

Course Specification

| A. Course Information | | | | | | | | | | | |
|---|--|---|----------------------------------|------|--------------|---------------|----------------|-----------|----------|-----------|-----------|
| Final award title(s) | MSc/PGDip District Nursing (V100) | | | | | | | | | | |
| Intermediate exit award title(s) | <p>PGDip Community Health Studies</p> <p>In the event of a student failing to successfully, complete the District Nursing practice components but successfully completing all academic components of the District Nursing programme, the student will exit with the PGDip Community Health Studies.</p> <p>This award does NOT confer registration with the Nursing and Midwifery Council (NMC). This means that the awards of District Nurse and V100 will NOT be recorded on the NMC register. The student will NOT gain the professional awards of District Nurse or V100.</p> | | | | | | | | | | |
| UCAS Code | n/a | Course Code(s) | 4335 –PgDip 4599 – MSc Top Up | | | | | | | | |
| | London South Bank University | | | | | | | | | | |
| School | <input type="checkbox"/> ASC <input type="checkbox"/> ACI <input type="checkbox"/> BEA <input type="checkbox"/> BUS <input type="checkbox"/> ENG <input checked="" type="checkbox"/> HSC <input type="checkbox"/> LSS | | | | | | | | | | |
| Division | Adult Nursing | | | | | | | | | | |
| Course Director | Rita Newland and Maxine Jameson | | | | | | | | | | |
| Delivery site(s) for course(s) | <input checked="" type="checkbox"/> Southwark <input type="checkbox"/> Havering <input type="checkbox"/> Other: please specify | | | | | | | | | | |
| Mode(s) of delivery | <input checked="" type="checkbox"/> Full time <input checked="" type="checkbox"/> Part time <input type="checkbox"/> other please specify | | | | | | | | | | |
| Length of course/start and finish dates | <table border="1"> <thead> <tr> <th>Mode</th> <th>Length years</th> <th>Start - month</th> <th>Finish - month</th> </tr> </thead> <tbody> <tr> <td>Full time</td> <td>One year</td> <td>September</td> <td>September</td> </tr> </tbody> </table> | | | Mode | Length years | Start - month | Finish - month | Full time | One year | September | September |
| Mode | Length years | Start - month | Finish - month | | | | | | | | |
| Full time | One year | September | September | | | | | | | | |
| Is this course generally suitable for students on a Tier 4 visa? | No. | | | | | | | | | | |
| Approval dates: | Course(s) validated / Subject to validation | 30 May 2019 | | | | | | | | | |
| | Course specification last updated and signed off | September 2023 | | | | | | | | | |
| Professional, Statutory & Regulatory Body accreditation | Nursing and Midwifery Council | | | | | | | | | | |
| Reference points: | Internal | LSBU (2021 - 2022) LSBU Academic Regulations for Taught programmes. London, LSBU. | | | | | | | | | |

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| | <p>LSBU (2015) Corporate Strategy (2020 - 2025). London, LSBU.</p> <p>LSBU (2015) Our Values. A Behavioural Framework for LSBU. London, LSBU.</p> <p>Academic Quality and Enhancement Website</p> |
| External | <p>DH (2013) <i>Care in local communities - A new vision and model for district nursing</i>. London, DH.</p> <p>Maybin J, Charles A, Honeyman M (2016) <i>Understanding quality in district nursing services</i>. London, The Kings Fund.</p> <p>NMC (2001) <i>Standards for specialist education and Practice (Standards for specialist community nursing education and practice - community nursing in the home/district nursing)</i>, London, NMC.</p> <p>NMC (2018) <i>The Code</i>. London, NMC.</p> <p>NMC (2018) <i>Realising Professionalism: Standards for education and training. Part 3: Standards for prescribing programmes</i>.</p> <p>NMC (2018) <i>Realising Professionalism: Standards for education and training. Part 2: Standards for student supervision and assessment</i>.</p> <p>NHSE (2015) <i>Framework for commissioning community nursing</i>. London, NHSE.</p> <p>NHSE (2019) <i>The NHS Long Term Plan</i>. London, NHSE.</p> <p>NHSE (2014) <i>The Five-Year Forward View</i>. London, NHSE.</p> <p>QAA (2018) <i>UK Quality Code for Higher Education. Part A: Setting and maintaining academic standards</i>. Gloucester, QAA.</p> <p>QNI (2015) <i>The QNI/QNIS Voluntary Standards for District Nurse Education and Practice</i>. London, QNI.</p> <p>Royal Pharmaceutical Society (2016) <i>A competency Framework for all Prescribers</i>. London, Royal Pharmaceutical Society.</p> <p>Southern England Consortium for Credit Accumulation and Transfer (2021) <i>Credit Level Descriptors for Higher Education</i>, London, SEEC.</p> |

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| | | OfS Guidance |
| B. Course Aims and Features | | |
| Distinctive features of course | <p>The DN programme at London South Bank University creates effective and efficient practitioners who are fit for practice and purpose as a District Nurse (DN). The course is Nationally recognised and students, who successfully complete, take up employment as a district nurse with the NHS Trust of their choice. For many, this is a significant promotion, because it usually represents employment at Agenda for Change band 6.</p> <p>The programme attracts qualified nurses who have initial registration with the Nursing and Midwifery Council (NMC) and wish to specialise in the field of district nursing.</p> <p>The PGDip District Nursing (V100) course runs full time over 52 weeks and part time over two years. The V100, nurse prescriber award (Prescribing from the community practitioner formulary course) is integral to the programme and enables students to meet the requirement to prescribe from the Royal Pharmaceutical Society (RPS, 2016) and the Nursing and Midwifery Council (NMC, 2018).</p> <p>Applicants wishing to exit with the MSc will complete an additional 6 months within two years of successfully completing the PGDip programme and recording the DN qualification with the Nursing and Midwifery Council (52 week/ two-year part time). The MSc programme is designed to enable and encourage students to complete the MSc award in a systematic and organised way. Students wishing to complete the MSc must have achieved a mark of 55% or more at first attempt in all the assignments submitted during the PGDip District Nursing programme.</p> <p>All students are assigned an Academic Assessor for the district nursing and the prescriber V100 course. The Academic Assessor has a key role in confirming the student's progress, recording objective, evidence-based decisions on conduct, proficiency and achievement and making recommendations for progression. They provide assurance of student achievements and competence to uphold public protection (NMC, 2018). In partnership with the Practice Assessor and link lecturer, the Academic Assessor, understands the student's learning and achievement in practice and gathers feedback regarding their achievement and progression during the programme.</p> <p>The PGDip District Nursing (V100) comprises 50% theory and 50% practice. During the practice placement, the student is supernumerary and works with a Practice Assessor, who is usually a qualified, experienced District Nurse and prescriber to assess and confirm their learning during the programme (NMC, 2018). The student district nurse may also work with a Practice Supervisor, who could be a registered nurse or other registered health and social care professional. In line with the Nursing and Midwifery Council Standards for Student Supervision and Assessment (NMC, 2018) the Practice Supervisor and the Practice Assessor, complete ongoing learning and development to ensure their involvement and contribution to the assessment of the student district nurse upholds public protection and enables the student to meet the learning outcomes for the district nursing programme (NMC, 2018).</p> | |

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| | <p>The programme enables students to meet the:</p> <ul style="list-style-type: none"> - Nursing and Midwifery Council (2001) Standards for specialist education and Practice (<i>standards for specialist community nursing education and practice - community nursing in the home/district nursing</i>). - Nursing and Midwifery Council (2018) Standards for prescribing programmes - Royal Pharmaceutical Society (2016) A competency Framework for all Prescribers. <p>Successful graduates can record the District Nurse and V100 qualifications with the NMC and gain a Post Graduate Diploma (PGDip).</p> <p>Students undertaking the course full time must usually complete within two years of the start date. Students undertaking the course part time over two years should usually complete within four years of the start date (LSBU, 2015: Academic Regulations, p.14: 3.26 and 3.28). This ensures that they are retaining currency with the academic and practice requirements of the programme.</p> |
| <p>Course Aims</p> | <p>The programme aims to develop confident, capable and competent district nurses able to work in contemporary district nursing practice and service delivery. Graduates will function in line with the NMC Code (2018) and will be able to lead, manage and evaluate person-centred care. As the skilled generalist, the district nurse will be able to undertake clinical examination and articulate diagnoses and client needs through their ability to form judgements and make decisions.</p> <p>The programme is based on key principles for practice illustrated within three domains:</p> <ul style="list-style-type: none"> - Population and case load management - Support and care for people who are unwell, recovering at home and at the end of life - Support and care for independence <p>Programme Aim The teaching content is designed to:</p> <ol style="list-style-type: none"> 1. Prepare students for safe, effective and contemporary practice as a district nurse (DN) in the professional field of district nursing and record the professional award with the Nursing and Midwifery Council (NMC). 2. Provide students with a quality learning experience and the aspiration to continue learning through to develop the skills and knowledge required to enter employment as a district nurse. 3. Prepare students to be critical thinkers, problem solvers and effective communicators that respond to changing client situations in practice. 4. Prepare students to lead, manage and work in professional teams to seek solutions to situations and problems. |

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| | <p>5. Prepare students to understand and influence the implications of health economics and policy on contemporary public health, health and care practice (health prevention, promotion and improvement).</p> <p>6. Prepare students for evidence informed practice, which enables them to access, assess, apply and disseminate research in their practice and deliver safe and effective care.</p> <p>7. Prepare students to use appropriate physical and clinical examination skills to assess, diagnose and manage the care needs of individuals with complex health care needs or acute illnesses.</p> <p>8. Prepare students to support the learning and understanding of others, by using different education approaches and teaching skills.</p> <p>9. Prepare students to undertake safe, effective, person-centred prescribing from an appropriate formulary within legislative and regulatory boundaries.</p> <p>10. Prepare students to communicate effectively and apply a range of interpersonal skills during consultation, supervision and therapeutic interventions.</p> |
| <p>Course Learning Outcomes</p> | <p>A Students will be expected to have knowledge and understanding of:</p> <p>A1: The requirements for professional practice in safe and effective public health, health and social care.</p> <p>A2: Contemporary district nursing, health and care policy, strategy and practice.</p> <p>A3: Legal, ethical and moral frameworks in practice to influence health, care, client well-being and safety.</p> <p>A4: The physiology of health, ageing and disease and critically evaluate the use of this in practice.</p> <p>A5: The principles, practice and application of leadership, management and supervision for safe, effective, evidence-based contemporary district nursing, public health, health and social care.</p> <p>Teaching and Learning Strategy</p> <p>The programme will employ a range of learning and teaching strategies to help learners achieve the learning outcomes including:</p> <ul style="list-style-type: none"> - Lectures, tutorials, seminars and small group work - Enquiry and problem based learning approaches - Shadowing in practice <p>Assessment</p> <ul style="list-style-type: none"> - Written assignments including, report, essays and case studies - Written examination, OSCE, VIVA - Practice based assessment - Portfolio assessment - Presentations |

B Students will be expected to develop their intellectual skills such that they are able to:

B1: Synthesise methodologies and evaluate principles for evidence-based district nursing, public health, health and social care practice.

B2: Critically synthesise the principles of vulnerability, safeguarding and protection and evaluate their use in practice to influence public safety.

B3: Evaluate the principles of autonomous, responsible and accountable practice and critically apply them in practice through decisions, judgements, clinical reasoning, and problem solving.

B4. Critically evaluate and apply a range of education approaches and teaching skills to facilitate the learning of others in practice (including patients, clients, carers, health and care professionals)

Teaching and Learning Strategy

The programme will employ a range of learning and teaching strategies to help learners achieve the learning outcomes including:

- Lectures, tutorials, seminars and small group work
- Enquiry and problem based learning approaches

Assessment

- Written assignments including, report, essays and case studies
- Written examination, OSCE, VIVA
- Practice based assessment
- Portfolio assessment
- Presentations

C Students will be expected to acquire and develop practical skills such that they are able to:

C1. Assess health, health and nursing needs of patients, clients, families and carers and critically synthesise the need for additional support and resources to promote their physical and psychological health and well-being.

C2. Initiate, implement, manage and evaluate the provision of safe, effective and efficient person-centred care.

C3. Lead and manage teams and workload in practice, and work in partnership with integrated, multi-professional teams to provide solution-focused outcomes.

C4: Identify, manage and mitigate risk

C5: Initiate, implement and critically evaluate strategies, which promote and improve health and prevent disease.

Teaching and Learning Strategy

The programme will employ a range of learning and teaching strategies to help learners achieve the learning outcomes including:

- Practice based learning to deliver, lead and manage client care (under direct and indirect supervision)
- Observe and engage with services, practice and professionals/practitioners other than mainstream district nursing.
- Shadowing in practice

Assessment

- Practice based assessment
- Portfolio assessment
- Presentations
- OSCE

D. Students will be expected to acquire and develop transferrable skills such that they are able to:

D1: Apply the principles of information management and governance.

D2: Effectively and efficiently manage time and resources.

D3: Use ICT and different media to communicate.

D4: Promote personal and public health and safety in relation to lone working.

Teaching and Learning Strategy

The programme will employ a range of learning and teaching strategies to help learners achieve the learning outcomes including:

- Tutorials, seminars and small group work
- Enquiry and problem based learning approaches

Assessment

- Written assignments including, report, essays and case studies
- Written examination
- Practice based assessment
- Portfolio assessment
- Presentations

E. Academic Regulations

The University's Academic Regulations apply for this course: [LSBU Academic Regulations](#)

1.0 Protocol Fail / Compensation

The schools follows the university regulations apart from:

- Students/Apprentices will not be eligible for protocol fail or compensation in any module as a pass in all elements of assessment is required to demonstrate competence.

Students undertaking the course full time must usually complete within two years of the start date. Students undertaking the course part time over two years should usually complete within four years of the start date. This ensures that they are retaining currency with the academic and practice requirements of the programme.

F. Entry Requirements

Applicants will need to meet the following criteria:

First level registration with the NMC and completed a period of consolidation in practice as a Registered Nurse (Adult).

First level registration with the NMC (nurse registration is required for entry to the District Nurse programme, Nurse or Midwifery registration is required for entry to the SCPHN (V100)

Applicants must have written confirmation from a line manager (who has worked with them for at least one year prior to the application), that, as a registered nurse or midwife, they have demonstrated that they are capable of safe and effective practice in:

- Clinical/ health assessment
- Diagnostic / care management
- Planning and evaluation of care

120 Credits at level 6.

Academic award of 2.1 or above for undergraduate degree

The confirmation from a provider organisation of a:

- practice placement
- named practice assessor in line with the NMC (2018) standards for student supervision and assessment
- named practice assessor with nurse prescriber experience and current registration of the V100 qualification with the NMC. In line with the Royal Pharmaceutical Society (2016) competency framework for all prescribers, the assessor must be prescribing as an integral part of their role in practice.
- named practice assessor who is also able to supervise and assess district nursing and prescribing activity, for the duration of the programme.

AP(E)L may be considered as part of the entry process up to one third of the programme (40 credits). It is not possible to AP(E)L the V100 element of the programme.

Applicants to the MSC programme must have achieved a mark of 55% or more at first attempt in all of the assignments submitted during the PGDip programme.

Where English is a second/ additional language applicants must provide evidence of success in IELTS assessment level 7.

All applicants usually submit a written application in English and undertake a written English and numeracy assessment. If successful at the application stage, applicants attend a face-to-face interview, which may include use of the multiple mini interview approach. Successful candidates at this stage are all subject to DBS screening, occupational health assessment and references prior to gaining a place on the programme. The trust confirm the applicants NMC registration status prior to a formal offer of a place on the programme. The trust also take up references for all applicants prior to formal offer of a place on the programme. The University and the Sponsoring NHS trust/ organisation work in partnership and undertake the recruitment process together.

G. Course structure(s)

PGDIP V100

| Academic Award | Professional Award | Programme Length |
|------------------------------|-------------------------|--------------------|
| PGDIP 120 credits level 7 | District Nursing (V100) | 52 weeks full time |
| PGDIP 120 credits level 7 | District Nursing (V100) | 2- years part-time |

PGDIP V100 (Full – time: 52 weeks)

| Semester One | Semester Two | Semester Three |
|---|--|---|
| Professional insights - the role of the district nurse (20 credits level 7) | Evidenced based decision-making in prescribing practice (10 credits level 7) | Contemporary District Nursing Practice Consolidated Practice PASS/FAIL |
| Research in Health and Social Care (20 credit level 7) | Prescribing from the community practitioner formulary (10 Credits level 7) | |
| Advanced Clinical Assessment Skills (20 credits level 7) | Strategic planning and performance management for the district nursing workforce (20 credit level 7) | |
| | Person-centred population health for DN (20 credits level 7) | |
| Contemporary District Nursing Practice Supervised Practice PASS/FAIL | | |

PGDIP V100 (Part-time: Two Years)

| Year One | Year Two | Year Two Semester Three |
|---|--|---|
| Professional insights - the role of the district nurse (20 credits level 7) | Evidenced based decision-making in prescribing practice (10 credits level 7) | Contemporary District Nursing Practice Consolidated Practice PASS/FAIL |
| Research in health and social care (20 credits level 7) | Prescribing from the community practitioner formulary (10 Credits level 7) | |
| Advanced Clinical Assessment Skills (20 credits level 7) | Strategic planning and performance management for the district nursing workforce (20 credit level 7) | |
| | Person-centred population health for district nursing (20 credits level 7) | |
| Contemporary District Nursing Practice Supervised Practice PASS/FAIL | | |

MSc District Nursing (V100) Year One, full time (52 weeks)

| Semester One | Semester Two | Semester Three |
|---|--|---|
| Professional insights - the role of the district nurse (20 credits level 7) | Prescribing from the community practitioner formulary (V100) (10 credits level 6) | Contemporary District Nursing Practice Consolidated Practice PASS/FAIL |
| Research in health and social care: TAR_7_011 (20 Credits level 7) | Evidence based decision making in prescribing practice (10 credits level 7) | |
| Advanced Clinical Assessment Skills (20 Credits level 7) | Person-centred, population health for district nursing (20 credits level 7) | |
| | Strategic planning and performance management for the district nursing workforce (20 credit level 7) | |
| Contemporary District Nursing Practice Supervised Practice PASS/FAIL | | |

Year Two (6 Months)

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| Research dissertation Or Service evaluation Or Systematic literature review 60 credits (Level 7) |
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MSc District Nursing (V100) Part Time (2 Years)

| Year One | Year Two | Year Two Semester Three |
|---|--|---|
| Professional insights - the role of the district nurse (20 credits level 7) | Evidenced based decision-making in prescribing practice (10 credits level 7) | Contemporary District Nursing Practice Consolidated Practice PASS/FAIL |
| Research in health and social care: TAR_7_011 (20 credits level 7) | Prescribing from the community practitioner formulary (V100) (10 Credits level 6) | |
| Advanced Clinical Assessment Skills (20 credits level 7) | Strategic planning and performance management for the district nursing workforce (20 credit level 7) | |
| | Person-centred population health for DN (20 credits level 7) | |
| Contemporary District Nursing Practice Supervised Practice PASS/FAIL | | |

Year Three (6 Months)

| |
|-----------------------------|
| Research dissertation Or |
|-----------------------------|

| Service evaluation Or Systematic literature review 60 credits (Level 7) | | | | |
|--|--|--------------|-----------------|---------------------|
| Module Code | Module Title | Level | Semester | Credit value |
| HDN_7_003 | Professional insights - the role of the district nurse | 7 | 1 | 20 |
| TAR_7_016 | Research in health and social care | 7 | 1 | 20 |
| ACP_7_010 | Advanced Clinical Assessment Skills | 7 | 1 | 20 |
| HDN_7_001 | Evidenced based decision-making in prescribing practice | 7 | 2 | 10 |
| PHN_6_008 | Prescribing from the community practitioner formulary | 7 | 2 | 10 |
| HDN_7_004 | Strategic planning and performance management for the district nursing workforce | 7 | 2 | 20 |
| HDN_7_002 | Person-centred population health for district nursing | 7 | 2 | 20 |
| HDN_6_006 | Contemporary District Nursing Practice Supervised Practice | 6 | 1+2 | 20 |
| HDn_6_007 | Contemporary District Nursing Practice Consolidated Practice | 6 | 3 | 20 |

List of Appendices

- Appendix A: Curriculum Map
- Appendix B: Educational Framework (undergraduate courses)
- Appendix C: Terminology

Appendix A: Curriculum Map

| Course Outcomes (Level 7) | |
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| Students will have knowledge and understanding of: | |
| A1 | The requirements for professional practice in safe and effective public health, health and social care. |
| A2 | Contemporary district nursing, health and care policy, strategy and practice. |
| A3 | Legal, ethical and moral frameworks in practice to influence health, care, client well-being and safety. |
| A4 | The physiology of health, ageing and disease and critically evaluate the use of this in practice. |
| A5 | The principles, practice and application of leadership, management and supervision for safe, effective, evidence-based contemporary district nursing, public health, health and social care. |
| Students will develop their intellectual skills such that they are able to: | |
| B1 | Synthesise methodologies and evaluate principles for evidence-based district nursing, public health, health and social care practice. |

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| B2 | Critically synthesise the principles of vulnerability, safeguarding and protection and evaluate their use in practice to influence public safety. |
| B3 | Evaluate the principles of autonomous, responsible and accountable practice and critically apply them in practice through decisions, judgements, clinical reasoning, and problem solving. |
| B4 | Critically evaluate and apply a range of education approaches and teaching skills to facilitate the learning of others in practice (including patients, clients, carers, health and care professionals) |
| Students will acquire and develop practical skills such that they are able to: | |
| C1 | Assess health, health and nursing needs of patients, clients, families and carers, identify, and critically synthesise the need for additional support and resources to promote their physical and psychological health and well-being. |
| C2 | Initiate, implement, manage and evaluate the provision of safe, effective and efficient person-centred care. |
| C3 | Lead and manage teams and workload in practice, and work in partnership with integrated, multi-professional teams to provide solution-focused outcomes. |
| C4 | Identify, manage and mitigate risk. |
| C5 | Initiate, implement and critically evaluate strategies, which promote and improve health and prevent disease. |
| Students will acquire and develop transferable skills such that they are able to: | |
| D1 | Information management and governance. |
| D2 | Effective and efficient time and resource management. |
| D3 | The use of ICT and different media to communicate. |
| D4 | Personal and public health and safety in relation to lone working. |

| Course outcomes | | | | | | | | | | | | | | | | | | | |
|-----------------|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Level | Title | A1 | A2 | A3 | A4 | A5 | B1 | B2 | B3 | B4 | C1 | C2 | C3 | C4 | C5 | D1 | D2 | D3 | D4 |
| 7 | Professional insights - the role of the district nurse | | T A | | | T A | | | | | | | T A | | | T A | T A | | |
| 7 | Research in health and social care | | | T A | | | T A | | | | | | | | T A | T A | | T A | |
| 7 | Advanced Clinical Assessment Skills | | | T A | T A | | | T A | T A | T A | T A | | | T A | | | | | T A |
| 7 | Prescribing from the community practitioner formulary (V100) | | | T A | T A | | | | T A | | T A | | | T A | | | | | |
| 7 | Evidence based decision-making in prescribing practice | T A | | T A | | | T A | | T A | | T A | | | T A | | | | T A | |
| 7 | Person-centred, population health for district nursing | T A | | | | | | T A | T A | T A | T A | | | T A | T A | T A | | | |
| 7 | Strategic planning and performance management for the district nursing workforce | | | T A | | T A | | T A | | | | T A | | | | | T A | | |
| 6 | Contemporary District Nursing Practice: Supervised Practice | T A | T A | T A | T A | T A | | T A | T A | T A | T A | T A | | T A | T A | T A | T A | T A | T A |
| 6 | Contemporary District Nursing Practice: Consolidated Practice | T A | T A | T A | T A | T A | | T A | T A | T A | T A | T A | T A | T A | T A | T A | T A | T A | T A |

| Key | |
|-----|------------------------------|
| A | Learning outcome is assessed |
| T | Learning outcome is taught |

| Course outcomes | | | | | | | | | | | | | | | | | | | | |
|-----------------|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|
| Level | Title | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 7 | Professional insights - the role of the district nurse | | | √ | | | √ | | | √ | √ | √ | √ | | | | | √ | | |
| 7 | Research in health and social care | | | | | | | | | | √ | | | | | √ | | √ | √ | √ |
| 7 | Advanced Clinical Assessment Skills | √ | √ | | | | | | | | √ | | | | | | √ | | | |
| 7 | Prescribing from the community practitioners formulary (V100) | √ | √ | | | √ | √ | √ | | | √ | | | | | | √ | | | |
| 7 | Evidence based decision-making in prescribing practice | | | | | | √ | | | | √ | | | | | | √ | | | |
| 7 | Person-centred, population health for district nursing | √ | | | | | | | | √ | √ | √ | | | | | | | | |
| 7 | Strategic planning and performance management for the district nursing workforce | | | | √ | | √ | √ | √ | √ | √ | √ | | √ | √ | | √ | | | √ |
| 6 | Contemporary District Nursing Practice: Supervised Practice | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | | √ | | √ | √ |
| 6 | Contemporary District Nursing Practice: Consolidated Practice | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | | √ | √ | √ | √ |

Course Outcomes Aligned to the NMC (2001) Standards for Specialist Education and Practice and QNI (2015) The QNI/QNIS Voluntary Standards for District Nurse Education and Practice.

| Outcome | Course Outcome | NMC Standard | QNI Standard |
|----------------|--|---|---|
| | | Clinical nursing practice | |
| 1 | Assess health, health and nursing needs of patients, clients, families and carers. | 11.1 Assess health, health related and nursing needs of patients or clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals, groups and communities (13.1, 28.1). | 1.3 Assess the health-related needs of families and other informal carers, developing therapeutic relationships and using creative problem solving that enables shared decision making for the development of care plans, anticipatory care and delivery of care packages. |
| 2 | Assess and manage complex, critical and clinical care situations in a range of settings and make decisions and judgement to deliver safe and effective care. | 11.3 Assess and manage critical and clinical care events to ensure safe and effective care 13.4 Assess and manage care in a range of settings and make decisions and judgements to distinguish between health and social needs. 28.2 Assess, diagnose and treat specific diseases in accordance with agreed nursing/medical protocols | 1.2 Use appropriate physical and clinical examination skills to undertake the assessment of individuals with complex health care needs or those presenting with more acute illnesses, using a range of evidence-based assessment tools and consultation models to enable accurate diagnostic decision-making and recognition of other potential differential diagnoses. 1.5 Assess when additional expertise is necessary and make objective and appropriate referrals, whilst maintaining overall responsibility for management and co-ordination of care. 1.7 Promote the mental health and |

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| | | | <p>well-being of people and carers in conjunction with mental health professionals and GPs, identifying needs and mental capacity, using recognised assessment and referral pathways and best interest decision making and providing appropriate emotional support.</p> <p>1.8.1 Where appropriate, undertake the case management of people with complex needs, with the support of the multidisciplinary team, to improve anticipatory care, self-management, facilitate timely discharges and reduce avoidable hospital admissions to enable care to be delivered closer to, or at home.</p> |
| 3 | Plan, provide and evaluate specialist nursing care in different environments. | 13.2 Plan, provide and evaluate specialist nursing care in different environments, including people's homes and small institutions, health centres and GP surgeries with varied resources (28.3, 11.2). | <p>1.4.1 Support all staff to use tools to identify changes in health status and maximise the skills of the District Nurse to support complex assessment where the patient is showing signs of deteriorating health or new symptoms.</p> <p>1.6 Source and utilise eHealth technology and technology assisted learning systems to support self-care and improve efficiency and effectiveness of the</p> |

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| | | | <p>district nursing service.</p> <p>1.6.1 Work collaboratively with others to identify individuals who would benefit from technology, with ongoing support and management.</p> <p>4.2.1 Produce operational plans, supported objectively by data that identify key risks and future management strategies.</p> |
| 4 | <p>Provide counselling and psychological support to patients, clients and their carer's and work in partnership to enable them to participate in decisions concerning their care.</p> | <p>11.4 Support and empower patients and clients, their families and other carers to influence and participate in decisions concerning their care by providing information on a range of specialist nursing care and services.</p> <p>13.9 Support and empower patients, clients and their carers to influence and use available services, information and skills to the full and work in partnership to enable them to participate in decisions concerning their care, (13.3, 11.8, 11.6)</p> <p>11.6 Provide counselling and psychological support for individuals and their carers (13.5)</p> | <p>1.10 Work in partnership with individuals, formal and informal carers and other services to promote the concept of self-care and patient-led care where possible, providing appropriate education and support to maximise the individual's independence and understanding of their condition(s) in achieving their health outcomes.</p> <p>1.11 Analyse and use appropriate approaches to support the individual's health and wellbeing and promote self-care in addressing their short- or long-term health conditions.</p> <p>1.13 Demonstrate advanced communication skills engaging and involving people and their carers that foster</p> |

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| | | | therapeutic relationships and enable confident management of complex interpersonal issues and conflicts between individuals, carers and members of the caring team. |
| 5 | Facilitate the learning of patients, clients and carers in relation to identified health needs. | 11.5 Facilitate learning in relation to identified health needs for patients, clients and carers (13.6) | |
| 6 | Prescribe from a nursing formulary, where the legislation permits. | 13.7 Prescribe from a nursing formulary, where the legislation permits; | 1.14 Prescribe from the appropriate formulary relevant to the type of prescribing being undertaken, following assessment of patient need and according to legislative frameworks and local policy. |
| 7 | Act independently within a multi-disciplinary/multi-agency context. | 11.7 Act independently within a multi-disciplinary/multi-agency context (13.8). | 1.12 Explore and apply the principles of effective collaboration within a multi-agency, multi-professional context facilitating integration of health and social care and services, ensuring person-centred care is co-ordinated and anticipated across the whole of the person's journey. |
| | | Care and programme management | |
| 8 | Manage and supervise clinical practice and the delivery of safe, evidence-based care for people with chronic disease. | 11.9 Supervise and manage clinical practice to ensure safe and effective holistic research-based care. 28.5 Manage programmes of care for patients with chronic disease. 28.6 Play a key role in care management as appropriate. | 1.4 Supervise the delivery of person-centred care plans by the district nursing team ensuring regular evaluation of care and develop systems to support staff interventions and care quality. 2.2 Lead, support, clinically supervise, manage and appraise a mixed skill/discipline |

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| | | | <p>team to provide community nursing interventions in a range of settings to meet known and anticipatory needs, appraising those staff reporting directly to the District Nurse whilst retaining accountability for the caseload and work of the team.</p> <p>2.6 Manage and co-ordinate programmes of care, for individuals with acute and long-term conditions, ensuring their patient journey is seamless between mental and physical health care, hospital and community services and between primary and community care.</p> |
| 9 | Initiate and contribute to health improvement, prevention and promotion strategies. | <p>11.10 Initiate and contribute to strategies designed to promote and improve health and prevent disease in individuals, groups and communities by identifying and selecting from a range of health and social agencies, those that will assist and improve care (28.4, 13.16).</p> <p>13.17 Empower people to take appropriate action to influence health policies.</p> | <p>1.8 Apply the principles of risk stratification and case management to enable identification of those at most risk of poor health outcomes.</p> <p>1.9.1 Develop and implement risk management strategies that take account of people's views and responsibilities, whilst promoting patient and staff safety and preventing avoidable harm to individuals, carers and staff.</p> <p>1.11.1 Support the team to facilitate behaviour change interventions for individuals.</p> |

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| 10 | Identify and act on ethical issues in nursing practice. | 11.11 Recognise ethical issues which have implications for nursing practice and take appropriate action. | <p>1.9 Assess and evaluate risk using a variety of tools across a broad spectrum of often unpredictable situations, including staff, and people within their home environments.</p> <p>2.3 Manage the district nursing team within regulatory, professional, legal, ethical and policy frameworks ensuring staff feel valued and developed.</p> <p>2.10 Ensure all staff are able to recognise vulnerability of adults and children and understand their responsibilities and those of other organisations in terms of safeguarding legislation, policies and procedures.</p> <p>3.3 Lead and foster a culture of openness and recognition of duty of candour in which each team member is valued, supported and developed, inspiring a shared purpose to support the delivery of high-quality effective care.</p> |
| 11 | Collect, collate and evaluate health data and use the data to influence and inform health policy development and the provision of health and nursing care. | <p>13.18 Provide accurate and rigorously collated health data to employing authorities and purchasers through health profiles in order to inform health policies and the provision of health care.</p> <p>30.9 Collect and interpret health data and contribute to the development of</p> | 2.1 Contribute to public health initiatives and surveillance, working from an assets-based approach that enables and supports people to maximise their health and well-being at home, increasing their self-efficacy and |

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| | | <p>strategies to promote and improve health and evaluate their outcomes.</p> <p>30.10 Establish and evaluate caseload and workload profiles and devise programmes of care and monitor strategies of intervention.</p> | <p>contributing to community developments.</p> <p>2.7 Collaborate with other agencies to evaluate public health principles, priorities and practice and implement these policies in the context of the district nursing service and the needs of the local community.</p> <p>2.8 Participate in the collation of a community profile, nurturing networks that support the delivery of locally relevant resources for health improvement and analysing and adapting practice in response to this.</p> <p>2.9 Articulate the role and unique contribution of the district nursing service in meeting health care needs of the population in the community and the evidence that supports this in local areas.</p> <p>4.2 Identify trends in the characteristics and demands on the district nursing service and use this, where appropriate, to inform workload and workforce planning and strategic decision making.</p> |
| | | Clinical practice leadership | |
| 12 | Lead and direct the professional team clinically, to ensure the | 11.12 Lead and direct the professional team clinically, to ensure the | 1.1 Demonstrate a broad range of specialist district |

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| | <p>implementation and monitoring of quality assured standards of care by effective and efficient management of finite resources.</p> | <p>implementation and monitoring of quality assured standards of care by effective and efficient management of finite resources.</p> | <p>nursing clinical expertise that supports high quality person-centred care for the caseload population in a variety of community settings.</p> <p>1.5.1 Ensure clear lines of accountability with respect to delegation, supervision and mechanisms for the assurance of clinical and care governance including antimicrobial stewardship.</p> <p>2.4 Facilitate an analytical approach to the safe and effective distribution of workload through delegation, empowerment and education which recognises skills, regulatory parameters and the changing nature of district nursing whilst establishing and maintaining the continuity of caring relationships.</p> <p>2.5 Lead, manage, monitor and analyse clinical caseloads, workload and team capacity to assure safe staffing levels in care delivery, using effective resource and budgetary management.</p> <p>2.11 Use knowledge and awareness of social, political and economic policies and drivers to analyse how these may</p> |
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| | | | <p>impact on district nursing services and the wider health care community. Where appropriate participate in organisational responses and use this knowledge when advocating for people or resources.</p> <p>4.3 Use a range of change management, practice development, service and quality improvement methodologies, evaluating the underpinning evidence of successful approaches that support the implementation of service developments to improve patient care.</p> <p>4.3 Participate in the development and implementation of organisational systems to enable individuals, family and carers to share their experiences of care confidentially. Develop processes for systematically improving services in response to feedback.</p> |
| 13 | Use appraisal to manage and identify education and skills development opportunities for registered nurses and specialist practitioners. | 11.13 Identify individual potential in registered nurses and specialist practitioners, through effective appraisal systems. As a clinical expert advice on educational opportunities that will facilitate the development and support of their specialist knowledge and skills to ensure they develop their clinical practice (13.21). | 2.2.1 Enable other team members to appraise, support and develop others in the team and develop strategies for addressing poor practice. |

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| 14 | Use preceptorship, mentorship, counselling and clinical supervision to provide education and effective learning experiences for students in practice. | 11.14 Ensure effective learning experiences and opportunity to achieve learning outcomes for students through preceptorship, mentorship, counselling, clinical supervision and provision of an educational environment (13.22). | 3.1.1 Use creative problem-solving to develop a positive teaching/ learning environment and workplace for supporting disciplines and professions learning about caring for people in the community and the interdependency of integrated service provision. |
| | | Clinical practice development | |
| 15 | Develop, evaluate clinical practice and disseminate findings. | 11.15 Create an environment in which clinical practice development is fostered, evaluated and disseminated (13.26). | 4.4 Apply the principles of project management to enable local projects to be planned, implemented and evaluated. |
| 16 | Contribute to clinical teaching and assessment of learning in a multi-disciplinary environment within scope of expertise and knowledge. | 11.16 Identify specialist learning activities in a clinical setting that contribute to clinical teaching and assessment of learning in a multi-disciplinary environment within scope of expertise and knowledge base. | |
| 17 | Initiate and lead practice developments to enhance the delivery of quality nursing care. | 11.16 initiate and lead practice developments to enhance the nursing contribution and quality of care (13.23) | 3.1 Promote and model effective team working within the district nursing team and the wider multi-disciplinary team and primary care. 3.2 Demonstrate the values of high quality, compassionate nursing and support the ongoing development of these values in others, whilst demonstrating resilience and autonomy in the context of increasing demand, managing change to meet the evolving shape of services through flexibility, innovation and strategic leadership. |
| 18 | Identify, apply and disseminate research | 11.17 Identify, apply and disseminate research | 4.1 Ensure care is based on all available |

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| | findings to specialist nursing practice. | findings relating to specialist nursing practice (13.24). | evidence/research or best practice. 4.1.1 Demonstrate high level skills in discerning between different forms of evidence and managing uncertainty in clinical practice. |
| 19 | Explore and implement strategies for quality assurance and audit. | 13.25 Undertake audit review and appropriate quality assurance activities. 11.18 Explore and implement strategies for staff appraisal, quality assurance and quality audit. Determine criteria against which they should be judged, how success might be measured and who should measure success (13.27). | 3.4 Contribute to the development, collation, monitoring and evaluation of data relating to service improvement and development, quality assurance, quality improvement and governance, reporting incidents and developments related to district nursing ensuring that learning from these, where appropriate, is disseminated to a wider audience to improve patient care. |

Mapping – To illustrate how the course content for Prescribing from the Community Practitioner Formulary aligns to the competency requirements set by the Royal Pharmaceutical Society (2016) A Competency Framework for all prescribers

Context:

- The course content takes place over five days.
- Delivery of the content aims to enable the students to build their knowledge, understanding and address the required competences.
- Alongside the course, students gain exposure to prescribing practice/ activity during the practice placement under the direct supervision of the practice assessor (who is also an NMC registered prescriber).
- Students commence the course, having already completed the Advanced Clinical Practice module in semester one.

Royal Pharmaceutical Society (2016) A Competency Framework for all prescribers – mapped to the prescribing from the community practitioner formulary course

| RPS (2016) Competency | Day One | Day Two | Day Three | Day Four | Day Five |
|---------------------------|---------|---------|-----------|----------|----------|
| Assess the patient | √ | | | | |
| Consider the options | √ | √ | | | |
| Reached a shared decision | | √ | | | |
| Prescribe | | √ | | | √ |
| Provide information | | √ | √ | | √ |
| Monitor and review | | | √ | | |
| Prescribe safely | √ | | √ | √ | |
| Prescribe professionally | √ | | √ | √ | |

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| Improve prescribing practice | | | | √ | √ |
| Prescribe as part of a team | | | | √ | √ |

Appendix B: Personal Development Planning

| Approach to PDP | Level 7 |
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| 1 Supporting the development and recognition of skills through the personal tutor system. | <p>Each student is allocated a personal tutor. The same person will also be the link lecturer who will meet with the student and the practice assessor during placement visits. This creates continuity and promotes effective relationship building.</p> <p>Contact will normally be made within the first semester and further contacts are planned based on need. All students will have at least one contact with their personal tutor/link lecturer during the course.</p> <p>Evidence –Professional portfolio, course guide, records of tutorials and placement visits.</p> |
| 2 Supporting the development and recognition of skills in academic modules/units. | <p>All students are offered a personal tutorial during the academic module They are introduced to the learning support team/ service during the induction for the programme.</p> <p>Students are encouraged to submit formative work prior to the summative submission and receive feedback. Written feedback is given with all summative assignment submissions.</p> <p>Evidence – Formative assignments, progress interviews, assignment feedback, personal tutorial and placement visits</p> |
| 3 Supporting the development and recognition of skills through purpose designed modules/units. | <p>The programme presents a variety of assessments.</p> <p>Students are invited to revision sessions to help prepare for examinations.</p> <p>Evidence – Module guides</p> |

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| <p>4 Supporting the development and recognition of skills through research projects and dissertations work.</p> | <p>Students on the level 7 programme who wish to progress to the Masters degree will normally be encouraged to attend the planning sessions for the Masters programme.</p> <p>The PGDIP courses do not require submission of a dissertation.</p> |
| <p>5 Supporting the development and recognition of career management skills.</p> | <p>The programme team work closely with the NHS Organisations / trusts to ensure that the skills that student are acquiring are being employed and are relevant to health care provision.</p> <p>Evidence- managers meetings 4 times a year, placement visits, practice teacher days.</p> |
| <p>6 Supporting the development and recognition of career management skills through work placements or work experience.</p> | <p>Students complete half of the programme (50%) in the practice placement for their chosen professional field. They complete a period of consolidated practice placement during the final 10 weeks of the programme. This is undertaken with indirect supervision of the practice assessor and they are supported to manage a specific caseload of clients and issues.</p> <p>Evidence – professional portfolio, assessment of competence by the practice assessor (teacher).</p> |
| <p>7 Supporting the development of skills by recognising that they can be developed through extra curricula activities.</p> | <p>All students are encouraged to access the help of the learning support team to develop strategies for learning.</p> <p>Evidence – course guides.</p> |
| <p>8 Supporting the development of the skills and attitudes as a basis for continuing professional development.</p> | <p>Students and practice assessors complete a behaviour and attitude assessment three times during the year. This stimulates discussion about issues of concern as well as issues that are well developed.</p> <p>Evidence – professional practice portfolio.</p> |
| <p>9 Other approaches to personal development planning.</p> | <p>Students complete additional and alternative practice placements to help them to consider the wider aspects relating to their professional field. They are encouraged to complete a reflective journal and must complete written reflective accounts illustrating how they have achieved the learning outcomes. This will also prepare the students for the requirements of the NMC (2015) Revalidation Framework.</p> <p>Evidence – professional practice portfolio.</p> |
| <p>10 The means by which self-reflection, evaluation and planned development is supported e.g. electronic or paper-based learning log or diary.</p> | <p>Students complete a professional practice portfolio during the practice placement component of the programme. The complete written reflective accounts and provide evidence to show how they have achieved the learning outcomes.</p> <p>Evidence – professional practice portfolio.</p> |

Appendix C: Terminology

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| Compulsory module | A module that students are required to take as part of the programme / course. |
| Contact hours | The time allocated to direct contact between a student and a member of staff through, for example, timetabled lectures, seminars and tutorials |
| Course work | Student work that contributes towards the final result but is not assessed by written examination |
| Feedback (on assessment) | Information to students following their completion of a piece of assessed or examined work. The information usually contains information of how to develop the content. |
| Formative assessment | A type of assessment designed to help students learn more effectively, to progress in their studies and to prepare for summative assessment; formative assessment does not contribute to the final mark, grade or class of degree awarded to students |
| Self- directed study time | Learning that occurs outside the classroom that might include preparation for scheduled sessions, follow-up work, wider reading or practice, completion of assessment tasks, or revision |
| Lecture | A presentation or talk on a particular topic; in general lectures involve larger groups of students than seminars and tutorials |
| Module | A self-contained, formally structured unit of study, with a coherent and explicit set of learning outcomes and assessment criteria; some |

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| | providers use the word 'course' or 'course unit' to refer to individual modules |
| Regulatory body | An organisation recognised by government as being responsible for the regulation or approval of a particular range of issues and activities. For nurses and midwives in the UK, this is the Nursing and Midwifery Council (NMC). |
| NMC Approved course | A programme of study that meet the NMC standards / requirements for registration of the award on the NMC register. |
| Recordable qualification | A professional award recorded on the NMC (health regulator) register. |
| Semester | Either of the parts of an academic year that is divided into two for purposes of teaching and assessment (in contrast to division into terms) |
| Seminar | Seminars generally involve smaller numbers than lectures and enable students to engage in discussion of a particular topic and/or to explore it in more detail than might be covered in a lecture |
| Summative assessment | Formal assessment of students' work contributing to the final result |
| Sponsorship | The arrangement that a student has, usually via a contract of employment for the duration of the course, with the provider organisation. The organisation will provide the student district nurse with a salary, a practice assessors and a practice placement for the duration of the course. |
| Practice Assessor | The qualified, experienced district nurse who supervises and assess the learning of the students district nurse in the practice placement. This person will usually assesses the students practice and learning and through this assessment decides if they have met the practice-learning outcome for the course and to regulators requirements for recording the professional award on the NMC register. |