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## Approval process report

### Nottingham Trent University, independent and supplementary prescribing, 2022-23

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#### Executive Summary

This report covers our review of the Independent and Supplementary Prescribing 2021-22 at Nottingham Trent University. We are satisfied the education provider has demonstrated how they meet all the Standards for Prescribing through the narrative and evidence we reviewed. Through our review, we did not set any conditions on approving the programme.

We had concerns with regards to how standards are met within four specific areas and sought further information and evidence through the quality activity process. The education provider submitted the required information and evidence to satisfactorily address our concerns. We note the education provider have engaged positively during the quality activity process and provided the information requested in a timely manner.

We also identified two areas of good practice with regards to the education provider's approach to programme alignment and engagement with service users.

We have made one referral to our performance review process in relation to updates to the service user and carer involvement.

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**Previous consideration** Not applicable – this approval process followed the submission of an approval request form by an established provider.

**Decision** The Education and Training Committee (Panel) is asked to decide whether the programme is approved.

**Next steps**

- Subject to the Panel's decision, the programme will commence in March 2023.
- The education provider is currently engaging in the Performance Review process for the 2022/23 academic year.

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## Section 1: About this assessment

### About us

We are the Health and Care Professions Council (HCPC), a regulator set up to protect the public. We set standards for education and training, professional knowledge and skills, conduct, performance and ethics; keep a register of professionals who meet those standards; approve programmes which professionals must complete before they can register with us; and take action when professionals on our Register do not meet our standards.

This is a report on the approval process undertaken by the HCPC to ensure that the programme(s) detailed in this report meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the programme(s) approval.

### Our standards

We approve education providers and programmes that meet our education standards. Individuals who complete approved programmes will meet proficiency standards, which set out what a registrant should know, understand and be able to do when they complete their education and training. The education standards are outcome focused, enabling education providers to deliver programmes in different ways, as long as individuals who complete the programme meet the relevant proficiency standards.

### Our regulatory approach

We are flexible, intelligent and data-led in our quality assurance of programme clusters and programmes. Through our processes, we:

- enable bespoke, proportionate and effective regulatory engagement with education providers;
- use data and intelligence to enable effective risk-based decision making; and
- engage at the organisation, profession and programme levels to enhance our ability to assess the impact of risks and issues on HCPC standards.

Providers and programmes are [approved on an open-ended basis](#), subject to ongoing monitoring. Programmes we have approved are listed [on our website](#).

### The approval process

Institutions and programmes must be approved by us before they can run. The approval process is formed of two stages:

- Stage 1 – we take assurance that institution level standards are met by the institution delivering the proposed programme(s)
- Stage 2 – we assess to be assured that programme level standards are met by each proposed programme

Through the approval process, we take assurance in a bespoke and flexible way, meaning that we will assess whether providers and programmes meet standards based on what we see, rather than by a one size fits all approach. Our standards are split along institution and programme level lines, and we take assurance at the provider level wherever possible.

This report focuses on the assessment of the self-reflective portfolio and evidence.

### **How we make our decisions**

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint [partner visitors](#) to design quality assurance assessments and assess evidence and information relevant to the assessment. Visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make the decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee takes decisions through different levels depending on the routines and impact of the decision, and where appropriate meets in public. Their decisions are available to view [on our website](#).

### **The assessment panel for this review**

We appointed the following panel members to support this review:

Nicholas Haddington	Lead visitor, Independent prescriber
Wendy Smith	Lead visitor, Chiropodist / podiatrist
Kabir Kareem/	Education Manager
Alistair Ward-Boughton-Leigh	Education Quality Officer

## Section 2: Institution-level assessment

### **The education provider context**

The education provider currently delivers three HCPC-approved programmes across two professions. It is a higher education institution and has been running HCPC approved programmes since 2007. They also run other healthcare profession programmes (such as nursing) who shall, along with paramedic learners, be attending the programme if approved.

The existing HCPC approved provision regards Paramedic science and programmes are in place at both undergraduate and postgraduate levels with the MSc Paramedic Science and BSc (Hons) Paramedic Science programme offered as both a full time and work-based learning routes.

The Provider is engaging with the Performance Review process this year, the submission date of this is scheduled for February 2023 and the results of this review will be known later this year. The provider's newest approved programmes are their BSc paramedic science programmes that was introduced in 2020 (start date September 2020).

### Practice areas delivered by the education provider

The provider is approved to deliver training in the following professional areas. A detailed list of approved programme awards can be found in [Appendix 1](#) of this report.

	Practice area	Delivery level		Approved
<b>Pre-registration</b>	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input checked="" type="checkbox"/> Postgraduate	2020
<b>Pre-registration</b>	Biomedical Science	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2007

### Institution performance data

Data is embedded into how we understand performance and risk. We capture data points in relation to provider performance, from a range of sources. We compare provider data points to benchmarks and use this information to inform our risk based decisions about the approval and ongoing approval of institutions and programmes.

This data is for existing provision at the institution and does not include the proposed programme(s).

Data Point	Bench-mark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	200	200	2022	<p>This is a provider-supplied data point that shows the total intended learner numbers match the benchmark which refers to the total number of learners when all programmes were first approved. All current programmes have been approved with the past five years so this confirms they continue to align with their expected cohort size.</p> <p>This also indicates that the resources available and staff to</p>

				<p>learner ratio is as expected and all learners are accommodated for.</p> <p>The visitors were made aware of this data ahead of their review and this raised no concerns for us as provider is performing as expected.</p>
Learners – Aggregation of percentage not continuing	3%	7%	2021-22	This is a HESA data point that shows the percentage of learners not continuing at the education provider is more than the benchmark. This data relates to HCPC approved programmes. This implies some learners are not satisfied with their studies and was something the visitors considered during their review.
Graduates – Aggregation of percentage in employment / further study.	93%	79%	2021-22	This is a HESA data point that shows the percentage in employment or further study at the education provider is less than the benchmark. This data relates to HCPC approved programmes. Related to this proposed programme, we do not have any concerns linked to this data point because all learners will already be in employment.
Teaching Excellence Framework (TEF) award	n/a	Gold	2017	<p>A gold award indicates the education provider was performing well in this area when the award was made. We acknowledge this score was attained over five years ago, so this award is not current.</p> <p>This is because TEF are in the process of reviewing their existing award and have not completed a review of the education provider since 2017.</p>
National Student Survey (NSS) overall satisfaction score (Q27)	73.8%	75.4%	2021-22	This data relates to HCPC-related subjects at the education provider. This score indicates the percentage of learners who are satisfied with their learning is higher than the benchmark.

## The route through stage 1

Institutions which run HCPC-approved provision have previously demonstrated that they meet institution-level standards. When an existing institution proposes a new programme, we undertake an internal review of whether we need to undertake a full partner-led review against our institution level standards, or whether we can take assurance that the proposed programme(s) aligns with existing provision.

As part of the request to approve the proposed programme(s), the education provider supplied information to show alignment in the following areas.

### Admissions

#### **Findings on alignment with existing provision:**

- **Information for applicants** – The information for all applicants is published on the education provider's website and the policies apply at the institutional level. The information for admissions is included in the admissions guidance for Taught Courses document. The document explains the entry requirements for each school and programmes via multiple sources including the website. The website also includes the prospectus and where applicable the Universities and Colleges Admissions Service (UCAS) Course Profiles. They have processes in place to regularly review the information for applicants to ensure learners are not given false or misleading information.
- This aligns with our understanding of how the education provider runs. We determined the proposed programmes would be managed in a way which is consistent with the definition of their institution.
- **Assessing English language, character, and health** – The education provider has confirmed the English and Health requirement for HCPC approved programmes. The specification of these requirements applies at institutional level. They can be accessed by applicants in the admissions section of the education provider's website and includes the programme specification documents. This information sets out the minimum International English Language Testing System (ILEELTS) scores which will be required for entry onto the programmes if English is not applicant's first language. All applicants are required to make a health declaration at the onboarding process. The information is screened, and applicants are referred to the occupational health team for assessment if required.
- This aligns with our understanding of how the education provider runs. We determined the proposed programmes would be managed in a way which is consistent with the definition of their institution.
- **Prior learning and experience (AP(E)L)** – The education provider can admit learners with advanced standing beyond the start of the programme, through assessment of the learner's prior learning. The Recognition of Prior Learning (RPL) policy and procedure is set at the institution level and will apply to all programmes. This process is used to assess and as appropriate, recognise prior experiential learning or prior certified learning for academic purposes. This recognition may lead to credits that can be counted towards the completion of a programme and the award(s) associated with it – i.e., admission with advanced standing.

- This aligns with our understanding of how the education provider runs. We determined the proposed programmes would be managed in a way which is consistent with the definition of their institution.
- **Equality, diversity and inclusion (EDI)** – The education provider have described their commitment to sustaining an inclusive learning and working environment which promotes fairness, respect and equality of opportunity. They have multiple policies such as the Equality, Diversity, and Inclusion Policy and Dignity and Respect Policy which are implemented at the institutional level to support their commitments. They hold several accreditations which recognise their commitment to EDI and publish an Equality, Diversity and Inclusion report which is published annually.
- This aligns with our understanding of how the education provider runs. We determined the proposed programmes would be managed in a way which is consistent with the definition of their institution.

**Non-alignment requiring further assessment:** None

### Management and governance

#### **Findings on alignment with existing provision:**

- **Ability to deliver provision to expected threshold level of entry to the Register<sup>1</sup>** –The education provider is approved for the awarding of undergraduate and postgraduate awards and currently awards degrees across two of our profession areas. The requirements for the programme(s) are set out in the quality handbook. The undergraduate and postgraduate frameworks will reflect and be approved, monitored, and reviewed against the UK Framework of Higher Education Qualification (FHEQ). All undergraduate and post graduate programme must meet the level and credit set out for the award.
- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.
- **Sustainability of provision-** The education provider confirmed programme leaders are responsible for ensuring the currency of their programmes. The Executive Dean has overall responsibility for the currency of programmes at school level and heads of departments are responsible for ensuring the long term sustainability of programmes on an ongoing basis. The Institute of Health and Allied Professions (IHAP) was established following the approval of a detailed 5-year business plan which is being kept under constant review.
- The education provider engages in an annual learner number planning target process which allows them to respond to changes in the market and recruitment trends.
- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.
- **Effective programme delivery** – The education provider ensures they effectively deliver each programme by the termly course committee. The

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<sup>1</sup> This is focused on ensuring providers are able to deliver qualifications at or equivalent to the level(s) in SET 1, as required for the profession(s) proposed



course committee is responsible for course management, development, delivery, and enhancement. The policy which supports course committees applies at institutional level and is included in the quality handbook. The course committee is a formal opportunity for discussion between staff and learner representatives about the effective operation of the programmes.

- All programmes delivered by the education provider undergoes a periodic review every three years to ensure their continued relevance and sustainability. The requirements of the periodic reviews of all programmes are set out in the quality handbook which applied at the institutional level. The information reviewed shows there are mechanisms which are used by the education provider to assure quality and standards are effective.
- Each programme also undertakes an annual interim review which requires programme teams to review the delivery of programmes over the previous year. The review includes considering feedback from multiple stakeholders such as learners, module teams and external examiners. The outcome of this is an annual report and programme development plan as part of the continuous quality and improvement activity.
- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way that is consistent with the definition of their institution.
- **Effective staff management and development** –The education provider uses a staff development process guide and have described their approach to staff management and development. At the beginning of each academic year, staff meet with their line manager to agree their work objectives and development opportunities. These are reviewed mid-year and end of year to assess the progress made against them. All academic members of staff are required to hold a formal teaching qualification or undertake one in the first year of employment. It is also a requirement for all staff to hold or be working towards fellowship of Advance HE.
- They also state each member of the academic staff also have access to professional development funding which can support their academic or professional development. Academics are automatic members of the Trent Institute for Learning and Teaching (TILT). The core mission of TILT is to develop and sustain a community of practitioners passionate about making learning better. In addition to this, staff can access a range of opportunities with regards to funding, attendance of events and access to the Higher Education Academy (HEA) Fellowship.
- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.
- **Partnerships, which are managed at the institution level** – The education provider have demonstrated they have an established and structured approach to managing partnerships at the institutional level. The partnerships are governed by a Partnerships policy in the institutional quality assurance handbook. There are five different categories of partnerships with each requiring a different approach to academic approval.
- They explained how partnerships are initially approved for a three year period and reviews take place before approvals are renewed. All partnerships are subject to on-going monitoring to ensure the programmes operates

satisfactorily between review. The objective is to ensure academic standards and quality are maintained and enhancement are made when required.

- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.

**Non-alignment requiring further assessment:** None

#### Quality, monitoring, and evaluation

#### **Findings on alignment with existing provision:**

- **Academic quality** – The education provider has explained how academic quality is maintained via multiple processes. These include school and programme periodic review, interim course review and programme committees. The academic quality governance policy is applied at the institutional level and sets out the framework, procedures, and processes for assuring and enhancing the quality of the academic provision. The information submitted indicates there is an established quality management framework is under the authority of the Academic Board. The responsibilities for maintaining standards and enhancing quality of taught courses are delegated to Academic Standards and Quality Committee (ASQC), Sub-Committees, and individual Schools.
- In addition to the internal process to maintain academic quality, all programmes have an external examiner approved on behalf of the academic board. The role of the external examiner is to consider whether the standards set for the course are appropriate for its awards, award elements or subjects, by reference to published QAA Subject Benchmark Statements, the Framework for Higher Education Qualifications (FHEQ), the definitive course information in Course Loop and other relevant information.
- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.
- **Practice quality, including the establishment of safe and supporting practice learning environments** – The education provider has stated they have an institute wide approach to manage placement learning for learning. A principal lecturer has been appointed who will be responsible for the management of all matters relating to placements and practice-based learning. The Practice Placement Quality Assurance committee have governance oversight of this process and are responsible monitoring and addressing any issues which are identified.
- There are multiple institution wide policies for example, raising concerns policy and learner engagement policy which are used to manage the process and ensure the quality of practice placements. All practice placement areas are audited regularly to ensure quality standards and appropriate capacity is maintained. The provider works closely with practice partner and engage with practice educator which contributes to ensuring safe and supporting practice learning environments.
- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.

- **Learner involvement** – Each programme has committees who are responsible for programme management, development, delivery, and enhancement. The committees are a formal opportunity for discussion between staff and learner representative about the effective operation of the programme. There is an institute wide policy which sets out the requirements for maintenance and enhancement of academic and standards of quality. Learner representatives contribute to the periodic/interim programme review by providing the committee with feedback from learners. This shows how learners contribute to the quality of programme.
- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.
- **Service user and carer involvement** – At the time of submission, the education provider report the New Service user’s involvement strategy is awaiting final approval. This strategy will be applied at the institutional level and aims to enhance and add value to the education at the department of Health and Allied Professions. They engage with service users which enables members of the public to be involved in the co-production and bringing their relevant lived experience to the healthcare and social care learners. Service users contribute to enable learners to deepen their understanding, caring and compassion for their future roles. The education provider aims to create a diverse group of people, with equal and inclusive involvement.
- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.

**Non-alignment requiring further assessment:** None

### Learners

#### **Findings on alignment with existing provision:**

- **Support** – The education provider has described how there is a significant level of support available to learners via programme teams, support services and the student union. They submitted multiple institution level policies including:
  - student handbooks,
  - the quality handbook,
  - raising concern’s policy; and
  - whistleblowing policy.
- The ‘student hub’ is the primary access for learner’s support which enables them to get help, support, and advice. Examples of the services available via this hub include advice employability, disability services and access to the student union. Academic skills support is available to learners via the library team who offer a wide range of support in areas such as academic writing, critical reading, and presentation skills.
- Learners who are having trouble with assessments can get tutorial support from their academic module team or their personal tutor. Academic irregularity is managed through the institution wide University Academic irregularity policy. The document describes the principles and processes by which the education provider will manage allegations of academic irregularities. This

ensures regulations are fully and fairly implemented and no learners gain an unfair advantage over others.

- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.
- **Ongoing suitability** – The education provider has submitted multiple institution wide policies and systems to ensure learners remain suitable for study and practice. Examples of these include the fitness to study policy and procedure and the student attendance and engagement policy. A dashboard is used to record learner engagement with academic study and academic staff are alerted if engagement falls below a specific level. The institution wide 'student and staff engagement' sets out how staff should engage with learners in conjunction with department specific policy.
- Staff, practice educators and learners can make referral to occupational health department if there is evidence suggesting they no longer meet the health requirements for the programme. Consideration is given to supporting learners to remain on the programme with reasonable adjustment if possible.
- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.
- **Learning with and from other learners and professionals (IPL/E)** – The education provider's approach to interprofessional learning is one of the key requirements during the curricula design of professional registration programmes. For example the paramedic programmes include shared learning opportunities not only with other health care professions via sessions such as mock Multidisciplinary meetings and health promotion but also Police, Fire, Social work, Forensic Scientists through major incident & legal and media via the mock Coroners court exercise. This approach is applicable at the institutional level.
- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.
- **Equality, diversity, and inclusion** –The education provider has described their commitment to sustaining an inclusive learning and working environment which promotes fairness, respect, and equality of opportunity. They have multiple policies such as the Equality, Diversity, and Inclusion Policy and Dignity and Respect Policy which are implemented at the institutional level to support their commitments. They hold several accreditations which recognises their commitment to EDI and publish an Equality, Diversity and Inclusion report which is published annually. They also have a Respect campaign which aims to help maintain a positive, healthy environment for work and study.
- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.
- **Non-alignment requiring further assessment:** None

## Assessment

### Findings on alignment with existing provision:

- **Objectivity** – The institution wide policy which is used to ensure objectivity in assessment are set out in the quality handbook and includes all the assessment tasks required. Assessment tasks and any amendments to them are reviewed by the Quality team and external examiner prior to implementation. Anonymous marking is also used to achieve fairness in assessment and are considered for all summative assessments' tasks. The policy is supported by a set of specific regulations which determine the decisions about learner performance and outcome.
- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.
- **Progression and achievement** – A grade-based marking descriptor is applied at the institution level which enables individual schools to develop their own grading schemes. All assessments are marked and moderated internally and externally for quality assurance. All marks learners received are considered at an Exam board to consider and approve learner progression. The board of examiners has delegated powers from Academic Board for the determination of academic awards of learners.
- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.
- **Appeals** – The education provider has an academic appeals policy which is applied at the institutional level which is designed to ensure academic appeals are treated fairly and seriously during assessment. This policy does not allow appeals against academic judgement but irregularities in process does allow appeals about not being fairly applied by academic staff. The principles of fairness include avoiding potential bias and giving reasons for actions taken and decisions made. The policy sets out the key stages of the academic appeals process and the grounds to submit academic submission.
- This aligns with our understanding of how the education provider runs. We determined the proposed programme would be managed in a way which is consistent with the definition of their institution.

**Non-alignment requiring further assessment:** None

### Section 3: Programme-level assessment

#### Programmes considered through this assessment

<b>Programme name</b>	<b>Mode of study</b>	<b>Profession (including modality) / entitlement</b>	<b>Proposed learner number, and frequency</b>	<b>Proposed start date</b>
Independent and Supplementary	Part time	Supplementary / Independent Prescribing	35 twice a year	March 2023

Prescribing for Non-medical Prescribers				
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## Stage 2 assessment – provider submission

The education provider was asked to demonstrate how they meet programme level standards for each programme. They supplied information about how each standard was met, including a rationale and links to supporting information via a mapping document.

### Quality themes identified for further exploration

We reviewed the information provided and worked with the education provider on our understanding of their submission. Based on our understanding, we defined and undertook the following quality assurance activities linked to the quality themes referenced below. This allowed us to consider whether the education provider met our standards.

#### Quality theme 1 – impact of strategic meetings with practice education providers on the development of the programme

**Area for further exploration:** The education provider described how they work in close partnerships with different practice education providers. Their governance structure described meetings, mainly with NHS Managed Sector organisations at the strategic level. They stated how these meetings and engagements will contribute to the safe and co-ordination of learning. The information we reviewed was not clear about how these meetings influence the management of the programme. We decided to explore how the strategic meetings with practice education providers impact the management and governance of the prescribing programme.

We requested further information to establish how appropriate intelligence and evidence from these engagements have contributed to the development of the prescribing programme. It is important to demonstrate how the engagement with practice education providers ensures the requirement of the learners on the prescribing programme will be met.

**Quality activities agreed to explore theme further:** We decided to explore this area further by requesting information via a written response from the education provider. We also requested documentary evidence of previous meetings with the relevant stakeholders. We agreed this would be the most appropriate approach to demonstrate how the relevant standard has been met. During the quality activity meeting with the education provider, we highlighted the importance linking the impact and outcome of the meetings with the governance of the programme.

**Outcomes of exploration:** We reviewed the updates submitted by the education provider explaining how their engagement with practice education providers impacts and contributes to the development of the programme. These suggest a range of professionals and partners organisations have contributed to the development of the independent prescribing programme. They provided appropriate explanations and evidence via strategic meeting minutes which shows engagement between the

senior management team and practice education providers. The narrative and evidence show there were discussions in relation to workforce planning, business needs for programmes, learner numbers and quality standards.

We reviewed the minutes of a meeting between the education provider and the East Midlands Ambulance service during the development of this programme. The key parts of the discussions centred around:

- plans for resourcing,
- the potential challenges for placements due to competition between allied health professionals; and
- the progress updates on the development the programme seeking approval.

We have also reviewed additional information explaining the management of actions from the strategic meetings. Members of the senior management team have specific actions to take forward and course committees are responsible for course management, development, and quality assurance. Based on the evidence and information we reviewed, we are satisfied the strategic meetings and collaborations with practice education providers effectively supports the development and maintenance of the programme.

#### Quality theme 2 – lack of appropriately qualified and experienced members of staff.

**Area for further exploration:** The education provider stated they have a team of staff who can contribute to the delivery of the programme and submitted their CVs as evidence. We reviewed evidence which suggested the only healthcare professions represented in the staffing group were paramedics and nursing. We were concerned because there appeared to be a significant deficit of staff who were experienced prescribers. The numbers of individuals with prescribing qualifications and experience were minimal. It is important for the education provider to demonstrate there are sufficient and appropriately experienced prescriber members of staff to deliver the programme.

**Quality activities agreed to explore theme further:** We decided to explore this area by requesting further information via a written response and specific evidence from the education provider. During the virtual meeting, we further highlighted the concerns we had with the information we reviewed with regards to the qualification of members of staff who would be delivering the programme. We also provided further guidance about the information required to demonstrate meeting the relevant standard.

**Outcomes of exploration:** We explored the additional information submitted by the education provider which confirmed there will be enough staff with a prescribing qualification to deliver the prescribing programme. Based on the evidence we reviewed, it is clear the prescribing experience of the lecturing staff spans multiple areas such as community, acute and emergency care. The education provider confirmed there are seven members of staff with prescribing qualification who will be involved with the delivery of the prescribing programme.

We agreed there is clear evidence and information demonstrating the programme will be delivered by an appropriate number of prescribing qualified and experienced

members of staff. The additional information we have reviewed provides us with assurance the key relevant activities in programme delivery, learner support, marking, feedback and assessment will be provided by appropriately qualified and experienced prescribers.

### Quality theme 3– process to determine the experience and qualifications of practice educators.

**Area for further exploration:** The education provider explained how practice educators will be identified through the institution level admissions process. It was unclear how the education provider determines if practice educators have the relevant prescribing qualifications and experience to be able to supervise learners. We decided to explore how the education provider will ensure practice educators allocated to learners are appropriately qualified and experienced.

We were seeking assurances the education provider had the mechanisms to review the practice educator's skills and experience against designated prescribing practitioner (DPP) competency framework. It is important to ensure the practice educators will be working in an applicable clinical area which aligns to the learners. Not having the appropriate processes in place could impact the learner's understanding and potentially put patient's safety at risk.

**Quality activities agreed to explore theme further:** We decided to explore this area further by requesting information via a written response from the education provider. We decided on this approach because the concern was primarily in relation to processes. We had conversation with the education provider in relation to this theme during the virtual meeting. We further highlighted the need to have a more robust process to ensure the qualification and experience of practice educators. This quality activity methods should enable the education provider to address the concern we have identified.

**Outcomes of exploration:** The education provider has confirmed the nominated practice educators acting as Designated Prescribing Practitioner (DPP) for all HCPC registrants will be assessed against the DPP competency framework (2019). This should also identify any additional training or support needs. They submitted information about the processes in place to assess practice educator's qualification and experience.

Practice educators will be required to submit a CV and statement during the application process evidencing how they meet the DPP competencies. The statement will be reviewed and approved by the programme lead. If the practice educators are unable to demonstrate experience against the DPP competencies, the learner will be required to select an alternative educator to undertake the programme. If there is a change to the DPP during the period of the module, the new DPP will be required to submit a new CV and statement demonstrating how they meet the current requirements.

The updated information has provided us with the assurances required there are clear processes for the education provider to request and assess the practice



educator's qualifications and experience. We are confident there will be alignment of clinical areas between supervisor and trainee.

#### Quality Activity 4 – insufficient numbers of staff in relation to learner numbers

**Area for further exploration:** The education provider did not submit any information with regards to full time equivalence for the staff. As a result, we were not able to determine the profession specific ratios of staff who would contribute to the delivery of the programme. It is important we understand the aggregate staff / student ratio to determine if there are adequate numbers of staff to deliver this programme. We requested further information to enable us to determine the total staffing contribution delivering the programme.

**Quality activities agreed to explore theme further:** We decided to request further information via written response from the education provider. We thought evidence presented in this manner would be the most effective way to provide assurance for this quality theme.

**Outcomes of exploration:** We reviewed updates submitted by the education provider with regards to the student/staffing ratio for the programme. For professional body approved programmes in the Institute of Health and Allied Professions, the education provider has a 1:21 student to staff ratio. For the current programme, they expect to recruit approximately eight HCPC registrants out of the 20 learners. They are also in the process of recruiting for a 1 full time equivalent Senior Lecturer in Advanced Practice with a requirement for prescribing qualification and experience. There are plans to recruit an additional 1.0 Full Time Equivalent lecturer who will be a qualified prescriber.

We agreed the education has submitted clear information on the student/staff ratio, staffing full-time equivalence. They explicitly state that the process for SSR setting and review, and the planned recruitment of an additional lectures provides us with assurance there will be enough staff to deliver the programme.

## Section 4: Findings

This section details the visitors' findings from their review through stage 2, including any requirements set, and a summary of their overall findings.

### Conditions

Conditions are requirements that must be met before providers or programmes can be approved. We set conditions when there is an issue with the education provider's approach to meeting a standard. This may mean that we have evidence that standards are not met at this time, or the education provider's planned approach is not suitable.

The visitors were satisfied that no conditions were required to satisfy them that all standards are met. The visitors' findings, including why no conditions were required, are presented below.

## Overall findings on how standards are met

This section provides information summarising the visitors' findings against the programme-level standards. The section also includes a summary of risks, further areas to be followed up, and areas of good practice.

### Findings of the assessment panel:

- **SFP A: Admissions –**
  - The education provider has adequately described the professional criteria for learners. We reviewed the admissions policy and application form and are satisfied entry criteria meets the requirement of this standard.
- **SFP B: Programme governance, management, and leadership –**
  - The education provider has explained their governance structure which shows how the programme is managed. We saw evidence of collaboration at the strategic level with practice leads; other Higher Education Institutions and Health Education England. We explored this area further as part of [quality activity 1](#).
  - They have provided details of the roles and responsibilities of key members of senior management team. They have demonstrated they have the required numbers of staff who will contribute the delivery of this programme. They have a policy in place which requires all academic staff to be registered Higher Education qualified with the Higher Education Academy. We explored this area further as part of [quality activity 2](#).
  - Based on all the information we reviewed, we agreed the education provider has demonstrated they have established effective processes to ensure the management of this programme. There is appropriate evidence of management oversight and ongoing review processes.
- **SFP C: Programme design and delivery –**
  - The education provider has described how the programme is aligned to the Royal Pharmaceutical Society (RPS) competencies. The programme has been designed in collaboration with stakeholders.
  - They confirmed prescribing specific content will include professional accountability of prescribing, legal and ethical frameworks. There has been extensive stakeholder engagement around the development of this programme to ensure it meets workforce needs. The programme is designed to offer feedback across the programme.
  - The education provider has demonstrated how the Standard of Conduct, performance, and ethics (SCPE's) have been integrated within the programme. We reviewed how these have been explicitly mapped to learning outcomes and assessments. Information relating to SCPE's will be made readily available to learners via the virtual learning environment.
  - The programme will use a variety of teaching and learning methods to enable learners to develop the knowledge and skills required to pass the programme. The learning and teaching methods were developed with educational developers from education provider's Centre of Academic Design and Quality.

- Overall, we saw sufficient and appropriate evidence which would allow learners who complete the programme to meet our standards for their professional knowledge and skills to be fit to practise. We are satisfied the standards within this SFP have been met.
- **SFP D: Practice-based learning –**
  - The education provider has described how they work in partnership with employer partners to determine learning capacity. This enables employer partners to support learners in through the programme. They have processes in place which contribute to the safe and effective co-ordination of learning.
  - They are involved in the Midlands “PARE Project” which is a multi-professional, multi-programme which aims to ensure the quality of the learning environment under the Higher Education England (HEE) framework. This is an audit system which aims to ensure the quality of learning.
  - We explored staff numbers, qualifications, and experiences in [quality activity 3](#) and the education provider present the appropriate information to address our concerns. They have an established team of staff who will contribute to the delivery of the programmes, and all have established roles and responsibilities. Practice educators are required to confirm they comply with the Royal Pharmaceutical Society (RPS) competency for designate prescribing practitioners.
  - Overall, we saw sufficient and appropriate evidence would allow learners who complete the programme to meet our standards for their professional knowledge and skills to be fit to practise. We are satisfied the standards within this SFP area have been met.
- **SFP E: Assessment –**
  - The education provider has described their assessment strategy which is designed to ensure learners are meeting the SFP E.2. This states the following “Assessment throughout the programme must ensure that learners demonstrate they are able to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics”.
  - Learners will have the opportunity to be assessed across the duration of the programme by the practice educators and recorded in the practice assessment document.
  - They have demonstrated how learning outcomes are appropriately described for the programme including the RPS competency framework for all prescribers. The competency and assessment map includes evidence of constructive alignment.
  - As part of the strategy, we noted how assessments are planned throughout the programme and confirmed they are mapped to the RPS competencies. Their assessment strategy has been agreed by the education’s Centre for Academic Design and Quality and relevant stakeholders.
  - We saw sufficient evidence with demonstrated the standards within the SFP area have been met.

**Risks identified which may impact on performance:** None

## **Areas of good and best practice identified through this review:**

We propose the following areas should be considered as areas of good and best practice:

- The education provider has a very well-articulated constructive alignment for the programme. The programme teams' approach to conceptualisation of the learning outcomes and mapping to relevant competency frameworks is excellent. This is mirrored in the pedagogic design of the programme more broadly.
- The department has very well established links and collaboration with service providers, supporting a strategic steer for the programmes.

## **Section 5: Referrals**

This section summarises any areas which require further follow-up through a separate quality assurance process (the approval, focused review, or performance review process).

### **Referral to the next scheduled performance review**

#### Update of the approval of the New Service user's involvement strategy

**Summary of issue:** During the stage 1 review process, the education provider stated their new service user involvement strategy is awaiting final approval through education provider processes. Service users are an important part of the programme and institution, because they bring their relevant lived experience to learners. This is relevant across the education provider's HCPC-approved provision and linked to HCPC standards and provider performance. Therefore, it should be reported and reflected on through the education provider's next performance review submission.

### **Recommendations**

The visitors did not set any recommendations.

## **Section 6: Decision on approval process outcomes**

### **Assessment panel recommendation**

Based on the findings detailed in section 4, the visitors recommend to the Education and Training Committee:

- The education provider has demonstrated all standards are met, and therefore the programme should be approved.

**Reason for this recommendation:** We have come to this recommendation because we consider:

- the education provider has clearly demonstrated how they meet our education standards;

- the information and evidence we reviewed provides us with assurances registrants who complete this programme will meet proficiency standards;
- the education provider has demonstrated through narrative and evidence how the delivery of programme will be managed effectively;
- a significant part of learning will be centred around practice based learning and the education provider has demonstrated how this element will be managed effectively;
- there are appropriate processes to ensure compliance with the Royal Pharmaceutical Society (RPS) competency for designate prescribing practitioners;
- we are satisfied the programme will be delivered by appropriate number of qualified and experienced educators.

Appendix 1 – list of open programmes at this institution

<b>Name</b>	<b>Mode of study</b>	<b>Profession</b>	<b>Modality</b>	<b>Annotation</b>	<b>First intake date</b>
BSc (Hons) Applied Biomedical Science	FT (Full time)	Biomedical scientist			01/09/2007
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/09/2020
BSc (Hons) Paramedic Science	WBL (Work based learning)	Paramedic			01/09/2020
MSc Paramedic Science	FT (Full time)	Paramedic			01/01/2020