



#### Programme approval report

#### Section one

	·
Programme provider name:	The Robert Gordon University
Programmes reviewed:	Specialist community public health nursing:
	Health visiting ⊠
	Health visiting with integrated independent and supplementary prescribing (V300)
	School nurse ⊠
	School nurse with integrated independent and supplementary prescribing (V300)
	Occupational health nurse
	Occupational health nurse with integrated independent and supplementary prescribing (V300)
	Public health nurse
	Public health nurse with integrated independent and supplementary prescribing (V300)
	Specialist community public health nursing (NMC 2022) apprenticeship:
	Health visiting apprenticeship
	Health visiting with integrated independent and supplementary prescribing (V300) apprenticeship
	School nurse apprenticeship





	School nurse with integrated	
	independent and supplementary	
	prescribing (V300) apprenticeship	
	Occupational health nurse	
	apprenticeship	
	Occupational health nurse with	
	integrated independent and	
	supplementary prescribing (V300)	
	, , <u>,</u> , ,	
	apprenticeship	
	Public health nurse apprenticeship	
	Public health nurse with integrated	
	independent and supplementary	
	prescribing (V300) apprenticeship	
	prescribing (v300) apprenticeship	
Title of programme(s):	PgDip Advanced Practice (Health	
Title of programme(s).	Visiting)	
	visiting)	
	PgDip Advanced Practice (School	
	Nursing)	
	indising)	
	MSc Advanced Practice (Health Visiting)	
	Woc Advanced Fractice (Fleatiff Visiting)	
	MSc Advanced Practice (School Nursing)	
	Wee Navaneca i factice (School Walsing)	
Academic levels:		
	England, Wales, Northern Ireland	
	Level 7	
SCPHN health visiting	SCQF	
	l	
	⊠ Level 11	
	England Wales Northern Iroland	
	England, Wales, Northern Ireland	
SCPHN health visiting with integrated	Level 7	
independent and supplementary	2005	
prescribing (V300)	SCQF	
, , , , , , , , , , , , , , , , , , ,	Level 11	
	Fundamed Walso North and Indianal	
	England, Wales, Northern Ireland	
SCPHN school nurse	Level 7	
	SCOF	
	SCQF	





SCPHN school nurse with integrated	England, Wales, Northern Ireland  Level 7
independent and supplementary prescribing (V300)	SCQF Level 11
	England, Wales, Northern Ireland  Level 7
SCPHN occupational health nurse	SCQF Level 11
SCPHN occupational health nurse with integrated independent and supplementary prescribing (V300)	England, Wales, Northern Ireland  Level 7
	SCQF Level 11
	England, Wales, Northern Ireland  Level 7
SCPHN public health nurse	SCQF Level 11
SCPHN public health nurse with	England, Wales, Northern Ireland  Level 7
integrated independent and supplementary prescribing (V300)	SCQF Level 11
SCPHN health visiting apprenticeship	England, Wales, Northern Ireland  Level 7
	SCQF Level 11
SCPHN health visiting with integrated independent and supplementary prescribing (V300) apprenticeship	England, Wales, Northern Ireland  Level 7
F. 220	SCQF Level 11
SCPHN school nurse apprenticeship	England, Wales, Northern Ireland  Level 7





	SCQF  Level 11
SCPHN school nurse with integrated independent and supplementary prescribing (V300) apprenticeship	England, Wales, Northern Ireland  Level 7
	SCQF Level 11
SCPHN occupational health nurse apprenticeship	England, Wales, Northern Ireland  Level 7
	SCQF  Level 11
SCPHN occupational health nurse with integrated independent and supplementary prescribing (V300)	England, Wales, Northern Ireland  Level 7
apprenticeship	SCQF  Level 11
SCPHN public health nurse apprenticeship	England, Wales, Northern Ireland  Level 7
	SCQF  Level 11
SCPHN public health nurse with integrated independent and supplementary prescribing (V300)	England, Wales, Northern Ireland  Level 7
apprenticeship	SCQF  Level 11
Date of approval visit:	30 May 2024
Programme start date:	
SCPHN health visiting	9 September 2024
SCPHN health visiting with integrated independent and supplementary prescribing (V300)	
SCPHN school nurse	9 September 2024





SCPHN school nurse with integrated	
independent and supplementary	
prescribing (V300)	
SCPHN occupational health nurse	
SCPHN occupational health nurse with	
integrated independent and	
supplementary prescribing (V300)	
SCPHN public health nurse	
SCPHN public health nurse with	
integrated independent and	
supplementary prescribing (V300)	
SCPHN health visiting apprenticeship	
SCPHN health visiting with integrated	
independent and supplementary	
prescribing (V300) apprenticeship	
SCPHN school nurse apprenticeship	
SCPHN school nurse with integrated	
independent and supplementary	
prescribing (V300) apprenticeship	
SCPHN occupational health nurse	
apprenticeship	
SCPHN occupational health nurse with	
integrated independent and	
supplementary prescribing (V300)	
apprenticeship	
SCPHN public health nurse	
apprenticeship	
SCPHN public health nurse with	
integrated independent and	
supplementary prescribing (V300)	
apprenticeship	
QA visitor(s):	Registrant Visitor: Veronique Oldfield Lay Visitor: Kuldeep Singh





#### **Section two**

#### **Summary of review and findings**

The Robert Gordon University (RGU), school of nursing, midwifery and paramedic practice (the school) is seeking approval for a specialist community public health nurse (SCPHN) programme with health visiting (HV) and school nursing (SN) fields. Both fields are delivered full-time and part-time through online learning. None of the routes include integrated independent and supplementary nurse prescribing (V300). The school is an established Nursing and Midwifery Council (NMC) approved education institution (AEI).

There are two academic routes within the programme, both of which lead to eligibility to apply for NMC registration as a SCPHN HV or SN. The postgraduate diploma (PgDip) is 120 credits to be completed in 45 weeks full-time and 90 weeks part-time. The Master of science (MSc) route is 180 credits to be completed in 60 weeks full-time and 120 weeks part-time. This programme length includes two practice learning modules where students are on placement in their practice learning environment, for a total of 17 weeks. This is then pro-rata for the part-time route.

Students completing the PgDip who then wish to complete a MSc are directed to the 'RGUFlex' provision to explore options for further study. Students who are registered on the MSc but don't wish to complete the dissertation module can withdraw from the MSc and exit with a PgDip and apply to register with the NMC as a SCPHN HV or SN providing they've completed the 120 credits for the PgDip at the point of withdrawal from the MSc route.

The programme is due to start in September 2024 and is delivered remotely.

The programme is mapped against the Standards framework for nursing and midwifery education (SFNME) (NMC, 2018), the Standards for student supervision and assessment (SSSA) (NMC 2018, updated 2023), the Standards for post-registration programmes (SPRP) (NMC 2022, updated 2023) and the Standards of proficiency for SCPHN (SPSCPHN) (NMC, 2022).

The RGU is separately proposing a specialist practice qualification (SPQ) programme as part of the PgDip/MSc advanced practice programme. The SCPHN programme shares some modules with the SPQ programme.

Staff curricula vitae confirm that teaching staff are appropriately qualified. This includes the programme lead who's a registered SPQ and evidence of two HV and two SN staff within the programme team. The practice handbook, the academic assessor handbook and practice assessor/practice supervisor handbook details the requirement for staff to be appropriately qualified and suitably prepared for their role. At the visit, the senior management team tell us they've workforce





planning in place to ensure future recruitment of staff to the programme, including current associate lecturers in practice who are registered SCPHNs, who can progress to full-time lecturing staff.

Quality and governance processes exist to manage placement environments and any concerns which may occur within practice. Quality processes and procedures for escalation of concerns are available in the programme documentation. The RGU and practice learning partners (PLPs) complete annual audits of placement environments to ensure suitability for student learning. The audits are available on a shared database. There are processes in place for exception reporting to the NMC as required. PLPs and the programme team confirm that they've good communication channels and liaise regularly to support student learning in practice.

Equality, diversity and inclusion (EDI) processes are evident throughout the student journey and include lecturers undertaking open day roadshows across a diverse range of geographical locations to recruit from these areas. The characteristics of the student body is reported annually during self-appraisal, and improvements to EDI processes are made based on areas which are highlighted within the self-appraisal as lacking across the student population. An inclusive curriculum tool is utilised for the development of the curriculum, and student digital capabilities are assessed and supported throughout the programme.

The RGU present a practice assessment document (PAD) for approval as part of the visit. The PAD is mapped to the SPSCPHN. The development of the PAD is influenced by the pan-London PAD and is designed with stakeholder involvement. The programme team confirm that a Scottish national PAD isn't available currently.

The approval visit is undertaken by remote means.

The programme is recommended to the NMC for approval subject to two joint NMC and university conditions. There are three NMC recommendations and four university recommendations.

Update 28 June 2024:

Evidence is provided to meet the two conditions. The RGU confirm that the university conditions are met.

The programme is recommended to the NMC for approval.

#### Recommended outcome of the approval panel





Recommended outcome to the NMC:	Programme is recommended to the NMC for approval
	Programme is recommended for approval subject to specific conditions being met
	Recommended to refuse approval of the programme
	Effective partnership working: collaboration, culture, communication and resources:
	Condition two: Provide an implementation plan that details sustainable people who use services and carer (PUSC) involvement with the design, recruitment to, delivery, assessment and coproduction of the programme. (SFNME R1.12, R2.7, R5.14) (NMC and university condition)
	Selection, admission and progression:
	None identified.
	Practice learning:
Conditions:	Condition one: Provide updated programme documentation in partnership with PLPs which confirms the necessary arrangements and governance structures are in place to support practice learning, including employer support and protected learning time. (SPRP R1.5) (NMC and university condition)
	Assessment, fitness for practice and award:
	None identified.
	Education governance: management and quality assurance:
	None identified.
Date condition(s) to be met:	27 June 2024





Recommendations to
enhance the programme
delivery:

Recommendation one: Consider strengthening processes that support students to raise concerns and encourage them to do so without fear of adverse consequences, in line with local and national policies. (SFNME R1.5; SPRP R1.5)

Recommendation two: Consider strengthening processes for acting upon constructive feedback from students to enhance the effectiveness of teaching, supervision and assessment. (SFNME R4.9)

Recommendation three: Consider strengthening governance processes to ensure that all practice supervisors have undertaken a period of preceptorship or can evidence prior learning prior to acting in the role of practice supervisor to SCPHN students. (SSSA R2.4; SPRP R3.2, R4.4.1, R4.4.2)

Recommendation four: Encourage the engagement of students in the student representation process as an additional avenue of support and communication. (University recommendation)

Recommendation five: Consider the introduction of peer engagement as a supplementary mechanism for student support. (University recommendation)

Recommendation six: Ensure appropriate skills development around policy and practice to ensure graduates are appropriately equipped for the current work environment. (University recommendation)

Recommendation seven: Continue to monitor student workload going forward. (University recommendation)

### Focused areas for future monitoring:

None identified.

### Programme is recommended for approval subject to specific conditions being met

#### Commentary post review of evidence against conditions:

The RGU provide updated programme documentation which confirms that the necessary arrangements and governance structures are in place to support practice learning, including employer support and protected learning time. This includes an updated admission criteria form which defines protected learning time





and the difference between this and study time. The RGU also provide meeting minutes from a meeting with PLPs which also evidences discussion about protected learning time. The practice assessor and practice supervisor updated agenda and presentation provide assurance that protected learning time is discussed with PLPs. The flowchart for becoming a practice assessor and practice supervisor and trust audit form also demonstrates governance structures are in place to support practice learning. Condition one is met.

The RGU provide documentary evidence of PUSC involvement in the programme and the stages of preparation PUSCs undergo prior to taking part in recruitment, teaching and assessment activities. This includes the personal information and consent form document, which requests PUSCs to view an EDI presentation and provides further details of EDI training that may be required. The PUSC involvement flowchart also evidences the process PUSCs go through when contributing to a module. The RGU also provide assurance of how PUSCs are involved with the admissions process through designing interview questions and contribution to module sessions and assessment. Condition two is met.

The RGU confirm that the university conditions are met.

AEI Observations	Observations have been made by the education institution YES NO
Summary of observations made, if applicable	
Final recommendation made to NMC:	Programme is recommended to the NMC for approval
	Recommended to refuse approval of the programme
Date condition(s) met:	27 June 2024

#### **Section three**

#### **NMC Programme standards**

Please refer to NMC standards reference points:

<u>Standards for post-registration education programmes</u> (NMC 2022, updated 2023) <u>Standards of proficiency for specialist community public health nurses</u> (NMC, 2022)

<u>Standards framework for nursing and midwifery education</u> (NMC 2018, updated 2023)

Standards for student supervision and assessment (NMC 2018, updated 2023)





#### **NMC Programme standards**

<u>The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates</u> (NMC, 2015 updated 2018)

Quality assurance framework for nursing, midwifery and nursing associate education (NMC, 2020)

QA Handbook (NMC, 2022)

#### **Partnerships**

The AEI works in partnership with their practice learning partners, people who use services, students and all other stakeholders.

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

<u>Standards framework for nursing and midwifery education</u> (NMC 2018, updated 2023)

#### Standard 1: The learning culture:

- R1.12 ensure programmes are designed, developed, delivered, evaluated and coproduced with people who use services and other stakeholders
- R1.13 work with service providers to demonstrate and promote inter-professional learning and working

#### Standard 2: Educational governance and quality:

- S2.2 all learning environments optimise safety and quality taking account of the diverse needs of, and working in partnership with, people who use services, students and all other stakeholders
- R2.4 comply with NMC <u>Standards for student supervision and assessment</u>
- 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 people who use services 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
- 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 gualified 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 people who use services contribute to student assessment

Standards for student supervision and assessment (NMC 2018, updated 2023)

#### 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 users of service, registered and non-registered individuals, and other students as appropriate

#### Standard 2: Expectations of practice supervisors:

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

#### Standard 3: Practice supervisors: role and responsibilities:

R3.3 support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills





### Standard 4: Practice supervisors: contribution to assessment and progression:

R4.3 have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising

#### **Standard 7: Practice assessors: responsibilities:**

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

#### Standard 9: Academic assessors: responsibilities:

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

#### Findings against the standard and requirements

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

RGU provide narrative and documentary evidence which indicates good partnership working with stakeholders including PLPs, PUSCs and students. These stakeholder groups have been involved in the co-production, design and development of the programme. We see consultation event invites, email exchanges and examples of the impact of feedback on curriculum development and programme delivery.

There's established RGU processes providing channels of communication with PLPs at strategic and operational levels to ensure effective partnership working and co-production of the programme. RGU and PLPs confirm that they meet regularly to evaluate and review the ongoing governance of the programme. At the visit PLPs and the programme team give us examples of programme decisions made in co-production. These include the introduction of two 30-credit modules, modification of practice learning experience timing and length, increased use of simulation to enhance learning experiences, increased cross-programme student learning opportunities and weekly PAD review sessions to support students to meet the SPSCPHN.

Senior PLP leaders tell us they work in partnership with RGU and confirm confidence in the programme to develop students who are prepared to deliver HV and SN services that meet the needs of the local population. PLPs tell us about the shared commitment to recruitment and selection processes that aim to achieve results in ensuring the inclusivity of applicants from a range of diverse





backgrounds. The RGU senior team tell us about the school's approach to widening participation such as a lecturer going on an awareness raising road trip, monitoring EDI data through annual programme appraisal and action plans and addressing access and connectivity issues for distance learning students.

Practice assessors and practice supervisors tell us they're involved in programme development including the modules and the SCPHN PAD which is based on the pan-London SCPHN PAD. They tell us they're positive about the structure and content of the PADs and consider that these support the assessment process effectively.

Practice assessors and practice supervisors confirm that they receive support and preparation for their role, including bi-annual updates at the RGU. An NMC recommendation for approval is to consider strengthening governance processes to ensure that all practice supervisors have undertaken a period of preceptorship or can evidence prior learning prior to acting in the role of practice supervisor to SCPHN students. (Recommendation three)

The PLPs and programme team confirm they're proactive if student concerns or practice learning issues are identified and that they work in partnership to resolve issues in a timely manner. Student and practice supervisor and practice assessor facing documents clearly detail the process for identifying and raising concerns. Practice assessors and practice supervisors tell us there's robust support and regular updates from the programme team and that they know how to raise and escalate concerns using the documented process. Students we speak to at the visit tell us they're well supported and listened to, however the raising and addressing of concerns in a timely manner can be further enhanced across the PLPs to give an equitable placement experience. (Recommendation one)

Students tell us they're aware of processes for providing feedback about practice learning experiences and engage in this regularly, however there's variation in how feedback is acted on by the AEI and PLPs to enhance student supervision and assessment. This is an area that can be further enhanced by the AEI and PLPs. (Recommendation two)

Documentary evidence, students and new SCPHN graduates at the approval visit confirm that they've been able to contribute their views to the development of the proposed programme. They give us examples of how their evaluation and feedback is informing aspects of the programme development. This includes feedback on balancing of programme workload while on practice placements, enhanced support from the practice education team while on placements, starting placements sooner for HV students, the introduction of 30-credit modules linking curriculum and practice, support for postgraduate level report writing skills and involvement with the operational group looking at developing the new programme. Module specifications and the programme team tell us that there's shared learning between HV and SN fields to ensure a holistic understanding of working with children and young people and their families and carers from the context of the





students' own field of practice. Some learning is also shared with district nursing students on the SPQ programme. Opportunities to explore multi-disciplinary working are provided within the module content including through simulated learning activity. There's time allocated in practice learning to explore interprofessional working with alternative public health services. Students confirm they're provided with opportunities to explore working with other professionals and agencies in the wider context of public health.

Documentary evidence shows that the school has a strategy for 'involving people and communities' (IPC). This strategy and the accompanying action plan were due for review in January 2024. The programme team tell us that an IPC lead is in post and they plan to set up an IPC working group to review the strategy by September 2024. The PUSCs at the visit tell us they've been involved in teaching sessions and module development of the school's other programmes. They give us examples of a children's rights project from the children's parliament organisation a few years previously, which focussed on mental health and wellbeing in SN roles. Another PUSC tells us about a session presentation they developed with their personal lived experience highlighting communication and empathy in HV roles, while a representative from the 'dad's group' spoke about involving dads in building a whole family approach to parenting. However, they can't articulate any specific involvement with SCPHN curriculum development, assessments, recruitment processes or any training to support their roles specific for the proposed programmes. PUSCs voice their willingness to collaborate on any module teaching sessions and participate in the interview process. The programme team and senior RGU leaders tell us that they're committed to increasing involvement of PUSCs in the programme, however documentary evidence of their implementation plan for PUSC involvement in the proposed programme is needed. This will assure us that PUSC involvement in recruitment, delivery, assessment, management and evaluation of the proposed programme relevant to HV and SN is sustainable, equitable and achievable. (Condition two)

Assurance is provided that the AEI works in partnership with their practice learning partners, people who use services, students and all other stakeholders as identified in Gateway 1: <a href="Standards framework for nursing and midwifery education">Standards framework for nursing and midwifery education</a>

MET \quad NOT MET

Documentary evidence and meetings at the visit provide assurance that PUSCs are involved in the co-production of the programme and some aspects of programme delivery. At the visit, RGU tell us it's their intention to involve PUSCs in all aspects of programme delivery. PUSCs however, tell us that they've not been suitably prepared or involved in the recruitment of SCPHN students to the programme. The team need to document their plans for PUSC involvement to assure us this is sustainably achievable in all aspects of the programme.

Condition two: Provide an implementation plan that details sustainable PUSC involvement with the design, recruitment to, delivery, assessment and co-





production of the programme. (SFNME R1.12, R2.7, R5.14) (NMC and university condition)		
Assurance is provided that the AEI works in partnership with their practice learning partners, people who use services, students and all other stakeholders as		
identified in Gateway 2: <u>Standards for student supervision and assessment</u>		
MET ⊠ NOT MET □		
Post Event Review		
Identify how the condition is met:		
Condition two: The RGU provide documentary evidence of their implementation plan for sustainable PUSC involvement. This includes the personal information and consent form document which details processes for EDI training and PUSC onboarding. The PUSC flowchart provides evidence of lines of communication with PUSCs throughout their contribution to the programme and how future engagement with PUSCs is planned. Further evidence of how PUSCs are involved in the recruitment and assessment of students is documented in the PUSC module involvement document, providing assurance of continued PUSC involvement throughout the programme.		
Condition two is met.		
Evidence: Personal information and consent form document 2023, undated PUSCs involvement flowchart, undated PUSCs module involvement, undated		
Date condition(s) met: 27 June 2024		
Revised outcome after condition(s) met: MET NOT MET		
Independent/Supplementary Prescriber (V300)		
Please indicate whether the V300 is a compulsory or optional element of the Specialist community public health nursing programme.  Optional  Compulsory  N/A		
The SCPHN HV and SN routes are not proposed to include the V300 qualification.		
Please indicate whether the V300 is to be approved at this event against the Standards for prescribing programmes and Standards of proficiency for nurse		





<u>and midwife prescriber</u> (adoption of the Royal Pharmaceutical Society competency framework for all prescribers) (NMC, 2021)		
competency name were for an procention of (time, 2021)	YES 🗌	NO $\boxtimes$
OR		
If V300 is approved against <u>Standards for prescribing programm</u> <u>Standards of proficiency for nurse and midwife prescriber provided</u> approved:		it was
N/A		

#### 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 an:
- R1.1.1 NMC registered nurse (level 1) or NMC registered midwife capable of safe and effective practice at the level of proficiency appropriate to the NMC approved Specialist Community Public Health Nurse (SCPHN) programme before being considered as eligible to apply for entry
- R1.1.2 NMC registered nurse (level 1) with relevant professional registration, capable of safe and effective practice at the level of proficiency appropriate to the NMC approved Community Nursing Specialist Practice Qualification (SPQ) programme before being considered as eligible to apply for entry
- R1.2 confirm on entry that each applicant selected to undertake a SCPHN or community nursing SPQ programme has the academic capability to study at the level required for that programme
- R1.3 provide opportunities that enable eligible NMC registered nurses and/or NMC registered midwives, including NHS, non-NHS, self-employed or self-funded applicants to apply for entry onto an NMC approved SCPHN programme
- R1.4 provide opportunities that enable eligible NMC registered nurses, including NHS, non-NHS, self-employed or self-funded applicants to apply for entry onto an NMC approved community nursing SPQ programme
- R1.5 confirm that the necessary arrangements and governance structures are in place to support practice learning, including employer support and protected learning time, to enable students to undertake and be appropriately supported throughout the programme
- R1.6 consider recognition of prior learning that is capable of being mapped to the:
- R1.6.1 programme learning outcomes and standards of proficiency for the applicant's intended field of SCPHN practice or SCPHN public health nurse practice





- R1.6.2 programme learning outcomes and standards of proficiency for the applicant's intended field of community nursing SPQ practice or in other specified field(s) for the community nursing SPQ in health and social care practice
- R1.7 where programmes intend to offer SCPHN and/or SPQ students admission to an NMC approved independent/supplementary (V300) prescribing programme consider recognition of prior learning that is capable of being mapped to the *Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers for applicants*, and
- R1.8 where programmes intend to offer admission to an NMC approved independent/supplementary (V300) prescribing qualification to SCPHN and/or SPQ students, ensure that the applicant is a registered nurse (level 1) and/or a registered midwife before being considered as eligible to apply for entry.

<u>Standards framework for nursing and midwifery education</u>, specifically R2.6, R2.7, R2.8, R2.9, R2.11

Proposed transfer of current students to the programme under review

Demonstrate a robust process to transfer current students onto the proposed programme to ensure programme learning outcomes and proficiencies meet the 
Standards for post-registration education programmes (NMC 2022, updated 2023).

Proposed transfer of current students to the <u>Standards for student</u> <u>supervision and assessment</u> (NMC 2018, updated 2023).

Demonstrate a robust process to transfer current students onto the <u>Standards for</u> <u>student supervision and assessment</u> (NMC 2018, updated 2023).

#### 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 NMC registered
	nurse (level 1) or NMC registered midwife capable of safe and effective
	practice at the level of proficiency appropriate to the NMC approved
	Specialist Community Public Health Nurse (SCPHN) programme before
	being considered as eligible to apply for entry (R1.1.1)
	YES NO NA

 Evidence of processes to ensure that the applicant is a NMC registered nurse (level 1) with relevant professional registration, capable of safe and effective practice at the level of proficiency appropriate to the NMC approved Community Nursing Specialist Practice Qualification (SPQ) programme before being considered as eligible to apply for entry (R1.1.2)





	N//	4 🖂
An SF	PQ programme isn't proposed.	
•	Processes are in place to confirm on entry that each applicant selected undertake a SCPHN or community nursing SPQ programme has the academic capability to study at the level required for that programme (YES 🖂 No.	
•	Evidence of selection process that demonstrates opportunities that en- eligible NMC registered nurses and/or NMC registered midwives, inclu NHS, non-NHS, self-employed or self-funded applicants to apply for en- onto an NMC approved SCPHN programme (R1.3)	iding
		<b>A</b> $\Box$
•	Evidence of selection process that demonstrates opportunities that end eligible NMC registered nurses, including NHS, non-NHS, self-employ self-funded applicants to apply for entry onto an NMC approved common serious SPO programme (P1.4)	ed or
	nursing SPQ programme (R1.4)	<b>A</b> 🖂
An SF	PQ programme isn't proposed.	
Provide an <u>evaluative summary</u> from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met		
•	Evidence that the necessary arrangements and governance structures in place to support practice learning, including employer support and protected learning time, to enable students to undertake and be appropriately supported throughout the programme (R1.5)  MET NOT ME	
	is not met. Documentation and discussion at the visit demonstrate nance structures for practice placements and academic learning.	
progra identifi impler who n comm docun learnii enviro	by assurance is confirmed through practice learning committees and samme management team meetings for every semester. If an issue is fied in relation to student progress the practice learning support protocomented. PLPs tells us that they work closely with RGU to support stude may not be achieving when on placement and receive timely and effective nunication from the academic assessor in these situations. There's furthmentary evidence of the governance structures in place to support practing, which includes the quality management of the practice learning onment (QMPLE) process. This document outlines the process for place audits and how student feedback is also used to assess quality within the	nts /e er ice ement





practice learning environments. The audits also ensure the SSSA are in place and that practice supervisors and practice assessors are prepared to support SCPHN (HV and SN) students. Practice assessors and practice supervisors tell us that they've access to a virtual learning environment (VLE) module and discussion forum to network with other PLPs and attend two updates a year at RGU.

At the visit, RGU confirm there are strategic and operational committees as well as organisational leads with responsibility for the quality of practice learning. There are processes to manage risks to the safety and quality of SCPHN education including policies for escalation of concern. There's school level practice learning guidance provided to all healthcare students which includes professional responsibilities, raising concerns and complaints. Students, practice assessors and practice supervisors confirm that these are documented and clear.

Documentary evidence and meetings at the visit confirm a general commitment from PLPs for ensuring protected learning time. Programme level agreements are provided for the PLPs working with RGU. The student programme handbook, practice assessor and practice supervisor handbook and academic assessor handbook all detail the requirement of protected learning time. Discussions at the visit don't provide assurance that protected learning time is provided to students. The RGU team provide assurance that protected learning time arrangements are locally agreed between practice assessors, practice supervisors and the students. The feedback from PLPs and students at the visit demonstrates wide variation in the application of these arrangements in different practice areas. (Condition one)

There's evidence of processes in place for students and practice learning staff to raise concerns, which is detailed in the student practice handbook and the practice assessor and practice supervisor handbook. Discussions at the visit provide assurance that students and PLPs are aware of how to raise concerns, however students tell us that they've had varying experiences of support following escalation of concerns. The panel recommend that the programme team consider strengthening processes that support students to raise concerns and encourage them to do so without fear of adverse consequences, in line with local and national policies. (Recommendation one)

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

•	Processes are in place to consider recognition of prior learning that is capable of being mapped to programme learning outcomes and standards of proficiency for the applicant's intended field of SCPHN practice or SCPHN public health nurse practice (R1.6.1)  YES NO N/A
•	Processes are in place to consider recognition of prior learning that is

capable of being mapped to programme learning outcomes and standards of proficiency for the applicant's intended field of community nursing SPQ





practice or in other specified field(s) for the community nursing SPQ in health and social care practice (R1.6.2)
N/A
An SPQ programme isn't proposed.
<ul> <li>Where programmes intend to offer SCPHN and/or SPQ students admission to an NMC approved independent/supplementary (V300) prescribing programme processes are in place to consider recognition of prior learning that is capable of being mapped to the <i>Royal Pharmaceutical Society (RPS) Competency Framework for all Prescribers for applicants</i> (R1.7)</li> <li>YES □ NO □ N/A □</li> </ul>
The V300 prescribing qualification isn't proposed for integration in this programme.
<ul> <li>Where programmes intend to offer admission to an NMC approved independent/supplementary (V300) prescribing qualification to SCPHN and/or SPQ students, there is evidence of processes to ensure that the applicant is a registered nurse (level 1) and/or a registered midwife before being considered as eligible to apply for entry (R1.8)</li> <li>YES  NO  N/A </li> </ul>
The V300 prescribing qualification isn't proposed for integration in this programme.
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 post-registration education programmes and Standards of proficiency for specialist community public health nurses (NMC, 2022) will be met through the transfer of existing students onto the proposed programme.  RGU don't propose to transfer existing students onto the new programme. There's evidence that indicates students who undertake an extended period of interruption are reviewed on a case-by-case basis prior to their return. At the visit, the programme team confirm that only students who haven't completed any modules on the current programme prior to taking interruption of studies are eligible for transfer to the new programme. Transfer to the new programme is recommended to support their learning and student experience. Those students who've completed some of the current programme will continue their current programme upon their return to study.
Proposed transfer of current students to the <u>Standards for student</u> supervision and assessment (SSSA) (NMC 2018, updated 2023).





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

The SSSA standards apply to current students and no transfer is necessary.

Assurance is provided that Gateway 1: <u>Standards framework for nursing and midwifery education</u> relevant to selection, admission and progression are met **YES** NO

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#### Is the standard met?

MET

NOT MET  $\boxtimes$ 

There's wide variation in how protected learning time is provided and governed by PLPs across different areas.

Condition one: Provide updated programme documentation in partnership with PLPs which confirms the necessary arrangements and governance structures are in place to support practice learning, including employer support and protected learning time. (SPRP R1.5) (NMC and university condition)

Date: 30 May 2024

#### Post event review

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

Condition one: The RGU provide evidence of recent communication with PLPs to discuss protected learning time which is within the PLP meeting notes, the practice assessor and practice supervisor update agenda and the practice assessor and practice supervisor update presentation. There's also further evidence of updated programme documentation to reflect these discussions within the admission criteria document which includes a definition of protected learning time and a separate definition of study time. There's assurance of governance structures in place to support practice learning which includes the trust audit form and the practice assessor and practice supervisor pathway for preparation for post-registration flowchart.

Condition one is met.

#### Evidence:

MSc advanced practice HV/SN admission criteria forms (full-time and part-time), undated

PLP meeting notes, 13 June 2024

Practice assessor and practice supervisor presentation, 10 June 2024

Practice assessor and practice supervisor update agenda, 10 June 2024

Trust post-registration audit form, undated

Pathway for preparation of post-registration flowchart, undated





Date condition(s) met: 27 June 2024		
. ,		
Revised outcome after condition(s) met:	MET 🔀	NOT MET

#### **Standard 2: Curriculum**

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

- R2.1 confirm programmes comply with the NMC *Standards framework for nursing* and midwifery education including the confirmation of appropriately qualified and experienced people for programme delivery for:
- R2.1.1 all selected fields of SCPHN practice and/or SCPHN PHN practice and/or for
- R2.1.2 all selected fields of community nursing SPQ practice and/or in other specified fields of community nursing SPQ in health and social care practice
- R2.2 confirm SCPHN and/or SPQ programmes comply with the NMC *Standards* for student supervision and assessment
- R2.3 confirm SCPHN and/or community nursing SPQ programmes that include admission to NMC approved prescribing qualification comply with the NMC Standards for prescribing programmes
- R2.4 state routes within the programme for:
- R2.4.1 students to enter the SCPHN register in a specific field of SCPHN practice: health visitor, school nurse, occupational health nurse
- R2.4.2 students to enter the SCPHN register for the public health nurse qualification
- R2.4.3 students to annotate their registration in a specific field of community nursing SPQ practice: community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing, general practice nursing
- R2.4.4 students to annotate their registration in community nursing SPQ practice in health and social care
- R2.5 ensure programme learning outcomes reflect the:
- R2.5.1 core and field specific standards of proficiency for SCPHN and for the intended field(s) of SCPHN practice: health visiting, school nursing, occupational health nursing
- R2.5.2 core standards of proficiency for SCPHN that are tailored to public health nursing
- R2.5.3 standards of proficiency for community nursing SPQ that are tailored to the intended field and related context of community nursing practice. These may be within community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing, general practice nursing or in specified field(s) for community nursing SPQ in health and social care practice
- R2.6 set out the general and professional content necessary to meet the:





- R2.6.1 core and field specific standards of proficiency for each intended field of SCPHN practice: health visiting, school nursing, occupational health nursing,
- R2.6.2 core standards of proficiency for SCPHN public health nurse qualification
- R2.6.3 standards of proficiency for the community nursing SPQ that is tailored to the intended field of community nursing practice. These may be within community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing, general practice nursing, or in other specified field(s) of community nursing in health and social care
- R2.7 set out the content necessary to meet the programme outcomes for each intended field of:
- R2.7.1 SCPHN practice: health visiting, school nursing, occupational health nursing and/or SCPHN public health nursing,
- R2.7.2 community nursing SPQ practice: community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing, general practice nursing and/or in other specified field(s) of community nursing in health and social care
- R2.8 ensure that the curriculum provides a balance of theory and practice learning opportunities, using a range of learning and teaching strategies
- R2.9 ensure technology-enhanced and simulated learning opportunities are used effectively and proportionately across the curriculum to support learning and assessment
- R2.10 ensure programmes delivered in Wales comply with legislation which supports use of the Welsh language, and
- R2.11 ensure programmes are:
- R2.11.1 of suitable length to support student achievement of all proficiencies and programme outcomes for their intended SCPHN or community nursing SPQ award
- R2.11.2 no less than 45 programmed weeks of theory and practice learning for full-time programmes/pro rata for part time programmes.

Standards framework for nursing and midwifery education, specifically R1.9, R1.13; R2.2, R2.15, R2.17, R2.19, R2.20, R3.1, R3.2, R3.4, R3.9, R3.10, R3.15, R3.16; R5.1 - R5.16.

Standards for student supervision and assessment, specifically R1.2, R1.3, R1.7, R1.10, R1.11

#### Findings against the standard and requirements

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

R2.1 There is evidence that the programme complies with the NMC *Standards* framework for nursing and midwifery education including the confirmation of appropriately qualified and experienced people for programme delivery for:





•	all selected fields of SCPHN practice and/or SCPHN PHN practice (F					
•	all selected fields of community nursing SPQ practice and/or in other specified fields of community nursing SPQ in health and social care p (R2.1.2)					
		N/A 🖂				
An SF	PQ programme isn't proposed.					
•	There is evidence that the programme complies with the NMC Stand for student supervision and assessment (R2.2)  YES	lards				
•	Where programmes intend to offer admission to an NMC approved independent/supplementary prescribing qualification to SCPHN and/o students, there is evidence that the prescribing qualification complies the NMC Standards for prescribing programmes (R2.3)	or SPQ				
A V30	00 prescribing qualification isn't proposed in this programme.					
R2.4	There is evidence that routes are stated within the programme for:					
•	students to enter the SCPHN register in a specific field of SCPHN problems health visitor, school nurse, occupational health nurse (R2.4.1)  YES  NO	actice:				
•	students to enter the SCPHN register for the public health nurse					
	qualification (R2.4.2)  YES NO	N/A 🖂				
A SCI	PHN public health nursing route isn't proposed.					
•	students to annotate their registration in a specific field of community nursing SPQ practice: community children's nursing, community learn disabilities nursing, community mental health nursing, district nursing general practice nursing (R2.4.3)	ning				
An SF	An SPQ programme isn't proposed.					
•	students to annotate their registration in community nursing SPQ pra health and social care (R2.4.4)	ctice in				





An SF	<sup>o</sup> Q programme isn't proposed.					
R2.5 There is evidence to ensure programme learning outcomes reflect the:						
•	core and field specific standards of proficiency for intended field(s) of SCPHN practice: health visiting (P2.5.1)					
	occupational health nursing (R2.5.1)	YES 🖂	NO 🗌	N/A		
•	core standards of proficiency for SCPHN that are nursing (R2.5.2)	tailored t	o public h	ealth		
	Tidising (IV2.5.2)	YES 🗌	NO 🗌	N/A		
A SCI	PHN public health nursing route isn't proposed.					
•	standards of proficiency for community nursing Sintended field and related context of community may be within community children's nursing, community mental health nursing, district nursing or in specified field(s) for community nursing or profite (P2.5.2)	nursing pra nmunity lead at nursing,	actice. Th arning dis general p	iese sabiliti oractio	es	
	social care practice (R2.5.3)		ĺ	N/A 🛭	$\leq$	
An SF	Q programme isn't proposed.					
evide	de an <u>evaluative summary</u> from your documen nce AND discussion at the approval visit to de ded that the QA approval criteria below is met	monstrat	e if assu	rance	e is	
	There is evidence that sets out the general and pr necessary to meet the:	ofessional	content			
•	<ul> <li>core and field specific standards of proficiency for each intended field of SCPHN practice: health visiting, school nursing, occupational health nursing (R2.6.1)</li> </ul>					
	MET [	NOT	MET 🗌	N/A		
R2.6.1 is met. Documentary evidence and meetings at the visit confirm that there's general and professional module content to meet the core and field specific SPSCPHN and that the modules are mapped to the SPSCPHN. There's evidence of shared learning with SPQ students. There are separate PADs for SN and HV to meet core and field specific SPSCPHN. The programme team tell us that interprofessional learning takes place in the shared modules which include learning alongside pharmacists and advanced nurse practitioners. The programme team and students tell us that field identity is maintained within shared modules through						





the assessments which are case study based and through scenarios used within the modules.

There's evidence of stakeholder engagement in curriculum development within the stakeholder feedback document. The programme team and PUSCs tell us they've worked in partnership to develop the curriculum. One example includes using a 'child's rights based' approach, following discussions with groups of children about their views on what qualities and skills a SN should possess. There are also two

PAD. aims to the co develor semes	ice learning modules which are field specific as The curriculum is designed using the RGU to to future-proof the curriculum and allows for a content, where necessary. The programme teal loped in conjunction with stakeholders and incester two, which are 'leadership in advanced patice and health and wellbeing of children, you	and are a dynamic annual re am tell us cludes two	assessed us yllabus' peview of ar that the cover that the cover the cover alth nursin	using the rocess and characteristics in the c	he s, which nges to um is ules in
<ul> <li>core standards of proficiency for SCPHN public health nurse qua (R2.6.2)</li> </ul>					ation
	'	IET 🗌	NOT ME	<b>T</b> 🗌	N/A 🖂
A SCF	PHN public health nursing route isn't propose	∍d.			
•	standards of proficiency for the community of the intended field of community nursing pracommunity children's nursing, community le community mental health nursing, district nursing or in other specified field(s) of community nu (R2.6.3)	ctice. Th earning d ursing, ge	ese may b isabilities i eneral pra	e withi nursinç ctice n	in g, ursing,
	(1\2.0.3)			ľ	N/A 🖂
An SP	PQ programme isn't proposed.				
	There is evidence that sets out the content no programme outcomes for each intended field		to meet tl	he	
•	SCPHN practice: health visiting, school nurs and/or SCPHN public health nursing (R2.7.	•	cupational	health	nursing
	and/or SCPHIN public fleath fluishing (R2.7.		MET 🖂	NOT	МЕТ 🗌
the ma SCPH the fie	R2.7.1 is met. There's documentary evidence within the programme handbook and the mapping documents that the content meets the programme outcomes for the SCPHN HV and SN fields. The programme team tell us that SCPHNs relevant to the field of HV or SN practice deliver differentiated content and support teaching, application and contextualisation across the core, shared content. All module				

learning outcomes are mapped to the SPSCPHN and to the programme outcomes. Mapping demonstrates that the module content and the content of the





HV and SN PADs enables students to meet the programme outcomes within their HV or SN fields. Assessment strategies for theory modules reflect the skills required of SCPHN HVs and SNs and include report writing, production of a research proposal and a journal article. An example of specific content for contemporary HV and SN practice includes simulated practice for courageous conversations and child protection processes, such as a case conference.

•	community nursing SPQ practice: community children's nursing, community
	learning disabilities nursing, community mental health nursing, district
	nursing, general practice nursing and/or in other specified field(s) of
	community nursing in health and social care (R2.7.2)

N/A 🖂

An SPQ programme isn't proposed.

•	Evidence to ensure that the curriculum provides a balance of theory and
	practice learning opportunities, using a range of learning and teaching
	strategies (R2.8)

MET ⊠ NOT MET □

R2.8 is met. Documentary evidence and meetings at the visit demonstrate that there's a balance of theory and practice. There are two practice learning modules and four theory modules on the PgDip route, with an additional theory module on the MSc route, which is the dissertation module. Students undertaking the MSc complete their practice learning components and are confirmed as proficient at the end of the PgDip, however, don't register with the NMC until they complete the MSc dissertation module. Students continue to be supported to demonstrate proficiency in the SPSCPHN. Students can opt to exit the programme with a PgDip if they decide not to continue with the MSc. Programme documentation confirms that a range of learning and teaching strategies are used. This includes lectures, seminars, tutorials, online digital learning, practice learning and guided independent study. Students' practice learning experience is based on the working week of 36 hours.

The programme team tell us that students engage in online learning through the VLE, including synchronous and asynchronous lectures, group discussions on Microsoft Teams and via the VLE discussion forum. Students tell us that the availability of asynchronous lectures allows flexibility of learning when on placement and for students who also have caring responsibilities to manage alongside their studies. Students tell us that they've good peer support networks with each other through social media platforms and through the module VLE sites.

 Evidence to ensure that technology-enhanced and simulated learning opportunities are used effectively and proportionately across the curriculum to support learning and assessment (R2.9)

MET  X  NOT MET	MET 🖂	NOT MET	
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R2.9 is met. Documentary evidence and visit discussions confirm that the curriculum and practice learning elements are outcome-focused to demonstrate the core and field specific SPSCPHN pertaining to HV and SN practice. The student learning experience document provides detail regarding the RGU 'future of teaching, learning and assessment' project. This project co-produces standards for education within the RGU, in conjunction with students, academics and professional service groups, to guide and enhance teaching and learning at the AEI.

The proposed programme is delivered online. There's documentary evidence of the VLE which is used and digital skills support for students to access to ensure their digital capabilities and optimise engagement with the programme. Students tell us that the online delivery of the programme allows flexibility for their learning, particularly when they're on placement, as they can access asynchronous module sessions at a time convenient to them.

The programme team confirm appointment of the principal lecturer for clinical skills and simulation. The programme team tell us they're working closely with the department simulation lead. There's a clinical skills education and simulation strategy within the evidence provided. Simulated learning is included in modules to enhance learning. Through continual programme appraisal, the programme team continue to develop this, using platforms such as 'virtual community' which is an RGU virtual platform that allows students to explore case studies and interprofessional learning. The 'revised simulation and skills education strategy' outlines the vision, priorities and development plans for this area of education.

The programme team tell us that simulation is used to develop confidence and competence in aspects of clinical practice such as courageous conversations and safeguarding. The programme team confirm that simulation includes the use of actors and PUSCs to provide a high-fidelity learning experience. Students tell us that they haven't experienced simulated learning on the current programme, however they're aware this is part of the curriculum for the proposed programme and indicate that this will be useful for developing complex communication skills.

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

•	Evidence to ensure that programmes delivered in Wales comply with any
	legislation which supports the use of the Welsh language (R2.10)  YES NO N/A

This programme will not be delivered in Wales.

 Evidence to ensure programmes are of suitable length to support student achievement of all proficiencies and programme outcomes for their intended SCPHN or community nursing SPQ award (R2.11.1)





	YES 🖂	NO 🗌
<ul> <li>Evidence to ensure programmes are no less than 4 theory and practice learning for full-time programme programmes (R2.11.2)</li> </ul>		
programmes (carrie)	YES 🖂	NO 🗌
Assurance is provided that Gateway 1: Standards framew	ork for nursing	and
midwifery education relevant to curricula are met	YES 🖂	NO 🗌
Assurance is provided that Gateway 2: Standards for stud	ent supervisio	n and
<u>assessment</u> relevant to curricula are met	<u> </u>	<u> </u>
	YES 🖂	NO 🗌
Outcome		
Is the standard met?	T ⊠ NOT	MET _
<b>Date:</b> 30 May 2024		
Post event review		
Identify how the condition(s) is met:		
N/A		
Date condition(s) met:		
N/A		
Revised outcome after condition(s) met: ME	Γ NOT	MET 🗌
21/2		
N/A		
Standard 3: Practice learning		
Approved education institutions must: R3.1 ensure that suitable and effective arrangements and learning are in place for all students, including arrange tailored to those applicants who are self-employed and	ments specific	ally
Approved education institutions, together with practic must:	e learning pa	rtners,
R3.2 ensure that students work in partnership with the edu practice learning partners to arrange supervision and a complies with the NMC <i>Standards for student supervis</i> R3.3 provide practice learning opportunities that allow student progress and meet all the standards of proficiency for	assessment that ion and asses dents to develo	at s <i>ment</i>





- R3.3.1 intended field of SCPHN practice: health visitor, school nurse and occupational health nurse or,
- R3.3.2 SCPHN public health nurse
- R3.3.3 intended community nursing SPQ: these may be within the fields of community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing, general practice nursing or.
- R3.3.4 in other specified field(s) of community nursing in health and social care nursing
- R3.4 ensure that practice learning complies with the NMC Standards for student supervision and assessment
- R3.5 take account of students' individual learning needs and personal circumstances when allocating their practice learning, including making reasonable adjustments for students with disabilities, and
- R3.6 ensure learning experiences are tailored to the student's stage of learning, proficiencies and programme outcomes culminating in a period of practice learning. This is dependent on the individual learning needs of the student to demonstrate overall proficiency and achieve the programme learning outcomes for their:
- R3.6.1 intended field of SCPHN practice, SCPHN PHN practice or
- R3.6.2 their intended field of community nursing SPQ practice or community nursing SPQ in health and social care practice.

Standards framework for nursing and midwifery education, specifically R1.1, R1.3, R1.5; R2.10, R2.15; R3.3, R3.5, R 3.7, R3.16; R5.1, R5.7, R5.10, R5.12

Standards for student supervision and assessment, specifically R1.1 – R1.11

#### Findings against the standard and requirements

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

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

MET igtimes	NOT MET

R3.1 is met. Documentary evidence and discussions at the visit confirm that there's a practice-based learning strategy and quality assurance processes in place for the programme. Senior RGU representatives and PLPs confirm there's effective arrangements to support the quality of practice learning. PLPs tell us that there are good communication channels with RGU, and they receive timely and





effective support from the programme team when required. They meet regularly to discuss any governance issues, including external regulator reports. There's documentary evidence of processes in place to support self-funded and self-employed applicants to obtain a suitable practice learning environment. At the visit, RGU confirm their commitment to supporting self-employed or self-funded students. Practice managers tell us they're aware of the processes in place for self-funded and self-employed students, and support applications from these candidates. Documentary evidence and discussions at the visit demonstrate that there are suitable and effective arrangements for practice learning, including practice learning agreements for PLPs, membership and attendance of PLPs at practice learning committee and programme management team meetings. PLPs tell us that they've good partnership working with RGU and attend practice learning committees regularly.

There's evidence of governance structures, including escalation of concerns and quality mechanisms, including the QMPLE document. The programme team and PLPs confirm that there's a shared database which is utilised to store audit data and concerns raised. The programme team tell us they work closely with PLPs when a concern is raised and exceptionally report this as required. PLPs also tell us that they've weekly meetings with students who require additional support, in partnership with the student's academic assessor, and implement the practice learning support protocol for a plan of support for the student.

Documentary evidence and discussions at the visit confirm that students practice learning is assessed and documented in the PAD; this includes the roles and responsibilities of the practice assessor, practice supervisor and academic assessor. PLPs tell us they've contributed to the development of the PAD and their feedback is considered. An example of this includes the change from using weekly learning logs, which practice assessors tell us is laborious for students, to now recording reflective learning as part of the midway and final assessment meetings. PLPs also tell us that they've received updates on the new PAD and have further training for this prior to the programme commencing.

 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 (R3.2)

ET 🗆

R3.2 is met. Documentary evidence confirm both students' and PLPs' responsibilities for partnership working within the student practice handbook and the practice assessor, practice supervisor and academic assessor handbooks. There's also documentary evidence of practice assessor and practice supervisor updates and access to a VLE for additional training and support from RGU. PLPs tell us they attend biannual updates and have access to a discussion forum on the VLE training site, to network with other PLPs and offer peer support. Senior PLPs tell us that newly qualified SCPHN HVs and SNs receive a period of preceptorship





before being considered for the role of practice supervisor. They tell us that a practice supervisor who's new to the role is supervised by an experienced practice assessor and is encouraged to progress to the role of practice assessor once they've supervised a minimum of two students, however there's no evidence that practice supervisors who are new to the PLP, rather than the role of practice supervisor, receive a period of preceptorship. The panel recommend the programme team consider strengthening governance processes to ensure that all practice supervisors have undertaken a period of preceptorship or can evidence prior learning prior to acting in the role of practice supervisor to SCPHN students. (Recommendation three)

Student documentation confirms the responsibilities of students for their own learning and for the development of self-assessment and reflective practice, as well as their responsibilities in the escalation of any issues. Students tell us they're clear about their responsibilities within the programme. They confirm that they follow student documentation including published processes for raising concerns.

- R3.3 There is evidence that practice learning opportunities are provided that allow students to develop, progress and meet all the standards of proficiency for their:
  - intended field of SCPHN practice: health visitor, school nurse and occupational health nurse or (R3.3.1)

MET ⊠ NOT MET □ N/A □

R3.3 is met. The PAD provides students with opportunities to identify future learning plans assisting them to meet the SPSCPHN. There's evidence within the PAD of how the field and core SPSCPHN are assessed. PLPs tell us that they provide students with a range of learning experiences to cover all aspects of the role of HV/SN, which are also built around the four pillars of advanced practice. Examples of this include attendance at multi-disciplinary team meetings, safeguarding case management and working with families to lead on care delivery. Practice assessors tell us they work in partnership with students to set learning objectives for the placement while also meeting the needs of the PUSCs they work with. Students tell us that they're given a good range of learning experiences in practice, including attending a diverse range of family contacts and engagement with the multi-disciplinary team.

•	SCPHN public health nurse (R3.3.2)	)		
		MET 🗌	NOT MET	N/A 🗵

A SCPHN public health nursing route isn't proposed.

 intended community nursing SPQ: these may be within the fields of community children's nursing, community learning disabilities nursing,





community mental health nursing, district nursing, general practice nursing or (R3.3.3)  $N/A \times$ An SPQ programme isn't proposed. in other specified field(s) of community nursing in health and social care nursing (R3.3.4)  $N/A \times$ An SPQ programme isn't proposed. Evidence provides assurance that the following QA approval criteria are met: There is evidence that the programme complies with the NMC Standards for student supervision and assessment (R3.4) YES 🖂 NO  $\square$ 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 to demonstrate that the programme team takes account of students' individual learning needs and personal circumstances when allocating their practice learning, including making reasonable adjustments for students with disabilities, and (R3.5) MET 🖂 NOT MET R3.5 is met. There's evidence within the student handbook and the practice assessor, practice supervisor and academic assessor handbook about support available for students and PLPs. Frameworks exist to support students' individual learning needs and personal circumstances in practice, including recognition of students' individual learning needs and experiences and the RGU equality and diversity policy. Students tell us that they receive good support for additional needs. All students with disabilities, physical and mental health conditions and specific learning difficulties, who are registered with the student wellbeing service, have an inclusion plan in place. Students are aware of their responsibility to share an inclusion plan with their employer or placement provider to enable implementation of reasonable adjustments in the allocation and achievement of practice. PLPs also tell us that they encourage students to share inclusion plans. An example includes assessment for a specific learning difference which was completed by RGU and then support implemented for the student on placement and in university. Practice assessors tell us that support for students is a holistic process and includes liaising with the practice education facilitators





and the academic assessor, taking into consideration the student's personal

circumstances and needs when implementing additional support.					
The PAD provides an opportunity for students to identify their personal learning needs in each term, so that learning opportunities can be tailored to meet their needs. There's regular scheduled review of student progress including action planning to identify students who require additional support.					
R3.6 There is evidence to ensure learning experiences are tailored to the student's stage of learning, proficiencies and programme outcomes culminating in a period of practice learning. This is dependent on the individual learning needs of the student to demonstrate overall proficiency and achieve the programme learning outcomes for their:					
intended field of SCPHN practice, SCPHN PHN practice or (R3.6.1)     MET ☑ NOT MET ☑ N/A ☑					
R3.6 is met. The PAD and PAD contextual document evidence how the SPSCPHN are assessed, which includes evidence of ongoing formative assessment through tripartite meetings between students, practice assessors and academic assessors. RGU offers structured support and resources for students requiring additional support. This includes consideration of personal circumstances and how to mitigate any impact on student performance in practice.					
Students tell us they've a range of experiences to meet the SPSCPHN including exposure to complex cases, managing a caseload and working with other professionals. Students also provide examples of when they've required additional support for their learning and how PLPs have addressed this, using reasonable adjustments as required.					
<ul> <li>their intended field of community nursing SPQ practice or community nursing SPQ in health and social care practice (R3.6.2)</li> <li>N/A </li> </ul>					
An SPQ programme isn't proposed.					
Assurance is provided that Gateway 1: <u>Standards framework for nursing and midwifery education</u> 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					





Is the standard met?	MET 🔀	NOT MET
<b>Date:</b> 30 May 2024		
Post event review		
Identify how the condition(s) is met:		
N/A		
Date condition(s) met:		
N/A		
Revised outcome after condition(s) met:	MET 🗌	NOT MET
N/A		

#### Standard 4: Supervision and assessment

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

- R4.1 ensure student support, supervision, learning and assessment complies with the NMC *Standards framework for nursing and midwifery education*
- R4.2 liaise, collaborate and agree the necessary approach to the preparation, education, training, ongoing learning, support and expertise necessary for practice supervisors, practice and academic assessors that support SCPHN and community nursing SPQ student learning and assessment
- R4.3 ensure practice supervision, the assessment of practice and academic assessment complies with the NMC *Standards for student supervision and assessment*
- R4.4 ensure practice supervisors:
- R4.4.1 have undertaken a period of preceptorship in line with the NMC principles for preceptorship as SCPHN or community nursing SPQ qualified professionals or
- R4.4.2 can evidence prior learning and relevant practice supervisor experience that enables them to facilitate effective evidence-based learning opportunities for post-registration SCPHN or community nursing SPQ students
- R4.5 ensure practice and academic assessors:
- R4.5.1 have undertaken a period of preceptorship in line with the NMC principles for preceptorship as SCPHNs or community nurses with a SPQ or
- R4.5.2 can evidence prior learning and relevant practice assessor experience that enables them to engage in fair, reliable and valid assessment processes in the context of SCPHN and/or community nursing SPQ
- R4.6 ensure the student is assigned to a practice assessor who is an experienced registered SCPHN or community SPQ nurse for the programme the student is undertaking





- R4.6.1 in exceptional circumstances, the same person may fulfil the role of practice supervisor and practice assessor for a part of the programme where the SCPHN/community nursing SPQ student is undergoing education and 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 practice assessor roles to be carried out by the same person
- R4.7 provide constructive feedback to students throughout the programme to support their learning and development for meeting the standards of proficiency and programme learning outcomes for:
- R4.7.1 their intended field of SCPHN practice: health visitor, school nurse, occupational health nurse,
- R4.7.2 SCPHN public health nurse,
- R4.7.3 their intended community nursing SPQ in the field of: community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing, general practice nursing, or
- R4.7.4 other specified field(s) of community nursing SPQ in health and social care
- R4.8 ensure all SCPHN proficiencies and/or community nursing SPQ proficiencies are recorded in an ongoing record of achievement which confirms SCPHN and/or community nursing SPQ proficiencies have been met
- R4.9 assess the student's suitability for award and confirm overall proficiency based on the successful completion of all practice learning relevant to:
- R4.9.1 their intended field of SCPHN practice: health visitor, school nurse, occupational health nurse,
- R4.9.2 SCPHN public health nurse practice,
- R4.9.3 their intended SPQ in the field of: community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing, general practice nursing, and/or
- R4.9.4 other specified field(s) of community nursing SPQ in health and social care practice.

Standards framework for nursing and midwifery education, specifically: R2.12; R3.5, R3.6, R 3.8, R3.11, R3.13, R3.14, R3.17; R4.2, R4.3, R4.4, R4.5, R4.6, R4.8, R4.11; R5.9

Standards for student supervision and assessment

#### Findings against the standards and requirements

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





 There is evidence that ensures student support, supervision, learning and assessment complies with the NMC Standards framework for nursing and midwifery education (R4.1)

MET ⋈ NOT MET ☐

R4.1 is met. Documentary evidence and meetings at the visit confirm that governance processes are in place to oversee the standard of quality and safety of student support, supervision, learning and assessment on the SCPHN programme, and to ensure that standards are monitored and met. The overall quality of the student experience on the SCPHN programme is monitored. There's a process for appointment and oversight of external examiners.

PLPs confirm that they attend practice learning committees and support governance processes for student progression. Discussions with senior PLP managers confirm that students are allocated a SCPHN HV or SN practice supervisor and practice assessor. They confirm that there are adequate staffing numbers currently to support HV and SN students, and workforce planning is in place to ensure future provision of practice assessors and practice supervisors is maintained. The programme team confirm that they've appropriate numbers of suitably prepared academic assessors to support students in practice.

There are processes to support individual learning needs in theory and practice. PLPs and students confirm that RGU processes help to ensure that students are supported in their theoretical and practice learning. Students are allocated a personal tutor to ensure that there's early intervention for any identified academic issues. They confirm that there's early identification of any learning needs or difficulties and tell us of the effective support provided by RGU. There's also student signposting to RGU resources that support student health and wellbeing, including support for those requiring reasonable adjustments. Students tell us that they access these services and have good support from the programme team and PLPs for any additional learning needs and reasonable adjustments.

There's evidence of an established system of student evaluation, including placement evaluations and feedback to PLPs. Students tell us that the programme team are responsive to their evaluations and provide examples of changes that are made in the proposed programme from their feedback. There are processes for escalating concerns for students and practitioners.

Students confirm they're supported in accordance with the SSSA. They're allocated a SCPHN HV or SN registered practice supervisor, practice assessor and academic assessor. There are processes to support individual learning needs in theory and practice. There are processes to enable formative and summative feedback throughout the proposed programme in theory and practice. There's also documentary evidence of student conduct and fitness for practise procedures. All students confirm good health and good character at the beginning and end of the programme.





Senior RGU representatives confirm the process for monitoring and receiving information about placement quality from PLPs. They confirm the process of exceptional reporting to the NMC for ongoing risks.

There is evidence to confirm that the education institution and their practice learning partners liaise, collaborate and agree the necessary approach to the preparation, education, training, ongoing learning, support and expertise

assessment (R4.2)	MET 🖂	NOT MET
necessary for practice supervisors, practice support SCPHN and community nursing SP	and academic	assessors that

R4.2 is met. RGU has robust processes in place to prepare and support practice assessors, practice supervisors and academic assessors prior to and throughout the programme. PLPs confirm that they attend biannual updates and have received training for the new PAD. There's documentary evidence of the roles and responsibilities of the practice assessor/practice supervisor within the practice assessor and practice supervisor handbook, and PLPs have access to the VLE for further support and communication with RGU. PLPs and students confirm their understanding of the SSSA and individual roles and responsibilities.

PLPs work in partnership with RGU to confirm that they're allocating appropriately qualified and prepared practice supervisors and practice assessors for each of their students. PLPs confirm that SCPHN students are allocated to practice supervisors and practice assessors who are SCPHN registrants and have received preceptorship and preparation to undertake the role.

Students receive ongoing feedback from their practice assessor and practice supervisor during placement, which is documented in the PAD at midway and final interviews. Students also receive feedback from PUSCs, which is documented in the PAD. PLPs confirm that student progress is discussed with academic assessors through tripartite meetings and if a student learning support plan is implemented, weekly feedback is provided to the student.

There is evidence that ensures practice supervision, the assessment of practice and academic assessment complies with the NMC Standards for student supervision and assessment (R4.3)

$MET \boxtimes$	NOT MET

R4.3 is met. There's documentary evidence within the PAD which demonstrates how practice supervision and assessment of practice is completed. The PAD is structured to include termly tripartite meetings between students, practice assessors and academic assessors. These provide regular opportunities for liaison between the academic assessor and practice assessor and for overall confirmation of the students' achievement of the SPSCPHN at the culmination of the practice assessment process.





PLPs and the programme team confirm that they engage in tripartite meetings and have regular email communication about student progress.

have regular email communication about student progress.				
Evidence provides assurance that the following QA approval criteria are met:				
<ul> <li>Processes are in place to ensure practice supervisors have undertaken a period of preceptorship in line with the NMC principles for preceptorship as SCPHN or community nursing SPQ qualified professionals (R4.4.1) or YES ⋈ NO ⋈ N/A ⋈</li> </ul>				
<ul> <li>Processes are in place to ensure practice supervisors can evidence prior learning and relevant practice supervisor experience that enables them to facilitate effective evidence-based learning opportunities for post-registration SCPHN or community nursing SPQ students (R4.4.2)</li> <li>YES NO N/A</li> </ul>				
<ul> <li>Processes are in place to ensure practice and academic assessors have undertaken a period of preceptorship in line with the NMC principles for preceptorship as SCPHNs or community nurses with a SPQ (R4.5.1) or YES</li></ul>				
<ul> <li>Processes are in place to ensure practice and academic assessors can evidence prior learning and relevant practice assessor experience that enables them to engage in fair, reliable and valid assessment processes in the context of SCPHN and/or community nursing SPQ (R4.5.2)</li> <li>YES NO N/A</li> </ul>				
Provide an <u>evaluative summary</u> from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met				
<ul> <li>Processes are in place to ensure the student is assigned to a practice assessor who is an experienced registered SCPHN or community SPQ nurse for the programme the student is undertaking (R4.6)</li> <li>MET NOT MET</li> </ul>				
R4.6 is met. Documentary evidence and the programme team tell us that students are assigned to an experienced practice assessor who's a registered SCPHN for the student's field of practice. Practice assessors tell us they're prepared and meet the requirements to be a SCPHN practice assessor. They also provide confirmation of this in the student's PAD. Educational placement audits confirm that appropriate practice assessors are available within the placement area.				

Processes are in place to ensure that in exceptional circumstances only, the same person may fulfil the role of practice supervisor and practice assessor





for a part of the programme where the SC student is undergoing education and trair In such instances, the student, practice s need to evidence why it was necessary for practice assessor roles to be carried out I	ning in a practice upervisor/asses or the practice s	e learning sor and thupervisor rson (R4.6	setting. ne AEI will and
R4.6.1 is met. There's narrative and documenta exceptional circumstances, the same person massessor and practice supervisor and this would basis and reported to the NMC as required. The closely with the RGU to plan student placement and practice supervisors to ensure adequate promitigate against a student having the same perspractice supervisor in exceptional circumstances assessors may be required to support two studes.	ay fulfil the role of the looked at or practice leads allocation of practice is son for practice is, more experients at a time.	of practice of a case-batell us the actice assonfirm that assessor a nced prac	by case y work essors t, to and tice
Evidence provides assurance that the follow	ing QA approv	al criteria	are met:
R4.7 Processes are in place to provide construction throughout the programme to support their meeting the standards of proficiency and p	learning and de	evelopmer	nt for
their intended field of SCPHN practice: he assurational health pures (B4.7.1)	ealth visitor, sch	ool nurse	,
occupational health nurse (R4.7.1)	YES 🖂	NO 🗌	N/A 🗌
• SCPHN public health nurse (R4.7.2)	YES 🗌	NO 🗌	N/A ⊠
A SCPHN public health nursing route isn't propo	osed.		
<ul> <li>their intended community nursing SPQ in the field of: community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing, general practice nursing (R4.7.3) or</li> </ul>			
			N/A 🖂
An SPQ programme isn't proposed.			
<ul> <li>other specified field(s) of community nurs</li> </ul>	sing SPQ in hea	lth and so	cial care
(R4.7.4)			N/A 🖂
An SPQ programme isn't proposed.			





<ul> <li>There is evidence that all SCPHN proficiencies SPQ proficiencies are recorded in an ongoing confirms SCPHN and/or community nursing S</li> </ul>	record of a	achieveme	nt which
met (R4.8)		YES 🖂	NO 🗌
R4.9 There is evidence of processes to assess the stand confirm overall proficiency based on the su practice learning relevant to:		•	
<ul> <li>their intended field of SCPHN practice: health occupational health nurse (R4.9.1)</li> </ul>	visitor, sch	ool nurse,	
,	YES 🖂	NO 🗌	N/A 🗌
SCPHN public health nurse practice (R4.9.2)	YES 🗌	NO 🗌	N/A 🖂
A SCPHN public health nursing route isn't proposed.			
<ul> <li>their intended SPQ in the field of: community of learning disabilities nursing, community mental nursing, general practice nursing (R4.9.3) and</li> </ul>	al health nu	<u> </u>	,
naising, general practice naising (114.5.5) and	701		N/A 🖂
An SPQ programme isn't proposed.			
<ul> <li>other specified field(s) of community nursing S practice (R4.9.4)</li> </ul>	SPQ in hea	lth and so	cial care
practice (ivine.i)			N/A 🖂
An SPQ programme isn't proposed.			
Assurance is provided that Gateway 1: Standards fra			and
midwifery education relevant to supervision and asse	essment an	YES 🖂	NO 🗌
Assurance is provided that Gateway 2: <u>Standards for assessment</u> relevant to supervision and assessment		<u>upervision</u>	<u>and</u>
relevant to capel violent and accessment	t are met	YES 🖂	NO 🗌
Outcome			
Is the standard met?	MET 🔀	NOT	MET 🗌
<b>Date:</b> 30 May 2024			
Post event review Identify how the condition(s) is met:			
iaditing fieth the oblightelife, is filet.			





N/A		
Date condition(s) met:		
N/A		
Revised outcome after condition(s) met:	MET 🗌	NOT MET
N/A		

#### Standard 5: Qualification to be awarded

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

- R5.1 ensure that the minimum academic level for SCPHN and community nursing SPQ is at postgraduate masters' level
- R5.2 inform the student that the SCPHN 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 undertake additional education and training or gain such experience as specified in NMC standards for the award to be registered
- R5.3 inform the student that the community nursing SPQ 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 undertake additional education and training or gain such experience as specified in NMC standards for the award to be added as an annotation to their professional registration
- R5.4 inform the SCPHN and/or community nursing SPQ student that following successful completion of an NMC approved programme of preparation for SCPHN or community nursing SPQ, which included an NMC approved independent/supplementary prescribing qualification, the V300 award must be registered with us within five years of successfully completing the prescribing programme. If they fail to do so they will have to retake and successfully complete the programme in order to qualify as a prescriber, and
- R5.5 inform the SCPHN and/or community nursing SPQ 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.

Standards framework for nursing and midwifery education, specifically R2.12, R2.21

### Findings against the standards and requirements

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

 The programme award to be approved is clearly identified in all programme documentation and is a minimum of a postgraduate masters' level (R5.1)





YI	ES 🖂	NO 🗌
<ul> <li>Processes are in place to inform the student that the SC be registered with the NMC within five years of successful programme and if they fail to do so they will have to undereducation and training or gain such experience as specific standards for the award to be registered (R5.2)</li> </ul> YES	ully comple ertake addi	ting the tional
<ul> <li>Processes are in place to inform the student that the con SPQ award must be registered with us within five years of completing the programme and if they fail to do so they we undertake additional education and training or gain such specified in NMC standards for the award to be added as their professional registration (R5.3)</li> </ul>	of successf will have to experience	fully as
An SPQ programme isn't proposed.		
7.11 of a programme isn't proposed.		
<ul> <li>Processes are in place to inform the SCPHN and/or com SPQ student that following successful completion of an N programme of preparation for SCPHN or community nurs included an NMC approved independent/supplementary qualification, the V300 award must be registered with us successfully completing the prescribing programme and they will have to retake and successfully complete the pr to qualify as a prescriber (R5.4), and</li> </ul> YES	NMC approsing SPQ, prescribing within five if they fail t	ved which g years of to do so
The V300 prescribing qualification isn't proposed in this program	nme.	
<ul> <li>Processes are in place to inform the SCPHN and/or com SPQ student that they may only prescribe once their pre- qualification has been annotated on the NMC register an prescribe from the formulary they are qualified to prescrib their competence and scope of practice (R5.5)</li> </ul> YES	scribing d they may	only
The V300 prescribing qualification isn't proposed in this program	nme.	
Fall Back Award		
If there is a fall back exit award with registration as a SCPHN al	II NMC star	ndards
and proficiencies are met within the award  YES ⊠	NO 🗌	N/A 🗌



N/A

# Safe, kind, effective care through quality assurance of nursing, midwifery and nursing associate education.



There's documentary evidence within the programme handbook which states that a student registered on the two-year MSc route can exit after completion of year one with a fall back exit award of PgDip with registration as a SCPHN. Assurance is provided that Gateway 1: Standards framework for nursing and *midwifery education* relevant to the qualification to be awarded are met YES 🖂 NO  $\square$ Outcome Is the standard met? MET |NOT MET Date: 30 May 2024 Post event review Identify how the condition(s) is met: N/A Date condition(s) met: N/A Revised outcome after condition(s) met: MET NOT MET





### **Section four**

#### Sources of evidence

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

Key documentation	YES	NO
Programme document, including proposal, rationale and	$\boxtimes$	
consultation		
Programme specification(s)	$\boxtimes$	
Module descriptors	$\boxtimes$	
Student facing documentation including programme	$\square$	
handbook		
Student university handbook		
Practice assessment documentation	$\boxtimes$	
Ongoing record of achievement (ORA)	$\boxtimes$	
Practice learning environment handbook	$\boxtimes$	
Practice learning handbook for practice supervisors and	$\boxtimes$	
assessors specific to the programme		
Academic assessor focused information specific to the	$\boxtimes$	
programme		
Placement allocation / structure of programme	$\boxtimes$	
PAD linked to competence outcomes, and mapped	$\boxtimes$	
against Standards of proficiency for specialist community		
public health nurses		
Mapping document providing evidence of how the	$\boxtimes$	
education institution has met the Standards framework for		
nursing and midwifery education (NMC 2018, updated		
2023) (Gateway 1)		
Mapping document providing evidence of how the	$\boxtimes$	
Standards for student supervision and assessment (NMC		
2018, updated 2023) apply to the programme(s)		
(Gateway 2)		
Mapping document providing evidence of how the		
education institution has met the Standards for post-		
registration education programmes (NMC 2022, updated		
2023) (Gateway 3)		
Curricula vitae (CV) for relevant staff		
CV of the registered SCPHN responsible for directing the	$\bowtie$	
education programme		
Registrant academic staff details checked on NMC		
website		
External examiner appointments and arrangements		
Written placement agreement(s) between the education	$\bowtie$	
institution and associated practice learning partners to		
support the programme intentions.		





Written agreement(s) to support the programme intentions between the education institution and employer partners for apprenticeship routes (if applicable).		
If you stated no above, please provide the reason and mitig	•	ia
Student university handbook; this isn't provided as relevant included within the programme specification and additional		
documentation.	process and	policy
An apprenticeship route isn't proposed.		
List additional documentation:		
Post visit evidence to meet conditions:		
MSc advanced practice HV/SN admission criteria forms (ful undated	II-time and p	art-time),
PLP meeting notes, 13 June 2024		
Practice assessor and practice supervisor presentation, 10	June 2024	
Practice assessor and practice supervisor update agenda,	10 June 202	24
Trust post-registration audit form, undated		
Pathway for preparation of post-registration flowchart, unda		
Personal information and consent form document 2023, un	dated	
PUSCs involvement flowchart, undated		
PUSCs module involvement, undated		
Additional comments:		
None identified.		

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

	YES	NO
Senior managers of the AEI/education institution with	$\boxtimes$	
responsibility for resources for the programme		
Senior managers from associated practice learning	$\boxtimes$	
partners with responsibility for resources for the		
programme		
Senior managers from associated employer partners		
with responsibility for resources for the programme	_	
(applicable for apprenticeship routes)		
Programme team/academic assessors	$\boxtimes$	
Practice leads/practice supervisors/practice assessors	$\boxtimes$	
Students	$\boxtimes$	
If yes, please identify cohort year/programme of study:		
SCPHN students on current programme (September 2023	3 cohort; two	HVs and
two SNs)		
Alumni from September 2022 cohort (two SNs and one H	<u>V)</u>	
People who use services and carers	$\boxtimes$	
If you stated no above, please provide the reason and mit	igation:	
An apprenticeship route isn't proposed.		





Additional comm	nents:			
None identified.				
The visitor(s) vie	ewed the following area	as/facilities durin	g the event	: <b>:</b>
			YES	NO
	ing accommodation (e.g.	clinical		
skills/simulation	suites)			$\square$
Library facilities				
Technology enh environment	anced learning/virtual lea	arning		
Educational aud	it tools/documentation			$\boxtimes$
Practice learning				
If practice learning	ng environments are visi	ted, state where v	isited/finding	gs:
System regulato partners	r reports reviewed for pr	actice learning		$\boxtimes$
	gulator reports list:			
<i>, , ,</i> ,				
	above, please provide th			
	olished AEI and visits to f	acilities isn't requi	red.	
Additional comm	nents:			
None identified.				
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other parties.				
Issue record				
Final Report	Varanique Oldfield	Data	6 luna	2024
Author(s):	Veronique Oldfield Kuldeep Singh	Date:	o June	e 2024
Checked by:	Ian Felstead-Watts	Date:	19 Jur	ne 2024
Submitted by:	Amy Young	Date:		y 2024
Approved by:	Natasha Thompson	Date:		v 2024