



Nursing and Midwifery Council Quality Assurance Review

Major Modification Report for:

Prescribing qualifications leading to:

Community Practitioner Nurse Prescribing V150

Buckinghamshire New University

August 2025

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Key institutional and programme details

Name and location of Approved Education Institution (AEI)	Buckinghamshire New University High Wycombe Buckinghamshire HP11 2JZ
AEI Institution Identifier [UKPRN]	10000975
Name and location of academic delivery partner(s) if not the AEI noted above	N/A
Name of new employer partners for apprenticeships	N/A: this is not an apprenticeship route
Approval type	Major modification

Community Practitioner Nurse Prescribing (V150)				
NMC Programme Title	AEI Module Title and number of credits	Academic level	Full-time	Part-time
Community Practitioner Nurse Prescribing V150	Community Practitioner Nurse Prescriber V150 (Level 6) 20 credits	England, Wales, Northern Ireland <input checked="" type="checkbox"/> Level 6 <input type="checkbox"/> Level 7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Community Practitioner Nurse Prescribing V150	Community Practitioner Nurse Prescriber V150 (Level 7) 20 credits	England, Wales, Northern Ireland <input type="checkbox"/> Level 6 <input checked="" type="checkbox"/> Level 7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Interim awards available				
There are no interim awards for this qualification that lead to NMC registration				
Proposed programme start date	12 January 2026			
Standard(s) under assessment	<input type="checkbox"/> Part 2: Standards for student supervision and assessment <input checked="" type="checkbox"/> Part 3: Standards for prescribing programmes Note that the AEI has taken an institutional approach to Part 2: Standards for student supervision and assessment and therefore compliance with Part 2 has been confirmed through a previous review.			
Date of visit	Desk-based review undertaken on 15 August 2025			
Visitor team	Registrant Visitor: Ms Sarah Beresford			

Executive summary

Quality Assurance Reviews (QARs) are undertaken for the specific purpose of making recommendations to the Nursing and Midwifery Council (NMC) in relation to the approval (or otherwise) of the above-named programme(s) or in relation to the approval (or otherwise) of major modifications to the above-named programme(s). Reviews follow the Gateway approach to programme approvals and major modifications, as outlined in [QAA Guidance for Approved Education Institutions and Education Institutions on NMC Quality Assurance Reviews](#).

Reviews involve a period of desk-based analysis with the opportunity for NMC visitors to request further information, evidence or clarification and a conjoint visit with the Approved Education Institution (AEI) or Education Institution (EI) programme approval panel. All evidence submitted by the AEI or EI is reviewed by the visitors.

Visits enable both the NMC visitors and the AEI or EI programme approval panel to gather further evidence and clarifications to inform their judgements and make recommendations about the AEI or EI ability to meet the NMC standards. Visits will normally include meetings with a range of stakeholders such as students, people who use services and carers, employers, practice learning partners, the programme team, and senior managers.

For programme approvals, all standards within Part 3: Standards for prescribing programmes are reported upon. For major modifications, only those Part 3 standards impacted by the modification are reported upon. The visitor team confirms with the AEI/EI which Part 3 standards are in scope for a major modification.

Following a review, a draft report is shared with the AEI or EI for the purposes of confirming factual accuracy before the report is finalised.

This modification was undertaken as a desk-based review in August 2025.

Context for the review

This desk-based review was conducted to consider the approval of new standalone prescribing modules at Level 6 and Level 7 - Community Practitioner Nurse Prescriber V150 at Buckinghamshire New University (BNU). These modules have been developed in response to updated NMC prescribing standards and the removal of the V100 component from Specialist Practice Qualifications (SPQ) and Specialist Community Public Health Nursing (SCPHN) programmes. The two new modules are designed to address current and anticipated workforce needs, particularly within community and public health nursing contexts.

BNU confirmed that, in line with stakeholder preferences and in accordance with the revised NMC standards, the V100 is no longer delivered within the existing SPQ and SCPHN programmes, and there are no plans to introduce a V300 route. The proposed V150 modules therefore aim to meet demand from practice learning partners (PLPs), particularly those seeking a prescribing qualification for existing registered nurses (RNs) and midwives, including SPQ and SCPHN-qualified professionals who do not hold an NMC-recognised prescribing qualification.

The proposed modules will prepare practitioners to prescribe safely and effectively from the Nurse Prescribers' Formulary for Community Practitioners (NPFCEP). Key components of the programmes include consultation and assessment skills, shared decision-making, safe use of medicines, professional accountability, and governance in prescribing

practice. The 20-credit Level 6 and Level 7 versions are aligned to the respective academic frameworks and learning expectations, with the Level 7 route including distinct learning outcomes appropriate to postgraduate study.

The visitor did not meet with BNU staff, students, PLPs, or people who use services and carers (PSCs), as this was a desk-based review. However, BNU outlined that the V150 proposals have been co-produced with PLPs, drawing on their experience of the current V100 provision and their expectations for standalone V150 modules. Development has included consultation with service leads and prescribing professionals to ensure that the new programmes meet workforce needs and align with clinical and educational governance frameworks.

The **final recommendation** made by the visitor to the NMC is as follows:

Programme is recommended to the NMC for approval. The programme meets all standards and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice.

The findings of the NMC visitor's review are explained in more detail in the following sections. This includes a summary of any conditions of approval and confirmation of whether these have been satisfactorily addressed.

Conditions and recommendations

The **provisional judgement** of the visitor following the desk-based review was as follows:

Programme is recommended to the NMC for approval - the programme meets all standards and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice.

Conditions

Conditions				
No.	Condition details	Specific standard(s) not met	NMC only/ Joint	AEI/EI only
	None			

Recommendations for enhancement

Recommendations				
No.	Recommendation	Specific standard(s)	NMC only/ Joint	AEI/EI only
	None			

Statements of good practice

Statements of good practice relating to the NMC standards			
No.	Details	Specific standard(s)	NMC only/ Joint
GP1	<p>BNU has implemented two profession-specific training modules that demonstrate a strong commitment to preparing practice supervisors (PSs) and practice assessors (PAs) in line with the Standards for Student Supervision and Assessment (SSSA). The Supervising and Assessing Specialist Community Practice module is designed specifically for registrants who hold an SPQ or SCPHN qualification, providing tailored development aligned with their specialist practice context. In addition, the Students, Supervisors and Assessors in Healthcare Practice module offers a flexible and inclusive route for healthcare professionals from diverse backgrounds to gain the necessary skills and knowledge to support prescribing students in practice.</p> <p>Both modules are underpinned by current educational theory and practice and provide structured opportunities for participants to explore their roles,</p>	1.3 & 4.2	NMC only

	<p>responsibilities, and accountability within the supervision and assessment process. The provision of these bespoke modules represents an innovative approach to ensuring a consistently high standard of preparation across practice learning environments (PLEs).</p> <p>This approach exemplifies good practice by ensuring that those supporting and assessing prescribing students are not only compliant with regulatory requirements but also professionally confident and contextually competent. It reflects a responsive and collaborative partnership between BNU and its PLPs, contributing to enhanced student learning experiences and improved governance of practice assessment.</p>		
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Explanation of findings for Part 3

1: Selection, admission and progression

Approved education institutions, together with practice learning partners, must:		Met	Not Met	Met after conditions	Not applicable to this major modification
1.1	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Consider recognition of prior learning that is capable of being mapped to the RPS Competency Framework for all Prescribers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	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: 1.6.1 Clinical/health assessment 1.6.2 Diagnostics/care management 1.6.3 Planning and evaluation of care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Findings

1. In considering 1: Selection, admission and progression, the visitor found clear evidence that admissions processes, entry criteria, and progression requirements for the V150 programme are clearly articulated and align with the NMC Standards for prescribing programmes (2018, updated 2024). Module documentation confirms the academic and professional entry requirements for Levels 6 and 7, and application processes capture the applicant's registration status, clinical field,

and intended scope of prescribing practice. Tailored pathways are in place for self-employed applicants, with all students required to be supported by a PLP, evidenced through formal declarations that confirm access to suitably qualified practice supervisors (PSs) and practice assessors (PAs). Governance arrangements for recognition of prior learning (RPL) are also clearly defined, with no RPL permitted for part modules in line with regulatory expectations. Consistency across both levels of study is reinforced through the context document and institutional accreditation of prior learning policy, while student support arrangements are assured through the allocation of personal tutors and structured preparation of academic assessors (AAs). The visitor raised further lines of enquiry to clarify Standards 1.3 to 1.6 and confirmed that Standard 1.7 is not applicable as it pertains exclusively to V300 prescribing programmes.

2. In considering Standard 1.1, the visitor found clear evidence that the admissions process ensures all applicants are RNs, midwives, or SCPHNs prior to entry to the module. Both the specifications for the V150 Level 6 and V150 Level 7 state that applicants must hold current NMC registration as a nurse (including those who hold a specialist practice qualification), midwife, or SCPHN. The programme and practice handbook reinforces this requirement by outlining that applicants must submit their NMC PIN and registration date as part of the admissions process. This is operationalised through the university application form, which includes designated fields for registration details which are then verified against the NMC register. The visitor is therefore assured that appropriate systems are in place to confirm applicants meet the professional registration requirements prior to admission.
3. In considering Standard 1.2, the visitor found evidence that the module is accessible to all eligible nurse, midwife, or SCPHN registrants, regardless of employment context. The module specifications for both Level 6 and Level 7 and the programme and practice handbook confirm that applications are accepted from both NHS-employed and self-employed or non NHS-employed applicants, provided they meet the stated entry requirements. While the module is open to RNs who may hold an SPQ, the visitor noted that eligibility is based on their NMC registration as a nurse. The application process for self-employed learners flow-chart outlines the specific steps required for those applicants to evidence appropriate governance, including confirmation of PA and PS arrangements.
4. In considering Standard 1.3, the visitor reviewed documentary evidence that sets out the governance structures in place to support students undertaking the V150 prescribing modules. The context document and the PA and PS handbook clearly outline expectations relating to supervision, support, and protected learning time (PLT). The practice assessment document (PAD) and the PA and PS handbook detail the module structure and map learning outcomes to the Royal Pharmaceutical Society's (RPS) A Competency Framework for all Prescribers (ACFAP), evidencing that students are adequately supported throughout the modules. There is documented evidence of regular engagement and communication between BNU and PLPs, including prescribing updates, PS and PA briefings, and quality assurance mechanisms such as educational audits and signed PLP declarations of V150 student support. PLT is described in the programme and practice handbook, which states that students, although not supernumerary, are entitled to protected learning during their practice learning.
5. The level of supervision is determined by the PA and PS, based on the student's stage of learning, level of proficiency, and associated clinical risk. Students are encouraged to raise any concerns about access to PLT or appropriate

supervision. In the first instance, concerns should be discussed locally with the PS or PA. If unresolved, students are advised to contact their AA, who will escalate the issue to the nominated person in practice and, if necessary, trigger a review of the educational audit in collaboration with the PLP. The AA works with the student and practice team to agree strategies that safeguard learning time and ensure compliance with the SSSA (NMC, 2018 updated 2023). BNU provides extensive academic and pastoral support services, including personal tutoring, wellbeing resources, and support for students with English as a second language.

6. Two professional development modules are promoted for PSs and PAs. 'Supervising and Assessing Specialist Community Practice' is designed for registrants with SPQ or SCPHN qualifications. 'Student Supervisors and Assessors in Healthcare Practice' is aimed at individuals eligible to supervise or assess students in line with the SSSA (2018), including NMC-registered nurses, midwives, and nursing associates, as well as other health and social care professionals who hold UK registration and are suitably prepared for supervisory roles. Both modules are delivered by BNU's continuing personal and professional development (CPPD) team. These modules are not mandatory but are described as 'gold standard' and funded either through PLPs, NHS England (NHSE), or self-funding. While contextualised preparation for PAs and PSs is a standard requirement, BNU's structured and differentiated provision which is tailored to registrant background and practice context, represents an effective and well implemented local model. The availability of targeted modules, tailored to different registrant groups and practice contexts, reflects a structured and well-supported model for role preparation. This provision leads to **good practice (GP1)**, where the clear alignment of PA and PS preparation to the module context is supported by accessible, professionally relevant learning opportunities. In response to the visitor's request for clarification, BNU confirmed that PLPs retain discretion regarding PS and PA preparation routes and that any training completed at BNU is centrally recorded at the university. Prior to commencement of a student's module, BNU seeks assurance that nominated PSs and PAs are suitably trained. If this cannot be verified, alternative arrangements are made to ensure appropriate supervision is in place.
7. In considering Standard 1.4, the visitor sought clarification on BNU's approach to RPL within the V150 modules, and specifically how this is mapped to the RPS ACFAP. BNU confirmed that the institutional accreditation of prior learning policy states that 'exemptions may only be granted for whole modules, up to the maximum permitted limits, and that exemption is not permitted for part of a module'.
8. In considering Standard 1.5, the visitor reviewed the V150 programme and practice handbook, the application flow-chart for self-employed learners, and the V150 context document, which collectively outline the entry requirements and selection processes for the modules. The module documentation clearly states that learners must demonstrate the necessary competence, experience, and academic ability to study at the appropriate academic level. The application process is structured to ensure that applicants meet these requirements at the point of entry. The university application form requires submission of professional registration details, qualifications, and evidence of prior academic achievement. The flow-chart for self-employed learners describes a collaborative admissions process involving BNU, applicant, and PLP. Following an additional line of enquiry for further clarity on how academic ability is assessed, BNU confirmed that all applicants must provide certified evidence of prior academic qualifications. These are reviewed by both the admissions and teaching teams to confirm suitability.

Applicants seeking entry at Level 7 must demonstrate successful Level 6 study; international qualifications are referred to the International Admissions team for equivalency confirmation.

9. With regard to Standard 1.6, the visitor found that applicants are required to provide evidence of their NMC registration, relevant clinical experience, and prior academic study, as outlined in the module specifications for Level 6 and Level 7 and the university application form. The application process includes a personal statement and references, which are checked before any offer is made. The programme and practice handbook confirms that applicants nominated by a PLP are not routinely interviewed, as the nomination acts as confirmation of their suitability. However, where aspects of an application require further clarification, such as clinical experience or motivation, an interview may be arranged at the discretion of the teaching team. For self-employed applicants, the separate application process includes an interview, DBS check, review of honorary contract arrangements, and confirmation of PA and PS support. These measures collectively provide assurance that all applicants are suitably prepared for safe and effective prescribing practice.
10. In relation to Standard 1.6.1, the context document and programme and practice handbook confirm that applicants must already be RNs or midwives with a minimum of one year's post-qualification experience. The admissions process requires evidence of current clinical practice and relevant experience in patient assessment, ensuring alignment with the demands of clinical and health assessment in prescribing roles. The flow-chart for self-employed learners also reinforces this requirement.
11. In relation to Standard 1.6.2, the PA and PS handbook, PLP declaration of support, and BNU application materials confirm that applicants must be working in a clinical area where they have access to opportunities for diagnostics and care management.
12. In relation to Standard 1.6.3, the practice evaluation form and admission documentation provide evidence that BNU ensures students have the capacity to plan, deliver, and evaluate care in the context of prescribing. These requirements are embedded throughout the admissions process and are verified through submitted employment history and references, with additional checks in place for self-employed applicants.
13. Based on the information made available, the visitor considers that BNU has in place the appropriate arrangements for Standard 1: Selection, admission and progression to enable the NMC standards to be met.

2: Curriculum

Approved education institutions, together with practice learning partners, must:		Met	Not Met	Met after conditions	Not applicable to this major modification
2.1	Ensure that programmes comply with the NMC Standards framework for nursing and midwifery education.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	State the learning and teaching strategies that will be used to support achievement of those competencies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Develop programme outcomes that inform learning in relation to the formulary relevant to the individual's intended scope of prescribing practice: 2.4.1 stating the general and professional content necessary to meet the programme outcomes 2.4.2 stating the prescribing specific content necessary to meet the programme outcomes 2.4.3 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Ensure that the curriculum provides a balance of theory and practice learning, using a range of learning and teaching strategies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment, and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Ensure that programmes delivered in Wales comply with any legislation which supports the use of the Welsh language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Findings

14. In considering 2: Curriculum, the visitor found clear evidence that the design and delivery of the proposed modules is robust and informed by extensive stakeholder engagement and co-production. The curriculum has been shaped through contributions from PLPs, students, midwifery and nursing PSCs, and the Lead Midwife for Education (LME), alongside input from external academic and professional reviewers. These collaborative processes have ensured that the curriculum reflects professional expectations, regulatory standards, and the needs of PSCs. The visitor concluded that the evidence reviewed demonstrates compliance with Standards 2.1 to 2.6 of the NMC Standards for prescribing programmes (2018, updated 2024). Standard 2.7, which relates to provision in Wales, is not in scope for this review.

15. In considering Standard 2.1, the visitor reviewed module documentation. The module documentation illustrates compliance with the NMC Standards framework for nursing and midwifery education (SFNME). The visitor found that the modules are underpinned by a robust quality assurance process, aligned to BNU's internal academic governance structures. The short course proposal forms provide detailed information on module aims, structure, delivery, and regulatory alignment. Final approval was confirmed via the internal school audit process, which also documents conditions and recommendations that have been addressed by the programme team. The modules have been co-produced with a wide range of stakeholders including students, PLPs and PSCs. The stakeholder engagement documentation evidences how feedback was collected through surveys, focus groups, and consultation meetings, and shows how these views informed the curriculum content, delivery model, and assessment approach. This supports the modules' relevance to contemporary prescribing practice. The visitor also reviewed staff CVs, which confirmed that the teaching team is suitably qualified and experienced in relevant fields of practice. Evidence was also provided that AAs will receive appropriate continuing professional development (CPD) and upskilling. The equality, diversity, and inclusion document includes student population and diversity data, alongside plans for monitoring and addressing differential attainment, demonstrating a clear commitment to inclusivity. Two external reviewers, one academic and one professional, have provided independent evaluation of the module documentation, both of whom confirmed the modules' quality, relevance, and alignment to regulatory expectations at both Level 6 and Level 7.
16. In considering Standard 2.2, the visitor found clear evidence that the V150 modules have been designed to deliver the competencies set out in the RPS ACFAP. The mapping documents for Level 6 and Level 7 explicitly align the module learning outcomes with the RPS ACFAP, and learning outcome 3 at both levels specifically requires students to apply the RPS ACFAP to deliver safe and effective prescribing strategies within their scope and field of practice. This alignment is supported by the module descriptors and specifications, which set out indicative content designed to develop the knowledge and skills required to meet the RPS competencies. The PAD provides further assurance by detailing how prescribing competence is assessed in practice and mapped directly to the RPS domains.
17. In considering Standard 2.3, the visitor found evidence of a clear and structured teaching and learning strategy that supports student achievement of the required competencies. The programme adopts a blended learning approach, combining online synchronous and asynchronous sessions with workplace-based clinical practice. The context document outlines the use of interactive virtual lectures, discussion forums, multimedia resources, and tutorials to support the development of theoretical knowledge, further supported by detail in the digital learning environment. Module documentation confirms collaborative and active learning methods are embedded throughout, including role play, interactive case studies, gamification, and mock assessments, designed to facilitate application of learning to real-world prescribing scenarios. These activities are supported by the Skills Acquisition and Simulation (SAS) team. The modules recognise the value of simulation within the PLE, and the PA and PS handbook encourages its integration through structured scenarios.
18. In considering Standard 2.4, the visitor found that the modules' learning outcomes are clearly aligned with the RPS ACFAP and are appropriately contextualised to be achieved within the student's individual scope and field of prescribing practice.

Learning outcomes are written in a way that allows for application across all fields of nursing, midwifery, and SCPHN. The programme and practice handbook and module documentation reinforce that prescribing practice must remain within the registrant's defined scope and field. The context document further confirms consultation with the LME, demonstrating consideration of midwifery-specific perspectives.

19. In consideration of Standard 2.4.1, the visitor found that the programme outcomes reflect both the general and professional content necessary to meet the requirements of the RPS ACFAP and are specifically aligned with the NPFCP. Module documentation clearly articulates the curriculum's emphasis on safe prescribing, consultation, clinical reasoning, evidence-based decision-making, and interprofessional collaboration. The module mapping documents demonstrate how these outcomes align with both the RPS ACFAP and the NPFCP. Further assurance was gained through review of stakeholder feedback, which confirmed that the module outcomes are appropriate and relevant to the intended scope of practice.
20. With specific reference to Standard 2.4.2, the visitor found that prescribing specific content is appropriately embedded within the module outcomes and clearly linked to the NPFCP, which defines the scope of prescribing for those undertaking the V150 route. The module specifications and descriptors confirm that the modules equip students to prescribe safely, effectively, and professionally from the NPFCP, with an emphasis on therapeutic decision-making, pharmacology, consultation models, and formulary awareness. These prescribing competencies are situated within the student's defined scope and field of practice, and learning outcomes consistently emphasise the boundaries of professional accountability and legal frameworks for prescribing. The module mapping documents triangulate these outcomes against the RPS ACFAP, demonstrating how each outcome contributes to the development of safe, evidence-based prescribing practice.
21. In relation to Standard 2.4.3, the visitor is assured that the module outcomes are inclusive, clearly articulated, and applicable across all parts of the NMC register, including the four fields of nursing, midwifery, and SCPHN. The module specifications and descriptors, in conjunction with the programme and practice handbook confirm that outcomes are designed to be achieved within the student's own field of practice and scope of prescribing, as aligned with the NPFCP. The mapping documents demonstrate a clear link between module outcomes and the RPS ACFAP, evidencing alignment across fields and professional roles. Engagement with field-specific stakeholders further assures the relevance of the modules. Evidence includes contributions from district nursing and midwifery PSCs, alongside feedback gathered through student and stakeholder questionnaires and midpoint engagement activities. The context document confirms that collaboration has taken place with the LME, ensuring appropriate midwifery representation in curriculum design.
22. In considering Standard 2.5, the visitor found clear evidence that the V150 modules provide an appropriate balance of theory and practice learning, supported by a range of learning and teaching strategies. The modules run over 20 weeks, with theoretical learning delivered one day per week during the first 10 weeks and practice-based learning (PBL) continuing throughout the full duration. The module descriptors confirm that students complete 24 hours of synchronous lectures, 24 hours of synchronous seminars, two hours of tutorials and supervision, 65 hours of protected learning time in practice, and 85 hours of guided independent study. This balance is reinforced through clinical learning

opportunities in the student's primary practice setting, with prescribing experiences tailored in collaboration with PSs and PAs, as outlined in the PAD and practice learning commitment. Learning and teaching strategies include synchronous and asynchronous online delivery, simulated scenarios in practice, interdisciplinary seminars, group work, and integration of pharmacy expertise, reflecting the collaborative nature of community-based prescribing.

23. In considering Standard 2.6, the visitor found clear evidence that the programme demonstrates a commitment to using technology and simulation effectively and proportionately across the curriculum to support supervision, learning, and assessment. The modules have been developed in alignment with BNU's THRIVE 28 strategy, which promotes digitally enhanced engagement, and the institutional digital strategy, which prioritises accessible, flexible, and interactive education. The programme is delivered via a virtual learning environment (VLE) that supports synchronous and asynchronous learning, access to resources, collaboration, and formative assessment. The context document outlines the use of captured lectures, online seminars, tutorials, and multimedia content, with a focus on enhancing accessibility and learner engagement. Stakeholder feedback, including a preference for distance learning, informed the decision to deliver the programme through digital and online methods. Active learning strategies are detailed in the module documentation and context document, including role play, interactive case studies, gamification, and mock assessments, supported by the SAS team. The modules recognise the value of simulation within the PLE, and the PA and PS handbook encourages PAs and PSs to incorporate simulation in their supervision and assessment strategies. No hours are formally assigned to simulated practice learning, and simulation is used to enhance students' learning in practice.
24. Based on the information made available, the visitor considers that BNU has in place the appropriate arrangements for Standard 2: Curriculum to enable the NMC standards to be met.

3: Practice learning

Approved education institutions, together with practice learning partners, must:		Met	Not met	Met after conditions	Not applicable to this major modification
3.1	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Ensure that practice learning complies with the NMC Standards for student supervision and assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Practice learning requirements and simulated learning hours

In the Level 6 and Level 7 modules titled Community Practitioner Nurse Prescriber V150, students undertake 65 hours of protected practice learning, which is designed to develop competence in prescribing within their own field of practice. There is no simulated learning (SL), or simulated practice learning hours (SPL) attributed to the hours of practice learning experiences associated with these modules.

Findings

25. In evaluating 3: Practice learning, the visitor found clear evidence that BNU has in place effective governance, supervision, and quality assurance arrangements to support safe and effective prescribing preparation. This includes processes that comply with the SSSA, mechanisms to ensure all practice learning environments meet regulatory expectations, and clear roles and responsibilities for PAs, PSs, and AAs.
26. In considering Standard 3.1, the visitor found clear evidence that BNU, in partnership with PLPs, has effective governance arrangements in place to support safe and effective prescribing preparation. The programme and practice handbook, context document, and PAD outline expectations for practice learning, supervision, and assessment, while placement agreements and educational audits provide assurance that practice learning environments meet regulatory requirements before students are placed. The PLP declaration of student support confirms that organisations commit to providing suitable supervision and protected learning time, supported by the practice learning commitment. Tailored arrangements for self-employed applicants are set out in the application process documentation, ensuring parity of supervision and governance across all student routes.
27. In considering Standard 3.2, the visitor found clear evidence that practice learning complies with the SSSA. The PA and PS handbook sets out roles and responsibilities for PAs and PSs, who are required to complete a practice learning commitment confirming their role in supporting prescribing students. PLPs must complete a declaration of support, with expectations reinforced through the

context document and the application process for self-employed learners. Placement agreements and educational audits are mandatory for all PLPs, and clinical audit evidence confirms that students are allocated to a range of community-based practice learning environments, including community children's nursing and district nursing teams. BNU also maintains regular engagement with PLPs and provides prescribing updates to ensure supervisors and assessors remain prepared. In response to the visitor's request for clarification, BNU confirmed that PLPs retain discretion regarding PS and PA preparation routes and that any training completed at BNU is centrally recorded at the university. Prior to commencement of a student's module, BNU seeks assurance that nominated PSs and PAs are suitably trained. If this cannot be verified, alternative arrangements are made to ensure appropriate supervision is in place.

28. In considering Standard 3.3, the visitor found clear evidence that students work in partnership with BNU and PLPs to arrange supervision and assessment in line with the SSSA. The PAD enables students, PSs, PAs, and AAs to collaboratively identify learning opportunities relevant to the student's prescribing scope and includes structured sections for recording tripartite review meetings. The PA and PS handbook, supported by the programme and practice handbook and context document, outlines the responsibilities of all parties involved in practice learning. The AA upskilling and CPD document confirms preparation for AAs, while arrangements for self-employed and self-funded students require them to evidence appropriate supervision arrangements are in place before commencing the programme. Placement agreements and educational audits further assure that high-quality PLEs are secured through formal partnership processes.
29. Based on the information made available, the visitor considers that BNU has in place the appropriate arrangements for Standard 3: Practice learning to enable the NMC standards to be met.

4: Supervision and assessment

Approved education institutions, together with practice learning partners, must:		Met	Not met	Met after conditions	Not applicable to this major modification
4.1	Ensure that support, supervision, learning and assessment provided complies with the NMC Standards framework for nursing and midwifery education.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Ensure that support, supervision, learning and assessment provided complies with the NMC Standards for student supervision and assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	<p>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.</p> <p>4.5.1 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</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7	Provide feedback to students throughout the programme to support their development as necessary for meeting the RPS competencies and programme outcomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.9	<p>Ensure that all programme learning outcomes are met, addressing all areas necessary to meet the RPS competencies. This includes all students:</p> <p>4.9.1 successfully passing a pharmacology exam (the pharmacology exam must be passed with a minimum score of 80%), and</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	4.9.2 successfully passing a numeracy assessment related to prescribing and calculation of medicines (the numeracy assessment must be passed with a score of 100%).				
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Findings

30. In considering 4: Supervision and assessment, the visitor found clear evidence that BNU has established robust arrangements for supervision, assessment, and academic oversight of students undertaking the V150 prescribing modules at Levels 6 and 7. The modification required the introduction of a programme leader role, allocation of qualified academic and practice assessors, and clear processes for formative feedback, summative assessment, and student support. Supervisory roles and responsibilities are defined in line with the SSSA, supported by formalised commitments and declarations of PLP support, and reinforced through educational audit and placement agreement processes. Mechanisms are also in place for managing exceptional circumstances and ensuring appropriate preparation and CPD opportunities for assessors and supervisors. Students undertake a defined period of PBL, with prescribing capability assessed through a PAD, and are required to pass summative pharmacology and numeracy assessments in accordance with NMC requirements. These arrangements provide assurance that students from a range of professional backgrounds and practice contexts will be supported to develop the competencies required for safe and effective prescribing.
31. In considering Standard 4.1, the visitor found clear evidence that support, supervision, learning, and assessment arrangements for the V150 modules are consistent with the principles of the NMC SFNME. The PA and PS handbook, programme and practice handbook, and context document set out clear expectations for the roles, responsibilities, and preparation of those supporting students in practice. PLPs are required to complete placement agreements and educational audits, and to sign declarations of support, ensuring that robust governance arrangements are in place to safeguard quality and consistency across all PLEs. Preparation and ongoing development for PAs and PSs is supported through modules NAM7081 and NAM7157, while AAs receive structured CPD and upskilling, evidencing compliance with the SFNME expectation that staff are suitably prepared and supported for their roles. Expectations for practice-based supervision, including PLT, support arrangements, and tripartite meetings, are confirmed in the practice learning commitment, demonstrating that students can expect consistent and equitable support wherever their practice learning takes place.
32. In considering Standard 4.2, the visitor found clear evidence that support, supervision, learning, and assessment on the V150 modules complies with the NMC Standards for student supervision and assessment (SSSA). The programme and practice handbook, context document, and PA and PS handbook set out the roles, responsibilities, and expectations of PSs, PAs, and AAs, including preparation requirements in line with the SSSA. Academic assessors are supported through a structured CPD and upskilling framework, and PSs and PAs are encouraged to complete tailored preparation modules, ensuring that training is professionally relevant. This provision leads to **good practice (GP1)**, where the targeted, professionally contextualised assessor preparation is viewed as an innovative and effective example of supervisor and assessor development. Quality assurance processes, including placement agreements and educational audits, the PLP declaration of student support, and the practice learning commitment

provide assurance that supervision and assessment arrangements are consistently applied across practice learning environments. Collectively, these arrangements demonstrate that students are supported by supervisors and assessors who are appropriately prepared and that governance mechanisms are in place to ensure ongoing compliance with the SSSA.

33. In considering Standard 4.3, the visitor reviewed staff CVs and the module documentation which confirms that an appropriately qualified and experienced academic has been appointed as the programme lead for the V150 modules at both Level 6 and Level 7. The appointed individual holds a recordable qualification as a community practitioner nurse prescriber and possesses substantial experience in leading NMC-approved programmes, curriculum development, and academic leadership within BNU. The individual also holds a postgraduate qualification in education and is recognised as a fellow of the Higher Education Academy.
34. In considering Standard 4.4, the visitor reviewed the context document and the CV of the LME. The visitor found clear evidence that the programme leader has worked in conjunction with the LME to ensure appropriate support is available for midwives undertaking the V150 prescribing modules. The context document highlights the consultation and collaboration between the programme lead and the LME. This includes a record of meetings and correspondence confirming that the LME has been consulted during the modules' design and development process. The documentation indicates that the LME is available to provide additional support to midwifery students and has expressed commitment to contribute to teaching sessions where midwives are enrolled. This collaborative arrangement ensures that midwifery-specific perspectives are represented and that students from this field receive appropriate academic and practice support throughout the modules.
35. In considering Standard 4.5, the visitor found clear evidence that all students undertaking the V150 modules will be assigned a PA who is a registered healthcare professional and an experienced prescriber with qualifications appropriate to the modules. The V150 PA and PS handbook provides detailed information regarding the roles, responsibilities, and mutual expectations of PSs and PAs. This is further supported by the programme and practice handbook, the context document, and the PAD, which outlines the PA's role in assessing prescribing practice against the RPS competencies.
36. In relation to Standard 4.5.1, the visitor reviewed specific documentation outlining how BNU manages exceptional circumstances where the same individual may be required to undertake both the PS and PA roles for a student. The PAD and PA and PS handbook clearly state that this arrangement is not normally permitted. However, in exceptional situations, a formal process must be followed as detailed in the exceptional circumstances flowchart - PS and PA and the accompanying simultaneous PS and PA notification form. The PLP declaration, AA upskilling and CPD document, programme and practice handbook, and context document all reinforce that this dual role must be justified and recorded with evidence demonstrating why it is necessary. Assurance is provided that robust governance mechanisms are in place to ensure this arrangement is exceptional and subject to appropriate oversight.

37. In considering Standard 4.6, the visitor reviewed the AA upskilling and CPD document, staff CVs, the V150 programme and practice handbook, the V150 context document, and the PA and PS handbook. The visitor found clear evidence that each student undertaking the V150 modules will be assigned an AA who is a registered healthcare professional with qualifications appropriate to the level and scope of the modules. The AA upskilling and CPD document outlines the preparation and development available to AAs, ensuring that academic staff remain current and competent in the delivery and assessment of prescribing education. The staff CVs demonstrate that the module teams comprise experienced healthcare professionals with appropriate qualifications and expertise to act as AAs. The documentation also confirms that these arrangements apply equally to all students, including those who are self-employed or self-funded. Roles, responsibilities, and expectations of AAs are described across the PA and PS handbook, the programme and practice handbook, and the context document, providing a consistent and comprehensive framework for academic assessment aligned to NMC requirements.
38. In considering Standard 4.7, the visitor found clear evidence that constructive feedback is embedded throughout the V150 student journey to support achievement of the RPS competencies and module learning outcomes. Opportunities for formative feedback are integrated within the teaching and learning strategy, as set out in the context document, programme and practice handbook, and module descriptors. The PAD provides space for feedback in practice and requires students to reflect on responses received, while BNU's assessment and feedback policy establishes institutional expectations for feedback practices. Academic staff are confirmed as trained in assessment and feedback methods through staff CVs, and PAs and PSs are encouraged to complete preparation modules to strengthen their capability to provide effective supervision and feedback. The programme and practice handbook also highlights the role of the student learning and achievement hub, which offers workshops and one-to-one tutorials to support academic skills development, including evidence-based writing. In practice settings, the PLP declaration of student support confirms that students are made aware of available support, PLT and inclusive, responsive PLEs.
39. In considering Standard 4.8, the visitor found clear evidence that assessment of a student's suitability for award is based on successful completion of a defined period of PBL relevant to their prescribing field. The PAD sets out the framework for practice learning and assessment, with the end-of-programme approval section requiring the PA to confirm that the student has achieved the required competencies and to evidence that this decision has been discussed with the AA. The programme and practice handbook states that the nominated PA and AA must work in partnership to confirm completion, and the PA and PS handbook reinforces these expectations by outlining the responsibilities of each role. PAs and PSs are encouraged to undertake relevant training through preparation modules to ensure consistency in assessment practice, while the PLP declaration of student support confirms the shared responsibility between BNU and PLPs for enabling students to meet programme outcomes. These arrangements provide assurance that award decisions are underpinned by robust, collaborative, and transparent assessment processes.
40. In considering Standard 4.9, the visitor found clear evidence that the programme ensures all students meet the required learning outcomes and RPS competencies through successful completion of a defined range of summative assessments. The mapping documents for Level 6 and Level 7 show explicit alignment between the

programme learning outcomes and the RPS ACFAP, with this mapping triangulated against the context document and programme and practice handbook, which set out the overall assessment strategy. These sources confirm that all students are required to complete a pharmacology examination, a numeracy test, a written reflection, and submission of a completed PAD, evidencing achievement of the RPS competencies in both theory and practice.

41. The module descriptors for both Level 6 and Level 7 clearly articulate and confirm that the pharmacology exam is summatively assessed in week 10 of the modules, is 60 minutes in duration, and must be passed with a minimum score of 80%, in line with the NMC requirements for Standard 4.9.1.
42. Similarly, the numeracy assessment is a 30-minute summative examination, also taken in week 10, which must be passed with a score of 100%, in line with the NMC requirement for Standard 4.9.2.
43. Based on the information made available, the visitor considers that BNU has in place the appropriate arrangements for Standard 4: Supervision and assessment to enable the NMC standards to be met.

5: Qualification to be awarded

Approved education institutions, together with practice learning partners, must:		Met	Not met	Met after conditions	Not applicable to this major modification
5.1	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: 5.1.1 a community practitioner nurse or midwife prescriber (V100/V150), or 5.1.2 a nurse or midwife independent/supplementary prescriber (V300)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Findings

44. In considering 5: Qualification to be awarded, the visitor found clear evidence that the programme confirms the award structure, academic credit value, and processes for determining students' eligibility for annotation on the NMC register as prescribers. Final confirmation of prescribing competence is assured through clearly defined roles for practice and academic assessors, with requirements for both to confirm that students have achieved the necessary standards. The proposed modification impacts Standards 5.1 to 5.4. In line with the rationale for the modification, which seeks to clarify arrangements for self-employed and self-funded applicants and ensure consistent application of NMC requirements, the revised documentation confirms how students' eligibility for annotation is recorded and how academic credits awarded reflect achievement at Level 6 or 7. Student-facing materials now provide explicit guidance on the requirement to register the prescribing qualification with the NMC within five years of completion, and the implications of failing to do so. The documentation also confirms that students may prescribe only once annotation has occurred, and only from the formulary relevant to their qualification and within their scope of competence. These changes strengthen transparency and alignment with regulatory expectations, particularly for applicants entering via non-traditional routes.
45. In considering Standard 5.1, the visitor reviewed documentary evidence confirming that, following successful completion of either of the V150 modules, students are eligible to be recorded as community practitioner nurse prescriber

V150 on the NMC register. This includes evidence that module learning outcomes align with the RPS ACFAP, and that eligibility is confirmed through formal assessment processes. The PAD contains a designated section for the PAs end-of-programme approval, which requires the PA to confirm that the student has met all necessary RPS competencies and is eligible to be recorded as a V150 prescriber. The programme and practice handbook further outlines the responsibilities of both the PA and AA in jointly confirming student eligibility and readiness for annotation. Additional supporting materials, including the context document, module descriptors and specifications, and the PA and PS handbook clearly outline the assessment and governance mechanisms in place to ensure that only those who meet all programme and regulatory requirements are recommended for recording as V150 prescribers.

46. In considering Standard 5.2, the visitor reviewed evidence confirming that successful completion of the V150 prescribing module leads to academic accreditation at a level equivalent to, or above, a bachelor's degree. The Level 6 and Level 7 module descriptors and module specifications confirm that 20 academic credits are awarded at Level 6 or Level 7, respectively. The programme and practice handbook provides additional confirmation of the credit framework and recognition of prescribing competence at the appropriate academic level and provides additional confirmation of the credit framework and recognition of prescribing competence at the appropriate academic level.
47. In considering Standard 5.3, the visitor reviewed the programme and practice handbook, which clearly informs students of the requirement to register their prescribing qualification with the NMC within five years of completing the module. The handbook makes clear that failure to do so will result in the need to successfully complete a further NMC-approved prescribing module in order to register their award as a prescriber.
48. In considering Standard 5.4, the visitor reviewed the V150 programme and practice handbook, which clearly outlines that students may only begin prescribing once their qualification has been formally annotated on the NMC register. The handbook also emphasises that students may only prescribe from the formulary aligned with their qualification, and within the boundaries of their individual competence and scope of professional practice. This emphasis is reinforced throughout the modules and embedded in the module learning outcomes, specifically learning outcome 3 in both the module descriptors. Students are consistently reminded of these professional requirements throughout their student journey.
49. Based on the information made available, the visitor considers that BNU has in place the appropriate arrangements for Standard 5: Qualification to be awarded to enable the NMC standards to be met.

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Southgate House, Southgate Street, Gloucester GL1 1UB
Registered charity numbers 1062746 and SC037786

Tel: 01452 557050
Web: www.qaa.ac.uk/nmc