# Exception Report

## Section 1: Education Provider Submission

In line with the Centre’s Advanced Practice Exception Reporting process, please complete Section 1 of this report. Where more than one programme is impacted by a change/quality concern, please complete one report per programme.

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| Name of Education Provider: | | | | | |  | | |
| Name of Programme: | | | | | |  | | |
| Programme Code: | | | | | |  | | |
| Date Accredited by Centre: | | | | | | Click or tap to enter a date. | |
| Date Validated: | | | | | | Click or tap to enter a date. | |
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| This exception report notifies The Centre for Advancing Practice of: | | | | | | | |
| Quality concern/s | | | | | | |  |
| Programme change/s | | | | | | |  |
| Programme change/s & quality concern/s | | | | | | |  |
| For programme change/s & quality concern/s please complete all questionsFor quality concern/s only please complete questions 1 & 6-8For programme change/s only please complete questions 2-8 | | | | | | | |
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| 1. | | Are you aware of any quality concerns being raised about the accredited programme (Clinical, Regulatory and/or Academic)  Yes No  If yes, please provide details of the concern and any actions that have been taken to minimise the impact. Please upload supporting information into the SharePoint folder: | | | | | | |
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| 2. | | Please provide details below of programme changes that impact on for example, compulsory/core modules and learning outcomes, assessments, entry requirements, award/staffing resources including programme lead.  Please include the rationale for the change and upload supporting information to the SharePoint folder that demonstrates how the Programme continues to map against the MPF and/or SET: | | | | | | | |
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| 3. | How do the changes that have been made to the Programme impact on continued mapping to the multi-professional framework for advanced clinical practice in England?  Please describe how these changes will impact and any actions that have been taken to minimise the impact of the changes. Please upload supporting information to the SharePoint folder. | | | | | | | | |
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| 4. | How do the changes that have been made to the Programme impact on continued mapping to the Standards for Education and Training?  Please describe how these changes will impact and any actions that have been taken to minimise the impact of the changes. Please upload supporting information to the SharePoint folder. | | | | | | | | |
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| 5. | Are the change/s supported by the necessary capacity and capability with the programme team?  Yes No  Please provide details below of how these changes are supported by the necessary capacity and capability and upload any supporting information to the SharePoint folder: | | | | | | | | |
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| 6. | Have patients and/or carers been actively involved in the programme changes?  Yes No  Please provide details below of patient and/or carer involvement and upload any supporting information to the SharePoint folder: | | | | | | | | |
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| 7. | Will the changes have an impact on Equality, Diversity and Inclusion for individuals or groups of learners?  Yes No  If yes, please provide details below including any actions that have been taken to minimise the impact and upload any supporting information to the SharePoint folder. | | | | | | | | |
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| 8. | | | | Have learners been consulted about programme changes and/or quality concerns?  Yes No  Please provide further details below and upload any additional information into the SharePoint folder: | | | | | |
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| 9. | | | | | Have employers/stakeholders been consulted about programme changes and/or quality concerns?  Yes No  Please provide details below of employer/stakeholder consultations and upload any additional information into the SharePoint folder: | | | | |
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| 10. | | | Please include any additional information that you wish to share | | | | | | |
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| Declaration: | |
| * I confirm that the content in this form is true and accurate. * I understand that this form and its content will be reviewed by the Regional Faculty for Advancing Practice, The Centre for Advancing Practice, the Education Assurance Group and/or National Advancing Practice Programme Board. * I will continue to notify The Centre for Advancing Practice of significant and ongoing changes that impact on the Programme’s ability to deliver and/or map to the Multi-professional framework for advanced clinical practice in England and Standards for Education and Training. * I understand that this form may be shared with regulatory/official bodies to support the triangulation of evidence. | |
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| Signed on behalf of Primary Contact (primary contact must be Programme Lead or equivalent) |  |
| Full Name: |  |
| Role: |  |
| Date: | Click or tap to enter a date. |
| Contact Telephone Number: |  |
| Contact Email Address: |  |
|  | |
| Signed on behalf of Secondary Contact (secondary contact must be Head of Department or equivalent) |  |
| Full Name: |  |
| Role: |  |
| Contact Telephone Number: |  |
| Contact Email Address: |  |
| Date: | Click or tap to enter a date. |

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## Section 2: Regional Faculty for Advancing Practice use only:

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| 1. | Are you aware if quality concerns have been raised about the Programme? (Clinical, Regulatory and/or Academic)?  Yes No  If yes, please provide details below including actions taken: | |
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| 2. | Are accredited Advanced Practice Programmes provided by this Education Provider commissioned by any other Region?  Yes No  If yes, please provide details below, including communication that has happened with that Region about this submission: | |
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| 3. | Is programme feedback available from employers/learners/patients and carers?  Yes No  If yes, please detail the main points below: | |
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| 4. | Do you continue to support this programme from a regional point of view?  Yes  No  Please detail your rationale below: | |
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| Additional Comments / Action Plan from Regional Faculty for Advancing Practice: | | |
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| **Declaration** (select as applicable): | | |
| * I confirm that discussions have occurred with the regional quality team and they have Choose an item. their ongoing support. * I understand that this form and its content may be reviewed by The Centre for Advancing Practice, the Education Assurance Group and/or the National Advancing Practice Programme Board. * I understand that this form may be shared with regulatory/official bodies to support the triangulation of evidence. | | |
| Signed on behalf of Regional Faculty for Advancing Practice: | |  |
| Role: | |  |
| Date: | | Click or tap to enter a date. |