



Nursing and Midwifery Council Quality Assurance Review

Major Modification Report for:

Prescribing qualifications leading to:

**Independent and Supplementary Nurse Prescribing
King's College London**

August 2025

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Key institutional and programme details

Name and location of Approved Education Institution (AEI)	King's College London Strand London WC2R 2LS
AEI Institution Identifier [UKPRN]	10003645
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

Name of programme					
NMC Programme Title	AEI Module Title and number of credits	Academic level	Apprenticeship	Full-time	Part-time
Independent and supplementary nurse prescribing	Independent and Supplementary Prescribing for Healthcare Professionals	England, Wales, Northern Ireland <input type="checkbox"/> Level 6 <input checked="" type="checkbox"/> Level 7	<input type="checkbox"/>	<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	6 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: 2 September 2025				
Visitor team	Registrant Visitor: Dr Heather Bain				

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 September 2025.

Context for the review

This major modification review was conducted to consider proposed changes to the existing independent and supplementary prescribing module delivered by King's College London (KCL). The modification seeks to reduce the credit value of the programme from 60 credits to 45 credits at Level 7, with associated revisions to teaching and learning approaches, learning outcomes, and assessment strategy. Students are required to hold professional registration with the NMC and be employed by an NHS or non-NHS organisation, or be self-employed, provided they can demonstrate that appropriate governance and supervision arrangements are in place to support prescribing practice.

KCL outlined that the proposed modifications were developed through co-production with a wide range of stakeholders. Consultation took place with practice learning partners (PLPs) and employer partners (EPs), who contributed to discussions on programme structure and the impact of reducing the credit value. Academic staff worked with current and former students to review the revised learning outcomes and assessment strategy, ensuring these remain relevant and achievable. People who use services and carers (PSCs) were engaged through KCL's established involvement networks, providing feedback on the accessibility and applicability of prescribing education to practice. External subject matter experts were also consulted regarding the expansion of eligible professional groups. KCL reported that this engagement extended beyond consultation, with stakeholders contributing to the on-going delivery and review of the prescribing programme.

The **final recommendation** made by the visitor to the NMC, following consideration of KCL's response to any conditions required by the approval panel, 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 not met	NMC only/ Joint	AEI/EI only
	None			

Recommendations for enhancement

Recommendations				
No.	Recommendation	Specific standards	NMC only/ Joint	AEI/EI only
R1	KCL should strengthen its record-keeping of stakeholder engagement, including informal and one-to-one engagements, and ensure these are formally documented and retained. This should include evidence of discussions with PLPs, EPs, PSCs and students and demonstrate how these contributions have informed co-design and decision-making in the development and ongoing review of the prescribing module. While the visitor was assured that stakeholder engagement has taken place and that the relevant standards were met, strengthening the documentation of these processes would provide clearer auditable evidence of co-production across the standards.	1.7 & 2.1 [SFNME 1.12, 5.5]	NMC only	
R2	KCL should ensure that the Prescribing Module Teaching Group is implemented as planned from January 2026 and becomes embedded within the faculty's governance framework. The group should meet regularly with appropriate stakeholder representation and maintain detailed minutes and records of discussions and decisions, to provide an auditable account of how the prescribing module is monitored, reviewed, and enhanced.	2.1 [SFNME 1.12, 5.5]	NMC only	

Recommendations are to be addressed and reported in the annual self-assessment report.

Statements of good practice

Statements of good practice relating to the NMC standards			
No.	Details	Specific standard	NMC only/ Joint
	None		

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Findings

1. In considering Standards 1.1 to 1.7, the visitor reviewed how the modification impacts processes for selection, admission and progression. While the reduction in credit value, revised learning outcomes and assessment strategy do not change the entry requirements for NMC registrants, the visitor considered how applicants are selected and admitted, including verification of professional registration, competence, clinical experience, and governance arrangements, and how progression through the

module is supported. Additional lines of enquiry were made in relation to Standards 1.3, 1.4 and 1.7 to further test the robustness of these processes, and KCL provided further clarification and evidence in response.

2. In considering Standard 1.1, the visitor reviewed the prescribing programme proposal document which confirms that applicants must be a registered nurse (Level 1), a registered midwife, or a specialist community public health nurse (SCPHN). The statement of commitment and the admissions flowchart show that applicants are required to declare their NMC registration at the point of application. The guidance on how to apply and the programme webpage make this requirement explicit for prospective students. The admissions process requires the admissions tutor to verify each applicant's registration against the NMC register, which provides assurance that only those who meet the programme entry criteria are admitted.
3. In considering Standard 1.2, the visitor noted from the prescribing programme proposal document and the statement of commitment that the admissions process has been designed to provide equal opportunity for all eligible applicants, including those employed in the NHS, those in non-NHS settings and those who are self-employed. The programme webpage sets out a transparent process for application, and the guidance on how to apply provides tailored instructions for both NHS and non-NHS applicants. The V300 admissions flowchart shows that applications are managed in order of submission date, providing assurance that entry to the programme is fair and accessible to all NMC registrants who meet the entry criteria.
4. Regarding Standard 1.3, the visitor noted from the statement of commitment that employers, or the non-medical prescribing lead (NMPL) where applicable, must confirm applicants will be released for protected learning time and supported to complete 90 hours of supervised practice. Where applicants are self-employed, the form requires a self-declaration that equivalent governance arrangements are in place. The prescribing module proposal and admissions flowchart show that these commitments are checked before any offer is made. The practice assessor (PA) and practice supervisor (PS) agreement form requires nominated staff to confirm they are recorded prescribers with appropriate experience, and the admissions tutor verifies these details alongside occupational health and Disclosure and Barring Service (DBS) clearance. The statement of commitment also requires applicants to submit the most recent Care Quality Commission (CQC), Health Improvement Scotland (HIS) or Health Improvement Wales (HIW) report and action plan for their organisation, which the admissions tutor reviews to confirm the suitability of the practice learning environment (PLE). The visitor raised an additional line of enquiry regarding how assurance is obtained that PLEs are audited before students commence supervised practice. KCL confirmed that, in addition to the checks outlined above, the learning contract and practice audit form are completed by the student and their PA within the first month of the module and reviewed by the academic assessor (AA) before practice learning begins. This process was confirmed to be an enhancement, as admissions tutors now review external regulatory reports at the point of application. The visitor also sought clarification on governance arrangements for students entering the prescribing module as part of the MSc Advanced Clinical Practice (ACP). The ACP student information confirms that a separate prescribing module application is required immediately prior to commencement, ensuring that governance, supervision, and protected learning time arrangements are re-checked at the point of entry. KCL ensures that applicants can only be admitted where employer support, supervision and governance arrangements are confirmed, and where PAs and PSs meet the required criteria. The visitor noted that this process is explicitly linked to public safety, as students must have safe practice environments in place before supervised prescribing begins.

While no memoranda of understanding with employers were submitted for review, assurance is provided through the signed statement of commitment and the requirement for employers to confirm governance arrangements prior to admission.

5. In considering Standard 1.4, the visitor noted from the prescribing module proposal and the KCL academic regulations that the module is approved at 45 credits and exemptions cannot be granted for part of a module. The KCL procedure confirms that recognition of prior learning (RPL) is only permitted at whole module level and therefore cannot be applied to this prescribing module. The visitor raised an additional line of enquiry to clarify whether applicants who hold a V100 or V150 prescribing qualification are permitted to use their prior experience to support entries within the clinical portfolio. KCL confirmed that while students may draw upon prior prescribing experience to shape their learning needs, evidence of competence recorded in the portfolio must be demonstrated during the V300 module and assessed by the PA. No prior qualification or experience can provide exemption from any part of the module. This provides assurance that RPL is managed in line with institutional regulations and NMC requirements, and that all students are required to demonstrate achievement of the Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers (CFAP) within the module.
6. In considering Standard 1.5, the visitor noted from the prescribing module proposal that applicants are normally required to hold a bachelor's degree with honours or equivalent, as evidence of their ability to study at master's level. The programme webpage and application guidance make this requirement explicit for prospective students. The statement of commitment requires applicants and their line managers to confirm that the applicant has the appropriate competence and clinical experience to undertake prescribing preparation. Collectively, this provides assurance that applicants admitted to the module have the academic ability, competence and experience required to study and practise safely at the expected level.
7. In considering Standard 1.6, the visitor reviewed how KCL ensures applicants are capable of safe and effective practice at a level of proficiency appropriate to the module and their intended prescribing practice. In considering 1.6.1, the visitor noted that the statement of commitment requires employers to confirm applicants are able to undertake and complete a health assessment. In considering 1.6.2, the same document confirms applicants must be able to apply a diagnostic process and make a diagnosis. In considering 1.6.3, the employer must also confirm that applicants can plan and evaluate care and treatment within their intended prescribing area. These requirements apply equally to NHS-employed, self-funding and self-employed applicants, ensuring parity and fairness in the admissions process. For self-employed applicants, there is an additional safeguard requiring evidence of completion of an appropriate physical or health assessment module to demonstrate baseline competence. The visitor noted that these processes are applied consistently across applicant groups, reflecting an equality, diversity and inclusion (EDI) approach that ensures those with different career trajectories and registration histories are assessed fairly. Collectively, these checks confirm applicants enter the module with the skills required to translate knowledge into safe prescribing decisions, thereby protecting public safety.
8. In considering Standard 1.7, the visitor noted from the prescribing module proposal and the statement of commitment that the admissions tutor verifies the date of first NMC registration to confirm applicants have been registered for at least one year prior to entry. The process also requires applicants to have worked in the same clinical field in which they intend to prescribe for at least one year immediately preceding application, as reflected in the programme webpage and application

guidance. The admissions flowchart confirms that these checks are undertaken before an offer is made. The prescribing team and PLPs consider that 12 months of registration alone does not provide sufficient assurance of safe and effective practice. As a local requirement, applicants must also evidence one year of clinical practice in their intended prescribing field immediately before application, with confirmation provided by the line manager or NMPL on the statement of commitment. KCL explained that this approach was developed in collaboration with PLPs, though no formal records of those discussions were available. Following an additional line of enquiry, KCL sought confirmation from current PLPs, and responses received, including the Royal Marsden NHS Foundation Trust policy, confirming agreement with the local requirement. This resulted in **recommendation (R1)**, that KCL formally document and retain evidence of stakeholder engagement and agreement on entry requirements, including informal and one-to-one engagements, to strengthen assurance of co-production. The visitor also sought clarification on whether ACP applicants must defer the prescribing module until year two to ensure the relevant practice experience. KCL confirmed that all applicants, including those on the ACP pathway, must make a separate application to the prescribing module and are assessed against the entry criteria at the point of application. As such, the module may be undertaken in either year one or year two, provided the applicant can evidence the required clinical experience. The entry requirements for the ACP, which state applicants must normally have at least two years' post-qualification experience, align with this approach. A further line of enquiry sought confirmation that the requirement for one year of clinical practice in the intended field applies equally to self-employed and non-NHS applicants. KCL confirmed that this condition is consistently applied to all applicants, which provided assurance to the visitor.

9. Based on the information made available, the visitor considers that KCL 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.	<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

10. In considering Standards 2.1 to 2.9, the visitor reviewed how the modification to reduce the prescribing module from 60 to 45 credits, with associated revisions to learning outcomes, assessment strategy and teaching and learning approaches, impacts the curriculum. The visitor examined how the module aligns to the RPS CFAP, the integration of theory and practice, the use of technology and simulation, and the involvement of stakeholders in design and delivery. Additional lines of enquiry were made in relation to Standards 2.1, 2.3 and 2.4 to test the robustness of governance, co-production, and the influence of stakeholder feedback. Standard 2.7 was not considered as the prescribing module is not delivered in Wales.
11. In considering Standard 2.1, the visitor reviewed how the prescribing module complies with the NMC Standards framework for nursing and midwifery education (SFNME) (NMC, 2018, updated 2023) in the context of the proposed modification.

The module proposal and the summary of stakeholder meetings confirm that the prescribing module has been co-produced with a wide range of stakeholders including PLPs, EPs, students, and PSCs. The statement of commitment shows how stakeholder feedback has directly informed recruitment and admissions processes, while the lived experience advisors (LEAs) group action log demonstrates their role in shaping application documentation and educational materials. The module team confirmed that comments from the LEA group, such as the inclusion of a question about the benefits of prescribing, have been incorporated into revised application forms. The visitor raised additional lines of enquiry regarding the Prescribing Module Teaching Group, which is due to commence in January 2026. The updated terms of reference set out its remit, membership and reporting structure, confirming that it will oversee delivery, review student evaluation and assessment outcomes, and report through the faculty's established quality assurance committees. While the documentation provides assurance about the planned remit, the group is not yet operational. This resulted in **recommendation (R2)**, that KCL ensure the group is established and embedded within the governance framework to support ongoing monitoring and enhancement of the module. The visitor also considered how LEAs contribute to the design and review of the prescribing module. While action logs and summary documents show that PSCs have provided feedback and suggestions, there are no detailed minutes evidencing discussion. This links to **recommendation (R1)**, that KCL strengthen the documentation of stakeholder engagement to evidence co-production and decision-making more clearly. Further lines of enquiry addressed governance and oversight, including clarification on attendance at faculty stakeholder meetings, the role of the Practice Learning Partnership Committee within the wider committee structure, and the provision of external examiner reports. The responses confirmed how the prescribing module is aligned within the faculty's quality assurance system, with issues relevant to prescribing discussed alongside broader practice learning matters.

12. In considering Standard 2.2, the visitor noted from the prescribing module proposal that the module is delivered at master's level over one semester and is structured to enable students to achieve the competencies set out in the RPS CFAP. The learning outcomes for taught sessions and the assessment for learning guidance demonstrate how theory and practice are integrated through a blended learning approach, with students completing 26 days of theoretical learning supported by online resources and self-directed study. The clinical portfolio requires each student and their PA to agree a learning contract to target practice-based knowledge and skills against the RPS CFAP, and the mapping document confirms that all teaching and assessment is aligned to the RPS competencies. This provides assurance that the prescribing module is designed to fully deliver the required competencies for safe and effective prescribing practice.
13. With regard to Standard 2.3, the visitor noted from the prescribing module proposal and module timetable that a blended learning approach is used to support achievement of the RPS CFAP. The timetable and learning outcomes for taught sessions show that lectures, case-based discussions, workshops, and online activities are integrated with supervised clinical practice. Screenshots from the virtual learning environment (VLE), including e-learning resources, confirm that students have access to interactive and up-to-date digital resources to support independent study. The clinical portfolio requires students and PAs to identify learning needs and provides opportunities to practise mock prescriptions and develop clinical management plans, ensuring theoretical learning is applied in practice. The RPS CFAP mapping demonstrates alignment between the learning and teaching strategies and the required competencies. The modification also introduces delivery in a multidisciplinary context, with prescribing students from different professional

backgrounds learning together. This approach enables students to benefit from shared perspectives and collaborative learning, strengthening the application of prescribing competencies in practice.

14. In considering Standard 2.4, the visitor noted from the prescribing module proposal and the learning outcomes for taught sessions that the module aims and outcomes are designed to support students' learning in relation to their intended scope of prescribing practice across all parts of the NMC register. The content delivered includes general and professional themes such as legal frameworks, professional accountability, clinical governance, ethics, evidence-based practice, team working, sustainability and emerging developments such as artificial intelligence (AI) (2.4.1). Prescribing-specific content, including pharmacology, consultation skills, prescription writing, medication adherence, polypharmacy, deprescribing and public health, is set out in the timetable and supported by e-learning materials (2.4.2). Students from all fields of practice learn together, applying programme outcomes to their individual scope of practice and sharing knowledge and experience in a multidisciplinary context (2.4.3). Achievement of the learning outcomes is demonstrated through summative assessments, including the clinical portfolio, poster presentation and examinations in pharmacology and calculations, which are mapped to the RPS CFAP.
15. In considering Standard 2.5, the visitor noted from the prescribing module proposal, the module timetable, the clinical portfolio, and the student module handbook that the curriculum provides a clear balance of theory and practice learning. Students complete 26 days of theoretical learning alongside 90 hours of supervised practice, and this balance is consistently set out across the documentation. A range of learning and teaching strategies is used, including flipped learning via the virtual learning platform, lectures, seminars, workshops and supervised clinical practice, enabling students to integrate theoretical knowledge with practice-based application. The student handbook emphasises that students are expected to take ownership of their learning in partnership with academic and practice staff, with structured opportunities for discussion, reflection, and feedback. This approach ensures that the curriculum delivers an appropriate balance of theory and practice, underpinned by varied learning and teaching methods.
16. With regard to Standard 2.6, the visitor noted from the prescribing module proposal and supporting teaching materials that technology and simulation are embedded proportionately across the curriculum to support supervision, learning and assessment. Screenshots from the VLE confirm that students access a range of e-learning resources, which supports numeracy and safe prescribing skills, and a conversational simulation platform, which allows students to rehearse complex consultations in realistic simulated scenarios. Teaching resources demonstrate the use of PSCs and actors in simulation sessions, enabling students to apply theoretical knowledge to practice while developing clinical and communication skills. Students are supported by additional technology-based resources, including access to learning skills services, IT support, and the faculty's technology-enhanced learning hub, which together provide tailored guidance for digital and academic skill development. The flipped learning approach requires students to complete e-learning and simulation activities in advance, which are then explored further in taught study days. The visitor also noted that practice learning takes place in environments where electronic prescribing and administration systems are routinely used, with some organisations piloting AI systems. This ensures students are exposed to contemporary technologies that support safe prescribing and clinical governance. Collectively, this provides assurance that technology and simulation are used effectively and proportionately to enhance student learning, practice, and assessment.

17. Based on the information made available, the visitor considers that KCL 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

The 45-credit Level 7 module is delivered over one semester (approximately 15 weeks), during which students must complete 90 hours of supervised practice learning under the supervision of a designated prescribing practitioner and supported by a PA and PS.

The module does not allocate any hours of simulated practice learning (SPL) towards the 90-hour requirement.

Findings

18. In considering Standards 3.1 to 3.3, the visitor reviewed how the modification impacts arrangements for practice learning. While the reduction in credit value and revisions to the assessment strategy do not alter the practice learning requirement of 90 hours, the visitor examined how governance processes, supervision and assessment arrangements, and partnership working are maintained to ensure safe and effective prescribing practice.
19. In considering Standard 3.1, the visitor noted from the prescribing module proposal, the statement of commitment, and the PA and PS agreement form that governance arrangements for practice learning are confirmed at the point of application. Applicants must identify a suitable practice learning placement, a PA and a PS, and confirmation is required that they will be supported to achieve the RPS CFAP. The viability of the placement is checked by the admissions tutor before an offer is made, with further assurance provided through a practice audit completed within the first month of the module and reviewed by the AA. The visitor considered how these processes apply to self-employed applicants, where additional responsibilities are placed on KCL to ensure safe practice learning. The statement of commitment requires self-employed applicants to demonstrate that they have appropriate governance arrangements in place and, where relevant, access to clinical areas beyond their immediate scope of work, for example aesthetics, to ensure sufficient breadth of learning. If the documentation is incomplete or unclear, the admissions tutor undertakes a telephone interview before progressing the application. The process also requires PLPs to notify the module lead of any changes to CQC, HIS or HIW status during the student's period of practice learning. KCL operationalises

these requirements through consistent application of the admissions checks, ensuring that governance for practice learning is in place for all applicants and that equivalent assurance is secured for those who are self-employed. This provides a clear framework to protect public safety and to ensure all students can develop prescribing competence in safe and appropriate learning environments.

20. In considering Standard 3.2, the visitor noted from the prescribing module proposal, the student handbook, and the clinical portfolio that practice learning is structured to comply with the NMC Standards for student supervision and assessment (SSSA) (NMC, 2018, updated 2023). The Pan-London approach to the implementation of the SSSA and the faculty strategy for implementation confirm that PAs, PSs, and AAs are appropriately prepared and supported. At admission, the tutor verifies that the nominated PA and PS have current knowledge and experience in the applicant's prescribing area, and that they are experienced prescribers holding a suitable prescribing qualification. The application pack requires confirmation of registration and prescribing experience, and regulatory details are checked to ensure there are no cautions or flags. Preparation for supervision and assessment roles is supported through multiple resources. The Pan-London e-learning package is available to all PSs and PAs, and the programme team provides an introductory narrated presentation on the SSSA framework alongside drop-in sessions to discuss supervision and assessment issues. PAs and PSs are also required to complete Designated Prescribing Practitioner (DPP) training within the first four weeks of the module, with completion monitored by the admissions tutor. The DPP handbook and training guide set out expectations for engagement, professional conduct, and module-specific requirements. AAs are faculty registrants prepared through a half-day induction workshop and annual updates, with attendance tracked as part of staff mandatory training. The allocation of PSs and PAs is overseen by NMPLs in partner organisations in collaboration with the prescribing team. The module handbook and clinical portfolio require students and PAs to submit a learning contract and practice audit form within the first month, which is reviewed by the AA to verify that sufficient support and learning opportunities are in place. Where issues arise, algorithms in the handbook set out processes for resolution.
21. In considering Standard 3.3, the visitor noted from the prescribing module proposal, the statement of commitment and the PA and PS agreement form that students work in partnership with KCL and their PLPs to arrange supervision and assessment in line with the SSSA. At the point of application, students are required to identify a suitable practice learning placement and nominate a PA and PS, with confirmation from the organisation and nominated staff that appropriate support and supervision will be provided. The admissions tutor reviews this information before an offer is made, and the student, PA, and AA revisit these arrangements through the learning contract and audit process once the module has commenced. Screenshots from the VLE demonstrate how students are informed about AA allocation and required to book meetings, while the PA and PS drop-in sessions provide ongoing opportunities for joint discussion and support. The student handbook and admissions guidance set out clear expectations about partnership working, with the algorithms in the handbook providing structured processes for resolution where difficulties arise. Examples of correspondence between PAs, PSs, and KCL show how challenges are jointly managed, including issues with clinical portfolio progress, mitigating circumstances and requests for additional support. This provides assurance that students, KCL and PLPs work in partnership from admission through to completion of the module to ensure supervision and assessment arrangements comply with the SSSA.

22. Based on the information made available, the visitor considers that KCL 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

23. In considering Standards 4.1 to 4.9, the visitor reviewed how the prescribing module ensures support, supervision, learning, and assessment remain aligned to the SFNME and the SSSA. The reduction in credit value has led to a refreshed assessment strategy, replacing the written component with a prescribing governance poster presentation, while retaining the pharmacology and numeracy examinations and the clinical portfolio. The visitor therefore examined how these changes continue to ensure students meet the RPS CFAP and programme learning outcomes.
24. In considering Standard 4.1, the visitor reviewed how support, supervision, learning and assessment for the prescribing module are delivered in line with the SFNME in a postgraduate context. The student module handbook and clinical portfolio set out the structures for learning and support, including AA meetings scheduled and tracked via the VLE, and preparation resources for PAs and PSs with drop-in sessions to discuss supervision and assessment. Co-production with stakeholders is evidenced through stakeholder meeting records and summary outputs, with PSCs engaged via the LEAs group terms of reference and action log; the Prescribing Module Teaching Group terms of reference describe ongoing stakeholder involvement in curriculum delivery and review. Processes to respond to student need and risk are articulated through the support for study and student of concern procedures, and professional behaviours are governed by the fitness to practise policy and panel terms of reference. Assessment design and decision-making follow published marking and feedback frameworks with transparent rubrics for the poster presentation and clinical portfolio. EDI expectations for staff are supported through mandatory training, and disability support information for students is clearly signposted. Partnership correspondence demonstrates how KCL, PAs, PSs and PLPs act jointly to resolve issues, which includes portfolio progress, mitigating circumstances and role support. Collectively, this shows that KCL's arrangements for support, supervision, learning, and assessment comply with the SFNME and are operationalised for this module, including stakeholder co-production (SFNME 1.12) and appropriate escalation and governance routes.
25. In considering Standard 4.2, the visitor reviewed how support, supervision, learning, and assessment arrangements comply with the SSSA in the context of the prescribing module. The admissions process and statement of commitment confirm that applicants must identify a PA and PS with appropriate qualifications and experience, and the PA and PS agreement form requires confirmation of regulatory registration and prescribing experience. The roles and responsibilities of PAs, PSs and AAs are clearly set out in the DPP handbook, training guide, and the student handbook, which include flowcharts for escalation of concerns relating to competence or behaviour. The clinical portfolio evidences the tripartite relationship between student, PA, and AA, with arrangements for concerns to be addressed through a formal tripartite meeting where required. The prescribing practice organisations' contacts list confirms there is a nominated prescribing lead within each partner organisation to support students. VLE screenshots show how students are informed about AA allocations and how PAs and PSs are supported by the module team, including through drop-in sessions to discuss queries around supervision and assessment. Collectively, the evidence demonstrates that KCL has established systems, processes and resources to ensure PAs and PSs are prepared for their

role, and that supervision and assessment arrangements remain safe, effective, and compliant with the SSSA.

26. Regarding Standard 4.3, the visitor confirmed from the staff list and CVs that the prescribing module is led jointly by two co-programme leads who each hold a prescribing qualification annotated on their respective professional regulatory register and a postgraduate qualification in education. Both are experienced in prescribing education and have responsibility for ensuring that all students meet the required proficiencies by the end of the module. The visitor verified the professional registration and prescribing annotation of the co-programme leads via the NMC register (6 August 2025). This provides assurance that programme leadership arrangements comply with the SFNME.
27. In considering Standard 4.4, the visitor confirmed from the staff list and CVs and the supporting Lead Midwife for Education (LME) statement that arrangements are in place for midwives undertaking the prescribing module. The evidence shows that when a midwife enrolls, the programme leader notifies the LME, who oversees the student's progress and monitors the support available in practice to ensure compliance with this standard. The LME also second marks the clinical portfolio of any midwifery student to confirm that all elements have been completed and verified by the PA. The documentation further confirms that the LME is engaged in programme development and maintains oversight of midwifery involvement in the module. This provides assurance that midwives undertaking the prescribing module are supported appropriately through collaboration between the programme leader, PA and the LME.
28. In considering Standard 4.5, the visitor noted from the statement of commitment and the application pack that students are required at application stage to nominate a PA who is a registered healthcare professional and an experienced prescriber holding an appropriate prescribing qualification. The agreement form confirms these requirements and that the individual is not also acting as the student's PS. The admissions tutor checks the information provided, including registration details and prescribing annotation, before an offer is made, ensuring that all PAs meet the requirements of this standard.
29. The visitor further noted how KCL addresses the requirement under Standard 4.5.1 regarding exceptional circumstances. The admissions process confirms that students are only admitted without both a named PA and PS in exceptional situations. Where the same individual is required to act as both PA and PS, the application pack requires the rationale to be recorded at application stage, and the admissions tutor may conduct a follow-up interview with the applicant and nominated PA to explore the circumstances. This arrangement must also be documented in the clinical portfolio, and in such cases a mandatory tripartite meeting is held within the first four to six weeks between the student, PA, and AA, with outcomes recorded in the portfolio. This provides assurance that PAs for the prescribing module are appropriately qualified and experienced prescribers, and that exceptional circumstances where the PA and PS roles are combined are carefully controlled, documented, and monitored to ensure compliance with the NMC standards and the protection of public safety.
30. In considering Standard 4.6, the visitor confirmed from the staff list, CVs, and the faculty strategy for implementation of the SSSA that AAs are faculty members from the prescribing module team who hold appropriate prescribing qualifications and experience. Students are allocated an AA within the first four weeks of the module, as evidenced on the VLE, where AAs are introduced and contact arrangements with

the student's PA and PS are set out. The process requires the AA to email the student's PA and PS at the outset to provide support and guidance, establishing the tripartite relationship early in the module. The allocation and role of the AA are also described in the module handbook and on the VLE. AAs are one of four core members of the prescribing module team, ensuring sufficient staff are available to fulfil this role. This provides assurance that all students are assigned an AA who is a registered healthcare professional with suitable prescribing qualifications in line with the NMC standards.

31. In considering Standard 4.7, the visitor reviewed how students are supported through formative and summative feedback to meet the programme outcomes and the RPS CFAP. The clinical portfolio and student module handbook confirm that students receive feedback from PSs throughout their supervised practice, which is documented in the portfolio. Within the first month of the module, students and their PA are required to agree a learning contract, identifying scope of practice and intended prescribing areas; this contract is reviewed by the AA, who provides structured feedback to guide further development. Formative feedback opportunities are embedded throughout the module. These include simulation-based seminars with actors, where students receive feedback from peers, facilitators and PSCs, mock pharmacology and calculation examinations with review sessions, and a mock prescribing governance poster presentation with oral feedback from faculty. Students also present sections of their clinical portfolio for formative review before final submission. Guidance on constructive feedback and assessment for learning is provided to staff and students through King's Academy resources, supported by KCL's marking and feedback frameworks. Summative assessments, including the clinical portfolio, pharmacology and numeracy exams, and prescribing governance poster, are marked against transparent rubrics, and students who are unsuccessful receive written feedback and tutorial support to prepare for resubmission. AA meetings, scheduled via the VLE, ensure that all students receive individualised feedback four to six weeks prior to summative portfolio and poster submission to monitor progress and address developmental needs. This demonstrates that feedback is structured, constructive and ongoing across theory and practice, enabling students to identify strengths and areas for improvement and supporting their development to meet the RPS CFAP and module outcomes.
32. In considering Standard 4.8, the visitor confirmed from the prescribing module proposal, the module handbook and the clinical portfolio that students' suitability for award is assessed on the successful completion of practice-based learning relevant to their prescribing field. Students are required to complete 90 hours of supervised practice learning, recorded and verified in the clinical portfolio, alongside a range of summative assessments mapped to the RPS CFAP. These include the clinical portfolio, which incorporates a mock prescription, clinical management plan, PSC feedback, a practice hours log, and structured consultation assessments undertaken by the PA and verified by the AA. The student handbook provides detailed guidance on assessment requirements and processes, while the academic regulations confirm that credit can only be awarded where all assessment components are successfully achieved. The use of multiple assessment methods across theory and practice ensures students are assessed for competence, safety, and suitability for award within the context of their intended prescribing practice.
33. In considering Standard 4.9, the visitor reviewed how the prescribing module ensures all programme learning outcomes are met and that students achieve the competencies set out in the RPS CFAP. In considering 4.9.1, the visitor noted that students must successfully complete a pharmacology examination with a minimum pass mark of 80%, as confirmed in the prescribing module proposal. In considering

4.9.2, the visitor noted that students must achieve 100% accuracy in the drug calculations examination, also confirmed in the module proposal. In addition, students are required to complete a clinical portfolio, which evidences proficiency in practice and is assessed against published rubrics, and a prescribing governance poster presentation, which demonstrates knowledge and application of prescribing governance and safety, as set out in the assessment guidelines and rubrics. Collectively, these assessments provide assurance that students meet the RPS CFAP and the learning outcomes of the module, thereby ensuring public safety.

34. Based on the information made available, the visitor considers that KCL 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

35. In considering Standards 5.1 to 5.4, the visitor reviewed how the prescribing module confirms eligibility for students to record the V300 qualification with the NMC, and how responsibilities for registration and safe prescribing practice are communicated. The reduction in credit value from 60 to 45 credits does not alter award or registration requirements, which remain consistent with the NMC standards. Students must complete all theory and practice learning requirements, including 90 hours of supervised practice, and pass all summative assessments before results are ratified and uploaded to the NMC.
36. In considering Standard 5.1, the visitor noted from the prescribing module proposal and KCL academic regulations that successful completion of the module, including all theory and practice learning requirements, the prescribed summative assessments, and 90 hours of supervised practice, confirms eligibility to record as a prescriber. The assessment strategy is overseen through established faculty processes set out in the quality assurance handbook, with all components required to be passed and ratified by the faculty assessment board (FAB). Following ratification, the programme lead verifies the student list for accuracy before professional services staff upload successful students to the NMC. In considering Standard 5.1.2, the prescribing module confirms eligibility for entry onto the NMC register as a nurse or midwife independent/supplementary prescriber (V300).

37. In considering Standard 5.2, the visitor noted from the prescribing module proposal that the prescribing module is a 45-credit postgraduate award delivered and assessed at Level 7. Successful completion of the module leads to the award of the V300 qualification as a nurse or midwife independent/supplementary prescriber, meeting the NMC requirement that prescribing qualifications are accredited at a minimum of bachelor's degree level.
38. In considering Standard 5.3, the visitor noted from the student module handbook that students are informed they must register their V300 award with the NMC within five years of successful completion, and that failure to do so requires retaking the module in full. This requirement is reinforced through teaching and end-of-module guidance. The timetable confirms that information is delivered in the final class-based session, supported by a recorded 'Next Steps' presentation on the VLE and an announcement sent following ratification of results. These resources also reiterate that students cannot prescribe until the qualification is annotated on the NMC register, must practise only within their area of competence and scope of practice, and are required to follow employer governance processes before commencing prescribing activity. Collectively, this ensures students are clearly informed of their responsibilities for registration and safe prescribing practice on completion of the module.
39. In considering Standard 5.4, the visitor noted that KCL provides clear guidance to students on the limits of their prescribing authority, recognising this is fundamental to public safety. The student module handbook states that students may only prescribe once their prescribing qualification has been annotated on the NMC register. The module timetable confirms that this requirement is reinforced in the final face-to-face teaching session, supported by a recorded 'Next Steps' presentation on the VLE and an announcement sent following ratification of results. These resources explain that prescribing is restricted to the student's competence, scope of practice, and the relevant formulary, and must be undertaken in line with employer governance arrangements. The visitor noted that the concept of a 'personal formulary' is embedded in the module design. At the outset of the module, students agree with their PA the defined area in which they will prescribe as novice prescribers, and this is recorded within the clinical portfolio. This ensures students understand from the beginning of the module that completion of the qualification does not confer universal prescribing rights but is limited to their scope of practice, area of clinical expertise and the formulary they are qualified to prescribe from. Collectively, this demonstrates that KCL communicates the annotation requirement and the limits of prescribing authority clearly and consistently, ensuring students are aware of the restrictions of their prescribing role to protect patient safety.
40. Based on the information made available, the visitor considers that KCL 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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