
Approval process report

University of Bedfordshire – Supplementary and Independent Prescribing 2022 - 23

Executive summary

This is a report of the process to approve the Supplementary and Independent Prescribing programme at the University of Bedfordshire. This report captures the process we have undertaken to assess the institution and programme(s) against our standards, to ensure those who complete the proposed programme(s) are fit to practice.

We have:

- Reviewed the institution against our institution level standards and found our standards are met in this area
- Reviewed the programme(s) against our programme level standards and found our standards are met in this area following exploration of key themes through quality activities
- Recommended all standards are met, and that the programme should be approved

Through this assessment, we have noted:

- The programme meets all the relevant HCPC education standards and therefore should be approved.

Previous consideration	Not applicable. This is a new programme the education provider is seeking approval for.
Decision	The Education and Training Committee (Panel) decided: <ul style="list-style-type: none">• The programme is approved
Next steps	Outline next steps / future case work with the provider: <ul style="list-style-type: none">• The provider's next performance review will be in the 2026-27 academic year.• The programme has been approved and will be delivered by the education provider from September 2023.

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Section 1: About this assessment

About us

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

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

Our standards

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

Our regulatory approach

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

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

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

The approval process

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

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

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

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

How we make our decisions

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

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

The assessment panel for this review

We appointed the following panel members to support this review:

Nicholas Haddington	Lead visitor, Independent Prescribing
Garrett Kennedy	Lead visitor, Practitioner Psychologist, Counselling Psychologist
Saranjit Binning	Education Quality Officer

Section 2: Institution-level assessment

The education provider context

The University of Bedfordshire have been delivering HCPC approved education since 2015. They deliver five pre-registration programmes across four professions of operating department practitioner, occupational therapy, and paramedic, and physiotherapist.

The education provider engaged with the performance review process last academic year where they achieved a five-year review period. Therefore, their next engagement with the performance review process will be in 2026-27.

Alongside this approval process, the education provider is also seeking approval for the Paramedic Science programme.

Practice areas delivered by the education provider

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

	Practice area	Delivery level		Approved since
Pre-registration	Occupational therapy	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2020
	Operating Department Practitioner	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2016
	Paramedic	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2015
	Physiotherapist	<input checked="" type="checkbox"/> Undergraduate	<input type="checkbox"/> Postgraduate	2020

Institution performance data

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

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

Data Point	Benchmark	Value	Date	Commentary
Total intended learner numbers compared to total enrolment numbers	119	119	2022	<p>The benchmark figure is data we have captured from previous interactions with the education provider, such as through initial programme approval, and / or through previous performance review assessments. Resources available for the benchmark number of learners was assessed and accepted through these processes. The value figure is the benchmark figure, plus the number of learners the provider is proposing through the new provision.</p> <p>The number of learners is the same as the benchmark, which indicates</p>

				the programmes are sufficiently resourced to support the learner numbers.
Learners – Aggregation of percentage not continuing	3%	4%	2019-2020	<p>This data was sourced from a data delivery. This means the data is a bespoke Higher Education Statistics Agency (HESA) data return, filtered bases on HCPC-related subjects.</p> <p>The data point is above the benchmark, which suggests the provider is performing below sector norms.</p> <p>When compared to the previous year’s data point, the education provider’s performance has dropped by 1%.</p> <p>We did not explore this data point through this assessment because a 1% increase does not necessarily indicate an issue and most likely accounts for a small percentage of learners who may have made the decision not to continue with the course for personal reasons.</p>
Graduates – Aggregation of percentage in employment / further study	94%	92%	2019-2020	<p>This data was sourced from a data delivery. This means the data is a bespoke HESA data return, filtered bases on HCPC-related subjects</p> <p>The data point is below the benchmark, which suggests the provider is performing below sector norms.</p> <p>When compared to the previous year’s data point, the education provider’s performance has dropped by 2%.</p> <p>We did not explore this data point through this assessment because despite the 2 % drop graduates are still making progress with securing employment opportunities and progressing to further study.</p>

Teaching Excellence Framework (TEF) award	N/A	Silver	June 2017	<p>The definition of a Silver TEF award is “Provision is of high quality, and significantly and consistently exceeds the baseline quality threshold expected of UK Higher Education.”</p> <p>We did not explore this data point through this assessment because there were no concerns.</p>
National Student Survey (NSS) overall satisfaction score (Q27)	78.4%	72.6%	2022	<p>This data was sourced at the summary. This means the data is the provider-level public data.</p> <p>The data point is below the benchmark, which suggests the provider is performing below sector norms.</p> <p>When compared to the previous year’s data point, the education provider’s performance has dropped by 5.8%.</p> <p>We explored this data point and information relating to it and were satisfied the learning, teaching and support available to learners was sufficient.</p>

The route through stage 1

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

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

Admissions

Findings on alignment with existing provision:

- **Information for applicants –**
 - Information related to admissions is available on the education providers website. The Admissions policy and procedure outlines the institution wide policies covering information for applicants.
 - There are programme specific policies which apply to individual disciplines and can be found on the programme specific webpages.

The information includes programme applicant guides, programme information and programme specifications.

- This information will apply to the proposed programme.
- **Assessing English language, character, and health –**
 - Applicants applying for this programme are already registrants and because of this, their English language will not need to be assessed. They will also not be required to complete an enhanced Disclosure and Barring Service (DBS) check or occupational health check.
 - These institution level policies will however apply to other programmes approved by the HCPC and applicants will be required to complete criminal conviction checks via the Disclosure and Barring Service (DBS) and occupational health checks. They will also be required to provide evidence of the standard of their English language.
- **Prior learning and experience (AP(E)L) –**
 - The education provider has the Accredited Prior (Experiential) Learning Policy in place to assess applicants' prior learning and experience which can be accessed on the education providers website.
 - This policy applies to most of the HCPC approved programmes, however some variations may apply to the proposed programme due to individuals already being HCPC registrants.
- **Equality, diversity and inclusion –**
 - The education provider demonstrates they are committed to equality, diversity and inclusion and has an Equality, Diversity and Inclusion (EDI) policy that applies to all staff, learners and stakeholders.
 - They have also recently updated their Equality, Diversity and Inclusion (EDI) Statement. There are several other policies covering this area, such as the Access and Participation Plan and Admissions Policy. The Health and Wellbeing Team are available to offer support to learners with disabilities and other additional learning requirements.
 - These policies and procedures apply at institution level and will apply to the proposed programme.

Non-alignment requiring further assessment: None.

Management and governance

Findings on alignment with existing provision:

- **Ability to deliver provision to expected threshold level of entry to the Register¹ –**
 - The processes and procedures outlined in the Course Information Forms (CIFS) ensure the delivery of the provision to the expected threshold level of entry to the Register for all pre-registration programmes.
 - This includes the involvement of External Examiners with all assessment processes and regular reviews of the programmes.
 - Applicants applying for this programme are already HCPC registrants and therefore this requirement does not apply to them.

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

- **Sustainability of provision –**
 - All programmes are included in the Faculty’s Business Plan and the HCPC programmes are mapped against the relevant HCPC standards.
 - To ensure the curriculum is current and there is sufficient placement capacity there is a Health and Social Care Academy within the Faculty, which is made up of senior members of staff who meet regularly to review programmes and placement capacity.
 - This process will apply to the proposed programme.
- **Effective programme delivery –**
 - The education provider ensures they recruit appropriately qualified staff who are HCPC registered professionals, in line with the requirements outlined in the Quality Handbook.
 - All programmes go through the periodic review process to ensure quality and currency of the programmes.
 - These policies are institution-wide and will apply to the proposed programme.
- **Effective staff management and development –**
 - Staff must engage with the personal development review process annually. To undertake their duties, they are provided with relevant training and development opportunities as outlined in the Staff Handbook.
 - All staff are required to complete the Postgraduate Certificate in Teaching.
 - These policies are institution-wide and will apply to the proposed programme.
- **Partnerships, which are managed at the institution level –**
 - The education provider has collaborative partnerships in place, which are supported by members of the Faculty Executive.
 - The Associate Dean for External Relations specifically supports the HCPC provision with partnerships and practice-based learning.
 - These policies are institution-wide and will apply to the proposed programme.

Non-alignment requiring further assessment: None.

Quality, monitoring, and evaluation

Findings on alignment with existing provision:

- **Academic quality –**
 - The policies and procedures for quality and monitoring programmes are outlined in the Quality Handbook. These policies ensure the continuous improvement of programmes.
 - External Examiners are involved with reviewing all programmes and provide input into all aspects of assessments.
 - These policies and procedures apply at institution level and will apply to the proposed programme.
- **Practice quality, including the establishment of safe and supporting practice learning environments –**
 - All practice-based learning sites are audited annually, and additional guidance and support is provided where needed.

- The education provider is committed to ensuring sufficient support is in place for learners and that all learners have access to a link lecturer and personal academic tutor.
- As part of the Fitness to Practice policy there is a Cause for Concern form that can be completed if there are concerns relating to a learner's performance.
- These policies and procedures apply at institution level and will apply to the proposed programme.
- **Learner involvement –**
 - The education provider requires learners to be involved and have input into the design and delivery of new programmes, which is outlined in the Quality Handbook. They also encourage learners to be involved with recruitment events and undertake mentoring roles.
 - The Student Union work closely with learner representatives and support their involvement with Student Voice Forums.
 - There are various policies and procedures to support this area, such as the Tell Us Scheme, Bedfordshire Unit Survey and Course Enhancement Plans.
 - These policies and procedures apply at institution level and will apply to the proposed programme.
- **Service user and carer involvement –**
 - Service users and carers are involved with recruitment, teaching and the development of programmes. They also participate in stakeholder meetings and events and have input into clinical sessions.
 - This level of service user involvement will apply to the proposed programme.

Non-alignment requiring further assessment: None.

Learners

Findings on alignment with existing provision:

- **Support –**
 - The Student Information Desk (SID) offers a range of services to support learners, such as financial advice, counselling, career advice and disability and dyslexia support. In addition to this they also provide learners with advice and signpost them to relevant services, including arranging appointments.
 - All learners are allocated a Personal Academic Tutor to provide them with pastoral and academic support, which includes referral to specific support services, such as the Study Hub Team.
 - Other policies to support learners include the Student Complaints Policy and Faculty Student at Risk Policy.
 - These policies are institution wide and will apply to the proposed programme.
- **Ongoing suitability –**
 - Suitability concerns, such as learners' competence, suitability to continue their learning and health issues are considered through the Fitness to Study Policy.

- These policies are institution wide and will apply to the proposed programme.
- **Learning with and from other learners and professionals (IPL/E) –**
 - Inter-professional policies are currently programme specific, however course teams are developing this across other programmes.
 - They recognise the importance of teaching across programmes and how this will provide learners with a better understanding of roles in other disciplines and prepare them to work in multidisciplinary teams.
 - These policies will apply to the proposed programme.
- **Equality, diversity and inclusion –**
 - The education provider demonstrates they are committed to equality, diversity and inclusion (EDI) and note it is a key performance indicator for this academic year, which they will be focussing on.
 - EDI is embedded in the teaching and curriculum across all programmes.
 - The University of Bedfordshire Equality, Diversity and Inclusion Strategy and Race Equality Charter are institution wide policies and will apply to the proposed programme.

Non-alignment requiring further assessment: None.

Assessment

Findings on alignment with existing provision:

- **Objectivity –**
 - The education providers assessment procedures are outlined in the Quality Handbook and are applied to all assessments to ensure consistency and transparency across all programmes.
 - External Examiners are involved with all elements of assessments and provide independent input into the assessments to ensure quality and academic standards are maintained.
 - These policies are institution wide and will apply to the proposed programme.
- **Progression and achievement –**
 - The Progression and Achievement Policy applies to all programmes and therefore all course teams have a Progression and Achievement Lead. The Progression and Achievement Lead is responsible for identifying and monitoring learners at risk and providing them with relevant support.
 - This policy is an institution wide policy and will apply to the proposed programme.
- **Appeals –**
 - The University Appeals Policy allows learners to submit an appeal against the decision of an examination board and is overseen by the Student Adjudication Team.
 - This policy is an institution wide policy and will apply to the proposed programme.

Non-alignment requiring further assessment: None.

Outcomes from stage 1

We decided to progress to stage 2 of the process without further review through stage 1, due to the clear alignment of the new provision within existing institutional structures, as noted through the previous section.

Section 3: Programme-level assessment

Programmes considered through this assessment

Programme name	Mode of study	Profession (including modality) / entitlement	Proposed learner number, and frequency	Proposed start date
Non Medical Prescribing	PT (Part time)	Independent Prescribing	2 cohorts per year, 30 learners each	18/09/23

Stage 2 assessment – provider submission

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

Quality themes identified for further exploration

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

Quality theme 1 – Process to review the Designated Prescribing Practitioners (DPP) continuing professional development (CPD) and ensure it is current.

Area for further exploration: The visitors noted all DPPs were required to complete the Professional Pre-requisites Requirement Form (PPRF). The purpose of this form is to ensure the DPP has the relevant skills, experience and knowledge to support learners. However, there was no evidence of how the information provided on the form by the DPP was reviewed by the education provider and how the currency of continuing professional development (CPD) was defined. Visitors therefore requested further information on how gaps with CPD were identified and responded to and if there was a process that was applied. In addition to this they also sought further clarification on how the education provider ensures the DPPs undertake regular training that equips them to support learners.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting email clarification from the education provider. We considered the email clarification would be the most effective method to understand how the education provider reviews CPD and the currency of it and what other training is offered to DPPs.

Outcomes of exploration: In their response, the education provider explained the process they use to check the DPPs CPD and provided a link to an online registration form they ask them to complete. On the form there is a specific question where DPPs are asked to provide details and evidence of recent CPD they have completed within the last three years. In addition to this, to ensure DPPs are familiar with the learner's professional standards relating to supervision, they are all required to complete a mentor's reflective workbook. In cases where individuals are unable to provide evidence of current CPD, the education provider contact the individual and request an action plan on how they intend to address this and agree it with all the parties involved.

The visitors were satisfied with the evidence provided, which assured them the standard was met and adequately addressed their concerns.

Quality theme 2 – Requirement for learners to demonstrate how they meet the expectations of professional behaviour in prescribing practice

Area for further exploration: All learners are required to demonstrate how they meet the expectations of professional behaviour in prescribing practice, which includes the standards of conduct, performance and ethics. Visitors noted there was no evidence of this being demonstrated through the assessment for the proposed programme.

Unfortunately, in the documentation it was not clear to the visitors where learners would be required to demonstrate the standards of conduct, performance and ethics and could not locate any guidance of how these were embedded within the assessments. The visitors therefore sought further assurance from the education provider on how they would ensure learners understand and are able to meet the expectations of professional behaviour in prescribing practice, including the standards of conduct, performance and ethics. In addition to this, it was also not clear to visitors how learners would demonstrate their understanding of the application of these and therefore further information was requested. Visitors specifically wanted to understand how the education provider ensures the standards of conduct, performance and ethics are properly embedded and reflected in the curriculum and assessed against the learning outcomes.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting both email clarification and documentary evidence from the education provider. The visitors thought this was the most effective method, for the education provider to explain how learners would demonstrate and meet the standards of conduct, performance and ethics resources in the assessments and learning outcomes.

Outcomes of exploration: The education provider explained the requirement to meet the standards of conduct, performance and ethics is embedded in the mapping document that learners are required to complete as part of their portfolio. However, in their response they acknowledged it was not clear in the documentation how learners meet the expectations of professional behaviour in prescribing practice. They have therefore amended the documentation and assessment criteria to make it more explicit. The amendments the education provider made includes learners using the weekly practice log to explore and reflect on the professional and ethical aspects of prescribing. In addition to this they also made amendments to the marking of the weekly log to ensure professional requirements were considered. Lastly, they amended assessment 4 (essay), which previously focused on knowledge and skills but will now look at the professional and ethical consideration of prescribing governance.

Visitors were satisfied with the response they received to the quality activity from the education provider. They confirmed the modification to the assessment clearly demonstrated how the standards of conduct, performance and ethics are contextualised for learners and how they are embedded within the required assessments.

Quality theme 3 – Ensure adequate number of staff to support the increased number of learners

Area for further exploration: There was some confusion with regards to the number of learners indicated on the approval request form. On the form it stated there would be 40 learners per year, but also stated there would be two cohorts per year with a cohort size of 30. Visitors therefore requested clarification on the figures provided, as this would determine the number of staff required to effectively deliver the programme.

Visitors confirmed the staff were appropriately qualified and were from various professional backgrounds. However, it was not clear to them what the full-time equivalent (FTE) contribution from each member of staff would be to the proposed programme and if additional staff would be recruited based in the increased number of learners. Further information was therefore requested to confirm if there had been an increase in FTE of staffing and if there was a mechanism by which the education provider monitored, reviewed and set the requirement for academic staff.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting both email clarification and documentary evidence from the education provider. The visitors thought this was the most effective method, for the education provider to clarify the learner numbers and for them to explain how the requirement for academic staff is monitored and to support this explanation with policies and diagrams.

Outcomes of exploration: The education provider confirmed the discrepancy with the number of learners and explained the two different figures for the learner numbers. 40 learners were for next academic year (2023-24) and the 2 cohorts of 30 learners was the proposed number for future intakes. These figures were an estimate at the time of submitting them and were based on the average intake over

the last five years, however the education provider has now confirmed the actual number of learners is 37. Additional evidence has been submitted to support these figures which shows the calculations.

With regards to staffing, the education provider has confirmed they have a staff: student ratio policy of one FTE staff to 18 learners on all the professional, statutory and regulatory body (PSRB) programmes. The Head of School has confirmed additional full-time members of staff will be sought if learner numbers who are considered part-time reaches 70.

Visitors found the clarification on the learner numbers helpful and were satisfied there was a clear policy and process for reviewing and monitoring the requirement for academic staff. There was clear evidence of plans to ensure this was maintained. The visitors were therefore satisfied with the evidence provided, which assured them the standard was met and adequately addressed their concerns.

Quality theme 4 – Reflection on the curriculum framework and guidance

Area for further exploration: Visitors noted the education provider had not identified the 'outline curriculum framework' for prescribing. This curriculum is owned by the Allied Health Professions Federation and has been updated by NHS England and the relevant professional bodies it applies to. The framework is specifically aimed at education providers who are developing programmes to prepare other professionals to become independent/supplementary prescribers. The importance of this framework was recognised by the visitors and a further explanation was requested on how the content of this key curriculum framework would be reflected within the constructive alignment of the course.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting both email clarification and documentary evidence from the education provider. The visitors thought this was the most effective method, for the education provider to explain how this curriculum would be included in the course. In particular visitors requested to see documentary evidence that demonstrates how the framework is reflected in the formal course documentation.

Outcomes of exploration: In their response, the education provider acknowledged their omission to include the outline curriculum framework document and therefore submitted evidence of mapping against the framework. This document highlighted the areas that were not addressed in the original documentation that was submitted. Visitors were satisfied with the response they received to this quality activity and confirmed there was clear evidence of how the curriculum guidance had been used to inform the course design.

Section 4: Findings

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

Overall findings on how standards are met

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

Findings of the assessment panel:

- **A: Programme admissions –**
 - The entry requirements are clear and course requirements are outlined clearly in the application forms, pre-requisites and course information.
 - For the proposed programme, additional entry requirements will be considered such as an enhanced Disclosure and Barring Service (DBS) certificate, health checks and character statements from the employer.
 - As part of the academic entry requirements, it is mandatory for all applicants to be registered with the HCPC and provide evidence of their ability to study at postgraduate level. In addition to this they are also required to confirm they have a Practice Supervisor and Designated Prescribing Practitioner who have relevant experience and will be able to support them.
 - Visitors acknowledged the level of information the education provider submitted in this area and noted how detailed it was.
 - The visitors considered the relevant standard within this area met.

- **B: Programme governance, management and leadership –**
 - The education provider demonstrated they have established relationships with stakeholders hosting prescribing learners and have referenced recent events where these stakeholders have been involved. Visitors noted relationships with stakeholders appeared to be well managed.
 - There was clear evidence of how the education provider regularly collaborates with Designated Prescribing Practitioners (DPP).
 - Visitors noted the availability and capacity of practice-based learning for the proposed programme was specified within the admissions process.
 - Staff CVs demonstrated the team have appropriate qualifications to deliver the proposed programme. It was not clear what the full-time equivalent (FTE) contribution from each member of staff would be to the proposed programme and therefore this was explored further via [Quality theme 3](#).
 - Visitors recognised there were adequate resources to support the proposed programme and both learners and DPPs would have access to them.

- **C: Programme design and delivery –**
 - It was noted the learning outcomes and assessments demonstrated the competencies from the Royal Pharmaceutical Society (RPS) competency framework.

- Details on how the 'outline curriculum framework' was reflected within the proposed programme had not been included and this was therefore explored further via [Quality theme 4](#).
 - The education provider had a robust process in place to ensure the curriculum remained current and was maintained.
 - The education provider submitted an appropriate level of detail about the course and assessment strategy and outlined how theory and practice were embedded.
 - There was evidence of a range of learning and teaching methods and the duration of each module were mapped against the components clearly.
 - Visitors noted references made to evidence-based practice in various areas of the programme and were satisfied that the evidence they reviewed met the threshold for this standard.
- **D: Practice-based learning –**
 - Visitors acknowledged practice-based learning was embedded within the programme and there was clear evidence of the development of the placement management system and regulations to support this area.
 - It was noted the evidence in relation to the competency framework was comprehensive. In particular, the portfolio of practice assessment included activities that would allow learners to gather evidence linking to the Royal Pharmaceutical Society (RPS) competency framework.
 - The information provided in relation to the staff for the proposed programme demonstrated a number of appropriately qualified individuals. It was noted this was required as part of the admissions process.
 - Visitors noted the Designated Prescribing Practitioners (DPP) would be required to complete a self declaration form to ensure they are appropriately qualified and experienced to support learning. This was also explored further via [Quality theme 1](#).
 - The education provider has clearly outlined how the relevant information, such as handbooks will be made available to both learners and placement providers.
- **E: Assessment –**
 - The education provider has provided a clear assessment strategy, which is linked to the learning outcomes and will ensure learners on the proposed programme will meet the standards in the Competency Framework for all Prescribers.
 - The education provider has demonstrated the assessment strategy is clear and links to the learning outcomes and competencies, which the visitors are satisfied with. This was further explored via [Quality theme 2](#)
 - It was noted the completion of reflective logs was required as part of the practice-based learning assessment. Visitors were satisfied with the evidence they reviewed and confirmed it met the threshold for this standard.

Risks identified which may impact on performance: None

Section 5: Referrals

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

There were no outstanding issues to be referred to another process.

Recommendations

We include recommendations when standards are met at or just above threshold level, and where there is a risk to that standard being met in the future. They do not need to be met before programmes can be approved, but they should be considered by education providers when developing their programmes.

The visitors did not set any recommendations.

Section 6: Decision on approval process outcomes

Assessment panel recommendation

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

- All standards are met, and therefore the programme should be approved. The education provider has clearly demonstrated how they meet our education standards.

Education and Training Committee decision

Education and Training Committee considered the assessment panel's recommendations and the findings which support these. The education provider was also provided with the opportunity to submit any observation they had on the conclusions reached.

Based on all information presented to them, the Committee decided that:

- The programme is approved
- The education provider's next engagement with the performance review process should be in the 2026-27 academic year

Reason for this decision: The education and Training Committee Panel agreed with the findings of the visitors and were satisfied with the recommendation to approve this programme.

Appendix 1 – list of open programmes at this institution

Name	Mode of study	Profession	Modality	Annotation	First intake date
BSc (Hons) Occupational Therapy	FT (Full time)	Occupational therapist			01/09/2020
BSc (Hons) Operating Department Practice	FT (Full time)	Operating department practitioner			01/09/2016
BSc (Hons) Operating Department Practice Integrated Apprenticeship	FT (Full time)	Operating department practitioner			01/09/2021
BSc (Hons) Paramedic Science	FT (Full time)	Paramedic			01/04/2015
BSc (Hons) Physiotherapy	FT (Full time)	Physiotherapist			01/09/2020