

HCPC approval process report

Education provider	University of Surrey	
Name of programmes	V300 Non-Medical Supplementary Prescribing, Part time	
	V300 Non-Medical Independent and Supplementary	
	Prescribing, Part time	
Approval visit date	31 July 2019	
Case reference	CAS-14451-K0W5P0	

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Executive Summary

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

The following is a report on the approval process undertaken by the HCPC to ensure that programme(s) detailed in this report meet our standards for prescribing (for education providers) (referred to through this report as 'our standards'). The report details the process itself, the evidence considered, and recommendations made regarding programme approval.

Section 1: Our regulatory approach

Our standards

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

Programmes are normally <u>approved on an open-ended basis</u>, subject to satisfactory engagement with our monitoring processes. Programmes we have approved are listed on our website.

How we make our decisions

We make independent evidence based decisions about programme approval. For all assessments, we ensure that we have profession specific input in our decision making. In order to do this, we appoint <u>partner visitors</u> to undertake assessment of evidence presented through our processes. The visitors make recommendations to the Education and Training Committee (ETC). Education providers have the right of reply to the recommendation of the visitors, inclusive of conditions and recommendations. If an education provider wishes to, they can supply 'observations' as part of the process.

The ETC make decisions about the approval and ongoing approval of programmes. In order to do this, they consider recommendations detailed in process reports, and any observations from education providers (if submitted). The Committee meets in public on a regular basis and their decisions are available to view on our website.

HCPC panel

We always appoint at least one partner visitor from the profession (inclusive of modality and / or entitlement, where applicable) with which the assessment is concerned. We also ensure that visitors are supported in their assessment by a member of the HCPC executive team. Details of the HCPC panel for this assessment are as follows:

Roseann Connolly	Lay
Nicholas Haddington	Independent Prescribing
Gordon Burrow	Chiropodist / podiatrist
	POM – Administration
Lawrence Martin	HCPC executive
Tracey Samuel-Smith	HCPC executive (observer)

Other groups involved in the approval visit

There were other groups in attendance at the approval visit as follows. Although we engage in collaborative scrutiny of programmes, we come to our decisions independently.

Adam Collins	Independent chair (supplied by the education provider)	University of Surrey
Helen Weller	Secretary (supplied by the	University of Surrey
	education provider)	

Section 2: Programme details

Programme name	V300 Non-Medical Supplementary Prescribing	
Mode of study	Part time	
Entitlement	Supplementary Prescribing	
Proposed first intake	01 January 2020	
Maximum learner cohort	Up to 10	
Intakes per year	1	
Assessment reference	APP02081	

Programme name	V300 Non-Medical Independent and Supplementary
	Prescribing
Mode of study	Part time
Entitlement	Supplementary Prescribing, Independent Prescribing
Proposed first intake	01 January 2020
Maximum learner cohort	Up to 10
Intakes per year	1
Assessment reference	APP02082

We undertook this assessment of a new programme proposed by the education provider via the approval process. This involves consideration of documentary evidence and an onsite approval visit, to consider whether the programme meet our standards for the first time.

Section 3: Requirements to commence assessment

In order for us to progress with approval and monitoring assessments, we ask for certain evidence and information from education providers. The following is a list of evidence that we asked for through this process, and whether that evidence was provided. Education providers are also given the opportunity to include any further supporting evidence as part of their submission. Without a sufficient level of evidence, we need to consider whether we can proceed with the assessment. In this case, we decided that we were able to undertake our assessment with the evidence provided.

Type of evidence	Submitted
Completed education standards mapping document	Yes
Information about the programme, including relevant policies and	Yes
procedures, and contractual agreements	
Descriptions of how the programme delivers and assesses learning	Yes
Proficiency standards mapping	Yes
Information provided to applicants and learners	Yes
Information for those involved with practice-based learning	Yes
Information that shows how staff resources are sufficient for the	Yes
delivery of the programme	

We also usually ask to meet the following groups at approval visits, although there may be some circumstances where meeting certain groups is not needed. In the table below, we have noted which groups we met, along with reasons for not meeting certain groups (where applicable):

Group	Met	Comments
Learners	Yes	Met with nurses who had previously
		completed the programme
Service users and carers (and / or	Yes	
their representatives)		
Facilities and resources	Yes	
Senior staff	Yes	
Practice educators	Yes	
Programme team	Yes	

Section 4: Outcome from first review

Recommendation of the visitors

In considering the evidence provided by the education provider as part of the initial submission and at the approval visit, the visitors' recommend that there was insufficient evidence to demonstrate that our standards are met at this time, but that the programme(s) should be approved subject to the conditions noted below being met.

Conditions

Conditions are requirements that must be met before programmes can be approved. We set conditions when there is insufficient evidence that standards are met. The visitors were satisfied that a number of the standards are met at this stage. However, the visitors were not satisfied that there is evidence that demonstrates that the following standards are met, for the reasons detailed below.

We expect education providers to review the issues identified in this report, decide on any changes that they wish to make to programmes, and then provide any further evidence to demonstrate how they meet the conditions. We set a deadline for responding to the conditions of 09 October 2019.

A.1 The admissions procedures must give both the applicant and education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.

Condition: The education provider must ensure that appropriate, clear and consistent information, that enables all applicants to make an informed choice about whether they take up the offer of a place on the programme, is available.

Reason: In their initial submission, the education provider stated flyers advertising the programmes could be found on the Continuous Professional Development (CPD) page of their website. The education provider stated that the application form and flyers gave clear guidance on Nursing and Midwifery Council and HCPC academic and professional entry standards, including post-registration experience and study requirements, which are profession specific. The visitors noted the pre-requisite from HCPC was that applicants wishing to prescribe were already on our Register within one of the designated professions. However, the HCPC guidance does not stipulate any further specific professional entry pre-requisites for entry to supplementary and / or independent prescribing programmes.

The senior team recognised that a review of the pre-requisites stated on the flyers was necessary as the guidelines were based on information inherited from the College of

Paramedics and British Dietetic Association. The senior team went on to discuss the possible inclusion of a table of professional entry standards and where these originated from.

From the information provided, the visitors were unclear about the information provided to applicants in order for them to be able to make an informed choice about whether to take up a place on the programme. Therefore the visitors require the education provider ensures that appropriate, clear and consistent information, that enables all applicants to make an informed choice about whether they take up the offer of a place on the programme, is available.

A.1 The admissions procedures must give both the applicant and education provider the information they require to make an informed choice about whether to take up or make an offer of a place on a programme.

Condition: The education provider must demonstrate how the admissions process gives applicants from private practice and the education provider the information they require to make an informed choice about whether to take up or make an offer of a place on the programme.

Reason: In their initial submission, the education provider stated flyers advertising the programmes could be found on the Continuous Professional Development (CPD) page of their website. They also submitted their CPD application form, independent and supplementary prescribing application form and the admissions policy for post graduates as evidence. From a review of the documents and the website, the visitors noted that the admissions process focussed on NHS applicants, as the material currently focussed on the recruitment of nurses. As the programmes were expanding to recruit physiotherapists, chiropodists, paramedics and radiographers, the visitors felt that the education provider may start to receive applications from individuals in private practice. As such, they could not determine the requirements of the education provider or how these applicants would be able to apply for the programme. For example, the visitors noted a requirement for the applicant's employer to support the student while undertaking the programme. The visitors were therefore unclear about how someone within private practice, and self-employed, would be able to gain a statement of support from an employer, and therefore how a decision could be reached by the education provider about whether to make an offer.

The senior team discussed the challenges faced if the applicant is self-employed and recognised that this would have to be reviewed on a case by case basis and in discussion with colleagues from admissions. However, they went on to say the programme could be difficult to apply for those without managers or supervisors. From this information, the visitors were unclear of the admissions requirements for individuals applying from private practice and also, how this information will be provided to any potential applicants wanting to complete the programme. Therefore, the education provider must demonstrate how the admissions process gives applicants from private practice, and the education provider, the information they require to make an informed choice about whether to take up or make an offer of a place on the programme.

A.2 The admissions procedures must apply selection and entry criteria, including appropriate academic and professional entry standards.

Condition: The education provider must revise their advertising documentation to clearly demonstrate that the admissions procedures apply appropriate academic and professional entry standards.

Reason: In their initial submission, the education provider stated flyers advertising the programmes could be found on the Continuous Professional Development (CPD) page of their website. The education provider stated that the application form and flyers gave clear guidance on Nursing and Midwifery Council and HCPC academic and professional entry standards, including post-registration experience and study requirements, which are profession specific. The visitors noted the pre-requisite from HCPC was that applicants wishing to prescribe were already on our Register within one of the designated professions. However, the HCPC guidance does not stipulate any further specific professional entry pre-requisites for entry to supplementary and / or independent prescribing programmes.

The senior team recognised that a review of the pre-requisites stated on the flyers was necessary as the guidelines were based on information inherited from the College of Paramedics and British Dietetic Association. The senior team went on to discuss the possible inclusion of a table of professional entry standards and where these originated from.

From the information provided, the visitors were unclear of the academic and professional entry standards for potential applicants to the programme and therefore, whether these were appropriate to the level and content of the programme. The visitors therefore require the education provider to amend their advertising materials to clearly demonstrate that the admissions procedures apply appropriate academic and professional entry standards.

B.14 Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place.

Condition: The education provider must evidence how students are aware of which specific days require mandatory attendance and the implications of non-attendance.

Reason: In the mapping document, the education provider stated that attendance is mandatory for 80 per cent of the taught components and a sign in sheet is circulated on each taught day. The education provider also submitted the programme handbook which advises students not to not take on work, arrange holidays or go home before the end of the semester. The handbook also discusses options to assist those who have missed lectures. In addition, the module guides advised that absences should be discussed in advance.

The students confirmed that 80 per cent attendance of the taught components is mandatory, but the requirement of the programme is that at all 26 days were protected within their place of employment so they could attend. The programme team informed the visitors that the first two days of the programme were crucial. They also said that if students missed these days, they will not be able to continue on the programme. When asked how students were made aware of this, the visitors learnt it would be provided in documentation before the modules started. The visitors were unable to locate this within the submitted documentation.

Although the visitors understood that students must attend 80 per cent of the taught components, they were still unclear about how students are made aware of which days are mandatory and the implications of non-attendance. As such, the visitors could not determine how the education provider has identified and communicated to students the parts of the programme where attendance is mandatory and the implications of non-attendance. Therefore, the visitors require further evidence to determine if this standard is met.

D.4 The education provider must maintain a thorough and effective system for approving and monitoring all practice placements.

Condition: The education provider must demonstrate the thorough and effective systems in place for monitoring all practice placements.

Reason: In the mapping document, the education provider discussed how audits are completed annually for most students who work in trusts and clinical commissioning groups (CCGs) within the vicinity of the university. In addition, consideration will be given to visiting any placement that is outside of the local area and current audit process. In the meantime, designated medical practitioners were being asked to sign the application form to indicate their willingness to provide a suitable learning environment for students. From this information, the visitors could not determine how the education provider effectively monitored practice placements outside of their local vicinity.

The mapping document also outlined that Care Quality Commission (CQC) inspections were available online for all NHS and private healthcare providers. However, no further information was provided about how the education provider would incorporate these into their own internal processes for approving and monitoring all practice placements.

The programme team discussed that those placements which are not audited annually will be expected to complete a self-audit form. They recognised that they needed to develop a process to audit placements outside of the core trusts within the local area. Continuing the discussion, the programme team stated that students from private practice will trigger an audit before the programme starts and all audits will be completed where and when needed. From the information received, the visitors were clear how and where audits are completed for trusts within the local vicinity. However, they unclear about the effective system in place for those who are self-employed, or outside of the local vicinity. Therefore, the visitors require further information which demonstrates the thorough and effective systems in place for monitoring all practice placements.

D.7 The designated medical practitioner must undertake appropriate training.

Condition: The education provider must demonstrate how they ensure designated medical practitioners have undertaken appropriate training for their role.

Reason: From a review of the documentation, the visitors noted that designated medical practitioners (DMPs) are offered a workshop at the university close to the start of the programme and are provided with a designated medical/prescribing practitioners pack. The pack provides DMPs with information regarding the programme structure, aims, learning outcomes and assessment, as well as contact details for programme leaders and team members.

From the practice educators, one of the DMPs stated he did not recall completing any training prior to supervising a student. The visitors also learnt about how DMPs were unsure of the process for informing tutors of failing students other than at midpoint appraisals. The programme team discussed how they offered face to face training for DMPs, although they acknowledged the low uptake for this. The visitors also learnt about the support provided to DMPs by the programme team through phone calls / emails if DMPs were unable to attend the training. The programme team also stated that DMPs will complete a self-declaration stating they are willing and able to complete their duties and have completed the training. The programme team confirmed they are looking into other forms of training such as live streaming, forums, podcasts and webinars.

From this information, the visitors were clear that DMPs are offered face to face training and written training via the medical/prescribing practitioners pack. However, as face to face training is non mandatory, it is unclear how they ensure DMPs who have not undertaken the face to face training have engaged with the training provided to them in the written documents, for example, around how to raise concerns regarding failing students. Therefore, the visitors require further evidence about how the education provider ensures the appropriate training is completed by DMPs.

Section 5: Visitors' recommendation

Considering the education provider's response to the conditions set out in section 4, the visitors are satisfied that the conditions are met and recommend that the programme(s) are approved.

This report, including the recommendation of the visitors, will be considered at the 06 November 2019 meeting of the ETC. Following this meeting, this report should be read alongside the ETC's decision notice, which are available on our website.