Nursing & Midwifery Council

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Programme approval visit report

Section one

Programme provider name:	University of Essex
In partnership with: *(Associated practice learning partners involved in the delivery of the programme)*	West Suffolk NHS Foundation Trust
	University College London Hospitals NHS Foundation Trust
	Mid and South Essex NHS Foundation Trust
	Essex Partnership University NHS Foundation Trust
	Mid and South Essex Training Hub
	Suffolk and North East Essex Training Hub
	East Suffolk and North Essex NHS Foundation Trust
	North East London NHS Foundation Trust
	Dartford and Gravesham NHS Trust
	Hertfordshire Community NHS Trust
	Mid Essex clinical commissioning group (CCG)
	North Central London CCG
	Norfolk and Waveney CCG
	North Middlesex University Hospital NHS Trust
	London North West University Healthcare NHS Trust
	Lewisham and Greenwich NHS Trust
	Imperial College Healthcare NHS Trust

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	Barts Health NHS Trust Private, voluntary and independent health care providers
Programmes reviewed:	Independent and supplementary nurse prescribing V300 ☒ Community practitioner nurse prescribing V150 ☐ Community practitioner nurse prescribing V100 ☐
Title of programme(s):	Preparation for Independent and Supplementary Prescribing V300
Academic level:	
Independent and supplementary nurse prescribing V300	England, Wales, Northern Ireland ☐ Level 5 ☒ Level 6 ☒ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Community practitioner nurse prescribing V150	England, Wales, Northern Ireland ☐ Level 5 ☐ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Community practitioner nurse prescribing V100	England, Wales, Northern Ireland ☐ Level 5 ☐ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Date of approval visit:	5 July 2021

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Programme start date:	
Independent and supplementary nurse prescribing V300 Community practitioner nurse prescribing V150 Community practitioner nurse prescribing V100	1 November 2021
QA visitor:	Registrant Visitor: Eleri Mills

Summary of review and findings

University of Essex (UoE), an approved education institution (AEI), school of health and social care present the independent and supplementary nurse prescribing programme (V300) for approval. The programme is mapped against the Standards for prescribing programmes (SPP) (Nursing and Midwifery Council (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).

The V300 programme is delivered once a year across two campus sites within UoE. The programme is a standalone 30 credit module delivered at academic levels six and seven. Nurses and allied health professionals (AHPs) access the programme that's delivered over 26 weeks. It comprises 26 theory days with a practice learning requirement of 90 hours. There's one application form for all applicants, reviewed by the programme team. Practice learning partners (PLPs) confirm that student application forms are checked by the clinical education liaison lead prior to submission to UoE. All applicants are required to complete a practice placement quality assessment within the application form. The practice assessor or line manager is required to confirm that the learning environment is suitable for practice learning within the application form. Students are required to have a practice supervisor and practice assessor in place to undertake the programme.

The practice assessment is contained within the portfolio of the practice evidence document. The practice supervisor, practice assessor and academic assessor review student progress at mid-point and at the end of the practice learning period.

The programme has adopted the Standards for student supervision and assessment (SSSA) (NMC, 2018). There's evidence of a partnership approach to the operationalisation of the SSSA between UoE and PLPs.

Programme documentation and discussion at the approval visit confirm evidence of effective partnership working between UoE and key stakeholders. A range of stakeholders were involved during the programme development process including students, practice supervisors and practice assessors, PLPs and service users and carers (SUCs).

Documentary evidence and discussion at the approval visit provide assurance that the programme team are experienced, with relevant prescribing qualifications and clinical expertise. A pharmacist delivers the pharmacology sessions. There are no midwives undertaking the programme as UoE don't have the support of a lead midwife for education (LME). The programme team confirm that there's no intention to recruit midwives to the programme.

Arrangements at programme level don't meet the Standards framework for nursing and midwifery education (SFNME) (NMC, 2018) as conditions apply.

Arrangements at programme level meet the SSSA (NMC, 2018).

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

The programme is recommended for approval subject to four NMC conditions. Five NMC recommendations are made.

Updated 19 August 2021:

UoE has submitted additional and revised documentation that confirms the NMC 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:** Condition four: The programme team must provide an implementation plan to ensure that SUCs are involved in student recruitment. (SFNME R2.7, SPP R2.1) **Selection, admission and progression:** Condition one: The programme team must provide evidence of the programme admissions process and support for self-employed applicants that demonstrates appropriate clinical governance is in place prior to students enrolling on the V300 programme. (SPP R1.2) Condition two: The programme team must review the application form to confirm governance structures are in place to enable all students to undertake and be

	adequately supported throughout the programme. (SPP R1.3, R3.1)
	Practice learning:
	None identified.
	Assessment, fitness for practice and award:
	Condition three: The programme team must review programme documentation to confirm that recognition of prior learning (RPL) won't be considered. (SPP R1.4)
	Education governance: management and quality assurance:
	None identified.
Date condition(s) to be met:	18 August 2021
Recommendations to enhance the programme delivery:	Recommendation one: The programme team is recommended to enhance opportunities for PLPs to engage in the ongoing development of the V300 programme. (SFNME R2.5)
	Recommendation two: The programme team is recommended to provide more clarity in the documentation in relation to exceptional circumstances when practice assessors and practice supervisors are the same person. (SPP R4.5.1)
	Recommendation three: The programme team is recommended to enhance reference to Specialist community public health nurses (SCPHN) within all programme documentation. (SPP R1.2)
	Recommendation four: The programme team is recommended to ensure that the requirement for a practice assessor to have a minimum of three years prescribing experience is evidenced in all documentation. (SPP 4.5)
	Recommendation five: The programme team is recommended to revise documentary evidence to

	ensure that the programme indicative content is reflected in the detailed session content. (SPP 2.2)
Focused areas for future monitoring:	SUC involvement in the recruitment process. PLP involvement in the ongoing evaluation of the programme.

Programme is recommended for approval subject to specific conditions being met	
Commentary post review of evidence against conditions: Additional and revised programme documentation provides evidence that the NMC conditions are met. Revised programme documentation details the programme admission process and appropriate clinical governance for self-employed applicants. Condition one is met. Revised programme documentation details the governance structures to enable students to undertake and be adequately supported throughout the programme. Condition two is met. Revised programme documentation details that RPL won't be considered. Condition three is met. Revised documentation details how SUCs will be involved in student recruitment and have developed a question to be included in the application form. Condition four is met.	
AEI Observations	Observations have been made by the education institution YES ☐ NO ☒
Summary of observations made, if applicable	N/A
Final recommendation made to NMC:	Programme is recommended to the NMC for approval ☒ Recommended to refuse approval of the programme ☐
Date condition(s) met:	19 August 2021

<u>Section three</u>

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) *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 <u>evaluative summary</u> 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 there's effective partnership working between PLPs and the UoE. PLPs tell us that they have a positive partnership and working relationship with the UoE.

The proposed prescribing programme is informed by PLPs, SUCs and students who attended a co-production curriculum development meeting. There's evidence in the documentation that PLPs and SUCs are engaged in co-production of the programme with the programme team. PLPs, students and SUCs confirm participation at co-production and practice education group meetings at the approval visit. SUCs confirm their involvement in practice-based assessment and ongoing evaluation of the programme. Opportunities for feedback on programme design from PLPs, students and SUCs is evidenced at the approval visit. Students confirm that they've influenced the development of the programme by the inclusion of their suggestion for additional timetabled tutorial time with the academic team. The multi-professional V300 programme ensures interprofessional learning (IPL). PLPs and students tell us they're aware of changes to the portfolio of practice evidence to meet the RPS competency framework for all prescribers. Whilst PLPs have been involved in the development of the programme they confirm that they'd like to be engaged in the ongoing future development of the V300 programme. (Recommendation one)

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Partnership working is further evidenced by the UoE and PLPs' practice education group meetings working closely to support the implementation of the SSSA. PLPs confirm that they've processes in place to ensure that practice supervisors and practice assessors meet the requirements of the SSSA. PLPs confirm that nurse prescribers undertaking the roles of practice supervisor and/or practice assessor must demonstrate relevant skills and experience in prescribing within the student's field of intended prescribing practice, in order to supervise and/or assess prescribing students. We're told how PLPs are encouraging practice assessors to seek role support from designated medical practitioners within community practice placements. Practice supervisors and practice assessors at the approval visit confirm that they've been qualified for at least three years as a practising prescriber and are confident in undertaking the role.

There's evidence of a robust process to ensure the quality of learning in prescribing practice learning environments. A partnership approach to the practice placement quality assurance assessment ensures that there are robust processes in place to monitor practice learning and other regulatory issues. Discussion at the approval visit with the programme team confirms that the practice assessor or line manager will complete the practice placement quality assurance document within the application form.

Partnership working with PLPs is evidenced in the application process for the V300 programme. PLPs confirm that there's effective collaborative partnership working between the UoE and the education liaison lead. We're told that the education liaison lead or non-medical prescribing (NMP) lead attends curriculum meetings at the UoE. PLPs confirm that they've a NMP governance policy in place.

There's evidence of SUC involvement in curriculum development, teaching and assessment on the prescribing programme. SUCs confirm their involvement in teaching and student assessment and feedback on other health related programmes within the school. They tell us that they're timetabled to deliver sessions on the proposed prescribing programme. They tell us that they're aware of student assessment in practice and that SUCs complete a feedback form for the student in the portfolio of practice evidence document. Three SUC feedback forms are required in the portfolio of practice evidence document. Academic assessors review SUC feedback forms in the portfolio of practice evidence document. SUCs tell us that they're prepared and supported by the programme team for their roles and are involved in evaluation of the programme. They confirm that their contribution is valued by the programme team. SUCs confirm that there's a collaborative approach to working with the programme team in the development and delivery of the V300 programme. SUCs tell us that they aren't currently involved in the recruitment of students onto the V300 programme. Therefore, a condition is applied for the programme team to evidence how SUCs will be involved in student recruitment. (Condition four)

Documentary evidence and discussion at the approval visit confirm that students, practice supervisors and practice assessors know how to raise and escalate

concerns. The V300 programme handbook details how to raise and escalate concerns and the processes for student failure in practice. Students confirm that they're able to provide feedback to the programme team who are receptive to the feedback. Students tell us that the student representative process is a useful way of providing feedback to the team. Students commend the programme team for the level of support they provide. They tell us that this support enables them to make good progress on the programme. Students confirm that the programme team and the UoE are responsive and meet their needs.

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 ☒

There's no evidence of SUC involvement in the recruitment of students onto the programme.

Condition four: The programme team must provide an implementation plan to ensure that SUCs are involved in student recruitment (SFNME R2.7, SPP R2.1)

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 four: Revised documentation details how SUCs will be involved in student recruitment. SUCs have developed a question to be included in the application form that will be assessed by the academic assessor during the recruitment process. SUCs will continue to be involved in reviewing the question and other prescribing documentation at the programme co-production meetings.

Condition four is met.

Evidence:
Application form, undated

Date condition(s) met: 19 August 2021

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** ☒

R1.2 is not met. The programme specific application form provides opportunities for all eligible applicants to apply to study for the programme. All applications are scrutinised by the programme team. The programme team tell us that self-employed and non-NHS employed applicants are required to provide proof of indemnity cover and confirmation that they'll undertake continuous professional development in the application form.

Programme documentation doesn't provide consistent information of the requirements for self-employed applicants. The programme team can't clearly describe how the application process for self-employed applicants ensures governance structures are in place on admission to the programme. The requirements of the selection process for self-employed applicants isn't explicit in all programme documentation. (Condition one)

Documentation doesn't provide consistent information related to permitting entry to the programme by SCPHN practitioners. The programme team is recommended to enhance reference to SCPHN within all programme documentation. (Recommendation three)

Provide an <u>evaluative summary</u> 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)

R1.3 is not met. Programme documentation confirms there's an application process for the programme. The programme team and PLPs confirm the V300 application process is in place and followed. Applicants must complete a declaration to confirm that they meet the requirements of the programme. All applicants must meet NMC requirements and be capable of safe and effective practice at a level appropriate to their area of future prescribing practice. All applications are scrutinised by the programme team. Applicants' professional registration, disclosure and barring service (DBS) status, practice supervisor and practice assessor registration are checked against a V300 admissions checklist. Documentary evidence indicates that the application form can be signed by the practice assessor. They may not however be familiar with the necessary governance of the PLP organisation. Discussion at the approval visit with the programme team confirms that the practice assessor can't confirm the governance arrangement for the student and that the line manager must complete the application form. The application form doesn't clearly confirm clinical support, access to protected learning time and employer support to enable students to undertake and be adequately supported throughout the programme. A condition is therefore applied for the programme team to review the application form. (Condition two)

The programme team confirm that all practice learning environments, including those who support self-employed or non-NHS students, must meet the requirements of the practice placement quality assessment process.

Documentary evidence and discussion with PLPs and students confirms that applicants are supported by appropriately qualified and prepared practice supervisors, practice assessors and academic assessors for the duration of the programme. PLPs confirm their commitment to enable practitioners to be prepared to undertake the role of practice supervisor and/or practice assessor.

There's some reference to the recruitment and selection process for V300 self-employed and non-NHS employed applicants in the programme documentation. The programme team confirm that self-employed and non-NHS employed applicants are required to provide additional governance evidence. They must provide proof of indemnity cover and confirmation that they'll undertake continuous professional development in the application form.

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 ☒

R1.4 is not met. Documentary evidence states that students can be considered for RPL mapped to the RPS competencies. However, discussion with the programme team confirms that no prior learning can be considered as the programme is a 30-credit module and the UoE don't permit RPL for less than a whole module. The programme team confirm that students will have to complete all the module content and the practice element of the programme. The documentation doesn't clearly describe that RPL isn't capable of being mapped to the 30-credit module and isn't therefore applicable to this programme. (Condition three)

- 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 <u>evaluative summary</u> 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. The programme team confirm that current students won't transfer onto the proposed programme. Students who may temporarily withdraw from the current programme are required to complete a new application form and re-enrol on the new programme. The programme team confirm that students will have to complete all the module content and the practice element of the 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.

The programme team confirm that all current students have transferred to the SSSA. Students confirm their knowledge and understanding of the SSSA.

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 requirements of the selection process for self-employed applicants isn't explicit in all programme documentation.

Condition one: The programme team must provide evidence of the programme admissions process and support for self-employed applicants that demonstrates appropriate clinical governance is in place prior to students enrolling on the V300 programme. (SPP R1.2)

The documentation doesn't clearly describe the governance arrangements for practice learning support and how they're applied across the V300 programme.

Condition two: The programme team must review the application form to confirm governance structures are in place to enable students to undertake and be adequately supported throughout the programme. (SPP R1.3, R3.1)

The programme team confirm that RPL isn't applicable to the V300 programme due to university regulations. Documentary evidence needs to be updated to reflect this.

Condition three: The programme team must review programme documentation to confirm that RPL won't be considered. (SPP R1.4)

Date: 5 July 2021

Post event review

Identify how the condition(s) is met:

Condition one: Revised programme documentation details the programme admissions process and appropriate clinical governance for self-employed applicants. Information has been provided for prospective students detailing the clinical governance structures for self-employed and non-NHS applicants. The application form has been revised to include additional questions regarding governance and indemnity for self-employed and non-NHS employed registrants to include two references from individuals who can validate academic and professional suitability for the prescribing programme. A reference template has been developed for the prescribing programme. Applicants are required to submit a copy of the most recent care quality commission (CQC) quality report for their

intended area of practice. New practice placement areas are required to complete the additional placement evaluation audit profile document that will be checked and validated by the academic assessor as part of the recruitment process.

Condition one is met.

Evidence:
Information for prospective applicants document, undated
Application form, undated
Prescribing programme reference template, undated
Programme handbook, undated
Module guide level six, undated
Module guide level seven, undated
Placement evaluation audit profile document, undated

Condition two: Revised programme documentation details the governance structures to enable students to undertake and be adequately supported throughout the programme. The application form has been revised to include line manager, supporting employer or organisation support. Suitability of practice assessors is verified as part of the application process.

Condition two is met.

Evidence:
Application form, undated

Condition three: Revised programme documentation confirms that RPL won't be considered.

Condition three is met.

Evidence:
Information for prospective applicants document, undated

Date condition(s) met: 19 August 2021	
Revised outcome after condition(s) met:	MET ☒ NOT MET ☐

Standard 2: Curriculum
Approved educations institutions, together with practice learning partners, must:
R2.1 ensure programmes comply with the NMC *Standards framework for nursing and midwifery education*

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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

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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. SUCs present at the visit confirm that they're not involved in the recruitment and selection of students on to the programme. Therefore, a condition is applied for the programme team to evidence how SUCs will be involved in student recruitment. (Condition 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** ☐

Provide an <u>evaluative summary</u> 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. Documentary evidence confirms a range of learning and teaching strategies are used for the V300 prescribing programme. The programme team

describe a blended approach co-ordinated through the UoE virtual learning environment (VLE), Moodle. The VLE is used to support the virtual delivery of the programme content and enhance learning by using scenarios and problem-based approaches to prescribing case-studies. Students have synchronous interactive lectures on pharmacology and case-based learning on aspects of prescribing practice skills. There's also group work that encourages IPL. Independent self-directed study consolidates experiential learning undertaken in the virtual and practice learning environment.

Programme documentation and the approval visit confirm that learning and teaching is mapped to the RPS competencies. Module guides explicitly link to the RPS competencies. SUCs contribute to the delivery of the programme. They deliver two sessions to support the development of the student's prescribing practice and concordance. SUCs tell us that they're supported and briefed by the programme team before and after the session. Students tell us their learning experiences are positive, with additional online support on the VLE for the numeracy assessment task. Students tell us that they value an additional revision session to prepare for the pharmacology examination.

There are 26 days of directed and self-directed learning throughout the programme delivered over 26 weeks. Students are required to complete 90 hours of supervised and assessed practice-based learning using a portfolio of evidence to reflect upon experiences. The portfolio of practice evidence document is used to evidence the achievement of the RPS competencies. Practice learning is recorded in the portfolio of practice evidence document. This provides formative and summative information about practice learning and students demonstrate progression towards achievement of the RPS competencies. SUCs confirm that they'll provide three pieces of feedback on student performance in the practice learning environment assessments. They tell us that their feedback is anonymous and considered as part of the practical assessment undertaken by students, who'll undertake a prescribing decision-making assessment. SUCs also provide two pieces of feedback to be included by the student in their reflective record of practice experience. Practice learning and progression towards achievement of the RPS competencies is recorded and confirmed in the portfolio of practice evidence document by practice assessors and academic assessors.

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,

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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 isn't delivered in Wales.

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to curricula and assessment are met

YES ☐   **NO** ☒

There's no evidence of SUCs involvement in the recruitment of students onto the programme. (Condition four)

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's no evidence of SUC involvement in the recruitment of students onto the programme.

Condition four: The programme team must provide an implementation plan to ensure that SUCs are involved in student recruitment (SFNME R2.7, SPP R2.1)

Date: 5 July 2021

Post event review

Identify how the condition(s) is met:

Condition four: Revised documentation details how SUCs will be involved in student recruitment. SUCs have developed a question to be included in the application form that will be assessed by the academic assessor during the

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recruitment process. SUCs will continue to be involved in reviewing the question and other prescribing documentation at the programme co-production meetings.

Condition four is met.

Evidence:
Application form, undated

Date condition(s) met: 19 August 2021	
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 <u>evaluative summary</u> 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 discussion at the approval visit confirm that protected learning time is agreed through the application form. PLPs assure us that there's effective partnership working with the programme team. PLPs tell us that there's robust governance of practice learning environments and

those PLPs without an NMP lead in place are appointing one to support with this. Self-employed and non-NHS applicant practice learning environments must demonstrate they meet the requirements of the practice placement quality assessment document. Documentary evidence tells us that new practice placement areas for students, including self-employed and non-NHS employed registrants are assessed by the programme team to determine their suitability for V300 students.

The programme team and PLPs confirm the SSSA has been implemented. The requirement for the roles is detailed in the V300 practice supervisor and practice assessor handbook. PLPs confirm that the practice supervisor and practice assessor must be an active prescriber, who normally has at least three years recent prescribing experience within the student's intended area of prescribing practice.

Documentary evidence confirms that those working in non-NHS environments are required to complete the practice placement quality assessment document prior to acceptance on the programme. As part of this process a programme team member may contact the PLP to discuss the provision of learning in the clinical area. The programme team member will liaise with the contact in the independent sector workplace to complete and sign the practice placement quality assessment document.

The programme team and documentary evidence confirm that the line manager or practice assessor verify that there's suitable clinical support, access to protected learning time and employer support available to students to be supported throughout the programme. The programme team and PLPs confirm however that the practice assessor may not be able to verify that effective arrangements and governance for practice learning are in place. We're told that applicants aren't interviewed, and application forms are scrutinised by the programme team. Assurance isn't provided that there's a robust process to ensure effective governance is in place on admission and progression on the programme for all applicants including those applicants who are self-employed. (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 <u>evaluative summary</u> 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)

R3.3 is met. Discussion at the approval visit with the programme team and students confirm that the programme makes extensive use of the VLE Moodle. Programme documentation details a wide range of technology enhanced learning opportunities to support student learning and assessment. A blended learning approach incorporating synchronous, interactive group work and online activities is supported by Moodle. Simulation includes scenarios, case based learning and objective structured clinical examination (OSCE) skills, delivered in tutorial groups in the study days. Technology enhanced learning activities within Moodle enhance learning by using scenarios and problem-based approaches to prescribing within case studies. Sessions are recorded on Moodle for students to revisit the session at any time during the programme. The programme team and students confirm the programme focus is on self-reflection and safe prescribing practice. The programme team and documentation confirm that students undertake a supervised prescribing consultation in practice supported by the practice assessor. SUCs provide feedback on the consultation that's recorded in the portfolio of practice evidence document.

Students confirm the use of Zoom is well evaluated despite it being new technology for the programme team and students. Students confirm that the programme team are supportive and manage the implementation of the Zoom virtual technology well.

Students confirm access to simulation-based learning opportunities through practice observation and participation with practice supervisors and practice assessors in the practice learning environment. Practice supervisors and practice assessors provide formative feedback to students on their progress, towards achievement of the RPS competencies in the midpoint progress report in the portfolio of practice evidence document. Formative and summative practice learning assessments are recorded in the portfolio of practice evidence document.

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** ☒

Assurance isn't provided that there's a robust process to ensure effective governance is in place on admission and progression on the programme for all applicants including those applicants who are self-employed.

Condition two: The programme team must review the application form to confirm governance structures are in place to enable students to undertake and be adequately supported throughout the programme. (SPP R1.3. R3.1)

Date: 5 July 2021

Post event review

Identify how the condition(s) is met:

Condition two: Revised programme documentation details the governance structures to enable students to undertake and be adequately supported throughout the programme. The application form has been revised to include line manager, supporting employer or organisation support. Suitability of practice assessors is verified as part of the application process.

Condition two is met.

Evidence:
Application form, undated

Date condition(s) met: 19 August 2021

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

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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 <u>evaluative summary</u> 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. Documentary evidence confirms that effective support by the programme team and PLPs is integral to the V300 programme. The programme team review the placement quality assessment document checklist within the application form. The practice placement quality assessment is audited to ensure appropriate systems and processes are in place to support practice learning. New practice learning environments are contacted by the programme team and are

expected to complete an enhanced practice audit document. The programme team confirm that where a practice learning environment doesn't meet the required standards, a collaborative discussion is undertaken to determine the suitability of the practice area. The programme team confirm that applicants including non-NHS and self-employed applicants aren't accepted onto the programme unless adequate governance structures are in place.

The programme team and PLPs tell us that students have a minimum of 90 hours protected learning time. This is confirmed by student representatives. Practice supervisors and practice assessors attend NMP specific preparation prior to the commencement of the programme and confirm that they're adequately prepared for the role. They confirm that they're given a practice supervisor and practice assessor handbook and e-learning resources. They're also invited to join a virtual presentation about the roles and responsibilities of practice supervisors and practice assessors, with regards to the supervision and assessment of a prescribing student. If practice supervisors and practice assessors are unable to attend the session, the content is recorded and sent to them. Engagement with the session content is followed up by the academic assessor. Meetings are scheduled at intervals with the practice supervisor and practice assessor to support student's progression on the programme. Students confirm that communication between the programme leader and academic assessors is regularly undertaken throughout the programme, which supports addressing any issues related to practice learning. Practice supervisors confirm that they meet with practice assessors regularly to provide feedback on student performance. A flow chart illustrating the practice assessment process is included in the portfolio of practice evidence document. Practice assessors are responsible for assessing student performance in the final summative OSCE and confirming that the RPS competencies and assessment of practice for annotation as a V300 prescriber on the NMC register are achieved. Practice assessors and academic assessors must confirm agreement in the portfolio of practice evidence document that students have met the RPS competencies.

Discussion at the approval visit with the programme team and students confirms that blended learning strategies facilitate effective IPL with AHPs on the V300 programme. Documentary evidence and discussion at the approval visit confirm that any actions or omission constituting unsafe practice in any assessments will result in a referral. The programme team, students, practice supervisors, practice assessors and PLPs confirm that they know how to raise and escalate concerns through the reporting processes. These are detailed in the programme handbook.

Discussion at the approval visit and documentary evidence confirm that nominated academic assessors support student progress through the programme. The academic assessor works in partnership with the practice assessor to evaluate and recommend the student for admission onto the professional register as an independent and supplementary prescriber.

- 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)

<div align="right">

MET ☒   NOT MET ☐

</div>

R4.2 is met. The handbook for NMP practice supervisors, practice assessors and designated prescribing practitioners identifies roles and criteria for practice supervisor and practice assessor. In order to fulfil the role of practice assessor or practice supervisor, registrants need to have undertaken relevant preparation. Practice assessors and practice supervisors are prepared through e-learning resources and engagement with the programme team. Practice supervisors and practice assessors confirm that they're adequately prepared for their role. Practice assessors and practice supervisors are identified by the PLP and agreed by the UoE during the application process. Practice assessors and practice supervisors are supported by the prescribing leads within their organisations.

Documentation and discussion at the approval visit evidence a process for ongoing and effective communication between the practice assessor and academic assessor to support student progress and confirm achievement of the RPS competencies. The programme team comprise of registered prescribers who act as the academic assessor. Academic assessors are required to complete preparation for their role. PLPs, practice assessors and practice supervisors confirm the programme team are contactable and supportive on issues of student support. Students tell us that they're able to raise any concerns with the academic assessor and student representative. They confirm that they're supported by the programme team.

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)

<div align="right">

YES ☒   NO ☐

</div>

- 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)

<div align="right">

YES ☐   NO ☐   N/A ☒

</div>

UoE don't recruit midwives to the V300 programme.

Provide an <u>evaluative summary</u> 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 analysis and discussion at the approval visit confirm processes are in place to ensure students are assigned to an appropriate practice assessor, who has at least three years recent prescribing experience and is a registered healthcare professional. This is checked by the programme team at application. The UoE application form specifies the requirements of the role of practice supervisor and practice assessor. The requirements of the SSSA roles are detailed in information to prospective students and the practice supervisor and practice assessor handbook. It's noted that there's some inconsistency in student facing documentation as to how much prescribing experience is required of a practice assessor. The programme team are recommended to review student facing documentation to ensure there's consistency in the information for students requesting the practice assessor has at least three years recent prescribing experience. (Recommendation four)

The practice assessor and practice supervisor are named on the application form, and their registration is checked as part of the application process by the programme team.

Discussion at the approval visit confirms that there's a plan in place for the management in exceptional circumstances if the same person fulfils the role of practice supervisor and practice assessor. Documentation confirms that there must be evidence of and a rationale for why this is necessary. The requirements are detailed in information to prospective students, the practice supervisor and practice assessor handbook and the application form. It's noted however that there's some inconsistency in how this information is represented. The programme team are recommended to review the student facing documentation to ensure there's consistency in the information provided that the practice assessor and practice supervisor can be the same person in exceptional circumstances. (Recommendation two)

The application documentation and the programme team confirm that all applications are scrutinised and specific attention is given to the practice supervisor and practice assessor details.

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** ☐

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* relevant to supervision and assessment are met

YES ☒   **NO** ☐

Outcome		
Is the standard met?	**MET** ☒	**NOT MET** ☐
Date: 5 July 2021		
Post event review		
Identify how the condition(s) is met: N/A		
Date condition(s) met: N/A		
Revised outcome after condition(s) met: N/A	**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: 5 July 2021		

Post event review		
Identify how the condition(s) is met: N/A		
Date condition(s) met: N/A		
Revised outcome after condition(s) met: N/A	**MET** ☐	**NOT MET** ☐

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	☒	☐
Programme specification(s)	☒	☐
Module descriptors	☒	☐
Student facing documentation including: programme handbook	☒	☐
Student university handbook	☒	☐
Practice assessment documentation	☒	☐
Practice placement handbook	☒	☐
PAD linked to competence outcomes, and mapped against RPS *A Competency Framework for all Prescribers.*	☒	☐
Mapping document providing evidence of how the education institution has met the *Standards framework for nursing and midwifery education* (NMC, 2018) (Gateway 1)	☒	☐
Mapping document providing evidence of how the *Standards for student supervision and assessment* (NMC, 2018) apply to the programme(s) (Gateway 2)	☒	☐
Mapping document providing evidence of how the programme meets the *Standards for prescribing programmes* and RPS *Standards of proficiency for prescribers* (NMC, 2018) (Gateway 3)	☒	☐
Curricula vitae for relevant staff	☒	☐
Registered healthcare professionals, experienced prescribers with suitable equivalent qualifications for the programme - registration checked on relevant regulators website.	☒	☐
Written placement agreements between the education institution and associated practice learning partners to support the programme intentions.	☒	☐
If you stated no above, please provide the reason and mitigation:		
List additional documentation: Post visit documentation: Condition grid document, undated Information for prospective applicants document, undated Application form, undated		

Prescribing programme reference template, undated
Programme handbook, undated
Module guide level six, undated
Module guide level seven, undated
Placement evaluation audit profile document, 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	☒	☐
Senior managers from associated practice learning partners with responsibility for resources for the programme	☒	☐
Programme team/academic assessors	☒	☐
Practice leads/practice supervisors/ practice assessors	☒	☐
Students	☒	☐
If yes, please identify cohort year/programme of study: V300 January 2021 x one V300 March 2021 x two		
Service users and carers	☒	☐
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)	☐	☒
Library facilities	☐	☒
Technology enhanced learning Virtual learning environment	☐	☒
Educational audit tools/documentation	☐	☒
Practice learning environments	☐	☒
If yes, state where visited/findings:		
If you stated no above, please provide the reason and mitigation: This is an established AEI, visits to facilities weren't needed.		

Additional comments:
None identified.

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We accept no responsibility for the consequences of this document being relied upon by any other party, or being used for any other purpose, or containing any error or omission which is due to an error or omission in data supplied to us by other parties.

Issue record			
Final Report			
Author(s):	Eleri Mills	Date:	14 July 2021
Checked by:	Ian Felstead-Watts	Date:	21 July 2021
Submitted by:	Shahzaib Ghafoor	Date:	2 September 2021
Approved by:	Emiko Hughes	Date:	2 September 2021