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Protecting the public through quality assurance of nursing and midwifery education

Nursing & Midwifery Council

2017-18
Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	University of Stirling
Programmes monitored	Registered Specialist Comm Public Health Nursing - HV
Date of monitoring event	28 Feb-01 Mar 2018
Managing Reviewer	Shirley Cutts
Lay Reviewer	Natalie Paisey
Registrant Reviewer(s)	Patricia Colliety
Placement partner visits undertaken during the review	Wallacetown Health Centre, NHS Tayside – telephone interviews Clackmannanshire Community Healthcare Centre, NHS Forth Valley – telephone interviews Stenhousemuir Health Centre/Forth Valley Royal Hospital, NHS Forth Valley – telephone interviews
Date of Report	12 Mar 2018

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Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.

We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

Standards for nursing and midwifery education

Our legislation defines our role in the education and training of nurses and midwives. It allows us to establish standards of education and training which include the outcomes to be achieved by that education and training. It further enables us to take appropriate steps to satisfy ourselves that those standards and requirements are met, which includes approving education providers and awarding approved education institution (AEI) status before approving their education programmes.

Quality assurance (QA) is our process for making sure all AEIs continue to meet our requirements and their approved education programmes comply with our standards.

We can withhold or withdraw approval from programmes when standards are not met.

QA and how standards are met

The QA of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2017, AEIs must annually declare that they continue to meet our standards and are expected to report exceptionally on any risks to their ability to do so.

Review is the process by which we ensure that AEIs continue to meet our education standards. Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by AEIs and it engages nurses, midwives, students, service users, carers and educators.

The NMC may conduct a targeted monitoring review or an extraordinary review in response to concerns identified regarding nursing or midwifery education in both the AEI and its placement partners.

The published QA methodology requires that QA reviewers (who are always independent to the NMC) should make judgments based on evidence provided to them about the quality and effectiveness of the AEI and placement partners in meeting the education standards.

QA reviewers will grade the level of risk control on the following basis:

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Met: Effective risk controls are in place across the AEI. The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve all stated standards. Appropriate risk control systems are in place without need for specific improvements.

Requires improvement: Risk controls need to be strengthened. The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve stated standards. However, improvements are required to address specific weaknesses in AEI's and its placement partners' risk control processes to enhance assurance for public protection.

Not met: The AEI does not have all the necessary controls in place to safely control risks to enable it, placement partners, mentors and sign-off mentors to achieve the standards. Risk control systems and processes are weak; significant and urgent improvements are required in order that public protection can be assured.

It is important to note that the grade awarded for each key risk will be determined by the lowest level of control in any component risk indicator. The grade does not reflect a balance of achievement across a key risk.

When a standard is not met, an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant placement partner. The action plan must be delivered against an agreed timeline.

Summary of findings against key risks

Resources	**1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.1 AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors/sign-off mentors/practice teachers in evidence to support the students allocated to placement at all times			
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation**	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency	2.1.4 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice
Practice Learning	**3.1 Inadequate governance of, and in, practice learning**	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 AEI staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice	3.3.2 Systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students		
Fitness for Practice	**4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards**	4.1.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence			
Quality Assurance	**5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards**	5.1.1 Student feedback and evaluation/ programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		

Standard Met	**Requires Improvement**	**Standard Not met**

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Introduction to University of Stirling's programmes

The school of health sciences (the school) is part of the faculty of health science and sports within the University of Stirling (UoS).

The university has campus sites in Stirling, the Highlands and the Western Isles. The school works with four practice partner organisations, NHS Forth Valley, NHS Highland/Highland Council, NHS Western Isles and NHS Tayside.

The specialist community public health nurse (SCPHN) health visitor (HV) programme was approved in 2014 with the first cohort admitted to the university in January 2015. The programme was developed in response to the Scottish government's demand for more health visitors. The programme has one intake of students in January each year. 35 students were recruited to the January 2018 cohort.

We planned to visit Wallacetown health centre in NHS Tayside, Clackmannanshire Community healthcare centre and Stenhousemuir health centre in NHS Forth Valley. Unfortunately the severe weather conditions, including a 'red' weather warning on 28 February 2018, led to the closure of the university and made travel outside Stirling impossible. The review team agreed with the programme team and the associate dean for learning and teaching that the review would continue. The review team were supplied with documentary evidence and telephone numbers for students, practice teachers (PTs), long arm mentors and nurse managers and continued to work from the hotel. This model of working continued on day two, 1 March 2018, as the severe weather conditions continued. Contact with the associate dean for learning and teaching was maintained by telephone, text and email.

Summary of public protection context and findings

Our findings conclude that the UoS has processes and systems in place to monitor and control the risk themes: resources; admissions and progression; fitness for practice; and, quality assurance.

The risk theme practice learning has identified weaknesses which require improvement.

The key risk themes are described below:

Resources: met

We conclude that the university has adequate resources to deliver the SCPHN HV programme to meet NMC standards. There are sufficient appropriately qualified mentors and PTs to support the number of students studying the SCPHN HV programme.

Admissions and progression: met

We conclude that the UoS admissions process meets NMC requirements. We found that disclosure Scotland protecting vulnerable groups (PVG) checks and occupational

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health (OH) clearance are confirmed before a SCPHN HV student can enter the programme.

The university has effective fitness to practise (FtP) policies and procedures in place for the management of poor performance in both theory and practice and poor conduct in practice. These procedures are clearly understood by all stakeholders. We are confident that concerns are investigated and dealt with effectively and the public is protected.

We found that robust systems are in place for the accreditation of prior learning (APL) and achievement, although they have not been used for the SCPHN HV programme.

Practice learning: requires improvement

We conclude that partnership working between the university and practice placement providers is strong and effective at both strategic and operational levels to ensure effective practice learning environments and experiences for students. There is a collaborative approach to ensuring that clinical governance issues are controlled and well managed. We are assured that effective risk management approaches are adopted and actions are taken in partnership between the university and practice placement providers to ensure students' practice learning is not compromised when Health Improvement Scotland (HIS) reports have identified areas of concern. However, we did not see evidence of a process in place for exceptional reporting to the NMC. This requires improvement.

We found that collaborative relationships are established with approved education institutions (AEIs) who use the same practice placement locations. Educational audits are shared and UoS is working with other AEIs in the implementation of the Scottish governments quality management of the placement learning environment (QMPLE).

Our findings conclude that practitioners are involved in recruitment and selection and the ongoing development of the SCPHN HV programme. However the involvement of service users and carers is limited to some areas of programme delivery in the SCPHN HV programme. They are not consistently involved in recruitment and selection or the ongoing monitoring and development of the programme. This requires improvement.

We found academic staff effectively support SCPHN HV students in practice settings.

We found there is considerable investment in the preparation and support of mentors and PTs. The completion of mentor and PT updates and triennial reviews are robust and the registers are accurate and up to date.

PTs are appropriately prepared for their role of supporting and assessing students. There is a clear understanding held by PTs about assessing and signing-off competence to ensure students are fit for practice to protect the public.

Fitness for practice: met

We conclude from our findings that programme learning, teaching and assessment strategies, experience and support in practice placements enable SCPHN HV students to meet programme outcomes and NMC proficiencies. Students report that

they feel confident and competent to practise at the end of their programme for entry to the NMC professional register. Mentors, PTs and employers describe successful students completing the programmes as fit for practice and employment.

Quality assurance: met

We concluded that evaluation processes address areas for development and enhance the delivery of the SCPHN HV programme. The student voice is valued and action is taken to resolve any issues they raise.

Concerns and complaints raised in the practice setting are responded to effectively and appropriately dealt with and communicated to relevant partners.

Summary of areas that require improvement

The following areas require improvement.

There is no formal process for ensuring that potential risks to the public are exceptionally reported to the NMC.

- The school needs to agree and implement a process for exceptional reporting to the NMC.

There is a lack of involvement by service users and carers in ongoing programme management and development.

- The school needs to facilitate the engagement of service users and carers in the ongoing development and monitoring of the SCPHN HV programme.

Summary of areas for future monitoring

- A formal process is in place for exceptional reporting to the NMC.
- Involvement of service users and carers in the selection process for the SCPHN HV programme.
- The engagement of service users and carers in the ongoing monitoring and development of the programme.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

The teaching team for the SCPHN HV programme is motivated and enthusiastic in their approach to learning, teaching and student support. They describe strong partnership working with the placement providers and confirm a collaborative approach to student recruitment and selection. They confirm that students receive appropriate practice experience.

Mentors/sign-off mentors/practice teachers and employers and education commissioners

Managers and PTs confirm collaboration with the AEI in recruiting students and in developing the SCPHN HV curriculum. They described the collaborative approaches taken to recruit students to the SCPHN HV programme. Managers and PTs told us that they contribute to the teaching and assessment within the programme. They also confirm that there are adequate numbers of PTs and mentors to support SCPHN HV students. Managers are confident that the programme produces health visitors who are fit for practice on successful completion of their programme.

Students

Students told us that they feel well supported by the programme academic staff, PTs, mentors and managers. They confirm that they are able to undertake a wide range of practice experiences which are relevant to the SCPHN HV role. Students are aware of the processes for raising concerns and of the importance of FtP.

Service users and carers

Arrangements were made for reviewers to meet with service users/carers in both of the health boards identified for visits during the monitoring event. Due to the inclement weather these meetings did not take place. Feedback in the students' practice proficiency framework (PPF) document demonstrates that service users and carers are confident that the skills and knowledge which students develop during the programme prepare them for the SCPHN HV role.

Relevant issues from external quality assurance reports

The findings from HIS reports published in the last 12 months for organisations that provide practice placements used by the university were reviewed. These external quality assurance reports provided the review team with context and background to inform the monitoring review (1-8).

HIS currently focuses on two key areas – ensuring hospitals are safe and clean and; the care of older people in acute hospitals.

HIS, Healthcare environment inspectorate, unannounced follow up theatre inspection report, Raigmore Hospital, NHS Highland, 7-8 February 2017 (1).

The original inspection in 2016 reported four requirements. This inspection was made to follow up on the progress made with regard to the requirements. The inspection concluded that all four requirements are now met.

HIS, Healthcare environment inspectorate unannounced inspection report, Belford Hospital, NHS Highland, 25-26 October 2016 (2).

The inspection report made one requirement and one recommendation.

HIS, Healthcare environment inspectorate, unannounced theatre inspection report, Forth Valley Royal Hospital, NHS Forth Valley, 4-5 October 2017 (3).

The inspection report made six requirements and two recommendations.

HIS, Healthcare environment inspectorate, unannounced inspection report, MacKinnon Memorial Hospital, NHS Highland, 18–19 April 2017 (4).

The inspection report made three requirements.

HIS, healthcare environment inspectorate, unannounced follow-up inspection report, Uist and Barra Hospital, NHS Western Isles, 7–8 February 2017 (5).

A previous inspection in October 2016 had resulted in five requirements and one recommendation. This follow up inspection was to assess the progress made in addressing the identified requirements. In February 2017, HIS found that three of the requirements were partially met. They also identified two new requirements. Two of the requirements identified in October 2016 were not inspected during this visit as their completion date was March 2017. An action plan is in place which is monitored by HIS.

HIS, care of older people inspection report, NHS Forth Valley, Forth Valley Royal Hospital, February 2017 (6).

This was an unannounced inspection which reported areas of good practice and identified 10 areas for improvement.

HIS, unannounced inspection report, safety and cleanliness inspection, NHS Forth Valley, Forth Valley Royal Hospital, December 2017 (7).

An unannounced theatre inspection reported two areas for improvement.

HIS, unannounced theatre inspection report, safety and cleanliness inspection, Western Isles Hospital, December 2017 (8).

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The inspection reported two areas for improvement.

NHS Education for Scotland (NES) carried out a review of the SCPHN HV programme in July 2017 as part of its annual performance management process. No concerns were raised during this review (24).

We conclude that the school is informed of the outcomes of HIS inspections and works with their practice placement partners to ensure students' practice learning is not compromised and the public is protected.

Follow up on recommendations from approval events within the last year

There have been no approval events within the last year (20).

Specific issues to follow up from self-report

There were no specific issues to follow up from the 2017-18 self-report (20).

Findings against key risks

Key risk 1 – Resources

1.1 **Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**

1.2 **Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation**

Risk indicator 1.1.1 – AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes

What we found before the event

The UoS has a programme of staff development which encourages staff to engage with professional development including undertaking a teaching qualification, accredited by both the Higher Education Academy, and the Nursing and Midwifery Council (NMC), if applicable. The SCPHN HV programme leader has due regard, current registration and a teacher qualification recorded with the NMC (9-10).

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What we found at the event
The SCPHN HV programme team is small, consisting of three lecturers. All have appropriate, up to date professional qualifications. The programme leader has a teaching qualification recorded with the NMC. The other lecturers are due to complete their teaching qualification in 2018. An academic staff database is maintained which includes registrant academic staff's NMC personal identification number (Pin), registration renewal and date for revalidation. This is maintained by an administrator within the school (39-40).

All members of the programme team have a range of clinical and academic experience and they are encouraged by the university to develop their skills and knowledge. Teaching staff are supported to undertake continuing professional development to retain currency and to meet revalidation requirements. All SCPHN HV lecturers are research active and incorporate the results of their work into the programme. The programme team has registered their intent to apply for UNICEF baby friendly initiative (BFI) status and two of the team have undertaken their BFI training. This work is ongoing (25, 41).

Each lecturer in the programme team links with one of the health boards, attending relevant meetings and supporting the SCPHN HV students. The associate dean for learning and teaching supports this link activity (28, 42).

We conclude that the university has adequate appropriately qualified academic staff to deliver the SCPHN HV programme to meet NMC standards.

Risk indicator 1.2.1 - sufficient appropriately qualified mentors/sign-off mentors/ practice teachers in evidence to support the students allocated to placement at all times

What we found before the event
Students are supported by appropriately qualified SCPHN HV PTs both in the university and practice settings. Managers are responsive to the need to support practice staff to undertake the PT programme to accommodate increasing student numbers, if required (9).

What we found at the event
We found that there are sufficient appropriately qualified PTs and mentors to support SCPHN HV students.

The model of support for students includes the use of long arm mentors supported by a PT. Due to increased student places available in January 2018, UoS and their

practice partners have worked together to prepare and support additional long arm mentors. The PTs report that they have one SCPHN HV student working with them and if they are overseeing a long arm mentor they usually support a maximum of two. This was confirmed by the long arm mentors. Managers, PTs, mentors and students confirmed that students have supernumerary status and work with their PT or mentor at least 50 percent of the time. PTs, mentors and students report that the system supports the students and that they are all clear about the different roles (25-26, 28, 31-36, 38, 43-44).

The university works with practice placements to ensure that the training of more PTs and mentors is in place to keep up with increasing SCPHN HV student numbers. This was confirmed by PTs (26, 28, 31).

PTs and students confirm that students are supernumerary in practice, including during consolidation when students are given a supervised caseload (29-31).

We conclude from our findings that there are sufficient appropriately qualified PTs and mentors to support the number of students studying the SCPHN HV programme.

Outcome: Standard met

Comments:
No further comments

Areas for future monitoring:
None identified

Findings against key risks

Key risk 2 – Admissions & Progression
2.1   Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation
Risk indicator 2.1.1 - selection and admission processes follow NMC requirements
What we found before the event
The school has a lead for recruitment and retention. Admission procedures meet

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NMC requirements. Membership of the recruitment and selection committee consists of academic staff and practice placement partners (11).

Recruitment is undertaken jointly with the relevant NHS board colleagues. Student retention and completions are good (24).

All staff involved in the selection process undergo equality and diversity training provided either by the university or by the NHS if they are clinically based (11).

All applicants, prior to being offered a place, have a disclosure Scotland PVG criminal record check and OH review which is monitored by the UoS admissions department (11).

Complex criminal record clearances are referred to the school's FtP panel prior to admission. Good health and good character are monitored throughout the student's progression on the programme, in adherence to NMC requirements, at the end of each year of study and prior to entry on the NMC register (11).

Progression points for the programme are clearly identified and processes are in place to enable students to take a leave of absence from the programme, if required (9, 12-13).

What we found at the event

Students applying for the SCPHN HV programme are required to provide evidence of current NMC registration and current and satisfactory disclosure Scotland PVG criminal record check for adults and children. Another disclosure Scotland check is undertaken if the student is successful at interview. Eligibility criteria for admission to the SCPHN HV programme includes two years post-registration experience, an identified PT, evidence of study skills and support from a senior line manager from practice. Declaration of good health and good character is required before commencement of the programme. The students we spoke to confirm this process (25, 29-31, 45).

Information days are provided for potential students to support recruitment to the programme. These are jointly planned and delivered by the health boards and the university. Students told us that the information provided on these information days is extremely useful and informative (29-30, 46).

Interviews are conducted by practice placement partners and a member of the academic staff, usually the lecturer who links with the health board. All those involved in interviews have received equality and diversity training. For academic staff this is monitored by the university human resources department and for the practice staff by their manager. The university receives confirmation of the completion of equality and diversity training by practitioners by practice placement providers (25, 31-33, 35-36, 46–49).

The SCPHN HV teaching team and their practice placement partners are keen to develop the role of service users and carers in the interview process. Current practice

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relies on the inclusion of a scenario based on an actual case study. Interviews for the pre-registration students involve the use of multiple mini interviews, which is a model the SCPHN HV teaching team and their practice partners are looking to adopt. Work is progressing and it is intended that the model will be in place for interviews for the January 2019 cohort (25, 42, 50).

We conclude from our findings that selection and admission processes for the SCPHN HV programme meet NMC requirements.

Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice

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What we found before the event

Processes are in place to address concerns regarding the poor performance of students in both theory and practice. Practice placement partners are included in FtP panels (16-17).

What we found at the event

We found that the university has procedures in place to address issues of poor performance in theory and practice. FtP procedures are clearly explained in the SCPHN HV programme handbook. Students confirm their understanding of the importance of FtP procedures, including those related to academic performance and professional behaviour (29-30, 37).

The school maintains a database of FtP cases and their outcomes to identify emerging themes and inform future developments (31-33, 35-38).

In 2016/17 there were nine referrals to the FtP panel, none of them from the SCPHN HV programme. Four of the referrals were due to concerns regarding conduct in clinical practice and one for falsifying ongoing record of achievement (OAR) documents. Issues raised from disclosure Scotland PVG checks prior to admission to a programme are also forwarded to the FtP panel. In 2016/17 this led to three referrals being made. So far in 2017/18 there have been eight referrals, including one for conduct in clinical practice and three for falsifying OAR documents. These FtP cases do not include SCPHN HV students (56-57).

The SCPHN HV teaching team and students told us that students' performance is monitored regularly. Students told us that they are given additional support from academic staff and university student services, when required, to address poor academic performance (29-30).

Students are required to self-declare good health and good character on admission to the programme and on completion of the programme for admission to the NMC

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register. Disclosure Scotland PVG currency and OH status are checked by their sponsoring trust prior to admission to the NMC register (50).

We conclude from our findings that procedures to address issues of poor performance in both theory and practice are robust and are applied by both UoS and practice placement providers.

Risk indicator 2.1.3 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency

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What we found before the event

The school has a recognition of prior learning (RPL) policy that is applied to individual students at the point of application. The evidence provided is mapped against the university's academic standards and the requirements of the NMC (18).

Students can apply for RPL credit for up to one third of the programme (9).

What we found at the event

Students confirm that they are aware of the opportunity to apply for RPL. Teaching staff told us that there have been no requests for RPL this year (25, 27, 29-30).

Risk indicator 2.1.4 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice

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What we found before the event

Practice placement partners are members of FtP panels. Clinical staff can be involved in the investigation process (17).

NHS Education for Scotland (NES) has acknowledged the importance of FtP processes and commissioned research into the understanding and implementation of FtP procedures (53-54).

What we found at the event

We found that the university's FtP procedures are implemented by practice placement providers in addressing issues of poor performance in practice. The FtP process is included in the PPF document and the student handbook. AEI staff and the senior

nursing managers we spoke to confirm that FtP procedures are implemented by their staff in order to address issues of poor performance in practice. They assured us that staff are confident in the effectiveness of the process. Mentors and PTs confirmed that they understand the use of FtP procedures to address poor performance in practice. Practice partner representatives are members of FtP panels (25, 31-38).

Practice managers could provide examples of occasions when the process had been implemented, although not for students on the SCPHN HV programme (25, 31-38, 55).

FtP procedures are clearly explained in the programme handbook. Students confirm their understanding of the importance of FtP procedures, including those related to academic performance and professional behaviour (29-30, 37).

Students and mentors told us that they have weekly meetings to review practice learning, and action plans are developed to address their further learning needs. If the mentor has concerns regarding a student's progress they receive additional support from the PT and the practice education facilitator (PEF). The personal tutor would also be informed. This is recorded in the PPF (29-33, 35-36, 38).

We conclude that practice placement providers have a clear understanding of, and work with, UoS when initiating and implementing procedures to address issues related to students' poor performance in practice. Systems of support are in place to address poor performance in practice for students on the SCPHN HV programme and ensure that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.

Outcome: Standard met

Comments:

The SCPHN HV teaching team and their practice placement partners are keen to develop the role of service users and carers in the interview process. Current practice relies on the inclusion of a scenario based on an actual case study. Interviews for the pre-registration students involve the use of multiple mini interviews, which is a model the SCPHN HV teaching team and their practice partners are looking to adopt.

Areas for future monitoring:

- The inclusion of service users and carers in the selection of students for the SCPHN HV programme.

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Findings against key risks
Key risk 3 - Practice Learning **3.1 Inadequate governance of, and in, practice learning** **3.2 Programme providers fail to provide learning opportunities of suitable quality for students** **3.3 Assurance and confirmation of student achievement is unreliable or invalid**
Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations
What we found before the event
Educational audit is a collaborative process between practice placement partners and the university. The audit process for practice learning is undertaken with reference to NES quality standards for practice placements. Audits of practice learning areas are undertaken by the school practice learning coordinators, academic staff from within the school and the PEFs/ care home education facilitators (CHEFs). The school's student support staff hold a database of all educational audits and when they are due for updating. Staff are alerted, on a monthly basis, as to when any audits are due to be undertaken (19). NES has introduced the QMPLE system, a national project with its implementation across Scotland at varying stages across the AEIs. This is a web based evaluation and reporting resource to manage the practice learning environment (20). A statement of compliance is signed by the head of school of health sciences and representatives from four NHS boards: NHS Forth Valley; NHS Highland/Highland Council: NHS Western Isles: and, NHS Tayside (9). Practice learning and collaboration with PTs and practice placement providers has been strengthened by the alignment of named lecturers to liaise and support PTs and be the point of contact in each NHS board area (24).
What we found at the event
We found that partnership working between the university and practice placement partners is long standing and strong at strategic and operational levels. The associate dean for learning and teaching has a well-established working relationship with senior nurse managers in each of the health boards. They keep her informed of

developments and any issues of concern in the trusts within the health board. When HIS conduct an inspection the senior nurse manager in the relevant health board alerts the associate dean for learning and teaching of any requirements and recommendations. In addition, each member of the teaching team links with nurse managers in one of the health boards. The link role activities include attending local meetings where practice issues are discussed, including outcomes from HIS reports. This was confirmed by the teaching team, the PEF and PTs. Physical attendance at all meetings for the teaching team is challenging due to geographical distances but alternative methods, for example Skype, are regularly used. The nurse managers we spoke to confirmed that the relationship with the teaching team is strong and that they respond to any issues in a timely manner (26, 28, 31, 42, 58–62).

We are confident that adverse clinical governance and risk issues with a potential effect on patient, service user, or student safety are managed by the university in partnership with placement providers, but we did not see evidence of exceptional reporting to the NMC (20, 42, 63). This requires improvement.

The associate dean for learning and teaching told us that the HIS reports are discussed both informally with senior nurse managers and formally in health board meetings. She emphasised that the priority is to protect the public. A policy for exceptional reporting has been developed which emphasises the importance of partnership working where concerns are raised regarding a practice learning environment. Action plans are developed in partnership. Actions which may be taken include removal and re-allocation of students, and re-auditing of placements. As this policy is still to be agreed and formally implemented, this requires improvement (42, 62, 64).

Educational audits are conducted by a member of UoS staff in collaboration with a representative from the practice placement. They are monitored by the PEFs whose post is jointly funded by the university. Copies of the educational audits are held in the university and are regularly reviewed and updated by PEFs and the practice learning team. PTs confirmed that educational audit information is communicated regularly to practice placement areas. There is collaboration with other AEIs for shared practice placements. NES are developing an online site called QMPLE which will hold all audits, mentor registers and evaluations. The site will be used by all AEIs in Scotland and is due to go live in September 2018. Access will be password protected with different levels of access for different professional groups (25-26, 28, 31, 62).

Other opportunities for collaborative working are provided through the regional practice learning environment group and the Lothian and Borders practice learning and education committee. The associate dean for learning and teaching represents the university at these meetings where issues discussed include placement capacity and QMPLE (65-66).

Students confirmed that a robust raising and escalating concerns policy is explained to them during the orientation period and that the policy is clearly presented in the student handbook and the PPF document. Students consistently told us that they are fully supported by academic and practice staff to raise concerns. They described the

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process as it appears in the flowchart "raising a cause for concern". They gave examples of having done so in both academic and practice environments. Feedback on issues raised is presented at the staff/student consultative committee (22, 29-30, 37).

Service level agreements are in place with the health boards which confirm that resources are in place to support the SCPHN HV programme (67-70).

NES now requires health boards to have an education sustainability plan in place to provide assurance that SCPHN HV programmes continue to be delivered; discussions take place at a national level. NHS Tayside has confirmed their intention to continue working with UoS (71).

We conclude that there is effective partnership working at both strategic and operational levels between the university, practice placement providers and other AEIs who share the same placement areas. We are confident that governance issues and potential risks to the public are controlled. However, there is no evidence of exceptional reporting to the NMC and this requires improvement.

Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery

What we found before the event

Managers and PTs confirmed that they were involved in the development of the SCPHN HV programme. They presented a strong partnership with the AEI team during the approval of the programme (9).

The school has a strategy which outlines its plans for service user and carer involvement in the development and delivery of its programmes. Service users were part of the programme development of the SCPHN HV programme and in the delivery of the programme (9, 21).

What we found at the event

We found that service users and carers have limited involvement in programme development, delivery and evaluation.

The most consistent area of their involvement is through the requirement for students to gain feedback from service users and carers in their PPF. Students, PTs and mentors told us how service user and carer feedback is gained using a structured user and carer review document. Details of the process are in the PPF document (27, 29-32, 35-36, 38, 72).

Another area of involvement is through service users and carers participation in master class study days which occur once per semester. These study days are

compulsory for SCPHN HV students. Health visitors, PTs and long arm mentors are also invited. Service user and carer volunteers, recruited by PTs, are most commonly involved in the master class about perinatal mental health. This masterclass is delivered once per year (27, 31-32, 35-36, 38, 73-74).

Practitioners are involved in teaching on the programme and in the organisation of the master class study days (52, 81).

We did not see evidence of service user and carer involvement in programme development or evaluation. We conclude that the involvement of service users and carers is inconsistent and lacks a structured approach. Therefore, this requires improvement.

Risk indicator 3.2.2 - AEI staff support students in practice placement settings

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What we found before the event

All students are allocated a personal tutor who supports them throughout the programme (37).

What we found at the event

We found that students are well supported in their practice placements by their personal tutor. Students told us that when they are in practice placements their personal tutors and other academic staff are responsive and easy to communicate with via telephone and email contact. The personal tutor, who is also the link person with the health board, meets with students each semester to review their practice learning progress. PTs assess the students in practice and then this is discussed with the personal tutor (29-37).

Students described ways that personal tutors have supported them to achieve their learning objectives and gather evidence in practice. The size of the programme team, and the large geographical areas where SCPHN HV students have their placements, makes regular visits to practice areas challenging. Other forms of communication, for example telephone, email and Skype, supplement the face-to-face visits. PTs confirmed that they can contact university staff to discuss student progress and any issues of concern. Action plans are put in place by the PT when an issue of concern arises; PTs confirmed the student and PT is supported by personal tutors and the programme leader (29-37).

We conclude that students on the SCPHN HV programme are supported by academic staff in practice placement settings.

Risk indicator 3.3.1 - evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice
What we found before the event
Students are supported by a qualified PT during practice placement. At the approval event it was noted that it was not clear how consistency in the assessment of practice would be ensured across all the PTs who work across a large geographical area. The panel recommended the programme team consider how the inter-rater reliability of assessment in practice across the PTs could be strengthened (9).
What we found at the event
The university has an approved mentor and PT programme to prepare mentors and PTs. PTs and mentors told us that they are well prepared for their role and that they know how to access support if necessary (31-32, 35-36, 44). The university hosts a preparation day for PTs and mentors prior to the start of each cohort. PTs confirmed that they are given ample time for continuing professional development and to attend mandatory update training days. Sessions are delivered by the programme team and the PEF. The content of the mandatory training day includes updates about the programme and information about the requirements of the practice portfolio, for example 'giving and receiving feedback'. PTs and mentors told us that they particularly value the opportunities for networking. PTs and mentors are invited to participate in the training days and are encouraged to do so by their managers (26, 31-32, 35-36, 38, 43, 46, 75–78). Inter-rater reliability between PTs is assured by personal tutors reviewing the portfolios and evidence files of their personal students. A sample is then cross marked by the programme team and reviewed by the external examiner (25, 42). We found that systems are in place to ensure that students are assigned only appropriate and adequately prepared PTs and mentors.
Risk indicator 3.3.2 - systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students
What we found before the event
The university receives reports from the health boards identifying the number of PTs and mentors available in each placement area. The report includes mentor and PT updates and triennial review status (79-80).

What we found at the event
The live mentor and PT database is overseen by the PEFs and held in both the university and in NHS trusts. The database demonstrates that all PTs and mentors currently supporting SCPHN HV students have the appropriate professional qualifications, including a PT preparation programme, and have attended an annual update. A list of students assigned to each practice placement is updated by the PEFs and shared with the university and practice placements (25-26).

Any service reconfigurations are communicated to the university through the practice learning committee meetings attended by PEFs and the practice learning team. This ensures that mentors and PTs are able to support students in areas affected by service changes. This was confirmed by PTs (25, 28, 31).

The programme team told us that data including the mentor database, mentor registers, placement audits and student evaluations of practice are in the process of being moved to a national QMPLE system (25-26, 28, 34-35).

We found that mentor and PT registers are accurate and up to date (26).

We conclude that systems are in place to ensure only appropriate and adequately prepared mentors and PTs are assigned to students in the practice placements.

Outcome: Standard requires improvement

Comments:

We are confident that systems are in place to ensure that clinical governance issues and potential risks to the public are managed collaboratively by the university and practice placement partners. However, there is no agreed system in place to ensure that exceptional reporting to the NMC takes place. This requires improvement.

The involvement of service users and carers is limited to feedback on SCPHN HV students' clinical performance and inclusion in one of the masterclass study days. The involvement of service users and carers in recruitment and selection and ongoing programme monitoring and development of the SCPHN HV programme requires improvement.

Areas for future monitoring:

- Evidence of a process in place to facilitate exceptional reporting to the NMC.

- Inclusion of service users and carers in the recruitment and selection and ongoing programme monitoring and development of the SCPHN HV programme.

Findings against key risks

Key risk 4 - Fitness for Practice

4.1   Approved programmes fail to address all required learning outcomes in accordance with NMC standards

4.2   Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards

Risk indicator 4.1.1 - students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence

What we found before the event

The SCPHN HV full time programme has an overall length of 52 weeks and includes 45 programmed weeks. A part time option is offered over a two-year period (9).

The programme comprises of six modules (120 academic credits) of which four are specifically for students in the faculty of health sciences and sport. Two modules are shared within the faculty of social sciences. Within these six modules one is specifically related to leadership and one module is practice specific to SCPHN HV. The programme is delivered at the Scottish credit and qualifications framework level 10 and 11 and both routes are taught together (9).

The balance of 50 percent theory and 50 percent practice is distributed evenly throughout the programmes. The programme refers to a 10-week consolidation period (9).

Teaching and learning of core principles and those specific to SCPHN HV are integrated throughout the programme. A variety of teaching and learning strategies are used. There are opportunities to share learning with other post-registration students (9).

A range of assessment strategies are used throughout the programmes, including one examination, assignments, project report, reflective log and practice assessment. The examination focuses on Scottish Law and the requirements of the children and young persons (CYP) (Scotland) Act 2014 which is seen by NES as innovative (9, 24).

Students are supernumerary and are normally sponsored by local NHS boards (9).

One of the core elements of the masters/graduate diploma early years practice HV is the inclusion of masterclasses covering seminal and contemporary topics. These classes are delivered by key note speakers recognised for their expertise in the field

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of child health and wellbeing. The masterclasses cover a range of topics and are available to SCPHN HV students and qualified HVs in clinical practice (20).

What we found at the event

We found that the SCPHN HV programme provides learning opportunities which ensure that students achieve all required learning outcomes to meet NMC standards.

The university works with four health boards across a wide geographical area and has developed a model of programme delivery which includes a mixture of face-to-face contact and online learning. This is partly to reduce the amount of travelling that students have to do as a result of the large geographical area. Where possible, attendance at the university is grouped into consecutive days, interspersed with practice and online learning (25, 27).

The student handbook contains comprehensive information regarding the structure, organisation and content of the programme. Students told us that they are well prepared for this blended learning approach. They receive robust preparation for their academic learning in their orientation week, which includes workshops on navigating canvas, which is the virtual learning environment (VLE) used by the university. They told us that the reading lists and references for each module are extensive and appropriate. Simulation and role play are also used to enable students to explore relevant issues which have not been experienced during practice placements. Students are positive regarding the mix of assignments, reflective writing and assessments required for each module. Students also confirmed that feedback from assignments and assessments is received within a timely manner (29-30, 37).

We were told that the PT and student meet for formative practice assessments at the end of semester one and semester two. The PPF is based on the NMC standards for SCPHN. Students are required to record their practice hours and their alternative practice hours in the PPF. These are submitted to their personal tutor at the end of each semester. The personal tutor confirms that students have met the requirements for entry to the NMC register (25, 29-32, 35-38).

The theoretical content of the modules provides the academic underpinnings for practice and progress is recorded on the VLE (25, 27, 31-38).

Consolidation of practice commences at the beginning of week four in semester three over a period of 12 weeks. Students confirm that they maintain supernumerary status during this period, even though they carry a caseload. Alternative practice experiences must be completed before commencement of the consolidation of practice period (25, 29-32, 35-38).

The SCPHN HV teaching team has registered their intent for accreditation for UNICEF UK BFI status to ensure that students are provided with evidence-based and up-to-date information about breast feeding (82-83).

The managers we spoke to confirm that SCPHN HV students are fit for practice on

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successful completion of the programme, and are employable. They told us that there is a robust preceptorship and framework of support in place for the newly qualified HV (33, 58).

We conclude that learning, teaching and assessment strategies enable students to successfully meet the required programme learning outcomes, NMC standards and proficiencies.

Risk indicator 4.2.1 - students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence

What we found before the event

An additional form is included in the PPF so that students can document the collation of hours and experiences that they undertake as part of their alternative practice experience (9).

Students are expected to complete a PPF document which demonstrates their progression throughout the SCPHN HV programme and is aligned with the Standards of proficiency for specialist community public health nurses (NMC, 2004) (9).

What we found at the event

The PPF document contains a detailed outline of the learning outcomes required for each part of the SCPHN HV programme. PTs told us that they support students in practice by following the PPF. Students confirmed that they are well supported by mentors and PTs to enable them to achieve learning outcomes and gather evidence to support achievement of their practice proficiencies. PTs and students told us that the PPF is easy to understand and provides an accurate means of recording achievement and attendance in practice (29-31, 38).

Students told us that they are cognisant of their roles and responsibilities in practice placement and PTs confirmed this. They are provided with opportunities to engage with a wide variety of practice learning experiences. They confirm that they undertake three weeks of alternative practice days prior to commencing the consolidation period. Alternative practice includes areas such as speech and language therapy, midwifery and early years education (29-30).

Students told us that they fully engage in the practice learning opportunities provided and that they write reflective learning logs of their experiences. This was confirmed by the programme leader, PEFs and PTs. PTs confirmed that student experience in placement is based on evidence-based practice, underpinned by the Scottish government's CYP Act and conforms to NHS trust evidence-based policies. The

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programme team, PEFs, PTs and students all confirmed that students are adequately prepared, fit for practice and employment and for entry onto the NMC register on successful completion of the programme (9, 25-26, 28-30).

Our findings confirm that students on the SCPHN HV programme are well supported in audited practice placements to achieve all NMC practice learning outcomes and proficiencies for entry to the NMC register.

Outcome: Standard met
Comments: No further comments
Areas for future monitoring: None identified

Findings against key risks
Key risk 5 - Quality Assurance   **5.1   Programme providers' internal QA systems fail to provide assurance against NMC standards**
Risk indicator 5.1.1 - student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery
What we found before the event
Evaluations of the masterclasses have been very positive from SCPHN HV students and qualified HVs. The Scottish government has commissioned the masterclasses as an area of continuing professional development activity for qualified HVs in Scotland (20). (see section 4.1.1)   The school has a staff/student consultative committee in place (22).   Student satisfaction with the SCPHN HV programme is high, and external examiners report positively on the content and assessment processes integral to the programme (24).
What we found at the event

We found that the university has robust evaluation systems which are used to inform programme development. Formal evaluation mechanisms include online evaluations of practice placements, academic modules and the programme. The programme leader and teaching staff told us that students are asked to complete module evaluations either online or in hard copy form. They acknowledge that uptake is not high, and the university is implementing an institution-wide drive to increase student participation in evaluations. Students told us that they are also invited to comment via student forum discussions on the VLE canvas and module leaders confirm that they view comments made by students. Students gave us examples of occasions when feedback was taken forward by the university to improve programme delivery, for example the timing of assessment deadlines. This was confirmed by programme leaders (25, 27-31).

The module leader collates module evaluations into a module review report which is presented to the practice learning committee and the faculty learning and teaching committee. Student engagement with the online evaluation format is low so the teaching team also use informal methods, for example evaluation of individual teaching sessions, to ensure the continuous and informed development of the programme (25, 27, 65, 84-88).

The school has a staff/student consultative committee but in the past the SCPHN HV students have been reluctant to engage with this committee. The teaching team has successfully recruited three students from the January 2018 cohort to attend this committee. The three students represent each of the health boards (28).

The external examiner for the SCPHN HV programme has appropriate professional and academic qualifications and due regard. The associate dean for learning and teaching confirmed that registration and re-validation status are checked annually by a named member of administrative staff (39, 89-90).

The external examiner scrutinises all module assessments, resits and practice assessment portfolios. The external examiner reports positively regarding marking and feedback to students, stating that the standard of the work is comparable with that in other AEIs and meets the NMC requirements. The module feedback form, completed by the external examiner, provides an opportunity for the external examiner to identify issues of concern. The module co-ordinator is required to respond in writing before the feedback form is presented to the board of examiners. Staff are currently considering the development of an electronic version of the practice portfolio which will include exemplars. This is in response to feedback from the external examiner. The external examiner attends the board of examiners and has taken the opportunity to meet with students and PTs during these visits. She has also contributed to the board of examiners via a teleconference (91).

The school has operational and strategic systems in place to ensure that issues and recommendations are addressed. They also respond to the initiatives introduced by NES, often working with other AEIs and their practice placement partners to enhance consistency in these developments (20, 50-62, 65-66).

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We conclude there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the SCPHN HV programme.

Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners

What we found before the event

Students are represented on learning and teaching committees where external examiner reports are considered. The university expects that external examiner reports are made available to students by schools on request (23).

There are processes in place to manage concerns and complaints raised by students (16).

What we found at the event

PTs and students told us that they are given clear information about how to escalate concerns or complaints in practice. They described the route by which they would escalate a concern or a complaint which is outlined in the student handbook and the PPF document. Students gave examples of how academic and practice placement staff had supported them in a timely manner when raising concerns about their practice learning. Students told us that they would be comfortable to raise concerns and that they are confident they would receive support from the university and the practice placement provider (29-30, 37-38).

The raising concerns process is a regular agenda item at practice learning committee meetings. Issues that have been raised are discussed with representatives from other AEIs and their practice partners. Discussions also include having systems in place to ensure that students are provided with feedback if they raise a concern or complaint (14-15).

Students are encouraged to provide written practice placement evaluations, and to give verbal feedback about their practice learning experience to PTs and mentors during placement. Students confirmed that they are confident to use both systems. PTs told us that they receive both written and verbal feedback from the university through PEFs and academic staff (26, 29-31).

The programme leader and the PEFs told us that external examiner feedback about the practice learning environment is communicated to practice placement providers via assessment board meetings and through the PEF. This was confirmed by PTs (25-26, 28, 31).

We conclude that the university has robust processes in place to ensure issues raised

in practice learning settings are appropriately dealt with and communicated to relevant parties.

Outcome: Standard met
Comments: No further comments
Areas for future monitoring: None identified

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Evidence / Reference Source

1. HIS, healthcare environment inspectorate, unannounced follow up theatre inspection report, Raigmore Hospital, NHS Highland, 7–8 February 2017

2. HIS, healthcare environment inspectorate, unannounced inspection report, Belford Hospital, NHS Highland, 25–26 October 2016

3. HIS, healthcare environment inspectorate, unannounced theatre inspection report, Forth Valley Royal Hospital, NHS Forth valley, 4–5 October 2017

4. HIS, healthcare environment inspectorate, unannounced inspection report, MacKinnon Memorial Hospital, NHS Highland, 18–19 April 2017

5. HIS, healthcare environment inspectorate, unannounced follow-up inspection report, Uist and Barra Hospital, NHS Western Isles, 7–8 February 2017

6. HIS, care of older people inspection report, NHS Forth Valley, Forth Valley Royal Hospital, February 2017

7. HIS, unannounced inspection report, safety and cleanliness inspection, NHS Forth Valley, Forth Valley Royal Hospital, December 2017

8. HIS, unannounced theatre inspection report, safety and cleanliness inspection, Western Isles Hospital, December 2017

9. NMC Mott MacDonald, programme audit/approval report, November 2014

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12. UoS, end of module report for module verification board, health visiting in practice, 2017

13. UoS, end of year progression report for module verification board, SCPHN HV programme, undated

14. Lothian and Borders practice learning and education committee, 11 May 2017

15. Lothian and Borders practice learning and education committee, 2 October 2017

16. UoS, cause for concern process, undated

17. UoS, the FtP panel, undated

18. UoS, RPL procedure, undated

19. AEI requirements, updated December 2017

20. NMC annual self-assessment programme monitoring, report 2014/15, 2015/16, 2016/17, 2017/18

21. UoS, school of health sciences, public engagement and patient and public involvement strategy, guidance and implementation plan, March 2016

22. UoS, staff/student consultative committee, remit, undated

23. QAA Scotland, enhancement - led institutional review of UoS, technical report, November 2015

24. NES, SCPHN HV, performance enhancement, UoS, July 2017

25. Meeting with programme leader, academic staff member and PEF, 28 February 2018

26. Meeting with PEF and view of live mentor database for Forth Valley, 28 February 2018

27. Meeting with lecturer and view of canvas, VLE, 28 February 2018

28. Welcome presentation from associate dean for learning and teaching, 28 February 2018

29. Telephone interviews with students, NHS Tayside, 28 February 2018

30. Telephone interviews with students, NHS Forth Valley, 1 March 2018

31. Telephone interview with practice teacher, NHS Tayside, 28 February 2018

32. Telephone interview with long arm mentor, NHS Tayside, 28 February 2018

33. Telephone interview with managers, NHS Forth Valley, 1 March 2018

34. Telephone interview with PEF, NHS Forth Valley/UoS, 1 March 2018

35. Telephone interview with practice teachers, NHS Forth Valley, 1 March 2018

36. Telephone interviews with long arm mentors, NHS Forth Valley, 1 March 2018

37. Masters in early years practice (HV) student handbook, undated

38. Masters in early years practice (HV) PPF document, undated

39. NMC register check 5 February 2018 and 28 February 2018

40. UoS, staff database showing professional registrations and dates for re-validation, undated

41. Staff CVs, various dates

42. Meeting with associate dean for learning and teaching, 28 March 2018

43. Universal health visiting pathway in Scotland, NHS Forth Valley steering group, 1 March 2017, 4 May 2017, 12 October 2017, 7 December 2017

44. NHS Tayside, survey of PTs in Tayside, January 2018

45. UoS, masters (MSc) in early years practice health visiting, application pack 2019

46. Practice teacher forum, 17 August 2017 at the Medical Centre, Aviemore

47. NHS Tayside, letter to UoS confirming that practice partners involved in interviews have undergone equality and diversity, February 2018

48. Lecturers certificate: Diversity in learning and teaching dates, undated

49. Lecturers certificate: Diversity in the workplace, undated

50. UoS, admissions policy, undated

51. Emails between programme lecturer and principal officer (nursing), care and learning, the Highland Council, 8 September 2017, 26 September 2017

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53. NES, University of the West of Scotland, University of Edinburgh, Students' and mentors' understandings of FtP processes in pre-registration nursing programmes in Scotland: "These terrifying three words", March 2015

54. NES, University of the West of Scotland, University of Edinburgh, identifying good practice in FtP processes in higher education institutions in Scotland, March 2014

55. UoS, faculty of health sciences and sport, FtP case studies, March 2017 and April 2017

56. UoS FtP record, 2016/17, 2017/18

57. UoS nursing criminal convictions for FtP decisions, 2017

58. Telephone discussion with Tayside nurse managers, 28 March 2018

59. NHS Tayside, Health board implementation group for the universal pathway, universal health visiting pathway in Scotland

60. NHS Forth Valley steering group meeting, 1 March 2017, 4 May 2017, 22 June 2017, 12 October 2017, 7 December 2017

61. HV improvement group in Highland and HV Implementation group in Highland, Lothian and Borders, practice learning and education committee, 29 November 2017

62. UoS, faculty of health sciences and sport, practice learning committee, 14 March 2017, three-way video-link, Monday 21 November 2016

63. NMC briefing: UoS, 30 January 2018

64. Faculty of health sciences and sport, draft exceptional reporting policy, undated

65. Lothian and Borders, practice learning and education committee, 29 November 2017

66. UoS regional practice learning environment group, November 2016

67. Confirmation of resources to support achievement of intended programme outcomes NHS Tayside, October 2014

68. Confirmation of resources to support achievement of intended programme outcomes NHS Western Isles, October 2014

69. Confirmation of resources to support achievement of intended programme outcomes NHS Forth Valley, September 2014

70. Confirmation of resources to support achievement of intended programme outcomes NHS Highland, October 2014

71. NHS Tayside, implementation board minutes, 24 January 2017, 25 October 2017

72. UoS, extracts from completed service user/carer reviews in practice assessment documents, semesters one, two and three, x31, undated

73. SCPHN HV programme meetings and agreed actions, 31 October 2017

74. Perinatal study day evaluations, undated

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75. Practice teacher/long arm mentor development day, 4 December 2017

76. NHS Forth Valley, Giving and receiving feedback, November 2017

77. Community practice teachers/long arm mentors' development day, learning styles, Practice teachers, 4 December 2017

78. Supporting post graduate level SCPHN HV, district nursing and school nursing students in the practice setting, 4 December 2017

79. Mentor report as at February 2016 – NHS Western Isles & Highland,

80. Mentor report January 2016 – NHS Forth Valley

81. UoS SCPHN HV programme meetings and agreed actions, updated 31 October 2017

82. UNICEF UK BFI training, re-assessment report, health visiting service, November 2017

83. NHS Tayside, health visiting and family nurse service, 25-27 April 2017

84. UoS SCPHN HV team meeting, 28 June 2017

85. Brief notes from Highland health visitor operational implementation group, 1 December 2017

86. UoS, module review report, health visiting in practice, 22 February 2018

87. UoS, module review report, contemporary leadership in early years practice, HV, 14 January 2018

88. UoS, module review report, Improving outcomes for children and young people, 29 January 2018

89. Screenshot of external examiner details on NMC database, undated

90. Email correspondence between assistant head of learning and external examiner, February 2018

91. UoS, faculty of health and sports science, external examiner report, EYPP01 A1, 4 April 2017, EYPP01 A1 resubmission, 6 June 2017, EYPP02 A1 resubmission, 16 May 2017, EYPP02 A1, 28 March 2017, EYPP03, 19 October 2017

Personnel supporting programme monitoring

Prior to monitoring event

Date of initial visit: 06 Feb 2018

Meetings with:

Associate dean for learning and teaching
Programme leader, SCPHN HV programme

At monitoring event

Meetings with:

Associate dean for learning and teaching
PEF, NHS Forth Valley
Lecturer, SCPHN HV programme
Programme leader – joined via teleconference call

Teleconferences took place with the following:
Students, NHS Tayside
PT, NHS Tayside
Mentor, NHS Tayside
Students, NHS Forth Valley
Managers, NHS Forth Valley
PTs, NHS Forth Valley
Mentors, NHS Forth Valley

Meetings with:

Mentors / sign-off mentors	4
Practice teachers	3
Service users / Carers (in university)	
Service users / Carers (in practice)	

Practice Education Facilitator	1
Director / manager nursing	5
Director / manager midwifery	
Education commissioners or equivalent	
Designated Medical Practitioners	
Other:	

Meetings with students:

Student Type	Number met
Registered Specialist Comm Public Health Nursing - HV	Year 1: 8 Year 2: 0 Year 3: 0 Year 4: 0
	Year 1: 0 Year 2: 0 Year 3: 0 Year 4: 0
	Year 1: 0 Year 2: 0 Year 3: 0 Year 4: 0