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Programme approval visit report

Section one

Programme provider name:	Teesside University
In partnership with: *(Associated practice learning partners involved in the delivery of the programme)*	County Durham and Darlington NHS Foundation Trust Darlington Clinical commissioning group (CCG) Durham Dales Easington and Sedgefield CCG Gateshead Health NHS Foundation Trust Hambleton Richmondshire and Whitby CCG Harrogate and District NHS Foundation Trust Hartlepool and Stockton on Tees CCG Newcastle upon Tyne Hospitals NHS Foundation Trust North Tees and Hartlepool NHS Foundation Trust Northumberland, Tyne and Wear NHS Foundation Trust Northumbria Healthcare NHS Foundation Trust South Tees CCG South Tees Hospitals NHS Foundation Trust Sunderland CCG Tees Esk and Wear Valley NHS Foundation Trust York Teaching Hospital NHS Foundation Trust Private, voluntary and independent sector health care providers
Programmes reviewed:	Independent and supplementary nurse prescribing V300 ☒ Community practitioner nurse prescribing V150 ☒ Community practitioner nurse prescribing V100 ☒
Title of programme(s):	Advanced Non-Medical Prescribing [V300] Non-Medical Prescribing [V300]

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	Community Practitioner Prescribing [V100] Advancing Community Practitioner Prescribing [V100] Prescribing for the Community Practitioner Formulary [V150]
Academic level:	
Independent and supplementary nurse prescribing V300	England, Wales, Northern Ireland ☐ Level 5 ☒ Level 6 ☒ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Community practitioner nurse prescribing V150	England, Wales, Northern Ireland ☐ Level 5 ☒ Level 6 ☐ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Community practitioner nurse prescribing V100	England, Wales, Northern Ireland ☐ Level 5 ☒ Level 6 ☒ Level 7 SCQF ☐ Level 8 ☐ Level 9 ☐ Level 10 ☐ Level 11
Date of approval visit:	19 November 2020
Programme start date: Independent and supplementary nurse prescribing V300 Community practitioner nurse prescribing V150 Community practitioner nurse prescribing V100	 6 September 2021 6 September 2021 6 September 2021
QA visitor:	Registrant Visitor: Nikki Welyczko

Summary of review and findings

Teesside University (TU) is an established approved education institution (AEI); the school of health and life sciences (SHLS) present the independent/supplementary prescribing (V300), community practitioner nurse prescribing (V100) and the community practitioner nurse prescribing (V150) preparation programmes for NMC approval.

The programmes are mapped against the Standards for prescribing programmes (SPP) (NMC, 2018) and Standards of proficiency for nurse and midwife prescriber (adoption of the Royal Pharmaceutical Society (RPS) competency framework for all prescribers) (NMC, 2018), the Standards for student supervision and assessment (SSSA) (NMC, 2018) and the Standards framework for nursing and midwifery education (SFNME) (NMC, 2018).

The approval visit was undertaken remotely due to COVID-19.

The V300 runs twice a year, starting in September and January. There are 24 theory days; these include taught, directed or self-directed study days and dedicated tutorials. The module runs for 18 weeks. Weeks one and 18 are full-week blocks; the theory days are one day per week between these weeks. The programme is offered at academic levels six and seven. The programme can also be accessed by registered allied health professionals.

The V100 is aimed at students undertaking an existing approved specialist community public health nursing (SCPHN) or district nursing (DN) specialist practitioner qualification (SPQ). The modules are an integrated part of the SCPHN and DN programmes. The V100 is delivered at academic levels six and seven.

The V150 module prepares registered nurses who do not hold a SPQ to prescribe from the community practitioner formulary. The module is undertaken over an 18-week period; students undertake 13 days taught theory and spend at least 65 hours with an assessor who is a practising community practitioner nurse prescriber. There is some shared learning with students undertaking V300 prescribing modules.

The programme documentation and discussions at the approval visit confirm evidence of effective partnership working between the university and some key stakeholders. A range of stakeholders were involved during the programme's development process including commissioning managers, non-medical prescribing (NMP) programme leads and students. There were no service users and carers (SUCs) involved in the programme development.

The documentation and evidence from the approval visit confirm that arrangements at programme level do not meet the SFNME, or the SSSA and the Standards for prescribing programmes (SPP).

The programme is recommended to the NMC for approval subject to two NMC conditions, three joint NMC and university conditions and two university conditions. Five NMC recommendations are made, one joint NMC and university recommendation and four university recommendations.

Updated 9 February 2021:

TU has submitted additional and revised documentation that confirms the five NMC conditions (three joint with the university) are met. The two university conditions have been confirmed as met by the university.

The programme is recommended to the NMC for approval.

Recommended outcome of the approval panel	
Recommended outcome to the NMC:	Programme is recommended to the NMC for approval ☐ Programme is recommended for approval subject to specific conditions being met ☒ Recommended to refuse approval of the programme ☐
Conditions:	**Effective partnership working: collaboration, culture, communication and resources:** Condition one: Produce an implementation plan that ensures sustainable service user and other stakeholder involvement in the design, development, delivery and evaluation of NMC prescribing programmes. (SFNME R1.11, R1.12) (NMC and university condition) Condition two: Develop a process to ensure that service users are engaged in partnership in student recruitment and selection. (SFNME R2.7) **Selection, admission and progression:** None identified **Practice learning:**

Condition three: Ensure technology enhanced and simulation-based learning and assessment are employed within the programme to support safe and effective prescribing practice. (SFNME R3.4; SPP R3.3)

Assessment, fitness for practice and award:

Condition four: Revise practice assessment documentation to allow academic assessors to collaboratively record decisions with practice assessors in relation to student conduct, proficiency, achievement and recommendations for progression. (SSSA R9.2, R9.4; SFNME R4.11, SPP R4.2) (NMC and university condition)

Education governance: management and quality assurance:

Condition five: Ensure that all student and practice assessor facing documentation provides correct and consistent information that is in line with current NMC standards and are referenced to the current NMC standards applicable to this programme. (SFNME R2.1, R2.3, R2.4, R2.12) (NMC and university condition)

Condition six: Revisit student and staff facing documentation to address the following:
• provide reassurance on the management of students' awards under the circumstances where they pass the V100 modules then subsequently fail to successfully complete their intended award.
• incorporate evidence of support available from the learning hub within module guides.
• revisit all modules to:
o ensure inconsistencies between module specification and guides are addressed
o update in light of the detailed module comments provided at the critical read
o incorporate the university standard statement for future facing learning within the learning and teaching strategy
o review all assessment mapping. (University condition)

	Condition seven: Respond to all conditions as identified by the NMC. (University condition)
Date condition(s) to be met:	29 January 2021
Recommendations to enhance the programme delivery:	Recommendation one: Consider updating terminology for designated prescribing practitioner (DPP), designated medical practitioner (DMP) and practice assessors throughout students facing and practice staff documentation. (SFNME R2.1, SPP R4.5)

Recommendation two: Consider reviewing the selection, admission, educational governance and quality processes to support the possible expansion of allowing self-employed aesthetic practitioners onto the programme. (SFNME R2.1, SPP R3.1)

Recommendation three: Consider embedding further numeracy support into the programme for students. (SFNME R3.1, SPP R2.3)

Recommendation four: Consider making it explicit in practice assessment documentation how communication and collaboration between academic assessors and practice assessors is scheduled and documented in relation to student progression. (SFNME R4.11)

Recommendation five: Consider making it explicit in student facing documentation that students may only prescribe from the formulary they are qualified to prescribe from and within their competence and scope of practice. (SPP R5.4)

Recommendation six: Consider reviewing the application form and ensure that there is space for students to provide information about previous experience relating to clinical/health assessment, diagnostics/care management, planning and evaluation of care. (SPP R1.3, R1.6, R1.6.1, R1.6.2, R1.6.3). (NMC and university recommendation)

Recommendation seven: Reflect further the domains of the academic enhancement framework. (University recommendation) |

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	Recommendation eight: Monitor diversity and burden of assessment, whilst enhancing engagement with university continuous monitoring and enhancement processes. (University recommendation)

Recommendation nine: Monitor the benefit of the numeracy entrance test, whilst considering alternative methods and best practice across the sector. (University recommendation)

Recommendation ten: Provide a response to all recommendations as identified by the NMC. (University recommendation) |
| **Focused areas for future monitoring:** | To monitor the ongoing SUC involvement in the delivery and evaluation of the prescribing programmes. |

Programme is recommended for approval subject to specific conditions being met
Commentary post review of evidence against conditions
Additional and revised copies of the programme documentation provide evidence the conditions are met.

An implementation plan demonstrates how SUC, practice learning partner (PLP) and student involvement will be embedded into the prescribing programme. Condition one is met.

A recruitment process plan demonstrates how SUCs will be involved in the recruitment and selection of students undertaking the prescribing programme. Condition two is met.

Evidence has been provided that demonstrates technology enhanced and simulation-based learning and assessment are employed within the programme. Condition three is met.

An assessment sheet has been added to practice assessment documentation to facilitate communication between academic assessors and practice assessors in relation to student progression. Condition four is met.

Student and practice assessor facing documentation has been updated to provide information that is in line with current NMC standards. Condition five is met. |

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The two university conditions are met to the satisfaction of the university.

AEI Observations	Observations have been made by the education institution YES ☒ NO ☐
Summary of observations made, if applicable	Community practitioner nurse prescribing V150 offered at level six only. The V300 runs twice a year, starting in September and January. There are 24 theory days. (V150 students undertake 13 days taught theory). Report amended accordingly.
Final recommendation made to NMC:	Programme is recommended to the NMC for approval ☒ Recommended to refuse approval of the programme ☐
Date condition(s) met:	9 February 2021

Section three

NMC Programme standards
Please refer to NMC standards reference points *Standards for prescribing programmes* (NMC, 2018) *Standards of proficiency for nurse and midwife prescriber (adoption of the Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers)* (NMC, 2018) *Standards framework for nursing and midwifery education* (NMC, 2018) *Standards for student supervision and assessment* (NMC, 2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates* (NMC, 2015 updated 2018) *Quality assurance framework for nursing, midwifery and nursing associate education* (NMC, 2020) *QA Handbook (*NMC, 2020)

Partnerships
The AEI works in partnership with their practice learning partners, service users, students and all other stakeholders.

Please refer to the following NMC standards reference points for this section: *Standards framework for nursing and midwifery education* (NMC, 2018) **Standard 1: The learning culture:** R1.12 ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders R1.13 work with service providers to demonstrate and promote inter-professional learning and working

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Standard 2: Educational governance and quality:

R2.2 all learning environments optimise safety and quality taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders

R2.4 comply with NMC *Standards for student supervision and assessment*

R2.5 adopt a partnership approach with shared responsibility for theory and practice supervision, learning and assessment, including clear lines of communication and accountability for the development, delivery, quality assurance and evaluation of their programmes

R2.6 ensure that recruitment and selection of students is open, fair and transparent and includes measures to understand and address underrepresentation

R2.7 ensure that service users and representatives from relevant stakeholder groups are engaged in partnership in student recruitment and selection

Standard 3: Student empowerment:

R3.3 have opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs

R3.16 have opportunities throughout their programme to collaborate and learn with and from other professionals, to learn with and from peers, and to develop supervision and leadership skills

R3.17 receive constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning

R3.18 have opportunities throughout their programme to give feedback on the quality of all aspects of their support and supervision in both theory and practice.

Standard 4: Educators and assessors:

R4.7 liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment

R4.9 receive and act upon constructive feedback from students and the people they engage with to enhance the effectiveness of their teaching, supervision and assessment

R4.10 share effective practice and learn from others

Standard 5: Curricula and assessment:

R5.4 curricula are developed and evaluated by suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes

R5.5 curricula are co-produced with stakeholders who have experience relevant to the programme

R5.14 a range of people including service users contribute to student assessment

Standards for student supervision and assessment (NMC, 2018)

Standard 1: Organisation of practice learning:

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R1.4 there are suitable systems, processes, resources and individuals in place to ensure safe and effective coordination of learning within practice learning environments

R1.7 students are empowered to be proactive and to take responsibility for their learning

R1.8 students have opportunities to learn from a range of relevant people in practice learning environments, including service users, registered and non-registered individuals, and other students as appropriate

Standard 2: Expectations of practice supervisors:
R2.2 there is support and oversight of practice supervision to ensure safe and effective learning

Standard 3: Practice supervisors: role and responsibilities:
R3.3 support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills

Standard 4: Practice supervisors: contribution to assessment and progression:
R4.3 have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising

Standard 7: Practice assessors: responsibilities:
R7.9 communication and collaboration between practice and academic assessors is scheduled for relevant points in programme structure and student progression

Standard 9: Academic assessors: responsibilities:
R9.6 communication and collaboration between academic and practice assessors is scheduled for relevant points in programme structure and student progression

Findings against the standard and requirements

Provide an <u>evaluative summary</u> about the effectiveness of the partnerships between the AEI and their practice learning partners, service users, students and any other stakeholders.

Documentary analysis and findings at the approval visit confirm evidence of effective partnership working between TU and some key stakeholders.

Consultation included stakeholders in the NHS, commissioning managers, NMP leads and practice partners. External examiner feedback was sought.

Student feedback was gained from students on the existing programmes. Student feedback was captured verbally and through questionnaires.

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Several of the PLPs we spoke with have previously studied the prescribing programme as independent prescribers (V300) at TU and are able to share their experiences; all are positive.

The university has a long-standing practice of working in partnership with relevant stakeholders. Examples include co-teaching with practice staff who were previous students and the involvement of SUCs in a session on the V300 programme. SUCs at the approval visit confirm their involvement with the development of other programmes but not with the prescribing programmes. SUC feedback is an integral element of the V300 prescribing programme portfolio. Students are required to submit three sets of service user or carer feedback using a 360-degree service user or carer feedback tool. Service users do not currently contribute to student recruitment and selection. The programme team are required to develop a process to ensure that service users are engaged in partnership in student recruitment and selection. (Condition two).

Service users confirmed their willingness to participate in the ongoing development, delivery and evaluation of students undertaking the prescribing programmes and also in recruitment and selection. (Condition one)

Partnership working is evidenced by the university and PLPs working closely to support the implementation of the SSSA. PLPs confirm that they have a clear process to ensure that the practice supervisor and practice assessor meet the standards. The criteria for practice supervisors and practice assessors is detailed in the prescribing application form. This process requires confirmation by the supporting PLP organisation and signatories supporting supervision and assessment availability in the practice learning environment. This process is also evidenced for non-NHS and self-employed practitioners. PLPs confirm their commitment to releasing practitioners to be prepared to undertake the role of practice supervisor and assessor.

PLPs value the period of supervised practice and agree to students spending time with an experienced nurse prescriber practice supervisor, practice assessors and medical practitioners to enable effective team working. The programme team and PLPs confirm there is an increase in demand for all prescribing programmes and produced enrolment statistics for the last four years to confirm this.

The programme team tell us that communication and collaboration between academic and practice assessors is scheduled for relevant points in the programme in the form of an initial, mid-point and end assessment. It is recommended that the programme team make it more explicit in practice assessment documentation how communication and collaboration between academic assessors and practice assessors is scheduled and documented in relation to student progression. (Recommendation four)

Documentation submitted contains a number of inconsistencies in relation to the disclosure and barring service (DBS), time required post registration to undertake

the programme, attendance and periods of supervised practice. Some
requirements are referred to as being NMC requirements when this is not the
case. Some documents, for example the practice assessor handbook for the V150
and V300, refer to outdated NMC standards such as the NMC Code (2015) and
the Standards of proficiency for nurse and midwife prescribers (NMC, 2006). The
NMC website clearly states that nurse and midwife prescribers must not use the
2006 standards to inform their prescribing practice. (Condition five)

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

MET ☐ **NOT MET** ☒

Documentary analysis and discussion at the approval visit confirm that there has
been no SUC involvement in the development of the proposed prescribing
programme. (Condition one)

Documentary analysis and discussion at the approval visit confirm that service
users do not currently contribute to student recruitment and selection. The
programme team are required to develop a process to ensure that service users
are engaged in partnership in student recruitment and selection. (Condition two)

To ensure education governance and quality assurance, the programme teams
are required to ensure that all student and practice assessor facing documentation
provides correct and consistent information that is in line with current NMC
standards and are referenced to the current NMC standards applicable to this
programme. (Condition five)

Assurance is provided that the AEI works in partnership with their practice learning
partners, service users, students and all other stakeholders as identified in
Gateway 2: *Standards for student supervision and assessment*

MET ☒ **NOT MET** ☐

Post event review

Identify how the condition(s) is met

Condition one: The programme team have developed an implementation plan to
demonstrate how SUC, PLP and student involvement will be embedded into the
NMP programmes.
Evidence:
Service user and stakeholder plan, undated

Condition one is met.

Condition two: The programme team have developed a process to demonstrate
how SUCs are involved in the recruitment and selection of students undertaking
NMC prescribing programmes.

Evidence:
Service user and stakeholder plan, undated
Entry requirements, undated

Condition two is met.

Condition five: Student and practice assessor facing documentation has been updated to provide information that is in line with current NMC standards.

Evidence:
Revision of all module guides and practice portfolios:
SCPHN practice assessment document, 2020
V100 level six module guide CCH3048 N, undated
V100 level seven module guide CCH4033 N 2021, undated
V150 module guide CCH3062 N September 2021, undated
V150 practice assessor handbook CCH3062 N 2021/22, undated
V150 practice portfolio CCH3062 N 2021/22, undated
V300 assessor and DPP handbook CCH3042N CCH4034N 2021/22, undated
V300 level seven module guide CCH4034N September 2021, undated
V300 level seven practice portfolio CCH4034N September 2021, undated
V300 module guide CCH3042N September 2021, undated
V300 practice portfolio CCH3042N September 2021, undated

Condition five is met.

Date condition(s) met: 9 February 2021

Revised outcome after condition(s) met   **MET** ☒   **NOT MET** ☐

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

Approved education institutions, together with practice learning partners, must:

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

R1.2 provide opportunities that enable all nurse (level 1), midwife or SCPHN registrants (including NHS, self-employed or non- NHS employed registrants) to apply for entry onto an NMC approved prescribing programme

R1.3 confirm that the necessary governance structures are in place (including clinical support, access to protected learning time and employer support where

appropriate) to enable students to undertake, and be adequately supported throughout, the programme

R1.4 consider recognition of prior learning that is capable of being mapped to the *RPS Competency Framework for all Prescribers*

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

R1.6 confirm that the applicant is capable of safe and effective practice at a level of proficiency appropriate to the programme to be undertaken and their intended area of prescribing practice in the following areas:

R1.6.1 Clinical/health assessment

R1.6.2 Diagnostics/care management

R1.6.3 Planning and evaluation of care

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

Note: Education institutions and their practice learning partners may propose to transfer current students onto the new programme to meet the *Standards for prescribing programmes* and *Standards of proficiency for nurse and midwife prescriber (adoption of the RPS Competency Framework for all Prescribers).* If so, evidence must be provided to support this proposed transfer as part of the education institution's mapping process at Gateway 3.

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

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

Findings against the standard and requirements

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

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

    YES ☒   **NO** ☐

- Evidence of selection process that demonstrates opportunities that enable all nurse (level 1), midwife or SCPHN registrants (including NHS, self-

employed or non-NHS employed registrants) to apply for entry onto an NMC approved prescribing programme. Evidence of this statement in documentation such as: programme specification; module descriptor, marketing material. Evidence of this statement on university web pages (R1.2)

YES ☒   **NO** ☐

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

- Evidence that the necessary governance structures are in place (including clinical support, access to protected learning time and employer support where appropriate) to enable students to undertake, and be adequately supported throughout, the programme (R1.3)

MET ☒   **NOT MET** ☐

R1.3 is met. There's an effective collaborative approach to the application process. PLPs tell us applicants must have employer support; clinical managers sign to confirm clinical competence and that practice learning will be protected. Two NMP leads we met describe the robust governance process undertaken when supporting applicants to undertake prescribing programmes. Prescribing must be identified as essential to the applicant's role and there must be an intention to prescribe. There's an effective strategic approach to ensuring that NMP is soundly managed; the approach to ensure practice learning is protected is firmly established and PLPs tell us about how any issues associated with this are managed effectively. At application there must be confirmation that a practice assessor is identified and that they meet the requirements of SSSA including that they are prescribing in the same field of prescribing as the student. Applicants are required to take and pass at 80 per cent a numeracy assessment as part of the application process. The suitability of the practice learning environment is assured through the educational audit process. This is the mechanism that confirms learning environments meet SSSA and SFNME. Practice learning areas without a satisfactory audit aren't used. Self-employed and non-NHS employed registrant applicants must meet all entry requirements. They must be working and learning in a suitable practice learning environment which has had a satisfactory educational audit. All applicants must have an enhanced DBS check, which must be in date for the duration of the programme and at the point TU inform the NMC that the student has completed the programme. Students' managers are required to provide the university with the applicant's DBS number and sign the application form verifying their support for the student to undertake the programme. Students are required to declare any criminal convictions on their application form. The programme team confirm that any non-NHS employed, or self-employed applications will be fully scrutinised by the programme lead who confirms that if they don't meet the entry requirements, they won't be offered a place on the programme. Although there was assurance from the programme leader at the approval visit that the checking of an applicant's level of proficiency in

clinical/health assessment, diagnostics/care management and planning and evaluation was undertaken both by the employer and the university, this could be strengthened through documentary evidence. Therefore it is recommended that the programme team review the application form and ensure that there is space for students to provide information about previous experience relating to clinical/health assessment; diagnostics/care management; planning and evaluation of care. (Recommendation six)

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

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

<div align="right">

YES ☒   **NO** ☐
</div>

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

<div align="right">

YES ☒   **NO** ☐
</div>

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

<div align="right">

YES ☒   **NO** ☐
</div>

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

<div align="right">

YES ☒   **NO** ☐
</div>

Proposed transfer of current students to the programme under review

From your documentary analysis and your meeting with students, provide an evaluative summary to confirm how the [Standards for prescribing programmes](#) and [Standards of proficiency for nurse and midwife prescriber (adoption of the RPS Competency Framework for all Prescribers)](#) will be met through the transfer of existing students onto the proposed programme.

There will be no transfer of existing students onto the proposed prescribing programmes.

Proposed transfer of current students to the [Standards for student supervision and assessment (SSSA)](#) (NMC, 2018).

From your documentary analysis and your meetings at the approval visit confirm if students will be transferring to the SSSA, and if so that they have informed choice and are fully prepared for supervision and assessment.

There will be no transfer of existing students onto the proposed prescribing programmes.

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to selection, admission and progression are met

YES ☒ **NO** ☐

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

Date: 19 November 2020

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

Date condition(s) met:

N/A

Revised outcome after condition(s) met:	**MET** ☐	**NOT MET** ☐

N/A

Standard 2: Curriculum

Approved educations institutions, together with practice learning partners, must:

R2.1 ensure programmes comply with the NMC *Standards framework for nursing and midwifery education*
R2.2 ensure that all prescribing programmes are designed to fully deliver the competencies set out in the RPS *A Competency Framework for all Prescribers*, as necessary for safe and effective prescribing practice
R2.3 state the learning and teaching strategies that will be used to support achievement of those competencies
R2.4 develop programme outcomes that inform learning in relation to the formulary relevant to the individual's intended scope of prescribing practice:
R2.4.1 stating the general and professional content necessary to meet the programme outcomes
R2.4.2 stating the prescribing specific content necessary to meet the programme outcomes

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

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

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

Findings against the standard and requirements

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

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

  YES ☒   **NO** ☐

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

  YES ☒   **NO** ☐

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

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

  MET ☒   **NOT MET** ☐

R2.3 is met. Students apply continued professional development across practice learning; they're required to reflect on this in a prescribing practice portfolio. The portfolio is mapped to the RPS competency framework for all prescribers. Teaching and learning methods include lectures, seminars, self-directed learning and tutorials. The virtual learning environment supports a blended learning approach. Students confirm that teaching and online resources support their learning. They tell us about the effective support they receive from the programme team; they tell us the support from the programme leader and academic staff is excellent and they commend the level of support they receive. They tell us the learning and teaching strategies prepare them effectively for prescribing practice and that there is clear communication between PLPs, the programme team and the practice assessor which further supports a sound learning experience. The programme team confirm that there are a range of teaching staff that include pharmacists and nurses from a variety of clinical backgrounds who contribute to the delivery of the programme. The opportunity for additional support with numeracy during the programme may enhance the programme. (Recommendation three)

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

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

YES ☒   **NO** ☐

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

YES ☒   **NO** ☐

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

YES ☐   **NO** ☐   **N/A** ☒

The programme is delivered in England.

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

Outcome	
Is the standard met?	**MET** ☒ **NOT MET** ☐
Date: 19 November 2020	
Post event review	
Identify how the condition(s) is met: N/A	
Date condition(s) met: N/A	

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Revised outcome after condition(s) met:	MET ☐	NOT MET ☐

N/A

Standard 3: Practice learning

Approved education institutions must:

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

Approved education institutions, together with practice learning partners, must:

R3.2 ensure that practice learning complies with the NMC *Standards for student supervision and assessment*

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

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

Findings against the standard and requirements

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

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

MET ☒   NOT MET ☐

R3.1 is met. Documentary evidence and discussions at the approval visit confirm robust and effective governance arrangements for practice learning are in place for all applicants. This is assured by comprehensive and effective partnership working between the programme team and PLPs. They confirm a process that's robust and it's clear they're fully engaged in ensuring only the most appropriate applicants are supported to undertake the programme. There are clear and effective processes in place to assure governance.

Students tell us that they're supported by their employers to ensure practice learning is protected. Protected learning time is actively monitored by the programme leader. Student evaluations describe the challenge of undertaking the

programme and working in a busy environment and one student quote from the programme leader's presentation described the programme as 'intense and stressful'. The students at the approval visit confirm confidence in their employers to support them in their prescribing roles and are aware of the strategic importance of NMP. For applicants who are self-employed or non-NHS employed registrants there's further enhanced scrutiny in respect of the governance arrangements at practice level. They complete the application form and they're required to include and evidence additional criteria. At the approval visit, the programme leader told us that they had been receiving an increasing number of enquiries from aesthetic nurses to undertake the programme. The programme leader told us that aesthetic nurses are not currently able to access the programme, however this is being reviewed. (Recommendation two)

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

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

                              YES ☒   **NO** ☐

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

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

                    MET ☐   **NOT MET** ☒

R3.3 is not met. There is insufficient evidence to confirm that effective simulated-based technology and enhanced learning opportunities are available to support student learning and assessment in the programme. (Condition three)

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

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

                              YES ☒   **NO** ☐

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

                              YES ☐   **NO** ☒

There is insufficient evidence to confirm effective simulated-based technology and enhanced learning opportunities are available to support student learning and assessment in the programme. (Condition three)

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

YES ☒   NO ☐

Outcome		
Is the standard met?	MET ☐	NOT MET ☒

There is insufficient evidence to confirm effective simulated-based technology and enhanced learning opportunities are available to support student learning and assessment in the programme.

Condition three: Ensure technology enhanced and simulation-based learning and assessment are employed within the programme to support safe and effective prescribing practice. (SFNME R3.4; SFPP R3.3)

Date: 19 November 2020

Post event review

Identify how the condition(s) is met:

Condition three: The programme team have provided evidence that demonstrates technology enhanced and simulation-based learning and assessment are employed within the programme.

Evidence:
NMP approval report, 22 January 2021
V300 module guide CCH3042N 2021, page five, undated
V300 level seven module guide CCH4034N 2021, page four, undated
V150 module guide CCH3062N 2021, page four, undated

Condition three is met.

Date condition(s) met: 9 February 2021

Revised outcome after condition(s) met: MET ☒   NOT MET ☐

Standard 4: Supervision and assessment

Approved education institutions, together with practice learning partners, must:

R4.1 ensure that support, supervision, learning and assessment provided complies with the NMC *Standards framework for nursing and midwifery education*

R4.2 ensure that support, supervision, learning and assessment provided complies with the NMC *Standards for student supervision and assessment*

R4.3 appoint a programme leader in accordance with the requirements of the NMC *Standards framework for nursing and midwifery education.* The programme leader of a prescribing programme may be any registered healthcare professional with appropriate knowledge, skills and experience

R4.4 ensure the programme leader works in conjunction with the lead midwife for education (LME) and the practice assessor to ensure adequate support for any midwives undertaking prescribing programmes

R4.5 ensure the student is assigned to a practice assessor who is a registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking

R4.5.1 In exceptional circumstances, the same person may fulfil the role of practice supervisor and practice assessor for that part of the programme where the prescribing student is undergoing training in a practice learning setting. In such instances, the student, practice supervisor/assessor and the AEI will need to evidence why it was necessary for the practice supervisor and assessor roles to be carried out by the same person

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

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

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

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

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

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

Findings against the standards and requirements

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

- There is evidence of how the programme will ensure how support, supervision, learning and assessment provided complies with the NMC *Standards framework for nursing and midwifery education* (R4.1)

    MET ☒   **NOT MET** ☐

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R4.1 is met. The programme team have multi-professional backgrounds which supports the interprofessional nature of NMP programmes. Educational audits are completed to ensure appropriate systems and processes are in place to support student learning in practice. On application to the programme an education audit must be in place. Practice learning is evaluated; students confirm they provide formal and informal feedback on practice learning.

The programme team confirm that students have access to the procedure for raising a concern in the university and in the practice learning environment; this is accessed through the TU website. PLPs confirm that processes are in place to support students in raising a concern. They describe effective communication with the programme team through continued sound partnership working, ensuring support in the practice learning environment is maintained.

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

<div align="right">

MET ☐   **NOT MET** ☒

</div>

R4.2 is not met. Documentary evidence within the application and educational audit processes and discussion at the approval visit confirm that sound processes are in place to identify how all practice supervisors, practice assessors and academic assessors, including those who are not NMC registrants, will be prepared for their roles. The practice supervisor and practice assessor must be identified and confirm their agreement to support the student at the point of application to the programme. The programme team tell us how the development and allocation of the academic assessor role will be supported and aligned to the personal tutor role.

PLPs confirm a commitment to support the programme team in ensuring practice assessors and practice supervisors are prepared for their roles. The programme team confirm that preparation for the roles will be supported through attendance at preparation days; all practice assessors and practice supervisors are provided with a practice assessor and practice supervisor programme handbook.

Documentary evidence and discussion at the approval visit confirm that a nominated academic assessor, identified from within the university programme team, will support the student's theoretical learning. The programme team tell us that the academic assessor will work closely with the nominated practice supervisor and practice assessor in the practice learning environment to collate decisions about the student's progress. There's insufficient evidence of how communication between the practice assessor and academic assessor will take place to identify and address any issues related to student progression or the practice learning environment. The practice assessment documentation does not include any space for the academic assessor to collaboratively record decisions

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with practice assessors in relation to student conduct, proficiency, achievement
and recommendations for progression. (Condition four)

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

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

  YES ☒   **NO** ☐

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

  YES ☒   **NO** ☐

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

- Processes are in place to ensure the student is assigned to a practice
  assessor who is a registered healthcare professional and an experienced
  prescriber with suitable equivalent qualifications for the programme the
  student is undertaking (R4.5)

  MET ☒   **NOT MET** ☐

R4.5 is met. Documentary analysis and discussion at the approval visit confirm
that processes are in place to ensure students are assigned to an appropriate
practice assessor who is an experienced prescriber. The supporting NMP
application form is completed specifying the requirements of the role of practice
assessor. The practice assessor's manager must sign the form to confirm that the
practice assessor has the support of the employing organisation to act as the
designated practice assessor. The requirements of the role are detailed in the
module guides and practice assessors' and practice supervisors' handbook. It is
recommended that the programme team update terminology for DPP, DMP and
practice assessors throughout student facing and practice staff documentation to
enhance clarity of roles. (Recommendation one)

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

- Processes are in place to ensure the student is assigned to an academic
  assessor who is a registered healthcare professional with suitable
  equivalent qualifications for the programme the student is undertaking
  (R4.6)

  YES ☒   **NO** ☐

- Processes are in place to provide feedback to students throughout the
  programme to support their development as necessary for meeting the RPS
  competencies and programme outcomes (R4.7)

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

  YES ☒   **NO** ☐

- Processes are in place to ensure that all programme learning outcomes are met, addressing all areas necessary to meet the RPS competencies (R4.9). This includes:
  - successfully passing a pharmacology exam (the pharmacology exam must be passed with a minimum score of 80%), and
  - successfully passing a numeracy assessment related to prescribing and calculation of medicines (the numeracy assessment must be passed with a score of 100%).

  YES ☒   **NO** ☐

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

YES ☒   **NO** ☐

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

YES ☐ **NO** ☒

There's insufficient evidence of communication between the practice assessor and academic assessor to identify and address any issues related to student progression or the practice learning environment. The practice assessment documentation does not include any space for the academic assessor to collaboratively record decisions with practice assessors in relation to student conduct, proficiency, achievement and recommendations for progression. (Condition four)

Outcome

Is the standard met?

MET ☐   **NOT MET** ☒

There's insufficient evidence of communication between the practice assessor and academic assessor to identify and address any issues related to student progression or the practice learning environment. The practice assessment documentation does not include any space for the academic assessor to collaboratively record decisions with practice assessors in relation to student conduct, proficiency, achievement and recommendations for progression.

Condition four: Revise practice assessment documentation to allow academic assessors to collaboratively record decisions with practice assessors in relation to

student conduct, proficiency, achievement and recommendations for progression. (SSSA R9.2; SSSA R9.4; SFNME R4.11) (NMC and university condition)

Date: 19 November 2020

Post event review
Condition four: Space has been added to the practice assessment documentation to enable communication between academic assessors and practice assessors to be documented in relation to student progression. Evidence: SCPHN practice assessment document 2020, undated V150 practice portfolio CCH3062 N 2021/22, undated V300 level seven practice portfolio CCH4034N September 2021, undated V300 practice portfolio CCH3042N September 2021, undated Condition four is met.

Date condition(s) met: 9 February 2021

Revised outcome after condition(s) met: MET ☒ NOT MET ☐

Standard 5: Qualification to be awarded
Approved education institutions, together with practice learning partners, must: R5.1 following successful completion of an NMC approved programme of preparation, confirm that the registered nurse (level 1), midwife or SCPHN is eligible to be recorded as a prescriber, in either or both categories of: R5.1.1 a community practitioner nurse or midwife prescriber (V100/V150), or R5.1.2 a nurse or midwife independent/supplementary prescriber (V300) R5.2 ensure that participation in and successful completion of an NMC approved prescribing programme leads to accreditation at a level equivalent to a bachelor's degree as a minimum award R5.3 inform the student that the award must be registered with us within five years of successfully completing the programme and if they fail to do so they will have to retake and successfully complete the programme in order to qualify and register their award as a prescriber R5.4 inform the student that they may only prescribe once their prescribing qualification has been annotated on the NMC register and they may only prescribe from the formulary they are qualified to prescribe from and within their competence and scope of practice
Findings against the standards and requirements

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

- Processes are in place to ensure following successful completion of an NMC approved programme of preparation, confirm that the registered nurse (level 1), midwife or SCPHN is eligible to be recorded as a prescriber, in either or both categories of:
  - a community practitioner nurse (or midwife) prescriber (V100/V150), or
  - a nurse or midwife independent/supplementary prescriber (V300) (R5.1)

  YES ☒   **NO** ☐

- Evidence to ensure that successful participation in and completion of an NMC approved prescribing programme leads to accreditation at a level equivalent to a bachelor's degree as a minimum award (R5.2)

  YES ☒   **NO** ☐

- Processes are in place to inform the student that the award must be registered with the NMC within five years of successfully completing the programme and if they fail to do so they will have to retake and successfully complete the programme in order to qualify and register their award as a prescriber (R5.3)

  YES ☒   **NO** ☐

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

  YES ☒ **NO** ☐

Assurance is provided that the *Standards framework for nursing and midwifery education* relevant to the qualification to be awarded are met **YES** ☒ **NO** ☐	

Outcome		
Is the standard met?	**MET** ☒	**NOT MET** ☐
Date: 19 November 2020		
Post event review		
Identify how the condition(s) is met: N/A		
Date condition(s) met: N/A		
Revised outcome after condition(s) met:	**MET** ☐	**NOT MET** ☐

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N/A

Sources of evidence

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

Key documentation	YES	NO
Programme document, including proposal, rationale and consultation	☒	☐
Programme specification(s)	☒	☐
Module descriptors	☒	☐
Student facing documentation including: programme handbook	☒	☐
Student university handbook	☐	☒
Practice assessment documentation	☒	☐
Practice placement handbook	☒	☐
PAD linked to competence outcomes, and mapped against RPS *A Competency Framework for all Prescribers*	☒	☐
Mapping document providing evidence of how the education institution has met the *Standards framework for nursing and midwifery education* (NMC, 2018) (Gateway 1)	☒	☐
Mapping document providing evidence of how the *Standards for student supervision and assessment* (NMC, 2018) apply to the programme(s) (Gateway 2)	☒	☐
Mapping document providing evidence of how the programme meets the *Standards for prescribing programmes* and RPS *Standards of proficiency for prescribers* (NMC, 2018) (Gateway 3)	☒	☐
Curricula vitae for relevant staff	☒	☐
Registered healthcare professionals, experienced prescribers with suitable equivalent qualifications for the programme - registration checked on relevant regulators website	☒	☐
Written placement agreements between the education institution and associated practice learning partners to support the programme intentions.	☒	☐
If you stated no above, please provide the reason and mitigation University student handbook not required for individual university modules. All information is provided in the programme handbook.		
List additional documentation: Academic librarian comments, undated Blank approval form, undated Blank approval requests, undated		

Briefing note, 19 November 2020
Critical read notes, 16 December 2020
Frequently asked questions NMP (obtained from the university website), undated
File of evidence, 19 November 2020
Guide to processing applications, 9 March 2020
Module booklet, 19 November 2020
Programme team presentation, undated
NMP review of documents from the external examiner, 6 February 2020
North east NMP forum minutes, 17 January 2020
Practice placement facilitator partnership meeting notes, January 2020
Prescribing episodes of care, formative and summative documents, undated
Student and library services statement prescribing, undated
V100 mapping exercise against the RPS standards, undated

Additional/revised documentation to demonstrate conditions are met:
Module catalogue prescribing 2021, 18 March 2020
NMP approval report, 22 January 2021
Prescribing episode of care formative SCPHN and DN, undated
Prescribing episode of care summative SCPHN and DN, undated
Review document (prescribing), undated
SCPHN practice assessment document 2020, undated
Service user and stakeholder plan 20, January 2021
V100 level six module guide CCH3048 N, undated
V100 level seven module guide CCH4033 N 2021, undated
V100 mapping exercise against RPS, undated
V150 module guide CCH3062 N September 2021, undated
V150 practice assessor handbook CCH3062 N 2021/22, undated
V150 practice portfolio CCH3062 N 2021/22, undated
V300 assessor and DPP handbook CCH3042N CCH4034N 2021/22, undated
V300 level seven module guide CCH4034N September 2021, undated
V300 level seven practice portfolio CCH4034N September 2021, undated
V300 module guide CCH3042N September 2021, undated
V300 practice portfolio CCH3042N September 2021, undated
Entry requirements, undated

Additional comments:
None identified.

During the event the visitor(s) met the following groups:

	YES	NO
Senior managers of the AEI/education institution with responsibility for resources for the programme	☒	☐
Senior managers from associated practice learning partners with responsibility for resources for the programme	☒	☐
Programme team/academic assessors	☒	☐

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Practice leads/practice supervisors/ practice assessors	☒	☐
Students	☒	☐
If yes, please identify cohort year/programme of study: Alumnus (2015) (District nurse, V100 and V300) assessor to V150 Student 2019-20 V300 x one Student (2020) V300 x one Student (2020) V300 x one Alumnus V300 and practice assessor		
Service users and carers	☒	☐
If you stated no above, please provide the reason and mitigation		
Additional comments None identified.		

The visitor(s) viewed the following areas/facilities during the event:

	YES	NO
Specialist teaching accommodation (e.g. clinical skills/simulation suites)	☐	☒
Library facilities	☐	☒
Technology enhanced learning Virtual learning environment	☐	☒
Educational audit tools/documentation	☐	☒
Practice learning environments	☐	☒
If yes, state where visited/findings		
If you stated no above, please provide the reason and mitigation TU is an established AEI; a resource check is not required. The approval visit was conducted virtually due to COVID-19.		
Additional comments: None identified.		

error or omission which is due to an error or omission in data supplied to us by other parties.

Issue record			
Final Report			
Author(s):	Nikki Welyczko	Date:	21 November 2020
Checked by:	Pamela Page	Date:	27 November 2020
Submitted by:	Amy Young	Date:	24 February 2021
Approved by:	Emiko Hughes	Date:	24 February 2021