

Visitors' report

Name of education provider	University of Cumbria
Programme name	Non Medical Prescribing (Masters)
Mode of delivery	Full time
Relevant entitlement(s)	Local anaesthetic
Date of visit	16 March 2010

Contents

Contents.....	1
Executive summary.....	2
Introduction	3
Visit details	3
Sources of evidence.....	3
Recommended outcome	5
Conditions	6
Recommendations	15

Executive summary

The Health Professions Council (HPC) approve educational programmes in the UK which health professionals must complete before they can apply to be registered with us. The HPC is a health regulator and our main aim is to protect the public. The HPC currently regulates 14 professions. All of these professions have at least one professional title which is protected by law. This means that anyone using the title 'Chiropodist' or 'Podiatrist' must be registered with us. The HPC keep a register of health professionals who meet our standards for their training, professional skills, behaviour and health.

As well as approving educational programmes for people who want to join the Register, the HPC also approve a small number of programmes for those already on the Register. The post-registration programmes we currently approve are supplementary prescribing programmes (for chiropodists / podiatrists, radiographers and physiotherapists) and programmes in local anaesthetics and prescription-only medicine (for chiropodists / podiatrists).

The visitors' report which follows outlines the recommended outcome made by the visitors on the ongoing approval of the programme. This recommended outcome was accepted by the Education and Training Committee (Committee) on 7 July 2010. At the Committee meeting on 7 July 2010, the ongoing approval of the programme was re-confirmed. This means that the education provider has met the condition(s) outlined in this report and that the programme meets our standards of education and training (SETs) and ensures that those who complete it meet our standards of proficiency (SOPs) for their part of the Register. The programme is now granted open ended approval, subject to satisfactory monitoring.

Introduction

The HPC visited the programme at the education provider to consider major changes proposed to the programme. The major change affected the following standards - the level of qualification for entry to the Register, programme admissions, programme management and resources, curriculum, practice placements and assessment (delete as appropriate). The programme was already approved by the HPC and this visit assessed whether the programme continued to meet the standards of education and training (SETs) and continued to ensure that those who complete the programme meet the standards of proficiency (SOPs) for their part of the Register.

This visit was part of a joint event. The education provider validated the programme and the professional bodies considered their accreditation of the programme. The education provider, the professional bodies and the HPC formed a joint panel, with an independent chair and secretary, supplied by the education provider. Whilst the joint panel participated in collaborative scrutiny of the programme and dialogue throughout the visit; this report covers the HPC's recommendations on the programme only. As an independent regulatory body, the HPC's recommended outcome is independent and impartial and based solely on the HPC's standards. A separate report, produced by the education provider and the professional bodies, outlines their decisions on the programme's status.

Visit details

Name of HPC visitors and profession	Jim Pickard (Chiropodist/Podiatrist) David Whitmore (Paramedic)
HPC executive officer(s) (in attendance)	Brendon Edmonds
Proposed student numbers	100 (2 intakes/year)
Initial approval	2007
Effective date that programme approval reconfirmed from	September 2010
Chair	Heather Prince (University of Cumbria)
Secretary	Caron Jackson (University of Cumbria)
Members of the joint panel	Helen Kerry (University of Cumbria) Maureen McDonald (University of Cumbria) Eleri Mills (External) Sam Sherrington (External) Dianne Bowskill (Nursing and Midwifery Council) Andrew Husband (Royal Pharmaceutical Society of Great Britain) David Gerrett (Royal Pharmaceutical Society of Great Britain) Damian Day (Royal Pharmaceutical

	Society of Great Britain) Phillipa Strevens (Royal Pharmaceutical Society of Great Britain)
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Sources of evidence

Prior to the visit the HPC reviewed the documentation detailed below, sent by the education provider:

	Yes	No	N/A
Programme specification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Descriptions of the modules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mapping document providing evidence of how the education provider has met the SETs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mapping document providing evidence of how the education provider has met the SOPs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice placement handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student handbook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum vitae for relevant staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External examiners' reports from the last two years	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the visit the HPC saw the following groups or facilities:

	Yes	No	N/A
Senior managers of the education provider with responsibility for resources for the programme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programme team	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placements providers and educators/mentors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist teaching accommodation (eg specialist laboratories and teaching rooms)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommended outcome

To recommend a programme for approval, the visitors must be assured that the programme meets all of the standards of education and training (SETs) and that those who complete the programme meet our standards of proficiency (SOPs) for their part of the Register.

The visitors agreed to recommend to the Education and Training Committee that a number of conditions are set on the programme, all of which must be met before the programme can be approved.

The visitors agreed that 41 of the SETs have been met and that conditions should be set on the remaining 16 SETs.

Conditions are requirements that the education provider must meet before the programme can be recommended for ongoing approval. Conditions are set when certain standards of education and training have not been met or there is insufficient evidence of the standard being met.

The visitors have also made 2 recommendations for the programme. Recommendations are observations on the programme or education provider which do not need to be met before the programme is recommended for ongoing approval. Recommendations are normally set to encourage further enhancements to the programme and are normally set when it is felt that the particular standard of education and training has been met at, or just above the threshold level.

The visitors did not make any commendations on the programme. Commendations are observations of innovative best practice by a programme or education provider.

Conditions

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

Condition: The education provider must revisit all the programme documentation to ensure the terminology in use is reflective of the current landscape of statutory regulation.

Reason: The documentation submitted by the education provider did not fully comply with the advertising guidance issued by HPC. In particular, we do not 'record' but rather 'annotate' the registration of an individual who successfully completes the qualification. Furthermore, we do not 'accredit' programmes. In the submitted documentation, there were instances of out-of-date terminology in reference to the HPC as a 'professional body', rather than a 'regulatory body'. The visitors considered the terminology could be misleading to applicants and students and therefore require the documentation to be reviewed to remove any instance of incorrect or out-of-date terminology.

2.4 The admissions procedures must apply selection and entry criteria, including compliance with any health requirements.

Condition: The education provider must revisit the programme documentation to amend the reasons for requiring applicants to provide a medical certificate as part of admissions procedures.

Reason: The visitors noted in the documentation, applicants to programme were required to provide a medical certificate to confirm they were in good health. The visitors also noted the documentation referred to the provision of a medical certificate as a requirement of the HPC. The HPC does not require the provision of a medical certificate as part of admissions procedures, but rather requires evidence that appropriate health procedures are conducted at admission to the programme.

The visitors were satisfied the admissions procedures in place to address health requirements were appropriate. The visitors considered the reasons for these health requirements could be misleading to applicants. Therefore they require the programme documentation be amended to remove any reference to the provision of a medical certificate as a HPC requirement.

4.1 The learning outcomes must ensure that those who successfully complete the programme meet the standards of proficiency for their part of the Register.

Condition: The education provider must redraft the masters level learning outcomes in the programme handbook to reflect those articulated in the module descriptor.

Reason: The visitors noted in the programme documentation the learning outcomes listed for masters level studies differed between the module descriptor and the programme handbook. The programme team indicated there was indeed an increased expectation on students studying at a masters level and the learning outcomes in the module descriptor and programme handbook should be consistent.

The visitors considered the differences between the learning outcomes in these two documents could be misleading to students. Therefore they require the programme team revise the programme handbook at masters level to ensure the learning outcomes are consistent with those listed in the module descriptor.

4.2 The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.

Condition: The education provider must revisit the programme specification to amend reference to the HPC publishing the 'Outline Curriculum for Training Programmes to prepare Allied health professions as Supplementary Prescribers'.

Reason: The visitors noted the programme specification listed key sources of information that assisted the development of the programme. In particular the '(2004) Outline Curriculum for Training Programmes to prepare Allied health professions as Supplementary Prescribers' was attributed as a HPC document.

The visitors' consider this could be potentially misleading to students. The visitors' therefore require this reference be amended to attribute this document to its' correct source.

5.3 The practice placement settings must provide a safe and supportive environment.

Condition: The education provider must provide further evidence of the audit tool used to approve and monitor placement environments which ensures the provision of a safe and supportive environment.

Reason: The visitors noted through the programme documentation and through the various meetings at the visit, the use of a placement agreement. This placement agreement is completed as part of the admissions process to the programme. The agreement outlines the roles and responsibilities for the student and the Designated Medical Practitioner in agreeing to be involved in the placement learning experience. The visitors were not provided with any audit tool used by the education provider to approve each placement site and any systems in place to effectively monitor them.

The visitors require further evidence of how the education provider ensures each placement site provide a safe and supportive environment. In particular, any evidence should address how an audit is used to conduct a risk assessment of each placement site, a placement induction and how candidates are made aware about risks and safety issues. An audit tool should also address how a record of these activities is maintained and sent back to the education provider.

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

Condition: The education provider must provide further evidence of the audit tool used to approve and monitor placement environments.

Reason: The visitors noted through the programme documentation and through the various meetings at the visit, the use of a placement agreement. This placement agreement is completed as part of the admissions process to the programme. The agreement outlines the roles and responsibilities for the student and the Designated Medical Supervisor in agreeing to be involved in the placement learning experience. The visitors were not provided with any audit tool used by the education provider to approve each placement site and any systems in place to effectively monitor them. However, the visitors were advised the programme team relies on existing audit information used on pre-registration programmes.

In light of the above information, the visitors require further evidence of the system used to approve each placement site and how that system ensures ongoing monitoring is conducted. In particular any evidence should address how an audit tool is linked to any policies and processes for approving placements, how the audit tool is used to approved the placement site, how the audit tool is used to continually monitor the quality of the placement, how this information is recorded and how any issues arising are managed and inform the development of processes and the programme. An audit tool should also address how a record of these activities is maintained and sent back to the education provider.

5.5 The placement providers must have equality and diversity policies in relation to students, together with an indication of how these will be implemented and monitored.

Condition: The education provider must provide further evidence of the audit tool used to approve and monitor placement environments which ensures placement sites have equality and diversity policies in place in relation to students.

Reason: The visitors noted through the programme documentation and through the various meetings at the visit, the use of a placement agreement. This placement agreement is completed as part of the admissions process to the programme. The agreement outlines the roles and responsibilities for the student and the Designated Medical Supervisor in agreeing to be involved in the placement learning experience and that appropriate equality and diversity policies are in place. The visitors were not provided with any audit tool used by the education provider to approve each placement site and any systems in place to effectively monitor them. However, the visitors were advised the programme team relies on existing audit information used on pre-registration programmes.

The visitors require further evidence of how the education provider ensures each placement site has an equality and diversity policy in place for candidates. In particular, any evidence should address how an audit is used to evidence the presence of such policies together with an indication of how these policies are implemented and monitored at the placement site. The audit tool should also address how a record of these policies is provided to the education provider.

5.6 There must be an adequate number of appropriately qualified and experienced staff at the practice placement setting.

Condition: The education provider must provide further evidence of the audit tool used to approve and monitor placement environments which ensures placement sites have an adequate number of appropriately qualified and experienced staff.

Reason: The visitors noted through the programme documentation and through the various meetings at the visit, the use of a placement agreement. This placement agreement is completed as part of the admissions process to the programme. The agreement outlines the roles and responsibilities for the student and the designated medical supervisor in agreeing to be involved in the placement learning experience and for ensuring the placement is appropriate to facilitate the learning experience.

The visitors require further evidence of how the education provider ensures each placement site has an adequate number of appropriately qualified and experience staff. In particular, any evidence should address how an audit is used to assess the provision of staff in accordance with the learning needs of the student. The audit tool should also address how a record of these assessments is maintained and provided to the education provider.

5.7 Practice placement educators must have relevant knowledge, skills and experience.

Condition: The education provider must provide further evidence of the audit tool used to approve and monitor placement environments which ensures placement educators have relevant knowledge, skills and experience.

Reason: The visitors noted through the programme documentation and through the various meetings at the visit, the use of a placement agreement. This placement agreement is completed as part of the admissions process to the programme. The agreement outlines the roles and responsibilities for the student and the designated medical supervisor in agreeing to be involved in the placement learning experience and for ensuring the placement is appropriate to facilitate the learning experience. The agreement also outlines the qualifications and experience necessary to be appointed as a Designated Medical Practitioner. At the visit itself, the visitors were not clear as to how the programme team ensures the Designated Medical Practitioner and others involved in the placement experience have relevant knowledge, skills and experience beyond these initial measures at admission of a student.

The visitors require further evidence of how the education provider ensures placement educators have relevant knowledge, skills and experience. In particular, any evidence should address how an audit is used to assess the whether placement educators are appropriate to meeting the learning needs of the student and that they provide a safe environment. The audit tool should also address how a record of these assessments is maintained and provided to the education provider.

5.8 Practice placement educators must undertake appropriate practice placement educator training.

Condition: The education provider must require Designated Medical Practitioners to undertake mandatory training and refresher training sessions.

Reason: The visitors noted through the programme documentation and through meetings at the visit the education provider conducted training and refresher training sessions for Designated Medical Practitioners. However these training sessions were not mandatory and therefore not all Designated Medical Practitioners undertook training and regular refresher training prior to supervising a student.

In order to be satisfied the SET is met, the visitors require the education provider to provide further evidence articulating the requirement for Designated Medical Practitioners training to be mandatory. In particular, any evidence submitted should detail how this training is to be conducted, the frequency with which it will be conducted and also the implications for Designated Medical Practitioners who do not undergo training and refresher training.

5.9 Practice placement educators must be appropriately registered, unless other arrangements are agreed.

Condition: The education provider must provide further evidence of the audit tool used to approve and monitor placement environments which ensures placement educators are appropriately registered, unless other arrangements are agreed.

Reason: The visitors noted through the programme documentation and through the various meetings at the visit, the use of a placement agreement. This placement agreement is completed as part of the admissions process to the programme. The agreement outlines the roles and responsibilities for the student and the Designated Medical Practitioner in agreeing to be involved in the placement learning experience and for ensuring the placement is appropriate to facilitate the learning experience. The agreement also outlines the qualifications and experience necessary to be appointed as a Designated Medical Practitioner. At the visit itself, the visitors were not clear as to how the programme team ensures the Designated Medical Practitioner and others involved in the placement experience are appropriately registered beyond these initial measures at admission of a student.

The visitors require further evidence of how the education provider ensures all placement educators are appropriately registered, unless other arrangements are agreed. In particular, any evidence should address how an audit tool is used to assess the whether placement educators are registered and if not, how they are deemed to be appropriate to provide placement education to the student. The audit tool should also address how a record of these assessments is maintained and provided to the education provider.

5.10 There must be regular and effective collaboration between the education provider and the practice placement provider.

Condition: The education provider must provide further evidence of the systems in place to ensure regular collaboration between the education provider and the placement provider.

Reason: The visitors noted in the programme documentation and at the visit the effective collaboration between the education provider and the practice placement provider was limited. In particular, the education provider sent the practice handbook to the Designated Medical Supervisor prior to a student starting placement and then also wrote to the supervisor at approximately half way through the placement. The visitors did not receive any documentation which evidenced these communications being carried out.

In light of this information, the visitors are not satisfied a system is in place to provide regular, effective collaboration between the education provider and practice placement environments. Any further evidence should detail how staff on the programme maintain regular contact with placement providers. In particular, the system should detail how contact provides a channel for regular communication directly between the placement site and the education provider to allow for feedback on the student's progression or on the programme planning

and design. The system should also address how a record of this communication is maintained by the education provider and how any issues highlighted from the system are actioned.

5.11 Students, practice placement providers and practice placement educators must be fully prepared for placement which will include information about an understanding of:

- **the learning outcomes to be achieved;**
- **the timings and the duration of any placement experience and associated records to be maintained;**
- **expectations of professional conduct;**
- **the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and**
- **communication and lines of responsibility.**

Condition: The education provider must provide further evidence of Designated Medical Practitioner training and how these sessions fully prepare the practitioner for placement.

Reason: The visitors noted through the programme documentation and through meetings at the visit the education provider conducted training and refresher training sessions for Designated Medical Practitioners. However these training sessions were not mandatory and therefore not all Designated Medical Practitioners undertook training and regular refresher training prior to supervising a student. Furthermore the visitors did not receive any documentation outlining the content of these sessions.

In light of the above information and to be satisfied the SET is met, the visitors require further documentation of the content of the training sessions delivered to Designated Medical Practitioners. In particular, any further evidence submitted should address how the training communicates key messages including: learning outcomes to be achieved; the timings and the duration of any placement experience and associated records to be maintained; expectations of professional conduct; the assessment procedures including the implications of, and any action to be taken in the case of, failure to progress; and communication and lines of responsibility.

6.1 The assessment strategy and design must ensure that the student who successfully completes the programme has met the standards of proficiency for their part of the Register.

Condition: The education provider must resubmit the programme documentation to further develop the assessment sheet used in relation to OSCE's.

Reason: The visitors noted in the programme documentation and at the visit itself the use of OSCE assessment. The visitors were also provided with the assessment sheet used to assess OSCE's.

The visitors were not satisfied the assessment sheet adequately articulated the areas to be covered during an OSCE assessment for supplementary prescribing. Furthermore, the visitors' were not satisfied the assessment sheet ensured a student must know and apply all the key concepts which are relevant to safe and effective practice as a supplementary prescriber. Therefore the visitors require this OSCE assessment sheet be updated to clearly articulate all the areas to be covered during an OSCE assessment for supplementary prescribing.

6.5 The measurement of student performance must be objective and ensure fitness to practise.

Condition: The education provider must develop assessment criteria for assessment of competencies carried out by the Designated Medical Practitioner on placement.

Reason: The visitors noted in the programme documentation the competencies to be achieved by the student whilst on placement. Also the visitors noted the Designated Medical Practitioner assessed each competency and signed off each as it was achieved. . The visitors deemed the competencies alone did not sufficiently provide the opportunity for a Designated Medical Practitioner to make an objective assessment of the competencies. Furthermore, the visitors deemed the assessment criteria did not sufficiently assess whether a student was fit to practise. In discussions with the programme team, it was noted there was no assessment criteria which clearly articulated the level at which a students may pass or fail a competency.

The visitors consider the lack of clear, objective assessment criteria to be potentially confusing for Designated Medical Practitioners and students. The visitors require the programme team revisit the programme documentation to develop assessment criteria which clearly articulates an objective assessment of student performance for the achievement of competencies. The assessment criteria must be specific for the assessment of each competency.

6.6 There must be effective monitoring and evaluation mechanisms in place to ensure appropriate standards in the assessment.

Condition: The education provider must provide further evidence of effective monitoring and evaluation mechanisms in place to ensure appropriate standards of assessment conducted by Designated Medical Practitioners.

Reason: The visitors noted in the programme documentation the competencies to be achieved whilst on placement. The visitors also noted the Designated Medical Practitioner assessed each competency and signed off each as it was achieved. Further the visitors also noted the absence of assessment criteria to assist Designated Medical Practitioners to make an objective assessment of the competencies.

The visitors were unclear as to how the education provider ensured each Designated Medical Practitioner's assessment a student's competency was consistent. In particular, given the absence of objective assessment criteria, the visitors' were not satisfied there was an effective mechanism in place for the education provider to decide if there was parity and objectivity across all Designated Medical Practitioner assessments. Therefore, the visitors require further evidence of the mechanisms in place to ensure appropriate standards in the assessment. Any further evidence should address how objective criteria is applied within this mechanism to ensure the education provider of objectivity in assessment.

Recommendations

3.8 The resources to support student learning in all settings must be effectively used.

Recommendation: The education provider should consider revising the current provisions for inducting students to the Blackboard learning environment.

Reason: The visitors noted through the programme documentation and at the visit itself students were provided with training sessions to induct them to using the Blackboard learning environment. Whilst meeting with students, the visitors noted that in light of this induction, student's still required further support to assist them with interacting with this system.

Although the visitors were satisfied this SET is met, they recommend the education provider revisit the current provisions and support in place to induct students to Blackboard to further enhance this process.

5.10 There must be regular and effective collaboration between the education provider and the practice placement provider.

Recommendation: The education provider should consider providing Designated Medical Practitioners with access to the Blackboard learning environment.

Reason: The visitors noted the students and programme team used the Blackboard environment as a tool to delivery the programme. The visitors noted the Designated Medical Practitioners did not currently have access to this environment.

To further enhance the education providers ability to meet this SET, the visitors recommend access should be granted to practitioners. In particular, this access could be used as another channel for direct communication between the education provider and the placement providers to deliver key messages throughout the duration of the programme. Furthermore, this environment could also be used as a forum for regular discussion between Designated Medical Practitioner's to further enhance and develop the programme.

Jim Pickard
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