

## Module specification

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Module code	NHS6A3
Module title	Community Nurse Prescribing Theory (V150)
Level	6
Credit value	10
Faculty	Faculty of Social and Life Sciences
Module Leader	Eleri Mills
HECoS Code	100290
Cost Code	GANG

### Programmes in which module to be offered

Programme title	Is the module core or option for this programme
Community Nurse Prescribing (Theory) V150 module is a standalone module and has to be completed in conjunction with NHS6A4 Community Nurse Prescribing (Practice) V150 module.	Core

### Pre-requisites

The theory module must be completed before a student completes NHS6A4 Community Nurse Prescribing Practice module for V150

### Breakdown of module hours

Learning and teaching hours	32.5 hrs
Placement tutor support	0 hrs
Supervised learning e.g. practical classes, workshops	0 hrs
Project supervision (level 6 projects and dissertation modules only)	0 hrs
<b>Total active learning and teaching hours</b>	<b>32.5 hrs</b>
Placement / work based learning	50 hrs
Guided independent study	17.5 hrs
<b>Module duration (total hours)</b>	<b>0 hrs</b>

<b>For office use only</b>	
Initial approval date	20 <sup>th</sup> January 2021
With effect from date	September 2021
Date and details of revision	June 2022 - LO's and syllabus outline amended to reflect the latest version of the Royal Pharmaceutical Society (2021) Competency framework
Version number	2

## Module aims

To prepare nurses (adult, mental health, learning disabilities and children's nursing); midwives and SCPHN to prescribe safely, appropriately and cost effective from the Nurse Prescribers' Formulary for Community Practitioners in relation to professional standards set by Nursing and Midwifery Council (2018)

## Module Learning Outcomes - at the end of this module, students will be able to:

1	Assess, consult and undertake a thorough history, including medication history and current medication (including over-the-counter, alternative and complementary health therapies) to inform diagnosis within their role as a nurse (adult, mental health, learning disability and children's nursing); midwife and specialist community public health nursing, within their intended scope of practice to meet the Royal Pharmaceutical Society Competency Framework for all Prescribers. (RPS 2021 Competency Framework for all Prescribers: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14; 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10; 3.1, 3.2, 3.3, 3.4, 3.5, 3.6; 6.1, 6.2, 6.3, 6.4; 7.1, 7.2, 7.3, 7.4, 7.5, 7.6; 8.1, 8.2, 8.3, 8.4, 8.5, 8.6).
2	Understand and apply the relevant legislation to the practice of nurse (adult, mental health, learning disability and children's nursing); midwife and specialist community public health nursing prescribing, including ethical and any influences that can affect prescribing practice. (RPS 2021 Competency Framework for all Prescribers: 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10; 3.1, 3.2, 3.3, 3.4, 3.5, 3.6; 5.1, 5.2, 5.3, 5.4, 5.5; 7.1, 7.2, 7.3, 7.4, 7.5, 7.6).
3	Demonstrate a competent level of knowledge of pharmacology, pharmacodynamics and pharmacotherapeutics. (RPS 2021 Competency Framework for all Prescribers: 2.10; 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11, 4.12, 4.13; 6.1, 6.2, 6.3, 6.4; 7.1, 7.2, 7.3, 7.4, 7.5, 7.6).
4	Prescribe safely, appropriately and cost effectively including appreciation of the role of others in prescribing, supplying and administration of medicines. (RPS 2021 Competency Framework for all Prescribers: 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10; 3.1, 3.2, 3.3, 3.4, 3.5, 3.6; 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11, 4.12, 4.13, 4.14; 5.1, 5.2, 5.3, 5.4, 5.5; 6.1, 6.2, 6.3, 6.4; 7.1, 7.2, 7.3, 7.4, 7.5, 7.6; 8.1, 8.2, 8.3, 8.4, 8.5, 8.6; 9.1, 9.2, 9.3, 9.6, 9.7; 10.1, 10.2, 10.3, 10.4).
5	Practice within a framework of professional accountability and responsibility including use of sources of information and decision support systems for prescribing within their intended scope of practice. (RPS 2021 Competency framework for all Prescribers: 1.8, 2.9, 2.10, 3.1, 3.2, 3.3, 3.4, 3.5, 3.6; 5.1, 5.2, 5.3, 5.4, 5.5; 7.1, 7.2, 7.3, 7.4, 7.5, 7.6; 8.1, 8.2, 8.3, 8.4, 8.5, 8.6; 9.1, 9.2, 9.3, 9.4, 9.5, 9.6, 9.7; 10.2, 10.3, 10.4).

## Assessment

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Indicative Assessment Tasks:

This section outlines the type of assessment task the student will be expected to complete as part of the module. More details will be made available in the relevant academic year module handbook.

### Formative Assessment

1. Unseen examination comprising of 2 sections - 4 numeracy assessment questions related to prescribing and calculation of medicines. Student will select 2 questions to answer (pass mark 100%).
2. Pharmacology - Unseen examination consists of 20 MCQs and short answer questions (80%pass mark).

### Summative Assessment

1. Unseen numeracy assessment related to prescribing and calculation of medicines examination comprising of 2 sections - 4 numeracy assessment questions. Student will select 2 questions to answer (pass mark 100%).
2. Pharmacology unseen examination consists of: 20 MCQs and short answer questions (80% pass mark).

Assessment task 1 and 2 unseen examination will be a duration of 1½ hours together.

Assessment number	Learning Outcomes to be met	Type of assessment	Weighting (%)
1	1-5	Examination	Pass/Refer (student must achieve a mark of 100%)
2	1-5	Examination	Pass/Refer (student must achieve a mark of at least 80%)

## Derogations

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All elements of the assessment must be passed individually in order to pass this module.

There is a maximum of two attempts at any one element.

Assessment 1 pass mark is 100% Assessment 2 pass mark is 80%

If a practitioner fails to correctly answer any questions that may result in direct harm to a patient/client or which omits or includes information which would indicate unsafe practice by the student or in any way breaches confidentiality will be deemed a 'refer' on that part of the assessment task.

A derogation for the timing of feedback to a four weeks turnaround for all assessments.

This module has to be taught with the Community Nurse Prescribing (Practice) V150 for Nurses at Level 6 in order to be able to be awarded the community nurse prescribing (V150) award.

## **Learning and Teaching Strategies**

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A variety of learning and teaching methods will be used and are designed to stimulate student enquiry and self-directed learning around the curriculum content. These include classroom based strategies such as blended learning approach to interactive lectures and discussions, seminars and workshops, tutorial sessions and problem-based / case-based learning, synchronous and asynchronous sessions, panopto supported by internet-based resources and use of the virtual learning environment (VLE) - 'Moodle' and MS Teams. The Active Learning Framework (ALF) is grounded in the University's values of being accessible, supportive, innovative and ambitious, and will support flexible learning that makes best use of spaces on Campus together with digitally-enabled learning opportunities designed to be accessed anytime, anywhere as appropriate. In addition, ALF will embody ways of teaching and learning that create and support a sense of belonging for students. In clinical practice an experiential strategy, including observation, guided practice and observed independent practice, simulation will be used to meet the module outcomes. Service User and Carer form is available in Welsh. Programme Handbook and PAD document including session content can be translated to support the use of the Welsh language. Guidelines are provided in the Programme Handbook.

It is recognised that the learning needs of nurses are different – some have an in-depth knowledge of pharmacology and related topics while others may have a higher level of clinical assessment skills. Therefore individual, negotiated learning is included in the learning and teaching strategy. Further information is available on MyUni under Student Support, on the Inclusion Services page, for how they can contact the disability advisor for further advice. Students will agree an individual contract at the beginning of the programme with a member of the academic teaching team, identifying specific learning needs.

Practice Assessors and Practice Supervisors will also support students by offering them a minimum of 50 hours supervised practice and the opportunities to allow them to observe and have 'hands-on' experiences in the clinical area where they will prescribe on qualification. Practice assessor will also assess that the student is competent to practice and achieved the learning outcomes of the programme of study. In exceptional circumstances the same person may fulfil the role of Practice supervisor and Practice Assessor for that part of the programme where the prescribing student is undertaking training in a practice learning setting. All students will be supported by an Academic Assessor.

## **Indicative Syllabus Outline**

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The indicative content will include the general and professional content and prescribing specific content reflecting the RPS (2021) Competency Framework for all Prescribers and its application to the Nurse Prescribers' Formulary for Community Practitioners.

### **The Consultation – competency 1 – 6**

Assessment of patient, history taking, consultation skills, assessment skills, diagnosis, provisional diagnosis, communication and decision making including referral.

Pharmacology, pharmacokinetics, pharmacodynamics and therapeutics of medicines and its physiological effect on the body.

Prescribing across the age continuum, considering genetics, age, renal impairment, and pregnancy, deprescribing, polypharmacy and options.

Shared decision making, providing information to patient/clients, influences and psychology of prescribing, adherence and non-adherence, monitoring and review.

Communicates information to other healthcare professionals, involved in the patient's care, when sharing or transferring care and prescribing responsibilities, within and across all care settings.

Numeracy and drug calculations, prescribe safely, up-to-date awareness of drug actions, indications, dose, contraindications, interactions, cautions, and side effects.

**Prescribing Governance - competency 7 – 10**

Ethical, legal, professional and safety issues applied to prescribing

Policy context of prescribing and evidence based practice

Clinical governance and auditing/improving prescribing practice

Record keeping and information governance

Prescribe as part of a multidisciplinary team

Continuing professional development and use of networks for support and learning.

Impact of prescribing on sustainability, as well as methods of reducing the carbon footprint and environmental impact of any medicine.

**RPS (2021) Competency framework for all Prescribers.**

**The Consultation**

**1. Assess the patient**

**Statements supporting the competency**

- 1.1 Undertakes the consultation in an appropriate setting (a).
- 1.2 Considers patient dignity, capacity, consent and confidentiality (b).
- 1.3 Introduces self and prescribing role to the patient/carer and confirms patient/carer identity.
- 1.4 Assesses the communication needs of the patient/carer and adapts (c) consultation appropriately.
- 1.5 Demonstrates good consultation skills (d) and builds rapport with the patient/carer.
- 1.6 Takes and documents an appropriate medical, psychosocial and medication history \*(e) including allergies and intolerances.
- 1.7 Undertakes and documents an appropriate clinical assessment (f).
- 1.8 Identifies and addresses potential vulnerabilities (g) that may be causing the patient/carer to seek treatment.
- 1.9 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.
- 1.10 Requests and interprets relevant investigations necessary to inform treatment options.
- 1.11 Makes, confirms or understands, and documents the working or final diagnosis by systematically considering the various possibilities (differential diagnosis).
- 1.12 Understands the condition(s) being treated, their natural progression, and how to assess their severity, deterioration and anticipated response to treatment.
- 1.13 Reviews adherence (and non-adherence (h)) to, and effectiveness of, current medicines.
- 1.14 Refers to or seeks guidance from another member of the team, a specialist or appropriate information source when necessary.

**Further information on the supporting statements for competency 1**

- (a) Appropriate setting includes location, environment and medium.
- (b) In line with legislation, best practice, regulatory standards and contractual requirements.
- (c) Adapts for language, age, capacity, learning disability and physical or sensory impairments.
- (d) Good consultation skills include actively listening, using positive body language, asking open questions, remaining non-judgemental, and exploring the patient's/carer's ideas, concerns and expectations.
- (e) Medication history includes current and previously prescribed (and non-prescribed) medicines, vaccines, on-line medicines, over-the-counter medicines, vitamins, dietary

supplements, herbal products, complementary remedies, recreational/illicit drugs, alcohol and tobacco.

(f) Clinical assessment includes observations, psychosocial assessments and physical examinations.

(g) Safeguarding children and vulnerable adults (possible signs of abuse, neglect, or exploitation), and focusing on both the patient's physical and mental health, particularly if vulnerabilities may lead them to seek treatment unnecessarily or for the wrong reasons.

(h) Non-adherence may be intentional or non-intentional.

## **2. Identify evidence-based treatment options available for clinical decision making**

### **Statements supporting the competency**

2.1 Considers both non-pharmacological (a) and pharmacological treatment approaches.

2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy and deprescribing).

2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.

2.4 Applies understanding of the pharmacokinetics and pharmacodynamics of medicines, and how these may be altered by individual patient factors (b).

2.5 Assesses how co-morbidities, existing medicines, allergies, intolerances, contraindications and quality of life impact on management options.

2.6 Considers any relevant patient factors (c) and their potential impact on the choice and formulation of medicines, and the route of administration.

2.7 Accesses, critically evaluates, and uses reliable and validated sources of information.

2.8 Stays up to date in own area of practice and applies the principles of evidence-based practice (d).

2.9 Considers the wider perspective including the public health issues related to medicines and their use, and promoting health.

2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.

### **Further information on the supporting statements for competency 2**

(a) Non-pharmacological treatment approaches include no treatment, social prescribing and wellbeing/lifestyle changes.

(b) Individual patient factors include genetics, age, renal impairment and pregnancy.

(c) Relevant patient factors include ability to swallow, disability, visual impairment, frailty, dexterity, religion, beliefs and intolerances.

(d) Evidence-based practice includes clinical and cost-effectiveness.

## **3. Present options and reach a shared decision**

### **Statements supporting the competency**

3.1 Actively involves and works with the patient/carer to make informed choices and agree a plan that respects the patient's/carer's preferences (a).

3.2 Considers and respects patient diversity, background, personal values and beliefs about their health, treatment and medicines, supporting the values of equality and inclusivity, and developing cultural competence.(b)

3.3 Explains the material risks and benefits, and rationale behind management options in a way the patient/carer understands, so that they can make an informed choice.

3.4 Assesses adherence in a non-judgemental way; understands the reasons for non-adherence © and how best to support the patient/carer.

3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.

3.6 Explores the patient's/carer's understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.

### **Further information on the supporting statements for competency 3**

- (a) Preferences include patient's/carer's right to decline or limit treatment.
- (b) In line with legislation requirements which apply to equality, diversity and inclusion.
- (c) Non-adherence may be intentional or non-intentional.

## **4. Prescribe**

### **Statements supporting the competency**

- 4.1 Prescribes a medicine or device (a) with up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions and adverse effects.
- 4.2 Understands the potential for adverse effects and takes steps to recognise, and manage them, whilst minimising risk.
- 4.3 Understands and uses relevant national, regional and local frameworks (b) for the use of medicines.
- 4.4 Prescribes generic medicines where practical and safe for the patient, and knows when medicines should be prescribed by branded product.
- 4.5 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.
- 4.6 Prescribes appropriate quantities and at appropriate intervals necessary (c) to reduce the risk of unnecessary waste.
- 4.7 Recognises potential misuse of medicines; minimises risk (d) and manages using appropriate processes.
- 4.8 Uses up-to-date information about the availability, pack sizes, storage conditions, excipients and costs of prescribed medicines.
- 4.9 Electronically generates and/or writes legible, unambiguous and complete prescriptions which meet legal requirements.
- 4.10 Effectively uses the systems (e) necessary to prescribe medicines.
- 4.11 Prescribes unlicensed and off-label medicines where legally permitted, and unlicensed medicines only if satisfied that an alternative licensed medicine would not meet the patient's clinical needs.
- 4.12 Follows appropriate safeguards if prescribing medicines that are unlicensed, off-label, or outside standard practice.
- 4.13 Documents accurate, legible and contemporaneous clinical records (f).
- 4.14 Effectively and securely communicates information (g) to other healthcare professionals involved in the patient's care, when sharing or transferring care and prescribing responsibilities, within and across all care settings.

### **Further information on the supporting statements for competency 4**

- (a) 'Medicine' or 'device' includes all products (including necessary co-prescribing of infusion sets, devices, diluents and mediums) that can be prescribed, supplied or recommended for purchase.
- (b) Frameworks include local formularies, care pathways, protocols and professional guidelines, as well as evidence-based guidelines from relevant national, regional and local committees.
- (c) Amount necessary for a complete course, until next review or prescription supply.
- (d) Minimises risk by ensuring appropriate safeguards are in place.
- (e) Systems include medicine charts, decision support tools and electronic prescribing systems. Also, awareness and avoidance of potential system errors.
- (f) Records include prescribing decisions, history, diagnosis, clinical indications, discussions, advice given, examinations, findings, interventions, action plans, safety-netting, referrals, monitoring and follow ups.
- (g) Information about clinical conditions, medicines and their current use (where necessary and with valid consent). Ensuring that private and personal data is protected and communicated securely in line with relevant legislation/regulations.

## **5. Provide information**

### **Statements supporting the competency**

- 5.1 Assesses health literacy of the patient/carer and adapts appropriately to provide clear, understandable and accessible information (a).
- 5.2 Checks the patient's/carer's understanding of the discussions had, actions needed, and their commitment to the management plan (b).
- 5.3 Guides the patient/carer on how to identify reliable sources (c) of information about their condition, medicines and treatment.
- 5.4 Ensures the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific timeframe.(d)
- 5.5 Encourages and supports the patient/carer to take responsibility for their medicines and self-manage their condition.

### **Further information on the supporting statements for competency 5**

- (a) Information about their management, treatment, medicines (what they are for, how to use them, safe storage, disposal, expected duration of treatment, possible unwanted effects and what to do if they arise) monitoring and follow-up—in written and/or verbal form.
- (b) Management plan includes treatment, medicines, monitoring and follow-up.
- (c) Reliable sources include the medicine's patient information leaflet.
- (d) Includes safety-netting advice on when and how to seek help through appropriate signposting and referral.

## **6. Monitor and review**

### **Statements supporting the competency**

- 6.1 Establishes and maintains a plan for reviewing (a) the patient's treatment.
- 6.2 Establishes and maintains a plan to monitor (b) the effectiveness of treatment and potential unwanted effects.
- 6.3 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.
- 6.4 Recognises and reports suspected adverse events to medicines and medical devices using appropriate reporting systems (c).

### **Further information on the supporting statements for competency 6**

- (a) Plan for reviewing includes safety-netting appropriate follow-up or referral.
- (b) Plan for monitoring includes safety-netting monitoring requirements and responsibilities, for example, by the prescriber, patient/carer or other healthcare professional.
- (c) Reporting systems include following established clinical governance procedures and the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card scheme.

## **Prescribing Governance**

### **7. Prescribe safely**

#### **Statements supporting the competency**

- 7.1 Prescribes within own scope of practice, and recognises the limits of own knowledge and skill.
- 7.2 Knows about common types and causes of medication and prescribing errors, and knows how to minimise their risk.
- 7.3 Identifies and minimises potential risks associated with prescribing via remote methods (a).
- 7.4 Recognises when safe prescribing processes are not in place and acts to minimise risks (b).
- 7.5 Keeps up to date with emerging safety concerns related to prescribing.

7.6 Reports near misses and critical incidents, as well as medication and prescribing errors using appropriate reporting systems, whilst regularly reviewing practice (c) to prevent recurrence.

#### **Further information on the supporting statements for competency 7**

- (a) Remote methods include telephone, email, video or communication via a third party.
- (b) Minimising risks include using or developing governance processes that support safe prescribing, particularly in areas of high risk such as transfer of information about medicines and prescribing of repeat medicines.
- (c) Reviewing practice include clinical audits.

### **8. Prescribe professionally**

#### **Statements supporting the competency**

8.1 Ensures confidence and competence to prescribe are maintained.

8.2 Accepts personal responsibility and accountability for prescribing (a) and clinical decisions, and understands the legal and ethical implications.

8.3 Knows and works within legal and regulatory frameworks (b) affecting prescribing practice.

8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal views.

8.5 Recognises and responds to factors (c) that might influence prescribing.

8.6 Works within the NHS, organisational, regulatory and other codes of conduct when interacting with the pharmaceutical industry.

#### **Further information on the supporting statements for competency 8**

- (a) Prescribing decisions include when prescribing under a shared care protocol/agreement.
- (b) Frameworks for prescribing controlled drugs, unlicensed and off-label medicines, supplementary prescribing, and prescribing for self, close family and friends.
- (c) Factors include interactions with pharmaceutical industry, media, patients/carers, colleagues, cognitive bias, financial gain, prescribing incentive schemes, switches and targets.

### **9. Improve prescribing practice**

#### **Statements supporting the competency**

9.1 Improves by reflecting on own and others' prescribing practice, and by acting upon feedback and discussion.

9.2 Acts upon inappropriate or unsafe prescribing practice using appropriate processes (a).

9.3 Understands and uses available tools (b) to improve prescribing practice.

9.4 Takes responsibility for own learning and continuing professional development relevant to the prescribing role.(c)

9.5 Makes use of networks for support and learning.

9.6 Encourages and supports others with their prescribing practice and continuing professional development.(d)

9.7 Considers the impact of prescribing on sustainability, as well as methods of reducing the carbon footprint and environmental impact of any medicine.(e)

#### **Further information on the supporting statements for competency 9**

(a) Processes include whistleblowing, regulatory and professional guidance, and employer procedures.

(b) Tools include supervision, observation of practice and clinical assessment skills, portfolios, workplace competency-based assessments, questionnaires, prescribing data analysis, audits, case-based discussions, personal formularies and actively seeking regular patient and peer feedback.

(c) By continuously reviewing, reflecting, identifying gaps, planning, acting, applying and evidencing learning or competencies.

(d) By considering mentoring, leadership and workforce development (for example, becoming a Designated Prescribing Practitioner).

(e) Methods of reducing a medicine's carbon footprint and environmental impact include proper disposal of medicine/device/equipment waste, recycling schemes, avoiding overprescribing and waste through regular reviews, deprescribing, dose and device optimisation.

## 10. Prescribe as part of a team

### Statements supporting the competency

10.1 Works collaboratively (a) as part of a multidisciplinary team to ensure that the transfer and continuity of care (within and across all care settings) is developed and not compromised.

10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to the patient's care.

10.3 Agrees the appropriate level of support and supervision for their role as a prescriber.

10.4 Provides support and advice(b) to other prescribers or those involved in administration of medicines where appropriate.

### Further information on the supporting statements for competency 10

(a) Working collaboratively may also include keeping the patient/carer informed or prescribing under a shared care protocol/agreement.

(b) Advice may include any specific instructions for administration, advice to be given to the patient/carer and monitoring required immediately after administration.

## Indicative Bibliography:

Please note the essential reads and other indicative reading are subject to annual review and update.

### Essential Reads

Ashelford, S., Raynsford, J. and Taylor, V. (2019) *Pathophysiology and Pharmacology in Nursing*. 2nd edn. London: SAGE publications Ltd.

Barber, P and Roberston, D. (2020) *Essentials of Pharmacology for Nurses*. 4th edn. Maidenhead: Open University Press.

Beckwith, S. and Franklin, P. (2011) *Oxford Handbook of Prescribing for Nurses and Allied Health Professionals*, London. Oxford University Press.

British Medical Association, Royal Pharmaceutical Society of Great Britain (Current edition) *British National Formulary*. London BMA/RPSGB

British Medical Association, Royal Pharmaceutical Society of Great Britain (Current edition) *British National Formulary for Children*. London BMA/RPSGB

Courtney, M and Griffiths, M (2010) *Independent and supplementary prescribing – an essential guide (2<sup>ND</sup> Edition)*. Cambridge. Cambridge University Press

Franklin, P. (2017) (Ed) *Non-medical prescribing in the United Kingdom*. Switzerland. Springer

McFadden, R. (2019) *Introducing Pharmacology for Nursing and Healthcare* 3rd edn.

London: Routledge.

Neil, M.J. (2020) *Medical pharmacology - at a glance. (9<sup>th</sup> edition)*. Chichester. Wiley-Blackwell

Nursing and Midwifery Council (2018) *Standards framework for nursing and midwifery education*. London: NMC. Available at:

<https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/education-framework.pdf/> (Accessed 01 October 2019).

Nursing and Midwifery Council (2018) *Standards for student supervision and assessment*. London: NMC. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf/> (Accessed 01 October 2019).

Nursing and Midwifery Council (2018) *Standards for prescribing programmes*. London: NMC. Available at : <https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/programme-standards-prescribing.pdf/> (Accessed 01 October 2019).

Nuttall, D and Rutt-Howard, J (2020) *The textbook of non-medical prescribing. (Third edition)*. Chichester. Wiley-Blackwell

Royal Pharmaceutical Society (2021) *A Competency Framework for all Prescribers*. London. RPS <https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework> (Accessed 28/05/2022).

Ritter, J.M., Flower, R.J., Henderson, G., Loke, Y.K., MacEwan, D. and Rang, H.P. (2019) *Rang & Dale's Pharmacology* 9th edn. Missouri: Elsevier.

Ross, S (2014) *Prescribing at a glance*. Chichester. Wiley-Blackwell

### **Other indicative reading**

Baker, E. Burrage, D. Lonsdale, D. Hitchings, A. (2014) *Prescribing scenarios at a glance*. Chichester. Wiley-Blackwell

Barker, C. Turner, M. Sharland, M (2019) *Prescribing medicines for children*. London. Pharmpress.

Bickley, L.S. (2016) *Bates' guide to physical examination and history taking (12<sup>th</sup> Edition)* Lippincott William and Wilkins. Philadelphia

Franklin, P (Ed) (2017) *Non-medical prescribing in the United Kingdom*. Switzerland. Springer

Golan, D. E., Armstrong, E.J. and Armstrong, A.W. (2017) *Principles of Pharmacology* 4th edn. Philadelphia: Wolters Kluwer.

Harris, N Shearer, D. (2020) *Nurses! Test yourself in non-medical prescribing*. Maidenhead. Open University Press

Hopcroft, K., Forte, V (2014) *Symptom Sorter, Fifth Edition*. London. Radcliffe Publishing Limited

Jarvis, C. (2019) *Pocket Companion for Physical Examination and Health Assessment* 8th

Lapham, R (2015) *Drug Calculations for Nurses: A Step-by-step Approach* 4th edn. London: Arnold Publishers.

Lymn, J., Bowskill, D., Bath-Hextall, F., Knaggs, R. (2010) *The new prescriber – an integrated approach to medical and non-medical prescribing*. Chichester. Wiley- Blackwell

Nursing and Midwifery Council (2018) *The Code*. London: Nursing and Midwifery Council.

Welsh Government (2017) *Non-medical prescribing in Wales: A guide for implementation*. Cardiff. Welsh Government

## **Employability skills – the Glyndŵr Graduate**

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Each module and programme is designed to cover core Glyndŵr Graduate Attributes with the aim that each Graduate will leave Glyndŵr having achieved key employability skills as part of their study. The following attributes will be covered within this module either through the content or as part of the assessment. The programme is designed to cover all attributes and each module may cover different areas.

### **Core Attributes**

Engaged  
Enterprising  
Creative  
Ethical

### **Key Attitudes**

Commitment  
Curiosity  
Resilience  
Confidence  
Adaptability

### **Practical Skillsets**

Digital Fluency  
Organisation  
Leadership and Team working  
Critical Thinking  
Emotional Intelligence  
Communication