Nursing & Midwifery Council

Better, safer care through quality assurance of nursing, midwifery and nursing associate education.

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## Programme approval visit report

**Section one**

| Programme provider name: | Birmingham City University |
|---|---|
| **In partnership with:**<br>*(Associated practice learning partners involved in the delivery of the programme)* | Birmingham and Solihull Mental Health NHS Foundation Trust<br>Birmingham Women's and Children's NHS Foundation Trust<br>Birmingham Community Healthcare NHS Trust<br>Black Country Healthcare NHS Foundation Trust<br>Coventry and Warwickshire Partnership NHS Trust<br>Herefordshire and Worcestershire Health and Care NHS Trust<br>Sandwell and West Birmingham Hospitals NHS Trust<br>The Royal Orthopaedic Hospital NHS Foundation Trust<br>University Hospitals Birmingham NHS Foundation Trust<br>Walsall Healthcare NHS Trust<br>Worcestershire Acute Hospitals NHS Trust<br>Private, voluntary, and independent health care providers |
| **Programmes reviewed:** | Independent and supplementary nurse prescribing V300 ☒<br>Community practitioner nurse prescribing V150 ☒<br>Community practitioner nurse prescribing V100 ☒ |
| **Title of programme(s):** | Nurse independent/supplementary prescriber (V300)<br>Community Practitioner Nurse Prescriber (V150)<br>Community Practitioner Nurse Prescribing (V100) |
| **Academic level:** | |

| | |
|---|---|
| Independent and supplementary nurse prescribing V300 | England, Wales, Northern Ireland<br>☐ Level 5  ☒ Level 6  ☒ Level 7<br><br>SCQF<br>☐ Level 8  ☐ Level 9  ☐ Level 10<br><br>☐ Level 11 |
| Community practitioner nurse prescribing V150 | England, Wales, Northern Ireland<br>☐ Level 5  ☒ Level 6  ☒ Level 7<br><br>SCQF<br>☐ Level 8  ☐ Level 9  ☐ Level 10<br><br>☐ Level 11 |
| Community practitioner nurse prescribing V100 | England, Wales, Northern Ireland<br>☐ Level 5  ☒ Level 6  ☒ Level 7<br><br>SCQF<br>☐ Level 8  ☐ Level 9  ☐ Level 10<br><br>☐ Level 11 |
| **Date of approval visit:** | 12 February 2021 |
| **Programme start date:**<br><br>Independent and supplementary nurse prescribing V300<br>Community practitioner nurse prescribing V150<br>Community practitioner nurse prescribing V100 | 8 September 2021<br><br>10 January 2022<br><br>10 January 2022 |
| **QA visitor:** | Registrant Visitor: Eleri Mills |

| Summary of review and findings |
| --- |

Birmingham City University (BCU), faculty of health, education and life sciences (the faculty) present the community practitioner nurse prescribing (V100) as part of the specialist community public health nurse (SCPHN) and specialist practitioner qualification (SPQ) district nurse (DN) programmes and the community practitioner nurse prescribing (V150) and the independent and supplementary nurse prescribing preparation programmes (V300) for approval. The programmes are 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 is a standalone 40-credit programme delivered at academic levels six and seven. Nurses, midwives and allied health professionals (AHPs) access the programme that's delivered over 26 weeks. It comprises of 26 theory days with a practice learning requirement of 90 hours. The V150 programme is a standalone part-time 20-credit programme delivered at academic levels six and seven. It comprises of seven theory days with a practice learning requirement of 65 hours. The V100 programme is a 20-credit programme delivered at academic levels six and seven. It comprises seven theory days with associated practice learning and assessment requirements. It's delivered as part of the SCPHN and SPQ DN programmes.

The programme has adopted the Standards for student supervision and assessment (SSSA) (NMC, 2018). There's evidence of a regional partnership approach to the operationalisation of the SSSA between BCU, practice learning partners (PLPs) and local approved education institutions (AEIs).

Programme documentation and discussion at the approval visit confirms evidence of effective partnership working between BCU and key stakeholders. A range of stakeholders were involved during the programme development process including PLPs and service users and carers (SUCs). Students, practice supervisors and practice assessors weren't able to confirm involvement in the development of programmes.

Documentary evidence and discussion with the programme team provides assurance that the programme team are experienced with relevant prescribing qualifications and clinical experience. A pharmacist delivers the pharmacology sessions. Midwives undertaking the programme have the support of the lead midwife for education (LME).

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

Updated 23 February 2021:

BCU has submitted additional and revised documentation that confirms the NMC condition is 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 ☐ <br><br> Programme is recommended for approval subject to specific conditions being met ☒ <br><br> Recommended to refuse approval of the programme ☐ |
| **Conditions:** | **Effective partnership working: collaboration, culture, communication and resources:** <br> Condition one: The programme team must provide further documentation to evidence how they ensure feedback from students, practice supervisors and practice assessors will inform ongoing and future developments in the V100, V150 and V300 programmes. (SFNME R1.12, R4.9) <br><br> **Selection, admission and progression:** <br> None identified. <br><br> **Practice learning:** <br> None identified. <br><br> **Assessment, fitness for practice and award:** <br> None identified. <br><br> **Education governance: management and quality assurance:** <br> None identified. |

| Date condition(s) to be met: | 12 March 2021 |
|---|---|
| Recommendations to enhance the programme delivery: | None identified. |
| 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**<br><br>Additional and revised programme documentation provides evidence that the NMC condition is met.<br><br>Revised programme documentation details an action plan for how feedback from students, practice supervisors and practice assessors will inform ongoing and future developments. Condition one is met. | |
| **AEI Observations** | Observations have been made by the education institution    **YES** ☒      **NO** ☐ |
| **Summary of observations made, if applicable** | An amendment is made to page three of the summary of review and findings section in respect of a correction to the practice learning requirements for the V100 programme. |
| **Final recommendation made to NMC:** | Programme is recommended to the NMC for approval   ☒<br><br>Recommended to refuse approval of the programme   ☐ |
| **Date condition(s) met:** | 23 February 2021 |

**Section three**

| **NMC Programme standards** |
|---|
| Please refer to NMC standards reference points<br>*Standards for prescribing programmes* (NMC, 2018)<br>*Standards of proficiency for nurse and midwife prescriber (adoption of the Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers)* (NMC, 2018)<br>*Standards framework for nursing and midwifery education* (NMC, 2018)<br>*Standards for student supervision and assessment* (NMC, 2018) |

| NMC Programme standards |
|---|
| *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates* (NMC, 2015 updated 2018)<br>*Quality assurance framework for nursing, midwifery and nursing associate education* (NMC, 2020)<br>*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:**

**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 that there's effective partnership working between key stakeholders and BCU. PLPs tell us that they have a positive partnership working relationship with BCU. The development of the proposed prescribing programmes has been informed by PLPs, SUCs and some students who attended curriculum development meetings. PLPs and SUCs confirm that they've influenced the development of the programme and specifically the practice learning hours and written assessment. PLPs tell us they're supportive of the V300 change from 78 to 90 prescribing practice hours aligning the programme to AHP prescribing practice hours requirement. The multi-professional V300 programme ensures inter-professional learning (IPL). Students undertaking the V100 and V150 programmes share learning. Students tell us that they're aware that there are changes to the practice assessment document (PAD) and the presentation assessment replacing the written assessment on all programmes. Whilst students could tell us about these specific changes, they, practice supervisors and practice assessors confirm that they've not been fully involved in the development of the programmes. (Condition one)

Partnership working is further evidenced by BCU and PLPs working closely to support the implementation of the SSSA. PLPs confirm that they have processes in place to ensure that practice supervisors and practice assessors meet the requirements of the SSSA. PLPs value the extensive period of V300 supervised practice. They tell us that they're committing to ensuring students have protected learning time with experienced prescribing practice supervisors and practice assessors in order to develop sound prescribing skills. PLPs confirm that prescribers undertaking the roles of practice supervisors or practice assessors must demonstrate significant skills and experience in prescribing within the student's field of intended prescribing practice in order to supervise and assess prescribing students. There's evidence of a robust process to ensure the quality of learning in prescribing practice learning environments. A partnership approach to educational audit ensures that there're robust processes in place to monitor practice learning and act on any issues identified by students or system regulatory reports through placement audit action plans.

Partnership working with PLPs and other AEIs is evidenced in a shared regional application process for applicants to the V150 and V300 programmes. PLPs confirm that there's effective collaborative partnership working between BCU, non-medical prescribing (NMP) leads, managers and partners. They tell us that this approach enhances interdisciplinary practice. The programme lead attends quarterly regional NMP meetings which are attended by regional NMP leads and prescribing programme leads from local AEIs.

There's evidence of SUC involvement in curriculum development, teaching and assessment across the faculty including the prescribing programmes. SUCs confirm their involvement in providing student assessment and feedback. They tell us that they contribute to the objective structure clinical examination (OSCE), undertake role play to promote human contact and are part of an OSCE planning group. They provide feedback to practice assessors that directly informs the assessment of students in a practical demonstration of prescribing assessment and decision-making skills undertaken in the practice learning environment. Students confirm that the SUC assessment feedback is useful in informing their future prescribing practice. SUC feedback is required in the respective prescribing PADs; feedback forms have been developed to support children and young people to provide feedback. Academic assessors review SUC feedback forms in the respective V100, V150 and V300 PADs. SUCs tell us that they're prepared and supported by the programme team for their roles and are involved in the evaluation of the programmes.

Documentary evidence and discussion at the approval visit confirms that students, practice supervisors and practice assessors know how to raise and escalate concerns. The V300, V150 and V100 guides for supervising and assessing prescribing students in practice and the PADs detail how to raise and escalate concerns and failure in practice. 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 their respective programmes. Students confirm that the programme team and BCU are responsive and deliver V100, V150 and V300 programmes that 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** ☒

Students, practice supervisors and practice assessors weren't able to confirm how they've been involved in the development of the V100, V150 and V300 programmes.

Condition one: The programme team must ensure feedback from students, practice supervisors and practice assessors will inform ongoing and future developments in the V100, V150 and V300 programmes. (SFNME R1.12, R4.9)

| Assurance is provided that the AEI works in partnership with their practice learning partners, service users, students and all other stakeholders as identified in Gateway 2: *Standards for student supervision and assessment* | | | |
|---|---|---|---|
| | **MET** ☒ | **NOT MET** ☐ | |

| **Post event review** |
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**Identify how the condition(s) is met**

Revised programme documentation details an action plan for how feedback from students, practice supervisors and practice assessors will inform ongoing and future developments. Students, practice assessors and practice supervisors will complete an evaluation form about their experiences of practice learning. An annual quality day will be organised for stakeholders including students, NMP leads, practice assessors and practice supervisors who will have the opportunity to evaluate and be involved in future developments of the programmes.

Condition one is met.

Evidence:
Module annual review template, undated
Post module evaluation form, undated
Course annual report template, undated
Screenshot, student voice Moodle page, undated
Clinical practice time evaluation template, undated
Quality day agenda, undated
Practice supervisor and practice assessor questionnaire, undated

| **Date condition(s) met:** 23 February 2021 | | |
|---|---|---|
| **Revised outcome after condition(s) met** | **MET** ☒ | **NOT MET** ☐ |

| **Student journey through the programme** |
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| **Standard 1: Selection, admission and progression** |
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**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.

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**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).

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**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).

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### Findings against the standard and requirements

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**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** ☐

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- 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** ☐

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**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 the approval visit confirm that the necessary governance structures are in place to ensure students are supported throughout the V100, V150 and V300 programmes. An existing robust clinical governance framework within PLP organisations for V100, V150 and V300 programmes is clearly evidenced in programme documentation and confirmed by PLPs. The programme team and PLPs confirm the V100, V150 and V300 application process is in place and followed. Applicants to the V300 and V150 complete the regional application process alongside a BCU specific application form. V100 students are also interviewed as part of the SPQ DN and SCPHN application process. PLPs confirm that line managers must sign applications, confirming applicant suitability to undertake the programme and that practice learning time is protected. All practice learning environments including those who support self-employed or non-NHS students must meet the requirements of the educational audit process.

Documentary evidence and discussion with PLPs, students, practice supervisors and practice assessors confirm that applicants are supported by appropriately qualified and prepared practice supervisors, practice assessors and academic assessors for the duration of the programmes. PLPs confirm their commitment to enable practitioners to be prepared to undertake the role of practice supervisors and practice assessors. Discussion at the approval visit with the programme team and PLPs confirms that V300 practice learning time is increased from 78 to 90 hours to align with the AHP programme requirements. PLPs supporting nurses and midwives to undertake the programme confirm a commitment to support the additional practice learning requirement. Programme documentation and

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programme team confirm that protected V100 prescribing practice learning time is integrated across the SPQ DN and SCPHN programmes.

Programme documentation confirms that self-employed and non-NHS employed applicants are required to provide additional governance evidence. They must provide evidence of the clinical governance structures supporting their prescribing practice organisation. This includes evidence of personal indemnity, vicarious liability arrangements and there must be a satisfactory Care Quality Commission inspection outcome. A specific scrutiny process and checklist for self-employed and non-NHS applications is completed by the programme leader with the applicant present. All applications are scrutinised by the programme leader and applicants' professional registration is checked by the programme leader and an admissions officer.

**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 <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 programme will transfer onto the proposed programme. Students and PLPs tell us that they've been informed of the potential to transfer and confirm this will be considered on an individual basis in collaboration with the programme leader, students and PLPs.

| 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.**<br><br>All current students have transferred to SSSA. |
| Assurance is provided that Gateway 1: [Standards framework for nursing and midwifery education](#) relevant to selection, admission and progression are met<br><div align="right">**YES** ☒     **NO** ☐</div> |

| Outcome | | |
|---|---|---|
| **Is the standard met?** | **MET** ☒ | **NOT MET** ☐ |
| **Date:** 12 February 2021 | | |
| **Post event review** | | |
| **Identify how the condition(s) is met:**<br>N/A | | |
| **Date condition(s) met:**<br>N/A | | |
| **Revised outcome after condition(s) met:**<br>N/A | **MET** ☐ | **NOT MET** ☐ |

| Standard 2: Curriculum |
|---|
| **Approved educations institutions, together with practice learning partners, must:**<br><br>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

| Findings against the standard and requirements |
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**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 <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 proposed prescribing programmes. The programme team adopt an evidence-based practice strategy with peer learning groups, SUC problem-based learning and case studies to develop student knowledge, skills and understanding. Students and the programme team describe a blended learning strategy co-ordinated through BCUs virtual learning environment (VLE) Moodle. Students attend face-to-face classroom sessions and access online virtual teaching sessions which include profession-specific prescribing skills and student

presentations that encourage IPL. Formative assessments are integrated in the programmes and include quizzes, mock examination feedback and group and peer feedback. These strategies and practice learning experiences are used to support the achievement of the RPS competencies.

Practice learning for each programme is recorded in a PAD, this provides information about practice learning and students demonstrate progression towards achievement of the RPS competencies. A bespoke midwifery prescribing PAD ensures that there's documentary evidence that students who are midwives and their practice assessors and academic assessors are further supported by the LME. SUCs confirm that they'll provide feedback on student performance in the practice learning environment assessment. They tell us that their feedback is considered as part of the practical assessment undertaken by students who'll undertake a prescribing decision-making assessment. Verification of theory and practice are recorded in the PAD and achievement confirmed by the practice assessor in agreement with the academic assessor. Employing NMP leads and the LME for midwifery students sign to verify students have completed the programmes.

**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:** 12 February 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:**     **MET** ☐     **NOT MET** ☐    N/A | | |

| **Standard 3: Practice learning** |
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| **Approved education institutions must:**<br><br>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<br><br>**Approved education institutions, together with practice learning partners, must:**<br>R3.2 ensure that practice learning complies with the NMC *Standards for student supervision and assessment*<br>R3.3 ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment<br>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** |

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

**MET** ☒      **NOT MET** ☐

R3.1 is met. Documentary evidence and discussion at the approval visit confirm that the programmes have effective arrangements and governance for practice learning in place for all applicants including those who are non-NHS employed or self-employed. This is assured by effective partnership working between PLPs and the programme team. PLPs tell us that they attend a regional NMP forum with the BCU programme leader and local AEIs confirming the governance of practice learning is undertaken across AEIs and practice learning environments. The programme team tell us about a new strategy that's been implemented to further quality assure all practice learning environment educational audits. A traffic light system safeguards any risks associated with practice placement areas. Self-employed and non-NHS applicant practice learning environments must demonstrate they meet the requirements of the educational audit process.

The programme team and PLPs confirm the SSSA has been implemented. A regional approach is in place to prepare practice supervisors and practice assessors. The requirements for the roles are detailed in the V100, V150 and V300 practice supervisor and practice assessor guides and the supporting learners in practice document. NMP leads maintain a database of practice supervisors and practice assessors. PLPs confirm that prescribers undertaking the role of practice assessor or practice supervisor must demonstrate significant skills and experience in prescribing within the student's intended prescribing practice.

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

- There is evidence that the programme complies with the NMC standards for student supervision and assessment (R3.2)

**YES** ☒      **NO** ☐

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

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

**MET** ☒      **NOT MET** ☐

R3.3 is met. 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 both classroom and online activities is supported by Moodle. Simulation activities include formative OSCE preparation using Microsoft Teams; this involves the recording of students undertaking a simulated assessment. They receive formative feedback which supports preparation for the summative practice assessments. SUCs confirm their contribution to a simulated prescribing assessment in the classroom, they tell us that they provide feedback on student performance to support their learning.

Students confirm that they're familiar with and can use digital health technologies that support medicines management and prescribing in practice. Students tell us that they use the Know Your Medication app and safeMedicate to support formative numeracy assessment. Students confirm access to simulated based learning opportunities in the practice learning environment. Students tell us that the development of these prescribing skills are supported by practice supervisors and practice assessors. Practice assessors provide formative feedback to students on their progress on four occasions; a midpoint interview, assessment, progression towards achievement of proficiency and writing a prescription in the respective programme PADs. Formative and summative practice learning assessments are recorded in the PADs.

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

- Processes are in place to ensure that students work in partnership with the education provider and their practice learning partners to arrange supervision and assessment that complies with the NMC *Standards for student supervision and assessment* (R3.4)

**YES** ☒     **NO** ☐

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

**YES** ☒     **NO** ☐

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

**YES** ☒     **NO** ☐

| Outcome | | |
|---|---|---|
| **Is the standard met?** | **MET** ☒ | **NOT MET** ☐ |
| **Date:** 12 February 2021 | | |
| **Post event review** | | |
| **Identify how the condition(s) is met:** N/A | | |
| **Date condition(s) met:** | | |

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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. Documentary evidence confirms that effective support by the programme team and PLPs is integral to the V100, V150 and V300 programmes. Practice learning environments are educationally audited to ensure appropriate systems and processes are in place to support practice learning including appropriate plans to address system regulatory concerns. This requirement applies to NHS and non-NHS learning environments. The programme team confirm that where an audit doesn't meet the required standards, applicants aren't offered a place on the programme.

The programme team and PLPs tell us that students have protected learning time; this is confirmed by student representatives. Practice supervisors and practice assessors attend preparation specific to NMP and confirm that they're adequately prepared for the role. They confirm that communication between the programme leader and academic assessors is regularly undertaken which supports addressing any issues related to practice learning. Practice supervisors confirm that they support student prescribing practice development on a day to day basis. They demonstrate safe and effective practice within students' intended scope of prescribing. Practice supervisors confirm that they meet with practice assessors regularly to provide feedback on student performance. Practice assessors are responsible for assessing student performance in the final summative interview and confirm that the RPS competencies and assessment of practice for annotation as a V100, V150 or V300 prescriber on the NMC register have been achieved. Academic assessors must confirm agreement 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. V100 and V150 students share learning with community specialist nurses, SCPHN and DN students, health visitors and school nurses.

Documentary evidence confirms that any actions or omission constituting unsafe practice in any assessments will result in referral. Practice supervisor and practice assessor facing documentation provides information on the process to support students who are failing to achieve. Discussion at the approval visit with the programme team, students, practice supervisors, practice assessors and PLPs confirms that they know how to raise and escalate concerns through reporting processes. This is detailed in the respective PADs and guides for supervising and assessing prescribing students in practice.

Discussion at the approval visit and documentary evidence confirm that nominated academic assessors, identified from within the programme team support theoretical and practice learning. Students are allocated an academic assessor at the point of enrolment onto the V100, V150 and V300 programmes. The programme team confirm that BCU support and prepare them for their role as academic assessors.

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

**MET** ☒      **NOT MET** ☐

R4.2 is met. Documentary evidence and discussion at the approval visit confirm that arrangements are in place for the appointment of practice supervisors, practice assessors and academic assessors to support students. This includes preparation for the roles and access to practice supervisor and practice assessor guides and the programme team. There's a Moodle SSSA training link and a specific BCU site to further support the preparation of practice supervisors and practice assessors. There's evidence of a partnership approach with PLPs who confirm that there are sufficient practice supervisors and practice assessors to support V100, V150 and V300 students. Practice supervisors and practice assessors must confirm as part of the application process that they meet the requirements to undertake supervision and assessment roles. The programme team confirm that they scrutinise the application information before applicants are offered a place. Practice supervisors and practice assessors confirm that they're adequately prepared for their roles.

Academic assessors are required to complete preparation for their role. The programme team undertake the academic assessor role. The LME supports academic assessors and practice assessors for midwife prescribing students. Students tell us that they're well supported by the programme team enabling them to make good progress on the programme.

**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** ☐

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**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 evidence and discussion at the approval visit confirm that processes are in place to ensure students are assigned to an appropriate practice assessor who is an experienced prescriber. PLPs confirm that there are processes in place to assign each student to a practice assessor. The BCU supporting application form is completed specifying the requirements of the role of practice assessor. Practice assessors' managers must sign the application form to confirm that they have the support of the employing organisation to act as a practice assessor. NMP leads further confirm practice assessor suitability as part of the application form. The requirements for the roles are detailed in the respective practice supervisor and practice assessor guides and the supporting learners in practice document.

Documentary evidence and the programme team provide assurance 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 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)

- 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:** 12 February 2021 | | |
| **Post event review** | | |
| **Identify how the condition(s) is met:**<br>N/A | | |
| **Date condition(s) met:**<br>N/A | | |
| **Revised outcome after condition(s) met:**<br>N/A | MET ☐ | NOT MET ☐ |

| Standard 5: Qualification to be awarded |
|---|
| **Approved education institutions, together with practice learning partners, must:**<br><br>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:<br>R5.1.1 a community practitioner nurse or midwife prescriber (V100/V150), or<br>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** ☐

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| Outcome | | | | |
|---|---|---|---|---|
| Is the standard met? | | MET ☒ | | NOT MET ☐ |
| **Date:** 12 February 2021 | | | | |
| **Post event review** | | | | |
| Identify how the condition(s) is met: <br> N/A | | | | |
| Date condition(s) met: <br> N/A | | | | |
| Revised outcome after condition(s) met: <br> N/A | | MET ☐ | | NOT MET ☐ |

**Section four**

## Sources of evidence

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

| Key documentation | YES | NO |
|---|:---:|:---:|
| Programme document, including proposal, rationale and consultation | ☒ | ☐ |
| 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, 17 February 2021 Module annual review template, undated Post module evaluation form, undated | | |

Course annual report template, undated
Screenshot, student voice Moodle page, undated
Clinical practice time evaluation template, undated
Quality day agenda, undated
Practice supervisor and practice assessor questionnaire, 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: <br> V300, January 2020 x two <br> V300, September 2021 x one <br> V300, January 2021 x one <br> V150, September 2019 x one | | |
| Service users and carers | ☒ | ☐ |
| If you stated no above, please provide the reason and mitigation | | |
| Additional comments <br> 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 <br> 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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| **Issue record** | | | |
|---|---|---|---|
| **Final Report** | | | |
| Author(s): | Eleri Mills | Date: | 18 February 2021 |
| Checked by: | Bernadette Martin | Date: | 5 March 2021 |
| Submitted by: | Lucy Percival | Date: | 21 April 2021 |
| Approved by: | Emiko Hughes | Date: | 21 April 2021 |