

UNIVERSITY OF ULSTER

REPORT OF A MEETING OF THE CONJOINT UNIVERSITY OF ULSTER
(REVALIDATION) AND NURSING AND MIDWIFERY COUNCIL (NMC) (RE-
APPROVAL) PANEL: 22D NURSING (NON-MEDICAL PRESCRIBING)

4 December 2019

PANEL:

Professor P Carmichael, Associate Dean (Global Engagement), University of Ulster
(Chair)

Ms U Quinn, Senior Lecturer, Department of Hospitality and Tourism Management,
Ulster University Business School

Ms C Cassidy, Vice-President, Students' Union, Magee campus, University of Ulster

Ms S Bell, Lecturer in Nursing and Programme Lead for Non-Medical Prescribing,
School of Nursing and Health Sciences, University of Dundee

NMC Reviewer

Mr M Lovatt, Senior Lecturer in Nursing, School of Health and Social Care,
Staffordshire University

REVALIDATION UNIT CO-ORDINATOR:

Mrs U Chaney, School of Nursing, University of Ulster

IN ATTENDANCE:

Mr B McArthur, Academic Office, University of Ulster

1 INTRODUCTION

The Panel met to consider provision within Revalidation Unit 22D Nursing (Non-
Medical Prescribing) together with two additional prescribing modules.

Provision

Advanced Certificate / Postgraduate Certificate Non-Medical Prescribing (PT)(JN)
(*Proposed new title - Nurse and Midwife Prescribing*) (V300)

Additional Modules

Community Practitioner Nurse Prescribing NUR666 & NUR853 (V100)

Community Practitioner Nurse Prescribing NUS553 & NUS747 (V150)

The Non-Medical Prescribing provision comprises an Advanced Certificate and a Postgraduate Certificate each containing three (similar) 20-credit point modules and a *non-credit bearing* practice learning module.

The programmes would be offered in part-time mode and were aimed at nurses and midwives in employment who wished to develop their careers as a prescriber.

All modules were compulsory, and each module assessment component must be passed. The practice learning module, *Nurse and Midwife Prescribing Practice Assessment Document* (NMP PAD) would be assessed on a pass/fail basis and must also be passed in order to pass the programme.

The NMP PAD module was a level 6 module which would be undertaken by both undergraduate and postgraduate students. It was a practice-based module requiring successful completion of at least 90 hours practice learning enabling students to demonstrate achievement of the Royal Pharmaceutical Society's (RPS, 2016) competencies for all prescribers. Successful completion of the module was a requirement for NMC registration as a practitioner. Students would undertake practice learning throughout the programme.

The School of Nursing also offers a Department of Health (NI) commissioned programme, the MSc Nursing with Advanced Nurse Practitioner (ANP) pathway. Successful completion of the NMP course was a requirement for enrolment in the ANP programme.

The programmes were accredited by the NMC. The following reference points informed and guided the course redesign:

1. Part 1: Standards framework for nursing and midwifery education (NMC, 2018).
2. Part 2: Standards for student supervision and assessment (NMC, 2018).
3. Part 3: Standards for prescribing programmes (NMC, 2018).
4. The Royal Pharmaceutical Society (RPS) A Competency Framework for all Prescribers (RPS, 2016).

Under the new NMC Quality Assurance Framework (2018), which sets out procedures for the quality assurance of new NMC standards for the education and training of nurses, midwives and nursing associates, in advance of an approval or reapproval event, course teams were required to upload programme documentation onto a 'QA Hub' for review by the NMC's appointed reviewer (registrant visitor).

Mr M Lovatt, the NMC Reviewer for the provision in Unit 22D and the additional modules referred to above, reviewed the revalidation documentation in advance

of the revalidation/re-approval meeting and provided preliminary comments for discussion during the event.

The NMP programmes were first introduced in 2003 and were developed conjointly with Queen’s University Belfast (QUB). Each University uses the same curriculum, and each has representation in the other’s course committee and course planning teams. However, each confers its own award.

The 20-credit point academic modules in each programme have been designed in line with the University’s curriculum design principles in that each is 20 credit points in size, has four module learning outcomes and (mainly) two items of assessment. In addition, the assessment workload in each is generally in line with University guidance set out in the University’s ‘Assessment Workload Equivalence Guide’.

Places on the programmes were commissioned annually by the Department of Health (NI). In addition, the Public Health Agency, along with the General Practice Federations, also sponsor places for non-Trust nurses and over recent years, a rising number of applications have come from the independent sector. Registered National Health Service (NHS) and non-NHS employees, together with self-employed nurses, are also eligible to apply for entry to the programmes.

While the programmes are available to nurses and midwives, due to commissioning arrangements, normally midwives attend QUB, the primary provider of midwifery programmes in Northern Ireland.

The following are the minimum and maximum intake figures for the provision (within Unit 22D).

Year	2020/2021 Projected		2021/2022 Projected		2022/2023 Projected		2023/2024 Projected		2024/2025 Projected	
	Min.	Max.								
Total Undergraduate	20	35	20	35	20	35	20	40	20	40
Postgraduate										

The last two external examiner reports for the current NMP provision (academic years 2017/18 and 2018/19) were positive regarding all aspects of the programmes with no causes for concern raised.

The additional modules referred to above (programmes V100 and V150) were included in the event at the behest of the NMC which advised that since the re-approval of the NMP provision was due, it would be appropriate to review these prescribing modules simultaneously.

The V100 modules were part of the District Nursing pathway within the School's post-registration Specialist Nursing undergraduate and postgraduate provision. The V150 modules were standalone modules for non-specialist community practitioners. Both modules were offered at both levels 6 and 7.

2 DOCUMENTATION

The Panel received the following documentation:

- Agenda and programme of the meeting
- Guidelines for evaluation and revalidation panels
- NMC Quality Assurance Handbook (2019)
- Royal Pharmaceutical Society's 'A Competency Framework for all Prescribers (2016)'
- External examiner reports for the last two years
- Preliminary comments from Panel members
- Preliminary comments from the NMC Reviewer
- Revalidation documentation

Assessment rubrics were included in the revalidation documentation for each module's coursework assessment component. Dr A Platt of the Centre for Higher Education Research and Practice, having reviewed the assessment rubrics, provided the following comments.

The programme team did not have specific rubric training but utilised online resources and guidance to construct their marking grids. In my opinion, overall the rubrics provide a very good level of clarity and are well tailored and contextualised to the assessment tasks. However, I have advised the team of the following constructive comments to ensure even greater clarity for students:

- 1. Use the full range of grade mark boundaries, including the 81-100%, to encourage and reward 'Outstanding' performance.*
- 2. Replace 'Acceptable' with 'Pass' to make it explicitly clear what level of performance is needed to pass.*
- 3. Explicitly indicate in the criteria cell(s) which Module Learning Outcome(s) the assessment method is assessing.*
- 4. Similarly, provide greater details about the assessment in the header of the rubric (e.g title, method of assessment, summary of assessment brief, learning outcomes assessed, word count etc).*
- 5. Referencing and Language is used as a criteria cell, but I would suggest 'Language' is replaced with 'Structure' (in relation to the mode/method of assessment and the structural components of that). It would be preferable to separate these two distinct aspects into individual criteria/cells with specific weightings.*

6. *Rubrics are not fixed and there will be scope to refine these further after they are utilised by students. This process of refinement could be expedited by getting current students to review them for clarity before their initial use.*

The Panel met initially with the Faculty senior management team comprising:

- Professor A McKillop, Associate Dean (Education)
- Professor S McIlfratrick, Head of School of Nursing
- Dr N Cook, Associate Head of School of Nursing
- Dr D McConnell, Subject Team
- Mrs Diane Lyttle, Academic Lead, Quality Assurance and Standards

The Panel then met with three students, one from each of the last three years of the postgraduate programme, a service user and carer, practice partners from each Health and Social Care Trust and the Independent/Voluntary Sector before finally meeting with the subject team. A V100 student attended the practice partners' panel.

Except where stated otherwise, the following report is a summary of responses to Panel questions provided by each of the groups that met with the Panel during the meeting.

3 MEETING WITH SENIOR MANAGEMENT TEAM

Programme title

The proposal to change the title of the provision to, 'Nurse and Midwife Prescribing', resulted from feedback from students, practice practitioners and service users. All stakeholders felt that the title, 'Non-Medical Prescribing', carried a negative connotation, implying what the course was not about rather than what it was. The proposed title was explicit in terms of the programme aims and to whom it related, that is, nurses and midwives.

Standards and Quality Assurance

A regional approach was taken in ensuring the maintenance of standards and quality in both the academic and practice elements of the programme. Each September, all stakeholders, including teaching staff, Health Trust commissioning managers and practice practitioners met to agree the commissioning plan for the forthcoming year. Moreover, three times per year, there was a further meeting of all parties to discuss issues or concerns which, for example, may require changes to be made, and to ensure ongoing future proofing of the academic, professional and clinical aspects of the provision and its delivery. Feedback from practice practitioners and service users and carers was a vital part of the process. In

addition, within the University there were several quality assurance processes designed to maintain standards and quality including the annual subject monitoring process which takes account of feedback from students and external examiners. Different aspects of the programmes were continuously monitored such as student attrition rate and level of student achievement. Where deemed necessary, the University had a process enabling changes to be made to the provision between the formal 5-yearly revalidation events.

Staff resources

The student commissioning process enabled the subject team to anticipate student numbers each year and plan accordingly. Planning for the future was a continuous process. On average, 30 to 40 students were enrolled each year. When needed, the School was able to share staff expertise across campuses. The School was also able to call on support from part-time lecturing staff and Trust staff, and currently, the Faculty was advertising for ten new appointments. In the past, where there had been a higher than normal student intake, the School had managed the situation without any diminution in standards or quality. An advantage of the small regional geographical area was that it enabled a particularly close working relationship between the School and all the Health Trusts. The School and Trusts workforce plan ensured that there would be always be sufficient staff resources to cope with the anticipated student numbers.

Relocation to the Belfast campus

Relocation to the Belfast campus would have no detrimental impact on Ulster's relationship with QUB in terms of competition between the two institutions. The collaboration between the two institutions in the development of the prescribing provision was unique and there was sufficient demand to sustain the provision at both universities. Each year the division of students between the universities was agreed based on each's respective strengths. The move to the Belfast campus of the Ulster provision would be advantageous in that there would be natural synergies between the provision and programmes co-located there which would provide new opportunities for interdisciplinary working.

The plan was that all post-registration programmes will in due course transfer to Belfast where traditionally, students have been willing to travel from all parts of the Province. At the most, students would be required to attend campus on two days per week but, in most cases, only one day. Applicants to the programmes were those who had indicated an interest in developing their career in this direction and were therefore highly motivated. No cross-border market was available since the profession in the Republic of Ireland was governed by a different regulator.

To the suggestion that the provision could be co-located with the pre-registration programmes on the Magee campus, there were a number of practical factors to be taken into consideration, for example, where staff lived, the need to visit health centres, hospitals etc. across the whole of the region, staff workload allocation and, an important consideration was the maintenance of a presence in Belfast where much of the Province's medical infrastructure was located. The current approach had worked satisfactorily for many years and the recent development of technology such as 'Skype' had significantly lessened the impact of remote location. While the process and management were complex, it worked well to all parties' advantage.

Stakeholder involvement in programme development

All stakeholders had been invited to provide feedback in the development of the provision for revalidation and re-approval. Many meetings had taken place with various stakeholders including students, Trust managers, practice practitioners, service users and carers and the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC). A "whole region" approach had been taken to ensure that the views of all interested parties from across the Province had been canvassed.

4 MEETING WITH STUDENTS

The Panel met with three students who were undertaking or had recently undertaken the postgraduate programme. A wide-ranging discussion took place in areas including induction, work load, support, assessment and placement. The students were generally complimentary of the provision highlighting several positive areas. The following is a summary of the student responses to Panel questions.

- Induction process at the outset was very helpful, particularly the library induction and the help offered with academic writing.
- Positive learning experience; learning with QUB students was an invaluable experience.
- From the outset, staff support was excellent even to the extent that their personal module team telephone numbers were shared with students.
- Flexible timetabling was particularly welcome particularly where lengthy travel was involved. Contact hours restricted to one day per week was a bonus.
- While in some cases, travelling to Jordanstown was not as convenient as the Magee campus, students accepted it was their choice.
- Lecturers taught across campuses so were generally known to all students
- Workload was manageable – protected time in the workplace was important in this regard. Where necessary, the student's Designated Medical Practitioner (DMP) would intercede on the student's behalf.

- Most lectures were face-to-face, occasionally Blackboard Collaborate was employed.
- Feedback was provided without delay, for example, regarding OSCE assessments, normally within the same day.
- All agreed that there were ample opportunities to apply academic learning during clinical practice.
- It was important that practice hours working with their DMP be differentiated from students' normal work.
- Assessments were fair and proportionate – all agreed that OSCEs, while daunting, were an invaluable learning experience.
- The 80% pass mark for the Pharmacotherapeutics examinations and the 100% pass mark for the numeracy tests, given their importance, were considered by all to be necessary.
- Current and past students had been involved in developing the provision for revalidation. The change of programme title was supported by the students since allied professions had their own prescribing programmes. One view was that the programme should include others such as paramedics.
- The changes to the practice assessments in the revalidated provision were welcomed and particularly the fact that it would no longer require supervision by a doctor.
- Confirmation was provided that delivery of the programmes employed digital enhancement and technology in learning including preparedness in the use of a wide range of available supporting applications.
- Anecdotally, amongst peers, the view was that Ulster provided the more positive learning experience between the providers.

5 MEETING WITH EMPLOYERS / PRACTICE PRACTITIONERS

Application process

The application process for the provision would be overseen by the 'Application Commissioning Group' in which each Health Trust was represented. The Group would decide on the number of places to be requested from the Department of Health. That number would be budget dependent. To ensure that the right person in the right location was nominated for the programme, consideration would be given to the needs of the clinical practice, the learning needs of the nominee, whether the nominee would need prescribing in their future role and the availability within clinical practice of the necessary supporting roles.

The new regional model for the achievement of the NMC standards involved the following roles; a nominated person, a nominated practice supervisor and a nominated practice assessor. Appointments to these roles would be managed through the Practice Education Team. Their role would be to provide supervision and assessment of students during the practice element of the programmes. Transition to the new model was currently ongoing and those nominated to the

various for roles were currently undergoing training to be ready for the introduction of the new programmes in September 2020.

The new approach of using a practice assessor rather than a Designated Medical Practitioner would result in greater involvement of practice staff. Practice assessors would, on average, be expected to have three years' experience before taking on the role. Latitude would be allowed to appoint a person who was suitably equipped to take on the role earlier. A suitably qualified Allied Health Professional prescriber would also be able to perform in the practice assessor role. The standard 3-year period of experience would apply. In terms of re-training a DMP in the new assessor's role, they would undertake a half day preparation (instead of full day) in recognition that they have a skill set in supporting students; this ensures they are prepared to the NMC Standards without any gaps in training provision.

In the event of an application to the programme from a GP nurse, Ulster would contact the local Health Trust seeking confirmation that it would be able to support supervision and assessment of the applicant. The same approach would be taken to self-employed and self-funded applicants (some of the latter have in the past been Trust nurses); the critical issue was the availability of supervisory and assessment personnel. On occasion, a self-funded application may have to be denied.

It was emphasised that the same model as described would be applied as rigorously to the V100 and V150 programmes.

Where a student was failing in the practice element of the programme, one option would be to change the Practice Learning Environment.

Each student on the programmes would be able to avail of protected learning time in their workplace. This would be written into a practice learning agreement and students would be able to insist in availing of their protected time. Where necessary, colleagues in the clinical placement (e.g. nominated person) would identify the problem and take steps on the student's behalf to ensure that they received their entitlement.

6 MEETING WITH A SERVICE USER AND CARER

The Panel met with a service user who was carer for her 35-year old daughter. During the meeting, she answered a series of questions put to her by the Panel. She had been involved with a QUB service user group since the inception of the prescribing provision (2003). Since the summer of 2018, she has worked with the Ulster prescribing team and had been consulted in development of the provision for revalidation. The intention was now to establish a sizeable user group at Ulster to support future development of prescribing provision at Ulster.

The service user spoke extensively about her experiences over the years in dealing with the medical profession. Her initial involvement with the prescribing provision had been triggered by a desire to support any initiative which would help involve medical professionals in a pattern of care which would allow them to gain continuous involvement with and thus intimate knowledge of the patient and gain the confidence of the carer, something which she believed had been previously wanting. To that end she spoke passionately in support of the prescribing provision which she saw as contributing positively to the acute care of long-term patients. She saw her involvement in the service user group as supporting and progressing that agenda; to be involved in decision-making and breaking down of a "them and us" barrier between medical professionals and carers and their families in order to establish a "community" of patient support and care.

Previously she had spoken to prescribing students. Once a service group had been established at Ulster, she envisaged service users being involved, inter alia, in teaching students. She stated that overall her efforts and those of the service user groups were designed to support development of prescribing provision which she regarded as crucial to the provision of quality care and the creation of a close relationship between all parties within an acute treatment team, for carers to be involved in the decision-making process, and, to this end, through interaction with student nurses, to exact a positive influence at the initial stage of their training as prescribers.

7 MEETING WITH THE SUBJECT TEAM

The three drivers in designing the revalidated provision were alignment with other programmes in the School providing a cohesive suite of programmes to drive forward the integrative workforce strategy in Northern Ireland, person centredness in educational structure and practice and compliance with the RPS competencies. Regarding the latter, in 2016, the RPS competencies were adjusted to more effectively address service user and practitioner needs. The appropriate adjustments were accordingly made to the prescribing programmes.

The Ulster provision's unique selling point was the employment of a person-centred nursing framework which Ulster was the first institution to use in Northern Ireland and globally. The School had a research centre which enabled teaching staff to maintain a research profile and were therefore able to bring current research into their teaching. This, together with the strong relationship with practitioner colleagues, created a positive, student-centred learning experience supported by strong pastoral support. The Province's small geographic area enabled a regional approach to delivery creating particularly strong prescribing programmes which other programmes in the UK were unable to match.

Moreover, the School's move to the new Belfast campus would provide opportunities for shared and interprofessional learning and the use of enhanced

technologies which would further enhance the programmes as would collaboration with the planned Medical School at Magee, Health Sciences provision and the proposed Paramedic Practice programme.

Practice Assessment Document (NMP PAD)

The programme would require students to complete 90 hours of practice learning. In the NMP PAD module, reference was made to a requirement to acquire only 80 hours practice before undertaking the SPED examination (part of the module assessment strategy). The Team explained that the additional 10 hours were retained post-examination to enable students to re-do any failed competencies within the 90 hours.

In the Practice Assessment Document handbook, reference was made to 'Authenticated Reflective Accounts'. It was made clear that the reference contained advice for students on how to become a more reflective practitioner and how to evidence achievement of particular practice outcomes. This *was not* an additional assessment to those described in the module description but was linked with the practice assessment.

All practice assessors and supervisors would have access to the NMP PAD module and PAD handbook. These can be emailed but currently experience indicates that staff prefer paper copies. It was not envisaged that practice staff would have access to BBL.

Attendance at online training of practice supervisors and assessors would be monitored by the Health Trusts. Regarding non-Trust personnel, a database would be maintained and monitored by the University.

Support

On advice of the Panel, the availability of the Students' Union 'Advice Bureau' would in future be highlighted to students during induction. It was currently referred to in the course handbook and, when necessary, was highlighted during studies advice sessions. In addition, students' employers' occupational health service was also available to them.

NMC Issues

The following are a summary of answers provided by the Team to questions posed by the NMC Reviewer, Mr Lovatt.

- The V300 programme would not be taught together with the V100 and V150 programmes which would be taught together (with additional days for the V150 programme).

- Regarding review of the V100 and V150 programmes, feedback had been sought from students through module reviews and through University annual monitoring processes. In addition, the Health Trusts had their own evaluation process.
- Ongoing formative feedback would be an important feature of all the prescribing programmes. This would take various forms including feedback from peers and staff feedback during, for example, seminars and practice workshops.
- Module, NMP PAD, referred to students receiving formative assessment, "approximately halfway through the practice learning experience" – it was recommended that the description be more specific.
- There was no formal 'practice learning agreement' for the independent/voluntary sector, rather, a regional approach would be taken whereby students would be required to adhere to a range of policies governing the operation of practice learning such as insurance indemnity and health and safety which, taken together, could be viewed as forming an informal practice learning agreement. The application form details these and forms the agreement that ensures governance processes are at the same level of governance applied to the Health and Social Care Trusts where a practice learning agreement does exist.
- Service users and carers had a long history of involvement in the prescribing provision. The intention was to further develop the service user/carer group at Ulster in a more formal and cohesive way. The Trust and School currently use service users and carers in delivery of training which was mutually beneficial.
- Enhanced technology was now employed in all programme delivery through the University VLE, Blackboard Learn (BBL). Moreover, through BBL, students would have remote access to all learning materials. Where feasible, assessments and feedback would be conducted online in line with University policy. Furthermore, students would have online access to a wealth of online materials provided externally, for example, MedicinesNI, an online platform providing educational support for healthcare professions in Northern Ireland that enables students to, inter alia, access online courses which can be used for their continuing professional development. Several relevant online applications were also available to support students in practice.
- Where students take a leave of absence from a programme, there would be no automatic cut-off point preventing their re-joining the programme. This would be addressed on a case by case basis. On return, an assessment would be carried out involving, inter alia, the practice supervisor and practice assessor, taking account of several factors including how far into the programme the student had reached before leaving, the time which had elapsed since leaving, and whether their previous training remained current.

8 CONCLUSIONS

The Panel commended the Subject Team on the following:

- Quality of the revalidation documentation
- Cohesiveness of the subject team
- Close collaboration and working practices with practice practitioners and service users and carers

The Panel approved the change of programme title to 'Nurse and Midwife Prescribing' – see section 3, paragraph 1, above.

Mr Lovatt, the NMC Reviewer reported:

- The programmes to be recommended to the NMC for approval.
- The University made one condition.
- There were no recommendations.
- University condition: *That those issues identified in the appendix to the panel report to be addressed in the revised document.*
- The Subject Team must submit copies of the amended programme documentation to the AEI Quality Enhancement Committee and these must be approved (*University condition*).

The Revalidation Panel agreed to recommend to the Academic Standards and Quality Enhancement Committee that the provision within Revalidation Unit 22D Nursing (NMP) and the additional V100 and V150 modules be approved for a period of five years (intakes 2020/21 to 2024/25 inclusive) and, in respect of the Unit 22D provision, for the minimum and maximum student intake figures detailed in Section 1 above, subject to the condition of the Panel being met, and a satisfactory response and a revised submission being submitted to the Academic Office by 31 January 2019 for approval by the Chair of the Panel.

Condition

- That those issues identified in the appendix to the panel report to be addressed in the revised document.

9 APPRECIATION

The Chair thanked the Panel members and, in particular, the external subject expert and the NMC Reviewer, for their valuable contribution to the revalidation process.