Programme approval visit report

Section one

<table>
<thead>
<tr>
<th>Programme provider name:</th>
<th>University of Southampton</th>
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<tbody>
<tr>
<td><strong>In partnership with:</strong></td>
<td><strong>Central and North West London NHS Foundation Trust</strong></td>
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<tr>
<td>(Associated practice learning partners involved in the delivery of the programme)</td>
<td><strong>Hampshire Hospitals NHS Foundation Trust</strong></td>
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<td><strong>Isle of Wight NHS Primary Care Trust</strong></td>
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<td><strong>Solent NHS Trust</strong></td>
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<td><strong>Sussex Partnership NHS Foundation Trust</strong></td>
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<td><strong>University Hospital Southampton NHS Foundation Trust</strong></td>
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<td><strong>Private voluntary and independent health care providers</strong></td>
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<tr>
<th>Programmes reviewed:</th>
<th>Independent and supplementary nurse prescribing V300</th>
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<tr>
<td></td>
<td>Community practitioner nurse prescribing V150</td>
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<td>Community practitioner nurse prescribing V100</td>
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<tr>
<th>Academic level:</th>
<th>England, Wales, Northern Ireland</th>
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<tr>
<td>Independent and supplementary nurse prescribing V300</td>
<td>☑ Level 5 ☐ Level 6 ☑ Level 7 SCQF</td>
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<tr>
<td></td>
<td>☐ Level 8 ☐ Level 9 ☐ Level 10</td>
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<td>☐ Level 11</td>
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<tr>
<td>Programme</td>
<td>England, Wales, Northern Ireland</td>
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<tr>
<td>Community practitioner nurse prescribing V150</td>
<td>Level 5, Level 6, Level 7, Level 8, Level 9, Level 10, Level 11</td>
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<tr>
<td>Community practitioner nurse prescribing V100</td>
<td>Level 5, Level 6, Level 7, Level 8, Level 9, Level 10, Level 11</td>
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**Title of programme(s):**

- Independent and Supplementary Prescribing - V300

**Date of approval visit:**

- 20 May 2019

**Programme start date:**

- Independent and supplementary nurse prescribing V300: 19 September 2019
- Community practitioner nurse prescribing V150: N/A
- Community practitioner nurse prescribing V100: N/A

**QA visitor:**

- Dianne Bowskill
The University of Southampton (UoS) is an approved education institution (AEI) and the school of health sciences (the school) is experienced in delivering the prescribing programme (V300) at academic levels six and seven. The school presented the independent/supplementary prescribing preparation programme (V300) for approval. The programme will be delivered at academic level seven as an individual programme or as part of a MSc in advanced clinical practice programme.

The proposed V300 programme is mapped to the Standards for prescribing programmes (NMC, 2018) and the Standards of proficiency for nurse and midwife prescriber (adoption of the Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers) (NMC, 2018).

Documentary evidence and discussion at the approval visit demonstrates effective partnership working with key stakeholders including practice learning partners (PLPs). The V300 programme has approval from the Health and Care Professions Council. There will be an inter-professional approach to learning and teaching as nurses and midwives will study the V300 programme with allied health professionals.

The programme is recommended for approval to the NMC subject to four conditions. There is one university condition. There is one NMC recommendation and one university recommendation.

Updated 28 June 2019

Evidence was provided that the changes required to meet the conditions have been made.

The programme is recommended to the NMC for approval.

| 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: Provide an implementation plan that demonstrates how service users will be involved in the programme design, development, delivery,
Please identify the standard and requirement the condition relates to under the relevant key risk theme. Please state if the condition is AEI/education institution in nature or specific to NMC standards.

<table>
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<tr>
<th>Date condition(s) to be met:</th>
<th>1 July 2019</th>
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| **Recommendations to enhance the programme delivery:** | **Evaluation and co-production of the prescribing programme. (Standards framework for nursing and midwifery education R1.12; Standards for prescribing R2.1)**

**Selection, admission and progression**

Condition two: Change the programme entry requirements to enable all level one nurses, midwives, SCPHN registrants, including non-NHS and self-employed, to be able to apply for entry to the V300 prescribing course. (Standards for prescribing programmes R1.2)

**Practice learning**

Condition three: Clarify the role of the practice assessor, practice supervisor, and academic assessor, including how the academic assessor will be allocated, and how all three roles will communicate through the timeline of the programme. (Standards for prescribing programmes R4.2)

**Assessment, fitness for practice and award**

Condition four: Ensure that all programme learning outcomes, particularly learning outcome four, is met through summative assessment. (Standards framework for nursing and midwifery education R2.2; Standards for prescribing programmes R4.9)

**Education governance: management and quality assurance**

Condition five: Correct all typographical errors, inconsistencies, inaccuracies within the programme documentation to ensure compliance with the university requirements. (university condition)

| Recommendation one: Consider the inclusion in the student handbook about giving consent and the opportunity for the patient to withdraw consent for treatment; and, how to escalate and raise concerns. (Standards framework for nursing and midwifery education R1.5, R3.2) |
| Recommendation two: Consider current best practice in written assessments particularly with the |
replacement of ‘true/false’ questions with ‘one best answer’ questions. (university recommendation)

**Focused areas for future monitoring:**

Monitor students protected study time.

<table>
<thead>
<tr>
<th>Programme is recommended for approval subject to specific conditions being met</th>
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<tr>
<td><strong>Commentary post review of evidence against conditions</strong></td>
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<tr>
<td>The university provided revised documentation to provide evidence that the changes required to meet the conditions have been made.</td>
</tr>
<tr>
<td>An implementation plan is provided that assures the programme is designed, developed, evaluated and co-produced with service users. Condition one is now met.</td>
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<tr>
<td>Documentary evidence confirms the amendment made to the application form now enables all level one nurse registrants, including non-NHS and self-employed nurses, are able to apply for entry to the V300 prescribing course. Condition two is now met.</td>
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<tr>
<td>The amended student handbook clarifies the role of practice supervisor, practice assessor and academic assessor throughout the duration of the programme and provides evidence that condition three is met.</td>
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<tr>
<td>Amendments to the short answer question of the examination ensures the learning outcome relating to legal, professional and ethical responsibilities of the prescriber are assessed. Condition four is now met.</td>
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<thead>
<tr>
<th>AEI Observations</th>
<th>Observations have been made by the education institution</th>
<th>YES ❏ NO ❌</th>
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<tbody>
<tr>
<td><strong>Summary of observations made, if applicable</strong></td>
<td>Factual accuracy of the report is confirmed by the university.</td>
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<tr>
<td><strong>Final recommendation made to NMC:</strong></td>
<td>Programme is recommended to the NMC for approval ❏</td>
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<tr>
<td></td>
<td>Recommended to refuse approval of the programme ❌</td>
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| Date condition(s) met: | 28 June 2019 |
**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 and midwives (NMC, 2015)

QA Framework for nursing, midwifery and nursing associate education (NMC, 2018)

QA Handbook (October 2018)

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### Partnerships

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

**Please refer to the following NMC standards reference points for this section:**

*Standards framework for nursing and midwifery education* (NMC, 2018)

**Standard 1: The learning culture:**

R1.12 ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders

R1.13 work with service providers to demonstrate and promote inter-professional learning and working

**Standard 2: Educational governance and quality:**

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

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

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

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

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

**Standard 3: Student empowerment:**

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

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

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

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

**Standard 4: Educators and assessors:**

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

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

R4.10 share effective practice and learn from others

**Standard 5: Curricula and assessment:**

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

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

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

_Standards for student supervision and assessment (NMC, 2018)_

**Standard 1: Organisation of practice learning:**
R1.4 there are suitable systems, processes, resources and individuals in place to ensure safe and effective coordination of learning within practice learning environments

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

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

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

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

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

Standard 7: Practice assessors: responsibilities:
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 evaluative summary about the effectiveness of the partnerships between the AEI and their practice learning partners, service users, students and any other stakeholders based on QA visitor (s) documentary analysis and discussions at the approval visit, taking into consideration the QA approval criteria

There is evidence of the AEI working in partnership with PLPs and students with evidence of service user involvement in some health programmes.

The AEI has a public and patient engagement strategy. We found service users and carers in the 'experience by experts group' have been involved in the strategic review of post graduate education and the development of the MSc in advanced clinical practice. However, there is no evidence of specific service user and carer
involvement in the prescribing programme. (Condition one) (SFNME R1.12, SPP R2.1)

A committee structure and process is in place to support partnership working between PLPs and the university. PLP representatives at the approval visit demonstrated knowledge of and confidence in this arrangement.

The AEI has a process in place to assure practice learning environments provide suitable learning experiences for students to: achieve learning outcomes; the standards of proficiency; and, have appropriate support to learn and be assessed.

The admission process asks the student to confirm an educational audit is in place and where it is not available, a self-audit document must be completed. At the approval visit, the programme lead confirmed that completed self-audit forms are subject to scrutiny by the programme lead prior to being processed by the school’s ratification of audit process.

Students at the visit described how they have been asked to review and comment on the new programme. They confirmed that their voice has been heard in the proposed programme. They welcomed the smaller size of portfolio assessment in the new programme. Students, and PLPs confirmed their support for the higher level of entry requirements to the programme.

The programme is subject to standard university evaluation processes and we found evidence of actions to address student feedback in the approval documentation. Students at the visit told us their feedback is actioned by the programme team.

Currently the V300 programme is supported by designated medical practitioners which will continue for allied health professionals accessing the programme. The proposed programme requires the practice assessor to normally be a medical practitioner. Secondary care PLP representatives are happy to support and release experienced nurse prescribers to undertake the roles of practice supervisor and assessor. We found support is more challenging in general practice settings. At the approval visit, a former student with prescribing experience expressed a willingness to undertake the role of practice supervisor but was unclear if GP employers would support the role due to the demands of busy clinical work activities and funding.

On application to the programme the student is required to seek approval to study, have time release from their manager, and have commitment for support from a practice supervisor and practice assessor. The programme lead confirmed at the visit that all application documentation, including the declaration is subject to scrutiny prior to enrolment of the student on the programme.

Documentary evidence and discussion at the approval visit confirms the prescribing programme lead and core members of the teaching team have prescribing qualifications and current clinical experience in adult, mental health and child areas of nursing practice. The programme lead has oversight of the programme and assurance is given that sufficient academic and practice learning resources are available. Students at the visit spoke highly of support provided by
the programme team. They confirmed there are sufficient academic resources available to them on the programme.

Programme and student facing documentation provides a description of practice supervisor and assessor roles. The AEI in partnership with PLPs has arrangements in place to prepare practice supervisors and practice assessors for their roles. The model for partnership working between practice supervisor and practice assessor is unclear in the documentation and could not be clarified at the visit. There is no evidence of how the academic assessor will be allocated or how they will work in partnership with supervisor, assessor and student. (Condition three) (SPP R4.2)

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*

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There is insufficient evidence to confirm the Standards framework for nursing and midwifery education (R1.12) relating to engagement with service users and carers in the development and co-production of the prescribing programme are met.

The AEI has a public and patient engagement strategy. The AEI is working in partnership with service users and carers in the 'experience by experts group' in the strategic review of post graduate education and development of the MSc advanced clinical practice programme. However, specific service user and carer involvement in the development and co-production of the prescribing programme could not be evidenced. (Condition one) (SFNME R 1.12; SPP R2.1)

Gateway 2: *Standards for student supervision and assessment*

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The AEI in partnership with PLPs has arrangements in place to prepare practice supervisors and practice assessors for their roles. The model for partnership working between practice supervisor and practice assessor is unclear in the documentation and could not be clarified at the visit. There is no evidence of how the academic assessor will be allocated or how they will work in partnership with supervisor, assessor and student. (Condition three) (SPP R4.2)

If not met, state reason and identify which standard(s) and requirement(s) are not met and the reason for the outcome

The AEI has a public and patient engagement strategy. We found service users and carers in the 'experience by experts group' have been involved in the strategic review of post graduate education and the development of the MSc in advanced clinical practice. However, there is no evidence of specific service user and carer involvement in the prescribing programme. (Condition one)

Condition one: Provide an implementation plan that demonstrates how service users will be involved in the programme design, development, delivery, evaluation and co-production of the prescribing programme. (SFNME R1.12; SPP R2.1)
The AEI in partnership with PLPs has arrangements in place to prepare practice supervisors and practice assessors for their roles. The model for partnership working between practice supervisor and practice assessor is unclear in the documentation and could not be clarified at the visit. There is no evidence of how the academic assessor will be allocated or how they will work in partnership with supervisor, assessor and student. (Condition three)

Condition three: Clarify the role of the practice assessor, practice supervisor, and academic assessor, including how the academic assessor will be allocated, and how all three roles will communicate through the timeline of the programme. (SPP R4.2)

Post event review

Identify how the condition(s) is met

The School’s expert by experience group has reviewed the V300 programme and an implementation plan is provided that assures the programme is designed, developed, evaluated and co-produced with service users. Condition one is now met.

The amended student handbook clarifies the role of practice supervisor, practice assessor and academic assessor throughout the duration of the programme. The application form has also been adapted to ensure that there is clear identification of both practice supervisor and assessor, and line manager agreement. Condition three is now met.

Evidence:

UoS response to conditions, 25 June 2019
UoS, NMP additional application form, 25 June 2019

Date condition(s) met: 28 June 2019

Revised outcome after condition(s) met

MET ❋ NOT MET ☐

Conditions one and three are now met.
Assurance is provided that the SFNME R1.12 is met.
Assurance is provided that SPP R2.1 and R4.2 are now 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.

#### 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 ☒ |

R1.2 is not met. The programme entry criteria detailed in the programme specification states the applicant must have the support of their manager/employer. This entry requirement cannot be met by self-employed applicants. The application pack has not been developed in partnership with PLPs and therefore needs to be reviewed to ensure all requirements are met. (Condition two) (SPP R1.2)

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

| MET ☒ | NOT MET ☐ |

R1.3 is met. Documentary evidence demonstrates that governance structures are in place to enable students to undertake and be adequately supported throughout their study on the V300 programme. The AEI has a process for checking entry criteria are met. At the approval visit the programme lead confirmed this process, which is robust and completed for every applicant.

The application form requires a signed declaration by an authorised organisation representative to confirm the student has protected learning time. PLPs confirmed at the approval visit that there is a process of internal selection and support for applicants from their organisation. PLPs confirmed their understanding and commitment to support the requirements for protected learning time for students.

Both the practice supervisor and practice assessor are required to complete and sign an agreement to support 90 hours of practice learning. PLPs representatives at the approval visit confirmed their support for nurse prescribers to undertake the practice supervisor role. They confirmed their commitment to support practice learning, enabling this through time release.
We met current and past students who spoke highly of the support given by the programme lead and programme team.

- Processes are in place to consider recognition of prior learning that is capable of being mapped to the RPS *Competency Framework for all Prescribers* (R1.4)  
  
  - YES ☑️ NO ☐

- Processes are in place to confirm on entry that any applicant selected to undertake a prescribing programme has the competence, experience and academic ability to study at the level required for that programme (R1.5)  
  
  - YES ☑️ NO ☐

- Processes are in place to confirm that the applicant is capable of safe and effective practice at a level of proficiency appropriate to the programme to be undertaken and their intended area of prescribing practice in the following areas (R1.6):
  - Clinical/health assessment
  - Diagnostics/care management
  - Planning and evaluation  
  
  - YES ☑️ NO ☐

- Processes are in place to ensure that applicants for V300 supplementary/independent prescribing programmes have been registered with the NMC for a minimum of one year prior to application for entry onto the programme (R1.7)  
  
  - YES ☑️ NO ☐

### Proposed transfer of current students to the programme under review

*From your documentary analysis and your meeting with students, provide an 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.*

The programme team gave assurance that arrangements are in place for current students to complete their studies on the approved V300 programme. They will not transfer to the proposed programme or SSSA.

Documentary evidence details that the proposed approval of the V300 programme is part of a new MSc in advanced clinical practice programme. The existing students will complete the programme upon which they are currently enrolled.

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to selection, admission and progression are met.
The programme entry criteria detailed in the programme specification states the applicant must have the support of their manager/employer. This entry requirement cannot be met by self-employed applicants. The application pack has not been developed in partnership with PLPs and therefore needs to be reviewed to ensure all requirements are met. (Condition two) (SPP R1.2)

### Outcome

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<th>Is the standard met?</th>
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<th>NOT MET ☒</th>
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The programme entry criteria detailed in the programme specification states the applicant must have the support of their manager/employer. This entry requirement cannot be met by self-employed applicants. The application pack has not been developed in partnership with PLPs and therefore needs to be reviewed to ensure all requirements are met. (Condition two)

Condition two: Change the programme entry requirements to enable all level one nurses, midwives, SCPHNs, including non-NHS and self-employed to be able to apply for entry to the V300 prescribing course. (SPP R1.2)

**Date:** 20 May 2019

### Post event review

**Identify how the condition(s) is met:**

An amendment to the application form enables level one nurse registrants including non-NHS and self-employed nurses to apply for entry to the V300 prescribing programme. The programme team confirmed this information will also be added to the programme information on the UoS website, which is currently under development. This information is also available through the admissions team for enquiries from potential applicants. Condition two is now met.

**Evidence:**

UoS response to conditions, 25 June 2019
UoS, NMP additional application form, 25 June 2019

**Date condition(s) met:** 28 June 2019

**Revised outcome after condition(s) met:**

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Condition two is now met.
Assurance is provided that the SPP R1.2 is met.

**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

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)

R2.1 is not met. The AEI demonstrate strategic commitment to engage with service users and carers and have a public and patient engagement strategy in place. At the visit representatives from the 'experience by experts group' confirmed their involvement in the strategic review of post graduate education and development of the masters in advanced clinical practice. The service users present at the visit were committed to continue to work with the programme teams but evidence of service user and carer involvement in the prescribing programme could not be evidenced.

(Condition one) (SFNME R1.12)
Documentary evidence does not include information about patients giving consent to treatment or the opportunity to withdraw consent. At the approval visit the designated medical practitioner (DMP), student representatives and the programme team demonstrated understanding and provided verbal assurance that consent and the opportunity to withdraw consent is discussed with patients and clients. In addition, they confirmed the process to raise and escalate concerns and demonstrated the information is available on the VLE Blackboard site. However, this information is not included in the student handbook.

(Recommendation one) (SFNME R1.5 and R3.2)

- 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. Documentary evidence and discussion at the approval visit confirms the structure of the programme. Teaching and learning strategies are described as a 'progressive approach' to support the achievement of students to meet RPS competencies. Examples were described by the prescribing teaching team, including, the use of Kahoots and contemporary clinical case exploration.

The requirement for a student to achieve all RPS competency statements prior to completion of the programme is assured by the practice supervisor’s final assessment document and submission of a portfolio including a learning log. Current students told us their assessment portfolio is larger than required to meet the practice competencies. They welcomed the reduction of this assessment tool in the proposed programme.

- 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

<table>
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<th>YES</th>
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- 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)

<table>
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<tr>
<th>YES</th>
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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)

<table>
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<tr>
<th>YES</th>
<th>NO</th>
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R2.6 is not applicable. 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

<table>
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<th>YES</th>
<th>NO</th>
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We found service users and carers in the ‘experience by experts group’ have been involved in the strategic review of post graduate education and the development of the MSc in advanced clinical practice. However, there is no evidence of specific service user and carer involvement in the prescribing programme (Condition one) (SFNME R1.12, SPP R2.1)

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>

Outcome

<table>
<thead>
<tr>
<th>Is the standard met?</th>
<th>MET</th>
<th>NOT MET</th>
</tr>
</thead>
</table>

The AEI demonstrates a strategic commitment to engage with service users and carers and has a public and patient engagement strategy. At the approval visit representatives of the ‘experience by experts group’ confirmed their involvement in the strategic review of post graduate education and the development of the MSc in advanced clinical practice programme. The service users we met at the approval visit are committed to work with the programme team. However, we found no
evidence of service user and carer involvement in the proposed V300 prescribing programme. (Condition one)

Condition one: Provide an implementation plan that demonstrates how service users will be involved in the programme design, development, delivery, evaluation and co-production of the prescribing programme. (Standards framework for nursing and midwifery education R1.12; Standards for prescribing R2.1)

Documentary evidence does not include information about patients giving consent to treatment or the opportunity to withdraw consent. At the approval visit the DMP, student representatives and the programme team demonstrated understanding and provided verbal assurance that consent and the opportunity to withdraw consent is discussed with patients and clients.

In addition, they confirmed the process to raise and escalate concerns and demonstrated the information is available on the programme’s virtual learning environment (VLE) Blackboard site. However, this information is not included in the student handbook (Recommendation one).

Recommendation one: Consider the inclusion in the student handbook about giving consent and the opportunity for the patient to withdraw consent for treatment; and, how to escalate and raise concerns. (SFNME R1.5 and R3.2)

**Date:** 20 May 2019

**Post event review**

**Identify how the condition(s) is met:**

The School’s expert by experience group has reviewed the V300 programme and an implementation plan is provided that assures the programme is designed, developed, evaluated and co-produced with service users. Condition one is now met.

**Evidence:**

UoS response to conditions, 25 June 2019


**Date condition(s) met:** 28 June 2019

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

Condition one is now met.

Assurance is provided that the SFNME R1.12 and R2.1 are met.

**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

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

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).

R3.1 is met. Documentary evidence and discussions at the approval visit confirm suitable and effective arrangements and governance for practice learning are in place for all applicants. This is assured by effective partnership working between the teaching team and PLPs. The school has a practice learning committee which has responsibility for overseeing the quality and safety of all practice learning environments. It works proactively with PLPs to regularly audit the quality and safety of practice learning areas and records the outcome using a standard audit tool.

Self-employed and non-NHS applicants are specifically asked to provide evidence of governance arrangements within their area of work, including that they are registered with the CQC for the regulated activity related to their intended prescribing practice. They are required to provide evidence against the standard audit tool that the clinical environment within which they will be learning meets the audit standards set by the school and its practice partners.

The application form confirms governance arrangements are in place prior to entry to the programme. Assurance was provided by the programme lead at the visit that each individual application form is scrutinised before a decision is made to support the application.
There is evidence that the programme complies with the NMC standards for student supervision and assessment (R3.2)  **YES ☑️ NO □**

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

- Evidence to ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment (R3.3)  **MET ☑️ NOT MET □**

R3.3 is met. The school has a learning and teaching philosophy and one of the six identified key characteristics is technology enhanced learning. Technology enhanced learning is embedded within the programme’s VLE (Blackboard), which provides a range of resources to support students’ learning which we viewed during the approval visit.

Students confirmed the usability of the electronic learning platform. They are encouraged to access and familiarise themselves with variety of digital health technologies that support medicines management and prescribing practice. Examples include the eBNF, the BNF app, electronic medicines compendium, decision support software and Wessex Academic Health Sciences Network sites.

The teaching team gave examples of using technology enhanced learning such as Kahoots within pharmacology lectures. Prescribing team members with clinical responsibility spoke about how they use contemporary clinical case exploration in their teaching. Students find these approaches useful for the development of their personal formularies.

- Processes are in place to ensure that students work in partnership with the education provider and their practice learning partners to arrange supervision and assessment that complies with the NMC *Standards for student supervision and assessment* (R3.4)  **YES ☑️ NO □**

Assurance is provided that Gateway 1: *Standards framework for nursing and midwifery education* relevant to practice learning are met  **YES ☑️ NO □**

Assurance is provided that Gateway 2: *Standards for student supervision and assessment* relevant to practice learning are met  **YES ☑️ NO □**

Outcome
### 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%), 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%)

Findings against the standards and requirements

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

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

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

  MET ☑️ NOT MET ☐

R4.1 is met. The pharmacology and prescribing in clinical practice module handbook for students, supervisors and assessors outlines arrangements for supervision and assessment of practice learning. This includes information provided for the student about how they will be supported. A sample timetable confirms supervisor and assessor preparation sessions. The practice assessor and practice supervisor receive the handbook and have access to the VLE site Blackboard prior to the student commencing the programme. They are also invited to the first day of the programme along with the student that they are due to support in practice.

PLPs we met at the approval visit confirmed engagement with this process and the allocation and time release for practice supervision and assessment of prescribing students.

Documentary evidence confirms students will be provided with feedback on their development to achieving the RPS competencies and module learning outcomes. There is feedback from formative assessments in the theoretical component of the module and by an interim report on progress by the practice supervisor. Students completing the current programme confirmed this feedback, which is timely and helpful.

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

  MET ☐ NOT MET ☑️

R4.2 is not met. Documentary evidence in the pharmacology and prescribing in clinical practice module handbook for students, supervisors and assessors makes explicit that the practice supervisor and assessor must be different people. At the
approval visit the programme lead provided assurance that this will be met. An outline of the stages of the admissions flow chart which requires scrutiny of the requirements for supervisors and assessors was provided.

The programme team confirmed arrangements for a preparation session for the new roles. A sample timetable confirms preparation sessions for supervisors and assessors are planned.

PLP representatives present at the approval visit confirmed time will be given for supervisors and assessors to attend the preparation session. However, documentary evidence does not provide details of the academic assessor role or the partnership working with the practice supervisor and practice assessor. The lead midwife for education told us that she will take the role of academic assessor for any midwife completing the V300 programme and gave examples of undertaking a student support role for midwives in previous cohorts.

The programme lead provided limited explanation of the academic assessor, practice supervisor and practice assessor roles. The proposed sharing of information and process for the individuals in these roles to support, supervise and assess the student was unclear. (Condition three) (SPP R4.2)

- 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 evidence confirms the process for all applicants to the prescribing programme, including a flow chart which demonstrates the process for checking that the practice supervisor and assessor meet the NMC SSSA. Prior to the application process, the applicant, in conjunction with their manager, is asked to identify appropriate assessor and supervisor who meet the NMC SSSA. The programme lead verifies the appropriateness of the proposed assessor and supervisor during the application process.
Upon application, the student is required to complete a standard university application to study and an additional form compliant with the Standards for student supervision and assessment and the Standards for prescribing programmes. These criteria exceed the minimum requirements detailed in the NMC standards for prescribing for the roles of practice supervisor and practiced assessor. PLPs have been involved in these decisions and representatives we met at the visit are supportive.

The pharmacology and prescribing in the clinical practice module handbook provides details of the requirement for applicants to have two different people and has a process in place for exceptional circumstances where just a practice assessor is available. At the approval visit the programme lead provided assurance that should this situation occur this would be exceptional and subject to individual scrutiny by the programme lead.

- Processes are in place to ensure the student is assigned to an academic assessor who is a registered healthcare professional with suitable equivalent qualifications for the programme the student is undertaking (R4.6) **YES ☑ NO □**

- Processes are in place to provide feedback to students throughout the programme to support their development as necessary for meeting the RPS competencies and programme outcomes (R4.7) **YES ☑ NO □**

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

R4.9 is not met. Documentary evidence confirms RPS competencies will be met including the requirements for the pharmacology exam and a numeracy assessment related to prescribing and calculation of medicines. There are five learning outcomes for the V300 programme, and the outcomes are mapped to three assessments. Learning outcome four requires the student to demonstrate an understanding of professional and legal accountability whilst applying an ethical dimension. From documentary evidence, it is not clear how this outcome is
The programme lead reports that the student provides learning log evidence against RPS competency statements to meet this learning outcome. However, there is no documented evidence to support this. (Condition four) (SFNME R2.2; SPP R4.9)

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

| YES □ | NO ☒ |

Programme learning outcome four requires the student to demonstrate an understanding of professional and legal accountability whilst applying an ethical dimension. From documentary evidence, it is not clear how this outcome is assessed. The programme lead reports that the student provides learning log evidence against RPS competency statements to meet this learning outcome. However, there is no documented evidence to support this. (Condition two) (SFNME R2.2; SPP R4.2)

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

| YES □ | NO ☒ |

There is limited explanation of the academic assessor, practice supervisor and practice assessor roles. The proposed sharing of information and process for individuals in these roles to support, supervise and assess the student is unclear. (Condition three) (SFNME R2.2; SPP R4.9)

### Outcome

**Is the standard met?** | MET □ | NOT MET ☒

There is limited explanation of the academic assessor, practice supervisor and practice assessor roles. The proposed sharing of information and process for individuals in these roles to support, supervise and assess the student is unclear. (Condition three)

Condition three: Clarify the role of the practice assessor, practice supervisor, and academic assessor, including how the academic assessor will be allocated, and how all three roles will communicate through the timeline of the programme. (SPP R4.2)

Programme learning outcome four requires the student to demonstrate an understanding of professional and legal accountability whilst applying an ethical dimension. From documentary evidence, it is not clear how this outcome is assessed. The programme lead reports that the student provides learning log evidence against RPS competency statements to meet this learning outcome. However, there is no documented evidence to support this (Condition four).

Condition four: Ensure that all programme learning outcomes, particularly learning outcome four, is met through summative assessment. (SFNME R2.2; SPP R4.9)
Date: 20 May 2019

Post event review

Identify how the condition(s) is met:

Condition three: The amended student handbook clarifies the role of practice supervisor, practice assessor and academic assessor throughout the duration of the programme. The application form has also been adapted to ensure that there is clear identification of both practice supervisor and assessor, and line manager agreement. Condition three is now met.

Condition four: Evidence is provided that the university will ensure the content and learning outcomes will be signed off in the RPS prescribing governance competencies. Amendments to the short answer question of the examination have been made which provides assurance that the learning outcome relating to legal, professional and ethical responsibilities of the prescriber is assessed. Condition four is now met.

Evidence:
UoS response to conditions, 25 June 2019

Date condition(s) met: 28 June 2019

Revised outcome after condition(s) met: MET ☑ NOT MET ☐
Condition three and four are now met.

Assurance is provided that the SFNME R2.2 and the SPP R4.2 and R4.9 are 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.

<table>
<thead>
<tr>
<th>Findings against the standards and requirements</th>
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<tbody>
<tr>
<td><strong>Evidence provides assurance that the following QA approval criteria are met:</strong></td>
</tr>
</tbody>
</table>
| • 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.
<table>
<thead>
<tr>
<th>Outcome</th>
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<tbody>
<tr>
<td>Is the standard met?</td>
</tr>
<tr>
<td>Date: 20 May 2019</td>
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</tbody>
</table>
Sources of evidence

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

<table>
<thead>
<tr>
<th>Key documentation</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme document, including proposal, rationale and consultation</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Programme specification(s)</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Module descriptors</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Student facing documentation including: programme handbook</td>
<td>✗</td>
<td></td>
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<tr>
<td>Student university handbook</td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>Practice assessment documentation</td>
<td>✗</td>
<td></td>
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<tr>
<td>Practice placement handbook</td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>PAD linked to competence outcomes, and mapped against RPS A Competency Framework for all Prescribers</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Mapping document providing evidence of how the education institution has met the Standards framework for nursing and midwifery education (NMC, 2018)</td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>Mapping document providing evidence of how the programme meets the Standards for prescribing programmes and RPS Standards of proficiency for prescribers (NMC, 2018)</td>
<td>✗</td>
<td></td>
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<tr>
<td>Mapping document providing evidence of how the Standards for student supervision and assessment (NMC, 2018) apply to the programme(s)</td>
<td></td>
<td>✗</td>
</tr>
<tr>
<td>Curricula vitae for relevant staff</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Registered healthcare professionals, experienced prescribers with suitable equivalent qualifications for the programme - registration checked on relevant regulators website</td>
<td>✗</td>
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</tbody>
</table>
Written confirmation by the education institution and associated practice learning partners to support the programme intentions. | ✓ | □ |

List additional documentation:
Revalidation of programme document, undated
Additional application form, undated
Sample timetable, undated
Report from external expert, May 2019
PGT staff and student guide to assessment, undated
Admission process flowchart, undated

Post event documentation to confirm conditions are met:
UoS response to conditions, 25 June 2019
UoS, NMP additional application form, 25 June 2019

If you stated no above, please provide the reason and mitigation
There is no mapping to the Standards framework for nursing and midwifery education or the Standards for student supervision and assessment provided. However, evidence to meet both sets of standards is provided in gateway three. The visitor confirmed compliance with the standards through documentary analysis of evidence in gateways one, two and three.

Additional comments:

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior managers of the AEI/education institution with responsibility for resources for the programme</td>
<td>✓</td>
</tr>
<tr>
<td>Senior managers from associated practice learning partners with responsibility for resources for the programme</td>
<td>✓</td>
</tr>
</tbody>
</table>
Programme team/academic assessors | ☒ | ☐
Practice leads/practice supervisors/practice assessors | ☒ | ☐
Students | ☒ | ☐
If yes, please identify cohort year/programme of study:
One student on current 2019 cohort
One past student completed programme in 2018
Service users and carers | ☒ | ☐
If you stated no above, please provide the reason and mitigation
Additional comments

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist teaching accommodation (e.g. clinical skills/simulation suites)</td>
<td>☐</td>
</tr>
<tr>
<td>Library facilities</td>
<td>☐</td>
</tr>
</tbody>
</table>
| Technology enhanced learning
  Virtual learning environment | ☒ | ☐ |
| Educational audit tools/documentation | ☒ | ☐ |
| Practice learning environments | ☐ | ☒ |

If yes, state where visited/findings
In the approval meeting, the programme team showed us the programme Blackboard site. Learning resources available for students and practice supervisors and assessors were demonstrated.

If you stated no above, please provide the reason and mitigation
The University of Southampton is an established AEI and visits to facilities were not required.
Mott MacDonald Group Disclaimer

This document is issued for the party which commissioned it and for specific purposes connected with the captioned project only. It should not be relied upon by any other party or used for any other purpose.

We accept no responsibility for the consequences of this document being relied upon by any other party, or being used for any other purpose, or containing any error or omission which is due to an error or omission in data supplied to us by other parties.

Issue record
Final Report

<table>
<thead>
<tr>
<th>Author</th>
<th>Dianne Bowskill</th>
<th>Date:</th>
<th>19 June 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checked by</td>
<td>Judith Porch</td>
<td>Date:</td>
<td>25 July 2019</td>
</tr>
<tr>
<td>Approved by</td>
<td>Leeann Greer</td>
<td>Date:</td>
<td>7 August 2019</td>
</tr>
<tr>
<td>Submitted by</td>
<td>Lucy Percival</td>
<td>Date:</td>
<td>9 August 2019</td>
</tr>
</tbody>
</table>