



## **Programme Audit/Major Modification report**

Programme provider:	Manchester Metropolitan University					
	Alpha Hospitals					
	Best Care Homes					
	BMI Health					
	Bolton NHS Foundation Trust					
	Calderdale and Huddersfield NHS Foundation Trust Central Manchester University Hospital NHS Foundation Trust					
	East Cheshire NHS Trust					
	Cheshire and Wirral Partnership NHS Foundation Trust					
	East Lancashire Hospital NHS Trust					
	Greater Manchester West Mental Health NHS Foundation Trust					
In partnership with:	Lancashire Teaching Hospitals Trust					
(Associated practice	Manchester Mental Health and Social Care Trust					
placement providers involved in the delivery of the	Maria Mallaband Care Group					
programme)	NHS Hey					
	Pennine Care NHS Foundation Trust					
	Salford Royal NHS Foundation Trust					
	Sheffield Teaching Hospital NHS Foundation Trust					
	South West Yorkshire Partnership NHS Foundation Trust Spire Health Care					
	St. Helens and Knowsley NHS Trust					
	Stockport NHS Foundation Trust					
	Thameside Hospital NHS Foundation Trust					
	The Christie NHS Foundation Trust					
	The Pennine Acute Hospital NHS Trust					
	University Hospital of South Manchester NHS Foundation Trust York Teaching Hospital NHS Trust					





Date of review:	05 Sep 2019					
Type of Modification	Desktop					
Provision reviewed:	Return to Practice Nursing					
Title of current programme:	Return to practice - nursing					
Title of modified programme if changed:						
Academic level of current programme:	England, Wales, Northern Ireland  Level 5 Level 6 Level 7  SCQF  Level 8 Level 9 Level 10  Level 11					
Academic level of modified programme if changed:	England, Wales, Northern Ireland  Level 5 Level 6 Level 7  SCQF Level 8 Level 9 Level 10  Level 11					
Reviewer:	Elizabeth Mason					





Outcome of Approval Panel Meeting					
Outcome:	Recommended for approval with recommendations				
Conditions and NMC standard(s)/requirement(s) they relate to:	Resources None identified				
	Admission and progression				
	None identified				
	Practice learning				
	None identified				
	Fitness for practice				
	None identified				
	Quality assurance				
	None identified				
Date conditions to be met:					
Recommendations and NMC standard(s)/requirement(s) they relate to:	Recommendation one: Consider including additional information on the practice supervisor, practice assessor and academic assessor roles in the handbook and how the process of practice learning, support and assessment will take place for RtP students. (Standards for nursing and midwifery education (SFNME) R3.2)				
Note: recommendations will be assessed through the AEI annual self- assessment report	Recommendation two: Consider providing more detail in the programme handbook on the roles of the practice supervisor, practice assessor, academic assessor and the personal tutor with a flow diagram of how to seek support from the programme lead if required. (SFNME R3.2, R4.5; SSSA R7.5, R7.10, R9.7)				
	Recommendation three: Consider providing additional detail in the programme handbook about processes for additional placements and allocation of new practice assessors and practice supervisors.				





	(SFNME R3.2; Standards for student supervision and assessment (SSSA) R6.2)
Date conditions met:	
Programme start date:	23 Sep 2019





### **Summary**

## Summary of modification request

The return to practice (RtP) programme delivered by Manchester Metropolitan University (MMU) was approved on 15 December 2017 . This major modification is to transfer the RtP programme to the new SSSA. The programme standards remain unchanged. Transfer to the SSSA is part of a pan greater Manchester (GM) approved education institution (AEI) agreement for the support, supervision and assessment of students in practice learning. All current students in the GM area will be moving to the new SSSA processes for support, supervision and assessment in practice learning. The programme team view this approach as a means of mitigating any potential risk to practice learning for all students.

Documentary analysis and discussion with programme leads confirms effective partnership working with MMU and practice leaning partners (PLPs) in the GM geographical area. Partnerships between PLPs and other AEIs are demonstrated by the pan GM approach to practice learning and SSSA processes. There's strong partnership working to develop resources to support the implementation of SSSA training and transfer to the SSSA for all practice areas and students including RtP in the GM area. The pan GM practice assessment document for RtP is updated to meet SSSA requirements.

There are robust pan GM processes for the identification of practice supervisors, practice assessors and academic assessors. Practice education facilitators (PEFs) are responsible for allocating students to an appropriate practice supervisor and practice assessor. The programme team confirm practice supervisors will complete a self-declaration form which indicates they're registered with a relevant professional body, have completed equality and diversity training and are able to demonstrate role requirements of practice supervisors. The self-declaration is submitted to the practice assessment record and evaluation (PARE) system and forms part of the practice placement quality assurance processes. Practice assessors are identified by a PEF using the same process of self-declaration of registration with the NMC and preparation to undertake the role. The practice assessor is required to obtain feedback from practice supervisors and service users/carers, and in addition must observe the student in order to provide evidence for the assessment decision.

The programme leaders confirm the senior management team work in partnership with PLPs in response to Care Quality Commission (CQC) quality reviews which may impact on the practice learning environment and these are managed through a systematic partnership process.

The major modification to the programme is recommended to the NMC for approval.





Three recommendations are made.

### Feedback from key stakeholders

#### **Presenting Team**

Not applicable - Desktop review. Teleconference on 5 September 2019.

## Mentors, sign-off mentors, practice teachers and employers

Not applicable - Desktop review.

#### **Students**

Not applicable - Desktop review.

#### Service users and carers

Not applicable - Desktop review.

# Examples of notable and innovative practice and standards they relate to

None identified

# Potential risks to compliance of education standards and standards they relate to

None identified

# Potential risks to the student learning environment and standards they relate to

None identified

# Any other risks to public protection





None identified

# Areas for future monitoring

None identified

#### **Outcome recommendation**

The major modification to the programme is recommended to the NMC for approval. Three recommendations are made.





#### **NMC Standards**

Please refer to <u>Standards relating to return to practice courses</u> (NMC,2016) and <u>Revalidation</u> (NMC 2016), which must be read in conjunction with The Code: Professional standards of practice and behaviour for nurses and midwives, NMC, 2015 and Section one of the Mott MacDonald <u>QA Handbook</u>.

Returning to practice				
Programme specific standard: Admission				
What we found:				
Unchanged since origin	nal approval on 15 December 2017.			
Outcome:	Standard met			
Date standards				
met:				
Revised outcome:				

Return to practice / revalidation and The Code: Professional standards of practice and behaviour for nurses and midwives, NMC, 2015

Return to practice outcomes must include:

- 1. an understanding of the influence of health and social care policy relevant to the practice of nursing and midwifery.
- 2. an understanding of the requirements of legislation, guidelines, codes of practice and policies relevant to the practice of nursing and midwifery.
- 3. an understanding of the current structure and organisation of care, nationally and locally.





- 4. an understanding of current issues in nursing and midwifery education and practice.
- 5. the use of relevant research and literature to inform the practice of nursing and midwifery.
- 6. the ability to be able to identify and assess need, design and implement interventions and evaluate outcomes in all relevant areas of practice, including the effective delivery of appropriate emergency care.
- 7. the ability to use appropriate communications, teaching and learning skills.
- 8. the ability to function effectively in a team and participate in a multi-professional approach to people's care.
- the ability to identify strengths and weaknesses, acknowledge limitations of competence, and recognise the importance of maintaining and developing professional competence.

#### What we found:

Unchanged since original approval on 15 December 2017.

The programme team provide a rationale for the major modification and explain processes undertaken by all AEIs in the GM area to transfer to the new SSSA. The programme team explained all students will be moving to the SSSA, including the RtP programme which is currently assessed in practice through the current mentorship process.

There's documentary evidence of consultation with all stakeholders relevant to the programme. The programme team confirm the evidence provided in the documentary review. There's co-production and a strategy which includes all AEIs in the GM area for the agreed approach to transition, development and education for the SSSA.

Changes to new processes for support, supervision and assessment for practice learning is explained to all RtP applicants during the interview and selection process. Students are made aware of changes to mentorship and the new SSSA arrangements by email correspondence. At the start of the programme requirements and arrangements for practice learning are explained to students during the two-week theory block. The programme team arrange an induction to the new online practice placement document and SSSA processes.

All information relating to practice learning and SSSA arrangements is available to students on the virtual learning platform, Moodle. Students are provided with a programme handbook which details practice learning. Moodle is used to provide more details on SSSA processes than outlined in the programme handbook.





(Recommendation one) (SFNME R3.2)

Documentary evidence demonstrates students will be provided with a safe, effective and inclusive learning experience. Students will be provided with practice learning experiences through a hub and spoke model. The hub practice learning experience relates to the students' former field of practice and sphere of expertise. Practice placements are organised by the practice placement team. There is a specific PEF allocated to support RtP students in each practice placement learning area. A PEF will support and work with practice supervisors and practice assessors to manage student supervision and assessment.

PEFs are responsible for allocating students to an appropriate practice supervisor and practice assessor. The programme team confirm how practice supervisors will complete a self-declaration form which indicates they are registered with a relevant professional body, have completed equality and diversity training and are able to demonstrate the requirements of the practice supervisor's role and responsibilities. The self-declaration is submitted to the PARE system and forms part of the practice placement quality assurance processes.

Processes for training practice supervisors and practice assessors is organised as part of a pan GM process. Preparation and training for SSSA is shared across all AEIs in the pan GM area. Preparation and training include workshops, online resources, factsheets and individual support to meet the requirements of the role. Student nurses will be provided with training during their programme and preceptorship to prepare for the practice supervisor role on registration with the NMC.

Students will be allocated a practice assessor for the assessment of competence. If an additional practice learning placement of 150 hours is required a new practice assessor will be arranged by the PEF. Documentary evidence confirms practice assessors will undertake equality and diversity training and be able to demonstrate knowledge and skills required for robust assessment. All practice assessors are required to complete a self-declaration form which confirms their registration with the NMC and having undertaken preparation for the role of practice assessor. This form is submitted to the PARE system and is part of the practice placement quality assurance processes. The practice assessment document and the ongoing record of achievement have been amended to reflect the SSSA.

The academic assessor for students is the appointed personal tutor and the programme team confirm these additional responsibilities as academic assessor are considered as part of workload allocation. The short duration of the programme allows for the personal tutor to provide specific support for this group of students.



Outcome:

met:

**Date standards** 

## Protecting the public through quality assurance of nursing and midwifery education



The programme lead will be involved in resolving any issues and in appointing a new personal tutor/academic assessor if necessary. (Recommendation two) (SFNME R3.2, R4.5; SSSA R7.5, R7.10, R9.7)

Documentary evidence states the number of practice hours a student undertakes is dependent on their level of knowledge and experience and can range from 150 to 450 hours. Students will still be assessed in clinical practice only after the completion of 150 hours. In the event of failing practice, students will be allocated to a new clinical area in their field of expertise and a new practice supervisor and practice assessor will be appointed. (Recommendation three) (SFNME R3.2; SSSA R6.2)

Standard met

Revised outcome:	
Programme specific	standard: Length and nature of programme
Not less than five days	3
Length and nature det	ermined by education provider and practitioner.
Midwives to discuss w	ith lead midwife for education.
To take into account:	
registration hist	ory
2. previous levels	of knowledge and experience
<ol><li>relevant experience</li></ol>	ence undertaken while out of practice
What we found:	
Unchanged since origi	inal approval on 15 December 2017.
Outcome:	Standard met





Date standards							
met:							
Revised outcome:							
NMC Circular 03/2011	1 - Resources to support programme intentions						
Programme providers mus	t provide evidence at programme approval that resources are currently						
available to support progra							
What we found:							
•	e and the programme team confirm sufficient resources to						
	amme which will be provided for one cohort annually of ten yevidence of resources for implementing the SSSA are						
•	pan GM approach for all NMC approved programmes. PLPs,						
· · · · · · · · · · · · · · · · · · ·	isers are involved in developing practice assessment						
documents and implementing the SSSA.							
Documentary evidence	Documentary evidence and the programme team confirm there's a robust system for						
•	arning environments through practice placement audit and the						
• .	ement evaluations. Audits and student evaluations are						
considered, and action	plans can be set in place in conjunction with PLPs. The pan						
	d programme team confirm the AEI and PLPs work in						
partnership to provide	resources to support quality in the practice learning setting.						
PEFs support students	s in their clinical areas and will allocate practice supervisors						
and practice assessors	s from the list of those who have undertaken role preparation						
for SSSA. The persona	al tutor will be the academic assessor for the duration of the						
programme. The practice assessor works closely with the academic assessor based							
	ssessment decisions are evidence based and objective.						
	ollaboration for assessment will be through PARE, face-to-face						
meetings and Skype. Information relating to the SSSA is provided on the virtual learning environment (VLE).							
	· · · · · · · · · · · · · · · · · · ·						
Outcome:	Standard met						





Date standards met:	
Revised outcome:	

#### **Evidence and references list**

GM combined authority GM post graduate workforce group - SSSA Sub-group strategy document, 2018

MMU QA Self-assessment report 2018/2019, December 2019

RtP programme handbook, 2019

RtP PAD 2019/2020, undated

Handbook for practice supervisors and assessors (nursing) version four, April 2019

GM AEI group: Implementation of NMC (2018) SSSA, version 1.1, April 2019

GM AEI group: Academic assessor role by programme, 21 March 2019

GM AEI group: NMC Standards for education and training: SSSA, checklist/self-appraisal tool for practice learning environments, version two, April 2019

GM AEI group: transition to new supervision and assessment roles to meet NMC (2018) SSSA, version three, April 2019

GM AEI group: Implementation of NMC (2018) SSSA, overview of requirements for all NMC approved programmes from September 2019, version 1.1, April 2019

GM AEI group: practice supervisor self-declaration document, version one, April 2019

GM AEI group: practice assessor self-declaration document, version one, April 2019

### Personnel supporting programme approval

#### **Members of Approval Panel**

Not applicable - Desktop review.

#### **Programme Presenters**

Teleconference on 5 September 2019 between NMC QA visitor and department of





nursing post-registration education provision lead and programme lead for RtP.							
Were any service provi	ders visited?						
Not applicable - Desktop	review.						
Meetings with others							
Mentors / sign-off mento	ors						
Practice teachers							
Service users / Carers							
Practice Education Faci	litator						
Director / manager nurs	ing						
Director / manager midv	vifery						
Education commissione	rs or equivalent						
Designated Medical Pra	Designated Medical Practitioners						
Other (please specify)							
		1					
16.11							
If there were no represer	If there were no representatives present during the approval event please state why:						
Not applicable - Desktop review.							
Meetings with students	i						
Nursing							
Adult	Year 1	Year 2	Year 3	Year 4			
Mental Health	Year 1	Year 2	Year 3	Year 4			
Children's	Year 1	Year 2	Year 3	Year 4			





Learning Disabilities	Year 1	Year 1 Year 2		Year	3		Ye	ar 4			
Midwifery (3 year)	Year 1		Year 2		Year 3						
Midwifery (18 month)	Year 1		Year 2								
SCPHN	HV	HV SN OH		FHN		IN		RPHN			
Learning and Assessment in Practice	Mentor	Mentor Practic Teacher							Teacher		
Nurse Prescribing	V100	V100		V150		V300					
Specialist Practice	Adult			Mental Health		Children's					
	Learning Disability			General Practice Nursing			ce	Community Mental Health Nursing			
	Learning	Community Learning Disabilities Nursing		Community Children's Nursing		District Nursing					

#### Additional evidence viewed

CQC reports reviewed:

Pennine Acute Hospital NHS Trust, 1 March 2018





Stockport NHS Foundation Trust, 21 December 2018
Hestia Healthcare Properties limited, Timperley care home, 31 January 2018
Wirral University Teaching Hospital NHS Foundation Trust, 13 July 2018
Nursing and Midwifery Council approval letter, 17 January 2018
MMU Self-assessment report, 2018-2019

#### **Mott MacDonald Group Disclaimer**

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