Programme approval visit report

Section one

Programme provider name:	University of Sheffield
In partnership with: *(Associated practice learning partners involved in the delivery of the programme)*	Barnsley Hospital NHS Foundation Trust Chesterfield Royal Hospital NHS Foundation Trust Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust The Rotherham NHS Foundation Trust Sheffield Children's Hospital NHS Foundation Trust Sheffield Teaching Hospitals NHS Foundation Trust Sheffield Health and Social Care NHS Foundation Trust
Programmes reviewed:	Independent and supplementary nurse prescribing V300 ☒ Community practitioner nurse prescribing V150 ☐ Community practitioner nurse prescribing V100 ☐
Title of programme(s):	Independent / Supplementary Prescribing for Nurses and Midwives 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:	15 December 2020
Programme start date: Independent and supplementary nurse prescribing V300 Community practitioner nurse prescribing V150 Community practitioner nurse prescribing V100	20 September 2021
QA visitor:	Registrant Visitor: Heather Bain

Summary of review and findings
The University of Sheffield (UoS) is an established approved education institution (AEI). The UoS school of nursing and midwifery present the independent and supplementary prescribing for nurses and midwives programme (V300) for approval against the Nursing and Midwifery Council (NMC) Standards for prescribing programmes (SPP) (NMC, 2018) and adoption of the Royal Pharmaceutical Society (RPS) competency framework for all prescribers. The visit is undertaken remotely during the COVID-19 pandemic. The V300 programme will be delivered at academic level seven over a period of 22 weeks, part-time, compromising 30 academic credits. The programme is delivered as a stand-alone programme but it's also core within the advanced clinical practice master's in medical sciences (MMedSci) programme in the routes for paediatrics, neonatal and general practice. The programme documentation and approval process confirm evidence of effective partnership working between UoS and key stakeholders. A wide range of stakeholders were involved during the development of the programme including service users and carers (SUCs), students and practice learning partners (PLPs). There are no system regulator/Care Quality Commission (CQC) adverse reports that may impact on the programme. The SPP and RPS competency framework for all prescribers are clearly detailed within the documentation and mapped to the programme. Arrangements at programme level meet the Standards framework for nursing and midwifery education (SFNME) (NMC, 2018). Arrangements at programme level don't meet the Standards for student supervision and assessment (SSSA) (NMC, 2018) as a condition applies. The programme is recommended for approval subject to one NMC condition. Two NMC recommendations are made. Updated 5 February 2021: Evidence is provided to meet the NMC condition. The programme is recommended to the NMC for approval.

Recommended outcome of the approval panel	
Recommended outcome to the NMC:	Programme is recommended to the NMC for approval ☐ Programme is recommended for approval subject to specific conditions being met ☒ Recommended to refuse approval of the programme ☐
Conditions:	**Effective partnership working: collaboration, culture, communication and resources:** None identified. **Selection, admission and progression:** None identified. **Practice learning:** Condition one: Review all documentation to outline the relationships and points of contact between practice supervisor, practice assessor and academic assessor. (SSSA R4.3, R7.7, R9.4; SPP R4.2) **Assessment, fitness for practice and award:** None identified. **Education governance: management and quality assurance:** None identified.
Date condition(s) to be met:	5 February 2021
Recommendations to enhance the programme delivery:	Recommendation one: Consider strengthening partnership working with SUCs in the development, delivery and evaluation of the prescribing programme. (SFNME R1.12; SPP R2.1) Recommendation two: Further consider learning and teaching strategies, such as case examples, to address different areas of practice to support the achievement of the RPS competency framework. (SFNME R5.1; SPP R2.3)
Focused areas for future monitoring:	None identified.

Programme is recommended for approval subject to specific conditions being met
Commentary post review of evidence against conditions Condition one: The programme team has provided documentation that clarifies the relationships and points of contact between practice supervisor, practice assessor and academic assessor. A flow chart has been added to the student handbook and to the practice supervisor and practice assessor handbook. The flow chart will also be a front facing document in the practice assessment area in pebblepad. Condition one is now met.

AEI Observations	Observations have been made by the education institution YES ☐ NO ☒
Summary of observations made, if applicable	
Final recommendation made to NMC:	Programme is recommended to the NMC for approval ☒ Recommended to refuse approval of the programme ☐
Date condition(s) met:	5 February 2021

Section three

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

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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 key stakeholders and the school in the development of the programme. PLPs, students and SUCs tell us they've contributed to the development of the programme.

There's evidence of partnership working at strategic and operational levels. The dean of the school confirms there's adequate resources to deliver the programme and they've regular strategic meetings with the heads of education and nursing directors. The programme leader and programme team are involved in regular regional meetings with prescribing leads who represent the PLPs. The programme leader is involved in the pan Midland, Yorkshire and East practice learning group. The programme team and PLPs describe how they work collaboratively to develop the programme and to implement the SSSA. PLPs tell us there's effective communication with the school in the recruitment process and they state all governance is in place within the application form.

The programme team also tell us the external examiner has had the opportunity to review the programme and contribute to its development.

Students tells us that the programme supports their development and their role in practice. They confirm they're satisfied with delivery and organisation of the programme and they're afforded protected learning time for the theory and practice hours. Students tell us the implementation of the assessment strategy in this programme is in response to their feedback to address the extensive academic workload. Students tell us they're well supported by the programme team and by their employers, practice supervisors and practice assessors. Students tell us they're encouraged to experience prescribing practice from a range of professionals during their learning in practice. They confirm they know the process for escalating concerns with the school and the practice learning environment. PLPs confirm their understanding of the process to escalate concerns, with their first point of contact being the programme leader.

Documentary evidence and the approval process confirm SUC involvement in the development and delivery of the programme. There's some evidence of SUC engagement in the recruitment process.

SUCs had the opportunity to review the admission process and the programme team tell us how they plan to involve service users in the review of the supporting statement.

SUCs tell us they provide feedback on student performance in the practice learning environment. SUCs also tell us of their involvement in the objective structured clinical examination within the previously approved programme but

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aren't involved in any other delivery of the programme currently. The students report their involvement with service users in the practice learning environment to support their learning but had not experienced any online learning involving service users during the recent pandemic. The programme team outlined future plans for involving SUCs within talking heads, the development of consultation skills videos and the use of technology for consultation sessions. The SUCs tell us they want to be involved in the delivery of the programme. The assessment of practice is informed by SUC feedback in the practice assessment document (PAD) within an e–portfolio. The programme team should consider how SUCs can be further involved in the design, delivery and evaluation of the programme. (Recommendation one)

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

MET ☒ **NOT MET** ☐

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
N/A
Date condition(s) met:
N/A

Revised outcome after condition(s) met	**MET** ☐	**NOT MET** ☐
N/A		

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.

Students will complete their current programme. Students who interrupt will complete their current programme.

Proposed transfer of current students to the programme under review
Demonstrate a robust process to transfer current students onto the proposed programme to ensure programme learning outcomes and proficiencies meet the *Standards for pre-registration midwifery programmes* (NMC, 2019).

Proposed transfer of current students to the *Standards for student supervision and assessment* (NMC, 2018).
Demonstrate a robust process to transfer current students onto the *Standards for student supervision and assessment* (NMC, 2018).

Findings against the standard and requirements

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

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

YES ☒   NO ☐

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

YES ☒   **NO** ☐

Provide an <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)

MET ☒   **NOT MET** ☐

R1.3 is met. Documentary evidence and discussion at the visit confirms the admission process has governance structures in place for the programme. The front facing programme webpage details the requirements that must be in place to support applicants onto the programme. This is supported with information on the application form with a section/declaration that must be completed by the prescribing lead or line manager to confirm the support for supervision, release for study days and the provision of a suitably qualified and trained practice supervisor and practice assessor. The students are selected onto the programme by employers and the programme team check all NMC standards are met. Students who undertake this programme as part of a wider programme have their admission criteria checked on admission and again prior to the commencement of the prescribing programme. Students and PLPs confirm disclosure and barring service (DBS) checks are in place within the application process. PLPs tell us they must confirm support is in place for students and that all applicants must meet the NMC requirements. Self-employed and applicants working in private practice are required to provide additional information relating to the elements that a manager or prescribing lead would sign off. This information is reviewed by the programme team.

There's an educational audit of the practice learning environment contained within the application form. The practice assessor completes this section in conjunction with the PLPs prescribing lead to indicate the governance structures are in place in the placement area. If there's a practice area that is new, or is for a non-NHS candidate, the programme lead will undertake a placement audit to review the systems in place to support the learners. The information from the audits is recorded in a school database for the programme.

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Processes for managing causes for concerns are in place for students, practice supervisors and practice assessors. Students and PLPs confirm they know the process to raise concerns and that it's outlined in their handbooks. Assurance is given that all governance is in place.

PLPs confirm they're fully involved in the admission process and support programme requirements including learning in the practice environment. They ensure students are provided with protected learning time. Students confirm they're supported by their employers and are given protected learning time. Practice supervisors and practice assessors are identified within the admission form. In line with the RPS designated prescriber practitioner framework (RPS, 2019) the practice assessor is required to have three years recent prescribing experience. The practice supervisor must be a qualified prescriber. The professional registration of all practice supervisors and practice assessors is checked at the admission stage by the programme team.

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

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

  YES ☒   **NO** ☐

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

  YES ☒   **NO** ☐

- Processes are in place to confirm that the applicant is capable of safe and effective practice at a level of proficiency appropriate to the programme to be undertaken and their intended area of prescribing practice in the following areas (R1.6):
  - Clinical/health assessment
  - Diagnostics/care management
  - Planning and evaluation

  YES ☒   **NO** ☐

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

  YES ☒   **NO** ☐

Proposed transfer of current students to the programme under review
From your documentary analysis and your meeting with students, provide an evaluative summary to confirm how the Standards for prescribing programmes and Standards of proficiency for nurse and midwife prescriber

(adoption of the RPS Competency Framework for all Prescribers) **will be met through the transfer of existing students onto the proposed programme.**

The current prescribing programme is mapped against the RPS competency framework for all prescribers. Students on the current programme won't transfer to the new 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 current students transferred to the SSSA during implementation of the NMC (2020) emergency standards.
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** ☐
Date: 15 December 2020		
Post event review		
Identify how the condition(s) is met: N/A		
Date condition(s) met: N/A		
Revised outcome after condition(s) met: N/A	**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* R2.2 ensure that all prescribing programmes are designed to fully deliver the competencies set out in the RPS *A Competency Framework for all Prescribers*, as necessary for safe and effective prescribing practice R2.3 state the learning and teaching strategies that will be used to support achievement of those competencies R2.4 develop programme outcomes that inform learning in relation to the formulary relevant to the individual's intended scope of prescribing practice: R2.4.1 stating the general and professional content necessary to meet the programme outcomes

R2.4.2 stating the prescribing specific content necessary to meet the programme outcomes

R2.4.3 confirming that the programme outcomes can be applied to all parts of the NMC register: the four fields of nursing practice (adult, mental health, learning disabilities and children's nursing); midwifery; and specialist community public health nursing

R2.5 ensure that the curriculum provides a balance of theory and practice learning, using a range of learning and teaching strategies

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

Findings against the standard and requirements

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

- There is evidence that the programme complies with the NMC Standards framework for nursing and midwifery education (R2.1)

    YES ☒   **NO** ☐

- There is evidence that the programme is designed to fully deliver the competencies set out in the RPS *Competency Framework for all Prescribers*, as necessary for safe and effective prescribing practice (R2.2).

    YES ☒   **NO** ☐

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

- Evidence of the learning and teaching strategies that will be used to support achievement of those competencies (R2.3).

R2.3 is met. The programme documentation details the structure of the prescribing programme. The programme is delivered at academic level seven within a 30-credit programme over 22 weeks. The practice learning under the supervision of the practice supervisor and practice assessor will require 90 hours.

A variety of teaching and learning approaches are used to meet the needs of all students. This includes directed and self-directed study supported by e-learning on the university's virtual learning environment (VLE). The programme team report the selected learning and teaching strategies are used to support achievement of the RPS competency framework for all prescribers. The programme specification is explicit and is aligned to the RPS competency framework for all prescribers. Students are assessed against these competencies in the online PAD. Achievement of the competencies is verified by the practice assessor in agreement with the academic assessor.

Students tell us their learning experiences are positive and the programme prepares them for prescribing practice. The students tell us that the programme is

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generic and while they say all the RPS competencies are addressed within the programme they'd like to see less of a focus on adults and more case studies related to other areas of practice. (Recommendation two)

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

- Evidence of programme outcomes that inform learning in relation to the formulary relevant to the individual's intended scope of prescribing practice (R2.4):
  - stating the general and professional content necessary to meet the programme outcomes
  - stating the prescribing specific content necessary to meet the programme outcomes
  - confirming that the programme outcomes can be applied to all parts of the NMC register: the four fields of nursing practice (adult, mental health, learning disabilities and children's nursing); midwifery; and specialist community public health nursing

YES ☒   **NO** ☐

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

YES ☒   **NO** ☐

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

YES ☐   **NO** ☐   **N/A** ☒

The programme 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** ☐

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* relevant to curricula are met   **YES** ☒   **NO** ☐

Outcome		
Is the standard met?	**MET** ☒	**NOT MET** ☐

Date: 15 December 2020

Post event review

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

Standard 3: Practice learning
Approved education institutions must: R3.1 ensure that suitable and effective arrangements and governance for practice learning are in place for all applicants including arrangements specifically tailored to those applicants who are self-employed **Approved education institutions, together with practice learning partners, must:** R3.2 ensure that practice learning complies with the NMC *Standards for student supervision and assessment* R3.3 ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment R3.4 ensure that students work in partnership with the education provider and their practice learning partners to arrange supervision and assessment that complies with the NMC *Standards for student supervision and assessment*

Findings against the standard and requirements

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

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

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MET ☒   NOT MET ☐

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R3.1 is met. Documentary evidence and discussion at the approval visit confirm suitable and effective arrangements and governance are in place for all applicants including those who are self-employed. This is assured by effective partnership working between the programme team and PLPs. PLPs and prescribing leads confirm their involvement in the selection process for applicants from their organisation. As part of the application process practice assessors for all students are required to complete a declaration about the clinical placement audit to provide assurance that governance arrangements are in place. When reviewing the application form for non-NHS applicants the programme team undertake a telephone interview to further discuss the governance arrangements, including

evidence of mandatory training, risk reporting processes and review of any external reports.

Practice supervisors and practice assessors are identified at the application stage and are prepared for their role by the AEI. Both are required to subscribe to an online resource developed by Health Education England (HEE). Completion of this resource generates a certificate of evidence which is reviewed by the programme team. Practice supervisors and practice assessors are also invited to attend the student's first day to gain insight into the programme, but this session isn't mandatory.

The programme team tell us they provide support as required including a practice visit. Students and PLPs tell us practice learning is supported and protected.

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)

MET ☒   **NOT MET** ☐

R3.3 is met. Programme documentation and the approval visit confirm a range of simulation-based and technology enhanced strategies are used appropriately to support learning and assessment. Strategies include the use of videos, collaborate classrooms, online quizzes, safeMedicate to address calculations and online workbooks. The use of mobile apps is encouraged.

The PAD is an e-portfolio within pebblepad. This document allows practice supervisors and practice assessors access. There's also a mobile app available for use and the PAD can be viewed offline. The students speak positively about the online learning resources.

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** ☐

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Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to practice learning are met		YES ☒	NO ☐
Assurance is provided that Gateway 2: *Standards for student supervision and assessment* relevant to practice learning are met		YES ☒	NO ☐

Outcome			
Is the standard met?		MET ☒	NOT MET ☐
Date: 15 December 2020			

Post event review
Identify how the condition(s) is met:
N/A

Date condition(s) met:			
N/A			
Revised outcome after condition(s) met:		MET ☐	NOT MET ☐
N/A			

Standard 4: Supervision and assessment
Approved education institutions, together with practice learning partners, must:
R4.1 ensure that support, supervision, learning and assessment provided complies with the NMC *Standards framework for nursing and midwifery education*
R4.2 ensure that support, supervision, learning and assessment provided complies with the NMC *Standards for student supervision and assessment*
R4.3 appoint a programme leader in accordance with the requirements of the NMC *Standards framework for nursing and midwifery education.* The programme leader of a prescribing programme may be any registered healthcare professional with appropriate knowledge, skills and experience
R4.4 ensure the programme leader works in conjunction with the lead midwife for education (LME) and the practice assessor to ensure adequate support for any midwives undertaking prescribing programmes
R4.5 ensure the student is assigned to a practice assessor who is a registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking
R4.5.1 In exceptional circumstances, the same person may fulfil the role of practice supervisor and practice assessor for that part of the programme where the prescribing student is undergoing training in a practice learning setting. In such instances, the student, practice supervisor/assessor and the AEI will need to evidence why it was necessary for the practice supervisor and assessor roles to be carried out by the same person

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

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

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

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

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

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

Findings against the standards and requirements

Provide an <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. Programme mapping documentation demonstrates how the programme complies with the SFNME. The programme team are appropriately qualified to deliver the programme.

PLPs tell us they engage with the programme team to ensure the SFNME is applied to the programme. Any breakdowns in practice learning environments are managed conjointly with the PLPs. If required academic assessors will visit practice learning environments for additional support and undertake tripartite meetings.

Students tell us of the positive support they receive from the programme team and they're supported both in the practice learning environment and in the university. They've had the opportunity to feedback and inform the new programme. There are opportunities for the students to evaluate practice learning throughout the programme. The students tell us their feedback is valued.

- There is evidence of how the *Standards for student supervision and assessment* are applied to the programme. There are processes in place to

identify the supervisors and assessors along with how they will be prepared for their roles (R4.2)

MET ☐   **NOT MET** ☒

R4.2 is not met. Educational audits are in place to ensure effective systems are in place to support learning in practice.

The programme team and PLPs report on the relationship between practice supervisors, practice assessors and academic assessors which overall complies with the SSSA. However, PLPs tell us they'd like to know when the academic assessor meets with the practice assessor. The student handbook, PAD and practice supervisor/practice assessor handbook don't explicitly outline when the academic assessor will contact the practice supervisors and practice assessors. (Condition one)

It's explicit in all documentation that the practice supervisor and practice assessor should be different people and it would only be the same person in exceptional circumstances. The PLPs state that it would be exceptional that this would ever be the same person as they'd identified a number of individuals to become practice supervisors and practice assessors that would support potential students accessing the programme. The only potential situation would be in a specialised clinic where there are limited suitably qualified staff. The programme team report in such situations the academic assessor would monitor the situation and that long arm supervision by a prescriber in the programme team would be offered. There are opportunities to evaluate practice learning throughout the programme and the students in attendance confirm they'd had the opportunity to evaluate their experience.

There's a programme handbook available for practice supervisors and practice assessors. There's an online resource available to prepare them for their role which is compulsory and this resource generates a certificate of completion. Prepared staff are added to a register which is held by the PLPs. The practice supervisors and practice assessors are also invited to attend a session on the student's first day which is optional. The senior school staff report that they're committed to ensuring all staff are prepared for their roles and this includes the academic assessor role.

PLPs demonstrate a good understanding of the SSSA and provide assurance of sufficient numbers of practice supervisors and practice assessors to supervise and assess students.

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

- Evidence of programme leader being a registered healthcare professional with appropriate knowledge, skills and experience (R4.3)

YES ☒   **NO** ☐

- Evidence of the programme leader working in conjunction with the LME and the practice assessor to ensure adequate support for any midwives undertaking prescribing programmes (R4.4)

  YES ☒   **NO** ☐

Provide an <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. Practice assessors are identified in the application process. They're registered health care professionals who are required to meet the RPS competency framework for designated prescribing practitioners, with normally three years prescribing experience. The AEI checks and confirms practice assessor qualifications.

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%).

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 ☒
The documentation isn't clear at what points the academic assessor engages with practice supervisors and practice assessors. (Condition one)	

Outcome	
Is the standard met?	MET ☐ NOT MET ☒
The documentation isn't clear at what points the academic assessor engages with practice supervisors and practice assessors. Condition one: Review all documentation to outline the relationships and points of contact between practice supervisor, practice assessor and academic assessor. (SSSA R4.3, R7.7, R9.4; SPP R4.2) **Date:** 15 December 2020	

Post event review	
Identify how the condition(s) is met: A flow chart has been developed that clarifies the relationships and points of contact between practice supervisor, practice assessor and academic assessor. The flow chart has been added to the student handbook and to the practice supervisor and practice assessor handbook. The flow chart will also be a front facing document in the practice assessment area in pebblepad. Evidence: Student handbook, undated Practice supervisor and practice assessor handbook, undated Process of practice supervision and assessment flow chart, undated Condition one is met.	
Date condition(s) met: 5 February 2021	
Revised outcome after condition(s) met:	MET ☒ NOT MET ☐

Standard 5: Qualification to be awarded
Approved education institutions, together with practice learning partners, must:

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

Findings against the standards and requirements

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

- Processes are in place to ensure following successful completion of an NMC approved programme of preparation, confirm that the registered nurse (level 1), midwife or SCPHN is eligible to be recorded as a prescriber, in either or both categories of:
  - a community practitioner nurse (or midwife) prescriber (V100/V150), or
  - a nurse or midwife independent/supplementary prescriber (V300) (R5.1)
  YES ☒   **NO** ☐

- Evidence to ensure that successful participation in and completion of an NMC approved prescribing programme leads to accreditation at a level equivalent to a bachelor's degree as a minimum award (R5.2)
  YES ☒   **NO** ☐

- Processes are in place to inform the student that the award must be registered with the NMC within five years of successfully completing the programme and if they fail to do so they will have to retake and successfully complete the programme in order to qualify and register their award as a prescriber (R5.3)
  YES ☒   **NO** ☐

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

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: 15 December 2020

Post event review

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

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: Chesterfield Royal Hospital NHS Foundation Trust CQC inspection report, 29 May 2020 Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust CQC inspection report, 19 February 2020		

Sheffield Teaching Hospitals NHS Foundation Trust CQC inspection report, 14 November 2018
The Rotherham NHS Foundation Trust CQC inspection report, 18 March 2019

Post visit documentation:
Revised student handbook, undated
Revised practice supervisor and practice assessor handbook, undated
Process of practice supervision and assessment flow chart, 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: September 2019 cohort (three students) September 2020 cohort (two students)		
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 UoS is an established AEI and visits to facilities weren't needed.		
Additional comments: None identified.		

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Issue record			
Final Report			
Author(s):	Heather Bain	Date:	21 December 2020
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