

**Programme Major Modification report**

<b>Programme provider:</b>	Manchester Metropolitan University
<b>In partnership with:</b> (Associated practice placement providers involved in the delivery of the programme)	<p>Manchester University NHS Foundation Trust Greater Manchester NHS Mental Health Foundation Trust East Cheshire NHS Foundation Trust North West Ambulance Service NHS Trust Bolton NHS Foundation Trust Pennine Acute Hospitals NHS Trust Pennine Care NHS Foundation Trust The Christie NHS Foundation Trust Tameside and Glossop Integrated Care NHS Foundation Trust Salford Royal NHS Foundation Trust Northern Care Alliance NHS Group Stockport NHS Foundation Trust Bridgewater Community Healthcare NHS Foundation Trust Wrightington, Wigan and Leigh NHS Trust NHS Manchester CCG NHS Wigan Borough CCG NHS Bolton CCG NHS Bury CCG NHS Salford CCG NHS Rochdale CCG NHS Oldham CCG NHS Tameside CCG NHS Stockport CCG NHS Trafford CCG</p>
<b>Date of review:</b>	9 Dec 2019

<b>Type of Modification</b>	Desktop
<b>Provision reviewed:</b>	Independent / Supplementary Nursing Prescribing
<b>Title of current programme:</b>	Independent and Supplementary Nurse Prescribing (V300) Community Practitioner Nurse Prescribing (V150)
<b>Title of modified programme if changed:</b>	
<b>Academic level of current programme:</b>	England, Wales, Northern Ireland <input type="checkbox"/> Level 5 <input checked="" 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
<b>Academic level of modified programme if changed:</b>	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
<b>Reviewer:</b>	Mrs Hilary Field

Outcome of Approval Panel Meeting	
<b>Outcome:</b>	Recommended for approval
<b>Conditions and NMC standard(s)/requirement(s) they relate to:</b>	<p><b>Resources</b> None identified</p> <p><b>Admission and progression</b> None identified</p> <p><b>Practice learning</b> None identified</p> <p><b>Fitness for practice</b> None identified</p> <p><b>Quality assurance</b> None identified</p>
<b>Date conditions to be met:</b>	
<b>Recommendations and NMC standard(s)/requirement(s) they relate to:</b>  <b>Note: recommendations will be assessed through the AEI annual self-assessment report</b>	None identified
<b>Date conditions met:</b>	
<b>Programme start date:</b>	22 Jan 2020

## Summary

### Summary of modification request

Manchester Metropolitan university's (MMU) independent and supplementary prescribing programme (level six and seven) and the Community practitioner nurse prescribing (V150) programme (level six and seven) are approved NMC programmes since March 2012.

This major modification is to transfer students starting on these programmes in January 2020 onwards on to the Standards for student supervision and assessment (SSSA). No other changes are proposed.

Documentary evidence provided and discussion with the programme leader confirms collaborative working with practice learning partners (PLPs). It is evident both the university and practice are well prepared to adopt this change.

MMU works as part of the Greater Manchester (GM) area to meet the new SSSA. Prior to taking on the role of practice supervisor or practice assessor, practice staff must complete a declaration of their readiness to take on this new role. Training for practice supervisors and practice assessors is provided by PLPs. Practice learning staff are invited to attend workshops to help them apply the principles of SSSA to the prescribing programmes. Additional information is available in the student and practice assessor handbook and the frequently asked questions section of the website.

The modification is recommended to the NMC for approval.

17 December 2019. The AEI have no observations on this report.

### Feedback from key stakeholders

#### Presenting Team

Desktop review, teleconference on 9 December 2019 with principal lecturer and non-medical prescribing lead for MMU.

The team confirm documentary accuracy and provide further clarity on the implementation of the SSSA.

### Mentors, sign-off mentors, practice teachers and employers

Not applicable, desktop review.

**Students**

Not applicable, desktop review.

**Service users and carers**

Not applicable, desktop review.

**Examples of notable and innovative practice and standards they relate to**

None identified

**Potential risks to compliance of education standards and standards they relate to**

None identified

**Potential risks to the student learning environment and standards they relate to**

None identified

**Any other risks to public protection**

None identified

**Areas for future monitoring**

None identified

**Outcome recommendation**

The major modification is recommended to the NMC for approval.

### NMC Standards

Please refer to the [Standards of proficiency for nurse and midwife prescribers](#) or NMC circular 02/2009 Annexe 1- [Standards of proficiency for nurse prescribers without a Specialist Practice Qualification to prescribe from the Community Practitioner Formulary](#), current programme specific circulars accessed via the [NMC Website](#) and Section one of the Mott MacDonald [QA Handbook](#).

### Achievement of standards

#### Standard 1 – Requirements for admission to approved education programmes leading to a recordable qualification for nurse/midwife prescribers / for registered nurses to prescribe from the community practitioner formulary

- a) Eligibility to undertake the preparation programme (Specialist Practitioner Qualification/Specialist Community Public Health Nurse Qualification) for community practitioner prescribing from the Nurse Prescribers Formulary for Community Practitioners (CPF).
- b) Eligibility to undertake the preparation programme to prescribe as a nurse independent / supplementary prescriber.
- c) Eligibility to undertake the preparation programme for registered nurses without a specialist practitioner qualification to prescribe from the community practitioner formulary.

#### What we found:

Unchanged since March 2012.

There are changes to the application form for the prescribing programmes to reflect the change from designated medial practitioner to practice supervisor and practice assessor roles. The application form sets out the qualifications and experience required of a healthcare professional wishing to undertake these roles in keeping with the SSSA.

Documentary evidence demonstrates the roles of practice supervisor and practice

<p>assessor are to be undertaken by separate people. There are established processes to follow when a student's practice assessor is no longer able to undertake this role. These processes will be followed to ensure a student is supported if the same person is both practice supervisor and practice assessor.</p>	
<b>Outcome:</b>	Standard met
<p> </p>	
<b>Date standards met:</b>	
<b>Revised outcome:</b>	
<p> </p>	

<p><b>Standard 2 – Eligibility for a recorded qualification as a nurse prescriber (licence as a prescriber)</b></p>
<p><b>2.1 Initial record of qualification</b></p> <p>The Approved Education Institution (AEI) will inform the NMC of a registrants' successful completion of an approved programme of preparation.</p> <p>Upon successful completion of a NMC approved programme of preparation, the registrant is eligible to be recorded as a prescriber in the following categories of:</p> <ul style="list-style-type: none"> <li>• a community practitioner nurse prescriber (SPQ/SCPHN)(V100)</li> <li>• a community practitioner nurse prescriber (V150)</li> <li>• a nurse independent/supplementary prescriber able to prescribe both independently and also as a supplementary prescriber in partnership with an independent medical/dental prescriber and the patient/client (V300).</li> </ul> <p>It is only after the qualification has been recorded on the NMC register that a registrant may prescribe.</p>
<p><b>2.2 Subsequent prescribing qualification</b></p> <p>If a registrant undertakes an educational preparation for prescribing programme as part of a specialist practitioner award it will be recorded on the register that they are qualified to prescribe within the boundaries of the Community Practitioner Formulary.</p> <p>If the registrant undertakes further study as a nurse independent/supplementary prescriber, a further entry must be recorded on the register. This will enable verification of the registrant's prescribing responsibilities should this be required. The entry codes V100 and V300 indicate from which formulary the practitioner is qualified</p>

to prescribe. All registrants must record their prescribing qualification within twelve months of successfully completing the approved preparation programme.	
<b>What we found:</b>	
Unchanged since original approval March 2012.	
<b>Outcome:</b>	Standard met.
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 3 – Interruption in the preparation of prescribers /nurse prescribers education programme</b>
<p>Nurses undertaking preparation as a community practitioner nurse prescriber (V100) as part of the Specialist Practice Qualification (SPQ) (Community Pathway) or specialist community public health nursing programme must record the full SPQ/SCPHN programme of preparation within five years from the identified start of the programme.</p> <p>Programme providers must ensure that the student’s acquired knowledge and skills remain valid to enable them to achieve the proficiencies set by the NMC, and if necessary, to repeat some, or all, of the prescribing preparation and assessment.</p> <p>There is no maximum time limit within which the programme must be completed and programme providers must ensure that they have in place processes to manage interruptions to the study of programmes for whatever reason. Programme providers must also ensure that the student’s acquired knowledge and skills remain valid to enable them to achieve the proficiencies set by the NMC.</p> <p>For the purpose of this standard, interruption means any absence from a programme of education other than annual leave, statutory and public holidays.</p>



<b>What we found:</b>	
Unchanged since original approval March 2012.	
<b>Outcome:</b>	Standard met.
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 4 – The education provider</b>	
<p>The programme for the preparation of nurse/midwife prescribers will be delivered in Approved Educational Institutions (AEIs) and will have been approved by NMC quality assurance processes.</p> <p>Programme planning teams must include some representation from key stakeholders.</p>	
<b>What we found:</b>	
Unchanged since original approval March 2012. There are robust links between MMU and PLPs.	
<b>Outcome:</b>	Standard met.
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 5 – Academic standard of programme</b>
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The minimum academic level should be no less than first degree (academic level three).	
<b>What we found:</b>	
Unchanged since original approval March 2012.	
<b>Outcome:</b>	Standard met.
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 6 – Length of programmes SPQ/SCPHN</b>
<p>Registrants who undertake community practitioner nurse prescribing (V100) preparation as part of a Specialist Practitioner Qualification or specialist community public health nursing programme would take on the required study as an integrated part of that programme. The prescribing element of the programme should be clearly identified and approved separately as part of the SPQ/SCPHN.</p> <p><b>Nurse independent/supplementary prescribing</b></p> <p>The length of the educational preparation programme for nurse independent/supplementary prescribers shall be a minimum of 26 days, with an additional 12 days of supervised learning in practice. All registrants must undertake both independent and supplementary elements of the programme.</p> <p>For distance-learning programmes, there must be a minimum of eight face-to-face taught days (excluding assessment). In exceptional circumstances, if this is not practically possible, video-conferencing where interaction between all participants is possible will be acceptable.</p> <p>Programme documentation must clearly demonstrate how all learning outcomes are met within taught and distance learning aspects of the programme.</p> <p>Students undertaking a distance-learning programme must be given 10 days protected learning time, in addition to the eight face-to-face taught days, to enable them to develop their skills and competencies as an independent/supplementary prescriber. Protected learning time is defined as a period of 10 days of focused learning to meet the defined content of this programme, where the applicant must</p>

<p>not be counted in their employers' staffing numbers. This learning may take place in either practice or academic settings, as appropriate to the content of learning.</p> <p>All educational preparation for prescribing programmes must be completed in no longer than one academic year.</p> <p>Consideration may be given to a registrants prior experience and learning. However all students must successfully complete all assessment criteria.</p>	
<b>What we found:</b>	
<p>Unchanged since original approval March 2012. The community practitioner nurse prescribing programme forms part of the district nursing specialist practitioner qualification and the specialist community public health nurse (SCPHN) programmes.</p>	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<p><b>Standard 6 - Length of programme for nurses to prescribe from the community practitioner nurse formulary who do not hold a Specialist Practice Qualification (SPQ)</b></p>
<p>Registrants who undertake community practitioner nurse prescribing (V150) preparation should undertake ten days study alongside nurses, midwives and specialist community public health nurses undertaking the Nurse/Midwife Independent Prescribing Programme of preparation (26 taught days). In addition, they must undertake a minimum of ten days supervised practice. The Community Practitioner prescribing preparation element of the programme should be clearly identified and approved separately as part of the Nurse/Midwife Independent Prescribing programme.</p> <p>Educational preparation for prescribing must be completed in no longer than one academic year.</p> <p>Consideration may be given to a registrant's prior experience and learning, however all students must successfully complete <i>all</i> assessment criteria.</p>

<b>What we found:</b>	
Unchanged since original approval March 2012.	
<b>Outcome:</b>	Standard met.
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 7 – Student support</b>
<p>The designated leader for all programmes of preparation for prescribers must hold a NMC recorded teaching qualification. The pharmaco-therapeutic element of the programme must be taught by a pharmacist, healthcare professional or scientist with an appropriate qualification in pharmacology. Members of the wider prescribing teaching team should include non-medical prescribers who hold a recorded prescribing qualification and have relevant experience, including in specialist fields of practice.</p> <p>The Lead Midwife for Education is expected to work with the programme lead for prescribing to ensure adequate support for student midwives.</p> <p>The practice assessor for those undertaking a programme of preparation as part of a Specialist Practice Qualification should be a practising prescriber.</p> <p>A designated medical practitioner (DMP) must provide support to students on a nurse independent/supplementary prescribers programme of preparation.</p> <p>The DMP must be sufficiently impartial to the outcome for the student and, wherever possible, should not be the same person sponsoring the student to undertake the programme.</p> <p>The DMP is also expected to work in collaboration with the Lead Midwife for Education and the student’s personal tutor where relevant.</p>
<b>What we found:</b>
Unchanged since original approval March 2012. There are modifications to reflect the SSSA.
The programme leader for the non-medical prescribing programme is a registered

nurse with the relevant prescribing qualification and holds a recorded teacher qualification.

The programme leader for the community practitioner nurse prescribing (V150) programme holds a recorded teaching qualification and is a community practitioner nurse prescriber.

The programme lead is the academic assessor for students on this programme. MMU prepares academic staff to undertake the role of academic assessor and this role is factored into their workload. There are a number of other members of academic staff from a range of disciplines able to undertake this role if required.

Changes are made to both programmes to incorporate the roles of practice supervisor and practice assessor. Practice learning staff sign a declaration of competency which includes appropriate prescribing related qualifications. There is a joint approach to ensuring practice learning staff meet the criteria for these roles and receive appropriate ongoing support. There is mandatory training provided by PLPs on these new roles. In addition, programme leaders offer training to all practice supervisors and practice assessors in relation to prescribing standards. There is a frequently asked questions section in the MMU website providing further information. Students and practice assessors have access to a handbook which explains these new roles. Practice learning staff and students are encouraged to contact the programme leader directly if they have any queries.

Student practice learning documentation identifies designated review and assessment points with the practice supervisor, practice assessor and academic assessor including recommendations for progression.

The programme leader is confident a sufficient number of appropriately qualified practice learning staff are available to take on the role of practice supervisor and practice assessor. PLPs maintain a register of the number of practice supervisors and practice assessors. The programme leader works collaboratively with PLP to support practice supervisors and practice assessors

There is no change auditing processes for practice learning environments.

Introducing the SSSA is supported by a regional approach with agreed preparation materials and processes for implementing across the GM the region.

There's information for students in the programme handbook on how to raise concerns if students consider patient safety is at risk. The principle lecturer says students are well prepared for transferring to the SSSA and will report incidents in practice for escalation if required.

<b>Outcome:</b>	Standard met.
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 8 – Balance between practice-based learning and theory</b>	
Throughout the duration of the programme students are expected to apply principles of prescribing to their practice and reflect on this through a learning log or portfolio to ensure integration of theory and practice. However, they may not prescribe until they have successfully completed the programme and have recorded the relevant qualification with the NMC.	
<b>What we found:</b>	
Unchanged since original approval March 2012.	
<b>Outcome:</b>	Standard met.
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 9 – Aim and learning outcomes</b>	
The aim and learning outcomes, set out below, for the preparation of community practitioner (SPQ/SCPHN) nurse prescribers (V100), for the preparation of nurses to prescribe from the community practitioner nurse formulary (V150) and nurse independent/supplementary prescribers (V300) are the same, with the exception of the last point under learning outcomes, 'Producing a clinical management plan'	

which is applicable to supplementary prescribers only.

### **Aim**

The education programme aims to prepare nurses, midwives and specialist community public health nurses to prescribe safely, appropriately and cost-effectively from either the community practitioner formulary for nurse prescribers or as an independent/supplementary nurse prescriber.

### **Learning outcomes**

The learning outcomes of the programme are set at minimum degree level and enable the practitioner to:

- assess and consult with patient/clients, clients, parents and carers
- undertake a thorough history, including medication history and current medication (including over-the-counter, alternative and complementary health therapies) to inform diagnosis
- understand and apply the relevant legislation to the practice of nurse/midwife prescribing
- critically appraise, use sources of information/advice and decision support systems in prescribing practice
- understand the influences that can affect prescribing practice, and demonstrate your understanding by managing your prescribing practice in an ethical way
- understand and apply knowledge of drug actions in prescribing practice
- demonstrate an understanding of the roles and relationships of others involved in prescribing, supplying and administering medicines
- prescribe safely, appropriately and cost effectively
- practise within a framework of professional accountability and responsibility
- develop a clinical management plan within legislative requirements (supplementary prescribing only).

### **Programme content**

The programme content for community practitioner (SPQ/SCPHN) nurse prescribers differs to that of the nurse independent/supplementary prescribers and each programme should reflect the formulary from which a qualified registrant may prescribe and the level of study required.

The programme content for the educational programme to enable nurses to prescribe from the community practitioner nurse formulary who do not hold a SPQ should reflect the level of study required to prescribe from the community practitioner formulary.



<b>What we found:</b>	
Unchanged since original approval March 2012. Changes are noted from 2017 due to adopting the standards contained within the competency framework for all prescribers (Royal Pharmaceutical Society (RPS), 2016). Programme documentation is mapped and aligned to the RPS standards.	
<b>Outcome:</b>	Standard met.
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 10 – Assessment of nurses undertaking prescribing preparation, forming part of the Specialist Practitioner Qualification (SPQ)/Specialist Community Public Health Nursing (SCPHN)</b>	
<p>Registrants undertaking educational preparation programmes to prescribe from the Community Practitioner Formulary, and subsequent recording of this qualification, must meet the assessment requirements for the SPQ/SCPHN programme and must successfully complete a written examination to demonstrate that they have met the required learning outcomes relevant to the scope of their prescribing responsibilities.</p> <p>The written examination should consist of a total of twenty, short answer and multi-choice questions (MCQ) to test pharmacological knowledge and its application to practice. Understanding of ethical issues, legal issues, team working, record keeping, writing a prescription and numeracy – and how these apply to prescribing practice – may be achieved within the wider SPQ/SCPHN programme. How these learning outcomes are met must be confirmed at any approval event.</p> <p>All Approved Education Institutions (AEIs) must map the registrant’s achievement of competencies throughout the assessment process and clearly indicate criteria for referral. If a registrant fails to correctly answer any question that may result in direct harm to a patient/client they must be referred, e.g. failure to ask about medication history, allergies, any over the counter medication, or incorrect dosage/prescribing of an unlicensed product.</p>	
<b>What we found:</b>	



Unchanged since original approval March 2012. The programme uses the RPS competency framework (2016) in the practice assessment document. This is reflected in the community nurse prescribing (V150) portfolio.	
<b>Outcome:</b>	Standard met.
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 10 - Assessment of nurses to prescribe from the community practitioner nurse formulary who do not hold a SPQ qualification</b>
<p>Registrants without a SPQ qualification undertaking educational preparation programme to prescribe from the Community Practitioner Formulary, and subsequent recording of this qualification, must meet the assessment requirements for the SPQ/SCPHN educational preparation of prescribing programme and must successfully complete a written examination to demonstrate that they have met the required learning outcomes relevant to the scope of their prescribing responsibilities..</p> <p>The written examination should consist of a total of twenty, short answer and multi-choice questions (MCQ) to test pharmacological knowledge and its application to practice.</p> <p>In addition they must undertake an additional assignment in the form of an essay/portfolio that demonstrates an understanding of ethical issues, legal issues, team working, record keeping, writing a prescription and numeracy - and how these apply to prescribing practice.</p> <p>All Higher Education Institutions (HEIs) must map the registrant's achievement of competencies throughout the assessment process and clearly indicate criteria for referral. If a registrant fails to correctly answer any question that may result in direct harm to a patient/client they <i>must</i> be referred, e.g. failure to ask about medication history, allergies, any over the counter medication, or incorrect dosage/prescribing of an unlicensed product.</p>
<b>What we found:</b>
Unchanged since original approval March 2012. The programme uses and maps the RPS competency framework (2016) in the practice assessment document. This is

reflected in the community nurse prescribing (V150) portfolio.	
<b>Outcome:</b>	
<b><i>Date standards met:</i></b>	
<b>Revised outcome:</b>	

<b>Standard 11 – Assessment of nurse independent/supplementary prescribers</b>
<p>Registrants undertaking educational preparation to prescribe as nurse independent/supplementary prescribers, and subsequent recording of this qualification, must successfully complete a range of assessment strategies to demonstrate that they have met the required learning outcomes relevant to the scope of their prescribing responsibilities.</p> <p>Competence will be demonstrated through an assessment of theory and practice. Each student must maintain a portfolio of assessment and achievement of the stated learning outcomes. A range of assessment strategies must be employed to test knowledge, decision-making, and the application of theory to practice. Students must undertake and successfully complete all assessments.</p> <p>These are:</p> <ol style="list-style-type: none"> <li>a) a portfolio or learning log that demonstrates application of theory to practice, and provides rationale for prescribing decisions and reflective practice. It should include evidence of numeracy skills, writing prescriptions and prescribing in a range of scenarios</li> <li>b) either an Objective Structured Clinical Examination (OSCE), which is a systematic and detailed examination of practice within a simulated learning environment (such as a skills laboratory or centre), or a systematic and detailed examination of practice in a setting relevant to the registrants area/field of practice, or a video consultation in a live practice setting. It will be the responsibility of the registrant and the designated medical practitioner to ensure that necessary legal requirements are obtained for consent from patient/clients</li> <li>c) satisfactory completion of the period of practice experience, including sign off by the designated medical practitioner and the employer that the student is competent to prescribe medicines in their area of practice</li> <li>d) a written final examination that consists of a total of twenty, short answer and multi-choice questions (MCQ) to test pharmacological knowledge and its</li> </ol>

<p>application to practice. Students must achieve a minimum 80 percent pass</p> <p>e) numerical assessment within the context of prescribing practice. Students must achieve a 100 percent pass</p> <p>If a registrant fails to answer correctly any question that may result in direct harm to a patient/client they must be referred</p>	
<b>What we found:</b>	
<p>Unchanged since original approval March 2012.</p> <p>The competency framework for all prescriber (RPS, 2016) is mapped and used as the basis for the practice assessment portfolio since 2017.</p>	
<b>Outcome:</b>	Standard met.
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standards for prescribing practice:</b>	
<b>What we found:</b>	
<p>Unchanged since original approval March 2012.</p>	
<b>Outcome:</b>	Standard met.
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standards of proficiency:</b>	
<b>What we found:</b>	
Unchanged since original approval March 2012.	
<b>Outcome:</b>	Standard met.
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b><u><a href="#">NMC Circular 03/2011</a></u> - Resources to support programme intentions</b>	
Programme providers must provide evidence at programme approval that resources are currently available to support programme intentions.	
<b>What we found:</b>	
Evidence of close working with PLPs is evident in documents submitted. The university contributes to the GM postgraduate workforce group SSSA sub-group. This group has representation from universities and PLPs to work together and implement the SSSA.	
There is recognition in practice of the importance of the role of the practice assessor and this is demonstrated by the allocation of time for the practice assessors to undertake their role.	
<b>Outcome:</b>	Standard met.
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

### Evidence and references list

Non-medical prescribing practice assessor communication strategy, undated

Non-medical prescribing clinical assessment tool, undated

Programme specification, version two, January 2019

Handbook for students/practice assessors/practice educators, non-medical prescribing unit, 2019-20, undated

Unit specification, level six, non-medical prescribing 2018-9, undated

Unit specification, level seven, non-medical prescribing 2018-9, undated

Community practitioner nurse prescribing (V150) practice assessor communication strategy, undated

Community nurse prescribing (V150) portfolio, undated

Handbook for students/practice assessors/practice educators, community nurse prescribing (V150) 2019-20, undated

North west universities: non-medical prescribing collaboration; application form for V150 community practitioner nurse prescribing courses, undated

Unit specification community practitioner nurse prescribing (level six), undated

Unit specification community practitioner nurse prescribing (level seven), undated

Practice supervisor: self-declaration form, undated

Practice assessor: self-declaration form, updated

Academic assessor: self-declaration form, undated

Transition to new supervision and assessment roles to meet NMC (2018) SSSA, 1 April 2019

GM postgraduate workforce group SSSA sub-group, 29 March 2019

Implementation of NMC (2018) SSSA, information for management of placement areas, undated

Implementation of NMC (2018) SSSA for all nurse/midwife prescribing programmes (including the V100 / V150 / V300) from September 2019, undated

North west universities: non-medical prescribing collaboration, application form for non-medical prescribing (V300, independent/supplementary prescribing), undated

Letter from NMC confirming approval of independent and supplementary prescribing programme (V300) and community practitioner nurse prescribing programme (V150),

11 April 2012

GM postgraduate workforce group minutes, 2 October 2019

**Personnel supporting programme approval**

**Members of Approval Panel**

Not applicable, desktop review

**Programme Presenters**

Prescribing lead, MMU

Principle lecturer, MMU

**Were any service providers visited?**

Not applicable, desktop review

**Meetings with others**

Mentors / sign-off mentors	
Practice teachers	
Service users / Carers	
Practice Education Facilitator	
Director / manager nursing	
Director / manager midwifery	
Education commissioners or equivalent	
Designated Medical Practitioners	
Other (please specify)	

If there were no representatives present during the approval event please state why:

Not applicable, desktop review

**Meetings with students**

<b>Nursing</b>					
<b>Adult</b>		<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
<b>Mental Health</b>		<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
<b>Children's</b>		<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
<b>Learning Disabilities</b>		<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
<b>Midwifery (3 year)</b>		<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	
<b>Midwifery (18 month)</b>		<b>Year 1</b>	<b>Year 2</b>		
<b>SCPHN</b>		<b>HV</b>	<b>SN</b>	<b>OH</b>	<b>FHN</b>
<b>Learning and Assessment in Practice</b>		<b>Mentor</b>		<b>Practice Teacher</b>	<b>Teacher</b>
<b>Nurse Prescribing</b>		<b>V100</b>	<b>V150</b>	<b>V300</b>	
<b>Specialist Practice</b>		<b>Adult</b>		<b>Mental Health</b>	<b>Children's</b>

		<b>Learning Disability</b>	<b>General Practice Nursing</b>	<b>Community Mental Health Nursing</b>
		<b>Community Learning Disabilities Nursing</b>	<b>Community Children's Nursing</b>	<b>District Nursing</b>
<b>Additional evidence viewed</b>				
Not applicable				

**Mott MacDonald Group Disclaimer**

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**Issue record**

Author:	Hilary Field	Date:	13 Dec 2019
Checked by:	Monica Murphy	Date:	17 Dec 2019
Approved by:	Andrea Bacon	Date:	17 Dec 2019