students tell us SUCs provide them with feedback in the practice learning environment and how they act as models in the structured clinical examinations of practice (SCEP) formative and summative assessments. The SUC representative describes their involvement as part of the UWL public advisor strategy. This includes for example attendance as approval panel meetings, being the public advisor representative at college boards and they've reviewed programme documentation for approval of other programmes. They attend UWL public advisor meetings and contribute to the selection and recruitment of pre-registration nursing students. The college public involvement advisor tells us how SUCs support the delivery and assessment of health programmes across the college. The SUC representative tells us about how they're involved in the delivery of programmes and how important their role is in sharing their experiences. They confirm that the college support and prepare them for their role and that they have access to equality and diversity training. There's limited SUC involvement in the development of the proposed programme. The SUC representative tells us they have not been directly involved in the development of the programme. The programme team tell us about future plans to involve SUCs in the development, delivery, assessment and evaluation of the programme. They will recruit a programme specific nominated SUC representative who will work directly with the programme team. The service user representative confirms the programme team have discussed future SUC involvement in the delivery of the programme. It's not clear how students and SUCs are involved in the co-production programme.
(Condition one)

Assurance is provided that the AEI works in partnership with their practice learning partners, service users, students and all other stakeholders as identified in Gateway 1: [Standards framework for nursing and midwifery education](#)

MET **NOT MET**

The programme documentation doesn't clearly detail the processes undertaken to evidence the involvement of students and SUCs in the co-production of the programme.

Condition one: Provide an implementation plan for how feedback from students and SUCs will inform ongoing and future development of the programme. (SFNME R1.12, R4.9)

Assurance is provided that the AEI works in partnership with their practice learning partners, service users, students and all other stakeholders as identified in Gateway 2: [Standards for student supervision and assessment](#)

MET **NOT MET**

Post event review

Identify how the condition(s) is met

Condition one: An implementation plan and revised programme documentation details how feedback from students and SUCs inform ongoing and future programme developments. Students and SUCs are represented at strategic and operational levels through attendance at college partnership boards and programme committee meetings. A programme specific SUC will be identified to work with the programme team to review SUC involvement in the programme.

Evidence:

Implementation plan, SUC and student feedback, practice assessor and practice supervisor preparation, undated
 Revised, programme handbook, undated
 Revised, programme specification, undated
 Revised, module guide, undated

Condition one is met.

Date condition(s) met: 16 December 2020

Revised outcome after condition(s) met **MET** **NOT MET**

Student journey through the programme

Standard 1: Selection, admission and progression

Approved education institutions, together with practice learning partners, must:

R1.1 ensure that the applicant is a registered nurse (level 1), a registered midwife or a SCPHN before being considered as eligible to apply for entry onto an NMC approved prescribing programme

R1.2 provide opportunities that enable all nurse (level 1), midwife or SCPHN registrants (including NHS, self-employed or non- NHS employed registrants) to apply for entry onto an NMC approved prescribing programme

R1.3 confirm that the necessary governance structures are in place (including clinical support, access to protected learning time and employer support where appropriate) to enable students to undertake, and be adequately supported throughout, the programme

R1.4 consider recognition of prior learning that is capable of being mapped to the [RPS Competency Framework for all Prescribers](#)

R1.5 confirm on entry that any applicant selected to undertake a prescribing programme has the competence, experience and academic ability to study at the level required for that programme

R1.6 confirm that the applicant is capable of safe and effective practice at a level of proficiency appropriate to the programme to be undertaken and their intended area of prescribing practice in the following areas:

R1.6.1 Clinical/health assessment

R1.6.2 Diagnostics/care management

R1.6.3 Planning and evaluation of care

R1.7 ensure that applicants for V300 supplementary/independent prescribing programmes have been registered with the NMC for a minimum of one year prior to application for entry onto the programme

Note: Education institutions and their practice learning partners may propose to transfer current students onto the new programme to meet the [Standards for prescribing programmes](#) and [Standards of proficiency for nurse and midwife prescriber \(adoption of the RPS Competency Framework for all Prescribers\)](#). If so, evidence must be provided to support this proposed transfer as part of the education institution's mapping process at Gateway 3.

Proposed transfer of current students to the programme under review

Demonstrate a robust process to transfer current students onto the proposed programme to ensure programme learning outcomes and proficiencies meet the [Standards for pre-registration midwifery programmes](#) (NMC, 2019).

Proposed transfer of current students to the [Standards for student supervision and assessment](#) (NMC, 2018).

Demonstrate a robust process to transfer current students onto the [Standards for student supervision and assessment](#) (NMC, 2018).

Findings against the standard and requirements

Evidence provides assurance that the following QA approval criteria are met:

- Evidence of processes to ensure that the applicant is a registered nurse (level 1), a registered midwife or a SCPHN before being considered as

eligible to apply for entry onto an NMC approved prescribing programme (R1.1)

YES NO

- Evidence of selection process that demonstrates opportunities that enable all nurse (level 1), midwife or SCPHN registrants (including NHS, self-employed or non-NHS employed registrants) to apply for entry onto an NMC approved prescribing programme. Evidence of this statement in documentation such as: programme specification; module descriptor, marketing material. Evidence of this statement on university web pages (R1.2)

YES NO

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- Evidence that the necessary governance structures are in place (including clinical support, access to protected learning time and employer support where appropriate) to enable students to undertake, and be adequately supported throughout, the programme (R1.3)

MET NOT MET

R1.3 is not met. Programme documentation and the approval process confirms there's a PLP and college collaborative approach to the application process. The application form requires line managers and NMP leads to confirm applicants meet the requirements of the programme and that there's an identified clinical need for prescribing within their role. NMP leads describe how they scrutinise applications to ensure a prescribing role is appropriate and that applicants meet the requirements of the programme. Confirmation of the support mechanisms, practice learning governance structures and protected learning time for students must be agreed at application. Practice assessors and practice supervisors must be identified and sign the application form to confirm they meet the requirements to undertake assessment and supervision roles. Employers must confirm practice assessors and practice supervisors are allocated protected time to supervise and assess students. Applicants must confirm their intention to prescribe once they've qualified. Students tell us employers and practice assessors support their application, they confirm that they must have a satisfactory disclosure and barring service (DBS) check. They tell us the process is robust and they complete their application in partnership with clinical education departments. They tell us applications are agreed at NMP panel application meetings. Students undertaking MSc and postgraduate programmes confirm they complete the V300 application process in addition to the programme specific application.

Documentary evidence and the approval process confirms educational audits are undertaken for each practice learning environment. All practice learning environments must meet the requirements of the audit.

The programme team tell us they scrutinise all applications including those from applicants who are self-employed and non-NHS employees. They tell us all applicants must meet the requirements of the application process. The programme team tell us they undertake educational audits for non-NHS practice learning environments who don't have an audit in place. The application process and programme documentation doesn't explicitly detail how there's assurance that governance structures are in place. This includes how protected time is managed and monitored for students who are self-employed and non-NHS employed. The programme team couldn't clearly tell us how governance arrangements are applied for self-employed or non-NHS employees. (Condition two)

Evidence provides assurance that the following QA approval criteria are met:

- Processes are in place to consider recognition of prior learning that is capable of being mapped to the RPS *Competency Framework for all Prescribers* (R1.4)

YES NO
- Processes are in place to confirm on entry that any applicant selected to undertake a prescribing programme has the competence, experience and academic ability to study at the level required for that programme (R1.5)

YES NO
- Processes are in place to confirm that the applicant is capable of safe and effective practice at a level of proficiency appropriate to the programme to be undertaken and their intended area of prescribing practice in the following areas (R1.6):

 - Clinical/health assessment
 - Diagnostics/care management
 - Planning and evaluation

YES NO
- Processes are in place to ensure that applicants for V300 supplementary/independent prescribing programmes have been registered with the NMC for a minimum of one year prior to application for entry onto the programme (R1.7)

YES NO

Proposed transfer of current students to the programme under review

From your documentary analysis and your meeting with students, provide an evaluative summary to confirm how the [Standards for prescribing programmes](#) and [Standards of proficiency for nurse and midwife prescriber \(adoption of the RPS Competency Framework for all Prescribers\)](#) will be met through the transfer of existing students onto the proposed programme.

No existing students will transfer to the proposed programme. The current programme is assessed against the RPS competency framework for all prescribers; if there's any unexpected interruptions, students will return and complete the existing programme. The programme team tell us they don't anticipate any student interruptions.

Proposed transfer of current students to the [Standards for student supervision and assessment \(SSSA\)](#) (NMC, 2018).

From your documentary analysis and your meetings at the approval visit confirm if students will be transferring to the SSSA, and if so that they have informed choice and are fully prepared for supervision and assessment.

If there are any student interruptions, they will return and complete the current programme and maintain the designated medical practitioner (DMP) assessor.

Assurance is provided that Gateway 1: [Standards framework for nursing and midwifery education](#) relevant to selection, admission and progression are met

YES NO

Outcome

Is the standard met? MET NOT MET

It's not clear in the programme documentation and the programme team couldn't tell us how governance arrangements are applied for those who are self-employed or non-NHS employees.

Condition two: Provide programme and application documentation that explicitly details how governance arrangements are directly and appropriately applied to self-employed and non-NHS applicants and how these arrangements are monitored in the practice learning environment. (SPP R1.3, R3.1)

Date: 12 November 2020

Post event review

Identify how the condition(s) is met:

Condition two: Revised admissions documentation provides clear evidence of how governance arrangements for self-employed and non-NHS applicants are assured at application to the programme. Each applicant is interviewed by the programme leader. The requirements for practice learning are clearly detailed and include the

evidence that the practice learning environment has a suitable educational audit in place. Practice assessors must confirm attendance at an induction preparation session to prepare them to support students in the practice learning environment. Revised student and practice assessor facing documentation confirms academic assessors will visit the practice learning environment on three occasions to monitor progression. If required the academic assessor will provide additional support, the process for this is detailed in revised documentation.

Evidence:

- Revised, programme handbook, undated
- Revised, module guide, undated
- Revised, admissions process guidance, undated
- Revised practice supervisor and practice assessor handbook, undated
- Revised, folder of evidence template, undated

Condition two is met.

Date condition(s) met: 16 December 2020

Revised outcome after condition(s) met: MET NOT MET

Standard 2: Curriculum

Approved education institutions, together with practice learning partners, must:

- R2.1 ensure programmes comply with the NMC *Standards framework for nursing and midwifery education*
- R2.2 ensure that all prescribing programmes are designed to fully deliver the competencies set out in the RPS *A Competency Framework for all Prescribers*, as necessary for safe and effective prescribing practice
- R2.3 state the learning and teaching strategies that will be used to support achievement of those competencies
- R2.4 develop programme outcomes that inform learning in relation to the formulary relevant to the individual's intended scope of prescribing practice:
 - R2.4.1 stating the general and professional content necessary to meet the programme outcomes
 - R2.4.2 stating the prescribing specific content necessary to meet the programme outcomes
 - R2.4.3 confirming that the programme outcomes can be applied to all parts of the NMC register: the four fields of nursing practice (adult, mental health, learning disabilities and children's nursing); midwifery; and specialist community public health nursing
- R2.5 ensure that the curriculum provides a balance of theory and practice learning, using a range of learning and teaching strategies
- R2.6 ensure that programmes delivered in Wales comply with any legislation which supports the use of the Welsh language

Findings against the standard and requirements

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that the programme complies with the NMC Standards framework for nursing and midwifery education (R2.1)
YES NO
- There is evidence that the programme is designed to fully deliver the competencies set out in the RPS *Competency Framework for all Prescribers*, as necessary for safe and effective prescribing practice (R2.2).
YES NO

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- Evidence of the learning and teaching strategies that will be used to support achievement of those competencies (R2.3)
MET NOT MET

R2.3 is met. The development of prescribing practice is recorded in the folder of evidence practice assessment tool. Students provide evidence of reflection on learning and progression towards achievement of the RPS competency framework for all prescribers. Practice assessors confirm the RPS competencies have been met; this is agreed by academic assessors. Students are required to provide evidence to support the development of prescribing practice including a learning contract and five critical reflections. Learning and teaching strategies include practice learning, lectures delivered by clinical experts, seminars, simulated practice, self-directed learning and tutorials. Action learning sets provide the opportunity for students to examine clinical scenarios and share experiences with their peers. The virtual learning environment (VLE) Blackboard supports a blended learning approach, students undertake 14 days directed online learning. Students tell us the programme team and library services provide sound online learning support.

Students tell us that whilst the programme is challenging, they are given clear objectives supported by sound practice and academic advice. They confirm the learning and teaching strategies prepare them for future prescribing practice. PLPs tell us they value the opportunity for clinical experts to contribute to the delivery of the programme.

Evidence provides assurance that the following QA approval criteria are met:

- Evidence of programme outcomes that inform learning in relation to the formulary relevant to the individual's intended scope of prescribing practice (R2.4):
 - stating the general and professional content necessary to meet the programme outcomes

- stating the prescribing specific content necessary to meet the programme outcomes
- confirming that the programme outcomes can be applied to all parts of the NMC register: the four fields of nursing practice (adult, mental health, learning disabilities and children’s nursing); midwifery; and specialist community public health nursing

YES NO

- The programme structure demonstrates an equal balance of theory and practice learning. This is detailed in the designated hours in the module descriptors and practice learning allocations. A range of learning and teaching strategies are detailed in the programme specification, programme handbook and module descriptors with theory / practice balance detailed at each part of the programme and at end point. There are appropriate module aims, descriptors and outcomes specified. (R2.5)

YES NO

If relevant to the review

- Evidence to ensure that programmes delivered in Wales comply with any legislation which supports the use of the Welsh language. (R2.6)

YES NO N/A

The programme is delivered in England.

Assurance is provided that Gateway 1: [Standards framework for nursing and midwifery education](#) relevant to curricula and assessment are met

YES NO

Assurance is provided that Gateway 2: [Standards for student supervision and assessment](#) relevant to curricula are met

YES NO

Outcome

Is the standard met?

MET NOT MET

Date: 12 November 2020

Post event review

Identify how the condition(s) is met:

N/A

Date condition(s) met:

N/A

Revised outcome after condition(s) met:

MET NOT MET

N/A

Standard 3: Practice learning

Approved education institutions must:

R3.1 ensure that suitable and effective arrangements and governance for practice learning are in place for all applicants including arrangements specifically tailored to those applicants who are self-employed

Approved education institutions, together with practice learning partners, must:

R3.2 ensure that practice learning complies with the NMC [Standards for student supervision and assessment](#)

R3.3 ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment

R3.4 ensure that students work in partnership with the education provider and their practice learning partners to arrange supervision and assessment that complies with the NMC [Standards for student supervision and assessment](#)

Findings against the standard and requirements

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- Evidence to ensure that suitable and effective arrangements and governance for practice learning are in place for all applicants including arrangements specifically tailored to those applicants who are self-employed (R3.1)

MET **NOT MET**

R3.1 is not met. Documentary evidence and the approval visit confirm suitable and effective arrangements and governance for practice learning are in place for NHS employed students. This is assured through effective partnership working between the programme team and PLPs. NMP leads and line managers from stakeholder organisations are involved in the selection process for their organisation. They sign to confirm arrangements are in place for practice learning support, supervision and assessment. Educational audits must be completed to ensure practice learning environments provide safe and effective practice learning.

The programme team confirm they audit non-NHS practice learning environments if there's no audit in place. Application and programme documentation don't explicitly evidence how governance for practice learning is assured for non-NHS practice learning environments. The programme team couldn't clearly confirm how governance arrangements at application and for protected learning time during the programme is applied for self-employed or non-NHS employed students.
(Condition two)

Evidence provides assurance that the following QA approval criteria are met:

- There is evidence that the programme complies with the NMC standards for student supervision and assessment (R3.2) YES NO

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- Evidence to ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment (R3.3) MET NOT MET

R3.3 is met. Technology enhanced learning is embedded within the VLE Blackboard, which provides a range of resources to support prescribing specific online learning. Blended learning enables students to undertake both directed and self-directed online activities. Students have access to the UWL online library and access the British National Formulary online. The folder of evidence practice assessment tool is completed and submitted online.

Students simulate prescribing assessment skills in simulation suites in both campuses. Formative assessment opportunities in the simulation suite supports the development of prescribing practice supported by SUCs who act as role models and provide feedback on student performance. Students practice prescription writing skills and develop clinical management plans. Formative assessments provide the opportunity for reflection on the development and application of pharmacological and non-pharmacological assessment and management. Technology enhanced learning is further used to review video analysis of assessment skills. Simulation in the practice learning environment is continuous; students practice assessment skills in preparation for the summative SCEP assessment of practice.

Evidence provides assurance that the following QA approval criteria are met:

- Processes are in place to ensure that students work in partnership with the education provider and their practice learning partners to arrange supervision and assessment that complies with the NMC *Standards for student supervision and assessment* (R3.4) YES NO

Assurance is provided that Gateway 1: [Standards framework for nursing and midwifery education](#) relevant to practice learning are met YES NO

Assurance is provided that Gateway 2: [Standards for student supervision and assessment](#) relevant to practice learning are met

YES NO

Outcome

Is the standard met?

MET NOT MET

The programme team couldn't clearly confirm how governance arrangements at application and for protected learning time during the programme is applied for self-employed or non-NHS employed students.

Condition two: Provide programme and application documentation that explicitly details how governance arrangements are directly and appropriately applied to self-employed and non-NHS applicants and how these arrangements are monitored in the practice learning environment. (SPP R1.3, R3.1)

Date: 12 November 2020

Post event review

Identify how the condition(s) is met:

Condition two: Revised admissions documentation provides clear evidence of how governance arrangements for self-employed and non-NHS applicants are assured at application to the programme. Each applicant is interviewed by the programme leader. The requirements for practice learning are clearly detailed and include the evidence that the practice learning environment has a suitable educational audit in place. Practice assessors must confirm attendance at an induction preparation session to prepare them to support students in the practice learning environment. Revised student and practice assessor facing documentation confirms academic assessors will visit the practice learning environment on three occasions to monitor progression. If required the academic assessor will provide additional support, the process for this is detailed in revised documentation.

Evidence:

- Revised, programme handbook, undated
- Revised, module guide, undated
- Revised, admissions process guidance, undated
- Revised practice supervisor and practice assessor handbook, undated
- Revised, folder of evidence template, undated

Condition two is met.

Date condition(s) met: 16 December 2020

Revised outcome after condition(s) met:

MET NOT MET

Standard 4: Supervision and assessment

Approved education institutions, together with practice learning partners, must:

R4.1 ensure that support, supervision, learning and assessment provided complies with the NMC [Standards framework for nursing and midwifery education](#)

R4.2 ensure that support, supervision, learning and assessment provided complies with the NMC [Standards for student supervision and assessment](#)

R4.3 appoint a programme leader in accordance with the requirements of the NMC [Standards framework for nursing and midwifery education](#). The programme leader of a prescribing programme may be any registered healthcare professional with appropriate knowledge, skills and experience

R4.4 ensure the programme leader works in conjunction with the lead midwife for education (LME) and the practice assessor to ensure adequate support for any midwives undertaking prescribing programmes

R4.5 ensure the student is assigned to a practice assessor who is a registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking

R4.5.1 In exceptional circumstances, the same person may fulfil the role of practice supervisor and practice assessor for that part of the programme where the prescribing student is undergoing training in a practice learning setting. In such instances, the student, practice supervisor/assessor and the AEI will need to evidence why it was necessary for the practice supervisor and assessor roles to be carried out by the same person

R4.6 ensure the student is assigned to an academic assessor who is a registered healthcare professional with suitable equivalent qualifications for the programme the student is undertaking

R4.7 provide feedback to students throughout the programme to support their development as necessary for meeting the RPS competencies and programme outcomes

R4.8 assess the student's suitability for award based on the successful completion of a period of practice-based learning relevant to their field of prescribing practice

R4.9 ensure that all programme learning outcomes are met, addressing all areas necessary to meet the RPS competencies. This includes all students:

R4.9.1 successfully passing a pharmacology exam (the pharmacology exam must be passed with a minimum score of 80 percent), and

R4.9.2 successfully passing a numeracy assessment related to prescribing and calculation of medicines (the numeracy assessment must be passed with a score of 100 percent)

Findings against the standards and requirements

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- There is evidence of how the programme will ensure how support, supervision, learning and assessment provided complies with the NMC [Standards framework for nursing and midwifery education](#) (R4.1)

MET **NOT MET**

R4.1 is met. The programme team have multi-professional backgrounds which support the inter-professional programme. The senior college team tell us resources to support the programme are continually reviewed and confirm that sustainability is considered in the recruitment of academic staff. Programme documentation and PLPs confirm clinical practice prescribing experts support delivery of the programme. Students and PLPs tell us it's important to further support prescribing learning that reflects contemporary clinical practice.

Educational audit ensures appropriate systems and processes are in place to support students in the practice learning environment. On application to the programme a suitable practice placement audit must be in place; if it's for non-NHS organisations the programme team undertake this. Practice learning is evaluated; students confirm they provide formal and informal feedback on practice learning. There's evidence of communication between practice assessors and academic assessors to identify and address any issues related to student progression or the practice learning environment. PLPs confirm processes are in place to support students in raising concerns; this is identified as part of the educational audit process.

- There is evidence of how the [Standards for student supervision and assessment](#) are applied to the programme. There are processes in place to identify the supervisors and assessors along with how they will be prepared for their roles (R4.2)

MET **NOT MET**

R4.2 is not met. Documentary evidence and the approval process confirms there's a strategic partnership approach for the implementation and operationalisation of the SSSA. Senior PLP representatives and a senior college lead describe the strategic management of this approach. Operationally, education leads support the preparation of practice assessors and practice supervisors. PLPs and practice assessors tell us they're preparing for the prescribing supervision and assessment role. DMP representatives tell us they've not specially engaged in preparation for the assessment of students, however they report being experienced medical trainers. They confirm they are provided with the practice assessor handbook. The practice assessor handbook details that in the first week of the programme practice assessors and practice supervisors are offered a webinar to outline the roles and responsibilities of the practice assessor and practice supervisor. Academic assessors visit the practice learning environment within the first two weeks of the programme to support preparation. The programme team couldn't fully confirm the operationalisation of prescribing specific practice assessor and

practice supervisor preparation to ensure this is undertaken before students start the programme.

It's not clear how preparation for practice assessors and practice supervisors who assess and supervise self-employed and non-NHS employed students is delivered. Students and practice assessors tell us they're aware of the SSSA. They couldn't however tell us how practice assessor and practice supervisor preparation for prescribing is undertaken. Documentary evidence and the approval process confirms the application and educational audit processes ensure practice assessors and practice supervisors are identified and confirm suitability, agreement and preparation to support students at the point of application. There's no clear evidence of how prescribing specific SSSA preparation for practice assessors and practice supervisors is applied to the programme. (Condition three)

Programme team members act as academic assessors. There's an academic assessor policy which confirms the preparation for academic assessors. A senior member of the college confirms the academic assessor role is included in the academic workload policy. The programme team confirm the college support the role. Evidence of the programme teams' educational and professional experience confirms they meet the requirements to undertake the academic assessor role.

Evidence provides assurance that the following QA approval criteria are met:

- Evidence of programme leader being a registered healthcare professional with appropriate knowledge, skills and experience (R4.3)
YES NO
- Evidence of the programme leader working in conjunction with the LME and the practice assessor to ensure adequate support for any midwives undertaking prescribing programmes (R4.4)
YES NO

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

- Processes are in place to ensure the student is assigned to a practice assessor who is a registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking (R4.5)
MET NOT MET

R4.5 is met. Documentary evidence confirms there are guidelines and processes in place to assign each student to a practice assessor who is a registered healthcare professional and an experienced prescriber who prescribes in the same field of practice as the student. The application process, PLPs and the programme

team confirm this. PLPs describe robust workforce planning arrangements to support applications. There's a plan for the management in exceptional circumstances if the same person fulfils the role of practice supervisor and practice assessor. The programme team tell us this is identified at the point of application and monitored by the academic assessor.

Evidence provides assurance that the following QA approval criteria are met:

- Processes are in place to ensure the student is assigned to an academic assessor who is a registered healthcare professional with suitable equivalent qualifications for the programme the student is undertaking (R4.6)

YES NO
- Processes are in place to provide feedback to students throughout the programme to support their development as necessary for meeting the RPS competencies and programme outcomes (R4.7)

YES NO
- Processes are in place to assess the student's suitability for award based on the successful completion of a period of practice-based learning relevant to their field of prescribing practice (R4.8)

YES NO
- Processes are in place to ensure that all programme learning outcomes are met, addressing all areas necessary to meet the RPS competencies (R4.9). This includes:

 - successfully passing a pharmacology exam (the pharmacology exam must be passed with a minimum score of 80%), and
 - successfully passing a numeracy assessment related to prescribing and calculation of medicines (the numeracy assessment must be passed with a score of 100%).

YES NO

Assurance is provided that Gateway 1: [Standards framework for nursing and midwifery education](#) relevant to supervision and assessment are met

YES NO

There's no clear evidence of how prescribing specific SSSA preparation for practice assessors and practice supervisors is applied to the programme.

Assurance is provided that Gateway 2: [Standards for student supervision and assessment](#) relevant to supervision and assessment are met

YES NO

There's no clear evidence of how prescribing specific SSSA preparation for practice assessors and practice supervisors is applied to the programme.

Outcome

Is the standard met? MET NOT MET

There's no clear evidence of how prescribing specific SSSA preparation for practice assessors and practice supervisors is applied to the programme.

Condition three: Provide an implementation plan for how SSSA for specific prescribing preparation will be undertaken for all practice assessors and practice supervisors. This must include how preparation is delivered to those who undertake supervision and assessment of self-employed and non-NHS students. (SFNME R2.4; SSSA R5.1, R5.2, R8.2; SPP R4.2)

Date: 12 November 2020

Post event review

Identify how the condition(s) is met:

Condition three: An implementation plan details the requirements for prescribing specific practice assessor and practice supervisor preparation. All practice assessors must confirm they will attend an induction preparation session as part of the application process. The roles and responsibilities for practice assessment and supervision are clearly detailed in the revised practice assessor and practice supervisor handbook. This includes how additional preparation and support is provided by the programme team and academic assessors.

Evidence:

Implementation plan, SUC and student feedback, practice assessor and practice supervisor preparation, undated
Revised, admissions process guidance, undated
Revised practice supervisor and practice assessor handbook, undated

Condition three is met.

Date condition(s) met: 16 December 2020

Revised outcome after condition(s) met: MET NOT MET

Standard 5: Qualification to be awarded

Approved education institutions, together with practice learning partners, must:

R5.1 following successful completion of an NMC approved programme of preparation, confirm that the registered nurse (level 1), midwife or SCPHN is eligible to be recorded as a prescriber, in either or both categories of:
 R5.1.1 a community practitioner nurse or midwife prescriber (V100/V150), or
 R5.1.2 a nurse or midwife independent/supplementary prescriber (V300)
 R5.2 ensure that participation in and successful completion of an NMC approved prescribing programme leads to accreditation at a level equivalent to a bachelor's degree as a minimum award
 R5.3 inform the student that the award must be registered with us within five years of successfully completing the programme and if they fail to do so they will have to retake and successfully complete the programme in order to qualify and register their award as a prescriber
 R5.4 inform the student that they may only prescribe once their prescribing qualification has been annotated on the NMC register and they may only prescribe from the formulary they are qualified to prescribe from and within their competence and scope of practice

Findings against the standards and requirements

Evidence provides assurance that the following QA approval criteria are met:

- Processes are in place to ensure following successful completion of an NMC approved programme of preparation, confirm that the registered nurse (level 1), midwife or SCPHN is eligible to be recorded as a prescriber, in either or both categories of:
 - a community practitioner nurse (or midwife) prescriber (V100/V150), or
 - a nurse or midwife independent/supplementary prescriber (V300) (R5.1)
 YES NO
- Evidence to ensure that successful participation in and completion of an NMC approved prescribing programme leads to accreditation at a level equivalent to a bachelor's degree as a minimum award (R5.2)
 YES NO
- Processes are in place to inform the student that the award must be registered with the NMC within five years of successfully completing the programme and if they fail to do so they will have to retake and successfully complete the programme in order to qualify and register their award as a prescriber (R5.3)
 YES NO

- Processes are in place to inform the student that they may only prescribe once their prescribing qualification has been annotated on the NMC register and they may only prescribe from the formulary they are qualified to prescribe from and within their competence and scope of practice (R5.4)

YES NO

Assurance is provided that the [Standards framework for nursing and midwifery education](#) relevant to the qualification to be awarded are met

YES NO

Outcome

Is the standard met?

MET NOT MET

Date: 12 November 2020

Post event review

Identify how the condition(s) is met:

N/A

Date condition(s) met:

N/A

Revised outcome after condition(s) met:

MET NOT MET

N/A

Section four

Sources of evidence

The following documentation provided by the AEI/education institution was reviewed by the visitor(s):

Key documentation	YES	NO
Programme document, including proposal, rationale and consultation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Programme specification(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Module descriptors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Student facing documentation including: programme handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Student university handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practice assessment documentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practice placement handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PAD linked to competence outcomes, and mapped against RPS <i>A Competency Framework for all Prescribers</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mapping document providing evidence of how the education institution has met the <i>Standards framework for nursing and midwifery education</i> (NMC, 2018) (Gateway 1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mapping document providing evidence of how the <i>Standards for student supervision and assessment</i> (NMC, 2018) apply to the programme(s) (Gateway 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mapping document providing evidence of how the programme meets the <i>Standards for prescribing programmes</i> and RPS <i>Standards of proficiency for prescribers</i> (NMC, 2018) (Gateway 3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Curricula vitae for relevant staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Registered healthcare professionals, experienced prescribers with suitable equivalent qualifications for the programme - registration checked on relevant regulators website	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Written placement agreements between the education institution and associated practice learning partners to support the programme intentions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you stated no above, please provide the reason and mitigation		
List additional documentation:		
Post visit documentation: Implementation plan, SUC and student feedback, practice assessor and practice supervisor preparation, undated		

Revised, programme handbook, undated Revised, programme specification, undated Revised, module guide, undated Revised, admissions process guidance, undated Revised practice supervisor and practice assessor handbook, undated Revised, folder of evidence template, undated NMC and UWL conjoint programme approval outcome document, 16 December 2020 Approval minutes, 16 December 2020 Additional comments: None identified.
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During the event the visitor(s) met the following groups:

	YES	NO
Senior managers of the AEI/education institution with responsibility for resources for the programme	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Senior managers from associated practice learning partners with responsibility for resources for the programme	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Programme team/academic assessors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practice leads/practice supervisors/ practice assessors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Students	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, please identify cohort year/programme of study: September 2019 x two January 2020 x two		
Service users and carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you stated no above, please provide the reason and mitigation		
Additional comments None identified.		

The visitor(s) viewed the following areas/facilities during the event:

	YES	NO
Specialist teaching accommodation (e.g. clinical skills/simulation suites)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Library facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Technology enhanced learning Virtual learning environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Educational audit tools/documentation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Practice learning environments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, state where visited/findings		

If you stated no above, please provide the reason and mitigation
This is an established AEI and visits to facilities weren't needed.

Additional comments:
None identified.

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Issue record

Final Report

Author(s):	Bernadette Martin	Date:	22 November 2020
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