
Approval process report

Solent University, Independent and Supplementary Prescribing, 2023-24

Executive Summary

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

We have

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

Through this assessment, we have noted:

- The areas we explored through stage 1 focused on:
 - Quality activity 1: further details were provided regarding the information that would be available through the admissions process, specifically for HCPC applicants
 - Quality activity 2: further information was provided to demonstrate the sustainability of the programme. This included evidence of the consideration given to both financial and resource sustainability of the programme
 - Quality activity 3: we were assured the education provider had a clear governance structure and appropriate arrangements were in place to ensure the programme was managed effectively.
 - Quality activity 4: further information was provided regarding the training practice educators undertook. This was to ensure there were appropriately qualified and experienced practice educators to support practice-based learning.
 - Quality activity 5: the education provider explained how the quality of the programme would be monitored and outlined the process, including the mechanisms they had in place to make improvements.
 - Quality activity 6: we were assured the education provider had processes in place to ensure the practice-based learning environments were safe and supportive for learners.
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- Quality activity 7: further information was provided to explain how the education provider ensured assessments were objective and fair to demonstrate a learner's progression and achievement on the programme.
 - The areas we explored through stage 2 focused on:
 - Quality activity 1: the education provider explained how applicants would have access to the HCPC specific related information to enable them to make an informed choice about the programme.
 - Quality activity 2: we were assured the education provider had a process to manage staffing levels and they were appropriately qualified and experienced.
 - Quality activity 3: we were assured the education provider had mechanisms in place to ensure staff and educators delivering the programme had relevant specialist expertise and knowledge to deliver specialist subject areas.
 - Quality activity 4: the education provider explained how they had considered the AHP Outline Curriculum Framework when designing the programme and how they had embedded this within the programme.
 - The provider should next engage with monitoring in two years, the 2026-27 academic year.
 - The programme meet all the relevant HCPC education standards and therefore should be approved.
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Previous consideration

Not applicable. This approval was not referred from another process.

Decision

The Education and Training Committee (Panel) is asked to decide:

- whether the institution and programme are approved, and
- when the provider's first engagement with the performance review process should be

Next steps

Outline next steps / future case work with the provider:

- If agreed, 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 2025.

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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 institution and programme detailed in this report meet our education standards. The report details the process itself, evidence considered, outcomes and recommendations made regarding the institution and programme 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
Rosie Furner	Lead visitor, Independent Prescribing
Ann Johnson	Service user expert adviser
Saranjit Binning	Education Quality Officer

Section 2: Institution-level assessment

The education provider context

The education provider does not deliver any HCPC approved programmes. It is a Higher Education provider and is made up of six departments and three schools. The Independent and Supplementary Prescribing programme, accredited by the Nursing and Midwifery Council (NMC), is currently based in the Department of Social Sciences and Nursing. The proposed programme will also be based in this department when approved.

The route through stage 1

We decided that a partner led-stage 1 assessment was needed because:

- This institution is new to the HCPC, and therefore we needed to make a judgement that they met all institution-level standards by directly assessing them through a visitor-led review.

Stage 1 assessment – provider submission

The education provider was asked to demonstrate how they meet institution level standards. 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 – appropriately tailored admissions information for HCPC registrants.

Area for further exploration: Across the documentation submitted, the visitors noted there was a lack of adequately tailored information for HCPC registrants. They noted the existing documentation referenced the Nursing and Midwifery Council (NMC) and did not properly reflect the requirements for HCPC registrants. They therefore requested evidence of the externally facing relevant information that will be available for prospective applicants (and their supervisors) such as the academic and professional entry requirements, practical aspects of the programme, relevant awards and person specifications.

In addition to this, the application form was tailored to applicants based within a National Health Service (NHS) organisation where they were employed. Visitors noted this did not accommodate different models of employment and training, for example where an applicant may be training in an organisation where they were not employed.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting email and documentary evidence from the education provider. We considered this would be the most effective method to understand the information applicants would have access to, which was HCPC specific, to make an informed choice about the programme.

Outcomes of exploration: The education provider supplied us with evidence and confirmed the externally facing information was outlined in the 'website info' document, which would also be added to the programme website when the programme was approved. This document included information regarding academic and professional entry requirements, practical aspects of the programme, relevant awards and person specifications. This information was also noted by the visitors in the programme handbook received.

With regards to the different models of employment and training, they explained how they had considered self-employed learners in the following different situations:

- 1) When the learner is undertaking the programme as an employed individual and will be supervised in their clinical areas.
- 2) When a learner is self-employed, they must demonstrate proof of indemnity insurance.
- 3) When a learner is undertaking the programme as an employed individual but receiving training elsewhere – for example, a physiotherapist working in a rehabilitation centre where there is no prescribing qualified practitioner to act as a practice educator they could attend supervision at an alternative location, such as a general practitioner surgery.

These applicants would need to complete the self-employed form and all other applicants will be required to complete the standard application form.

Visitors were satisfied with the evidence provided and considered the quality activity adequately addressed the issues raised.

Quality theme 2 – sustainability of the programme

Area for further exploration: Visitors noted the education provider had provided information relating to environmental sustainability and not the financial or resource specific sustainability of the programme. Visitors therefore requested further information from the education provider to demonstrate how they determined the programme was sustainable from a business perspective and fit for purpose. Further evidence was therefore requested, such as a business plan, to demonstrate how resourcing and financial sustainability had been considered.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting email and documentary evidence from the education provider. We considered this would be the most effective method to understand how the education provider would ensure the sustainability of the programme.

Outcomes of exploration: In their response, the education provider explained how the cost of the programme had been evaluated by the Department of Social Sciences and Nursing, which confirmed it aligned with the education providers strategic priorities and the NHS workforce development plan. The evaluation took account of projected learner numbers, tuition fees and operational costs. They also explained how the sustainability of the programme would be regularly reviewed through the Departmental Management Team (DMT) meetings and the Departmental Advisory Committee (DAC). To support the narrative further, they also included evidence in the form of a business plan and the '21APPC11 Faculty Portfolio Proposals FSHSS' document, which provided further evidence of how the programme had been considered financially sustainable.

Visitors were satisfied with the evidence provided and considered the quality activity adequately addressed the issues raised.

Quality theme 3 – effective management of the programme

Area for further exploration: Visitors acknowledged there were processes in place, such as biannual reviews and receiving feedback from external examiners to ensure continuous improvements. These were evidenced in the academic handbook and the external examiner annual report template. The information however, did not provide adequate detail or assurance that the programme was appropriately managed. For example, the management arrangements and processes for the proposed programme were not clear and visitors were therefore unable to make a judgement on if the proposed programme will be effectively managed. Further information was therefore requested from the education provider, which described the management arrangements and processes for the proposed programme.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative from the education provider. We considered this would be the most effective method for the education provider to explain the management arrangements.

Outcomes of exploration: The education provider outlined the range of processes they used to review and monitor the programme to ensure it was being managed effectively. These processes included the Course Review and Monitoring process and the Quality Assurance and Academic Standards process. All these processes involved, and required, input from the Head of Department. In addition to this, all modules were managed by module leaders who were responsible for managing the curriculum design, delivery and assessment. These were regularly reviewed by the academic team to ensure the content was current and relevant. Visitors noted the clear governance structure and were satisfied with the evidence provided and considered the quality activity adequately addressed the issues raised.

Quality theme 4 – ensuring practice educators undertake training

Area for further exploration: Visitors noted the education provider offered some optional induction and information sessions to practice educators. These were to prepare them to support learners, however there was no evidence of any mandated training relating to the programme. Visitors therefore requested further information on how the education provider would ensure practice educators have undertaken training which is appropriate to their role to support learners.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative from the education provider. We considered this would be the most effective method to understand how the education provider would ensure there were appropriately qualified and experienced practice educators to support practice-based learning.

Outcomes of exploration: The education provider explained how practice educators would be encouraged to undertake training. Practice educators who were new to the role would attend induction training where they would be informed about their responsibilities, expectations regarding supervising learners and assessment criteria. Alongside this they will be paired with an experienced practitioner through the optional mentorship scheme. An annual training session will also be offered both face to face and online to ensure practice educators are up to date with standards and maintain currency. The education provider also outlined how they would gather

feedback through learner evaluations and course committee meetings and identify areas where additional training maybe required.

Visitors were satisfied with the approach taken to provide supervisors with the required information and training to support learners and acknowledged the range of training available. They noted there were no mandatory elements of training that practice educators were required to complete. To ensure practice educators were appropriately prepared to support learners we will refer this for further exploration through stage 2, as all practice educators must undertake regular training and we need to see evidence of how this is monitored.

Quality theme 5 – how the quality of the programme will be monitored

Area for further exploration: Visitors noted there were policies and processes to evaluate the programmes quality, such as the external examiner reports and course review and assessment boards. However, they noted there was no clear overall description of how the programme would be monitored. They therefore requested a description of the processes, which outlined the different stages and methods for gathering information from all involved (learners, supervisors, etc), reviewing this and feeding into the cycles of improvement.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative from the education provider. We considered this would be the most effective method to understand how the education provider monitored quality and made improvements.

Outcomes of exploration: The education provider explained how they maintain the quality of the programme through a structured monitoring process. It was noted the course committees played a key role in this process and it was through these meetings that feedback was gathered and changes were discussed. These changes were then formally considered by the departmental committee, which consisted of the leadership team and then forwarded to the education committee for approval. Alongside this, the quality department review programmes annually for quality, effectiveness and compliance and ensure the key performance indicators are being met.

The narrative clearly outlined the importance of learner feedback and how this was used to identify issues and make changes to the programme to enhance the quality of programmes. We noted learners were provided with the opportunity to provide feedback at the mid-point and end of each module. Visitors were satisfied with the evidence provided and considered the quality activity adequately addressed the issues raised.

Quality theme 6 – ensuring practice-based learning environments are safe and supportive for learners

Area for further exploration: Visitors noted it was a requirement for the practice-based learning environment audit form to be completed, to demonstrate the quality of practice-based learning. However, it was not clear to them what the process was to complete this audit and the frequency of it and how it was monitored by the

education provider. In addition to this, visitors were unclear about how the education provider ensured the practice-based learning environment was safe and supportive for learners and how this was managed by the practice-based learning providers. They therefore requested a clear description setting out the process to audit and monitor the practice-based learning environment.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting email and documentary evidence from the education provider. We considered this would be the most effective method to understand how the education provider ensured the practice-based learning environments are safe and supportive for learners.

Outcomes of exploration: In their response they explained how they used regular audits and risk assessments to audit and monitor the practice-based learning environment. It was noted through these processes the education provider collaborated with the practice-based learning provider to ensure issues and risks were addressed promptly. The practice learning environment (PLE) monitoring tool was also used to audit placements alongside the institutional auditing and monitoring processes. As part of the ongoing monitoring process, feedback from learners and service users was considered and actioned accordingly. Prior to their placements, learners were provided with training to ensure they understood the expectations, safety procedures and the support available to them, which included guidance on health and safety and how to raise concerns. Further details of how the practice-based learning environment was audited and monitored were provided in the Safe Learning Environment Charter (SLEC). The Multiprofessional quality assurance of Practice Learning Environment documents, service user feedback form and PLE monitoring tool also included information relating to the auditing and monitoring of the practice-based learning environment.

In addition to this, the practice-based learning environment was monitored regularly through the contact the academic tutors and the placement coordinators had with practice educators. This approach ensured learners were provided with the appropriate support and continuous monitoring of the practice-based learning environment. It was evident that communication between the education provider and practice-based learning provider played a key role in ensuring the practice-based learning environment was safe and supportive for learners and there were mechanisms in place to ensure the ongoing monitoring of these environments.

Visitors were satisfied with the evidence provided and considered the quality activity adequately addressed the issues raised.

Quality theme 7 – ensuring assessments are objective and fair to demonstrate a learner's progression and achievement on the programme

Area for further exploration: Visitors noted the module handbook outlined the formative and summative assessments but there were no marking criteria's included. It was, therefore, not clear to them from the information provided, how the assessments were objective and fair to demonstrate a learner's progression and achievement on the programme. They therefore requested further information to explain how assessments were fair and objective.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative from the education provider. We considered this would be the most effective method to understand how the education provider ensured the assessments were objective and fair. To support this explanation the education provider were advised to include any appropriate evidence.

Outcomes of exploration: In their response the education provider demonstrated their commitment to ensuring all assessments were fair and objective. They explained how the assessment strategy was included in the module handbook, which provided details of formative and summative assessments. They also used a standardised marking grid to mark assessments and followed the University policy on providing feedback to ensure consistency and fairness through the marking process. As part of the assessment process, learners were allowed up to three attempts to pass each assessment and, where necessary, reasonable adjustments were taken into account to ensure equal access to assessments. This information was outlined in the assignment and portfolio document, exam master sheet template, Extenuating Circumstances policy and Support plan template.

Visitors were satisfied with the evidence provided and considered the quality activity adequately addressed the issues raised.

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

From their review of the documentary submission, and on exploring themes through quality activity, the visitors were satisfied that [most] institution-level standards are met, and that assessment should continue to stage 2 of the process.

Findings of the assessment panel:

- **A: Admissions –**
 - The information available outlined the admissions process at institution level. Through [Quality theme 1](#), the education provider provided details of the information that would be available to applicants when the programme was approved. This was outlined in the 'website info' document and included details on entry requirements. Clarity was also provided on the different models of employment and training they offered to applicants where they may not be training in an organisation where they were employed.
 - Visitors acknowledged the recognition of prior learning and credit transfer policy was an institution level policy and how it would apply to all academic programmes. They noted how the policy would apply to the proposed programme and assess applicants' prior learning and experience. Alongside this policy, the RPL assessment: Independent and Supplementary prescribing will also be completed to ensure learning outcomes are met.

- The Equality, Diversity and Inclusion Plan 2021-2025 demonstrated the education providers commitment to create a fair and inclusive environment for learners. Through clarification we noted the plan outlined policies and processes, which were embedded within admissions, teaching, assessment and practice-based learning. This ensured all learners were learning in a diverse and inclusive environment where they were treated fairly.
- Further context and clarity were provided on the requirement for learners to complete the 'competence in numeracy' declaration. This was important to ensure applicants were aware of the numeracy expectations, particularly in relation to undertaking drug calculations.
- Through clarification, we noted the reason for the education provider only listing the dietitian, physiotherapy and paramedic professions in the application form was because these were the professions their partners had expressed an interest in. We noted, the education provider were open to accepting applications from other HCPC registered professions entitled to undertake supplementary / independent prescribing.
- The visitors considered the standards within this SET area, which reflect the above information, to be met.
- **B: Programme governance, management and leadership –**
 - Visitors noted the education provider had institutional policies in place to support the effective management of the proposed programme, such as the Solent University Curriculum Framework and External Examining at Solent University policy.
 - Through [Quality theme 2](#) we noted how the education provider ensured the programme was sustainable and there was adequate funding and resources to support it. There were a range of processes in place to monitor the programme through regular reviews to make sure the programme remained sustainable and fit for purpose.
 - Through [Quality theme 3](#) we noted the education provider had a range of processes to review and monitor the programme to ensure it was being managed effectively. All these processes required input from the Head of Department who ensured it was being managed effectively and module leads were managing modules appropriately. The annual course review template outlined some of the processes the education provider had in place to ensure continuous improvements at management level. Visitors acknowledged the Curriculum Vitae (CV) provided for the module leader, which demonstrated they were appropriately qualified and experienced to hold overall professional responsibility of the programme. They also noted the module leader was registered with the Nursing and Midwifery Council (NMC).
 - All staff were required to engage with the performance development review (PDR) process. This process was used to support staff with identifying areas for professional and academic development and providing them with training they required to enable them to undertake their role. The process included an annual review where these areas were discussed and thereafter regular check-ins to ensure staff were on track with completing any professional and academic development.

- Information will be available on the education providers website and in the programme handbook, to inform learners and educators, that only successful completion of an approved programme leads to eligibility for annotation of a learners' entry on the Register.
- Through [Quality theme 5](#) we noted there were policies and processes to evaluate the programmes quality, such as the external examiner reports and course review and assessment boards. Alongside this there was also a structured monitoring process, which was used to gather learner feedback and make changes to the programme. Other processes included annual reviews to ensure quality and compliance of the programme.
- Visitors acknowledged the Solent University Service User Network and recognised how service users and carers were involved with the programme. It was clear to them that service users and carers had been involved with the designing of the programme and would also be providing learners with feedback through their portfolios.
- Visitors noted there were appropriate mechanisms to involve learners with the programme. This included learners being involved with the design and development of the curriculum and providing regular feedback through surveys and course committee meetings.
- Visitors acknowledged the Performance Development Review (PDR) process provided professional and academic development of educators. They noted how this process involved an annual review where educators would agree goals and the progress would then regularly be monitored.
- Visitors noted the Complaints policy, which clearly outlined the process for receiving and responding to complaints and provided support and guidance for early resolution. They noted the policy also included details of timeframes for processing complaints and explained how the complaint would be investigated.
- Visitors acknowledged there were a range of support mechanisms available to support the wellbeing and learning needs of learners. They noted these included counselling services, disability support, financial guidance and academic skills support. These were clearly outlined in the Solent University Student Handbook.
- Visitors noted the education provider had a Equality, diversity and inclusion plan 2021-2025, which demonstrated their commitment to equality, diversity and inclusion. Through clarification we noted this plan was embedded in all processes across the education provider. This demonstrated the education providers commitment to creating a fair, inclusive, supportive and accessible environment for learners.
- Visitors noted learners were required to complete the Independent and Supplementary Prescribing Application form (V300) and confirm their health and character. This ensured the ongoing suitability of learners, however the visitors also noted the learners would already be registrants and therefore relevant checks relating to health and character would be completed in other areas. In addition to this, it was clear to the visitors how the information provided highlighted how behaviour linked to the assessment of prescribing capabilities. The

visitors considered the standards within this SET area, which reflect the above information, to be met.

- **C: Programme design and delivery –**

- Visitors noted the education provider had appropriate processes in place to obtain consent from service users and learners. This included dedicated documentation, such as consent forms for both service users and learners.
- Visitors acknowledged the education provider monitored attendance through the attendance monitoring system. This was clearly outlined in the Solent University Student Handbook, where it stated what components were mandatory and where attendance was mandatory. Visitors noted the consequences of not meeting these requirements were also clearly outlined.
- The visitors considered the standards within this SET area, which reflect the above information, to be met.

- **D: Practice-based learning –**

- Through clarification we noted learners and practice educators received information through stakeholder meetings, induction sessions, the module handbook and pre course communication. The information they received included details about the learning outcomes, expectations and assessments. This prepared them for the commencement of the practice-based learning experience.
- Through [Quality theme 6](#) we noted there was a practice learning environment audit form that was completed to ensure the quality of practice-based learning. This form was completed every three years for existing practice-based learning settings and new settings were required to complete it annually. We recognised the education provider would also undertake an audit or complete a risk assessment if there were concerns raised about a practice-based learning setting outside of these periods. This ensured the practice-based learning environment was safe and supportive for learners.
- Visitors noted the Practice Assessor (NMC registrants) and Practice Educator (HCPC registrants) Compliance with NMC/HCPC educational, supervision and assessment standards declaration form required practice educators to declare their competency to supervise learners. They noted the education provider offered optional induction and information sessions, however there was no evidence of any mandated training that practice educators were required to undertake. Through [Quality theme 4](#) we explored this further and noted despite practice educators not being required to undertake any mandatory training there was a range of optional training and support available, which practice educators could access.
- The visitors considered the standards within this SET area, which reflect the above information, to be met.

- **E: Assessment –**

- Through [Quality theme 7](#) we noted the academic and module handbook outlined formative and summative assessments and the progression and achievement requirements for the programme. All assessments were marked against a standardised marking grid and learners were also allowed three attempts to pass each assessment.

The education provider made reference to additional policies which demonstrated a fair and objective approach to assessments and included this information as supporting documentation.

- Visitors acknowledged the education provider had clear guidance in place for learners relating to academic appeals. This guidance was available in the Academic appeals policy and the Solent University Student Handbook. They noted the guidance covered a range of issues relating to academic appeals, which included extenuating circumstances and withdrawals due to non-attendance. It also included signposting to other procedures for other matters.
- Visitors noted the institution requirement for external examiners to be in place for all programmes. As such, for the proposed programme, they also noted there was an appropriately qualified and experienced external examiner for the programme who was registered on the relevant part of the Register.
- The visitors considered the standards within this SET area, which reflect the above information, to be met.

Risks identified which may impact on performance: None.

Outstanding issues for follow up: Visitors were satisfied with the approach taken to provide supervisors with the required information and training to support learners and acknowledged the range of training available. They noted there were no mandatory elements of training that practice educators were required to complete. To ensure practice educators are appropriately prepared to support learners we will refer this for further exploration through stage 2, as all practice educators must undertake regular training and we need to see evidence of how this is monitored.

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

From their review of the documentary submission, and on exploring themes through quality activity, the visitors were satisfied that institution-level standards are met, and that assessment should continue to stage 2 of the process. Through stage 2 of the process we will explore the following:

- D.7 Practice educators must undertake regular training which is appropriate to their role, learners' needs and the delivery of the learning outcomes of the programme - to ensure practice educators are appropriately prepared to support learners we will need to understand how the education provider ensures practice educators are undertaking regular training and how this is being monitored.

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
Independent and Supplementary Prescribing	Part time	Independent prescribing; Supplementary prescribing	40 learners; 2 cohorts	15/09/2025

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.

We have reported on how the provider meets standards, including the areas below, through the [Findings section](#).

Quality theme 1 – ensuring appropriate practice-based learning capacity was in place

Area for further exploration: Visitors were unclear about how the requirements of the practice learning component were communicated to prospective learners and supervisors to ensure appropriate capacity was in place. Specifically, clearer information regarding the requirement for 90 hours of supervised practice-based learning was not consistently presented on the website or within the application form. It was noted there was a requirement for applicants to have their practice-based learning experience in place prior to joining the programme.

Although this information appeared intermittently in various formats, it was not sufficiently robust to ensure that prospective applicants fully understood the expectations. This lack of clarity could lead to misunderstandings about placement requirements and may compromise the ability to secure adequate practice-based learning capacity. As a result, visitors requested further details on how these requirements would be clearly communicated prior to the programme commencing.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative from the education provider. We considered this would be the most effective method to understand how the education provider would ensure the requirement for 90 hours of supervised practice-based learning was clear to applicants.

Outcomes of exploration: In their response, the education provider recognised the need to clearly communicate the requirement for 90 hours of supervised practice-based learning to applicants. To address this, the programme webpage would be updated to clearly state the 90 hour requirement. Applicants would also be required to complete a commitment statement, which would be signed by both the student and their nominated practice educator to confirm they understand and agree to the supervised practice requirement. Additionally, practice educator training materials will reinforce this expectation to ensure all parties were fully informed and prepared.

Visitors acknowledged the details provided and confirmed they were satisfied with the amendments the education provider would be making to the various resources that would be available to applicants to ensure the 90 hours requirement was clear.

Quality theme 2 – managing staffing levels to ensure there are an adequate number of staff who are appropriately qualified and experienced

Area for further exploration: Visitors were unclear about how staffing levels for the programme were being managed, as there was no evidence of how the range of staff to the number of learners had been considered. Specifically, they could not determine how the education provider ensured there were enough appropriately qualified and experienced staff to deliver the programme effectively. To address this, visitors requested details about the current full-time equivalent (FTE) staffing allocation for the programme and whether this had been increased to accommodate the additional learner intake. This information was important because it was essential to maintaining the quality of teaching, providing learner support, and the overall programme delivery. Without sufficient and suitably experienced staff, there was a risk that the programme may not meet the standards required by the HCPC or support learners in achieving the necessary outcomes.

Additionally, visitors asked for clarification on how staff experience had been considered to ensure the programme was delivered in a way that met the needs of HCPC registrants and reflected current professional practice.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative from the education provider. We considered this would be the most effective method to understand how the education provider were managing staffing levels.

Outcomes of exploration: In their response, we noted the education provider had processes in place to ensure the programme was delivered by a sufficient number of appropriately qualified and experienced staff. These processes included capping cohorts at 25 learners to maintain a manageable staff to student ratio. It was noted the number of staff would be increased when an additional member of staff was recruited to 38 learners. Visitors acknowledged there were two full time members of

staff (1.0 FTE each) to deliver the programme and they were in the process of recruiting an additional member of staff, preferably who is HCPC registered. It was noted these members of staff had clinical and prescribing experience and were currently working one day a week in practice. In addition to this, it was noted staff were provided with access to eight days of Continuing Professional Development (CPD) annually.

Visitors acknowledged the details provided and confirmed they were satisfied with the process the education provider had in place to manage staffing levels and ensure they were appropriately qualified and experienced. It was clear they had a structured approach to staffing the programme.

Quality theme 3 – ensuring staff have relevant specialist expertise and knowledge

Area for further exploration: Visitors requested access to the CVs of all staff involved in delivering the programme. This was to help them make a judgement on if the staff involved with the delivery of the programme had the necessary qualifications and experience to support learners effectively. In addition, they requested a narrative outlining the process used by the education provider to ensure practice educators had the relevant specialist expertise and subject knowledge required to deliver specific areas of the curriculum. This was important because delivering a programme that meets HCPC standards requires staff with both academic and clinical experience, particularly in specialist areas. Ensuring practice educators are suitably qualified helps maintain the quality of the programme and enhances the learning experience.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative and documentary evidence from the education provider. We considered this would be the most effective method to ensure staff and educators delivering the programme had relevant specialist expertise and knowledge to deliver specialist subject areas.

Outcomes of exploration: In their response, we noted the education provider required all educators to be experienced prescribers and be clinically active. This ensured their knowledge was current and also contributed to strengthening relationships across the various NHS Trusts they worked with. The education provider recognised a tailored approach was required to support HCPC learners. Alongside this, the visitors also acknowledged the collaborative approach used across the School of Health and Wellbeing, where staff from other departments contribute to the specialist subject areas.

Visitors reviewed the submitted CVs and Skills Matrix and confirmed they were satisfied the education provider had appropriate processes in place to ensure staff and educators had the necessary specialist expertise and subject-specific knowledge to deliver specialist subject areas.

Quality theme 4 – understanding how the AHP Outline Curriculum Framework has been reflected on

Area for further exploration: Visitors were unable to locate any evidence of how the education provider had considered or reflected on the AHP Outline Curriculum Framework as part of the design and delivery of the programme. To gain a clearer understanding of how the content of the AHP Outline Curriculum Framework was embedded within the programme visitors requested some further information. This was important because it was a key reference point in the curriculum for the development of HCPC registrants as safe, competent, and independent prescribers. Further information was therefore requested to understand how this framework had been considered and embedded within the programme.

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative from the education provider. We considered this would be the most effective method to understand how this framework had been considered and embedded within the programme.

Outcomes of exploration: In their response, the education provider explained how the programme was aligned with the Outline Curriculum Framework for Conversion Programmes, which supported HCPC registrants with transitioning from supplementary to independent prescribing. They informed us that the framework had been considered as part of the programme design and reflected in the mapping to the Royal Pharmaceutical Society Competency Framework for All Prescribers.

Visitors acknowledged the response provided and noted the education providers explanation on how the AHP Outline Curriculum Framework had been considered with the programme. The information, however, did not provide the visitors with a clearer understanding of how the content of the AHP Outline Curriculum Framework was embedded within the programme. This was because they had referred to the conversions programmes, which is not relevant to this programme. Visitors therefore requested further information from the education provider to understand how they had engaged with the AHP Outline Curriculum Framework as part of the existing relevant curriculum guidance and that the content of this had been reflected in the programme.

Quality activity 2

Quality activities agreed to explore theme further: We agreed to explore this area further by requesting a narrative from the education provider. We considered this would be the most effective method to understand how they had engaged with the AHP Outline Curriculum Framework and reflected this in the programme.

Outcomes of exploration: In their response, they explained how the programme was aligned to the AHP Outline Curriculum Framework and ensured all professional standards were met for physiotherapists, podiatrists, diagnostic radiographers and dietitians. We noted the programme prepared AHPs to prescribe safely within their scope of practice, which was the aim of the framework. Alongside this the learning outcomes and assessments were mapped against the 13 competency domains within the Framework, which included clinical reasoning, communication and safe prescribing practices. This approach ensured learners were equipped with the knowledge, skills, and confidence to prescribe responsibly, in line with regulatory expectations.

Visitors acknowledged the further clarification provided and confirmed they were satisfied with the how the education provider had reflected on the Outline Curriculum Framework in the design of the programme.

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.

Conditions

Conditions are requirements that must be met before providers or programmes can be approved. We set conditions when there is an issue with the education provider's approach to meeting a standard. This may mean that we have evidence that standards are not met at this time, or the education provider's planned approach is not suitable.

The visitors were satisfied that no conditions were required to satisfy them that all standards are met. The visitors' findings, including why no conditions were required, are presented below.

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 and course requirements are clearly outlined in the application forms for standard and self-employed applicants.
 - 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, with at least three years of post-registration experience. In addition to this they are also required to provide evidence of their ability to study at postgraduate level.
 - The visitors considered the relevant standards within this area met.
- **B: Programme governance, management and leadership –**
 - There was evidence of established relationships with stakeholders through the course committee meetings and the clinical placement tutor visits. The programme design required regular interaction between the learner, supervisor and course team, which was supported by the tripartite triangulated assessment process.
 - There was a clear process described to ensure the availability and capacity of practice-based learning. It was noted the education provider

stated the availability and capacity of practice-based learning was outlined in the application form, however this was not clear to the visitors. Through [Quality theme 1](#) we explored how the education provider informed learners and supervisors of the requirements to ensure appropriate capacity was in place.

- Visitors noted two members of staff were employed to deliver the programme and the education provider was in the process of recruiting another full time equivalent member of staff. Through [Quality theme 2](#) we explored the processes in place to manage staffing levels to ensure there were an adequate number of appropriately qualified and experienced staff.
- Staff CVs were not supplied and therefore the visitors were unable to assess if staff had relevant specialist expertise and knowledge. Through [Quality theme 3](#) we considered the staff CVs the education provider supplied us with and explored how they ensured staff had relevant specialist expertise and knowledge.
- Visitors acknowledged there were adequate resources to deliver the programme. These resources included the support services, clinical decision making tools and prescribing guidelines, which are all accessible via the education providers learning platform.
- The visitors considered the relevant standards within this area met.
- **C: Programme design and delivery –**
 - It was noted the learning outcomes and assessments were clearly mapped to the Royal Pharmaceutical Society (RPS) competency framework.
 - Learners were supported to meet the HCPC standards of professional behaviours, which included the standards of conduct, performance and ethics. Visitors acknowledged these were embedded within the programme learning outcomes and were clearly mapped in the 'Embedding the HCPC Standards of Conduct, Performance and Ethics into Learning Outcomes and Assessment' document.
 - Visitors noted no reflections had been provided on any relevant curriculum guidance. Through [Quality theme 4](#), we obtained details of the Outline Curriculum Framework and how this was reflected within the programme.
 - The education provider had clear processes in place to ensure the curriculum remained relevant to current practice. These processes included reviewing the effectiveness and quality of the programme and external examiner input.
 - The structure of the programme ensures the integration of theory and practice. Visitors noted how clearly this was articulated and evidenced in a range of evidence, which included the module handbook and assessment strategy.
 - Visitors noted the use of a diverse range of learning and teaching methods, as evidenced in the module handbook and lesson plans. They recognised the blended learning approach, which combined structured teaching with self-directed study as appropriate and expected this for a practice-based programme of this nature.
 - It was noted how the learning outcomes enabled learners to develop their autonomous and reflective thinking skills throughout the

programme and were embedded within the assessment strategy. There was clear evidence to demonstrate this in the module learning outcomes and module handbook.

- We recognised evidence-based practice was integrated throughout the programme. To support this further, there was a dedicated session on developing critical appraisal skills where learners would engage in practical exercises to evaluate peer-reviewed research. This supported learners to understand how evidence informs safe and effective prescribing decisions in a professional setting.
- The visitors considered the relevant standards within this area met.
- **D: Practice-based learning –**
 - Visitors noted the clear integration of practice-based learning in the programme. This was evidenced in the portfolio documentation and also embedded within the practice-based assessment requirements.
 - There was evidence to demonstrate the structure, duration and range of practice-based learning was appropriate. The programme combines structured theoretical study with 90 hours of supervised practice. This approach aligned with the Single Competency Framework for All Prescribers and ensured learners were able to develop essential prescribing skills.
 - We noted the education provider ensured there were an adequate number of appropriately qualified and experienced staff through the admissions process. It was at this point that practice educator capacity and the practice educator skills and knowledge to undertake the role were assessed.
 - The education provider had a clear process to ensure practice educators were qualified prescribers and registered. This process required practice educators to complete a declaration to confirm their professional registration, prescribing qualification and relevant experience. This was then considered alongside the applicants application form to ensure supervision requirements were met.
 - We noted practice educators were required to undertake mandatory training to support them in their role as supervisors. The training was delivered twice a year and practice educators were informed of this at the start of the academic year to ensure they attended. The training covered core supervisory skills, the learning outcomes, assessment frameworks and responding to diverse learning needs.
 - Visitors acknowledged the information available to learners and practice educators in the documentary evidence. It was noted how they were given early access to this information to enable them to prepare for the placement. The information provided included the course handbook, module learning outcomes and practice documentation.
 - The visitors considered the relevant standards within this area met.
- **SET 6: 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 meet the standards in the Competency Framework for all Prescribers.
 - Visitors acknowledged the standards of conduct performance and ethics were clearly embedded in the learning outcomes. This enabled

learners to meet the expectations of professional behaviour, including the standards of conduct, performance and ethics.

- There were a range of appropriate assessment methods used to measure the learning outcomes within the programme. These included both formative and summative assessment, such as exams, essays and presentations.
- The visitors considered the relevant standards within this area met.

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

Reason for next engagement recommendation: Where risk assessment allows, we will lengthen the period between performance review engagements from two years (which is the historical norm for the HCPC), up to a maximum of 5 years

To remain confident with provider performance, we rely on regular supply of data and intelligence to help us understand provider performance outside of the periods where we directly engage with them. The provider is new to delivering HCPC-approved programmes, and is included in external data returns to the HCPC. Although the provider is included in these supplies, there will be a period where data directly related to the programme approved will not be available.

As HCPC programmes will not be included in data supplies, we have recommended that the provider should next engage in the performance review process in two years. This is so we can directly assess the quality of the provision before HCPC-approved programme level / programme influence points are available.

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 observations 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 accepted the visitor's recommendation that the new education provider and the programme should be approved. They also agreed with the visitor's recommendation of a two-year monitoring period.

