



University of  
Chester

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**Non Medical Prescribing Programme  
Conjoint Validation by the University  
of Chester, the Health Professions  
Council Department of Education and  
Policy, and the Nursing and Midwifery  
Council**

**Programme Team Response**

**October 2005**

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Non Medical Prescribing Programme Conjoint Validation by the University of Chester, the Health Professions Council Department of Education and Policy, and the Nursing and Midwifery Council

**1. Health Professions Council Visitors Report: Response by University of Chester Programme Team.**

Name of education provider	University of Chester
Name and titles of programme(s)	Non Medical Prescribing Programme
Date of event	Wednesday 28 <sup>th</sup> September 2005
Proposed date of approval to commence	
Name of HPC visitors attending (including member type and professional area)	Gwyn Thomas – Paramedic Bob Fellows - Paramedic
HPC Executive officer(s) (in attendance)	Ed Crowe – Education Officer Jo Kemp – Education Officer
Joint panel members in attendance (name and delegation):	Andrea McLaughlin – Academic (U of C) Patricia Lownds - Nursing and Midwifery Council (NMC) Colin Taylerson – Quality Advisor, AQSS Nina Vartiainen – Secretary (U of C) Dorothy Marrass – Dean, School of Health and social care (U of C)

Scope of visit (please tick)

New programme	<input checked="" type="checkbox"/>
Major change to existing programme	<input type="checkbox"/>
Visit initiated through Annual Monitoring	<input type="checkbox"/>
This is a major change to an existing Supplementary prescribing course run for Nursing, Midwifery and health Visitors and Pharmacists, however this is a new programme for the HPC to include AHP's (Physiotherapists, Radiographers, Chiropodists, Optometrists and Podiatrists)	

**Part 1.**

**1.1 Confirmation of meetings held**

	yes	no	n/a
Senior personnel of provider with responsibility for resources for the programme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programme planning team	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placements providers and educators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1.2 Confirmation of facilities inspected**

	yes	No
Library learning centre	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IT facilities, more specifically we had a demonstration of the CD Rom	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialist teaching accommodation	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**1.3 Confirmation that particular requirements/specific instructions (if any) of the Education and Training Committee that have been explored e.g. specific aspects arising from annual monitoring reports.**

Requirement (please insert detail)	yes	No	n/a
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Proposed student cohort intake number please state	
Non – Medical Supplementary Prescribing (2 cohorts per Year) (Cohort will have approximately 30 nurses, 10 Pharmacists and 10 AHP's)	50 per intake

**5 CONDITIONS – These are all referenced to the HPC Standards of Education & Training (S.E.T.)**

**1) SET 2.2.2 Apply selection and entry criteria, including: Criminal Conviction Checks**

The HPC visitors require evidence of full Criminal Conviction Checks within the admissions process and this should not leave this to the student's employer within the NHS

**Response**

The admissions process and form has been altered to ensure that signed confirmation of sight of a current criminal conviction check is given by each nominating prescribing lead, and that where no employer exists a copy of a criminal conviction check is produced by the student on

application. (Please see appendix 1 and point F.3 on page F1 of the revised validation documentation )

2) SET 2.3 Ensure that the education provider has an equal opportunities and anti-discriminatory policy in relation to candidates and students, together with an indication of how this will be implemented and monitored

The HPC visitors require visual evidence of the equal opportunities and anti-discriminatory policy

**Response**

Please see appendix 2 for copy of the current University of Chester equal opportunities and anti-discriminatory policy

3) SET 3.9 Where students participate as patients or clients in practical and clinical teaching, appropriate protocols must be used to obtain their consent

The HPC visitors require visual evidence a consent form that will be used with students on this programme.

**Response**

The prescribing team have devised a consent form to ensure students fully understand that they have the choice to act as a client / patient during role-play, and possibly as a patient during a practical examination session within the classroom and/or clinical environment. The form will be distributed and explained to students as part of the introduction days, well in advance of any practical or role-playing exercises. (Please see appendix 3)

4) SET 6.3 All assessments must provide a rigorous and effective process by which compliance with external reference frameworks can be measured.

The HPC visitors require visual evidence of the reference framework that was discussed at the approval event to provide a clear criteria for marking the OSCE Viva articulated in the approval paperwork in Appendix B – 15.

**Response**

The criteria for OSCE Viva has been developed in collaboration with the Non-medical prescribing education teams of Bolton University and University College St Martins. An example of the assessment criteria is enclosed at appendix 4

5) SET 6.7.1 Assessment regulations must clearly specify requirements for student progression and achievement within the programme.

The HPC visitors require clarification of the four assessments to be undertaken by the students for both Level 3 and level M.

**Response**

<b>Level 3 Route: Three modules of 15 credits each.</b>				
<b>Module</b>	<b>Assessment Method</b>	<b>Pass Rate</b>	<b>Weighting</b>	<b>Overall module</b>
1)Supplementary Prescribing in Context	3000 word prescribing case study	40% pass using UC L3 criteria	Contributes to 20% of overall programme marks	15 credits at level 3
2)Professional Aspects Of Non-medical Prescribing	Clinical Assessment Tool (based on NPC criteria)	Pass or Fail	Contributes to 50% of overall programme marks	15 credits at level 3
3) Clinical & Pharmacological Knowledge	<u>Part A</u> Objective Structured Clinical Examination	70% pass mark	Contributes to 10% of overall programme marks	15 credits at level 3
	<u>Part B</u> 1.5-hour short answer and MCQ unseen paper	70% pass mark	Contributes to 20% of overall programme marks	
<b>Masters Route: Two modules of 20 credits each</b>				
Non-medical Prescribing in context	<u>Part A</u> Supplementary prescribing case study (3000 words maximum)	40% pass using UC Masters level criteria	Contributes to 25% of overall programme marks	20 Masters level credits
	<u>Part B</u> Clinical Assessment Tool (based on NPC criteria)	Pass / Fail	Contributes to 25% of overall programme marks	
Therapeutic Aspects of Prescribing	<u>Part A</u> Selected web based exercises from portfolio (3000 words equivalent)	40% pass using UC Masters level criteria	Contributes to 25% of overall programme marks	20 Masters level credits
	<u>Part B</u> Consultation OSCE with associated viva station)	OSCE 70% pass rate Viva 40% pass rate	Contributes to 25% of overall programme marks	

Due to the conjoint university panel condition that the programme provides a minimum of 45 credits, the module structure shown within the original validation document and discussed on the day has been altered to accommodate the new credit requirement and subsequent structure. This has allowed for greater clarity, however the programme learning outcomes and assessment methods remain as agreed at validation.

#### **4 RECOMENDATIONS– These are all referenced to the HPC Standards of Education & Training (S.E.T.)**

1) SET 3.11 Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place

The HPC visitors recommend that the validation team review the current policy of 80% attendance as mandatory.

##### **Response**

The team thanks the panel for the recommendations and have corrected the student handbook and validation document to make clear that the 80% attendance figure is a recommended target, not a condition of passing. It was also clarified that where a student is unable to attend a university contact session, then the learning outcomes would be achieved through the web based materials and evidenced in the students portfolio of achievement.

2) SET 3.13 The learning resources, including the stock of periodicals and subject book, and IT facilities, including internet access, must be appropriate to the curriculum and must be readily available to students and staff..

The HPC visitors recommend a review of the current bibliography for the programme undertaken by the students for both Level 3 and level M.

##### **Response**

The bibliographies for Level 3 and Masters Level have been replaced in both programmes with appropriate materials. (Please see validation documentation, Appendix B)

3) SET 5.6 the education provider must maintain a thorough and effective system for approving and monitoring all placements

The HPC visitors recommend that all potential placements and students in placements are visited by academic staff to seek clarification of the presence of an equal opportunities and anti discriminatory policy (5.13).

##### **Response**

The programme team currently visit all students and DMPs in placement when requested to do so, and will continue to make further placement visits a high priority.

- 4) SET 5.8.1 Unless other arrangements are agreed, practice placement educators: must have relevant qualifications and experience

The HPC visitors recommend that all Designated Medical Practitioners attend the half-day briefing articulated in the supervisors training Pack.

**Response**

The programme team agrees with the views of the HPC visitors and will make every effort to encourage the DMPs to attend the half day briefing session. This approach will continue to be supported by a detailed briefing pack sent to each DMP and telephone follow up as appropriate.

## **2. University of Chester Panel Conditions and Recommendations**

**Conditions**

- 1 The curriculum must be designed to include the double-modules required by the SHA but in total must represent a minimum of 45cr at both Level 3 and Level M.

**Response**

The programme team have restructured the modular framework in order to provide 45 credits at level 3, and 40 credits at Masters Level. The programme learning outcomes and assessment methods remain as agreed at validation, and the revised credit rating agreed with the Cheshire and Merseyside Strategic Health Authority. Please see Appendix B of the revised validation document.

**Recommendations**

- 1 The Programme Team were urged to review the total student learning activity in order to consider whether the revised credit value accurately reflects the total expected activity.

**Response**

The programme team have reviewed the total student learning activity, and find the revised credit rating at both level 3 and Masters Level to be accurate and justifiable. Although some variability remains, the revised credit rating now matches similar provision across the region and nationally.

2. The HPC Visitor's report outlines further five conditions and four recommendations to which the Programme Team are required to respond to. Also, the programme documentation should be revised for any minor inaccuracies and typographical errors, as detailed in the meeting.

**Response**

Each of the HPC conditions and recommendations have been acted upon by the programme team and evidenced in this document and the corresponding revised validation document.



### **3. Royal Pharmaceutical Society of Great Britain.**

Letter of the 15<sup>th</sup> September 2005.

After reviewing the validation documentation, Dr Peter Wilson, Head of Post Registration Division, RPSGB, has confirmed by letter that the RPSGB will continue to validate the University of Chester programme for Pharmacists, however reminded the programme team of the condition to award successful pharmacists with a Practice Certificate in Supplementary Prescribing. This requirement will continue to be met by the revised programme, and will be presented to the pharmacist by the School of Health & Social Care. An example of the certificate is at Appendix 6.

# **Appendix 1:**

# **Modified Nomination / Application form**

**NOMINATION FOR EXTENDED FORMULARY AND/ OR SUPPLEMENTARY  
PRESCRIBING PREPARATION**

**1. University (Please tick one choice only)**

Salford University	<input type="checkbox"/>	St Martins Lancs	<input type="checkbox"/>	Edge Hill College	<input type="checkbox"/>
Liverpool JMU	<input type="checkbox"/>	St Martins Carlisle	<input type="checkbox"/>	Uni of Chester	<input type="checkbox"/>
Uni of Liverpool	<input type="checkbox"/>	Bolton University	<input type="checkbox"/>	Manchester MMU	<input type="checkbox"/>
Uni of Central Lancs	<input type="checkbox"/>				

Start Date \_\_\_\_\_

**2. Performance Management**

**All parts MUST be completed – PLEASE PRINT CLEARLY**

First Name of Nominee:		
Surname:	Title (Mr/Mrs/other)	
Previous Surname:	Date of Change	
Date of Birth:		
National Insurance No.:		
Pin/Registration No.:		
Employer / Trust		
Work Address		
Postcode:		
Work Telephone number:		
Work Email address:		
Home Address		
Postcode:		
Telephone Number Home:		
Home Email:		
Signed	Date	
Have you previously attended a Higher Education institute course    YES/NO (If YES, please give dates, institution name and if possible institution registration number, course title and academic level).		
Course title:	Reg No.	Level:

3. Please indicate which area of practice best reflects the majority of your work, please tick one only :

Nurse (please specify)	Please tick one code only
Practice Nurses	(1)
Walk-in Centre Nurses	(2)
PMS Nurses	(3)
Nurse Practitioners – primary care	(4)
District nurses	(5)
Health Visitors	(6)
Nurses in A&E/Minor injuries units	(7)
Other nurses – Acute Care	(8)
Palliative Care Nurses	(9)
Midwives	(10)
Children's nurses	(11)
Mental Health Nurses	(12)
Other – Please Specify:	(13)
Community Pharmacist	(14)
Hospital Pharmacist	(15)
Primary care pharmacist	(16)
Podiatrist	(17)
Physiotherapist	(17)
Radiographer	(17)
Optometrist	(17)

4.

<b>Non Medical Prescribing Lead</b>	
Name:	
Trust / Employer:	
Work Address:	
Telephone Number:	
Email address:	
I agree with the above professional training for registration as a non medical prescriber:	
Criminal conviction check (current CRB form) seen by employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signed	Date
or	
Criminal conviction check (current CRB form) seen by HEI: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<small>(To be provided by independent student on application)</small>	
Signed	Date

## 5. Line Managers / Employer Agreement and Signature

**Line Manager/Employer agreement to a minimum release from practice for both taught theory and medical supervision. (26 days theory equivalent and 12 days practice)**

As this is a recordable qualification with a professional body, contact day attendance and recorded achievement of all theory and practice hours are mandatory. (Irrespective of mode of delivery). Students will be unable to record their qualification until all learning hours and assessments are achieved.

Some universities operate a blended learning approach to the programme whereby the 26 contact days are split between college attendance and distance learning. This approach improves flexibility of release time required, but does not reduce the total mandatory time needed for study by the student.

As line manager, I confirm the full release support, totalling a minimum of 38 days equivalent, and that the applicant will have a prescribing role on completion of the programme.

Name(please print)

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **All parts MUST be completed**

<b>Is the nominee a regulated Health Care Professional</b>	<b>Yes/No</b>
<b>Registering Body</b> <b>PIN Number</b> <b>Valid from:                      to:</b>	
<b>Does the nominee have evidence of the ability to study at level 3?</b> Please ( ✓ ) the nominees level of academic attainment:- <input type="checkbox"/> MA/MSc <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	<b>Yes/No</b>
<b>Does the nominee wish to study at Level 3 (degree) or Masters Level?</b>	<b>L3 / ML</b>
<b>Does the nominee have a medical prescriber willing to supervise the student for the 12-day 'learning in practice' element of the preparation?</b>	<b>Yes/No</b>
<b>Does the nominee have at least 3 years Post Registration clinical experience (or part-time equivalent)?</b>	<b>Yes/No</b>
<b>Does the nominee have the commitment of his/her employer to enable access to a prescribing budget and make other necessary arrangements for prescribing practice on successful completion of the course?</b>	<b>Yes/No</b>
<b>Will the health professional be prescribing regularly in order to provide maximum benefit to patient from central funding?</b>	<b>Yes/No</b>
<b>Has the organisation considered the options of prescribing/preparation within the context of Patient Group Directions?</b>	<b>Yes/No</b>

**Please provide a short supporting statement that:-**

- **Outlines the intended prescribing role and why this nominee should be selected for entry on to prescribing preparation**

(For example benefits to patients, health professional led services, works in isolation from other prescribers, completes episodes of care.

Continue on separate sheet if necessary

**Name of Medical Supervisor:**

**Area of practice:**

**Position:**

**Work Address:**

**Postcode:**

**Telephone Number:**

**Work Email:**

**I agree to provide 12 days (or equivalent) clinical practice supervision**

**Signed** **Date**

Guidance on the selection of medical supervisors is available on the DoH website  
[www.dh.gov.uk/nurseprescribing/supervision](http://www.dh.gov.uk/nurseprescribing/supervision)

<p><b>Please tick to indicate which criteria Medical Supervisor fits</b></p>	<p>(✓)</p>
<p><b>The doctor must be a registered medical practitioner who:</b></p>	
<p>(i) has normally had at least 3 years recent clinical experience for a group of patients/clients in the relevant field of practice;</p>	<p><input type="checkbox"/></p>
<p>(ii) (a) is within a GP practice and is either vocationally trained or is in possession of a certificate of equivalent experience from the Joint Committee for Post-graduate Training in General Practice Certificate (JCPTGP); or</p>	<p><input type="checkbox"/></p>
<p>(b) is a specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer;</p>	<p><input type="checkbox"/></p>
<p>(iii) has the support of the employing organisation or GP practice to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice;</p>	<p><input type="checkbox"/></p>
<p>(iv) has some experience or training in teaching and / or supervising in practice.</p>	<p><input type="checkbox"/></p>
<p><small>Guidance on the selection of medical supervisors is available on the DoH website  <a href="http://www.doh.gov.uk/nurseprescribing/supervision">www.doh.gov.uk/nurseprescribing/supervision</a></small></p>	

## **Practice Placement Quality**

As part of the quality assurance process for practice placements, we would appreciate you reading the following statements extracted from the Ongoing Quality Monitoring Exercise 2004 standards, and confirm your potential placement area meets statutory requirements. Please contact the relevant programme leader for advice regarding this process if required.

No.	Standard statement
1	Our policies and procedures within our practice placement areas reflect health and safety legislation, employment legislation and equality of opportunity
2	Our human resources management processes reflect current good practice in relation to recruitment, retention, development of staff and equal opportunities
3	Our staff understand and manage specific risks to students and risk assessment is carried out in practice placement areas
4	We ensure that students have access to appropriate books, journals, educational and IT facilities, including internet access, (where practicable) when they are in placements
5	We have mechanisms in place in placement areas to recognise early poor performance of students and for taking appropriate and prompt action
6	We provide all students with a named practice placement supervisor for the duration of that placement, who is appropriately qualified and experienced and meets relevant Regulatory body requirements
7	Our practice placement supervisors are aware of the students placement outcomes so that they are able to agree with the students an individual learning contract for the placement experience
8	We provide students with scheduled appointments with their practice placement supervisors at regular intervals to discuss their progress towards meeting their learning contract.
9	We take action on evaluation/feedback information that students give us on the quality of their placements and practice placement supervision received
10	We provide students with an orientation/induction to each practice placement
11	Our placement areas ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning
12	Our practice placements provide varied learning opportunities that enable students to achieve learning outcomes through: observing skilled professionals deliver service and care participating, under supervision, in the delivery of treatment and care practising in an environment that respects users' rights, privacy and dignity





Please return to one university of choice only

<b>University College St Martins</b>	<p>Elaine Scott Brown Senior Lecturer St Martins College Lancaster, LA1 3JD Email: <a href="mailto:ESMScottBrown@ucsm.ac.uk">ESMScottBrown@ucsm.ac.uk</a></p>
<b>The University of Central Lancashire</b>	<p>Customer Services University of Central Lancs Faculty of Health Department Greenbank Building Preston, PR1 2HE Contact: <a href="http://www.uclan.ac.uk">www.uclan.ac.uk</a></p>
<b>The University of Liverpool</b>	<p>Julie Walton Head of CPD Department of Nursing University of Liverpool The Whelan Building, Quadrangle Brownlow Hill, Liverpool, L69 3GB Email: <a href="mailto:Julie.Walton@liv.ac.uk">Julie.Walton@liv.ac.uk</a></p>
<b>Liverpool John Moores University</b>	<p>Susan Mitchinson (Nursing) Ian Cubbin (Pharmacy) Senior Lecturers Liverpool John Moores University Schools of Health /Pharmacology 79 Tithebarn Street Liverpool, L2 2ER Email: <a href="mailto:s.mitchinson@livjm.ac.uk">s.mitchinson@livjm.ac.uk</a></p>
<b>Edge Hill College</b>	<p>Jane Duckworth Edge Hill University College School of Health Studies Aintree Campust University Hospital, Longmoor Lane, Liverpool, L9 7AL Email: <a href="mailto:duckworthj@edgehill.ac.uk">duckworthj@edgehill.ac.uk</a></p>
<b>The University of Chester</b>	<p>Anne Ashford Admissions Dept University College Chester Parkgate Road Chester CH1 4BJ Email: <a href="mailto:a.ashford@chester.ac.uk">a.ashford@chester.ac.uk</a></p>
<b>The University of Bolton</b>	<p>Jeanette Sandiford Senior Lecturer Bolton Institute of Higher Education Department of Health Studies Room T4-38 Eagle Campus Deane Road, Bolton, BL3 5AB Email: <a href="mailto:js12@bolton.ac.uk">js12@bolton.ac.uk</a></p>
<b>Manchester Metropolitan University</b>	<p>Louise Bowden Senior Lecturer Department of Health Care Studies Manchester Metropolitan University Elizabeth Gaskell Campus Hathersage Road, Manchester, M13 0JA Email: <a href="mailto:l.bowden@mmu.ac.uk">l.bowden@mmu.ac.uk</a></p>
<b>The University of Salford</b>	<p>Lyndsay Procter/Margaret Dilger Lecturers School of Nursing The University of Salford Peel House Albert Street, Eccles, M30 0NN Email: <a href="mailto:m.k.broadie@salford.ac.uk">m.k.broadie@salford.ac.uk</a> <a href="mailto:l.procter@salford.ac.uk">l.procter@salford.ac.uk</a></p>

**Appendix 2:**

**University of  
Chester equal  
opportunities and  
anti-  
discriminatory  
policy**



HUMAN RESOURCE MANAGEMENT  
SERVICES

# **EQUAL OPPORTUNITIES POLICY**

## **UNIVERSITY OF CHESTER**

### **EQUAL OPPORTUNITIES POLICY**

#### **UNIVERSITY OF CHESTER MISSION**

The University has a Christian foundation and it affirms in its Mission Statement that it aims to:

- express Christian values in its daily work, and
- encourage students to reflect these values in their own lives.

This Mission informs its Equal Opportunity Policy.

#### ***GENERAL STATEMENT OF POLICY***

The University is committed to the active promotion of equality of opportunity both as an employer and an educational institution. For this purpose it has an Equal Opportunity Policy and appropriate Codes of Practice.

THE AIM of the policy is to ensure that all students and all members of staff at the University have equality of opportunity and are treated solely on the basis of their aptitude, ability and potential to pursue a course of study or to fulfil the requirements of a job. The policy also aims to eliminate discrimination which is unlawful or unfair.

In particular, the University will ensure that no member of the University Community will be disadvantaged or discriminated against on the grounds of:

- sex, age (subject to the University retirement policy), marital or parental status or sexual orientation.
- racial group (race, colour, nationality, ethnic or national origins) or creed<sup>2</sup> (religious, political or personal beliefs or principles).
- membership or non-membership of a trade union
- socio-economic background.

It also aims to ensure that disabled people or those with special needs do not suffer unfair discrimination and are enabled to achieve their full potential, whether as students or as employees.

THE OBJECTIVE of the policy is an institution which is open to all sections of the Community, where people from all groups in society are represented at all levels, and in

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<sup>2</sup> Except where the University Instrument and Articles of Government specify that the postholder must be a Communicant member of the Church of England, for example the posts of Vice-Chancellor and Deputy Vice-Chancellor.

whose activities all members of staff and all its students can participate fully and equally for the benefit of the University of Chester, its students and its members of staff.

## **THE PRINCIPLES**

The commitment to an equal opportunities policy is embodied in the following principles:

- The University can only fulfil its responsibilities to students and staff and its broader responsibility to society if it builds on a foundation of respect for the dignity of each individual.
- Discrimination is unacceptable within the University community in that it represents a waste of human resources and it unjustly denies individuals the opportunity to fulfil their potential. It can also be unlawful.
- The active support of the University community is sought through the commitment and involvement of all groups of staff and students in the implementation of this policy.
- The University is committed to a programme of action to ensure that this equal opportunities policy is fully effective. Positive action may be needed where there are historical imbalances.

## **2. RESPONSIBILITY**

- 2.1 Overall responsibility for equal opportunities lies with the University Council. The Council has determined that the Equal Opportunities Policy should be adopted with a positive commitment from its senior managers, the recognised Unions and the Student's Union to ensure its full implementation and effective monitoring.
- 2.2 All Line Managers are responsible for ensuring the integrity of decisions within their remit in relation to equal opportunities.
- 2.3 All employees and students are responsible for ensuring that their actions are carried out in accordance with University policy and may be personally accountable, under the provisions of the law, should any complaint arise. Each member of staff and all students will be issued with an outline of the University Equal Opportunity Policy.
- 2.4 The University has determined that a designated member of the Senior Management Team shall have a special responsibility, for ensuring implementation and monitoring of the Equal Opportunities Policy as it relates to staff and to students respectively, consulting as appropriate with the Director of HRM Services and the Equal Opportunities Committee.

### **3. APPLICATION**

3.1 The general policy relates to all aspects of employment, academic/student life and includes:

- advertisement and recruitment
- pay, terms and conditions of service
- training and staff development
- probation and promotion
- grievance and disciplinary procedures
- curriculum, pedagogy and assessment
- course validation and admissions strategies

as well as contractual relationships with other agencies such as in collaborative programmes of study involving other institutions or work placements.

3.2 Persons not employed by the University but involved in its activities, i.e. visitors, clients, external contractors, potential employers of students etc., are expected to operate within the terms of the general policy.

3.3 The policy applies to the treatment of potential as well as existing employees and students.

### **4. IMPLEMENTATION**

4.1 Staff and students will be informed of their responsibilities towards the implementation of the Equal Opportunities Policies and Procedures. Guidance notes will be issued where appropriate.

4.2 Other persons involved in the activities of the University e.g. external contractors, will be informed of their responsibilities under the Equal Opportunities Policy.

4.3 The Equal Opportunities Committee will monitor the operation of the University Equal Opportunities Policies and make recommendations to the Senate.

4.4 Heads of Department, Union Representatives and Student's Union will provide reports on the operation of the University Equal Opportunities Policies in their areas.

4.5 Appropriate training will be provided to assist with implementation.

4.6 Advice on the implementation of the specific policies will be available from the Director of HRM Services.

**5. COMPLAINTS**

Any complaint, made under this policy, from an existing member of staff, should be dealt with under the terms of the University Grievance Procedure or Dignity at Work (Personal Harassment Policy and Complaints Procedure (Staff)).

A complaint from an existing student should be made under the Complaints Procedure or Dignity at Work (Personal Harassment Policy and Complaints Procedure (Students)).

A complaint from a potential employee should be addressed to the Director of HRM Services and one from a potential student should be addressed to the Academic Registrar.



## APPENDIX - GENERAL

### EQUAL OPPORTUNITIES COMMITTEE

#### A. COMPOSITION

##### [i] Core Membership

- (a) Three ex-officio members of the Senate plus one member of Academic Staff elected by the Senate on a 2-yearly basis.
- (b) Three members of staff elected for a 2-year term as follows:
  - One elected by Academic Council
  - One elected by the non-teaching staff
  - One elected by academic staff
- (c) Director of Human Resource Management Services
- (d) Two students from the Students Union Executive (either/or President/Welfare Officer/Women's Officer)

The Secretary to the HRM Services Director acts as Secretary to the Committee.

Bearing in mind the functions of the Committee and the composition of its ex-officio membership the electoral constituencies are reminded of the need for a balanced spread of representation when elections are held.

(All members can be reappointed/re-elected after the end of a particular term of membership.)

##### [ii] Associated Membership

The EOC will recruit other members of staff or external experts to create sub-committees to deal with specific issues. There will always be two members of the committee on each sub-committee.

They will be responsible for reporting the findings of their sub-committee to the full committee.

#### B. TERMS OF REFERENCE

- [i] To monitor the operation of the University Equal Opportunities policies and to make recommendations to the Senate on these matters.
- [ii] To act as a Working Party of the Senate on these matters when so requested.

**C. FUNCTIONS**

- [i] To receive and consider reports on the operation of the University's equal opportunities policies from all staff via Heads of Departments, Line Managers and the Unions recognised by the University Council and from students via the Student's Union.
- [ii] To report to the Senate the results of that review with recommendations on action needed where appropriate.

Meetings of the Equal Opportunities Committee are to be held once per term.

**Appendix 3**

**Role-Play &  
Practical  
examination  
workshop  
Consent Form**



## **Non-Medical Prescribing (NMP)** **Programme**

### ***Role-Play and Practical Examination Participation***

Consent to participate in classroom based group work involving the use of scenario-based learning and communication / clinical skills based role-play is a feature of the programme.

The NMP programme makes use of scenarios and role-play to illustrate learning points and apply theory to practice within a safe learning environment.

As a student on the programme, I have had such workshops outlined to me by the module leader and understand the role-play learning strategy.

I therefore acknowledge the expectation that I may take part in the learning strategies when required and consent to role-play a patient in groups as appropriate.

I understand that I can withdraw consent to take part by informing the module leader or session tutor at any time.

I also acknowledge that I may be asked by my designated medical practitioner to engage in practical exercises either with patients or through simulation, aimed at developing communication and examination skills.

Name: .....

Cohort: .....

Date: .....

# **Appendix 4**

## **OSCE VIVA**

### **Assessment**

### **Criteria**

University of Chester: NMP M level OSCE Viva Assessment Criteria

STUDENT NAME:

STUDENT NUMBER:

Decision Making and Rationale			
<p>Now you have consulted the patient, I want to discuss the decision you have made, the programme of care and your rationale for this. I will ask you seven specific questions.</p> <ol style="list-style-type: none"> <li>Briefly tell me what your prescribing decision is.</li> <li>Explain your rationale behind this prescribing decision</li> <li>What would you need to consider to ensure this decision is appropriate.</li> <li>How do you determine the effectiveness of this treatment?</li> <li>What will you do to achieve concordance?</li> <li>How does your decision and plan of care demonstrate a holistic approach to working?</li> <li>Do you have anything you wish to add?</li> </ol>			
Criteria	Satisfactorily discussed (1)	Incomplete answer but partially correct (0.5)	Not stated or incorrect (0) marks)
Has reached a decision			
Has considered the practical aspects of the treatment plan and whether this is suitable for this patient			
Identifies further information required for holistic care			
Discusses the possible cause / causes of the symptoms			
Decides on a treatment choice based on patient preference or in agreement with the patient			
Recognises the limits of personal competence and makes recommendations for referral where appropriate.			
Has considered the relevance of all other treatments / medication the patient has already taken or is taking			
Has considered the relevance of the patient's medical history			
Has considered possible cautions / contraindications or previous ADR's			
Justifies the treatment choice based on cost effectiveness			
Justifies the treatment choice based on clinical effectiveness			
Uses sources of information available appropriately (NPF / BNF)			
Consultation approach facilitates the patient having a central role in decision-making			
Ensures the patient understands the information given.			
<b>POSSIBLE MARK: (14)</b> (Pass Mark: 6)	<b>ACTUAL MARK:</b>	<b>DATE:</b>	
<b>Signature</b>	<b>Designation</b>		

# **Appendix 5**

## **Examples of Practice Certificates**



University of  
Chester

## School of Health & Social Care

# *Practice Certificate in Supplementary Prescribing*

Pharmacist Prescriber's Name: .....

Prescribing Supervisor's Name: .....

The above pharmacist has undertaken the minimum supervision period of 12 days (90 hours) to complete the practice component of the Supplementary Prescribing programme.

I have assessed the above as meeting all of the clinical competencies, and consider the pharmacist suitable for registration as a Supplementary Prescriber.

Signed: .....

Qualifications: .....

Date of Assessment: .....





University of  
Chester

**School of Health & Social Care**

*Practice Certificate in  
Supplementary Prescribing*

Supplementary Prescriber's Name: .....

Prescribing Supervisor's Name: .....

The above Allied Health Professional has undertaken the minimum supervision period of 12 days (90 hours) to complete the practice component of the Supplementary Prescribing programme.

I have assessed the above as meeting all of the programmes clinical competencies, and consider them suitable for registration as a Supplementary Prescriber.

Signed: .....

Qualifications: .....

Date of Assessment: .....



University of  
Chester

**School of Health & Social Care**

*Statement of Clinical Competence to  
Undertake Prescribing as an Extended  
Formulary Independent & Supplementary  
Nurse Prescriber (V300)*

Nurse Prescriber's Name: .....

Designated Medical Supervisor: .....

The above nurse has undertaken the minimum supervision period of 12 days (90 hours) to complete the practice component of the Non-Medical Prescribing programme.

I have assessed the above as meeting all of the programme competencies, and to be a safe prescriber.

Signed: .....

Qualifications: .....

Date of Assessment: .....

School of Health and Social Care

# **Non Medical Prescribing**

**Planned Intakes – 2 per year**

**Post Validation document**

**Original document prepared for Validation 28/9/05**

**Altered to meet conditions and recommendations 04/10/05**

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## DEFINITIVE DOCUMENT COVER SHEET – SECTION A

<b>Name of Programme</b>	Non Medical Prescribing
<b>Name of Pathway within Programme (where appropriate)</b>	
<b>Award</b>	Graduate Certificate in Non Medical Prescribing
<b>Intermediate exit awards</b>	Not applicable
<b>Framework under which the programme falls (where appropriate)</b>	Undergraduate Modular Programme (Level 3) Postgraduate Modular Programme (Masters level)
<b>Mode of Study</b>	Part time, blended learning
<b>Maximum length</b>	4 and 6 month options
<b>Normal length of full-time programme</b>	N/A
<b>Pattern of credits by level</b>	Level 3 = 45 credits via three 15 credit modules Or Level M = 40 credits via two 20 credit Masters Module
<b>Starting month of intake cohort</b>	October and May
<b>Frequency of intake</b>	Biannual
<b>Funding status</b>	Strategic Health Authority Funding
<b>JACS code (allocated at validation)</b>	
<b>Criminal Records Bureau Check</b>	<input type="checkbox"/> Not required
<b>School(s) of Study to which the programme belongs</b>	School of Health & Social Care
<b>Department primarily responsible for the programme</b>	N/A
<b>Other contributing departments</b>	None
<b>Name of Subject (or Programme) Assessment Board</b>	Post Registration Undergraduate Board (L3) Post Registration Postgraduate Board (M level)
<b>Name of Regulatory Body granting approval or accreditation</b>	Nursing & Midwifery Council (NMC) Royal Pharmaceutical Society of Great Britain (RPSGB) Health Professions Council (HPC)
<b>Essential modules as designated by regulatory body requirements</b>	Complete all three L3 modules OR both Masters modules

**Programme Content  
Undergraduate**

*NB – only the levels applicable to this programme are completed.*

	<b>Core ( * = compulsory module)</b>	<b>Options ( * = compulsory module)</b>
<b>Level 1</b>	None	None
<b>Level 2</b>	None	None
<b>Level 3</b>	*NM3 TBC Supplementary Prescribing in Context	None
<b>Level 3</b>	*NM3 TBC Professional Aspects of Non-medical Prescribing	None
<b>Level 3</b>	*NM3 TBC Clinical & Pharmacological Knowledge	None

**Postgraduate**

	<b>Core ( * = compulsory module)</b>	<b>Options ( * = compulsory module)</b>
<b>Level M</b>	*Non-Medical Prescribing in context	None
<b>Level M</b>	*Therapeutic Aspects of Prescribing	None

## **B PROGRAMME STRUCTURE**

This programme is designed for access by suitable qualified and experienced Allied Health Professionals, as well as Pharmacists and Nurses. The structure and content meet the requirements of the Health Professions Council, the Royal Pharmaceutical Society of Great Britain, and the Nursing and Midwifery Council.

The programme utilises a multidisciplinary approach to learning, in that all allied health professionals and other professional groups eligible for non medical prescribing training engage in shared learning through workshop based contact days and use of generic blended learning (web based) materials.

The web-based materials utilise an asynchronous discussion board to encourage a learning community, and allow frequent interaction with colleagues and support from the programme team.

Following student feedback from past Non-Medical Prescribing Programmes, this programme is designed to be four months in length, but with a six-month option for those students who may find completion of the minimum of 12 days of clinical practice problematic (such as part time or job share workers)

The minimum number of hours for taught contact, or directed distance learning is 156 hours, and remains comparable with the required 26 days of taught contact set by the Department of Health Implementation Guidelines (DOH 2003, 2004, 2005)

The modules are taught contemporaneously with the supervised practice days, in order to better utilise the designated medical supervisor, the blended learning materials, and the contact days.

It is anticipated that the norm will be level three admission, although a 40 credit Masters option, leading to Supplementary Prescribing (pharmacists and AHPS), or V300 (nurses) registration is also available.

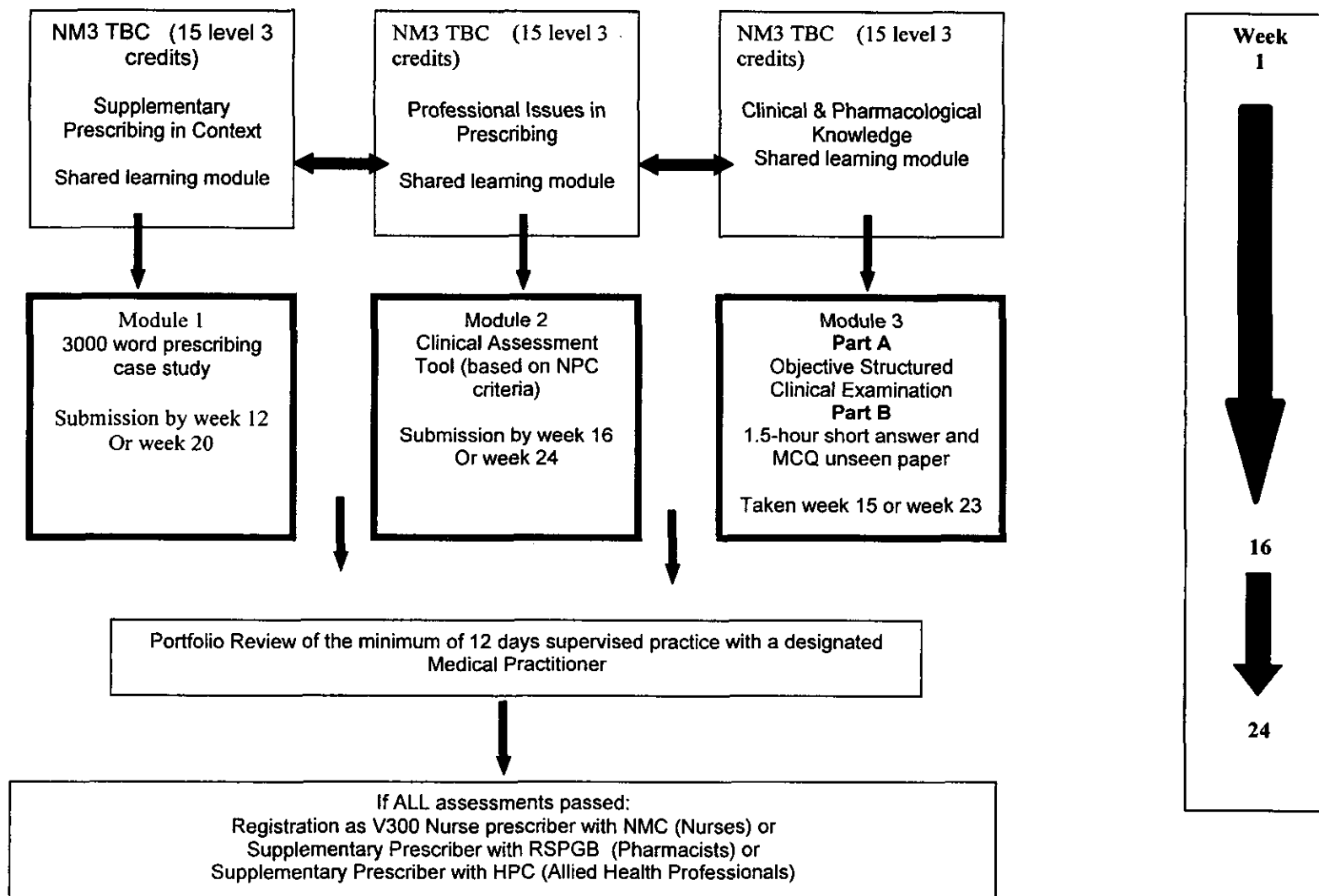
Throughout the programme a key component of the course is the minimum of 12 days of supervised prescribing practice; whereby the student is supported by a designated medical practitioner (DMP). The course structure, content and assessment strategies all aim to integrating theory with practice, and as such, communication with the DMP is maintained throughout via an initial briefing day, email, telephone, the regional NMP website, and visits to practice by the module team when needed.

Detailed admission criteria for the standard level 3 and Masters entry routes are outlined in section F.

Figure 1 shows a diagrammatic representation of the programme structure and assessment strategies.

**Figure 1: Non Medical Prescribing Programme Diagrammatical Representation**

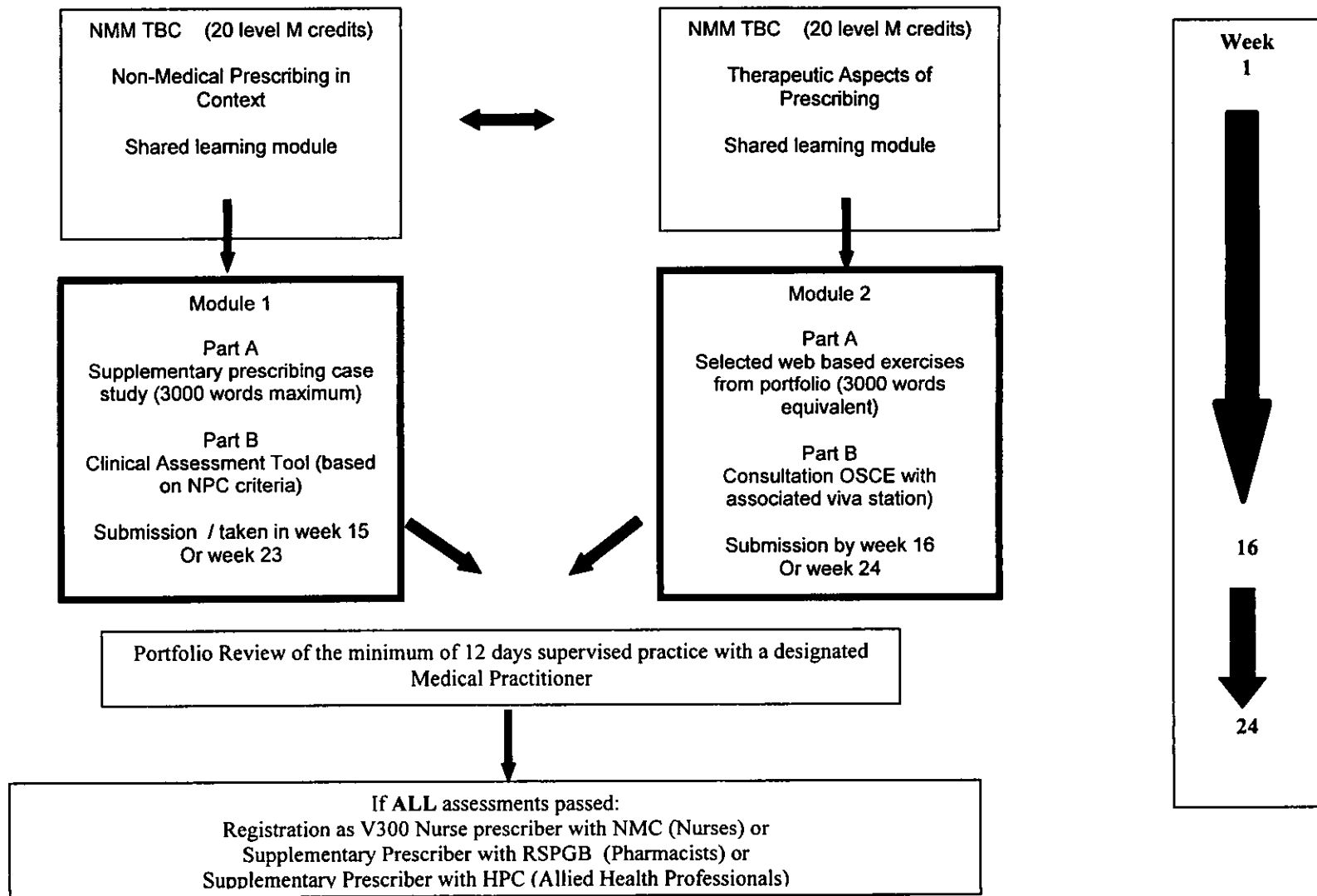
The programme consists of three 15-credit level 3 modules, although two Masters Level equivalent modules (totalling 40 credits) are available for students who possess an appropriate academic and experiential background.





**Figure 1 (continued): Medical Prescribing Programme Diagrammatical Representation**

The Masters level option consists of Two 20-credit level M modules. The entry criteria for Masters will be strictly adhered to.



## **C SUBJECT BENCHMARKS**

The programme aims, learning outcomes, indicative content and assessment methods are a combination of the outcomes and requirements specified by the NMC (2002), the RPSGB (2003), and the HPC (2004) outline curricula documents. A detailed mapping of the programme outcomes to each of the regulatory body learning outcomes can be found in section G: Assessment, whilst the detailed programme learning outcomes can be found within the module descriptors in Appendix B (page vii)

### **Programme Aims**

To prepare Allied Health Professionals, Nurses, Midwives, Health Visitors and pharmacists to practise as non medical prescribers and to meet the standards set by the Health Professions Council, the Nursing and Midwifery Council, and the Royal Pharmaceutical Society of Great Britain.

To introduce the student to the policies, influences and processes shaping both the supplementary and independent non-medical prescribing roles.

To build on a student's existing pharmacological and therapeutic understanding, and current clinical competence and examination skills to ensure safe prescribing practice.

To provide the opportunity to reflect on all aspects of the assessment, consultation and prescribing process, including when and how to refer back to an independent prescriber or additional health professional.

### **Level 3 (Level 6/Honours H level)**

In undertaking studies at this credit level, students will be able to:

- Critically review, consolidate and extend a systematic and coherent body of knowledge.
- Critically evaluate new concepts and evidence from a range of sources.
- Transfer and apply diagnostic and creative skills and exercise significant judgment in a range of situations

The programme demonstrates appropriate levels of taxonomy for level 3 studies, built around all required contact and study hours. The requirements with regard to the National Prescribing Centre's competencies for prescribing have been fully incorporated into summative practice assessment.

### **Level M (Masters Level study)**

In undertaking studies at Masters level, students will:

- Provide evidence of critical reading of a range of relevant literature and research beyond basic texts.
- Use key theories and concepts in the discussion of relevant issues, whilst selecting and critically using literature and, where appropriate, researching and developing an argument that goes beyond reiteration of existing views.
- Conclusions and interpretations should be reached cautiously and discussed critically, with acknowledgement of alternative interpretations, which could be

made and related to earlier theoretical arguments. Throughout, written work must be coherent, articulate and acknowledge academic form.

### **Assurance of Compliance with Subject Benchmarks**

The composition of the programme planning team (PPT) ensured that there were members with experience of external consultancy and external examining, which was invaluable in quality assuring the programme against national benchmarks and expectations. The validation process also ensures that experts from other HEI's are fully involved in the scrutiny and validation process, further assuring the comparability of the programme with others on offer at other HEIs

The programme planning team consisted of:

Mike Brownsell, Senior Lecturer, University of Chester.  
Professor Peter Hogg, Senior Lecturer in Radiography,  
Sheena Hennel, Nurse consultant, Arrowe Park Hospital  
Maggie Johnson, Nurse Consultant, Wirral Walk in Centre  
Sue Fawcett, Project Manager, Long Term Conditions. CWPCT  
Jaqui Hillier, Community Matron. CWPCT  
Ann Richardson, Physiotherapy Manager. COCH  
Carole Millington, Therapy Manager. North Cheshire Hospitals  
Dr D Robertson (PhD Pharmacology) University of Chester.

Overall the PPT has ensured that the programme has incorporated appropriate benchmarks and as such has been quality assured with reference to this aspect.

## **D KEY SKILLS**

**D.1** The learning outcomes for this programme may be grouped into the following four skills categories:

- Knowledge and understanding
- Intellectual or cognitive skills
- Practical skills
- Transferable skills

### **D.1.1 Knowledge and understanding**

The learning outcomes for each module clearly show the requirements for all students undertaking the course with regard to the wide range of programme content and the expected level of achievement commensurate with standard benchmarks. The teaching, learning and assessment strategies for the programme are designed to facilitate the student to gain knowledge and develop a sound understanding of all theoretical components and, importantly, apply the theory base to practice.

Progression of the students' knowledge and understanding is thus demonstrated through the learning outcomes, the variety of assessment strategies, the development of a learning portfolio, and the level related assessment marking criteria.

### **D.1.2 Intellectual or cognitive skills**

The programme is designed to foster the development of the students' intellectual/cognitive skills. The close alignment of the teaching, learning and assessment methods requires students to engage with others in practice, via the web based discussion board, and within the classroom setting. This engagement promotes the sharing of ideas and gradual development of critical, analytical and reflective skills. Students are further encouraged to challenge current thinking and practice. All students are encouraged to develop problem-solving skills through problem-based learning. Seminars and group work will provide forums for students to articulate thoughts, feelings and beliefs and develop skills in constructing intellectual concepts for debate. The use of a learning portfolio will further encourage the critical and reflective skills of students and learning outcomes demonstrate the development of these skills to the appropriate level.

### **D.1.3 Practical Skills**

The programme comprises of a minimum of 12 days (90 hours) of supervised prescribing practice, following which satisfactory completion of the National Prescribing Centre outline competency (2003) framework must be achieved. Students are therefore required to develop practical skills to the minimum of the NMC, RPSGB, and HPC benchmark standards. Skill development is fostered in both the clinical setting and in skills laboratories. The underpinning theoretical and attitudinal base is placed appropriately in the module delivery so that clear links are made between theory and practice. The assessment strategy requires practice-learning outcomes to be met and the use of a nationally agreed competency based assessment tool within the programme offers clear measurement of clinical skills abilities.

#### D.1.4 Transferable Skills

The programme fosters many transferable skills. These may be considered under the next heading of Key Skills.

#### D.2 Identification of Key Skills

Key Skills as identified by the Qualifications, Curriculum and Assessment Authority (QCA) are –

Communication  
Application of numbers  
Information technology  
Improving own learning and performance  
Working with others  
Problem solving

The programme ensures that students are facilitated in their development of key skills throughout the programme. The mapping of key skills is shown in grid format that demonstrates where the skills are addressed in each module. The following codes are used throughout –

C = Content, i.e. the skill is covered specifically in the module content

L = Learning or teaching method, i.e. the skill is fostered via the learning/teaching methods

PO = Practice outcome, i.e. the skill and application of theory is assessed, either directly in practice and / or through reflection on outcomes

TA = Theoretical assignment, i.e. the skill is evident in the assessed theoretical component of the module

The grid shows that key skills, which are often described as transferable skills, are incorporated throughout the whole programme. It also demonstrates the following features of the programme.

D.2.1 Communication is specifically addressed in the content of the programme. The indicative content and assessment strategy directly assesses several key aspects of communication skills via the clinical assessment tool, whilst the module assessment also requires the student to analyse the effectiveness of team communication as part of the portfolio development and written assessment. All written work will demonstrate the student's written communication skills. The portfolio of prescribing practice, running across the programme will therefore evidence the enhancement of communication as a key skill. The students will demonstrate via their assignment a level of written communication skills commensurate with graduate certificate status. The promotion of communication by learning/teaching methods is identified in the module descriptor teaching strategies. This reflects three aspects of module delivery:

- The use of small group work, seminars and tutorials in each module.
- The integral use of the web based materials and discussion board.
- The practice based learning component that requires the student to develop their communication skills through the learning process of developing clinical skills.

D.2.2 Application of numbers is principally incorporated as either part of the module content and/or as a practice outcome. This reflects the fact that the main applications of this skill in the programme are in drug calculations, budgetary considerations, and

measurements of physical parameters, plus retrieving and analysing data. The students are expected to further develop this key skill with relation to analysis of research based statistical data when evidence basing prescribing practice.

- D.2.3 Information technology is incorporated in all four categories throughout the programme. This acknowledges the fact that students are expected to access and use the available IT facilities and fully engage with the web-based resources. Demonstration of word processing skills is expected in written assignments such as essays, case studies, and reflective pieces, whilst broader I.T skills such as evidence retrieval and email communication is inherent within the web based distance learning components.
- D.2.4 Improving own learning has been identified as a skill, which will develop throughout, evidenced particularly in the practice outcomes and portfolio. The assessment strategy requires students to reflect on the outcomes, which includes identifying their own learning needs. The programme also encourages students to take responsibility for their own learning and to become more independent and autonomous learners with an increasing use of self directed study time as the individual progresses through the programme.
- D.2.5 Working with others is a skill promoted throughout the programme, particularly as a multi-professional learning method. The student will demonstrate working with others both in the clinical, Internet and classroom settings. The skill is also inherent in the module practice outcomes as students must not only work with others, but also prescribe appropriately for patients in the practice setting under supervision.
- D.2.6 Problem solving is primarily fostered through the use of scenario based learning, during face to face and distance learning / web based materials. This will be used to some extent throughout the programme, but is identified as a learning method in the clinical skills component of the module, and as a learning strategy during the contact days.

All key skills can therefore incorporated throughout the programme, allowing the student the opportunity to develop appropriate levels of skills in all 6 key areas.

**Table 1: Key Skills Mapping**

	Communication	Application of Numbers	Information Technology	Improving own learning	Working with others	Problem solving
Key Skills	C, L, TA	C, PO,TA	C, L, TA	L, TA,C	C, L, TA	C, L, TA

KEY: C = Content L = Learning/Teaching Method PO = Practice Outcome  
TA = Theoretical Assignment

## **E STUDENT EXPERIENCE**

### **E.1 Student Experience**

#### **E.1.1 Level 3**

Students will experience a blended learning approach to studies in which web based learning materials will be introduced and supported by periodic classroom based contact days. This knowledge will then be applied to the students own patient group during the supervised practice days. The programme will be studied as three 15 credit modules contemporaneously in order to allow integration of concepts and holistic application of skills and knowledge in practice. During periods of distance learning, the student learning community and support structures will be maintained by means of a dedicated web based discussion board, via lecturer tutorials, and through supervision by the designated medical practitioner.

#### **E.1.2 Masters Level**

Masters level students will engage in the blended learning materials alongside their level three colleagues; however, they will be expected to provide evidence within their portfolios of a higher level of critical reading, analysis and application beyond the use of standard level three text. In addition, although the contact hours are set as a minimum requirement of the professional bodies, Masters level students are expected to be far more independent and focussed in their approach to study within the practice environment, using the DMP and programme tutors in a more coherent and theoretical manner during tutorials. The summative assessment criteria will also acknowledge the Masters level standing of the student.

### **E.2 Methods of Teaching and Learning**

E.2.1 Students will experience a variety of teaching and learning methods designed to facilitate the achievement of all learning outcomes and to foster personal and professional development.

E.2.2 Each module will utilise a mix of teaching methods, which take account of the subject matter, the student group size, the students' previous experience and the resources available. Methods of learning and teaching will include:

- Formal lectures
- Problem based learning sessions
- Tutorials
- Reflection
- Practice based workshops
- Practice in skills labs and use of teaching OSCEs
- Learning through practice
- Directed study using web based materials
- Private study sessions

E.2.3 The programme has been designed to promote a holistic approach to prescribing for an individual across the age and ability continuum. The student will customise their learning to their specific supplementary prescribing conditions and personal formulary requirements using a learning needs analysis tool.

E.2.4 Students will be introduced to all key skills (including use of IT) in the induction to the programme. The key skills will then form a thread running throughout the entire programme, ensuring that students are allowed to gain expertise in all skills and are encouraged to develop the ethos of lifelong learning. This induction will also develop the students' knowledge of reflection and problem solving. The use of reflection and scenario-based learning are important aspects of the programme.

The particular value of reflection in health care is that it provides a structured process for exploring the evidence upon which practice is based, and, for the student, ensures that practice experience becomes the vehicle for learning.

E.2.5 'Problem-based' or scenario-based learning is an approach which places the student at the centre of the learning process and is aimed at integrating theory with practice' (Alavi, 1995).

Problem-based learning (PBL) has been used as an educational strategy for a broad variety of disciplines in recent years. PBL emphasizes knowledge acquisition embedded within a contextual framework using the hypothetico-deductive technique. (Feletti & Boud, 1997).

E.2.5.1 Problem-based learning has three common elements:

- The integration of practice and theory to produce *sound understanding and action*.
- The careful consideration and design of an educational programme to achieve this purpose.
- The process is content-specific and promotes the generation of knowledge in the area of study.

PBL within an appropriate curriculum is assumed to facilitate the development of clinical reasoning skills and safe, holistic prescribing practice by integrating knowledge from a variety of disciplines and sources. These areas broadly include professional/ethical practice, teamwork, reflective practice, enabling, and problem framing/solving.

E.2.6 Methods of learning and teaching within the programmes will emphasise student centred techniques consistent with level three and Masters study such as group case analysis, individual and group reflection on own practice, and scenario based workshops. This will facilitate the student to become an increasingly autonomous learner, able to identify their own learning needs and goals within the parameters of the programme aims and outcomes.

E.2.7 Students will be facilitated in their learning and development by appropriate learning material such as module handbooks containing theoretical and clinical learning outcomes and specific details of the timetabled hours, study guides, web based learning materials and IBIS usage information.

E.2.8 Shared learning will be promoted throughout the programme so students gain from sharing the experiences of others. The programme utilises generic content and scenarios to ensure students retain a wide focus on health care when mastering prescribing competencies, whilst the web based exercises aim to ensure the student applies the generic principles within their specific practice area.

E.2.9 Learning through practice is an essential aspect of the programme. Students will be facilitated and supported by the following means:



- A Designated Medical Practitioner will provide prescribing support, guidance and feedback, along with a summative practice assessment;
- Clear learning outcomes and competencies (based on the National Prescribing Centre competencies);
- The use of prescribing profiles to allow reflection on practice and the development of life long learning skills. The profiles will build up to become the student's professional learning portfolio.

E.2.10 The student experience will be enhanced by academic support. Each module will have a designated module leader and module team who will offer support for the attainment of the module outcomes.

Given the specific individual needs of students on this programme, a pre and post programme learning needs analysis will be used, whilst peer support sessions with guidance from a designated programme leader will be included as an additional means of support.

Additionally, every student will be allocated a Personal Academic Tutor (P.A.T.), part of whose role is to help the student become familiar with university procedures and to make the most of her/his studies. Students are free to consult their tutor on any matter of importance, academic or personal, and in general if tutors cannot help directly they will be able to suggest other sources of assistance.

E.2.11 One key aspect of the student experience is the unlimited access to all the support services of University of Chester in particular the Student Guidance and Support Services.

## **F ENTRY QUALIFICATIONS AND/OR EXPERIENCE REQUIRED FOR ADMISSION**

**F.1** All entrants to the programme must meet the following requirements:

- Be registered with the Health Professions Council in one of the relevant Allied Health Professions, the Nursing & Midwifery Council (Nurses, Midwives or Health visitors), or the Royal Pharmaceutical Society of Great Britain (Pharmacists);
- Be professionally practising in an environment where there is an identified need for the individual to regularly use supplementary prescribing;
- Be able to demonstrate support from their employer/sponsor including confirmation
- That the entrant will have appropriate supervised practice in the clinical area in which they are expected to prescribe from an approved designated medical supervisor, including supervision, support and assessment. (This will be achieved through the use of a tripartite agreement, as part of the application form, requiring signatures from the line manager, Trust prescribing lead, and the medical supervisor);
- Have at least three years relevant post-qualification experience;
- Possess an ability to study at academic level 3, or Masters level as appropriate.

**F.2** In addition, entry to the Masters level option will require:

- Successful study and completion of a pharmacology based module, at a minimum of level 3  
and
- Experience as either a V100 prescriber, or experience as an advanced practitioner,  
or
- Undertaking study towards, or possession of a recognised advanced practice MSc (such as the MSc in Clinical Nursing or MSc Advanced Practice).

**F.3** Each student will have undergone a current criminal identify check prior to commencing the programme.

## **G ASSESSMENT CRITERIA**

Students will be exposed to a variety of assessment methods designed to ensure that the content, outcomes and level of the programme are measured in a fair and transparent manner. To that end assessment is designed across the programme rather than specific modules. The following underpinning principles on which the assessment schedule and process are designed are taken directly from University of Chester's quality assurance handbook.

### **G.1 General Principles**

#### **G.1.1 Working definition of assessment**

Work, such as examination, essay, report, test, portfolio, practical or project undertaken by a student, required under the programme of study; the grade (which may include pass or fail) or the mark which contributes to the evaluation of the student's performance and the right to progress or be eligible for an award.

The purposes of assessment are:

- to determine the extent to which students have realised the objectives of the programme, and thus to allow assessors to affirm the recommendations of the appropriate awards;
- to provide feedback to students as part of the learning process;
- to provide feedback to Boards of Studies and Awards Boards as part of the process of monitoring the progress of students and of evaluating the effectiveness of the programme; and
- to enable students to demonstrate a range of cognitive strengths, powers of understanding and skills appropriate to award holders within particular programmes of study.

Procedural Principles:

- Assessed work shall be moderated to ensure comparability of standards.
- Students shall be informed at the beginning of the programme of the nature and methods of assessment, and of the weighting of elements. They shall also be advised of any re-assessment procedures.
- Details of assessment requirements are indicated in the description for the programme.

#### **G.1.2 Load, Weighting and Types of Assessment**

The assessment schedule for this programme is based on the above principles, as stipulated by the Department of Health and the HPC (2005) offering students a mix of assessment methods that reflect the professional nature of the programme.

### **G.2. Assessment in Relation to the Programme**

Competence will be demonstrated through an assessment of theory and practice. To facilitate this each student will maintain a prescribing portfolio to demonstrate achievement of the learning outcomes. A range of assessment strategies will be employed to test knowledge, decision-making and the application of theory to practice. These will include an ongoing formative review of prescribing portfolio during contact sessions, as well as the following summative assessment:

### Level Three Summative Assessment

G.2.1

<b>Level 3 Route: Three modules of 15 credits each.</b>				
<b>Module</b>	<b>Assessment Method</b>	<b>Pass Rate</b>	<b>Weighting</b>	<b>Overall module</b>
1)Supplementary Prescribing in Context	3000 word prescribing case study	40% pass using UC L3 criteria	Contributes to 20% of overall programme marks	15 credits at level 3
2)Professional Aspects Of Non-medical Prescribing	Clinical Assessment Tool (based on NPC criteria)	Pass or Fail	Contributes to 50% of overall programme marks	15 credits at level 3
3) Clinical & Pharmacological Knowledge	<b>Part A</b> Objective Structured Clinical Examination	70% pass mark (recorded as pass/fail)	Contributes to 10% of overall programme marks	15 credits at level 3
	<b>Part B</b> 1.5-hour short answer and MCQ unseen paper	70% pass mark (recorded as pass/fail)	Contributes to 20% of overall programme marks	
<b>Masters Route: Two modules of 20 credits each</b>				
<b>Module</b>	<b>Assessment Method</b>	<b>Pass Rate</b>	<b>Weighting</b>	<b>Overall module</b>
Non-medical Prescribing in context	<b>Part A</b> Supplementary prescribing case study (3000 words maximum)	40% pass using UC Masters level criteria	Contributes to 25% of overall programme marks	20 Masters level credits
	<b>Part B</b> Clinical Assessment Tool (based on NPC criteria)	Pass / Fail	Contributes to 25% of overall programme marks	
Therapeutic Aspects of Prescribing	<b>Part A</b> Selected web based exercises from portfolio (3000 words equivalent)	40% pass using UC Masters level criteria	Contributes to 25% of overall programme marks	20 Masters level credits
	<b>Part B</b> Consultation OSCE with associated viva station)	OSCE 70% pass rate Viva 40% pass rate (recorded as pass/fail)	Contributes to 25% of overall programme marks	

G.2.2 The structured portfolio will require the student to demonstrate how they have dealt with complex issues and made sound judgements in their prescribing practice, and will consist of two summative assessment components, namely:

- a. Seen case study from a choice of scenarios. The focus of this study will be upon decision-making, assessment and prescribing behaviour within the parameters of their role. (20% weighting, 40% pass mark)

The case scenario assessment criteria requires the student to concentrate on the critical evaluation of relevant drug treatment or specific management of a complex patient. The work will allow them to demonstrate a comprehensive understanding of prescribing practice and will necessitate them to use evidence to tackle and solve problems at an appropriate level.

- b. The Standardised clinical assessment tool developed as part of the regional e-learning NMP project. (50% weighting (L3) and 25% weighting (Masters level), Pass / Fail) The tool assesses all learning outcomes via the NPC competency framework.

G.2.3 Regardless of level of level of study, all components of the assessment process must be passed without compensation, in order to successfully complete the course. Furthermore, Assessment strategies are designed to confirm that the AHP, pharmacist or nurse is a safe and effective non-medical prescriber and that a major failure to identify a serious problem or an answer that would cause a patient harm will result in overall failure.

G.2.4 The assessment loading and weighting for the programme, is again specified by the Department of Health (2003) whereby theory and practice is viewed with equal importance in that both elements must be passed.

G.2.5 The assessment process will be conducted in accordance with University of Chester Quality Assurance Handbook. This will ensure that the student will be assured of: clear assessment guidelines; formative feedback and rigour and fairness in marking through moderation, standard marking criteria and external examiner scrutiny.

### **G.3 Re-Assessment Strategy**

G.3.1 The re-assessment strategy is detailed in the module descriptors and is standard as retrieval of failed element, with normally one further attempt only. As stated previously, due to the professional nature of the programme, no compensation can be allowed between practice and theoretical elements and the student must pass both components.

### **G.4 Marking Criteria**

The marking criteria used for level 3 and Masters Level are included in Appendix D, along with the Clinical Assessment Tool completed by the designated medical practitioner in practice.

**TABLE 2: ASSESSMENT STRATEGY, MAPPING ALLIED HEALTH PROFESSIONAL, PHARMACY & NURSING LEARNING OUTCOMES**

Learning Outcomes Health Professions Council (2004)	Learning Outcome (DOH / NMC 2002, Nursing)	Learning Outcome (DOH / RPSGB 2003, Pharmacy)	Combined Learning Outcome (H Level)	MCQ & Short Answer Paper	Written Assignment	OSCE	Supervisor Assessment	Portfolio
4.3.1 Ability to communicate effectively with patients(b) and carers.	1 Determine and critically discuss the underlying principles of assessment and consultation with patients and carers	1 Demonstrate their ability to communicate and consult effectively with patients and carers	1 Critically discuss and demonstrate an ability to communicate and consult effectively with patients and carers	√	√	√	√	√
4.3.4 How to assess patients' needs for medicines, taking account of their wishes, values, ethnicity and the choices they may wish to make in their treatment.	2 Undertake assessment and consultation with patients and carers	2 Demonstrate how to assess patients' needs for medicines, taking account of their wishes and values in prescribing decisions	2 Demonstrate how to assess patients' needs for medicines through effective consultation, taking account of their wishes, ethnicity and values in prescribing decisions	√	√	√	√	√
4.3.2 Ability to conduct a relevant physical assessment/examination of patients with those conditions for which they may prescribe.		3 Demonstrate their ability to conduct a relevant physical examination of patients with those conditions for which they may prescribe.	3. Conduct a relevant physical examination of patients with those conditions for which they may prescribe.			√	√	
	3 Prescribe safely, appropriately, and cost effectively	4. Demonstrate how they will Prescribe safely, appropriately, and cost effectively	4. Articulate and demonstrate how they will Prescribe safely, appropriately, and cost effectively	√	√		√	√
4.8 Demonstrate an understanding of the legal and professional framework for accountability and responsibility in relation	4 Understand the legislation relevant to the practice of nurse prescribing	5 Demonstrate an understanding of the legal and professional framework for accountability and responsibility in relation to	5. Justify the local application of the legal and professional framework for accountability and responsibility in relation to supplementary prescribing.	√	√		√	√

Learning Outcomes Health Professions Council (2004)	Learning Outcome (DOH / NMC 2002, Nursing)	Learning Outcome (DOH / RPSGB 2003, Pharmacy)	Combined Learning Outcome (H Level)	MCQ & Short Answer Paper	Written Assignment	OSCE	Supervisor Assessment	Portfolio
to supplementary prescribing and demonstrate how the law relates to supplementary prescribing practice.		supplementary prescribing.		√	√		√	√
4.6 Identify sources of information, advice and decision support, eg Prodigy in primary care settings, and explain how they will use them in prescribing practice taking into account evidence based practice and national / local guidelines.	5 Understand and use sources of information, advice and decision support in prescribing practice	6 Identify sources of information, advice and decision support and explain how they will use them in prescribing practice taking into account evidence based practice and national / local guidelines;	6. Critique and apply sources of information, advice and decision support and explain how they will use them in prescribing practice taking into account evidence based practice and national / local guidelines.		√			√
4.7 Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.	6 .Understand the influences on prescribing practice	7 Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels:	7. Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.		√		√	√
4.5 Demonstrate the ability to monitor response to medicines and modify treatment or refer the patient as appropriate.	7. Apply knowledge of drug action in prescribing practice	8 Demonstrate the ability to monitor response to therapy and modify treatment or refer the patient as appropriate.	8. Demonstrate the ability to monitor response to therapy and justify modifications to treatment or referral to other health professionals as appropriate.	√	√	√	√	√
1. Demonstrate effective partnership working with Independent Prescriber(s), patient(s) and the wider care team.	8. Understand the roles and relationships of others involved in prescribing, supplying and administering medicines		9. Critically analyse the roles and relationships of others involved in prescribing, supplying and administering medicines.		√		√	√

Learning Outcomes Health Professions Council (2004)	Learning Outcome (DOH / NMC 2002, Nursing)	Learning Outcome (DOH / RPSGB 2003, Pharmacy)	Combined Learning Outcome (H Level)	MCQ & Short Answer Paper	Written Assignment	OSCE	Supervisor Assessment	Portfolio
4.3.3 The process of effective clinical decision-making.	10. Justify using a rationale, the decision-making process supporting prescription and referral		10. Justify using a rationale, the decision-making process supporting prescription and referral as a multiprofessional team member	√	√		√ √	√
	11. Participate in prescribing decision making as a multi-professional team member							√
2. Develop and document a clinical management plan (CMP) within the context of a prescribing partnership.	12. Develop & review a clinical management plan in conjunction with an independent prescriber	9 Develop and document a clinical management plan within the context of a prescribing partnership	11. Develop and critique a clinical management plan within the context of a prescribing partnership		√		√	√
4.4 Understand the way medicines work in relation to the disease process (pharmacodynamics and pharmacokinetics).			12 Appraise the relevance of pharmacodynamics and pharmacokinetics and apply to own prescribing practice	√	√			√
4.9 Demonstrate a reflective approach to continuing professional development of prescribing practice.		10 Demonstrate a reflective approach to continuing professional development of prescribing practice	13. Critically reflect on continuing professional development of prescribing practice		√		√	√
4.10 Demonstrate an understanding of the importance of record keeping in the context of medicines management including: <ul style="list-style-type: none"> <li>Accurate recording in patients' notes.</li> </ul>			14. Demonstrate an understanding of the importance of record keeping in the context of medicines management including: <ul style="list-style-type: none"> <li>Accurate recording in patients' notes.</li> </ul>	√	√		√ √	√



Learning Outcomes Health Professions Council (2004)	Learning Outcome (DOH / NMC 2002, Nursing)	Learning Outcome (DOH / RPSGB 2003, Pharmacy)	Combined Learning Outcome (H Level)	MCQ & Short Answer Paper	Written Assignment	OSCE	Supervisor Assessment	Portfolio
<ul style="list-style-type: none"> <li>• The reporting of near misses.</li> <li>• Adverse reactions.</li> <li>• Ability to access the CMP</li> </ul>			<ul style="list-style-type: none"> <li>• The reporting of near misses.</li> <li>• Adverse reactions.</li> <li>• Ability to access the CMP</li> </ul>	√	√		√ √ √	√ √

## **H PROGRAMME MANAGEMENT**

### **H.1 Student Perspective**

#### **H.1.1 Support and Guidance**

Students undertaking the programme will receive support and guidance via a number of mechanisms:

- Academic support and assessment guidance from the programme leader/programme team;
- Support throughout the programme from the designated medical (practice) supervisor
- Support throughout the programme from their Personal Academic Tutor (PAT), allocated at the beginning of the programme;
- Support and guidance from clinical staff and colleagues;
- Student Guidance and Support Services (SGSS), available to all University of Chester students;
- The University Handbook, issued to each student via the intranet;
- A programme handbook that gives specific information e.g. specific breakdown of content including timetabled sessions and an updated illustrative reading list to ensure that recommended reading remains relevant and current;
- Guidance on AP(E)L available through the AP(E)L team.
- Support from senior managers within the employing Trust.
- Flexible learning and feedback mechanisms via the web based discussion board and internet based materials.

#### **H.1.2 Student Representation and Pathways of Feedback**

Students undertaking the programme will have a number of mechanisms by which to give feedback and receive information. The current practice of student-staff liaison meetings will be taken forward with this programme. This involves the selection of student representatives to feedback group concerns directly to the programme lead, and have the opportunity to the University staff/student meetings as they fall during the programme. The meetings are minuted and the following actions may be taken:

- urgent matters are referred to the Programme Management Team for consideration;
- all ongoing matters are taken forward to the Programme Committee for which there are student representatives;
- feedback to the students on actions taken will be via the student staff liaison committees, the programme committees and the School Board of Studies.

The evaluation of the student experience will be sought through written and verbal feedback via programme evaluations. These evaluations include a detailed content evaluation process built into the course web site homepage.

Due to the 16 or 24-week optional duration of the programme, ongoing programme matters may need to be fed back to the students post completion.

Students are represented on the following committees in accordance with University of Chester Quality Assurance policies –

- Student/Staff Liaison Committees
- School Board of Studies

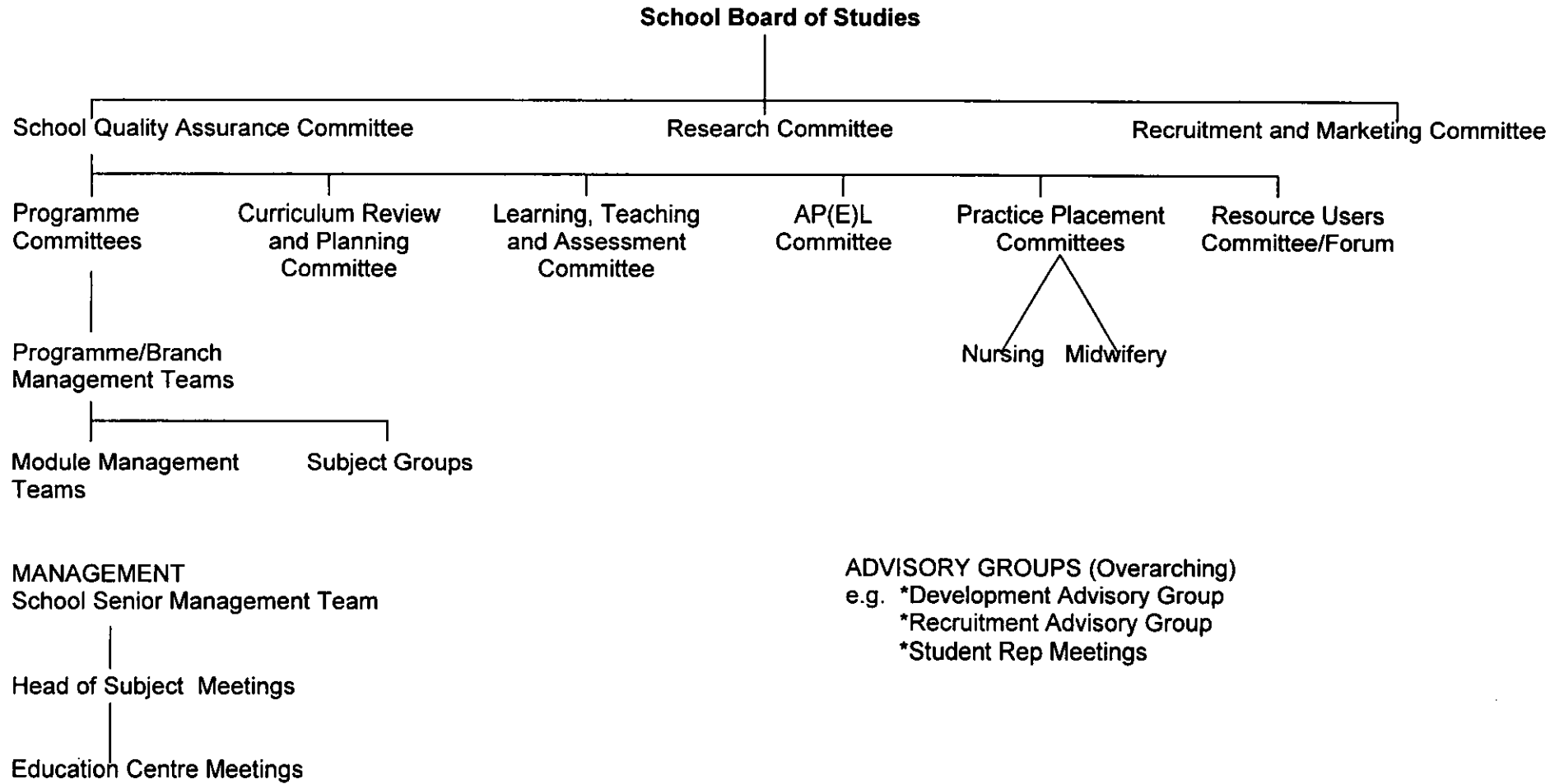
- Programme Committees
- Programme Planning Teams

## **H.2 Staff Perspective**

- H.2.1 The programme will have a designated programme leader who will be responsible for the overall programme organisation and delivery in conjunction with a programme management team.
- H.2.2 Staff engaged in teaching on the programme, will be appropriately qualified in aspects of non medical prescribing delivery, and will be fully conversant in E-learning strategies and information technology use.
- H.2.3 The Programme Committee will meet twice per year and has the remit of scrutinising all aspects of the programme delivery. Membership consists of the Programme Leader, Senior Lecturers, Clinical Representatives and Student Representatives. This Committee is responsible for the production of the Annual Programme Review which includes scrutiny of all external assessors' comments and the production of an action plan. One external examiner with the relevant non medical prescribing experience is required for the programme.

The overall committee structure of the School is included for information.

**Figure 2: SCHOOL OF HEALTH & SOCIAL CARE COMMITTEE STRUCTURE**



### **H.3 Assessment Perspective**

The assessment processes of the programme will be in accordance with all Quality Assurance Regulations

#### **H.3.1 Assessment Board Structure and Operation**

The assessment process for each module culminates in the scrutiny of all results at either the Schools Post Registration Undergraduate (L3) or Post Registration Postgraduate (M Level) Subject Assessment Boards and in the progress of students at the Schools Awards Board, in line with the Quality assurance procedures. All aspects of the management of the assessment process including extensions, deferral, mitigating circumstances and appeals are carried out in full accordance with the University's quality mechanisms, laid down in detail in the Quality Assurance Handbook..

A Subject Assessment Board has responsibility for the outcomes of modules assigned to that Board. The programme will be presented and discussed at one Subject Assessment Board.

An Awards Assessment Board has responsibility for the outcomes of the Programmes of Study assigned to that Board. The appropriate Awards Assessment Board considers matters of progression, re-assessment and repeat assessment.

H.3.2 Both Subject and Awards Assessment Boards have External Examiner(s) appointed to them, and their composition is presented below.

- External Examiners shall be equal members of Subject Assessment Boards, whose role shall involve acting as a specialist academic advisor, and reporting on academic standards and the processes of assessment.
- Postgraduate Awards Assessment Boards have Chief External Examiners appointed to them, whose role involves maintaining oversight of the assessment process, advising on structural and assessment issues pertaining to credit-based, modular programmes, and acting as arbiter/wise counsellor in individual student cases, as requested.

H.3.3 The Chair of an Assessment Board shall be responsible for ensuring that meetings are conducted in accordance with University Ordinances, University Regulations and Rules of Procedure concerning assessment, and also in accordance with any special Ordinances and Regulations affecting the particular programme of study on which the Board is adjudicating.

H.3.4 Subject Assessment Boards will meet formally at an appropriate time following a student assessment period, which may involve several meetings in each academic session. The External Examiner(s) will attend at least one of these meetings of the Board, which will normally be at the end of the summer semester, although exceptional meetings may be required for the non-medical prescribing programme to take account of course delivery dates and registration targets.

Awards Assessment Boards normally meet at the end of the summer semester and/ or prior to the autumn semester, normally with a Chief External Examiner present whenever significant numbers of students are being

considered for the award of a degree. If the Chief External is not present, s/he must be consulted and signal approval of the decisions of the Awards Assessment Board. To ensure timely registration of supplementary prescribing pharmacists, the University has undertaken to convene additional awards boards after each cohort.

#### **H.4 Staff Development in Support of the Programme**

Specific staff development will continue to be supported for the programme. School staff days are held on a three monthly basis and include workshops on current issues and initiatives. Regular research seminars are also held. The School has a staff development strategy, which clearly articulates the Schools supportive stance and commitment to ongoing personal and professional development for all staff.

Full staff CV's are provided at Appendix 3.

#### **H.5 Expertise of the Programme Team**

##### **H.5.1 Mike Brownsell: Programme Leader**

Mike Brownsell is an experienced nurse educator within both higher education, and acute trust arenas. He has worked as a Ward and Directorate Manager, as well as a specialist nurse in intravenous access and developed a nurse led back pain clinic. In 2001 he co-designed and ran the first Extended Independent Nurse Prescribing programme at the University of Liverpool, and is currently the External Examiner for Nurse Prescribing at Bolton & Salford Universities. Mike is currently the chair of the North West Non-Medical Prescribing (NMP) Education Group, which is a collaboration of nine northwest universities involved in delivering the programme; additionally, he is programme lead for an NMP E-learning programme funded by the strategic health authority.

Having a special interest in the development of Objective Structured Clinical Examination (OSCE), has aided the development of OSCEs specific to prescribing, which have been shared with the Confederation Nurse Prescribing Education Steering Group and other regional HEIs. In 2005 he aims to register for a PhD studying the application and effectiveness of internet based distance learning on prescribing competency. He has published on prescribing policy development, and contributed to the 2003 CPPE supplementary prescribing support materials, and the NPC designated medical supervisor support pack.

##### **H.5.2 Irene Cooke: Senior Lecturer**

Irene is a nurse prescriber who works as a Senior Lecturer in the University of Chester. Irene has a clinical background in district nursing and as a clinical nurse specialist in tissue viability. She has worked in the University of Liverpool as a District Nurse Lecturer, and taught the V100 District Nursing / Health Visiting nurse prescribing programme. She was also actively involved in designing and teaching on the V200 Extended Formulary Nurse Prescribing programme, and co-designed the curriculum for the V300 Extended Formulary and Supplementary Nurse Prescribing Programme, in November 2002.

Irene is currently involved in teaching and assessing the V300 programme, and is module leader for the V100 prescribing module at University of Chester, which forms part of the Specialist Practitioner in Community Nursing programme.

Irene is currently a member of the Editorial Board for the Association of Nurse Prescribers, and has recently been involved in the development of Open Learning materials for Pharmacist Supplementary Prescribers, as part of the Centre for Pharmacy Postgraduate Education, University of Manchester. She also contributed to the development of materials for the National Prescribing Centre document, 'Supplementary Prescribing: A Resource to help Healthcare Professionals to Understand the Framework' (April 2003).

#### H.5.3 Dr Debbie Robertson: Senior Lecturer

Debbie Robertson joined the School of Health and Social Care at the then University of Chester in 2004, where she is currently employed as a Senior Lecturer. Debbie is an RGN who holds a BSc (Hons) and PhD in Pharmacology. She is a main contributor to the Non-Medical Prescribing Course and the Drugs in Society module of the MSc in Health Promotion, where she uses her expertise arising from her PhD in Pharmacology. Debbie also contributes to other modules within the School including Critical Care, Return to Nursing and Evidence Based Practice. Her publications to date are derived from her time as a research scientist where she investigated the effects of stress on depression. Her current research interests involve e-learning and the delivery of the Non-Medical Prescribing Course.

#### H.5.4 Additional teaching contributions from:

##### Dr Alex Robertson, GP, Chester

Dr Alex Robertson is an experienced general practitioner who has supervised several non-medical prescribers over the last few years. Having recently moved to the northwest, Alex is keen to be involved in both classroom teaching and supervision of students.

##### Ms Rumona Dickson, Senior Lecturer, Liverpool University

Rumona is head of the University of Liverpool's centre for information dissemination, which has responsibility for delivering Meta analysis and evidence base studies for the National Institute for Clinical Excellence. She currently contributes to the programme by delivering sessions on evidence based prescribing and reviewing evidence.

##### Dr Dyfrig Hughes, Senior Lecturer, Pharmacist, Bangor University.

Dyfrig is a recognised expert on concordance and has written the web based learning materials for the current programme, and delivers lectures on pharmaco-economics.

In addition, several pharmacist and nurse prescribers have been involved in sessional teaching on previous programmes when appropriate, and this valuable contribution will be maintained for future provision.

# **I RESOURCES**

## **I.1 Financial**

The funding for Non Physician prescribing has been included in the Post Qualification Framework contract with the Cheshire and Merseyside Strategic Health Authority. The provision being seen as having an important part in achieving the regional non-medical prescriber target figures. To that end it is anticipated that the programme will be sustainable for the forthcoming years. The SHA have funded the programme on a block contract basis for 2005/6. The nature of the course, with the substantial online component offers an opportunity to widen the market for access beyond Cheshire and Merseyside.

## **I.2 Human Resources**

### **I.2.1 Academic Staff**

The programme will receive input from a range of the School's academic staff as identified in section H.5.1 to H.5.4, as well as input from regional experts in prescribing practice issues. Additionally clinical educators in consultation skills and health assessment will also be co-opted to deliver sessions within the programme.

### **I.2.2 Support and Technical Staff**

The School is supported at each Education Centre by a skilled administrative team. Representatives from this group form the Academic Support Group, which meets regularly and reports to the School Management Team. In addition, the University provides designated personnel in several departments, including Registry and Academic Quality Support Services Unit, to support staff and students.

Due to the multi-sited nature of the School, each Education Centre has support from a designated Learning Resources Technician available to staff and students (2 WTE). Library staff who are employed by University of Chester number 12 (7.55 WTE). Other library staff provide a service to academic staff and students under the provision of service level agreements. The computer resources are managed by the University Communications and Information Technology Services Department.

### **I.2.3 Policy on Visiting Lecturers**

Whilst the lecturing staff have the backgrounds necessary for programme delivery, visiting lecturers who can offer specialist input may be invited to contribute as appropriate, particularly in regard to the pharmacological and therapeutic / examination aspects of the programme. The standard university terms and conditions for visiting lecturers will apply.

## **I.3 Learning Resources**

I.3.1. The library and information resources provided for students of the School of Health and Social Care are of the quality and quantity necessary to enable the attainment of the academic standards required of the course. In addition, the training and support available to students from learning resources staff provide the information literacy training necessary for evidence-based practice and life-long learning during a professional career. The University is



also in a position to make full use of the blended learning materials due to its extensive IT facilities.

The resources are managed to provide equality and consistency of access to all students, regardless of their location, as far as practically possible. Resources are thus distributed to match the location of the School of Health and Social Care Education centres and a policy of widening access to information through the use of communications and information technology is actively pursued.

- 1.3.2 Library and information services are provided to staff and students at 8 locations: University of Chester Main Campus, Arrowe Park Hospital Education Centre, Bache Hall Education Centre, Halton Hospital, Leighton Hospital Education Centre, Macclesfield Hospital, Warrington Hospital Education Centre and Warrington Community Trust. A summary of the library services available is provided in Table 2.
- 1.3.3 Resources are managed as far as possible through the automated library system, INNOPAC. All items purchased for the libraries are entered onto the University union catalogue, which can be accessed by students from all sites and via the Internet. INNOPAC has sophisticated fund management and acquisitions functions and this is utilised for purchasing for all sites, ensuring consistency between sites, efficiency and effective monitoring of expenditure. The budget for the provision of library and information services is allocated annually by the Dean of the School of Health and Social Care and is distributed between sites according to student numbers and course requirements under the management of the Assistant Director Learning Resources (Health & Social Care).
- 1.3.4 Resources purchased include books, journals, open-learning packs, electronic resources and audio-visual materials. Items are primarily selected by tutors, but will take into account the materials required by the regional collaborative project, and there is liaison between library staff and tutors concerning provision of stock on reading lists. A very wide range of journals, in both print and electronic format, are purchased and distributed between the main and site libraries. An effective system of document delivery provides access to copies of journal articles at all sites, and from elsewhere. When possible full text journals in electronic format are purchased to allow for maximum and distributed access via the University Intranet and Internet. The major databases appropriate to the discipline are available, for access via the Intranet whenever possible. There is also a University of Chester 'gateway' to Internet sites of quality and relevance which is maintained by Learning Resources staff and is available to all students via the Internet. Additionally, from September 2005, the university server will host the regional non-medical prescribing domain (NMPLearningNW.org), which will be an open communication and education facility.
- 1.3.5 The staff involved in providing learning resources to the students of the School of Health and Social Care are integrated as far as possible into the structure of the School. This allows for liaison with staff and students and for effective response to feedback and evaluation of resource provision.

Sufficient open access computers are available for student use at each of the Education Centres. These provide standard software packages and printing facilities. Each is connected to the University of Chester Intranet and the

Internet, so ensuring equality of access to electronic resources and other university -based information.

I.3.6 The University of Chester Intranet is designed so that students can access information electronically about their programme, such as timetable, module handbook, reading lists etc. It also provides e-mail facilities and can be accessed by students from any Internet computer, so ensuring consistency in electronic resource availability across the distributed education centres and elsewhere. It is within this facility, that the blended learning materials will sit.

I.3.7 The Learning Support Services department of Learning Resources provides support to academic staff wishing to explore new methods of teaching and learning (particularly those that are computer based). It encourages such developments and organises training for staff who wish to develop new skills in this area.

The School of Health and Social Care recognises the value of developing the use of computer-assisted learning within the curriculum as a viable means of facilitating student learning. The Associate Dean for Business, Marketing and CIT is responsible for the management of initiatives in this area.

#### **I.4 Other Physical Resources**

I.4.1 The School of Health and Social Care has facilities at all 5 Education Centres:

- University of Chester Main Campus
- Bache Hall, Chester
- Arrowe Park Hospital
- Leighton Hospital
- Warrington Campus

I.4.2 At each site all classrooms are equipped to the University of Chester standard. They vary in size from 10 to 85 spaces and room for private study is also provided.

I.4.3 Dining facilities are available to students at the main campus and on all Education Centre sites. The university offers a wide variety of on-campus sports facilities, clubs and societies. Students can access information about these via the Intranet from any Education Centre.

I.4.4 Monies have been allocated from the SHA to provide multi-disciplinary skills laboratories on each commissioning trust site. An additional skills laboratory is also being provided on the Chester site campus. All of these laboratories will be available for teaching students on this programme.

# Appendix A

# Programme Specification



## University of Chester Level 3 Programme Specification

1	Awarding institution/body	<b>University of Chester</b>	5	Final award	<i>No academic graduate award given.</i>  <i>Recognised professional qualification attained.</i>
2	Programme taught by	<i>University of Chester</i>	6	Programme title	<i>Non Medical Prescribing</i>
3	Programme accredited by	<i>Health Professions Council Nursing &amp; Midwifery Council Royal pharmaceutical Society of Great Britain</i>	7	UCAS code	
4	Subject Benchmarking group(s)	<i>RPSGB NMC HPC</i>	8	Date of issue/revision	<i>Oct 05</i>

9	<b>Educational aims of the programme</b>				
<p>To prepare Allied Health Professionals and Pharmacists to practise as supplementary prescribers and to meet the standards set by the Health Professions Council and Royal Pharmaceutical Society of Great Britain. By the end of the programme the Allied health Professional or pharmacist will be able to supplementary prescribe for a chosen clinical condition or area in partnership with an independent prescriber (Doctor or Dentist).</p> <p>To prepare nurses to practice as supplementary and extended formulary prescribers and to meet the standards set by the Nursing and Midwifery Council. By the end of the programme the nurse will be able to supplementary prescribe for a chosen clinical condition or area in partnership with an independent prescriber (Doctor or Dentist), and prescribe independently from the current nurses formulary extended for those conditions outlined in the DOH 2003 guidance paper.</p>					

10	Postgraduate Programme Structure & Features, Levels, Modules, Credits and Awards:		
The 45-credit programme consists of three 15 credit modules. The modules employ shared learning by nurses, pharmacists, and Allied Health Professionals (currently physiotherapists, radiographers, podiatrists and Chiropodists). In keeping with the guidance from the department of Health the modules are offered at level 3, although a 40-credit masters level option is available for those suitably qualified.			
Credit level	Core modules	Optional Modules	Awards, credits and progression of learning outcomes a) – d) in field 11
3	Supplementary Prescribing in Context	N/A	15 level 3 credits
	Professional Aspects of Non-medical Prescribing	N/A	15 level 3 credits
	Clinical & Pharmacological Knowledge	N/A	15 level 3 credits
Further information on this programme can be found: Within the October 2005 Validation document for Non Medical Prescribing.			

11	The programme provides opportunities for learners to achieve the following outcomes:	12	The learning outcomes are achieved through a range of learning, teaching and assessment methods including:
<p>a) Knowledge and understanding of: →</p> <p>Critically discuss and demonstrate an ability to communicate and consult effectively with patients and carers</p> <p>Demonstrate an understanding of the legal and professional framework for accountability and responsibility in relation to non-medical prescribing.</p> <p>Understand the roles and relationships of others involved in prescribing, supplying and administering medicines.</p>		<p>Learning and teaching:</p> <p>Consultation style workshop utilising 'real life' scenarios through a problem based learning approach</p> <p>Presentation and seminar on legal framework surrounding prescribing</p> <p>Keynote lectures to prepare for a period of supervised practice within a team / partnership context.</p> <p>Assessment: Assignment critiquing the development, evidence base and application of a clinical management plan via case study</p>	
<p>b) Thinking or cognitive skills: →</p> <p>Identify and use sources of information, advice and decision support and explain how they will use them in prescribing practice taking into account evidence based practice and national / local guidelines.</p> <p>Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.</p> <p>Practice within a framework of professional accountability and responsibility in relation to supplementary prescribing</p>		<p>Learning and teaching:</p> <p>Pharmacological evidence paper review</p> <p>Consideration of National guidelines and supporting evidence base</p> <p>Concordance workshop</p> <p>Open learning (net based) directed study materials</p> <p>Prescribing portfolio development and formative review during tutorial.</p>	

<p>Justify using a rationale, the decision-making process supporting prescription and referral</p> <p>Demonstrate a reflective approach to continuing professional development of prescribing practice</p>	<p>Assessment:</p> <p>Assignment critiquing the development, evidence base and application of a clinical management plan</p> <p>Ongoing formative review of portfolio evidence and critical incidents</p> <p>Ongoing reflective self assessment</p> <p>Period formative assessment via net based exercises and questionnaire</p>
<p>c) Practical skills: →</p> <p>Demonstrate how to assess patients' needs for medicines through effective consultation, taking account of their wishes and values in prescribing decisions</p> <p>Demonstrate their ability to conduct a relevant physical examination of patients with those conditions for which they may prescribe.</p> <p>Demonstrate how they will Prescribe safely, appropriately, and cost effectively</p> <p>Demonstrate the ability to monitor response to therapy and modify treatment or refer the patient as appropriate.</p> <p>Participate in prescribing decision making as a multi-professional team member</p> <p>Develop and document a clinical management plan within the context of a prescribing partnership</p>	<p>Learning and teaching:</p> <p>Demonstration workshops on clinical examination and monitoring skills</p> <p>Web based learning materials</p> <p>Supervised practice with designated medical supervisor</p> <p>Assessment:</p> <p>Objective Structured clinical Examination of communication and consultation skills</p> <p>Objective Structured clinical Examination of communication and examination skills.</p> <p>Practice assessment by designated medical supervisor</p> <p>Assignment critiquing the development, evidence base and application of a clinical management plan</p>

<p>d) Transferable/key skills: →</p> <p>Communication  Numeracy  Information technology  Reflective practice approach  Team working  Problem solving</p>	<p>Learning and teaching:</p> <p>Consultation workshops  Drug calculations (web based materials)  Use of electronic prescribing  Portfolio review  Working in partnership with independent prescriber  Problem based learning scenario workshops and net based materials</p> <hr/> <p>Assessment:</p> <p>Objective structured clinical examination and written communication through assignment and portfolio review  Self, peer and supervisor supervision assessment, both Formative and Summative.</p>
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13   Additional Information:
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Students undertaking the programme will receive support and guidance via a number of mechanisms:

- academic support and assessment guidance from the Programme leader/programme team;
- support throughout the programme from the designated medical (practice) supervisor
- support throughout the programme from their Personal Academic Tutor (PAT), allocated at the beginning of the programme;
- support and guidance from clinical staff and colleagues;
- Student Guidance and Support Services (SGSS), available to all University of Chester students;
- the University Handbook, issued to each student via the IBIS intranet;
- A programme handbook that gives specific information e.g. specific breakdown of content including timetabled sessions and an updated illustrative reading list to ensure that recommended reading remains relevant and current;
- Guidance on AP(E)L available through the AP(E)L team.
- Support from senior managers within the employing Trust.
- Flexible learning and feedback mechanisms via the web based discussion board and DVD / internet based materials.

Since the programme does not provide sufficient credits to award to certificate, no such award will be given. However, on successful completion of the programme and subsequent registration with the regulatory bodies; pharmacists will receive a 'Pharmacist Statement of Competence and Certificate of Supplementary Prescribing (as required by the RPSGB, whilst the AHPs will receive a Statement of competence to practice as a Supplementary Prescriber, and Nurses, Midwives and Health Visitors will receive the V300 Extended Formulary and Supplementary Prescribing entry to their respective NMC register.

## University of Chester Masters Level Programme Specification

1	Awarding institution/body	<b>University of Chester</b>	5	Final award	<i>No academic graduate award given.</i>  <i>Recognised professional qualification attained.</i>
2	Programme taught by	<i>University of Chester</i>	6	Programme title	<i>Non Medical Prescribing</i>
3	Programme accredited by	<i>Health Professions Council Nursing &amp; Midwifery Council Royal pharmaceutical Society of Great Britain</i>	7	UCAS code	
4	Subject Benchmarking group(s)	<i>RPSGB NMC HPC</i>	8	Date of issue/revision	<i>Oct 05</i>

9	Educational aims of the programme				
<p>To prepare Allied Health Professionals and Pharmacists to practise as supplementary prescribers and to meet the standards set by the Health Professions Council and Royal Pharmaceutical Society of Great Britain. By the end of the programme the Allied health Professional or pharmacist will be able to supplementary prescribe for a chosen clinical condition or area in partnership with an independent prescriber (Doctor or Dentist).</p> <p>To prepare nurses to practice as supplementary and extended formulary prescribers and to meet the standards set by the Nursing and Midwifery Council. By the end of the programme the nurse will be able to supplementary prescribe for a chosen clinical condition or area in partnership with an independent prescriber (Doctor or Dentist), and prescribe independently from the current nurses formulary extended for those conditions outlined in the DOH 2003 guidance paper.</p> <p>To allow the students to develop professional critiquing and decision making skills commensurate with Masters level preparation.</p>					
10	Postgraduate Programme Structure & Features, Levels, Modules, Credits and Awards:				

The 40-credit programme consists of two 20 credit modules. The modules employ shared learning by nurses, pharmacists, and Allied Health Professionals (currently physiotherapists, radiographers, podiatrists and Chiropodists). In response to student and SHA requests this Masters level option is available for those students with suitable academic qualifications and experience.

Credit level	Core modules	Optional Modules	Awards, credits and progression of learning outcomes a) – d) in field 11
3	Non Medical Prescribing in Context	N/A	20 level M credits
	Therapeutic Aspects of Prescribing	N/A	20 level M credits
Further information on this programme can be found: Within the October 2005 Validation document for Non Medical Prescribing.			

11	The programme provides opportunities for learners to achieve the following outcomes:	12	The learning outcomes are achieved through a range of learning, teaching and assessment methods including:
<p>a) Knowledge and understanding of: →</p> <p>Critically discuss and demonstrate an ability to communicate and consult effectively with patients and carers</p> <p>Demonstrate a reasoned understanding of the legal and professional framework for accountability and responsibility in relation to non-medical prescribing.</p> <p>Critique the roles and relationships of others involved in prescribing, supplying and administering medicines.</p>		<p>Learning and teaching:</p> <p>Consultation style workshop utilising 'real life' scenarios through a problem based learning approach</p> <p>Presentation and seminar on legal framework surrounding prescribing</p> <p>Keynote lectures to prepare for a period of supervised practice within a team / partnership context.</p> <p>Assessment: Assignment critiquing the development, evidence base and application of a clinical management plan via case study</p>	
<p>b) Thinking or cognitive skills: →</p> <p>Identify, critique and apply sources of information, advice and decision support and justify their use in prescribing practice taking into account evidence based practice and national / local guidelines.</p> <p>Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.</p> <p>Practice within a framework of professional accountability and responsibility in relation to supplementary prescribing</p>		<p>Learning and teaching:</p> <p>Pharmacological evidence paper review</p> <p>Consideration of National guidelines and supporting evidence base</p> <p>Concordance workshop</p> <p>Open learning (net based) directed study materials</p> <p>Prescribing portfolio development and formative review during tutorial.</p>	

<p>Justify using a rationale, the decision-making process supporting prescription and referral</p> <p>Demonstrate a reflective approach to continuing professional development of prescribing practice</p>	<p>Assessment:</p> <p>Assignment critiquing the development, evidence base and application of a clinical management plan</p> <p>Ongoing formative review of portfolio evidence and critical incidents</p> <p>Ongoing reflective self assessment</p> <p>Period formative assessment via net based exercises and questionnaire</p>
<p>c) Practical skills: →</p> <p>Demonstrate how to assess patients' needs for medicines through effective consultation, taking account of their wishes and values in prescribing decisions</p> <p>Demonstrate their ability to conduct a relevant physical examination of patients with those conditions for which they may prescribe.</p> <p>Demonstrate how they will Prescribe safely, appropriately, and cost effectively</p> <p>Demonstrate and evaluate their own ability to monitor response to therapy and modify treatment or refer the patient as appropriate.</p> <p>Contribute to decision making as a multi-professional team member</p> <p>Develop and critique a clinical management plan within the context of a prescribing partnership</p>	<p>Learning and teaching:</p> <p>Demonstration workshops on clinical examination and monitoring skills</p> <p>Web based learning materials</p> <p>Supervised practice with designated medical supervisor</p> <p>Assessment:</p> <p>Objective Structured clinical Examination of communication and consultation skills</p> <p>Objective Structured clinical Examination of communication and examination skills.</p> <p>Practice assessment by designated medical supervisor</p> <p>Assignment critiquing the development, evidence base and application of a clinical management plan</p>

<p>d) Transferable/key skills: →</p> <p>Communication  Numeracy  Information technology  Reflective practice approach  Team working  Problem solving</p>	<p>Learning and teaching:</p> <p>Consultation workshops  Drug calculations (web based materials)  Use of electronic prescribing  Portfolio review  Working in partnership with independent prescriber  Problem based learning scenario workshops and net based materials</p> <hr/> <p>Assessment:</p> <p>Objective structured clinical examination and written communication through assignment and portfolio review  Self, peer and supervisor supervision assessment, both Formative and Summative.</p>
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13	Additional Information:
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Students undertaking the programme will receive support and guidance via a number of mechanisms:

- academic support and assessment guidance from the Programme leader/programme team;
- support throughout the programme from the designated medical (practice) supervisor
- support throughout the programme from their Personal Academic Tutor (PAT), allocated at the beginning of the programme;
- support and guidance from clinical staff and colleagues;
- Student Guidance and Support Services (SGSS), available to all University of Chester students;
- the University Handbook, issued to each student via the IBIS intranet;
- A programme handbook that gives specific information e.g. specific breakdown of content including timetabled sessions and an updated illustrative reading list to ensure that recommended reading remains relevant and current;
- guidance on AP(E)L available through the AP(E)L team.
- Support from senior managers within the employing Trust.
- Flexible learning and feedback mechanisms via the web based discussion board and DVD / internet based materials.

Since the programme does not provide sufficient credits to award to certificate, no such award will be given. However, on successful completion of the programme and subsequent registration with the regulatory bodies; pharmacists will receive a 'Pharmacist Statement of Competence and Certificate of Supplementary Prescribing (as required by the RPSGB, whilst the AHPs will receive a Statement of competence to practice as a Supplementary Prescriber, and Nurses, Midwives and Health Visitors will receive the V300 Extended Formulary and Supplementary Prescribing entry to their respective NMC register.

# Appendix B

## Module Descriptors



## LEVEL 3 MODULE DESCRIPTOR

1. **MODULE CODE:** NM3 TBC

2. **MODULE TITLE:** SUPPLEMENTARY PRESCRIBING IN CONTEXT

3. **PRE-REQUISITES, CO-REQUISITES, BARRED COMBINATIONS:**

**Co-requisite:** NM3 TBC & NM3 TBC

4. **RATIONALE:**

A safe and effective supplementary prescribing role relies upon understanding of the multi-professional prescribing team approach, and to an ability to function as an effective team member. This module introduces the student to the policies, influences and processes shaping the supplementary prescribing role whilst also highlighting the psychology of prescribing and health care practice. It provides an opportunity to evaluate supplementary and non-medical prescribing policy against their intended practice.

5. **AIMS:**

5.1 To enable the professional to prescribe within the current supplementary prescribing team context and differentiate between independent and supplementary prescribing roles.

6. **LEARNING OUTCOMES:**

6.1 Critically analyse the roles and relationships of others involved in prescribing, supplying and administering medicines.

6.2 Demonstrate the ability to monitor response to therapy and justify modifications to treatment or referral to other health professionals as appropriate.

6.3 Develop and critique a clinical management plan within the context of a prescribing partnership

6.4 Demonstrate an understanding of the importance of record keeping in the context of medicines management including:

- accurate recording in patients' notes.
- ability to access the CMP

6.5 Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.

7. **MODULE CONTENT will include:**

### **Prescribing in a Team Context**

Policy context for prescribing

The framework for prescribing budgets and cost effective prescribing

The professional relationship between independent and supplementary prescribers and those responsible for dispensing.

The role and functions of other team members  
Interface between multiple prescribers and the management of potential conflict  
Structure, content and interpretation of medical records/clinical notes including electronic health records  
Documentation, and the purpose of records in communicating prescribing decisions to other members of the team.  
The responsibility of the supplementary prescriber in developing and delivering the clinical management plan.

### **Prescribing in the Public Health Context**

Duty to patients and society

The framework for prescribing budgets and cost effective prescribing

Public health policies, for example the use of antibiotics

Inappropriate use of medicines including misuse, under and over-use inappropriate prescribing, over and under-prescribing

### **Influences on and Psychology of Prescribing**

Patient demand versus patient need including partnership in medicine taking, awareness of cultural and ethnic needs.

External influences, at individual, local and national levels.

Awareness of own personal attitude and its influence on prescribing practice.

## **9. METHODS OF ASSESSMENT (summative)**

Assessment is designed across the programme rather than specific modules.

A structured portfolio consisting of one of two summatively assessed elements, namely:

A prescribing case study from a scenario within the portfolio. The focus of this essay will be upon decision-making, assessment and prescribing behaviour within the parameters of the student's role. (3000 words, 20% weighting, 40% pass mark)

## **10. METHODS OF RE-ASSESSMENT:**

Resubmit failed element.

## **11. EMPLOYER COLLABORATION:**

Collaboration regarding all aspects of the educational experience in clinical practice, including identification of medical supervisor, and signed agreement that a future supplementary prescribing role exists.

## **12. ILLUSTRATIVE BIBLIOGRAPHY:**

Courtenay M and Griffiths M (2004) Independent and Supplementary Prescribing: An Essential Guide., London, Greenwich Medical Media Ltd.

Department of Health (1989) Crown 1 Report of the Advisory Group on Nurse Prescribing (London)

Department of Health (1999) Crown 2 Review of Prescribing, Supply and Administration of Medicines (London)

Department of Health (2005) Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England - a Guide for Implementation updated May 2005

Medicines Control Agency (2000) Sale, Supply and Administration of Medicines by Health Professionals under Patient Group Directions, London: MCA

NATIONAL PRESCRIBING CENTRE. (2003) Maintaining Competency in Prescribing An outline framework to help pharmacist supplementary prescribers. (Available from the NPC)

Swage T (2000). Clinical Governance in Health Care Practice. Oxford: Butterworth Heinemann.

The Medicinal Products: Prescription by Nurses etc. Act. 1992.

**Useful Websites:**

[www.bnf.org](http://www.bnf.org)

<http://www.drugtariff.com/>

[http://www.npc.co.uk/merec\\_index.htm](http://www.npc.co.uk/merec_index.htm)

<http://www.doh.gov.uk/>

<http://www.ppa.org.uk/index.htm>

<http://www.rpsgb.org.uk/>

<http://www.who.int/>

<http://bmj.com/>

<http://www.prodigy.nhs.uk>

**13. CONTACT HOURS:**

24 hours of face-to-face and 50 hours of net-based material, and 70 hours estimated directed private study.

**14. MODULE LEADER:**

Mike Brownsell, MSc, BA, DPSN, RGN. Senior Lecturer, University College Chester.

**15. OTHER STAFF INVOLVED:**

Irene Cooke, BA, DN, RGN Senior Lecturer, University College Chester.

Dr Deborah Robertson, PhD, BSc, RGN Senior Lecturer, University College Chester.

**16. CREDIT VALUE:**

15 credits at level 3.

**17. TITLE OF RESPONSIBLE SUBJECT ASSESSMENT BOARD**

Post Registration Undergraduate Subject Assessment Board.

**18. STATEMENT OF RESOURCES:**

The School of Health and Social Care is able to support this module with the required learning resources. Students attending the module will have access to computing facilities and internet access to nursing / medical databases such as Cinahl, BNI,

Medline (Pubmed) and the Cochrane Library. In addition, students have access to over 250 full-text nursing e-journals. The library has a comprehensive collection of books and hard copy journals, an inter-library loan facility, a self-service photocopier and an enquiry service.

The Assistant Director of Learning Resources and her team provide a dedicated service to the School of Health and Social Care. Additional texts for this module can be purchased by using the library budget.

**19. VALIDATION DATE AND MODIFICATION DATE:**

Sept 2005. (TBC)  
Review Nov 2006.

## LEVEL 3 MODULE DESCRIPTOR

1. **MODULE CODE:** NM3 TBC

2. **MODULE TITLE:** PROFESSIONAL ASPECTS OF NON-MEDICAL PRESCRIBING

3. **PRE-REQUISITES, CO-REQUISITES, BARRED COMBINATIONS:**

**Co-requisite:** NM3 TCB Supplementary Prescribing in context & NM3 TBC Clinical & Pharmacological Knowledge

4. **RATIONALE:**

The interaction between health care professional and patient is influenced by numerous personal, legal, clinical and contextual factors. This module will prepare the student to exercise accountability and responsibility when prescribing. In addition, professional issues relating to legal aspects of patient information, consent and professional practice are also explored.

The ability to evidence base and evaluate all prescribing decisions is also mandatory

5. **AIMS:**

- 5.1 Highlight the legal and professional framework for accountability and responsibility in relation to non-medical prescribing
- 5.2 To develop the students prescribing evidence base and evidence critiquing abilities
- 5.3 To promote continued professional development and life long learning in relation to prescribing practice

6. **LEARNING OUTCOMES:**

By the end of the module the student will be able to:

- 6.1 Justify the local application of the legal and professional framework for accountability and responsibility in relation to supplementary and extended formulary prescribing.
- 6.2 Articulate and demonstrate how they will prescribe safely, appropriately, and cost effectively.
- 6.3 Critique and apply sources of information, advice and decision support and explain how they will use them in prescribing practice taking into account evidence based practice and national / local guidelines.
- 6.4 Demonstrate an understanding of the importance of record keeping in the context of medicines management including:
  - the reporting of 'near misses'.
  - adverse reactions.
- 6.5 Critically reflect on continuing professional development of prescribing practice

7. **MODULE CONTENT will include:**

**Legal, Policy, Professional and Ethical Aspects**

Professional Code of Ethics and Practice Guidance

Application of the law in practice, professional judgment, liability and indemnity

Legal basis for prescribing, supply and administration of medicines

Medicines regulatory framework including Marketing Authorisation, the use of unlicensed medicines and "off-label" use.

Maintenance of professional knowledge and competence in relation to the conditions for which the supplementary prescriber may prescribe.

Accountability and responsibility as a supplementary prescriber

Accountability and responsibility to the employer or commissioning organisation, awareness of local complaints procedures

Informed consent

Prescription pad security and procedures when pads are lost or stolen

Writing prescriptions

Record keeping, documentation and professional responsibility

Confidentiality, Caldicott and Data Protection

Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of reporting and 'whistle blowing' procedures

**Evidence-based Practice and Clinical Governance in relation to non medical prescribing**

Principles of evidence-based practice and critical appraisal skills.

The rationale for national and local guidelines, protocols, policies, decision support systems and formularies – understanding the implications of adherence to and deviation from such guidance.

Non Medical prescribing in the context of the local health economy e.g. application of local priorities to supplementary prescribing, prescribing guidance produced by PCT prescribing forum, health economy Area Prescribing Committees and priorities for health improvement.

Reflective practice and continuing professional development – role of self and organisation.

Auditing, monitoring and evaluating prescribing practice

Audit and systems monitoring

Analysis and learning from medication errors and near misses

Risk assessment and risk management.

**Continuing Professional Development**

Use of reflection and reflective models

Benefits of continuing professional development

8. **METHODS OF LEARNING AND TEACHING:**

Keynote lectures

Problem based learning seminars

Tutorials

Open learning materials

Group work.

On-going feedback via net based guided learning evaluation multi choice questions.

Use of a portfolio of prescribing to facilitate application of theory to practice during reflection. The portfolio also forms the main framework for recording supervised hours and independent study.

## **9. METHODS OF ASSESSMENT**

Assessment is designed across the programme rather than specific modules.

A structured portfolio consisting of one of two summative assessment components, namely:

A standardised clinical assessment tool developed as part of the regional e-learning NMP project. (50% overall programme weighting, recorded as Pass / Fail)

## **10. METHODS OF RE-ASSESSMENT:**

Resubmit failed element, normally one further attempt only

## **11. EMPLOYER COLLABORATION:**

Collaboration regarding all aspects of the educational experience in clinical practice, including identification of medical supervisor and clinical assessment, along with a signed agreement that a future supplementary prescribing role exists.

## **12. ILLUSTRATIVE BIBLIOGRAPHY:**

Association for the British Pharmaceutical Industry (1998), Code of Practice for the Pharmaceutical Industry, ABPI

BNF [Current Edition] British National Formulary. London: British Medical Association, Royal Pharmaceutical Society of Great Britain

Bradley, P and Burls, A (1999) Ethics in Public and Community Health. Routledge.

Dowie J and Elstein A (1994) Professional Judgement A Reader In Clinical Decision Making. Cambridge University Press. Cambridge.

Dimond B. (2002) Legal Aspects of Nursing (3rd ed.) Harlow:Longman.

Medicines Control Agency (2000) Sale, Supply and Administration of Medicines by Health Professionals under Patient Group Directions, London: MCA

National Patient Safety Agency [2003] Seven Steps to Patient Safety. London NPSA

National Prescribing Centre (1999) Signposts for Prescribing Nurses- General Principles of Good Practice, Prescribing Nurse Bulletin, Vol.1, No.1, Liverpool: NPC

National Prescribing Centre (2001), Maintaining Competency in Prescribing: An outline framework to help nurse prescribers, NHS

Sackett DL, Strauss SE, Scott Richardson W, Rosenberg W, & Haynes BR [2000]: 'Evidence-based Medicine. How to Practice and teach EBM', Edinburgh: Churchill Livingstone

The Medicinal Products: Prescription by Nurses etc. Act. 1992.

Thompson, C. Dowding, D. (2002) *Clinical Decision Making and Judgment in Nursing*. Edinburgh: Churchill Livingstone.

**13. CONTACT HOURS:**

18 hours of face-to-face and 50 hours of net-based material. 72 hours of supervised practice.

**14. MODULE LEADER:**

Mike Brownsell, MSc, BA, DPSN, RGN. Senior Lecturer, University College Chester.

**15. OTHER STAFF INVOLVED:**

Dr Deborah Robertson, PhD, RGN Senior Lecturer, University College Chester.

Irene Cooke, BA, DN, RGN Senior Lecturer, University College Chester.

**16. CREDIT VALUE:**

15 credits at level 3.

**17. TITLE OF RESPONSIBLE SUBJECT ASSESSMENT BOARD**

Post Registration Undergraduate Subject Assessment Board.

**18. STATEMENT OF RESOURCES:**

The School of Health and Social Care is able to support this module with the required learning resources, including clinical skills laboratory and equipment. Students attending the module will have access to computing facilities and Internet access to nursing / medical databases such as Cinahl, BNI, Medline (Pubmed) and the Cochrane Library. In addition, students have access to over 250 full-text nursing e-journals. The library has a comprehensive collection of books and hard copy journals, an inter-library loan facility, a self-service photocopier and an enquiry service.

The Assistant Director of Learning Resources and her team provide a dedicated service to the School of Health and Social Care. *Additional texts for this module can be purchased by using the library budget.*

**19. VALIDATION DATE AND MODIFICATION DATE:**

Oct 2005. (TBC)  
Review Nov 2006.



## LEVEL 3 MODULE DESCRIPTOR

1. **MODULE CODE:** NM3 TBC
2. **MODULE TITLE:** CLINICAL & PHARMACOLOGICAL KNOWLEDGE
3. **PRE-REQUISITES, CO-REQUISITES, BARRED COMBINATIONS:**

**Co-requisite:** NM3 807 & NM3 808

4. **RATIONALE:**

The patient consultation is at the heart of effective and safe patient care and prescribing practice. The ability to systematically elicit detailed information, whilst also taking full account of the patient's ideas, concerns and expectations is intrinsic to ensuring medication concordance.

To practice safely, any non-medical prescriber has to have sufficient understanding of basic pharmacology and related therapeutics. In addition, an ability to justify treatment from public health, safety and cost perspectives is mandatory. This module develops personal formulary knowledge, and builds on a student's existing pharmacological and therapeutic understanding.

5. **AIMS:**

5.1 To develop and enhance systematic patient health assessment skills to identify medication needs

5.2 To develop relevant physical examination skills, and become familiar with the principles of patient monitoring, including equipment familiarisation

5.2 To review applied therapeutics and methods of assessing and monitoring effectiveness of treatment.

5.4 Justify using a rationale, the decision-making process supporting prescription and referral

6. **LEARNING OUTCOMES:**

By the end of the module the student will be able to:

6.1 Critically discuss and demonstrate an ability to communicate and consult effectively with patients and carers.

6.2 Demonstrate how to assess patients' needs for medicines through effective consultation, taking account of their wishes and values in prescribing decisions.

6.3 Conduct a relevant physical examination of patients with those conditions for which they may prescribe.

6.4 Appraise the relevance of pharmacodynamics and pharmacokinetics and apply to own prescribing practice

6.5 Justify using a rationale, the decision-making process supporting prescription and referral as a multiprofessional team member

**7. MODULE CONTENT will include:**

**Consultation and Decision-Making**

A knowledge of the range of models of consultation and their applications

Principles of diagnosis and the concept of a working diagnosis.

Accurate and effective communication and consultation with professionals, patients and their carers

Building and maintaining an effective relationship with patients, parents and carers taking into account their values and beliefs

Understands own limitations

Development and documentation of a clinical management plan including referral to the independent prescriber and other professionals

Management options including non-drug treatment

**Principles and methods of monitoring**

Principles and methods of patient monitoring

Chemical and biochemical methods for monitoring the treatment of the conditions for which the pharmacist may prescribe.

Physical examination skills relevant to the conditions for which non medical prescriber may prescribe.

Assessing responses to treatment against the objectives of the clinical management plan

Working knowledge of any monitoring equipment used within the context of the clinical management plan

Patient compliance

Identifying and reporting adverse drug reactions

**Update on relevant aspects of basic and applied therapeutics**

Clinical pharmacology update

Review of basic principles of drug handling – absorption, distribution, metabolism and excretion

Review of pharmacodynamics and pharmacokinetics

Changes in physiology and drug response, for example the elderly, young, pregnant or breast feeding women and ethnicity

Adverse drug reactions and interactions

Pathophysiology of defined conditions for which the nurse may prescribe.

Natural history and progression of defined conditions.

Impact of co-morbidities on prescribing and patient management

Selection of drug regimen

**Decision Making**

Principles of diagnosis

Managing patient treatment options

**8. METHODS OF LEARNING AND TEACHING:**

Keynote lectures

Open learning materials

Clinical skills demonstration workshops

Group work.

On-going feedback via net based guided learning evaluation multi choice questions.

Use of a portfolio of prescribing to facilitate application of theory to practice during reflection. The portfolio also forms the main framework for recording supervised hours and independent study.

## **9. METHODS OF ASSESSMENT (summative)**

Assessment is designed across the programme rather than specific modules.

### **Part A**

An Objective Structured Clinical Examination of the student's communication skills during a simulated consultation. (10% weighting, 70% pass mark, pass / fail recorded)

### **Part B**

A 1.5-hour short answer and MCQ unseen paper. This will test knowledge and application and will focus largely upon drug actions, interactions and applied information and data.

The MCQ will include five compulsory questions, four of these are related to drug calculations and one is the production of a prescription.

The student must pass all five compulsory questions and pass a sufficient number of other questions on the paper to achieve a mark of 70% or above in order to pass this element. (20% weighting, pass/fail recorded)

## **10. METHODS OF RE-ASSESSMENT:**

Resubmit failed element, normally one further attempt only

## **11. EMPLOYER COLLABORATION:**

Collaboration regarding all aspects of the educational experience in clinical practice, including identification of medical supervisor, along with a signed agreement that a future supplementary prescribing role exists.

## **12. ILLUSTRATIVE BIBLIOGRAPHY:**

Bickley L S (2003) Bates' Guide to Physical Examination and History Taking. 8th Edition. Lippincott, Williams and Wilkins. Philadelphia.

Dawson J.S (2002) 2nd edition, Pharmacology, Mosby. London. Page 9

Downie, G (2003) Pharmacology and medicine management for nurses. 3rd Edition, Churchill Livingstone Chapter 13, 17, and 20.

Fraser R (1999) The consultation. IN: Clinical Method A General Practice Approach; p.34. Fraser R (ed.); 3rd edition. Butterworth Heinemann. Oxford.

Ong, L. M. L.; de Haes, J. C.; Lammes, F. B (1995) Doctor-patient communication: A review of the literature. Soc Sci Med.; 40: 903-918.

NATIONAL PRESCRIBING CENTRE. (2003) Maintaining Competency in Prescribing An outline framework to help pharmacist supplementary prescribers. NPC.

Walker R and Edwards, C (Eds) (2002) *Clinical Pharmacy and Therapeutics*. 3rd edition. Churchill Livingstone.

Wong Ian C. K. (1999) Pharmacovigilance resources in the United Kingdom. *Pharmaceutical Journal*; 263: 285-288.

**13. CONTACT HOURS:**

24 hours of face-to-face, with 50 hours of net-based materials and a further 70 hours of directed / private study.

**14. MODULE LEADER:**

TBC, Senior Lecturer, University College Chester.

**15. OTHER STAFF INVOLVED:**

Dr Deborah Robertson, PhD, RGN Senior Lecturer, University College Chester.

Irene Cooke, BA, DN, RGN Senior Lecturer, University College Chester.

Mike Brownsell, MSc, BA, DPSN, RGN. Senior Lecturer, University College Chester.

**16. CREDIT VALUE:**

15 credits at level 3.

**17. TITLE OF RESPONSIBLE SUBJECT ASSESSMENT BOARD**

Post Registration Undergraduate Subject Assessment Board.

**18. STATEMENT OF RESOURCES:**

The School of Health and Social Care is able to support this module with the required learning resources, including clinical skills laboratory and equipment. Students attending the module will have access to computing facilities and internet access to nursing/medical databases such as Cinahl, BNI, Medline (Pubmed) and the Cochrane Library. In addition, students have access to over 250 full-text nursing e-journals. The library has a comprehensive collection of books and hard copy journals, an inter-library loan facility, a self-service photocopier and an enquiry service.

The Assistant Director of Learning Resources and her team provide a dedicated service to the School of Health and Social Care. Additional texts for this module can be purchased by using the library budget.

**19. VALIDATION DATE AND MODIFICATION DATE:**

Oct 2005. (TBC)  
Review Nov 2006.

## **MASTERS MODULE DESCRIPTORS**

1. **MODULE CODE:** NMM TBC (Module 1)
2. **MODULE TITLE:** NON-MEDICAL PRESCRIBING IN CONTEXT
3. **PRE-REQUISITES, CO-REQUISITES, BARRED COMBINATIONS:**

**Co-Requisites:** Module 2

4. **RATIONALE:**

A safe and effective supplementary prescribing role relies upon understanding of the multi-professional prescribing team approach, and to an ability to function as an effective team member. The ability to evidence base and evaluate all prescribing decisions is also mandatory.

Central to the non-medical prescribing role is the ability to exercise accountability and responsibility when prescribing whilst taking into account the psychology of prescribing and health care practice. This module builds on a student's therapeutic knowledge and existing physical assessment skills, whilst giving the opportunity to reflect on when and how to refer back to the independent prescriber or additional health professional.

This module introduces the student to the policies, influences and processes shaping the supplementary prescribing role, and provides an opportunity to evaluate both policy and their own intended clinical practice. In addition, professional issues relating to legal aspects of patient information, consent and professional practice are also explored.

5. **AIMS:**

1. To enable the professional to prescribe within the current team context and differentiate between independent and supplementary prescribing roles.
2. Appreciate the influences on and psychology of prescribing practice from patient, colleague and personal perspectives, in addition to wider policy agendas.
3. To ensure evidence based prescribing
4. Highlight the legal and professional framework for accountability and responsibility in relation to non-medical prescribing

6. **LEARNING OUTCOMES:**

By the end of the module the student will be able to:

- 1 Critically analyse the roles and relationships of others involved in prescribing, *supplying and administering medicines*.
- 2 Articulate and demonstrate how they will Prescribe safely, appropriately, and cost effectively
- 3 Critique and apply sources of information, advice and decision support and *explain how they will use them in prescribing practice taking into account evidence based practice and national / local guidelines*.
- 4 Creatively practice within a framework of professional accountability and responsibility in relation to supplementary prescribing

- 5 Justify prescribing decision making as a multi-professional team member
- 6 Justify using a rationale, the decision-making process supporting prescription and referral
- 7 Develop and implement a clinical management plan within a supplementary prescribing relationship

**7. MODULE CONTENT will include:**

**Prescribing in a Team Context**

Policy context for prescribing

The framework for prescribing budgets and cost effective prescribing

The professional relationship between independent and supplementary prescribers and those responsible for dispensing.

The role and functions of other team members

Interface between multiple prescribers and the management of potential conflict

Structure, content and interpretation of medical records/clinical notes including electronic health records

Documentation, and the purpose of records in communicating prescribing decisions to other members of the team.

The responsibility of the supplementary prescriber in developing and delivering the clinical management plan.

**Evidence-based Practice and Clinical Governance in relation to Supplementary Prescribing**

Principles of evidence-based practice and critical appraisal skills.

The rationale for national and local guidelines, protocols, policies, decision support systems and formularies – understanding the implications of adherence to and deviation from such guidance.

Supplementary prescribing in the context of the local health economy e.g. application of local priorities to supplementary prescribing, prescribing guidance produced by PCT prescribing forum, health economy Area Prescribing Committees and priorities for health improvement.

Reflective practice and continuing professional development – role of self and organisation.

*Auditing, monitoring and evaluating prescribing practice*

Audit and systems monitoring

Analysis and learning from medication errors and near misses

Risk assessment and risk management.

**Influences on and Psychology of Prescribing**

Patient demand versus patient need including partnership in medicine taking, awareness of cultural and ethnic needs.

External influences, at individual, local and national levels.

Awareness of own personal attitude and its influence on prescribing practice.

**Legal, Policy, Professional and Ethical Aspects**

Professional Code of Ethics and Practice Guidance

Application of the law in practice, professional judgment, liability and indemnity

Legal basis for prescribing, supply and administration of medicines

Medicines regulatory framework including Marketing Authorisation, the use of unlicensed medicines and “off-label” use.

Maintenance of professional knowledge and competence in relation to the conditions for which the supplementary prescriber may prescribe.

Accountability and responsibility as a supplementary prescriber  
Accountability and responsibility to the employer or commissioning organisation,  
awareness of local complaints procedures  
Informed consent  
Prescription pad security and procedures when pads are lost or stolen  
Writing prescriptions  
Record keeping, documentation and professional responsibility  
Confidentiality, Caldicott and Data Protection  
Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of  
reporting and 'whistle blowing' procedures

**8. METHODS OF LEARNING AND TEACHING:**

Keynote lectures  
Problem based learning seminars  
Tutorials  
Open learning materials  
Group work.  
On-going feedback via net based guided learning evaluation multi choice questions.  
Use of a portfolio of prescribing to facilitate application of theory to practice during  
reflection. The portfolio also forms the main framework for recording supervised  
hours and independent study.

**9. METHODS OF ASSESSMENT (summative)**

Assessment is designed across the programme rather than specific modules.

Portfolio Assignment: Completion of a learning portfolio (3000 word maximum),  
including a case study outlining the development and evaluation of a supplementary  
prescribing role for a specific patient (40% pass mark, M level criteria 25%  
weighting).

Successful completion of a clinical assessment tool in practice, utilising the National  
Prescribing Centre (2003), outline Framework competencies. (Pass or Fail criteria)  
25% weighting.

No compensation allowed between elements

All students will have the opportunity to receive formative feedback prior to  
submission as per School policy from a member of the module team.

**10. METHODS OF RE-ASSESSMENT:**

Resubmit failed element, normally one further attempt only

**11. EMPLOYER COLLABORATION:**

Collaboration regarding all aspects of the educational experience in clinical practice,  
including identification of medical supervisor, and signed agreement that a future  
supplementary prescribing role exists.

## **12. ILLUSTRATIVE BIBLIOGRAPHY:**

Association for the British Pharmaceutical Industry (1998), Code of Practice for the Pharmaceutical Industry, ABPI

BNF [Current Edition] British National Formulary. London: British Medical Association, Royal Pharmaceutical Society of Great Britain

Bradley, P and Burls, A (1999) Ethics in Public and Community Health. Routledge.

Courtenay M and Griffiths M (2004) Independent and Supplementary Prescribing: An Essential Guide., London, Greenwich Medical Media Ltd.

Department of Health (1999) 'Clinical Governance: Quality in the New NHS' Leeds: NHSE

Dimond B. (2002) Legal Aspects of Nursing (3rd ed.) Harlow:Longman.

Dowie J and Elstein A (1994) Professional Judgement A Reader In Clinical Decision Making. Cambridge University Press. Cambridge.

Department of Health (2005) Supplementary Prescribing by Nurses, Pharmacists Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England - a Guide for Implementation updated May 2005

Medicines Control Agency (2000) Sale, Supply and Administration of Medicines by Health Professionals under Patient Group Directions, London: MCA

NATIONAL PRESCRIBING CENTRE. (2003) Maintaining Competency in Prescribing An outline framework to help pharmacist supplementary prescribers. (Available from the NPC)

Sackett DL, Strauss SE, Scott Richardson W, Rosenberg W, & Haynes BR [2000]: 'Evidence-based Medicine. How to Practice and teach EBM', Edinburgh: Churchill Livingstone

Swage T (2000). Clinical Governance in Health Care Practice. Oxford: Butterworth Heinemann.

Walsh M. (2000) Nursing Frontiers: Accountability and the Boundaries of Care Oxford: Butterworth Heinemann.

## **13. CONTACT HOURS:**

14.5 hours of face-to-face and 52 hours of net-based material, with a further 130 hours of personal study

## **14. MODULE LEADER:**

Mike Brownsell: MSc, BA, DPSN, RGN. Senior Lecturer, University College Chester.



**15. OTHER STAFF INVOLVED:**

Dr D Robertson, PhD, BSc, RGN, Senior Lecturer, University College Chester

Irene Cooke: BSc(Hons), RM, NP Cert, DN, RGN Senior Lecturer, University College Chester.

**16. CREDIT VALUE:**

20 credits at level M.

**17. TITLE OF RESPONSIBLE SUBJECT ASSESSMENT BOARD**

Post Registration Postgraduate Subject Assessment Board.

**18. STATEMENT OF RESOURCES:**

The School of Health and Social Care is able to support this module with the required learning resources. Students attending the module will have access to computing facilities and internet access to nursing / medical databases such as Cinahl, BNI, Medline (Pubmed) and the Cochrane Library. In addition, students have access to over 250 full-text nursing e-journals. The library has a comprehensive collection of books and hard copy journals, an inter-library loan facility, a self-service photocopier and an enquiry service.

The Assistant Director of Learning Resources and her team provide a dedicated service to the School of Health and Social Care. Additional texts for this module can be purchased by using the library budget.

**19. VALIDATION DATE AND MODIFICATION DATE:**

Oct 2005. (TBC)  
Review Nov 2006.

## MASTERS MODULE DESCRIPTOR

1. **MODULE CODE:** NMM TBC (Module 2)
2. **MODULE TITLE:** THERAPEUTIC ASPECTS OF PRESCRIBING
3. **PRE-REQUISITES, CO-REQUISITES, BARRED COMBINATIONS:**

**Co-Requisites:** Module 1

4. **RATIONALE:**

The patient consultation is at the heart of effective and safe patient care and prescribing practice. The ability to systematically elicit detailed information, whilst also taking full account of the patient's ideas, concerns and expectations is intrinsic to ensuring medication concordance. Central to the supplementary prescribing role is the ability to assess and monitor the effectiveness of ongoing medication and therapy.

Currently, only nurses have independent prescribing rights limited by the Department of Health Extended Nurses Formulary. To practice safely however, any non-medical prescriber has to have sufficient understanding of basic pharmacology and related therapeutics. In addition, an ability to justify treatment from public health, safety and cost perspectives is mandatory.

This module develops personal formulary knowledge, and builds on a student's existing pharmacological and therapeutic understanding. Throughout a public health context will be applied, and opportunities to develop CPD reflection skills will be facilitated

This module allows the student to consider all aspects of the patient assessment and consultation process whilst building on a student's pharmacological / therapeutic knowledge, plus existing physical assessment skills. It gives the opportunity to reflect on the application and opportunities of non-medical prescribing, and the need for continuing professional development.

5. **AIMS:**

1. To develop and enhance systematic patient health assessment skills to identify medication needs
2. To develop relevant physical examination skills, and become familiar with the principles of patient monitoring, including equipment familiarisation
3. To review applied therapeutics and methods of assessing and monitoring effectiveness of treatment.
4. *Justify using a rationale, the decision-making process supporting prescription and referral*
5. To apply principles of pharmacodynamics and pharmacokinetics to a chosen condition and treatment regime
6. To critically discuss applied therapeutics in relation to the Extended Nurses Formulary and own personal formulary focussing on the public health agenda.
7. Promote a reflective approach to continuing professional development of prescribing practice.

## 6. LEARNING OUTCOMES:

By the end of the module the student will be able to:

- 1 Critically discuss and demonstrate an ability to communicate and consult effectively with patients and carers taking account of their wishes and values in prescribing decisions
- 2 Demonstrate how to assess patients' needs for medicines through effective clinical examination
- 3 To justify own and non-medical prescribing in general within a public health context
4. Evaluate how they will Prescribe safely, appropriately, and cost effectively
5. Evaluate key pharmacological factors and principles effecting therapeutic interventions within a personal formulary and the current extended formulary (EFNP)
6. Justify using a rationale, the decision-making process supporting prescription and referral
7. Demonstrate a reflective approach to continuing professional development of prescribing practice

## 7. MODULE CONTENT will include:

### **Consultation and Decision-Making**

A knowledge of the range of models of consultation and their applications

Principles of diagnosis and the concept of a working diagnosis.

Accurate and effective communication and consultation with professionals, patients and their carers

Building and maintaining an effective relationship with patients, parents and carers taking into account their values and beliefs

Understands own limitations

Development and documentation of a clinical management plan including referral to the independent prescriber and other professionals

Management options including non-drug treatment

### **Update on relevant aspects of basic and applied therapeutics**

Clinical pharmacology update

Review of basic principles of drug handling – absorption, distribution, metabolism and excretion

Review of pharmacodynamics and pharmacokinetics

Changes in physiology and drug response, for example the elderly, young, pregnant or breast feeding women and ethnicity

Adverse drug reactions and interactions

Pathophysiology of defined conditions for which the nurse may prescribe.

Natural history and progression of defined conditions.

Impact of co-morbidities on prescribing and patient management

### **Decision Making**

Principles of diagnosis  
Managing patient treatment options  
Selection of drug regimen

### **Prescribing in the Public Health Context**

Duty to patients and society  
The framework for prescribing budgets and cost effective prescribing  
Public health policies, for example the use of antibiotics  
Inappropriate use of medicines including misuse, under and over-use inappropriate prescribing, over and under-prescribing

### **Continuing Professional Development**

Use of reflection and reflective models  
Benefits of continuing professional development

## **8. METHODS OF LEARNING AND TEACHING:**

Keynote lectures  
Problem based learning seminars  
Tutorials  
Open learning materials  
Group work.  
On-going feedback via net based guided learning evaluation multi choice questions.  
Use of a portfolio of prescribing to facilitate application of theory to practice during reflection. The portfolio also forms the main framework for recording supervised hours and independent study.

## **9. METHODS OF ASSESSMENT (summative)**

Assessment is designed across the programme rather than specific modules.

**Theory Assessment:** Successful completion of selected web based exercises within the structured learning portfolio (4000 word maximum limit) (40% pass mark using M level criteria, 25% weighting)

**Practice Assessment:** Completion of an Objective Structured Clinical Examination of a prescribing consultation with associated viva station. (40% pass mark using M level criteria, 25% weighting)

No compensation allowed between elements

## **10. METHODS OF RE-ASSESSMENT:**

Resubmit failed element, normally one further attempt only

## **11. EMPLOYER COLLABORATION:**

Collaboration regarding all aspects of the educational experience in clinical practice, including identification of medical supervisor and clinical assessment, along with a signed agreement that a future supplementary prescribing role exists.

## 12. ILLUSTRATIVE BIBLIOGRAPHY:

Bickley L S (2003) Bates' Guide to Physical Examination and History Taking. 8th Edition. Lippincott, Williams and Wilkins. Philadelphia.

Bradley, P and Burls, A (1999) Ethics in Public and Community Health. Routledge.

Dawson J.S (2002) 2nd edition, Pharmacology, Mosby. London. Page 9

Downie, G (2003) Pharmacology and medicine management for nurses. 3rd Edition, Churchill Livingstone Chapter 13, 17, and 20.

Fraser R (1999) The consultation. IN: Clinical Method A General Practice Approach; p.34. Fraser R (ed.); 3rd edition. Butterworth Heinemann. Oxford.

Gask, L.; Usherwood, T (2002). ABC of psychological medicine: The consultation. BMJ; 324: 1567-1569.

Green, A.; Carrillo, J. E.; Betancourt, J. R. (2002) Why the disease-based model of medicine fails our patients. West J Med; 176: 141-143.

NATIONAL PRESCRIBING CENTRE. (2003) Maintaining Competency in Prescribing An outline framework to help pharmacist supplementary prescribers. NPC.

Ong, L. M. L.; de Haes, J. C.; Lammes, F. B (1995) Doctor-patient communication: A review of the literature. Soc Sci Med.; 40: 903-918.

Rungapadiachy, D (1999) Interpersonal communication and psychology for health care professionals: theory and practice. London: Butterworth-Heinemann.

The Medicinal Products: Prescription by Nurses etc. Act. 1992.

Thompson, C. Dowding, D. (2002) Clinical Decision Making and Judgement in Nursing. Edinburgh: Churchill Livingstone. (A useful text for all disciplines despite the nursing title)

Walker R and Edwards, C (Eds) (2002) Clinical Pharmacy and Therapeutics. 3rd edition. Churchill Livingstone.

Wong Ian C. K. (1999) Pharmacovigilance resources in the United Kingdom. Pharmaceutical Journal; 263: 285-288.

### Useful Websites:

[www.bnf.org](http://www.bnf.org)

<http://www.drugtariff.com/>

[http://www.npc.co.uk/merec\\_index.htm](http://www.npc.co.uk/merec_index.htm)

<http://www.liv.ac.uk/~druginfo/csm>

<http://www.doh.gov.uk/>

<http://www.ukmicentral.nhs.uk/>

<http://www.medicines.org.uk>

<http://www.nice.org.uk/>

<http://www.mca.gov.uk/>  
<http://www.ppa.org.uk/index.htm>  
[druginfo@liv.ac.uk](mailto:druginfo@liv.ac.uk)  
<http://www.rpsgb.org.uk/>  
<http://www.who.int/>  
<http://bmj.com/>  
<http://www.prodigy.nhs.uk>

**13. CONTACT HOURS:**

35 hours of face-to-face and 54 hours of net-based material, plus additional expected personal study of 110 hours.

**14. MODULE LEADER:**

Dr D Robertson, PhD, BSc, RGN, Senior Lecturer, University College Chester

**15. OTHER STAFF INVOLVED:**

Mike Brownsell: MSc, BA, DPSN, RGN. Senior Lecturer, University College Chester.

Irene Cooke: BSc(Hons), RM, NP Cert, DN, RGN Senior Lecturer, University College Chester.

**16. CREDIT VALUE:**

20 credits at level M.

**17. TITLE OF RESPONSIBLE SUBJECT ASSESSMENT BOARD**

Post Registration Postgraduate Subject Assessment Board.

**18. STATEMENT OF RESOURCES:**

The School of Health and Social Care is able to support this module with the required learning resources, including clinical skills laboratory and equipment. Students attending the module will have access to computing facilities and Internet access to nursing / medical databases such as Cinahl, BNI, Medline (Pubmed) and the Cochrane Library. In addition, students have access to over 250 full-text nursing e-journals. The library has a comprehensive collection of books and hard copy journals, an inter-library loan facility, a self-service photocopier and an enquiry service.

The Assistant Director of Learning Resources and her team provide a dedicated service to the School of Health and Social Care. Additional texts for this module can be purchased by using the library budget.

**19. VALIDATION DATE AND MODIFICATION DATE:**

Oct 2005. (TBC)  
Review Aug 2006.

# Appendix C

## **CURRICULA VITAE OF THE PROGRAMME TEAM**

Main contributors:

Mr Mike Brownsell, Senior Lecturer, University of Chester

Dr Debbie Robertson, Senior Lecturer, University of Chester

Mrs Irene Cooke, Senior Lecturer, University of Chester

## Curriculum Vitae

<b>Name:</b>	<b>Michael David Brownsell</b>
<b>Post:</b>	<b>Senior Lecturer</b>
<b>Full-time/Fractional/Visiting Lecturer:</b>	<b>Full Time</b>
<b>Department:</b>	<b>Wirral Education Centre, Arrowe Park Hospital</b>
<b>School:</b>	<b>School of Health and Social Care</b>

### QUALIFICATIONS

<b>Qualifications Obtained</b>		
<b>Date</b>	<b>Title of Award</b>	<b>Institution</b>
<b>A. Undergraduate</b>		
1992	Diploma (Level 2) in Professional Studies In Nursing	Liverpool Polytechnic
1994	BA (Level 3) Health Studies	John Moores University
<b>B. Postgraduate Taught</b>		
2000	MSc Health Professional Education	Huddersfield University
<b>C. Postgraduate Research</b>		
Commence PhD 2005		University Liverpool
<b>D. Professional</b>		
1999	Registered Nurse Tutor	Huddersfield University
1989	ENB 219 Orthopaedic Trauma Nursing	East Berkshire School of Nursing
1987	Registered General Nurse	Glan Clwyd School of Nursing
<b>E. Fellowships of Learned Societies</b>		
1983 to present day	Royal College of Nursing	
2001 to present day	ILT	
<b>F. Other Relevant Awards</b>		
1996	Advanced Cardiac Life Support Provider	UK Resuscitation Council

### CONTINUING PROFESSIONAL AND ACADEMIC DEVELOPMENT

<b>Qualifications Currently Registered For:</b>		
<b>Start and Expected Completion dates</b>	<b>Title of Award</b>	<b>Institution</b>
None		



Expect to register for PhD by end 2005	PhD	University of Chester
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<b>Short Courses, Training Events and Conference Attendance (Last 3 years)</b>		
<b>Date/s</b>	<b>Event and nature of participation</b>	<b>Organisation</b>
17 <sup>th</sup> July 2005	On-going Quality monitoring Exercise Conference: Speaker	QAA
June 2004	European Computer Driving Licence: Student	ECDL
May 2004	Teaching & Learning conference: Speaker	UCC
November 2003	Regional Conference of Non – physician Prescribing Speaker - Modernising Delivery	SHA WDC
March 2002	Workplace Learning Seminar, Liverpool, attendee	Liverpool University
February 2002	NMC Quality Monitoring Seminar, London, attendee	Nursing & Midwifery Council

#### **CURRENT AND PREVIOUS ACADEMIC POSTS**

<b>Dates</b>	<b>Post and Institution</b>	<b>Description of major teaching and research activities including curriculum development, assessment and research management</b>
August 2002 to present Day	Senior Lecturer, School of Nursing & Midwifery. University of Chester.	Teaching delivery within the Diploma in Nursing Studies. Personal academic tutor for 26+ students. Development of an Extended Independent Nurse and Supplementary Prescriber Programme (Level 3). Involved in Small qualitative research programme.
January 2000 to August 2002	Adult Branch Leader, University of Liverpool Dept of Nursing	Teaching delivery within the BA (Hons) Nursing Programme. Clinical Skills Teaching and module leadership within the MSc Clinical Nursing Programme. Member of 3 strong curriculum development team for BA (Hons) Nursing, Mentorship, Nurse Prescriber, & Nurse Lecturer (PGCE) programmes

#### **RELEVANT EXPERIENCE OUTSIDE HE E.G. PROFESSIONAL PRACTICE, INDUSTRIAL RESEARCH AND DEVELOPMENT**

<b>Dates</b>	<b>Post and Organisation</b>	<b>Description of major relevant activities</b>
1997 – 1999	<u>Royal Liverpool University Hospitals</u> Clinical Development Nurse (H) – Elderly Care	Practice Development and Clinical Manager
1996 – 1997	Clinical Skills / IV Access Nurse (G) – Training Dept	IV Specialist Nurse & extended role clinical skills training
1996 & 1997	Ward Manager, Medical Winter Care units	Commissioning, managing, & decommissioning winter pressure units
	<u>Broadgreen Hospital NHS</u>	

1993 – 1996	<u>Trust</u> Ward Manager (G) – Orthopaedic Trauma unit	24 hour responsibility for ward management and standards
1990 – 1993	Charge Nurse (F) – Orthopaedic Trauma unit	Support of G grade ward manager and staff / patient care development

### RESEARCH GRANTS

Amount	Awarding Body	Purpose	Date
£15,400	Royal Liverpool Hospital Annual R & D funding	Hypodermoclysis in Post Stroke Patients Randomised Control Trial	February to August 2000
£300,000	North West Strategic Health Authorities	Development and evaluation of Supplementary Prescribing E- learning materials	January 2004 onwards

## Curriculum Vitae

<b>Name:</b>	<b>Irene Cooke</b>
<b>Post:</b>	<b>Senior Lecturer</b>
<b>Full-time/ Lecturer:</b>	<b>Full-Time</b>
<b>Department:</b>	<b>Wirral Education Centre, Arrowe Park Hospital</b>
<b>School:</b>	<b>School of Health and Social Care</b>

### QUALIFICATIONS

<b>Qualifications Obtained</b>		
<b>Date</b>	<b>Title of Award</b>	<b>Institution</b>
<b>A. Undergraduate</b>		
1997	ENB in Diabetic Nursing	Wirral School of Nursing
1989	ENB 998(Teaching & Assessing)	Wirral School of Nursing
1990	LAY Course Helping People Change	Wirral Community Health Authority
1999	ENB N18 (Leg Ulcer Management)	University of Chester
1999	First Line Management	Wirral Community Healthcare Trust
<b>B. Postgraduate Taught</b>		
2000	BSc (Hons) Professional Health Studies	University of Liverpool
2002	PGCHE	University of Liverpool
<b>D. Professional</b>		
1979	Registered General Nurse	Birkenhead School of Nursing
1981	Registered Midwife	Wirral School of Nursing & Midwifery
1990	District Nurse	University of Liverpool
1999	Nurse Prescribing Certificate	St Martin's College
1998	Community Practice Educator	University of Liverpool
<b>E. Fellowships of Learned Societies</b>		
2000	District Nurse Tutor Representative Body UK	
1996	Tissue Viability Society	

## CONTINUING PROFESSIONAL AND ACADEMIC DEVELOPMENT

<b>Qualifications Currently Registered For:</b>		
	<b>Title of Award</b>	<b>Institution</b>
Early 2003	Awaiting to start MPhil	University of Chester
Completion date Jan 2003	Registered Nurse Tutor award	University of Liverpool

<b>Short Courses, Training Events and Conference Attendance (Last 3 years)</b>		
<b>Date /s</b>	<b>Event and nature of participation</b>	<b>Organisation</b>
1999	ENB N18 Leg Ulcer Management	Chester College
1999	Nurse Prescribing Certificate	St Martins' College
2000	Effective Teaching	University of Liverpool
2000	Health & Safety Co-ordinator Update	University of Liverpool
2000	CDNA Conference	CDNA
2001	CPHVA Conference	CPHVA
2002	NSF for Older People Conference	DoH

### CURRENT AND PREVIOUS ACADEMIC POSTS (Start with most recent)

<b>Dates</b>	<b>Post and Institution</b>	<b>Description of major teaching and research activities including curriculum development, assessment and research management</b>
1 <sup>st</sup> August 2002 to date	Senior Lecturer University of Chester	<p>Teaching and Module Leader responsibility for 3 modules on Dip HE in Nursing programme</p> <p>Curriculum development of the Extended Independent Nurse Prescribing (EINP) and Supplementary Prescribing programme: To be validated in November 2002. Programme commencing early 2003 with 3 cohorts x 30 students per year. Will share joint Programme Leadership with an academic colleague</p> <p>Involved in assessment of students undertaking above programmes</p> <p>Hope to undertake MPhil activities in EINP in new year- possible DoH funding available</p> <p>Member of the College CPAR group Member of the Primary Care Group</p>
1 <sup>st</sup> Jan 2000 to 31 <sup>st</sup> July 2002	District Nurse Tutor University of Liverpool	Programme Leader for District Nursing Programme which formed part of the Bachelor of Nursing award: Teaching and organisational responsibilities

		<p>Programme Leader for Nurse Prescribing programme: teaching &amp; organisational responsibilities</p> <p>Programme Director for Extended Independent Nurse Prescribing programme: Curriculum development and validation experience in addition to teaching and organisational requirements</p> <p>Module Leader for community focussed modules</p> <p>Module Leader for 2 undergraduate Therapeutics Modules</p> <p>Member of the Curriculum Planning Team involved in the new Bachelor of Nursing (Hons) programme</p> <p>Designed new clinical assessment tool in conjunction with members of the Curriculum Development Team and clinical practitioners</p> <p>Member of the Departmental QAA Team</p> <p>Responsible for assessing the students' academic and clinical progress for the above modules/ programmes.</p>
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**RELEVANT EXPERIENCE OUTSIDE HE E.G. PROFESSIONAL PRACTICE, INDUSTRIAL RESEARCH AND DEVELOPMENT**

<b>Dates</b>	<b>Post and Organisation</b>	<b>Description of major relevant activities</b>
September 1996 to 31 <sup>st</sup> December 1999	Clinical Nurse Specialist: Tissue Viability Wirral & West Cheshire Community NHS Trust	<p><b>Educational-</b> teaching qualified staff and informal carers in tissue viability</p> <p>Setting clinical standards for benchmarking purposes</p> <p><b>Organisational Lead:</b> for determining service provision locally</p> <p><b>Advisory and Clinical Role:</b> provided clinical support to staff and patient groups in the Wirral Nurse Prescribing responsibilities</p> <p><b>Research:</b> Undertook a clinical audit of patients in receipt of the service</p> <p><b>Managed</b> the clinical resource for the Trust</p>
1995-1996	Care Manager/ District Nurse Total Care Team Wirral & West Cheshire Community Trust	<p>Pilot Scheme evaluated successfully by the Public Health Observatory</p> <p>Managed a team of 30 nursing staff to provide a realistic alternative to nursing home care</p>
1990-1996	District Nurse Wirral Community Trust	<p>Managed a team of nurses in order to provide skilled care to patients and their families in the community</p> <p>Clinical responsibility for caseload of patients</p>

1985-1989	Ward Manager Clatterbridge Hospital	Managed a team of nurses in an acute hospital setting Provided skilled clinical care Developed nursing pathways for unit
1982-1985	Staff Nurse on a variety of wards Clatterbridge Hospital	Provided clinical care to individual patients
1982	Student Midwife	Midwifery Training
1980-1981	Staff Nurse Birkenhead General Hospital	Provided clinical care for patients
1976-1979	Student Nurse Birkenhead School of Nursing	Registered Nurse training

**MEMBERSHIP AND ACTIVITY IN SUBJECT ASSOCIATIONS, LEARNED SOCIETIES AND RELEVANT PROFESSIONAL BODIES**

Dates	Body	Description of Activities
1976 to date	Royal College of Nursing	Active membership
2001	Community Nursing and District Nursing Association	Active membership
2001	North West Regional NSF for Older People member	Meet with HEI's and clinical colleagues regarding implementation of the NSF for Older People
2001	North West Regional Member of the Extended Independent Nurse Prescribing Steering Group	Meet with HEI's locally to discuss implementation of the EINP & Supplementary Prescribing programmes

**CONTRIBUTIONS TO EXPERT COMMITTEES (EITHER AS ADVISOR, EXPERT WITNESS OR COMMENTATOR)**

Dates	Committee	Description of contribution
	See above	See above

**MEMBERSHIP OF INTERNAL AND EXTERNAL VALIDATION PANELS**

Dates	Institution	Nature of Activity/Programme
2000 to 2002	University of Liverpool	Departmental member of the internal Programme Validation team: 1 programme validated in March 2000; 5 programmes validated in November 2001

**EXTERNAL ACADEMIC AUDITOR, EXTERNAL SUBJECT REVIEWER OR  
OTHER EXTERNAL REVIEW CAPACITY**

<b>Dates</b>	<b>Body</b>	<b>Nature of Activity</b>
2002	Arnold Publishing Company	Review new book proposals

**PUBLICATIONS**

<b>Date of Publication</b>	<b>Title</b>	<b>Nature of Publication</b>
2000	COOKE I (2000) 'Auditing Tissue Viability Status'	Journal of Community Nursing v14, n6 30-34

**OTHER RELEVANT INFORMATION**

<b>Date</b>	<b>Description</b>

*Data Protection - Information held relating to you is covered by the 1984 and 1998 Data Protection Act and is handled in accordance with that act.*

## CURRICULUM VITAE 2004/05

### 1a. Personal Details

Title	Dr
First Name(s)	Deborah Anne
Last Name	Robertson
Full-time/Part-time	Full time
Permanent/Fixed-term	Permanent
Visiting Lecturer	
Department	Nursing
School	Health And Social Care
Centre	Chester

### 1b. University Calendar Entry

Initials of forenames and last name in full	Degree(s) (Institution)	Letters after your name relating to Professional Body Membership
D A ROBERTSON	BSc (Hons) Dundee, PhD Dundee	RGN

### 2. Current Academic Post(s), including Teaching Fellowships held

Date of Appointment	Post Title	Description of Major Responsibilities	Teaching/Research/Admin (T/R/A)
18/10/04	Senior Lecturer		T

### 3. Previous Academic Post(s)

Dates of Appointment	Post Title	Post Type	Institution	Description of Duties	Teaching/Research/Admin (T/R/A)
None					

### 4. Other Relevant Employment Experience

Dates	Post	Organisation	Description of Major Activities
10/01-10/04	Post doctoral Scientist	University of Dundee	Research activities

### Qualifications

Date of Award	Title of Award and Classification	Awarding Institution
<b>Undergraduate</b>		
1992	RGN	Tayside College of Nursing & Midwifery
1998	BSc (Hons) 1 <sup>st</sup> class	University of Dundee
<b>Postgraduate Taught</b>		



<b>Postgraduate Research</b>		
2001	PhD	University of Dundee

#### 6. Continuing Professional Development

Start Date	Expected Completion Date	Title of Award	Awarding Institution
April 2002	October 2005	Preclinical Certificate in Psychopharmacology	British Association of Psychopharmacology
February 2005	February 2007	Masters in Professional Education	University of Chester

#### 7. Short Courses, Training Events and Conferences in last 5 years

Date	Event	Nature of Participation (e.g. Participant, Presenter or Chair)	Sponsoring Organisation
Dec 2004	British Pharmacology Society winter meeting (Newcastle)	Participant	British Pharmacology Society
July 2004	British Association of Psychopharmacology Annual Meeting (Harrogate)	Presenter	British Association of Psychopharmacology
July 2003	British Association of Psychopharmacology Annual Meeting (Cambridge)	Presenter	British Association of Psychopharmacology
Feb 2003	Steroids & the Nervous system (Turin)	Presenter	University of Turin
Sept 2002	British Pharmacology Society (Glasgow)	Presenter	British Pharmacology Society
Dec 2000	British Pharmacology Society (Birmingham)	Presenter	British Pharmacology Society
July 2000	British Pharmacology Society (Cardiff)	Presenter	British Pharmacology Society

List of Publications or Other Academic Output (maximum 15 entries)

Date	Title	Nature of Output	Refereed (Y/N)
submitted	<i>Storey, J.D., Robertson, D.A., Beattie, J.E., Reid, I.C. &amp; Balfour, D.J.K.</i> Behavioural and neurochemical responses evoked by repeated exposure to an elevated open platform	PAPER	Y
In press	<i>Robertson, D.A., Beattie, J.E., Reid, I.C. &amp; Balfour, D.J.K.</i> Regulation of corticosteroid receptors in the rat brain: the role of serotonin and stress. <i>Eur.J.Neurosci</i>	PAPER	Y
2004	<i>Robertson, D.A., Hughes, G.A. &amp; Lyles, G.A.</i> Expression of inducible nitric oxide synthase in cultured smooth muscle cells from rat mesenteric lymphatic vessels. <i>Microcirculation 11:503-515</i>	PAPER	Y

# Appendix D

## University & School Marking Criteria

### **LEVEL 3**

#### **Knowledge and depth**

##### **Exceptional Pass**

100-90

Develop new knowledge or novel perspective  
Demonstrates an exceptional depth and breadth of discussion.  
Work produced could hardly be bettered under parallel conditions.

##### **Excellent Pass**

89-80

Demonstrates extensive subject knowledge with excellent depth and breadth of discussion.  
Integrates a wide and pertinent range of academic sources.

##### **Very Good Pass**

79-70

Demonstrates accurate and very good knowledge base of subject.  
Very good depth and breadth of discussion.  
Integrates a comprehensive range of academic sources.

##### **Good Pass**

69-60

Demonstrates accurate and good subject knowledge.  
Good depth and breadth of discussion.  
Evidence of further reading.

##### **Competent Pass**

59-50

Demonstrates generally accurate and satisfactory subject knowledge.  
*Competent depth and breadth of discussion.*  
Some evidence of further reading.

##### **Satisfactory Pass**

49-45

Demonstrates fairly basic subject knowledge with no gross inaccuracies.  
*Limited depth and breadth of discussion.*  
Background reading relevant but reliant on few sources.

#### **Comprehension and analysis**

Outstanding level of original synthesis, analysis and argument.  
Work produced could hardly be bettered.

Creative innovative synthesis of ideas.  
Challenging comprehensive critical analysis sustained throughout.

Synthesizes a wide range of views or information whilst remaining focused. Insightful interpretation. Very good depth and breadth of critical analysis throughout.

Synthesizes a range of views or information. Consistent development of critical analysis. Some creative thinking.

Demonstrates an understanding of the major issues by clear explanation. Some evidence of critical analysis.

Demonstrates adequate understanding by explanation of main topic issues. Largely descriptive with little interpretation. Limited ability to contrast main points to any depth.

#### **Application / reflection**

Exceptional level of application of evidence based literature to practice.  
*Selects, critically appraises and questions the validity of current knowledge and practice.*  
Demonstrates exceptional professional and/or clinical development through reflection.  
Work produced could hardly be bettered.

Excellent level of application of evidence based literature to practice.  
*Selects, critically appraises and questions the validity of current knowledge and practice.*  
Demonstrates excellent professional and/or clinical development through reflection.

Very good level of application of evidence based literature to practice.  
*Selects, critically appraises and questions the validity of current knowledge and practice.*  
Demonstrates very good professional and/or clinical development through reflection.

Selects, critically appraises and theoretically applies relevant evidence based literature.  
Demonstrates good professional and/or clinical development through reflection.

Selects, assesses and theoretically applies relevant evidence based literature.  
Demonstrates some professional and/or clinical development through reflection.

Selects and applies some relevant evidence based literature.  
Limited reflection demonstrates some professional and/or clinical learning.

#### **Evaluation**

Exceptional level of evaluation.  
Authoritative and persuasive argument.  
Work produced could hardly be bettered.

Excellent level of evaluation.  
Authoritative and persuasive argument.

Critically evaluates and is able to *attribute cause and effect* or associate aspects of an argument to research-based work.  
Is able to recommend alternatives.

Critically evaluates and is able to *attribute cause and effect* or associate aspects of an argument to research-based work.

Is able to critically evaluate strengths and weaknesses of some aspects, substantiated by reference to other work.

Attempts to identify strengths and weaknesses inherent in the subject area, not always substantiated by reference to other work.

#### **Structure**

Exceptionally well planned and organised.  
Exceptional clarity and coherence.

Extremely well planned and organised with great clarity and coherence.

Thorough planning, preparation and organisation evident.

Well organised. Relevant planning and preparation evident.

Fairly well organised. Basic planning and preparation evident.

Basic organisation, planning and preparation evident.

#### **Academic style**

Academic writing style could hardly be bettered.  
Highly sophisticated.  
Detailed attention to acknowledged referencing system.

Extremely well written with accuracy and flair.  
Sophisticated, fluent and persuasive expression of ideas. Detailed attention to acknowledged referencing system.

Very well written. Effective use of language. Good attention to acknowledged referencing system.

Well written. Appropriate use of language. Good attention to acknowledged referencing system.

Clearly written. Competent use of language. Overall competence in spelling, syntax and punctuation. Adequate attention to acknowledged referencing system.

Generally accurate use of language but lacks fluency of expression. Minor inaccuracies in spelling, syntax and punctuation but do not interfere with meaning. Few minor inaccuracies in referencing.

<b>LEVEL 3</b>	<b>Borderline Pass</b> 44-40	<b>Fall</b> 39-30	<b>Poor Fail</b> 29-20	<b>Very Poor Fail</b> 19-10	<b>Extremely Poor Fail</b> 9-0
<b>Knowledge and depth</b>	Knowledge general rather than subject specific. No gross inaccuracies but irrelevant at times. Superficial discussion. Limited reading apparent.	Some inaccuracies demonstrating inadequate knowledge of subject. Weak discussion with irrelevant information. Scant evidence of background reading. Evidence of unsafe practice	Serious inaccuracies demonstrating poor knowledge base of subject. Little relevant content. No evidence of relevant reading. Evidence of unsafe practice	Knowledge base very poor. Content almost entirely irrelevant or inaccurate. No evidence of reading. Evidence of unsafe practice	No knowledge base evident. Content not relevant or correct. No use of sources. Evidence of unsafe practice
<b>Comprehension and analysis</b>	Basic understanding demonstrated. Main issues are not addressed in depth. Very little interpretation. Descriptive and anecdotal.	Issues are poorly identified and addressed. Explanations are confused at times. Very little discussion of subject issues. Descriptive and superficial.	Several key issues not identified. Purely descriptive. Minimal evidence of thought.	No key issues identified. Isolated statements indicating lack of thought.	No issues identified. Statements completely lack coherence and logic.
<b>Application / reflection</b>	Selects and applies some relevant evidence based literature but some irrelevant material included. Minimal reflection identifies limited professional and/or clinical learning.	Selects limited range of relevant literature but irrelevant material included. Literature not applied appropriately to clinical situation. Reflection on own learning unclear. Little professional and/or clinical learning demonstrated.	Very little relevant material identified. Not applied to clinical situation. Reflection is confused and learning not identified.	No relevant material identified. Not applied to clinical situation. Reflection is confused and learning not identified.	No relevant material identified. Not applied to clinical situation. No evidence of reflection or learning.
<b>Evaluation</b>	Minimal / limited attempts to examine strengths and weaknesses of an argument, not always substantiated by reference to other work.	Limited use of supporting literature. Very little comparison or association with other work. Minimal evaluation.	Minimal use of supporting literature prevents comparison or association with other work. Minimal evaluation.	Little or no use of material. No comparison or association with other work. Very little evaluation.	No use of material. No comparison with other work. No evaluation.
<b>Structure</b>	Basic planning and preparation evident. Disorganised in parts.	Limited planning, preparation and organisation evident.	Serious deficiency in planning, preparation and organisation.	Almost no evidence of planning, preparation and organisation.	No evidence of planning, preparation and organisation.
<b>Academic style</b>	Adequate use of language. At times meaning is unclear. Inaccuracies in spelling, syntax and punctuation. Some inaccuracies in referencing.	Limited use of language. Unclear meaning. Some inaccurate or unprofessional terminology. Many errors in spelling, punctuation and syntax. Referencing incomplete or inaccurate.	Poor use of language. Terminology inaccurate and inappropriate. Many serious errors in spelling, punctuation and syntax. Referencing inaccurate or absent.	Very poor use of language. Meaning extremely unclear. Many serious errors of even basic spelling, syntax and punctuation.	Incoherent expression. Heavily inaccurate and inappropriate use of language.

### Masters Level Marking Criteria – New Regulations 2004-2005

	<b>Distinction 70%+</b> <i>Evidence of...</i>	<b>Pass (strong) 55-69%</b> <i>Evidence of...</i>	<b>Pass (threshold +) 40-54%</b> <i>Evidence of...</i>	<b>Fail 20-39%</b> <i>Evidence of...</i>	<b>Fail 0-19%</b> <i>Evidence of...</i>
<b>KNOWLEDGE &amp; UNDERSTANDING</b> of the academic discipline, field of study, or area of professional practice	as 55-69 & excellent coverage, offering <i>sophisticated</i> or original insights; a synthesis, possibly, of disparate material.	as 40-54 & an awareness of problems & insights much of which is at, or informed by, the forefront of the <i>discipline/practice</i> .	a systematic understanding of relevant knowledge; good identification, selection and & understanding of key issues; awareness of current problems &/or <i>new insights</i> ; conceptual awareness enabling critical analysis; accuracy in detail.	coverage of some or most relevant issues with <i>reasonable</i> understanding; identification of some or most central issues.	paucity of relevant material in support of response
RESEARCH I: READING & USE OF OTHER APPROPRIATE RESOURCES	as 55-69 & extensive, well-referenced research <i>both in breadth &amp; depth</i> .	as 40-54 & a range in breadth or depth of well-referenced research	a good range of reading, beyond core or basic texts, with sources appropriately acknowledged according to academic conventions of referencing.	the range of reading may be limited; sources not always explicitly or accurately acknowledged.	inadequate resourcing &/or sources insufficiently acknowledged.
Where relevant to LOs RESEARCH II: METHODOLOGY	as 55-69 & sophisticated evaluation of possibilities and limitations of methodologies used.	as 40-54 & a comprehensive & critical understanding of techniques <i>applicable</i> to the student's own research.	a practical understanding of how established techniques of research & enquiry are used to create & interpret knowledge in the <i>discipline</i> ; research work planned in scale and scope so that adequate and appropriate evidence is gathered.	understanding of methodologies used but <i>these may have been</i> used to too little effect	inadequate understanding of methodologies, used inappropriately or erroneously.
CRITICAL ANALYSIS & INTERPRETATION	as 55-69 & imaginative, insightful, original or creative <i>interpretations</i> ; impressive, sustained level of analysis & evaluation; a cogent argument with awareness of limitations.	as 40-54 & a command of accepted critical positions; conceptual understanding that enables the student to propose new hypotheses.	the ability to deal with complex issues both systematically & creatively, & make sound judgements; consistent analysis and critical evaluation of current research & advanced scholarship in the discipline; a coherent argument supported by evidence.	some ability to deal with complex issues; judgements not all well substantiated; some evaluation of research & scholarship; the ability to construct an argument may be limited.	analysis is limited, deriving from limited sources &/or too limited to a single perspective; argument or position not made clear; self-contradiction or confusion.
COMMUNICATION SKILLS & PRESENTATION	as 55-69 & lively, articulate communication demonstrating enthusiasm & control	as 40-54 & persuasive communication skills; academic form of publishable standards.	clear expression, observing <i>academic form</i> ; (in written work) predominantly accurate in spelling & grammar; conclusions communicated clearly for specialist & non-specialist audiences as appropriate.	there may be errors in academic form and/or (in written work) <i>spelling &amp; grammar</i> .	poor observation of academic conventions; deficiencies in spelling & grammar.
Where relevant to LOs CRITICAL REFLECTION: PERSONAL &/OR PROFESSIONAL APPLICATION & EVAL.	as 55-69 & sophisticated critical self-evaluation; new insights informing practical situations.	as 40-54 & decision-making in complex situations; originality in addressing needs or specifications, and /or solving problems.	collaborative or individual problem-solving, & planning & implementing of tasks <i>appropriate</i> to a professional context; the independent learning ability and self-evaluation required to continue to advance the student's knowledge & understanding, & to develop new skills appropriate to a professional context.	some exercise of <i>initiative &amp; personal</i> or professional responsibility but a limited self-evaluation	weakness in independent learning, decision-making &/or self-evaluation.

## Non-Medical Prescribing Competency Assessment: THE CONSULTATION

<b>CLINICAL AND PHARMACEUTICAL KNOWLEDGE</b>		
<b>Has up-to-date clinical and pharmaceutical knowledge relevant to own area of practice.</b>		
<ul style="list-style-type: none"> <li>• Understands the medical conditions being treated, their natural progress and how to assess the severity of disease</li> <li>• Understands different non-pharmacological and pharmacological approaches to modifying disease and promoting health, desirable and undesirable outcomes and how to identify and assess them.</li> <li>• Understands the mode of action and pharmacokinetics of medicines, how these mechanisms may be altered (e.g. by age, renal impairment) and how this affects dosage.</li> <li>• Understands the potential for unwanted effects, e.g. adverse drug reactions (ADRs), drug interactions, special precautions and contraindications, and how to avoid/minimise them.</li> <li>• Maintains an up-to-date knowledge of products in the NPF (e.g. doses, formulations, pack sizes)</li> <li>• Understands how medicines are licensed, monitored (e.g. ADR reporting) and supplied</li> <li>• Applies the principles of evidence-based medicine, and clinical and cost-effectiveness</li> <li>• Understands the public health issues related to medicines use</li> <li>• Appreciates the misuse potential of drugs</li> </ul>		
<u>Mid point Formative Assessment (week 8)</u>          Supervisor Signature .....  Student Signature .....  Date .....	<u>Final Summative Assessment (week 16)</u>          Supervisor Signature .....  Student Signature .....  Date .....	<u>Evidence from Portfolio</u> (Student may wish to enter page numbers etc)



## Non-Medical Prescribing Competency Assessment: THE CONSULTATION

<b>ESTABLISHING OPTIONS</b>		
<b>Reviews diagnosis and generates treatment options for the patient within the clinical management plan. Always follows up treatment.</b>		
<ul style="list-style-type: none"> <li>• Takes a comprehensive medical history and undertakes an appropriate physical examination</li> <li>• Reviews the working or final diagnosis by considering and systematically deciding between the various possibilities (differential diagnosis)</li> <li>• Requests and interprets relevant diagnostic tests</li> <li>• Views and assesses the patient's needs holistically (psychosocial, physical)</li> <li>• Considers non-drug and drug treatment options (<i>including referral and preventative measures</i>)</li> <li>• Assesses the risk and benefits to the patient of taking/not taking a medicine (or using/not using a treatment)</li> <li>• Selects the most appropriate drug, dose and formulation for the individual patient</li> <li>• Makes changes within the clinical management plan in light of ongoing monitoring and patient's condition</li> <li>• Establishes and maintains a plan for reviewing the therapeutic objective/end point of treatment</li> <li>• Considers repeat prescribing options.</li> <li>• Makes changes within the clinical management plan in the light of on-going monitoring of the patient's condition</li> </ul>		
<u>Mid point Formative Assessment (week 8)</u>	<u>Final Summative Assessment (week 16)</u>	<u>Evidence from Portfolio</u> (Student may wish to enter page numbers etc)
Supervisor Signature .....	Supervisor Signature .....	
Student Signature .....	Student Signature .....	
Date .....	Date .....	



**Non-Medical Prescribing Competency Assessment: THE CONSULTATION**

<b>COMMUNICATING WITH PATIENTS</b>		
<b>Establishes a relationship based on trust and mutual respect. Sees patients as partners in the consultation. Applies the principles of concordance.</b>		
<ul style="list-style-type: none"> <li>• Approaches the consultation in a structured way</li> <li>• Listens to and understands patients beliefs and expectations</li> <li>• Understands the cultural, language and religious implications of prescribing</li> <li>• Deals sensitively with patients' emotions and concerns</li> <li>• Creates a relationship which does not encourage the expectation that a prescription will be written</li> <li>• Helps patients to make informed choices about their treatment</li> <li>• Explains the nature of the patient's condition and the rationale behind and potential risks and beliefs of, treatment options.</li> <li>• Negotiates an outcome of the consultation that both patient and prescribers are satisfied with</li> <li>• Encourages patients (and carers) to take responsibility for their own health and self manage their conditions</li> <li>• Adapts consultation style to meet the needs of different patients (e.g. for age and ability)</li> <li>• Gives clear instructions to the patient about their medication (e.g. how to take it, where to get it from, possible side effects)</li> <li>• Check patients' understanding of, and commitment to, their treatment.</li> <li>• Demonstrates an awareness of, and is sensitive to, patient choice in the context of supplementary prescribing (where applicable)</li> </ul>		
<p><u>Mid point Formative Assessment (week 8)</u></p>          <p>Supervisor Signature .....</p> <p>Student Signature .....</p> <p>Date .....</p>	<p><u>Final Summative Assessment (week 16)</u></p>          <p>Supervisor Signature .....</p> <p>Student Signature .....</p> <p>Date .....</p>	<p><u>Evidence from Portfolio</u> (Student may wish to enter page numbers etc)</p>          

**Non-Medical Prescribing Competency Assessment: PRESCRIBING EFFECTIVELY**

<b>PRESCRIBING SAFELY</b>		
<b>Is aware of own limitations. Does not compromise patient safety, justifies prescribing decisions.</b>		
<ul style="list-style-type: none"> <li>• Knows the limits of own knowledge and skill, and works within them</li> <li>• Knows when to refer to, or seek guidance from, another member of the team or a specialist</li> <li>• Prescribes a medicine only with adequate, up-to-date knowledge of its actions, indications, contraindications, cautions, dose and side-effects</li> <li>• Checks doses and calculations to ensure accuracy and safety</li> <li>• Knows about common types of medication errors and how to prevent them</li> <li>• Prescribes often enough to maintain confidence and competence</li> <li>• Understands the need for, and makes, accurate, clear and timely records and clinical notes</li> <li>• Writes legible, clear and complete prescriptions, which meet legal requirements.</li> </ul>		
<p><u>Mid point Formative Assessment (week 8)</u></p>          <p>Supervisor Signature .....</p> <p>Student Signature .....</p> <p>Date .....</p>	<p><u>Final Summative Assessment (week 16)</u></p>          <p>Supervisor Signature .....</p> <p>Student Signature .....</p> <p>Date .....</p>	<p><u>Evidence from Portfolio</u> (Student may wish to enter page numbers etc)</p>          

**Non-Medical Prescribing Competency Assessment: PRESCRIBING EFFECTIVELY**

<b>PRESCRIBING PROFESSIONALLY</b>		
<b>Works within professional and organisational standards. Takes personal responsibility for prescribing decisions.</b>		
<ul style="list-style-type: none"> <li>• Understands the scope of own prescribing responsibility in the context of a shared clinical management plan</li> <li>• Accepts personal responsibility for own prescribing and understands the legal implications of doing so.</li> <li>• Ensures that the patient has consented to be managed by a prescribing partnership</li> <li>• Prioritises and manages case loads effectively</li> <li>• Uses professional judgement to make prescribing decisions, based on the needs of patients and not personal considerations</li> <li>• Maintains patient confidentiality</li> <li>• Interacts with the patient in an appropriate setting</li> <li>• Understands how current legislation affects prescribing practice (e.g. Medicines and Mental Health Acts)</li> <li>• Prescribes within current professional codes of practice</li> <li>• Keeps up-to-date with advances in practice and emerging safety concerns related to prescribing</li> <li>• Keeps prescription pads safely and knows what to do if they are stolen/lost.</li> <li>• Demonstrates an understanding of the supplementary prescribing concept, systems and local arrangements (where applicable)</li> </ul>		
<p><u>Mid point Formative Assessment (week 8)</u></p>           <p>Supervisor Signature .....</p> <p>Student Signature .....</p> <p>Date .....</p>	<p><u>Final Summative Assessment (week 16)</u></p>           <p>Supervisor Signature .....</p> <p>Student Signature .....</p> <p>Date .....</p>	<p><u>Evidence from Portfolio</u> (Student may wish to enter page numbers etc)</p>           

**Non-Medical Prescribing Competency Assessment: PRESCRIBING EFFECTIVELY**

<b>IMPROVING PRESCRIBING PRACTICE</b>		
<b>Actively participates in the review and development of prescribing practice to improve patient care.</b>		
<ul style="list-style-type: none"> <li>• Takes responsibility for own CPD</li> <li>• Reflects on own performance, learns (e.g. from critical incident monitoring) and changes prescribing practice</li> <li>• Willing to share and debate own, and others', prescribing practice</li> <li>• Challenges inappropriate practice constructively</li> <li>• Participates in clinical supervision and develops own support networks</li> <li>• Understands and uses tools to improve prescribing (e.g. review of PACT data)</li> <li>• Reviews and reports prescribing errors and near misses within a clinical governance context.</li> <li>• Establishes professional links with practitioners working in the same specialist area.</li> </ul>		
<u>Mid point Formative Assessment (week 8)</u>          Supervisor Signature .....	<u>Final Summative Assessment (week 16)</u>          Supervisor Signature .....	<u>Evidence from Portfolio</u> (Student may wish to enter page numbers etc)          
Student Signature .....	Student Signature .....	
Date .....	Date .....	

**Non-Medical Prescribing Competency Assessment: PRESCRIBING IN CONTEXT**

INFORMATION IN CONTEXT		
<b>Knows how to access relevant information. Can critically appraise and apply information in practice.</b>		
<ul style="list-style-type: none"> <li>• Understands the advantages and limitations of different information sources</li> <li>• Accesses and uses relevant, up-to-date information both written (paper/electronic) and verbal</li> <li>• Critically appraise the validity of information (e.g. promotional literature, research reports) when necessary</li> <li>• Applies information to the clinical context (linking theory to practice)</li> <li>• Uses relevant patient records system, prescribing and information systems, and decision support tools (e.g. PRODIGY)</li> <li>• Regularly reviews evidence behind therapeutic strategies</li> </ul>		
<u>Mid point Formative Assessment (week 8)</u>	<u>Final Summative Assessment (week 16)</u>	<u>Evidence from Portfolio</u> (Student may wish to enter page numbers etc)
Supervisor Signature .....	Supervisor Signature .....	
Student Signature .....	Student Signature .....	
Date .....	Date .....	

**Non-Medical Prescribing Competency Assessment: PRESCRIBING IN CONTEXT**

<b>THE NHS IN CONTEXT</b>		
<p><b>Understands, and works with, local and national policies and services that impact on prescribing practice. Sees how own practice impacts on the wider NHS.</b></p> <ul style="list-style-type: none"> <li>• Understands the principles behind supplementary prescribing and how they are applied in practice</li> <li>• Understands the purpose, contents and limits of individual patient clinical management plans</li> <li>• Knows how local health service organisations work and interact</li> <li>• Works within local frameworks for medicines use as appropriate (e.g. PGDs, formularies, protocols and guidelines)</li> <li>• Works within the NHS organisational code of conduct when dealing with the pharmaceutical industry</li> <li>• Understands drug budgetary constraints at local and national levels; can discuss them with colleagues and patients.</li> <li>• Understands national NHS frameworks for medicines use, e.g. National Institute for Clinical Excellence (NICE), National Service Frameworks (NSFs), medicines management, clinical governance, IT strategy).</li> <li>• Demonstrates an understanding of the supplementary prescribing concept, systems and local arrangements (where applicable)</li> </ul>		
<p><u>Mid point Formative Assessment (week 8)</u> Comments:</p>            <p>Supervisor Signature .....</p> <p>Student Signature .....</p> <p>Date .....</p>	<p><u>Final Summative Assessment (week 16)</u> Comments:</p>            <p>Supervisor Signature .....</p> <p>Student Signature .....</p> <p>Date .....</p>	<p><u>Evidence from Portfolio</u> (Student may wish to enter page numbers etc)</p>            



# University of Chester: NMP M level OSCE Viva Assessment Criteria

STUDENT NAME:

STUDENT NUMBER:

<b><u>Decision Making and Rationale</u></b>			
<p>Now you have consulted the patient, I want to discuss the decision you have made, the programme of care and your rationale for this. I will ask you seven specific questions.</p> <ol style="list-style-type: none"> <li>1. Briefly tell me what your prescribing decision is.</li> <li>2. Explain your rationale behind this prescribing decision</li> <li>3. What would you need to consider to ensure this decision is appropriate.</li> <li>4. How do you determine the effectiveness of this treatment?</li> <li>5. What will you do to achieve concordance?</li> <li>6. How does your decision and plan of care demonstrate a holistic approach to working?</li> <li>7. Do you have anything you wish to add?</li> </ol>			
Criteria	Satisfactorily discussed (1)	Incomplete answer but partially correct (0.5)	Not stated or incorrect (0) marks)
<i>Has reached a decision</i>			
Has considered the practical aspects of the treatment plan and whether this is suitable for this patient			
Identifies further information required for holistic care			
Discusses the possible cause / causes of the symptoms			
Decides on a treatment choice based on patient preference or in agreement with the patient			
Recognises the limits of personal competence and makes recommendations for referral where appropriate.			
Has considered the relevance of all other treatments / medication the patient has already taken or is taking			
Has considered the relevance of the patient's medical history			
Has considered possible cautions / contraindications or previous ADR's			
Justifies the treatment choice based on cost effectiveness			
Justifies the treatment choice based on clinical effectiveness			
Uses sources of information available appropriately (NPF / BNF)			
Consultation approach facilitates the patient having a central role in decision-making			
Ensures the patient understands the information given.			
<b>POSSIBLE MARK: (14)</b> <b>(Pass Mark: 6)</b>	<b>ACTUAL MARK:</b>	<b>DATE:</b>	
<b>Signature</b>	<b>Designation</b>		



**ACADEMIC QUALITY SUPPORT SERVICES**

**AIDE-MEMOIRE FOR PANEL CHAIRS**

**What does being a Chair involve?**

The role of a Panel Chair involves:

- chairing meetings and facilitating discussions
- resolving disagreements and establishing consensus agreements
- ensuring implementation of agreed actions

**General roles and responsibilities:**

- to guide the course of the discussions
- to co-ordinate the setting of the agenda, based on issues raised by all panel members
- to ensure that the discussions remain focused on the issues raised and that they lead to an appropriately satisfactory conclusion before other substantive issues are debated
- to ensure that the programme team has the opportunity to hear and/or debate during the day any issues of concern to the Panel that are likely to appear in the conditions or recommendations
- to provide summaries and to update progress in the discussions
- to promote positive interaction and facilitate constructive discussion between the panel and the presenting team
- to maintain control over the conduct of the event
- to lead the panel in the formulation of appropriate conclusions, conditions and recommendations
- to provide clear feedback to the presenting team on panel conclusions and on any conditions and recommendations; to set clear, achievable deadlines for a response

## **Expectations:**

Specifically these responsibilities mean that the Chair will be expected to:

- announce and introduce the panel, the purpose of the event and possible event outcomes and decisions
- demonstrate a thorough grasp of the submission
- become familiar with the policies and guidelines of relevant external validation/accreditation bodies (eg professional organisations, Edexcel, University of Liverpool etc)
- be familiar with the policies and regulatory frameworks of the Quality Assurance Agency
- consult the approved guidelines for:
  - validation
  - re-validation
  - general QA and regulatory matters
- identify, with panel members, the main issues
- discuss and confirm an agenda for discussion in a preliminary private meeting of the panel
- invite panel members to lead on specific issues
- ensure that all panel members are given the opportunity to contribute fully to the discussion
- exercise tactful control over debate and of more opinionated Panel members
- encourage a genuine dialogue between the Panel and the presenting party, avoiding confrontational sessions
- keep to the schedule as far as possible but be willing and prepared to take radical restructuring decisions if necessary in order to ensure that all important aspects are covered, including any major institutional resource issues
- sum up from time to time and articulate decisions as they are reached
- ensure that proper decisions are reached that are within the Panel's remit and are fair and reasonable
- ensure that the secretary of the event has a clear record of the outcome of the event
- articulate conditions of approval and recommendations in plain and intelligible language and ensure that the mechanism and timescales for achieving unqualified approval are reasonable and are stated

**After the Validation or Revalidation Event:**

- Receive and confirm the summary and report of the event
- Receive and consider the response(s) to the conditions, if required

## ACADEMIC QUALITY SUPPORT SERVICES

## AIDE-MÉMOIRE FOR VALIDATION/REVALIDATION PANELS

These notes are intended as an aide-memoire on the issues which may be addressed by panels. They are intended to facilitate a critical dialogue with Programme Teams regarding proposals.

The nature of programme design and validation is grounded in the language of intentions, and programme documentation is in part a collection of statements of intent. This applies, similarly, to a proposal document submitted for revalidation. Accordingly, the scrutiny and approval process for both validation and major review/revalidation is concerned with ensuring that the statements of intent contained in submission documents are:

- clearly thought out
- educationally and pedagogically sound
- coherent and consistent
- responsive to identifiable and evidenced needs
- consistent with available or proposed staff and resources

Panel members will note that certain matters are constantly linked with standards, for example:

- i the programme and its rationale, content, structure etc
- ii the human and physical resources available and the environment in which the programme will be offered
- iii external reference points, such as subject benchmarks.

Each of the matters identified in (i) to (iii) leads to questions regarding the threshold of acceptability which must influence any assessment of the comparability or consistency of standards. Judgements of acceptability must depend in part on the knowledge and experience of those entrusted with the task of validation/revalidation.

This *aide-memoire* is intended to assist in ensuring that intentions meet such standards. They draw, in part, on the structure and format set out in Appendix xi, 'Guidelines for the content of the Definitive Document'.

## 1 **General considerations regarding validation/revalidation submissions**

The panel may wish to address questions such as:

- is the basic data provided regarding the proposal, sufficient and helpful to the panel?
- is there a (continued) demand for the programme? What needs are met?
- is the context (professional, vocational, educational) within which the programme proposal has been developed clearly stated?
- does the proposal meet/reflect the College's Mission and specific academic policies and planning objectives?
- are the proposed student numbers/credits realistic e.g. with reference to type of programme and student profile and market demand
- is the academic rationale well defined in terms of proposed curriculum, expected standards and attainment, and relevant subject benchmarks?

## 2 **Curriculum aims and objectives**

Are the programme aims/objectives clear? Will they be fulfilled?

Are they consistent with identified needs?

Do they incorporate the central purposes of the programme?

Do they incorporate the skills and competencies students are expected to achieve and demonstrate?

Is the panel satisfied that aims/objectives will be achieved?

Are skills and expected learning outcomes clearly set out and appropriate?

## 3 **Programme structure and content**

Is the structure of the programme clearly laid out (e.g. in diagrammatic form), including pathways, options/compulsory elements, links with other programmes and entry points for students with exemptions?

Is the programme specification completed to the satisfaction of the panel?

Is there evidence that appropriate account has been taken of the Framework for Higher Education Qualifications?

Is the panel satisfied that modules address the appropriate elements of relevant subject benchmarks?

Has the panel been supplied with a copy of the Programme Student Handbook, and is it adequate and appropriate? (for revalidation only)

How is placement experience or (supervised) work experience or (supervised) work-related practice or work-based learning integrated within the programme?

Does the programme structure seek to consolidate students' learning experiences?

Does the curriculum provide a stimulating and realistic experience for students?

Is the programme content relevant to and consistent with the programme aims/objectives and intended learning outcomes?

Is the programme content sequential and progressive?

Is the proposed programme material up to date and appropriate for the students concerned? (note educational/professional/vocational norms for this area of work and level of quality)

Does the reading list indicate an up-to-date and appropriate range and level of study and research?

If the course content includes practical work and project work, is there any account of how this will be integrated within the programme as a whole?

Does the programme content clearly reflect central themes and key skills where these are prescribed?

Are modules written and presented in accordance with College guidelines?

#### **4 Teaching/learning strategies**

Is the range and type of strategies appropriate? Is there a programme learning and teaching strategy?

Does the programme proposal address itself to teaching/learning strategies, i.e. matching teaching methods, programme content and student learning outcomes?

Is there evidence of innovative approaches to learning?

What consideration has been given to individual differences and levels of ability within the student group(s)?

What arrangements are proposed for developing students' study skills?

How will the programme utilise Information Technology as a learning tool?

Are there sufficient opportunities proposed for students to become actively involved in and take responsibility for their own learning?

## 5 **Assessment**

Is there a clear programme assessment strategy and rationale?

Is the balance between different forms of assessment and relative loading appropriately addressed?

Does the proposed scheme of assessment adequately and validly reflect the programme aims and objectives, e.g. is there congruence between programme intentions and the range and type of student assignments and assessments?

Is the assessment regime clearly linked with and appropriate for the intended learning outcomes? Is it realistic vis a vis the intended outcomes?

Are the programme-specific assessment regulations clearly laid out and is the assessment scheme consistent with College and external validating body regulations?

Does the programme proposal give due consideration to:

- information provided to students on assessment
- diagnostic and formative assessment during the programme
- variety within student assignment and assessments
- the timing and frequency of assessments
- the assessment of practical performance?

## 6 **Student guidance**

Is there a clear account of the career and academic guidance provision and advice systems available to students on the programme?

Does the programme proposal give due consideration to:

- pre-enrolment counselling?
- induction?
- counselling and guidance procedures?
- guidance over choice of options/pathways?
- nature and frequency of tutorials?
- careers guidance?

## 7 **Student access, admission and progression**

Are the admission requirements valid and realistic operationally?

Does the programme proposal identify sources of potential student recruitment? Are these sources sufficient to encourage access from hitherto non-represented or under-represented sectors of the population?

Are the student entry requirements clearly laid out?

Are the entry requirements commensurate with the demands of the programme?

Does the programme proposal identify avenues for progression and destination for students who successfully complete the programme?

## 8 External representation

Does the programme proposal:

- contain an account of the links established with relevant external bodies or partners to date?
- reflect any advice offered by such external bodies?
- incorporate suggestions for nurturing and maintaining good working relations with external bodies?

## 9 Marketing and publicity

Has the Programme Planning Team considered/agreed a strategy for marketing the programme?

## 10 Programme management and quality

Does the programme proposal contain a clear account of the way in which the programme will be managed and administered?

*Will the programme team function as a robust programme team?*

Is due consideration given to:

- monitoring, evaluation and review
- methods for securing and acting upon feedback on student views
- methods for securing student representation

## 11 Staff development

Is there a record of staff development undertaken to serve this programme?

Are there any outstanding staff development requirements? If so, what?

Is there adequate staff development and research support for the programme, including pedagogic research?

## 12 Resources

Can the programme be delivered within the school's resource allocation?

Is it possible to deliver with existing staffing levels?

Are facilities, rooms and equipment sufficient and appropriate?

Are resources for library and learning support sufficient and adequate?



## Appendix xi: Guidelines for the Content of the Definitive Document

### A Cover Sheet

Name of Programme

Name of Pathway within Programme (where appropriate)

Award (e.g. FdA, BSc Hons, Med)

Intermediate exit awards (e.g. Cert HE, PgDip)

Framework under which the programme falls (where appropriate)

e.g. Undergraduate Modular Programme (single/ combined)

Work Based and Integrative Studies

Professional Practice

Specialist Practice

Mode of Study (full or part-time)

Maximum length

Normal length of full-time programme

Pattern of credits by level

Starting month of intake cohort (e.g. September, February)

Frequency of intake (e.g. annual, biannual)

Funding status (e.g. HEFCE, TTA)

JACS code (allocated at validation)

Criminal Records Bureau Check

School(s) of Study to which the programme belongs

Department primarily responsible for the programme

Other contributing departments

Name of Subject (or Programme) Assessment Board

Name of Professional Body granting approval or accreditation

Essential modules as designated by professional body requirements

Programme Content Table

### B Programme Structure

Diagrammatical display of programme structure, indicating progression through the programme or pathway.

### C Subject Benchmarks

Subject Benchmark Statements summary section should be mapped across the programme as a whole, in order for the reader to identify that items listed within the benchmark statements are addressed within the modules of the programme.

### D Key Skills

The Definitive Document and the Programme Specification will need to identify learning outcomes grouped into the following skills categories:

i) knowledge and understanding

ii) intellectual or cognitive skills

iii) practical skills

iv) transferable skills

these skills should be mapped across the programme as a whole.

The term transferable skills refers to those skills that go beyond a single discipline. Benchmarking statements often make reference to transferable and generic skills. The College uses the term key skills to refer to a set of specific skills that fall within these headings. The College has embraced the six key skills identified by the Qualifications, Curriculum and Assessment Authority.

i) communication

ii) application of number

iii) information technology

- iv) improving own learning and performance
  - v) working with others
  - vi) problem solving
- (or as modified for application within University College Chester).

### **E Student Experience**

Methods of Learning and Teaching  
Strategies to support alternative delivery modes  
Development of professionalism (where appropriate) or autonomy  
Level progression through the programme  
Graduate characteristics: typical career paths following an award in this subject

### **F Entry Qualifications and / or Experience Required for Admission**

Strategy and approach to admissions;  
Widening access and participation strategy;  
Equal opportunities;  
Where appropriate, the interface of the programme curriculum with Curriculum 2000;  
Opportunities for AP(E)L claims;  
Range of qualifications and/or experience required for admission;  
Typical applicant backgrounds or entry profiles.

### **G Assessment**

Reference college-wide generic marking criteria, but derive own subject specific criteria that fall within these guidelines and reference the full range of marks [In order to accommodate both sets of regulations these should reference only to numerical marks and not to degree classifications.];  
Description of the range of assessment methods; relate closely to the achievement of the learning outcomes of the modules and programme;  
Description of reassessment methods [In order to accommodate both sets of regulations, use the phrase 'Reassessment shall be in accordance with the regulations pertaining to the individual student'];  
Assessment or measurement of the achievement of Key Skills should also be identified across the programme.

### **H Programme Management**

- i) Student Perspective: Staff-student Liaison Meetings; monitoring and feedback;
- ii) Staff Perspective: Programme Team; Programme Team meetings, areas of responsibility; position within the Department or School; relationship with other Institutions or Organizations, Schools, Departments or programmes; annual monitoring and other review; programme modification;
- iii) Assessment perspective: relevant Programme, Subject and Awards Assessment Boards responsible for the modules and programme; external examiners required for the programme, including a proposal for nomination as External Examiner;
- iv) Collaboration, links with employing organizations;
- v) Staff development in support of the programme.

### **I Resources**

Human Resources:

- i) Academic: list members of the Programme Team, and other staff members with a significant input into the programme; demonstrate how the collective expertise will support all elements of the programme;
- ii) support and technical staff;
- iii) policy on Visiting Lecturers;
- iv) research activities and plans of staff involved in the programme should be specifically related to module content.

**Learning Resources:**

specialised equipment, library stocks, specialist journals required; indicate total learning resources budget required to acquire these items;

**Other Physical Resources:**

eg. specialist laboratories, collections or material, not only within College, but also e.g. in archives, galleries, field courses and other visits.

**Appendix A**

**Programme Specification**

This must include a statement of programme aims and learning outcomes; include JACS code

**Appendix B (Only required for steering and validation)**

Full module descriptors

**Appendix C (Only required for steering and validation)**

The Programme Team: synopsis of staff expertise and research interests

A curriculum vitae for all module leaders

## Appendix v: Format for Submission of Modules

Each module should be described, under the headings below, on no more than two sides of A4, typed, single spaced.

1. **Module Code**<sup>1</sup>  
Modules should be given a Subject Prefix (see standard abbreviations on page) and be numbered 0 001 > for Level 0 modules; 1 001 > for Level 1 modules; 2 001 > for Level 2 modules; 3 001 > for Level 3 modules; H 001 > for HND units and M 001 > for Level M modules.
2. **Title**
3. **Pre Requisites, Co-Requisites, Barred Combinations**  
Indicate entry requirements particular to this module.
4. **Rationale**  
Why this module is being offered; for example, is it part of a sequence or is it supplementary and why? Who is the module intended for? Does it meet requirements for other awards?
5. **Aims**  
Expressing the intentions of the tutor(s) in designing and teaching the module.
6. **Learning Outcomes**  
Stated in such a way that the learning to be achieved by students is clear and the lines between Objectives - Content - Assessment are explicit. The outcomes should correspond in subject specific terms to the general level characteristics which include skills and personal development. Reference will be made to Key Skills, where appropriate.
7. **Content/Outline**  
Show in sequence. This need not be too detailed.
8. **Methods of Learning and Teaching/Student Learning Component**  
Indicate the variety of approaches involved as well as the principal method(s) and their balance within contact and non-contact time. All modules will involve 150 hours of learning time, with maximum contact in the range 20-60 depending on level. Allow for assessment within the total. Indicate what is expected of the student in non-tutor contact hours.
9. **Methods of Assessment**  
Make clear which of the outcomes/objectives are to be assessed and show the proposed balance between assessment components, in terms of word-length and percentage weighting. Indicate the nature of any formative assessment and refer to provision for self-assessment and feedback to the students.
10. **Methods of Reassessment.**  
Indicate methods of reassessment, making reference to word-length and percentage weighting as appropriate, and ensure these address the same outcomes/ objectives addressed in the original assessment.
11. **Employer Collaboration**  
Indicate the ways in which employers contribute to the module, for example, in module design; in module delivery; in assessment.
12. **Illustrative Bibliography**  
No more than 10 references giving the reader some idea of the level at which the module is "pitched".

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<sup>1</sup> The allocation of the code is the responsibility of the Principal Assistant Registrar (Academic Development)

13. Contact hours
14. Module Leader
15. Other Staff Involved
16. Credit Values  
CC  
ECTS
17. Title of responsible Subject Assessment Board
18. Statement of Resources
19. Validation date and modification date

**Appendix xii: Validation Report Template**

**VALIDATION OF A NEW PROGRAMME OF STUDY,  
PATHWAY OR FRAMEWORK**

*VALIDATION REPORT TEMPLATE*

The following report structure should be adopted for all Validation events.

- 1 Award(s) and Title(s) of Programmes or Pathways/ Name of framework**
- 2 Summary of conclusions of the event**
- 3 Date of Meeting of Validation Panel**
- 4 Membership of Validation Panel**
- 5 Members of the School or Programme Team meeting the Validation Panel**
- 6 Comparison of the programme document with the outline resource proposal (including description of market research undertaken and market demand identified)**
- 7 Resource requirements of the programme**
- 8 Consideration of the recommendations from the steering report**
- 9 External reference points**
  - a alignment with the framework for higher education qualifications/ credit values by level**
  - b guidance in relevant subject benchmark statements followed (for programmes encompassing level 3 study only)**
  - c public or statutory body requirements met (where appropriate)**
  - d alignment with occupational standards (where appropriate)**
  - e description of negotiation process (where appropriate)**
- 10 Internal reference points**
  - a compliance with the Principles and Regulations**
  - b compliance with appropriate programme design criteria**
  - c aims and learning outcomes clearly mapped**
  - d level progression clearly expressed (where appropriate)**
  - e linkage of modular learning outcomes to methods of assessment**
  - f clearly expressed admissions criteria and procedures**
  - g balance of theoretical/ academic and practical/ skills-based elements (where appropriate)**
  - h student support arrangements**
- 11 Summary**
  - a Coherence of the programme design**
  - b Attainability of programme outcomes**
  - c Accuracy of Programme Specification**
- 12 Conclusion**
  - a Decision on recommendation for approval**
  - b Commendations/ Recommendations/ Conditions (as appropriate)**
  - c Length of recommended approval**
  - d Time period for follow up actions**

ACADEMIC QUALITY SUPPORT SERVICES

GUIDELINES FOR PANEL MEMBERS

**A GENERAL GUIDELINES ON ROLES AND RESPONSIBILITIES FOR:**

*The Panel Chair*  
*External Panel Members*  
*Internal Panel Members*  
*Librarian*  
*Quality Adviser*  
*Student Representatives*  
*Secretary*

**Before the Validation or Revalidation Event:**

- Receive, read thoroughly and consider the documentation. Identify issues for discussion, to cover amongst other issues:
  - the aims and objectives of the programme
  - student demand and vocational relevance
  - programme structure(s)
  - arrangements for programme management and administration
  - assessment scheme, learning outcomes, and programme regulations
  - programme syllabuses/module specifications; programme specifications
  - resource requirements including staff, accommodation, library and computer facilities
  - where appropriate, adherence to published policy and guidelines of the appropriate awarding body/accreditation.

**During the Validation or Revalidation Event:**

- Maintain a positive atmosphere
- Remain objective
- Contribute as appropriate to the setting of the agenda to the discussions and in the formulation of conclusions

**B SPECIFIC ROLES:**

**PANEL CHAIR**

(Please note that all the general roles and responsibilities apply)

**Roles and Responsibilities:**

- To guide the course of the discussions

- To co-ordinate the setting of the agenda based on the issues raised by both external and internal panel members (including student representative, if applicable)
- To ensure that the discussions remain focused on the issues raised and that they lead to an appropriately satisfactory conclusion before other substantive issues are debated
- To ensure that the Programme Team/Presenting Team has the opportunity to hear and/or debate during the day any issues of concern to the Panel that are likely to appear in the conditions or recommendations
- To provide summaries and to update progress in the discussions
- To promote positive interaction and facilitate constructive discussion between the panel and the presenting team
- To maintain control over the conduct of the event
- To lead the panel in the formulation of appropriate conclusions, conditions and recommendations
- To provide clear feedback to the presenting team on panel conclusions and on any conditions and recommendations; to set clear, achievable deadlines for a response

### ***Qualities***

Chairs should be:

- Punctual
- Courteous
- Thorough
- Economical with the time
- A good team builder
- A good team leader
- Able to reflect the views of others accurately
- Able to defuse any antagonistic or aggressive situations
- Able to prioritise issues
- Flexible
- A good communicator
- Unbiased and objective
- Able to interpret and work with University College Chester's quality assurance procedures

### **EXTERNAL PANEL MEMBERS**

(Please note that all the general roles and responsibilities apply)

### **Roles and Responsibilities**



- To provide subject expertise in the consideration of proposals particularly relating to:
  - the overall balance of the curriculum and the content of individual modules
  - the appropriateness of the award title in the light of the module/programme content
  - the level of the material covered
  - the range of staff expertise available to deliver the proposed/reviewed award/programme
  - the appropriateness of delivery and assessment methods used and learning outcomes
  - the appropriateness of resources available
  - national standards and benchmarks
- For industrial/commercial/professional external panel members:
  - to place the proposal in the context of its relevance to the 'outside world'
  - to assess the employability of graduates from the award/programme
  - to consider professional body (or other) requirements as appropriate

#### **INTERNAL PANEL MEMBER: QUALITY ADVISER**

(Please note that all the general roles and responsibilities apply)

##### **Roles and Responsibilities**

- become familiar with the policies and guidelines of relevant external validation/accreditation bodies (e.g. professional organisations, Edexcel, University of Liverpool etc)
- be familiar with the policies and regulatory frameworks of the Quality Assurance Agency
- consult the approved guidelines for:
  - validation
  - revalidation
  - general QA and regulatory matters
- locate the event in the wider context of the College's and outside bodies' parameters and agendas
- ensure the curriculum complies with the requirements of appropriate programme framework structures
- draft conditions of approval and recommendations in plain and intelligible language and ensure that the mechanism and timescales for achieving unqualified approval are reasonable and are stated

### **INTERNAL PANEL MEMBER: LIBRARIAN**

(Please note that all the general roles and responsibilities apply)

#### **Roles and Responsibilities**

To provide expertise from the perspective of the learning resources supporting the programme such as:

- the adequacy of library resources
- consideration of the learning support provision, and any special features of the programme that may make a call on this
- to advise on access to learning resources
- the availability of electronic media
- access to multimedia resources
- the accuracy and currency of module bibliographies
- the approximate cost of acquiring required resources

### **INTERNAL PANEL MEMBER: ACADEMIC**

(Please note that all the general roles and responsibilities apply)

#### **Roles and Responsibilities**

- To judge the proposal in its institutional context:
  - its compliance with appropriate framework regulations and structures
  - its inter-relation with other programme awards offered
- To provide judgement of the experience to be received by the student
- To share good practice in programme design and teaching, learning and assessment strategies

### **INTERNAL PANEL MEMBER: STUDENT (REVALIDATION)**

#### **Roles and Responsibilities**

To judge the proposal in relation to the overall student experience, looking at issues such as:

- The adequacy of library resources
- Learning support provision
- Feedback on assessment

- Any other issue which affects or influences the experience of students as a whole

### ***Qualities***

External and Internal Panel members should be:

- Thorough
- Articulate
- Objective - make judgements based on evidence presented, both written and oral
- Confident in leading discussions
- A good team member
- Have good interpersonal skills

### **SECRETARY**

(Please note that all the general roles and responsibility apply)

#### **Roles and Responsibilities**

- To take full notes of the discussion at each stage of the event and to assist the Panel Chair in ensuring that all issues raised by the Panel members are effectively resolved.
- Advise the Chair on the progress of the meeting, the main issues raised in the discussion and any issue of policy or regulations
- Note the issues that are causing the Panel concern as the Panel may wish these to translate into conditions or recommendations
- Record the summary of conclusions and write the report of the event, gain confirmation from the Panel that they are true records of the event and assist the Chair in monitoring the Team's response to any conditions and or recommendations made
- To ensure in communication with other College Departments that the domestic arrangements for the event operate appropriately.

### ***Qualities***

The Secretary should be:

- Thorough and accurate in recording the discussions
- Confident in interaction during the meeting
- Punctual
- Positive, facilitative and welcoming

## OBSERVER

- AQSS encourages nominations for staff to be present, with silent observer status, at validations and revalidations.
- An observer with silent status should not participate in debate or discussion but may respond and offer information if it is requested by the panel.
- Those persons being invited to be present with silent observer status at private meetings of the panels should note that it is open to the Chair of panels to ask them to withdraw when, in the judgement of the panel chair, this seems appropriate.



**Validation/ Revalidation External Adviser  
Feedback Form**

**Name:** .....

**Programme/ Event:** .....

**Date:** .....

**ADVANCE ARRANGEMENTS**

- |   |  |         |
|---|--|---------|
| 1 | Were you given sufficient notice of the date of the event?                       | Yes/ No |
| 2 | Were you given sufficient time to consider the documentation prior to the event? | Yes/ No |
| 3 | Was the provision of maps and directions to the venue clear?                     | Yes/ No |
| 4 | Was the arrangement of overnight accommodation satisfactory?                     | Yes/ No |

**SUPPORTING DOCUMENTATION**

- |   |   |         |
|---|---|---------|
| 5 | Were you given sufficient background information on the University?                 | Yes/ No |
| 6 | Was the documentation describing the (re-)validation purposes and procedures clear? | Yes/ No |
| 7 | Was the description of the roles of the Panel members clear?                        | Yes/ No |

**PROGRAMME DOCUMENTATION**

- |    |  |         |
|----|--|---------|
| 8  | Was the amount of programme information (the document) you received fit for purpose? | Yes/ No |
| 9  | Which area(s) of the documentation could have been expanded?                         |         |
| 10 | Which area(s) of the documentation could have been omitted?                          |         |
| 11 | Was the presentation and layout of the document                                      |         |
|    | Very good/ Good/ Adequate/ Poor?   |         |

If Adequate or Poor, what improvements could be made?

## AGENDA

- 12 Was the agenda for the meeting  
Too structured/ About right/ Too unstructured?  
If Too structured/ Unstructured how could it be improved?
- 13 Was the meeting room suitable? Yes/ No
- 14 Did you have sufficient time for the meeting with senior staff? Yes/ No
- 15 Did you have sufficient time for the meeting with the Programme Team? Yes/ No
- 16 Did you have sufficient time to meet with students (if applicable)? Yes/ No
- 17 Did the Panel have sufficient time to meet in private? Yes/ No

## DISCUSSION

- 18 Did you feel you were given sufficient opportunity to contribute? Yes/ No
- 19 Did you feel all important issues were covered? Yes/ No
- 20 Was the Chairing of the meeting Very good/ Good/ Adequate/ Poor?
- 21 Was the support provided by Quality Support Officers Very good/ Good/ Adequate/ Poor?

## GENERAL

- 22 Were the hospitality arrangements Good/ Adequate/ Poor?
- 23 Please comment on any other arrangements or aspects, or expand on any response given above, continuing overleaf if necessary.

Please hand the completed form to the meeting Secretary, or post to **Colin Taylerson, Principal Assistant Registrar, Academic Quality Support Services, University of Chester, Parkgate Road, Chester CH1 4BJ**, marked **CONFIDENTIAL**



**Health Professions Council  
Department of Education and Policy**

**Programme Information Sheet**

<b>Programme title</b>	Non Medical Prescribing Programme
<b>Name of Awarding institution</b>	University of Chester
<b>Name of Teaching institution(s)</b>	University of Chester
<b>Mode(s)</b> (full time/part time)	Part time, Blended Learning
<b>Duration of Programme</b>	Four and 6 month options
<b>Final award/title</b>	Registered Supplementary Prescriber
<b>Home Department</b> (to which the programme belongs)	School of Health & Social Care
<b>Name of Dean/Head of Faculty/School</b>	Mrs. Dorothy Marriss
<b>Title/Position</b>	Deputy Vice Chancellor, University of Chester Dean, School of Health & Social Care
<b>Phone</b>	01244 383688
<b>Email</b>	d.marriss@chester.ac.uk
<b>Name of contact for organisation of Visits</b>	Alana Jones.
<b>Phone</b>	01244 383688
<b>Email</b>	Am.jones@chester.ac.uk
<b>Collaborative partner(s)</b> (if any)	None
<b>Current</b>	
<b>Proposed</b>	

**Health Professions Council  
Education and Policy Department**

Regulatory Approvals Event

*(Standards of Education and Training)  
Cross-referencing template*



Date: 30<sup>th</sup> July 2005

Name of Education Provider: University of Chester



## 1. Level of qualification for entry to the Register

The Council normally expects that the **threshold** entry routes to the Register will be the following:

- Bachelor degree with honours for the following professions:
- chiropody or podiatry;
- dietetics;
- occupational therapy;
- orthoptics;
- physiotherapy;
- prosthetics and orthotics;
- radiography;
- speech and language therapy;
- biomedical science (with the Certificate of Competence awarded by the Institute of Biomedical Science (IBMS), or equivalent if appropriate); and

1.1.2 Masters degree for the arts therapies.

1.1.3 Masters degree for the clinical sciences (with the award of the Association of Clinical Scientists' Certificate of Attainment or equivalent).

1.1.4 Equivalent to Certificate of Higher Education for Paramedics.

## 1. All entrants to the programme must meet the following requirements:

- Be registered with the Health Professions Council in one of the relevant Allied Health Professions, the Nursing & Midwifery Council (Nurses, Midwives or Health visitors), or the Royal Pharmaceutical Society of Great Britain (Pharmacists).
- Be professionally practising in an environment where there is an identified need for the individual to regularly use supplementary prescribing
- Be able to demonstrate support from their employer/sponsor including confirmation that the entrant will have appropriate supervised practice in the clinical area in which they are expected to prescribe from an approved designated medical supervisor, including supervision, support and assessment.
- Have at least 3 years relevant post-qualification experience.
- Possess an ability to study at academic level 3.

<p><b>Programme admissions</b></p> <p>The admission procedures must:</p> <p>2.1 give both the applicant and the education provider the information they require to make an informed choice about whether to make, or take up the offer of a place on a programme;</p> <p>2.2 apply selection and entry criteria, including:</p> <p>2.2.1 evidence of a good command of written and spoken English;</p> <p>2.2.2 criminal convictions checks;</p> <p>2.2.3 compliance with any health requirements; and</p> <p>2.2.4 appropriate academic and/or professional entry standards</p> <p>2.2.5 Accreditation of Prior Learning and other inclusion mechanisms.</p> <p>2.3 ensure that the education provider has an equal opportunities and anti-discriminatory policy in relation to candidates and students, together with an indication of how this must be will be implemented and monitored.</p>	<p>2.1 UC provides pre course materials by means of an application pack, outlining the blended learning approach, the credit structure, admission criteria, service support requirements, and designated medical supervisor role requirements.</p> <p>2.2 The selection and entry requirements as listed in section 1 will be rigorously applied by means of a tripartite application process between the service provider, the designated medical supervisor and the university programme team.</p> <p>2.2.1 through 2.2.5 The nature of the post registration allied health professional student ensures that a good command of written and spoken English exists, and that all criminal conviction checks have been previously carried out. The University checks all post registration student pin numbers as part of the admissions policy for this programme.</p> <p>Due to the diverse nature of students, the university will apply accreditation of prior learning for the pharmacology and clinical skills/monitoring based modules to allied health professionals who possess suitable qualification and experience.</p> <p>2.3 UC has a detailed equal opportunities and anti-discriminatory policy which can be viewed at <a href="http://?add">HTTP:/ ? add</a></p>

<p><b>3. Programme management and resource standards</b></p> <p>3.1 The programme must have a secure place in the education provider's business plan.</p> <p>3.2 The programme must be managed effectively.</p> <p>3.3 There must be a named programme leader who has overall responsibility for the programme and who should be either on the relevant part of the HPC Register or otherwise appropriately qualified and experienced.</p> <p>3.4 There must be an adequate number of appropriately qualified and experienced staff in place to deliver an effective programme</p> <p>3.5 Subject areas must be taught by staff with relevant specialist expertise and knowledge.</p> <p>3.6 A programme for staff development must be in place to ensure continuing professional and research development.</p> <p>3.7 The resources to support student learning in all settings must be used effectively.</p> <p>3.8 The facilities needed to ensure the welfare and well being of students must be both adequate and accessible.</p> <p>3.9 Where students participate as patients or clients in practical and clinical teaching, appropriate protocols must be used to obtain their consent.</p> <p>3.10 A system of academic and pastoral student support must be in place.</p> <p>3.11 Throughout the course of the programme, the education provider must have identified where attendance is mandatory and must have associated monitoring mechanisms in place.</p>	<p>3.1 The programme is being funded by the strategic health authority, with an expected recruitment target of 150 students per year (all professional groups)</p> <p>3.2 See section H</p> <p>3.3 to 3.6 The programme leader and programme team are appropriately qualified healthcare staff, who have been delivering extended formulary and supplementary prescribing programmes since 2001. See section H-5, and Appendix C.</p> <p>3.7 See section I Resources.</p> <p>3.8 See section E-3.</p> <p>3.9 DMP requirement of workplace</p> <p>3.10 See section E-3</p> <p>3.11 80% course attendance is mandatory and monitored through class registers, portfolio review, and web usage monitoring software</p>
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SETs (Standards of Education and Training)	Cross reference to documentation
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<p>3.12 The resources provided, both on and off site, must adequately support the required learning and teaching activities of the programme.</p> <p>3.13 The learning resources, including the stock of periodicals and subject books, and IT facilities, including internet access, must be appropriate to the curriculum and must be readily available to students and staff.</p>	<p>3.12 &amp; 3.13 See section I</p>
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**4. Curriculum standards**

- 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.
- 4.2 The programme must reflect the philosophy, values, skills and knowledge base as articulated in the curriculum guidance for the profession.
- 4.3 Integration of theory and practice must be central to the curriculum to enable safe and effective practice.
- 4.4 The curriculum must remain relevant to current practice.
- 4.5 The delivery of the programme must assist autonomous and reflective thinking, and evidence based practice.
- 4.6 The range of learning and teaching approaches used must be appropriate to the subjects in the curriculum.
- 4.7 Where there is inter-professional learning, the profession-specific skills and knowledge of each professional group must be adequately addressed.

4.1 & 4.2 See section C, and Appendix B, module descriptor, pages 3 and 12.

4.3 See section B-1 and B-2, Section G-2, and Appendix D, page 9.

4.4 to 4.7 The programme content and teaching strategy has been developed as part of a collaborative project involving the nine northwest universities delivering non medical prescribing courses. The multiprofessional curriculum has been developed to make use of information technology and web based learning opportunities. This has allowed the generic materials required by differing professional groups to be targeted and applied to professional specific practice.

**5. Practice placements standards**

5.1 Practice placements must be integral to the programme.

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

5.3 The practice placement settings must provide:

5.3.1 a safe environment; and for

5.3.2 safe and effective practice.

5.4 Learning, teaching and supervision must be designed to encourage safe and effective practice, independent learning and professional conduct.

5.5 The number, duration and range of placements must be appropriate to the achievement of the learning outcomes.

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

5.7 Students and practice placement educators must be fully prepared for placement which will include information about and understanding of the following:

5.7.1 the learning outcomes to be achieved;

5.7.2 timings and the duration of any placement experience and associated records to be maintained;

5.7.3 expectations of professional conduct;

5.7.4 the assessment procedures including the implications of, and any action to be taken in the case of failure; and

5.7.5 communication and lines of responsibility.

5.1 See section B, page 1 and 2.

5.2. A suitable qualified and available DMP is identified as part of the application process.

5.3 to 5.6 The placement area is audited as part of the application process, using standard statements derived from the Objective Quality Monitoring Exercise (OQME) This allows for requirements for further support or clarification to be highlighted early in the process.

5.4 See Appendix B, and Section D, page 1, and Section E, page 1.

5.7.1 to 5 The student is supplied with a detailed student handbook, whilst the designated medical practitioner (supervisor) is invited to a briefing day pre course and provided with a supervisors pack containing frequently asked questions, contact numbers, reading lists and assessment documentation. The pack is also supplemented the National Prescribing Centre non medical prescribing supervisors resource pack.

<p>5.8 Unless other arrangements are agreed, practice placement educators:</p> <p>5.8.1 must have relevant qualification and experience;</p> <p>5.8.2 must be appropriately registered; and</p> <p>5.8.3 must undertake appropriate practice placement educator training.</p> <p>5.9 There must be collaboration between the education provider and practice placement providers.</p> <p>5.10 The education provider must ensure necessary information is supplied to practice placement providers.</p> <p>5.11 Practice placement providers must ensure necessary information is available at the appropriate time for both the education provider and students.</p> <p>5.12 A range of learning and teaching methods that respect the rights and needs of patients or clients and colleagues must be in place throughout practice placements.</p> <p>5.13 The placement providers must have an equal opportunities and anti-discriminatory policy in relation to candidates and students, together with an indication of how this will be implemented and monitored.</p>	<p>5.8.1 All DMPs must comply with Department of Health criteria as specified on the application process.</p> <p>5.9 See section B page 1.</p> <p>5.10 &amp; 11 The student is supplied with a detailed student handbook, whilst the designated medical practitioner (supervisor) is invited to a briefing day pre course and provided with a supervisors pack containing frequently asked questions, contact numbers, reading lists and assessment documentation. This allows for timely and accurate two way written communications.</p> <p>5.12 &amp; 5.13 These aspects are monitored as part of the admissions process. This short 12 day placement is often within the students own practice area, so current arrangements apply. Where a student is allocated a new area, the standard university audit process is applied.</p>
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**6. Assessment standards**

- 6.1 The assessment design and procedures must assure that the student can demonstrate fitness to practise.
- 6.2 Assessment methods must be employed that measure the learning outcomes and skills that are required to practise safely and effectively.
- 6.3 All assessments must provide a rigorous and effective process by which compliance with external reference frameworks can be measured.
- 6.4 The measurement of student performance and progression must be an integral part of the wider process of monitoring and evaluation, and use objective criteria.
- 6.5 There must be effective mechanisms in place to assure appropriate standards in the assessment.
- 6.6 Professional aspects of practice must be integral to the assessment procedures in both the education setting and practice placement.
- 6.7 Assessment regulations must clearly specify requirements:
- 6.7.1 for student progression and achievement within the programme;
- 6.7.2 for awards which do not provide eligibility for inclusion onto the Register not to contain any reference to an HPC protected title in their title;
- 6.7.3 for an aegrotat award not to provide eligibility for admission to the Register;
- 6.7.4 for a procedure for the right of appeal for students; and
- 6.7.5 for at least one external examiner to be appointed.

- 6.1 to 6.4 See section G, and the learning outcomes mapping exercise on page 4 and Appendix D: Marking Criteria. Page 5
- 6.5 See Section H, page 4.
- 6.6 The assessment strategy makes use of cross practice / HEI methods whereby each learning outcome is assessed in both the practice and the classroom setting.
- 6.7 See Appendix B, module descriptor, and regulations within university assessment handbook
- 6.7.2 There is no academic award for this programme, however, the title of registered supplementary prescriber is recorded within the college systems in keeping with the students professional register entry.
- 6.7.3 not applicable to this programme
- 6.7.4 Each student has the right of appeal as laid down in the universality assessment handbook
- 6.7.5 An external examiner is appointed to the programme.



**G:\Education\Approvals\Overview report pro-forma.doc**

**University College Chester**

**Outline Planning Proposal for a New  
Programme  
or Major Modification of an  
Existing Programme  
(Non Medical Prescribing)**

**May 2005**

## OUTLINE PLANNING PROPOSAL FOR A NEW PROGRAMME OR MAJOR MODIFICATION OF AN EXISTING PROGRAMME

(before detailed development and submission for full approval)

<b>Title of Programme:</b>		Non Medical Prescribing	
<b>Title of Award:</b>		Certificate in Non Medical Prescribing	
<b>NQF level and Credit required:</b>		60 credits at Level 3, with a 40 or 60 (TBC) credit M level option	
<b>Date of First Intake:</b>		September 2005	
<b>Frequency of Intake:</b>		Twice per year	
<b>Duration and Mode of Study:</b>		4 month and 6 month, blended learning options	
<b>School:</b>		School of Health and Social Care	
<b>Cost Centre Department:</b>		Chester	
<b>Other Contributors:</b>		None	
<b>Location or Campus for Delivery:</b>		Rotational between Warrington, Chester and Arrowe Park sites	
<b>Teaching other than at Chester College: (if any, please also complete Section 5 below)</b>			
<b>Student Numbers (if these are NOT an addition to current numbers, please also complete Section 1 below)</b>			
<b>Full-time</b>			
<b>Minimum :</b>	<b>Home/EC</b>	0	<b>Overseas</b> 0
<b>Maximum :</b>	<b>Home/EC</b>	0	<b>Overseas</b> 0
<b>Part-time:</b>			
<b>Minimum :</b>	10	<b>Maximum :</b>	50
<b>Fees:</b>		TBC as per SHA agreement	
<b>Programme Leader:</b>		Mike Brownsell, School of Health and Social Care	

### 1. *Funding Source*

*Please indicate the primary source of Funding for the Programme, by ticking the box as appropriate:*

- HEFCE Funding through successful ASN bid  
[ASN bid, dated \_\_\_\_\_ ]
- HEFCE Funding: addresses changing student application trends  
[give details..... ]
- HEFCE Funding: replaces declining student numbers within the School  
[Numbers viired from Department(s): \_\_\_\_\_ ]
- TTA Funding of new Allocations
- Full Cost
- Health Service Funding

**2. School / Subject (Cost Centre) context**

*Please explain how the proposed programme will complement existing academic provision, with specific reference to:*

*Staffing levels and expertise; physical resources and learner support;  
influence on SSRs within the cost centre; budget income*

The School already has the expertise to deliver the current programme, and will link with the expertise available for the Assistant Practitioner programme to complement the team and recognise the broadening student population.

**3. Summary of Curriculum Content**

*Provide a brief summary of the proposed curriculum content by level. Give a general indication of the extent to which existing modules will be utilized.*

The four existing modules available within the current Level three, 45 credit programmes will be utilised as the basis for the new curricula. These modules are:

NM3807	Supplementary Prescribing in Context
NM3808	Professional Aspects of Prescribing
NM3809	Clinical Skills for Examination & Monitoring
NM3810	Extended Formulary Therapeutics
NMM106	Supplementary Prescribing in Context
NMM107	Professional Aspects of Prescribing
NMM108	Clinical Skills for Examination & Monitoring
NMM109	Extended Formulary Therapeutics

The four existing M level module equivalents will be redesigned to allow delivery of a two or possibly 3, 20-credit module Masters option. The actual number of Masters modules used is still being clarified, but will not impact on costings.

Due to the admission behaviour and professional experience of the widening allied health professional groups, all four L3 modules will be required by such professionals as Radiographers, whilst other groups such as pharmacists and nurses may be able to APEL for the pharmacology or clinical skills modules respectively. The module content and delivery will be supported by the use of the Non Medical Prescribing E-learning Collaborative project materials, which are due for release in September 2005.

**4. Market demand and rationale for the introduction of this programme**

*Be specific on the market demand, with numbers, links to employers/ employment sectors where appropriate.*

Following the advent of nurse supplementary and extended formulary prescribing from 2002, The Medicines Commission and the Committee on Safety of Medicines agreed an education and training curriculum for supplementary prescribing by pharmacists in September 2002 which was ratified by the Royal Pharmaceutical Society in October 2002. In 2004, the Department of Health signalled its intent to extend supplementary prescribing rights to suitably qualified Physiotherapists, Radiographers, Optometrists, Podiatrists and Chiropodists, and so an outline syllabus and curriculum was agreed for these allied health professionals by the Health Professional Council in 2004.

The National Prescribing Centre (NPC) carried out a preliminary baseline survey, during September and October 2002, of all PCTs in England. In aggregate, the 140 PCTs expecting the inclusion of pharmacists

in their early plans for initial training reported that up to 770 pharmacist places would be required in the first 18 months. Initial target numbers within this locality were in the region of 75 pharmacist supplementary prescribers by the end of 2004 and both the Manchester and Wirral & West Cheshire Workforce Development divisions of the Strategic Health Authorities were keen that University College Chester developed such a programme.

Additionally, the NPC data showed that the 153 PCTs expecting the inclusion of nurses in their early plans reported that up to 2,407 nurse training places would be required over the same period. This implies that PCTs, believe the ratio of nurses to pharmacists, moving into supplementary prescribing, will be approximately 3:1. Although there is no data available as to the number of allied health professional supplementary prescribers required, it is expected that a high demand for training will ensue as Trusts attempt to meet the NHS modernisation agenda.

In April of 2003 the School of Health and Social Care validated a multi-professional route to supplementary prescribing for nurses and pharmacists, in that two of the required three modules that make up the programme were shared by both groups.

This proved to be both desirable and possible as prescribing programmes for nurses and pharmacists follow similar curricula, structure and length. Furthermore, both programmes work to almost identical learning outcomes and competencies. A lesson was learnt from experience delivering nurse prescribing programmes in that although students working together on prescribing-related tasks learn a great deal from each other; the required 26 days of training release time over three months, plus 12 days of supervised practice with a suitable doctor, presented stiff challenges to service delivery. To take account of these issues, this programme utilised a blend of face to face contact, and supported distance learning materials accessed via the web. Thus the programme planning team were able to deliver three intakes during 2003/4 with a maximum cohort of 30 students per intake.

Having been successfully applied to nurses and pharmacists, the opportunity exists to develop the programme and offer a route catering for the latest group of allied health professionals to gain supplementary prescribing rights. To achieve sufficient learning from the increasingly wide student population, it is intended to develop a four module (60 credit) route which would allow a suitably experienced allied health professional to gain registration with the Health Professional Council as a supplementary prescriber, and the award of certificate in non medical prescribing from UCC. To take account of previous student feedback, the existing four month long programme will be augmented by a six-month option to take account of the stiff course workload and service pressures. As a result two cohorts of a maximum of 50 students is envisaged each year.

The programme will also take account of the professionals widely varying backgrounds when accessing the modules. Achievement of competence in prescribing will build on a health professionals existing knowledge and expertise through the use of College AP(E)L mechanisms and directed private study, and will allow the modules to be taken at either level 3 (Degree) or level 4 (Masters) routes.

In addition to the 150 hours of theory, the 12 days of supervised clinical practice will require identification of a suitably qualified 'designated medical practitioner' to act as a mentor and assessor. The practical experience involves gaining experience of working as part of the team, examining patients to monitor their responses to treatment and learning to prescribe for the conditions for which the allied health professional will take responsibility as a supplementary prescriber. This experience is essential to the development of practical competence and ensuring that the allied health professional can assess a clinical condition and effectively monitor response to treatment. As the clinical experience is basic to patient safety, this element of the learning will be a key part of the overall assessment and involve a summative assessment by the prescribing supervisor in practice, and an objective structured clinical examination by the programme team within the clinical skills laboratory.

**Identify by cross-reference to the Corporate Plan Strategic Objectives, how the proposal addresses:**

**a) The regional and/or sub-regional context of the College's portfolio**

The School links closely with local Trusts and service providers in order to deliver relevant health professional education, and this programme has been designed using the same networks. The multi

professional nature of the programme not only meets service needs for effective non medical prescribing training, but also meets the wider agenda set by the Department of Health and the Strategic Health Authorities for cross professional and multidisciplinary education.

A major reason for the use of a blended learning approach is to facilitate both service and student release from practice which has proven a problem with the previous 26 day full contact course.

As Director of Marketing, Recruitment and Admissions, I sign to confirm that this proposal has been considered and is recommended for approval.

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

**5. Teaching at, or by, institutions other than University College Chester and approval of the Assistant Principal, Academic Quality and Services**

If the programme involves any teaching at, or by institutions other than University College Chester, the Partnerships sub-committee must also be consulted. For substantial collaboration, this involves Academic Quality and Standards approval of the institutional link itself.

As Assistant Principal, I sign to confirm that the collaborative link involved in this proposal has been considered and recommended for approval by the Partnerships Sub-Committee.

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

**6. Combined honours**

With the introduction of new combined honours programmes the number of possible combinations increases rapidly. In order to control the numbers of paired combinations, please list those combinations which are likely to be popular pairings; also list those combinations which are to be barred.

Popular subject pairings	Subjects to be barred

7. **RESOURCES ANALYSIS STATEMENT**

Income – expenditure analysis to accompany proposals for a new Programme or Module of Study. (Note that this pro-forma will be available on-line from the IBIS network.)

**START UP COSTS**

Give details of any new staff appointments required to deliver this programme, also include costs of other resources (books, equipment, etc) required for the course.

Note start up costs are also to be shown in the first year column of the 4 year costing Excel sheet.

If equipment is to be shared across a number of courses, please give details.

	Amount of new provision required	Start date required	Source of funding (see below)
<b><u>TEACHING STAFFING</u></b> Full-time, Part-time or V.L.	0.5 WTE 0.4 WTE	June 05 June 05	
<b><u>ADMIN. STAFFING</u></b> Departmental	0.2 WTE		
<b><u>LEARNING RESOURCES</u></b> Library Other	£3000 £600		
<b><u>CITS RESOURCES</u></b>	£2000		
<b><u>CAPITAL EQUIPMENT INVESTMENT AND RENEWAL OVER THE LIFE OF THE PROGRAMME</u></b>			
<b><u>SPECIALIST ACCOMMODATION</u></b> Use of the Clinical Skills Laboratories for 6 sessions on each site per course.			

**RECURRENT COSTS**  
complete attached spreadsheet

**Costing and breakeven analysis**

The programme breaks even with \_\_\_\_\_ students per cohort.

**Risk assessment**

Refer to appendix 2.

**8 VALIDATION AND OTHER COSTS FOR COLLABORATIVE COURSES**

Include details of the cost of collaboration. Consult Senior Assistant Registrar AQSS also.

	<i>Setup year</i>		<i>Ongoing annually</i>	
		£		£
Validation / reviews				
Visits made				
Management of contract by department				
<b>Total</b>				

**9. STATEMENT OF CONSULTATION AND APPROVAL**

The Programme Planning Team has consulted the appropriate Head(s) of Cost Centre(s) and it is confirmed that the start-up costs can be met from recurrent budget allocations plus the specific additional expenditure identified above.

The Team has consulted as necessary with Learning Resources, CITS, Marketing and Admissions, and SGSS.

Signatures

Programme Leader(s)  
[designate]

M. J. Bourne Date 24/05/05

Head(s) of Cost Centre(s)

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

The Dean of School has given full consideration to this proposal, and confirms that the Outline Planning Proposal forms an integral component of the School Business Plan and the Annual Operating Statement.

(Signed) D. Mammis Dean of School 24.5.05 (date)

College Executive Group Approval on behalf of the Board of Studies of \_\_\_\_\_



The Outline Planning Proposal, including the student numbers as proposed, is consonant with the overall College Corporate Plan, and has an appropriately detailed Resources Analysis Statement accompanying.

(Signed) \_\_\_\_\_ Chair, College Executive Group

Appendix 1

Proposed Timetable for [*Non Medical Prescribing*]

Action	Timescale
Steering	
Validation	
First cohort starts	October 2005

Consult with Principal Assistant Registrar as to the likely timing of validation.

Include:

- Appointment of staff (if applicable)
- Purchase of new equipment
- Writing of modules
- Creation of e-learning materials
- Recruitment of students (open days / visit days / advertising etc)

University College Chester

Appendix 2

School : Health and Social Care

Department :

New Programme Proposal - Risk Assessment

<b>Programme Title :</b>	<b>Non Medical Prescribing</b>	<b>Date :</b>	<b>4/9/03</b>	<b>Draft</b>	<b>Yes</b>	<b>Final</b>
<b>Completed by :</b>	<b>Mike Brownsell</b>					

<b>Risk Categories :</b>	<b>A = Cost over-runs</b>	<b>B = Risks to income</b>	<b>C = Delivery problems affecting quality/compliance</b>
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<b>Risk Number &amp; Category</b>	<b>Reason for risk assessment</b>	<b>Control procedures/actions</b>	<b>Monitoring mechanisms</b>	<b>Residual risk category</b>	<b>Responsibility</b>
<b>A</b>	<b>Poor student recruitment, or imbalance of multiprofessional groups</b>	<b>Analyse market trends Liase with SHA</b>	<b>Admission reports SHA performance indicators</b>	<b>Low likelihood</b>	<b>Department staff</b>
<b>C</b>	<b>Suitable teaching and accommodation space</b>	<b>Impacts on quality and department functioning</b>	<b>Advanced planning to anticipate developments</b>	<b>Medium likelihood</b>	<b>HOC/Deans</b>
<b>C</b>	<b>Failure in upgrading/ improving skills lab provision</b>	<b>Impacts on students/ programme delivery</b>	<b>Communication between Dean and Estates</b>	<b>Medium likelihood</b>	<b>Associate Dean/ Skills lab managers</b>
<b>A</b>	<b>Quality of multiprofessional teaching</b>	<b>Staff appointments, mentoring, use of visiting lecturers for specialist requirements</b>	<b>Teaching and learning indicators, student experience and achievement</b>	<b>Low likelihood</b>	<b>Programme Leader</b>
<b>C</b>	<b>Non maintenance of IT infrastructure and WebCT platform</b>	<b>Maintain WebCT licence Use if IBIS platform</b>	<b>Student feedback IT VLE monitoring Dean and IT/Estates</b>	<b>Low likelihood</b>	<b>Programme Leader /Deans</b>
<b>C</b>	<b>Lack of Medical Supervisors</b>	<b>Identification on application by Student / PCT</b>	<b>Programme evaluation &amp; Assessment documentation</b>	<b>Medium likelihood</b>	<b>Programme Leader</b>

## Notes to accompany the resources analysis statement

### Start up costs

These are the costs necessary to both develop the new programme, and for resources which are required to deliver the programme.

**Staffing** – note new appointments, or time of existing staff, costs including on-costs (salary + 20%)

**Learning resources** – resources required. Consult with Learning Resources.

**CITS** – any additional costs, particularly the development of e-learning packages

**Capital investment** – Note the nature and cost of the equipment, together with the estimated life of the equipment (eg 4 years)

### Recurrent costs

Use the Excel spreadsheet to show the income and expenditure over 4 years. Include the start up costs in year 1.

**Student numbers** - show the minimum and maximum expected student numbers, for both full time and part time.

**Income** - show grant income (HEFCE, TTA or NHS), and the relevant tuition fee.

**Module costs** - List all modules and the contact time for each, distinguishing between academic staff and visiting lecturers (VL). If the number of modules per year varies the academic staff costs will have to be adjusted accordingly.

**Expenditure** - include actual costs for admin/ technicians, learning resources, consumables, capital and any other specific costs

**Overheads** - these are automatically added at 100% and 5% for investment

**Surplus** - this is automatically calculated, compared to the direct costs, and the full costs (including the overheads)

**Break even analysis** – *this is calculated automatically and shows the number of students required to breakeven.*

For additional support contact Andy Riggs on extn 3665, or [a.riggs@chester.ac.uk](mailto:a.riggs@chester.ac.uk)

## Costing figures for 2004-05

Indicative figures to be used for the spreadsheet.

		Single	Combined
		Honours	Honours
		£	£
Tuition fees		1,150	575
HEFCE			
	Band B	5,526	2,763
	Band C	4,226	2,113
	Band D	3,251	1,625

For m-level programmes, tuition fees should be in region of £300/ module. Also consult the current fee list (available from finance).

## Non Medical Prescribing

Costing based on module hours by staff hourly rate

Student numbers (per year)		Min	Max
	FT		
	PT	10	30
	Overseas		

Income		Rate per student	Min	Max
HEFCE (band D)			0	0
	FT		0	0
SHA	PT	700	7,000	2,100
	Overseas		0	0
<b>Total income</b>		<b>700</b>	<b>7,000</b>	<b>2,100</b>

Module costs	Delivery hours	Group	Group	Individual	Individual
		hrs per group (acdm)	hrs per group (VL)	hrs per student (acdm)	hrs per student (VL)
Year 1		150			
Year 2					
Year 3					
<b>Total hours</b>	<b>150</b>	<b>150</b>		<b>0</b>	<b>0</b>
Cost / hour academic	£100				
Cost / hour visiting lecturer (VL)	£40				

## Non Medical Prescribing

### Four year income and expenditure statement

	2004/05	2005/6	2006/07	2007/08	2008/09
<b>Students</b>					
Year 1PT	60	90	100	120	140
Year 2 PT					
Year 3 PT					
total students	60	90	100	120	140
<b>Income</b>					
SHA	42,000	63,000	70,000	84,000	98,000
Fees - FT	0	0	0	0	0
Total income	42,000	63,000	70,000	84,000	98,000
<b>Expenditure</b>					
Academic Yr 1	15,000	15,000	15,000	15,000	15,000
Academic Yr 2					
Academic Yr 3					
Set up costs/ writing administrator					
VLs - Yr 1					
VLs - Yr 2					
Library / learning resources	2,000	2,000	2,000	2,000	2,000
Consumables	1,000	1,000	1,000	1,000	1,000
Other (specify)					
Capital equipment					
Total expenditure	18,000	18,000	18,000	18,000	18,000
Contr'n to o/heads 100%	18,000	18,000	18,000	18,000	18,000
Contr'n to surplus 5%	900	900	900	900	900
Total cost	36,900	36,900	36,900	36,900	36,900
<b>Direct costs</b>					
Surplus/ (deficit)	24,000	45,000	52,000	66,000	80,000
Cumulative direct surplus	24,000	69,000	121,000	187,000	267,000
<b>Full costs</b>					
Surplus/ (deficit)	5,100	26,100	33,100	47,100	61,100
Cumulative surplus	5,100	31,200	64,300	111,400	172,500
<b>Break even analysis</b>					
	2004/05	2005/6	2006/07	2007/08	2008/09
	Students	Students	Students	Students	Students
No stu per cohort	53	26	26	26	26



**AGENDA**  
**Validation of Non-Medical Prescribing Programme**

The conjoint Validation Panel will meet on Wednesday 28 September 2005 at 9.30 am in Molloy 0.03, at Chester Campus, University of Chester. Coffee/tea will be available from 9.30 am.

The arrangements are as follows:

09.30 - 10.15	Private Meeting of the Conjoint Panel
10.15 - 11.15	Meeting with the Associate Dean of School
11.15 - 12.00	Meeting with Students
12.00 - 12.30	Lunch for the Panel (Molloy 0.03), Lunch for the Students (Molloy 1.02)
12.30 - 12.45	Private Meeting of the Panel HPC Private Meeting (if considered necessary; Molloy 1.02)
12.45 - 13.30	Meeting with Placement Providers and Placement Educators
13.30 - 14.45	Meeting with the Programme Team
14.45 - 15.45	Private Meeting of the HPC Visitors (Molloy 0.03) Private Meeting of the Panel (Molloy 1.02)
15.45 - 16.00	Conjoint Panel Meeting to Agree Conclusions and Recommendations
16.00 - 16.15	Report back to the Programme Team

Membership of the Validation Panel:

Pandy Brodie	(Chair)
Andrea McLaughlin	(Academic Representative)
Joan Millington	(Learning Resources)
Patricia Lownds	(Nursing and Midwifery Council Visitor)
Ed Crowe	(Health Professions Council)
Glyn Thomas	(Senior Clinical Operations Officer, Welsh Ambulance Service, NHS Trust)
Bob Fellow	(Education & Development Manager, London Ambulance Service, NHS Trust)
Colin Taylerson	(Quality Adviser, AQSS)
Niina Vartiainen	(Secretary)
Joanna Kemp	(Observer, Health Professions Council)

**DRAFT AGENDA    Validation of Non-Medical Prescribing Programme**

**From:** Niina Vartiainen (Secretary to the Validation Panel)  
**To:** Conjoint Validation Panel and Programme Team for the  
Non-Medical Prescribing programme

The conjoint Validation Panel will meet on Wednesday 28 September 2005 at 9.30 am in (tbc), University of Chester. Coffee/tea will be available from 9.30 am.

The arrangements are as follows:

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09.30 - 10.15	Private Meeting of the Conjoint Panel
10.15 - 11.15	Meeting with the Associate Dean of School
11.15 - 12.00	Meeting with Students
12.00 - 12.30	Lunch for the Panel (venue tbc) Lunch for the Students (venue tbc)
12.30 - 12.45	Private Meeting of the Panel HPC Private Meeting (if considered necessary)
12.45 - 13.30	Meeting with Placement Providers and Placement Educators
13.30 - 14.45	Meeting with the Programme Team
14.45 - 15.45	Private Meeting of the HPC Visitors (venue tbc) Private Meeting of the Panel (venue tbc)
15.45 - 16.00	Conjoint Panel Meeting to Agree Conclusions and Recommendations
16.00 - 16.15	Report back to the Programme Team

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**Membership of the Validation Panel:**

tbc	(Chair)
Andrea McLaughlin	(Academic Representative)
tbc	(Learning Resources)
Patricia Lownds	(Nursing and Midwifery Council Visitor)
Glyn Thomas	(Senior Clinical Operations Officer, Welsh Ambulance Service, NHS Trust)
Bob Fellow	(Education & Development Manager, London Ambulance Service, NHS Trust)
Colin Taylerson	(Quality Adviser, AQSS)
Niina Vartiainen	(Secretary)

Extra copies of the programme documentation can be obtained from the Programme Leader, Mike Brownsell, in the School of Health and Social Care.