

Programme approval visit report

Section one

Programme provider name:	Solent University
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	England, Wales, Northern Ireland <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6 <input checked="" type="checkbox"/> Level 7 SCQF <input type="checkbox"/> Level 8 <input type="checkbox"/> Level 9 <input type="checkbox"/> Level 10 <input type="checkbox"/> Level 11
Community practitioner nurse prescribing V150	England, Wales, Northern Ireland <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6 <input type="checkbox"/> Level 7 SCQF <input type="checkbox"/> Level 8 <input type="checkbox"/> Level 9 <input type="checkbox"/> Level 10 <input type="checkbox"/> Level 11
Community practitioner nurse prescribing V100	England, Wales, Northern Ireland <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6 <input type="checkbox"/> Level 7 SCQF <input type="checkbox"/> Level 8 <input type="checkbox"/> Level 9 <input type="checkbox"/> Level 10 <input type="checkbox"/> Level 11
Date of approval visit:	14 June 2022

<p>Programme start date:</p> <p>Independent and supplementary nurse prescribing V300</p> <p>Community practitioner nurse prescribing V150</p> <p>Community practitioner nurse prescribing V100</p>	<p>23 January 2023</p> <p></p> <p></p>
<p>QA visitor:</p>	<p>Registrant Visitor: Heather Bain</p>

Section two

Summary of review and findings

Solent University (SU), school of nursing and social science within the faculty of sport health and social care is an approved education institution (AEI) and is seeking to be a new provider of an Independent and supplementary nurse prescribing V300 programme. The proposed programme is offered at academic level seven.

The V300 programme is titled Independent and Supplementary Prescribing and it's offered as a 30-credit standalone programme but there are also intentions for it be offered within a postgraduate certificate (physical assessment and non-medical prescribing), and a MSc General practice nursing (MSc GPN). The programme is delivered via a blended learning approach running over fifteen weeks with the first twelve weeks requiring one day a week attendance on campus. There's also 90 hours learning in practice.

The programme is mapped against the NMC Standards for prescribing programmes (SPP) (NMC, 2018) and the Standards of proficiency for nurse and midwife prescribing (adoption of the Royal Pharmaceutical Society (RPS, 2021) competency framework for all prescribers) (NMC, 2018).

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

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).

One NMC condition is applied in advance of the approval visit. This is in relation to the known absence of an external subject specialist on the panel.

The approval visit is undertaken face-to-face.

The programme is recommended for approval subject to four joint NMC and university conditions, two NMC conditions and two university conditions. The final outcome is co-dependent on condition six.

Two joint NMC and university recommendations, two NMC recommendations and one university recommendation are made.

Updated 5 August 2022:

SU has provided updated documentation to meet the six NMC conditions and confirmed the university conditions are 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:

- Programme is recommended to the NMC for approval
- Programme is recommended for approval subject to specific conditions being met
- Recommended to refuse approval of the programme

Conditions:

- Effective partnership working: collaboration, culture, communication and resources:**
None identified.
- Selection, admission and progression:**
Condition one: Correct the self-employed application form to accurately reflect the status of the applicant. (SPP R1.2) (NMC and university condition)
- Practice learning:**
Condition two: Provide consistent clarity in programme and student facing documentation with respect to the roles of practice supervisor and practice assessor in relation to the SSSA (NMC, 2018). (SFNME R3.2; SPP R4.1) (NMC and university condition)
- Assessment, fitness for practice and award:**
None identified.
- Education governance: management and quality assurance:**

	<p>Condition three: Confirm how midwifery applicants will be advised in the absence of a lead midwife for education (LME). (SPP R4.4)</p> <p>Condition four: Correct all programme and student facing documentation to ensure that the RPS's competency framework for all prescribers (2021) is cited. (SFNME R3.2; SPP R2.2) (NMC and university condition)</p> <p>Condition five: Provide a resource statement that clarifies the capacity, facilities and human resource in place to deliver safe and effective learning opportunities and practical experiences for students as required by their programme learning outcomes. (SFNME R2.14, R2.18 and SPP R2.1) (NMC and University condition)</p> <p>Condition six: The programme team must provide evidence of feedback from the external subject specialist following the 5 July internal approval event (MSc GPN) and confirm whether there are any concerns with the V300 programme. (SFNME R2.1; SPP R2.1)</p> <p>Condition seven: Ensure appropriate exemptions from university regulations are achieved specifically in relation to the pass mark and compensation of the non-medical prescribing module. (University condition)</p> <p>Condition eight: Undertake comprehensive proofreading to correct all typographical errors across the documentation, ensuring all required information is correctly completed or removed where appropriate, for example, anonymous marking and real-world curriculum framework and files/records are version controlled. (University condition)</p>
<p>Date condition(s) to be met:</p>	<p>1 August 2022</p>

<p>Recommendations to enhance the programme delivery:</p>	<p>Recommendation one: Consider enhancing the processes for co-production with SUC and other stakeholders of the programme in terms of design, delivery, evaluation of the prescribing programme. (SFNME R1.12; SPP R2.1)</p> <p>Recommendation two: Consider increasing the level of diversity and representation of society within the service user group. (SFNME R2.1, R2.6)</p> <p>Recommendation three: Consider supporting students' understanding of the assessment weighting in the student handbook. (SFNME R3.2; SPP R2.1) (NMC and university recommendation)</p> <p>Recommendation four: Consider a glossary of terms in student facing documentation. (SFNME R3.2; SPP R2.1) (NMC and university recommendation)</p> <p>Recommendation five: Ensure sufficient support and mentoring for the non-medical prescribing module leader. (University recommendation)</p>
<p>Focused areas for future monitoring:</p>	<ul style="list-style-type: none"> • Academic assessors hold or are working towards suitable qualifications prior to undertaking an academic assessor role. • Communication between practice assessors, practice supervisors and academic assessors.

<p>Programme is recommended for approval subject to specific conditions being met</p>	
<p>Commentary post review of evidence against conditions:</p> <p>The self-employed application form has been amended with references to line manager eliminated and has the addition of proof of liability and professional indemnity insurance. Condition one is met.</p> <p>Programme documentation has been updated and language simplified to provide consistency and clarity in the roles of the practice supervisor and practice assessor. Condition two is met.</p>	

Programme documentation has been reviewed to make explicit reference to refer applicants who are midwives to an alternative institution. Condition three is met.

Programme documentation has been reviewed to ensure that the RPS competency framework for all prescribers (2021) is cited. Condition four is met.

Programme documentation has been updated to identify the role, responsibilities and relationships of practice supervisors, practice assessors and academic assessors. Condition four is met.

A resource statement signed by the dean of the faculty clarifies the capacity, facilities and human resources are in place to deliver the programme. Condition five is met.

Response to external subject specialist confirms their input and that concerns have been addressed. Condition six is met.

The SFNME is now met.
The SSSA are now met.
The SPP are now met.

The programme is recommended for approval.

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:	1 August 2022

Section three

NMC Programme standards
Please refer to NMC standards reference points Standards for prescribing programmes (NMC, 2018) Standards of proficiency for nurse and midwife prescriber (adoption of the Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers) (NMC, 2018)

NMC Programme standards

[Standards framework for nursing and midwifery education](#) (NMC, 2018)
[Standards for student supervision and assessment](#) (NMC, 2018)
[The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates](#) (NMC, 2015 updated 2018)
[Quality assurance framework for nursing, midwifery and nursing associate education](#) (NMC, 2020)
[QA Handbook](#) (NMC, 2020)

Partnerships

The AEI works in partnership with their practice learning partners, service users, students and all other stakeholders.

Please refer to the following NMC standards reference points for this section:

[Standards framework for nursing and midwifery education](#) (NMC, 2018)

Standard 1: The learning culture:

- R1.12 ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders
- 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.

Documentary evidence and the approval visit confirm that there's effective partnership working between key stakeholders and SU. The programme team told us they had secured funding from Health Education England to develop the programme in consultation with PLPs. Discussion with senior PLPs confirm that they are committed to building a strong relationship with SU and ensure effective governance is in place to deliver a programme that meets the needs of the local population. SU work in partnership with the advanced practice forum in the southeast to help achieve consistency in the local area across programmes. PLPs and the SUC representatives confirm that they have been included in discussions with the programme team that have been specific to developing the prescribing programme. The attendance at some of these meetings was poor, resulting in some opportunistic conversations to gain feedback to inform the programme. (Recommendation one)

The PLPs tell us how prescribing leads work closely with educational leads. There are established practice learning groups between SU and PLPs to raise any practice learning concerns and to share best practice. The V300 will be part of the agenda in these groups. PLPs tell us how they've influenced the design of the programme to manage the local workforce and to provide a more flexible approach to the admission process than local AEIs. They tell us that accepting an inhouse portfolio route to confirming clinical examination and diagnostic skills is welcomed.

There's evidence of a robust process to ensure the quality of practice learning environments. A partnership approach to educational audit ensures there's an effective process to monitor practice learning. This ensures that SU and PLPs can act on issues identified by students or system regulatory reports including any

adverse Care Quality Commission (CQC) reporting through placement audit action plans and risk registers.

Documentary evidence and discussion at the approval visit confirm that students and PLPs know how to raise and escalate concerns. The student handbook and practice assessor and practice supervisor handbook detail how to escalate and raise concerns. The SSSA is established in practice for the pre-registration nursing programme and the principles are transferable to the proposed prescribing programme.

Pre-registration nursing students confirm that there's robust processes in place that ensure that SU support their learning in theory and practice. They know about the development of the programme and tell us that they're very keen to undertake the programme in the future after completion of their undergraduate programme. Students tell us that they have had the opportunity to provide feedback and that the school is receptive and responsive to their feedback. They tell us they have been involved in discussions on online learning and the value of face-to-face delivery. They tell us of some of their experiences and that they know how to raise any concerns about practice learning and that support is in place in the school and in the practice setting. They tell us that tripartite meetings are held with practice assessors and academic assessors. Students commend the support provided by SU. The programme team tell us that these processes will be applied to the prescribing programme. Students tell us SUCs are involved in their programme at recruitment and in the ongoing delivery of their programme.

There's a school SUCs strategy. The two SUCs representatives in attendance tell us they had the opportunity to review the programme documentation and provide feedback. Their feedback has been actioned by the programme team and has resulted in some clarity in the documentation around terminology. They tell us of their contribution in providing feedback to students during objective structured clinical examinations (OSCE). They also tell us about how there's plans to further develop their ongoing design, co-production, recruitment, delivery and evaluation of the programme. The SUCs gave specific examples from their personal experience that will be used within the curriculum. SUCs feedback is required in the practice assessment document. SUCs tell us they are prepared for their role having equality and diversity training as well as regular updates. The panel noted the SUCs in attendance were not representative of all areas of society.
(Recommendation two)

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**

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 <input checked="" type="checkbox"/>	NOT MET <input type="checkbox"/>
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 <input type="checkbox"/>	NOT MET <input type="checkbox"/>
N/A		

Student journey through the programme
Standard 1: Selection, admission and progression
<p>Approved education institutions, together with practice learning partners, must:</p> <p>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</p> <p>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</p> <p>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</p> <p>R1.4 consider recognition of prior learning that is capable of being mapped to the RPS Competency Framework for all Prescribers</p> <p>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</p> <p>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:</p> <p>R1.6.1 Clinical/health assessment</p> <p>R1.6.2 Diagnostics/care management</p> <p>R1.6.3 Planning and evaluation of care</p> <p>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</p>

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

R1.2 is not met. The prescribing onboarding flowchart outlines the application process. There is a prescribing application form that aims to ensure all the NMC entry criteria is met. There is a separate form for self-employed registrants. The self-employed application form contains narrative that is not relevant to the self-employed applicant. (Condition one)

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 met. The application form requires applicants to demonstrate how they meet the entry criteria; this must be confirmed and be signed by line managers if not self-employed. Managers are required to confirm an applicant's clinical competence and that a satisfactory disclosure and barring service check has been undertaken in the last three years. They must also confirm that students will have protected learning time to undertake the programme. The process confirms that there's support from PLPs and that practice supervisors and practice assessors have been identified and meet the requirements of SSSA.

Self-employed applicants have a separate application form. They are required to provide evidence of completion of a history taking and physical examination module from an academic institution or an 'in house course' issued by an NHS Trust in the UK. Self-employed students will be asked to provide evidence of a satisfactory disclosure and barring service check within the last three years. Programme documentation confirms that self-employed and non-NHS employed applicants are required to provide additional governance evidence. This includes evidence of personal indemnity, vicarious liability arrangements and there must be a satisfactory CQC inspection outcome.

Practice supervisors and practice assessors are required to complete a section within the application form to confirm that they meet the required criteria and are able to undertake the role. The process to manage any exceptional circumstances where practice supervisors and practice assessors are the same person is identified and justified in the admission process and involves close monitoring by academic assessors through regular tripartite meetings in practice.

The programme team tell us that the onboarding process is informed by SUCs and PLPs. All applications are reviewed by the programme team who confirm that all the requirements to undertake the programme are met.

The programme team tell us that there's a process within the school to manage and monitor all practice learning environments and ensure educational audits are in place. The programme team will take responsibility to ensure all educational audits are in place. All practice learning environments including those who support self-employed applicants must meet the requirements of the educational audit process.

PLPs confirm their commitment to identify and enable suitably qualified and experienced practitioners to be prepared to undertake the role of practice supervisors and practice assessors. The programme team and PLPs are committed to support 90 hours learning in practice. PLPs tell us the protected learning time is overseen by the student's line manager. The programme team tell us protected learning time will be monitored through the tripartite meetings with the student, practice assessor and academic assessor.

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 N/A

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.

This is a new programme, there are no students transferring to the proposed programme.

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.

This is a new programme. The SSSA is embedded across pre-registration NMC programmes.

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**

The self-employed application form contains narrative that is not relevant to the self-employed applicant.

Condition one: Correct the self-employed application form to accurately reflect the status of the applicant. (SPP R1.2) (NMC and university condition)

Date: 14 June 2022

Post event review

Identify how the condition(s) is met:

The self-employed application form has been amended with references to requiring a line manager eliminated and has the addition of proof of liability and professional indemnity insurance. Condition one is met.

Evidence:

Revised self-employed application form, undated

Date condition(s) met: 1 August 2022

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

R2.1 is not met. There is one member of staff within the school who holds the V300 qualification who will be the programme leader and the academic assessor. They will be commencing their post-graduate certificate in education prior to the programme commencing. The senior staff of SU confirm that more staff will be recruited as student numbers grow. They tell us that associate lecturers are available to support the programme if needed and that there is a budget set aside to employ associate lecturers. (Condition five)

There is no external subject specialist on the panel which is not in keeping with NMC or SU quality assurance processes. However, an external subject specialist has been involved in the approval event of the MSc GPN programme of which the V300 programme is part of. There is a co-dependency on the feedback from the external subject specialist as to the outcome of this approval. (Condition six)

Whilst there is evidence of stakeholder co-production in the prescribing programme this could be enhanced in terms of design, delivery, evaluation of the programme. (Recommendation one)

The student handbook lacks clarity around the assessment weighting for each component. (Recommendation three)

The documentation is not always consistent in its use of terminology and may cause confusion. SUCs tell us they find the documentation is not always clear in its terminology. (Recommendation four)

- 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

R2.2 is not met. SU has a teaching strategy that includes three main pillars, directed learning, collaborative learning and guided learning. Practice learning is included as an additional pillar. The programme team have mapped the RPS competency framework to the four pillars. There are inconsistencies in the documentation with reference to the RPS's competency framework for all prescribers (2021). (Condition four)

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 programme has a blended teaching and learning approach. There's evidence of a sound IT infrastructure to support online learning. The programme team tell us directed and collaborated learning are classed as contact time. Students tell us that there's good support available for on campus and online learning. There's one day a week of face-to-face teaching over 12 weeks with additional directed learning. There is a detailed timetable that confirms the content applies to all parts of the NMC register and all fields. Teaching strategies includes lecturers, seminars, case-based learning sessions, simulation and facilitated reflective practice. The students will have the opportunity to engage with students from other programmes including the pre-registration nursing programme and deliver presentations to facilitate learning. Students are required to complete 90 hours of practice learning. There's clear mapping of the programme outcomes to the RPS competencies.

Programme documentation and the approval visit confirms that SU is committed to deliver the programme. Students tell us that the school's face-to-face sessions are valued to support their learning. The programme team tell us how they'll use the simulation suite for the prescribing programme within formative OSCE. SUCs will be involved in the OSCEs providing prescribing focused scenarios and the

opportunity to give students feedback. The assessment strategy is mapped to the RPS competency framework.

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 a balance of theory and practice learning. A range of learning and teaching strategies are detailed in the programme specification, programme handbook and module descriptor with theory / practice balance detailed. 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

There are inconsistencies in the document with reference to the RPS's competency framework for all prescribers (2021). (Condition four)

Currently there is only one member of academic staff in the school who holds the V300 qualification and who is yet to commence their teaching qualification. (Condition five)

The absence of an external subject matter expert was noted. (Condition six)

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**

There are inconsistencies in the document with reference to the RPS's competency framework for all prescribers (2021).

Condition four: Correct all programme and student facing documentation to ensure that the RPS's competency framework for all prescribers (2021) is cited. (SFNME R3.2; SPP R2.1)

Currently there is only one member of academic staff in the school who holds the V300 qualification and who is yet to commence their teaching qualification.

Condition five: Provide a resource statement that clarifies the capacity, facilities and human resource in place to deliver safe and effective learning opportunities and practical experiences for students as required by their programme learning outcomes. (SFNME R2.14, R2.18; SPP R2.1)

The absence of an external subject specialist on the panel is noted.

Condition six: The programme team must provide evidence of feedback from the external subject specialist following the 5 July approval event and confirm whether there are any concerns with the V300 programme. (SFNME R2.1; SPP R2.1)

Date: 14 June 2022

Post event review

Identify how the condition(s) is met:

Programme documentation has been reviewed to ensure that the RPS competency framework for all prescribers (2021) is cited. Condition four is met.

Evidence:

Revised programme handbook, undated

Revised timetable, undated

Revised competency document, undated

Revised recognition of prior learning (RPL) document, undated

A resource statement signed by the dean of the faculty clarifies the capacity, facilities and human resources are in place to deliver the programme. Condition five is met.

Evidence:

Resource statement signed by the dean of the faculty, undated

A response to the external subject specialist confirms that all their concerns have been addressed. Condition six is met.

Evidence:

Response to external subject specialist, undated

Date condition(s) met: 1 August 2022

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

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 met. Discussion and documentary evidence with SU and PLPs at the approval visit confirm that suitable and effective governance arrangements are in

place for all students. This is assured by effective partnership working between the programme team and the PLPs. The application process ensures that all governance arrangements are in place for NHS applicants and self-employed and non-NHS applicants. Programme documentation confirms that PLPs are actively involved in the application process. All applications are scrutinised by the programme leader who is a registered nurse and prescriber. Educational audits confirm that practice learning is suitable and supports students to meet the requirements of the programme.

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 virtual learning environment which provides a range of resources to support online learning. The blended learning approach allows students to undertake both directed and self-directed online activities. Students have access to library resources online and access the British National Formulary online.

Students will undertake simulated activities on their days of attendance at the university supported by SUCs. Simulation-based learning focuses on the development of clinical examination and prescribing specific consultation skills that support students to develop a personal formulary. Formative OSCEs are undertaken in the simulation suite and prepare students for learning in 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

Date: 14 June 2022

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 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 not met. Mapping documentation demonstrates how the programme complies with the SFNME. PLPs tell us about how they engage with the programme team to ensure the SFNME is applied to the programme. They confirm a commitment to support practice supervisors and practice assessors. Educational audits ensure that practice learning environments are appropriate to support learning. PLPs tell us that there's effective mechanisms in place to address any issues or concerns that impact on practice learning environments. These are managed conjointly with the programme team. The programme team tell us that academic assessors will routinely visit the practice learning environments and if required, will make additional visits to provide additional support for students.

Programme assessments are designed and mapped to the programme outcomes ensuring that students meet the RPS competency framework. The practice assessment documentation (PAD) provides evidence that students are assessed by practice assessors through a range of methods including the development of a learning contract, completion of learning logs, reflective discussions and the

achievement of the RPS competencies. The programme structure supports practice learning. PLPs confirm that they understand how practice learning is applied to a prescribing programme.

There's inconsistency in terminology within the programme and student facing documentation with the terminology of practice supervisor and practice assessor with reference to terms such as practice educator and designated prescribing practitioner. (Condition two)

- 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 met. Educational audits and effective systems are in place to support prescribing practice learning. The programme team and PLPs report that there's effective relationships between practice supervisors, practice assessors and academic assessors. Assurance is given by senior PLPs that there are adequate and appropriate practice supervisors and practice assessors to support prescribing specific learning in practice. The senior school team and staff curriculum vitae (CVs) provide assurance that there's an appropriately qualified programme team to support the programme.

There's documentary evidence in the admission process and the PAD that students are assessed by practice assessors with support from practice supervisors. The role of practice supervisors, practice assessors and academic assessors is outlined in the handbook. They support the development and assessment of student progression towards achievement of the RPS competencies. They undertake an initial, midpoint and final tripartite process. The programme team tell us that academic assessors will be involved in the tripartite arrangement with practice supervisors and practice assessors. The academic assessor will attend the intermediate and final assessment either in person or via MS Teams.

The programme team tell us that they require all practice supervisors and practice assessors to undertake a compulsory online induction session. The application form states that applications will not be accepted without confirmation that this has taken place. The practice supervisor and practice assessor are required to declare that they will undertake this induction. SU tell us that they provide regular prescribing specific updates throughout each year for prescribing practice supervisors and practice assessors. Throughout the programme there will also be regular online drop-in sessions for practice supervisors and practice assessors.

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 N/A

R4.4 is not met. The programme documentation and admissions documentation indicate that midwives can access the programme. There's no LME employed by SU as they currently don't deliver a pre-registration midwifery programme. The senior school team tell us that there's no intention to employ a midwife presently. (Condition three)

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. Appropriate practice assessors must be identified as part of the application process. They must be registered healthcare professionals who are experienced prescribers in the area of practice the students intend to prescribe in. The programme team check and confirm practice assessor qualifications. Normally the practice assessor and practice supervisor will not be the same person. Programme documentation and the programme team tell us that in exceptional circumstances when practice supervisors and practice assessors are the same person there's close monitoring by academic assessors. Regular tripartite meetings will ensure objectivity and mitigate any risk.

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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<ul style="list-style-type: none"> 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> - 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Assurance is provided that Gateway 1: Standards framework for nursing and midwifery education relevant to supervision and assessment are met	
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Assurance is provided that Gateway 2: Standards for student supervision and assessment relevant to supervision and assessment are met	
	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Outcome	
Is the standard met?	MET <input type="checkbox"/> NOT MET <input checked="" type="checkbox"/>
The programme documentation and admissions documentation indicate that midwives can access the programme. There's no LME employed by SU.	
Condition three: Confirm how midwife applicants will be advised in the absence of a LME. (SPP R4.4)	
There's inconsistency in terminology within the programme and student facing documentation with the terminology of practice supervisor and practice assessor with reference to terms such as practice educator and designated prescribing practitioner.	
Condition two: Provide consistent clarity in programme and student facing documentation with respect to the roles of practice supervisor and practice assessor in relation to the SSSA (NMC, 2018). (SFNME R3.2; SPP R4.1)	

Date: 14 June 2022

Post event review

Identify how the condition(s) is met:

Programme documentation has been updated and language simplified to provide consistency and clarity in the roles of the practice supervisor and practice assessor. All reference to the designated prescribing practitioner role (DPP) has been removed. Condition two is met.

Evidence:

- Revised student independent and supplementary prescribing handbook, undated
- Revised official programme handbook, undated
- Revised competency framework, undated
- Revised practice learning environment audit, undated
- Revised application form, undated
- Revised self-employed application form, undated
- Revised governance structure, undated
- Revised commitment statement, undated
- Revised self-employed commitment statement, undated
- Revised practice assessor/practice supervisor compliance form, undated

The overview in the programme handbook and the onboarding process has been reviewed to make explicit reference to refer applicants who are midwives to an alternative institution. Condition three is met.

Evidence:

- Revised official programme handbook, undated
- Revised on boarding process, undated

Date condition(s) met: 1 August 2022

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 <input checked="" type="checkbox"/>	NOT MET <input type="checkbox"/>
Date: 14 June 2022		
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 <input type="checkbox"/>	NOT MET <input type="checkbox"/>
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 documents to support conditions are met: Application form, undated Competency document, undated		

Email from university, dated 1 August 2022
 Governance structure, undated
 Independent and supplementary prescribing student handbook, undated
 Official programme handbook, undated
 Onboarding process, undated
 Practice assessor/practice supervisor compliance form, undated
 Practice learning environment audit, undated
 Resource statement, undated
 Response to external subject specialist, undated
 RPL document, undated
 Self-employed application form, undated
 Timetable, undated

Additional comments:
 None identified.

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: One second year adult nursing, 2020 cohort One third year adult nursing, 2018 cohort One third year adult nursing apprenticeship, 2019 cohort		
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 practice learning environments are visited, state where visited/findings:		
If you stated no above, please provide the reason and mitigation: This is an approved AEI and visits to facilities aren't required.		
Additional comments: None identified		

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Issue record

Final Report

Author(s):	Heather Bain	Date:	23 June 2022
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