



PRIFYSGOL GLYNDŴR WRECSAM  
GLYNDŴR UNIVERSITY WREXHAM

## MSc Advanced Clinical Practice

The programme includes :

Postgraduate Certificate in Clinical Practice  
Postgraduate Diploma in Advanced Clinical  
Practice

Includes the option to take PRSB approved :  
Independent Prescribing for nurses and  
pharmacists

or

Supplementary Prescribing for allied health  
professionals

Glyndŵr University/University of Wales

Part Time

Taught Masters Degrees

Implementation dates:

Level 7

September 2010

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# INTRODUCTION

This proposal pertains to the validation of the MSc Advanced Clinical Practice which is the replacement for the MSc Advanced Clinical Nursing Practice, initially validated in 2006. This programme forms a part of a suite of postgraduate awards currently offered within the nursing and health subject area, and is subject to Glyndŵr University's academic regulations for taught Masters degrees.

[http://mimas.newi.ac.uk/intranet/regs/acad\\_regu\\_2009/acad/sect\\_3/taug](http://mimas.newi.ac.uk/intranet/regs/acad_regu_2009/acad/sect_3/taug).

## 1.1 Transitional Arrangements

With regard to the MSc Advanced Clinical Practice, the current programme will remain open to continuing students. The current cohorts, who have not already progressed to dissertation will complete the taught element in the academic year 2010/2011. The 2010/2011 cohort will be started on the new programme structure.

## 1.2 Academic and Business Rationale for programmes

### 1.2.1 Business Rationale

This initiative aims to further develop the Postgraduate framework for practice focused Masters awards within the Institute of Health, Medicine and Society, revising and extending respectively, the established 'popular' programme, the MSc Advanced Clinical Nursing Practice (ACNP). Recent Programme Scrutiny (January 2010) of the MSc ACNP has confirmed that this programme continues to be a healthy, successful, programme with a good level of recruitment since initial validation.

This framework aims to build further on the existing success of these programmes by extending opportunities to wider groups of practitioners, so creating a greater interdisciplinary learning environment within and across the awards. This will be achieved through

removing nursing from the title and single focus of the current MSc ACNP  
providing a core structure for the ACP Masters award, together with shared option modules available for all students enrolled on Masters programmes

This will help to consolidate postgraduate modules, enhance interdisciplinary learning, and yet still address individual learning needs of students. For example, MSc Advanced Clinical Practice (ACP) will now hopefully be a more attractive option for midwives, paramedics and allied health professionals. The long term aim is that a greater interdisciplinary approach in and across both awards will, ultimately, better meet the care needs of clients and patients and their families and carers. This is because the Advanced Clinical Practice programme is generic enough to allow practitioners from any work base to undertake it, with learning on the award focused on critical application of theory and development of role within the context of the student's clinical specialism and workplace. Thus all practitioners who want to achieve competencies for advanced practice would still be able to follow this route – and would indicate to employers by the title, that these competencies had been achieved.

From a wider, policy perspective, the business case for expanding postgraduate opportunities for health professionals within the Academic Institute, not only fulfils Glyndŵr University's goal for developing postgraduate provision, but also continues to be supported by the United Kingdom wide focus on care improvement and the modernisation of health careers. Of particular significance to these programmes is the Welsh Assembly Government (WAG 2009) post registration nursing career framework and the Skills for Health career pathway for Allied Health Professionals (DH 2006) which indicate the need for specialist and advanced practitioners. As part of education and training for higher bands of employment

and for advanced roles, WAG (2009) expect that in the future all relevant nurses must have successfully completed post graduate level CPD appropriate to meet the demands of their employment. This may be selected from post graduate certificate, post graduate diploma or a full Masters degree, dependent on local need.

The implications for the MSc ACP are positive in that Master's level study will become a requirement for all nurses in higher specialist and advancing roles. Having said this, the programme team are also mindful of the need to ensure that there are clear pathways with attractive and marketable entry and exit points for students who only require a PgC or PgD for their role (and therefore only have sponsorship for this). Within this development clear entry and exit points with specific programme outcomes have therefore been identified. In addition, within these programmes, the programme team have been mindful of providing students with the option to develop any of the four dimensions of the career framework within the curriculum. This includes Facilitated Learning and Development (mentorship), Research, Leadership and Management, and Clinical/Professional Practice. These four dimensions will continue to be embedded and enhanced in this postgraduate curriculum framework.

These developments will also enhance the School's range of provision within the current contract with the Betsi Cadwaladr University Health Board (BCU). With the amalgamation of all NHS Trusts and Local Health Boards (LHB) in North Wales in October 2009, the total annual training budget will be in the region of 1.5 million. With two university providers of health professional education in North Wales, Glyndŵr University must position itself to take full advantage of the potential postgraduate market that this presents.

### **1.2.2 Academic Rationale**

#### **MSc Advanced Clinical Practice**

Advanced clinical practice has been defined as;

"A role, requiring a registered practitioner to have acquired an expert knowledge base, complex decision-making skills and clinical competencies for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable, relevant Masters level education is recommended for entry level" (page 21, NLIAH, 2010)

While advanced practitioners are defined as being educated to level 7 and are;

"Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload" (website page, Skills for Health, 2006).

#### *Regulation and Competency Development*

At the time of initial programme development and validation in 2006, it was anticipated that the NMC would shortly be formally regulating the role of Advanced Nurse Practitioner. With this in mind, the aims and outcomes of the programme were initially drawn from and related to the 2006 draft competency standards for Advanced Nursing Practice already developed by the Nursing and Midwifery Council (NMC). National decisions about Advanced Practice

regulation, however, remain ongoing and are now part of current revalidation work within the NMC. WAG (2009), however, has accepted in principle, the Advanced Practice Toolkit (Scottish Executive), which recommends an educational framework to support advanced nursing practice. This promotes a portfolio and competency based approach to advanced practice development, recognising the importance of a programme that enables students to develop advanced practice specific to the context and role within which they work. A competency based Portfolio approach is therefore a key feature of the Advanced Clinical Practice programme.

(Association of Advanced Nursing Practice Educators

(<http://www.aanpe.org/AANPEHome/tabid/448/language/en-US/Default.aspx>, 7.01.10)

In the absence of professional regulation, the importance of providing a systematic educational and academic framework to support the development of individuals in advanced practice roles remains paramount. (Scottish Executive)

<http://www.advancedpractice.scot.nhs.uk/educational-framework/academic-programmes-and-level.aspx>

The draft NMC competencies and the guiding principles of 50% learning in theory and 50% learning in practice were therefore used to help practitioners structure the development of competency and critical decision making, but practically, throughout the course, the Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales document will be utilised since competency statements are clearly stated therein, and are underpinned by the principles of advanced practice. For this update of the programme document NMC draft competencies remain in the Appendix, as they are also mapped to the NHS Knowledge and Skills Framework (Appendix 3), providing a useful benchmark for current NHS role descriptors at Advanced Level. In the absence of competency statements for other professionals who might access the programme, these competencies are argued to be sufficiently generic enough to also frame the practice portfolio of students from other disciplines. Indeed, making them specific to nursing students only could disadvantage other students as they could also be seen as clear guides to focusing the learning activities undertaken within the practice environment. Competencies have been mapped onto the practice based module specifications (Appendix 2). The competencies mapped to each of the 2 practice based modules are then utilised to frame competency development within the respective portfolio for that module.

An important note is the reminder with regard to competency however, is that (with the exception of non medical prescribing) as the programme is not PRSB regulated, the educational programme is seen as continuing professional development for students, and does not guarantee that students will be awarded the title/role of advanced practitioner in employment. Currently, this role is based on the client need for an advanced practitioner to exist - therefore the title and role of advanced practitioner is employment rather than educationally led. Consequently, continued close working between service managers, educational leads and the programme team is essential in order that a congruent approach is taken. As an example of this, recruitment is undertaken in partnership with employers to ensure that suitable practitioners working in the right environments are recruited onto the programme.

### 1.3 PROGRAMME LEADER

Joanne Pike Advanced Clinical Practice Programme Leader

#### 1.4 KEY CONTRIBUTING TEACHING STAFF (Please see CV's in Appendix 1 – separate document)

Yo Evans	Senior Lecturer
Janet Gargiulo	Senior Lecturer
Pat Hibberd	Principal Lecturer
Dr Emma Litt	Senior Lecturer
Nikki Lloyd Jones	Senior Lecturer
Eleri Mills	Senior Lecturer
Liz Picking	Senior Lecturer
Joanne Pike	Senior Lecturer
Debbie Roberts	Reader

**NB** - Other specialist lectures will be used as the programme content dictates.

CV's are included for key visiting lecturers:

Dr Stephen Ashurst, Critical Care and Pharmacology Lecturer  
Alison Foster: Macmillan Lead Nurse for Specialist Palliative Care, Betsi Cadwaladr University Health Board  
Dr Peter Saul : General Practitioner Principal  
Mimi Davies, Clinical Lead Nurse, St Kentigern Hospice  
Jilly Wilcox-Jones, Principal Psychological Therapist, North Wales Cancer Services

#### 1.41 Programme Team- Research and Scholarly Activity

All lecturers on the programmes hold professional qualifications in both their area of practice with many holding an additional professional recordable or registerable qualification relevant to the subject area in which they teach. All either hold or are working towards a Fellowship of the Higher Education Academy and a professionally recognised teaching qualification. and Eleri Mills, for example, is currently involved as external examiners for non medical prescribing programmes and Specialist Community Public Health Nursing programmes respectively. Pat Hibberd, undertakes monitoring and review and approval activities on behalf of their Professional Statutory and Regulatory Body (PSRB) the Nursing and Midwifery Council (NMC) – activities which allow them to observe, and 'bring home' good practice from across the United Kingdom.

Nikki Lloyd-Jones, is interested in and pursuing academic study in the area of clinical judgement and decision-making. She currently leads a number of modules at level 7 specialising in research methodology, narratives and her subject area of legal and ethical issues around decision-making. She is establishing her profile as an expert in this area through conference presentations. Having enrolled to study towards her PhD, she has successfully ensured her particular focus of ethics of decision-making and her interest of research is reflected in her teaching practice.

Mimi Davies is a guest lecturer on the Palliative Care programme. Mimi is an expert nurse practitioner in palliative care, an experienced teacher and currently a clinical lead at a local hospice. She has management responsibility for the delivery of multidisciplinary clinical services. She has also been awarded an MA in the Ethics of Cancer and Palliative Care. She will contribute current advanced knowledge and expertise to the modules particularly in the areas of symptom management and ethical issues.



The delivery of modules contained within this programme also involves a range of clinical specialist practitioners from nursing, medicine, pharmacy and allied professions. As 'senior' practitioners these individuals base their practice on current research in the field and are able to bring 'cutting edge' content to the modules on which they teach.

## 1.5 DEROGATIONS TO REGULATIONS

Fig 1: Derogations to be extended to MSc Advanced Clinical Practice

Regulations for Modular Masters Degrees	Derogations to be extended to MSc Advanced Clinical Practice
Pass mark of 40%	<p><b>In stated modules, all elements of assessment will be passed at a minimum of 50%.</b> Against the marking criteria students must achieve the criteria for 50% and above for each element of assessment in order to be deemed competent and safe practitioners in advanced practice. This applies to the following module specifications:</p> <p>Clinical assessment, diagnosis and holistic care management            Leading Advanced Care Management            Supplementary Prescribing for Allied Health Professionals at level 7            Independent Prescribing for Nurses and Pharmacists</p>
Capping: Where modular assessment comprises more than one element, referral in one of those elements will result in the capping of the mark for the whole module	Where modular assessment comprises elements which require a pass mark in excess of 40% referral in that element will result in the capping of the overall modular mark at <b>50%</b>
Students are referred/failed on academic grounds only	<p>Any work submitted, however competent from an academic viewpoint, which omits or includes information which would indicate unsafe practice by the student or in any way breaches confidentiality will be deemed a 'refer'. Students who fail to demonstrate competence or endanger patients by acts or omissions in practice <b>may be</b> subject to <b>Glyndŵr University's Suitability for Practice Procedures</b> <a href="http://mimas.newi.ac.uk/intranet/regs/acad_regu/acad/sect_6_stud/acad">http://mimas.newi.ac.uk/intranet/regs/acad_regu/acad/sect_6_stud/acad</a> as well as any invoked by their employer. Any decision to invoke the <i>Suitability for Practice Procedures</i> will be taken by the Programme Leader in consultation with the Head of School following discussion with the student, Practice Mentor/DSMP and the Service Manager.</p>
	Additional approved derogations for Independent/ Supplementary Prescribing for Nurses and Pharmacists
Pass mark of 40%	The <b>Drug Calculation Test</b> undertaken as part of the <b>module</b> must be passed at <b>100%</b> . This grade will not contribute to the overall mark for the module but will be graded Pass/Refer. It must, however, be passed in order for the module to be passed. Students re-sitting the examination must also achieve <b>100%</b> .

	<p><b>The short answer and MCQ paper</b> taken as part of the <b>module</b> must be passed at a minimum <b>80%</b>. This grade will not contribute to the overall mark for the module, but will be graded Pass/Refer. It must, however, be passed in order for the module to be passed. Students re-sitting the examination must also achieve a minimum of <b>80%</b>.</p> <p><b>The Clinical Management Plan with narrative, Reflective Log and Reflective Account will be passed at a minimum of 50%.</b> Against the marking criteria students must achieve the criteria for 50% and above in order to be deemed competent and safe prescribers.</p>
	Additional Derogation for non-medical prescribing programmes
Pass mark of 40%	<p>The <b>Drug Calculation Test</b> undertaken as part of the <b>module</b> must be passed at <b>100%</b>. This grade will not contribute to the overall mark for the module but will be graded Pass/Refer. It must, however, be passed in order for the module to be passed. Students re-sitting the examination must also achieve <b>100%</b>.</p> <p><b>The short answer and MCQ paper</b> taken as part of the <b>module</b> must be passed at a minimum <b>80%</b>. This grade will not contribute to the overall mark for the module, but will be graded Pass/Refer. It must, however, be passed in order for the module to be passed. Students re-sitting the examination must also achieve a minimum of <b>80%</b>.</p> <p><b>The Clinical Management Plan with narrative, Reflective Log and Reflective Account will be passed at a minimum of 50%.</b> Against the marking criteria students must achieve the criteria for 50% and above in order to be deemed competent and safe prescribers.</p>

## 2 CURRICULUM DEVELOPMENT

### Curriculum Design

There is no Nursing or Allied Health Professional Subject Benchmark Statement relevant to this Masters level programme. Students have met Subject Benchmark requirements on undergraduate qualification/registration in their professional fields. The programme is mapped to QAA FHEQ (2008) and core module outcomes are mapped to award outcomes. (Appendix 6).

### 2.1 MSc Advanced Clinical Practice

The programme was originally validated in 2006 and, at that time, was designed around the findings of the Department of Health (England) research project investigating the preparation of the advanced role of the nurse practitioner (Roberts-Davis et al., 1999). Programme scrutiny has reflected that the programme has consequently been very successful in supporting the continuing professional development of students who are in or moving towards employment in advanced practice roles. Examples of such roles have included nurses from acute or primary care settings such as 'Out of Hours' nurses and practice nurses. Key to the advanced role is the ability of the health care practitioner to build autonomy into their practice through the development of advanced assessment, diagnostic, health promotion, leadership, critical decision making and care management skills. Development of practice through effective evidence based practice and research skills is

also a vital part of the role. Equally important is the critical self awareness of professional boundaries for safe practice, for example, where and when to refer the patient/client to other healthcare professionals. These key aspects are all part of the existing programme which has largely been successful in meeting the continuing professional development needs of nurses working in advanced practice roles. There were, however, a number of issues raised by programme scrutiny and by the key stakeholder group that have consequently been addressed in this revised programme.

### **2.1.1 Rationalisation of Non Medical Prescribing Delivery**

There have been a number of developments to independent and supplementary prescribing since the original validation of MSc Advanced Clinical Nursing Practice. When the programme was first validated the prescribing programme (V300) was embedded in the programme as 2 x 20 credit modules that also included clinical assessment as well as prescribing skills. This was originally designed around the Supplementary prescribing role of the nurse that was legislated for at that time. Since then, the Welsh Assembly Government have introduced a number of changes to prescribing legislation in Wales and in 2007 published new guidance for implementation of non medical prescribing in Wales. Within this guidance, nurses and pharmacists who have successfully followed an approved education programme - and who are in an appropriate employment role, are eligible to be recorded as independent prescribers; similarly, podiatrists, radiographers and physiotherapists are now able to become supplementary prescribers. For those unfamiliar with this, the definitions for independent and supplementary prescribers are as follows:

Independent Prescriber – a health professional who is responsible for the initial assessment of the patient and for devising the broad treatment plan, with the authority to prescribe the medicines required as part of that plan:

Supplementary Prescriber – a health professional who is authorised to prescribe certain medicines for patients whose conditions have been diagnosed or assessed by an independent prescriber, within an agreed assessment and treatment plan.

Consequently in 2007, in response to the national directive and local demand the team developed a separate 40 credit module and Glyndŵr Certificate in Independent / Supplementary prescribing for nurses, midwives and specialist community public health nurses (known by nurses as V300) -this was approved by the NMC in 2007. More recently, in 08-09, the Royal Pharmaceutical Society of Great Britain (RPSGB) approved this module for pharmacists, whilst the University and Health Professions Council (HPC) approved a 40 credit supplementary prescribing programme for podiatrists, physiotherapists and radiographers.

This has meant that, to date the prescribing team have been delivering two different models of prescribing education, the original V300 which has been delivered within the MSc ACNP and the new 40 credit module, delivered as an independent unit. During programme scrutiny, students identified concerns with regard to equity of assessment between these two models of delivery. This revalidation therefore offers the opportunity to adjust the programme structure to embed the 40 credit module, so preventing inequity and ensuring that, from a quality perspective, only one model of prescribing delivery is being managed by the prescribing team. As these IP/SP modules are already University and PRSB approved and are not subject to any revision, there does not need to be PRSB attendance at this validation. However, the Healthcare Inspectorate Wales NMC managing reviewer has been notified of the removal of the original approved V300 nurse prescribing modules from the programme (these would have required NMC re approval next year anyway) and is satisfied that any amendment can be made through correspondence.

In addition to greater equity, embedding the 40 credit IP and SP modules in the programme structure has the following advantages for the MSc programme:

Widening programme access to allied health professionals and pharmacists

The extension of prescribing roles to pharmacists and selected allied health professional groups recognises that, as well as nurses, these practitioners may be working in advanced and autonomous roles. To date, however, the programme has not been accessible to these professionals. The programme title has therefore been amended to remove “nursing” and modules restructured with a wider entry group in mind. The structure now also includes interdisciplinary option modules. This is an initial step to attracting all relevant health professionals who could fulfil the requirements of an advanced practice programme. It is also recognised, however, that there may be some professionals interested in undertaking this programme, who are not currently legally eligible to prescribe, for example, senior paramedics. For this reason, non medical prescribing modules have been kept as an option on the programme, although sponsored candidates who meet the admission criteria for non medical prescribing, would normally be expected to undertake this option as part of their Advanced Practice programme, if they haven't already completed it prior to admission. In addition, in recognition that there may be nurses, AHP's and pharmacists who want to specialise in Palliative Care rather than Advanced Practice, but still require non medical prescribing in their roles, these modules are also included as an option within the Palliative Care programme for those who meet the specific admission criteria.

### **Increasing opportunities for flexible APL.**

Students who have completed the 40 credit Glyndwr Certificate in Independent or Supplementary prescribing at level 7 will now find it straight forward to APL this into the programme. For those students who have undertaken prescribing, either at level 6 or with a different credit size, a 20 credit negotiated module at level 6 or level 7 has been made an option. This could allow future candidates to APL a 20 credits prescribing programme into the award – and was specifically requested by our stakeholder group. Equally, however, candidates who already have the Glyndwr Certificate may prefer not to APL their prescribing programme in order to take advantage of other option modules on the programme.

Increasing inter-professional learning

As with the MSc Interdisciplinary Palliative Care programme, encouraging widened access to other professionals will provide rich interdisciplinary education opportunities throughout the programme

### **2.1.2 Replacement of Clinical Dissertation module**

At programme scrutiny, students identified the length of time required to achieve NHS ethical approval for commencing the clinical dissertation module. The current ‘clinical dissertation’ module has therefore been replaced in the revised programme by the more generic dissertation module which allows students additional choices, some of which avoid the need for NHS ethical approval. This provides three different assessment options for students, all of which are deemed to assess the outcomes of the module equally, but allow for differing student need.

A) *20,000 word theoretical analysis.* This theoretical analysis must be both critical and reflective. The analysis will evaluate a substantive area of the literature using a particular theoretical stance. This theoretical position must be both well articulated and also be subject

to a more reflective critique. Examples of appropriate topics include: models of clinical decision-making; nurses' discourses on empowerment.

OR

*20,000 word report of a small scale research project.* Selected method may be of quantitative or qualitative design. Appropriate topics include: Welsh language usage in health care settings; infection control through the use of alcohol gel; an evaluation of a health education programme directed at the reduction of teenage pregnancy

OR

C) Students may choose an alternative format for their choice which is:

A 15, 000 word theoretical analysis or research report PLUS a 5, 000 word journal article which encapsulates their analysis or research. This journal article must indicate the journal to which it is intended to be submitted. The journal must be a national or international refereed journal.

In the Research Methods in Health and Social Care (NHS748), offered in semester 1 of year 2, students are given the opportunity to develop an outline proposal in preparation for the dissertation and will be able to consider the appropriate methodology for conducting their research/theoretical analysis, thus making an informed decision with regard to the above assessment choice. From the end of semester 2 of their Pg Dip, students will be invited to the several Dissertation Workshops which provide group support although individual supervision will not be commenced until students have progressed to Part II of the masters. This model of research development, support and supervision will be part of the wider postgraduate framework and therefore is also applicable to the MSc Interdisciplinary Palliative Care.

### ***2.1.3 Reorganisation and clearer assessment of the Portfolio***

To date, practice competency of the MSc Advanced Clinical Practice has been assessed in each module, through a cumulative Portfolio of Evidence. Although this provides a good record of learning on the programme, the external examiner has identified that the way in which marks are awarded for the portfolio needs to be reviewed. Currently, it could be possible (as the external examiner noted) to pass the portfolio through a good mark for the academic element and yet fail to present sufficient evidence of achievement in practice. In addition to this, students have found the completion of evidence in the portfolio in the more theoretical modules (for example, health promotion and research) more difficult to achieve. Finally, a portfolio assessment in each module adds significantly to the overall assessment load in these modules and this can be detrimental to the rate of student progression.

Reviewing the portfolio has given opportunity to reflect upon the model of portfolio used. Endacott et al (2004) study helpfully suggests that a 'cake mix' model is an effective model for use in a competency based programme, as in this model, evidence from theory and practice are integrated and assessed together. This is achieved through an overarching written evaluation, narrative or reflection that aims to demonstrate the integration of student's cognitive, critical and analytical skills with practice, by cross referencing and interlinking their writing with the evidence of learning outcomes and competence presented into the portfolio.

Fig 2: The Cake Mix model (Endacott et al 2004).



Within the redesigned Portfolio the student will present evidence to meet both the module learning outcomes (education outcomes) and the practice competencies (practice outcomes). Learning outcomes are achieved through the presentation of reflective or evaluative written work that draws on and is cross referenced to the evidence in the portfolio gathered to demonstrate achievement of the practice competencies.

To enable this process further, the portfolio is no longer placed in each module, but has been divided between two core practice based modules designed to facilitate students to integrate theory drawn from across the programme of study with the development of practice competency. These are:

Clinical assessment, diagnosis and care management (Yr 1 – PgC)

Leading Advanced Care Management (Yr 2 – PgD)

Within these 2 modules, the Portfolio becomes 100% of the assessment strategy. In each portfolio there is a weighted written task that asks students to narrate and cross reference the evidence in the portfolio to demonstrate achievement of the learning outcomes. On the current programme the student decides which practice competencies will be assessed in each module throughout the programme. However, in this revised portfolio, competencies most related to that module have been selected so that students can cross reference with more ease and consistency between the module learning outcomes and practice competencies. This should also help to identify to employers, the competencies that have been assessed if, for example, the student should exit after successfully achieving a module or at the end of the PgC year.

The demonstration of cross referencing between written work, learning outcomes, evidence and practice competency will also enhance the triangulation of evidence in the portfolio – this is important as it ensures 'completeness' of portfolio evidence (Endacott et al 2004). As part of this 'completeness' students must cross reference to relevant evidence of either direct observation and/ or if more appropriate, to supervisory discussion, for each of their practice competencies. This is because the most important aspect of competence assessment is direct observation, accompanied by discussion and supervision (Storey 2002). This aims to overcome the external examiners concern that students can pass the portfolio theoretically without being competent in the role. To avoid over assessment, however, it is stressed that individual pieces of evidence (i.e an observation) may contribute to demonstrating achievement of a number of learning and practice outcomes. The portfolio will be marked for academic level, using the academic marking criteria for level 7. (Please see example of a portfolio document).

## ***2.2 Development of Leadership and Advanced Care Management***

Callaghan (2007) has argued that leadership, clinical decision making and care management are central to an effective Advanced Practice role. When reviewing the existing programme, the stakeholder group endorsed this view by identifying the need for greater focus on development of leadership skills together with further development of care and case management skills, although this should still be underpinned by a focus on critical decision making skills. Although these are all currently present in different ways in existing modules, the programme has been revised through the development of a replacement practice based portfolio assessed module (Leading Advanced Care Management) which will be delivered across a full academic year. This will help students to integrate theory and retain their practice focus throughout the PgDip, something they have found difficult on the more theoretically focused modules that are part of the current year 2 structure.

This module is organised so that in semester 1, students will engage with the theory of leadership and clinical decision making as they currently do. In semester 2 however, students will attend critically reflective seminars in which they will focus on learning from an aspect of care management taken from their practice. In the final part of the module, students will consolidate their leadership, decision making and care management in a final practice based period prior to submitting the portfolio. This will give the students more time to complete their practice hours and the portfolio, so reducing the number of extension requests and enabling students to complete within the expected time frame.

## ***2.3 Clearer definition of awards within the Masters framework***

Students may only require, or be sponsored by their employer to undertake part of the total award – and may therefore wish to enrol on intermediate awards - either the PgC or PgD - as opposed to the whole Masters programme. The aims, outcomes and programme structure, have therefore been identified for each eligible award within the Masters framework. It is anticipated that this will also make it easier to market these intermediate awards in their own right to students and employers.

## ***2.4 Framework for Higher Education Qualifications Mapping***

The aims and outcomes of the programmes reflect the Framework for Higher Education Qualifications in England and Wales (QAA 2008) making it comparable to Masters programmes across both countries. Students are allowed to carry a maximum of 20 credits forward from undergraduate study (provided that this has not already contributed to a previous award) towards a masters degree through the negotiated learning modules.

As the outcomes of all of the programmes being put forward are at L 7, Figure 2 shows how the these outcomes meet the FHEQ requirements for programmes at that level.

To further enhance this national benchmarking, members of the Masters programme team are engaged in external roles with other UK universities. For example, Jo Pike is an external examiners for V300 independent/supplementary prescribing programme. Pat Hibberd has previously developed and/or taught on a range of Masters programmes (including advanced practice) at a different university and has also acted as an external reviewer at programme validations for level 7 programmes. Eleri Mills is an external examiner for specialist nursing practice programmes at undergraduate and postgraduate level. Liz Picking has worked as a lecturer practitioner in Palliative Care and therefore has strong links with local and national Palliative Care providers. The programme is thus informed by wider national educational and practice trends and an understanding of level 7 standards and benchmarks as a result of such of external activities. CV's provided in the Appendix 1 document will demonstrate

further the depth and breadth of experience offered by the programme teaching team in ensuring the equivalence of these programmes to other similar programmes.

In addition to this a key stakeholder group was convened. This group was particularly instrumental in guiding some of the changes to the MSc Advanced Clinical Practice award. The key stakeholder group included the teaching team, Lynne Grundy and senior colleagues from the Betsi Cadwaladr University Local Health Board, Dr Peter Saul, two current students, and senior palliative care clinicians.



### **2.4.1 PROGRAMME AIMS – MASTERS OF SCIENCE**

The overall aims of the Masters award is to enable experienced professionals

to develop a systematic and critical knowledge and understanding of their specialist field of practice

to develop a critical awareness of current problems, gaining new insights at the forefront of their area of advanced or palliative care practice

that enable further strategic development of practice and practice knowledge

to enable practitioners to inform , enhance and develop their competency within their field of practice

to demonstrate advanced scholarship in their subject area through the planning and execution of level 7 enquiry

### **2.4.2 PROGRAMME OUTCOMES - MASTERS OF SCIENCE**

Masters of Science in Advanced Clinical Practice

FHEQ (2008) Descriptors for L 7 study including postgraduate Certificates, Diplomas and Masters awards	MSc Advanced Clinical Practice : Programme Outcomes
Postgraduate certificates, Postgraduate Diplomas and Masters degrees are awarded to students who have demonstrated:	A - Knowledge and understanding B - Intellectual skills C - Subject and other skills D - Professional Skills and abilities and Employability Skills and abilities  By the end of the programme students should be able to:
a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study or area of professional practice	<b>A1</b> Demonstrate a systematic understanding of the biological, physiological, psychological, sociological and socio-political knowledge to justify and underpin advanced clinical practice. For example: in the biological sciences as it pertains to human physiology and pathophysiology in order to enable them to assess, diagnose and manage a range of conditions; of theories drawn from the behavioural and social sciences that will enable them to understand and care effectively, ethically and sensitively with patients from diverse cultural and socio-economic backgrounds; of theories pertaining to leadership and decision making in professional practice;;

	of the theory and practice of health promotion
a comprehensive understanding of techniques applicable to their own research or advanced scholarship	<b>A2</b> Utilise a comprehensive knowledge and understanding of techniques applicable to research, of research planning, execution and reporting and advanced scholarship to investigate advanced clinical practice; demonstrating a critical awareness of current problems and/or new insights informed by the current evidence base, practice experience and scholarly enquiry.
originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline	<b>A3</b> Synthesise and apply knowledge to solve complex practice problems and to form safe and effective solutions within an area of advanced clinical practice
conceptual understanding that enables the student: to evaluate critically current research and advanced scholarship in the discipline to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses.	<b>A4</b> Evaluate and critique methodologies, propose, develop and implement new areas of enquiry in an aspect of advanced clinical practice.
Typically, holders of the qualification will be able to: deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences	<b>B1</b> Deal with complex issues both systematically and creatively, make sound judgements, possibly in the absence of complete data, and communicate their conclusions clearly to professional and non-professional individuals/groups;
demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional or equivalent level	<b>B2</b> Demonstrate self-direction and originality in tackling and solving problems together with the ability to act autonomously in leading and managing care in their area of advanced practice
continue to advance their knowledge and understanding, and to develop new skills to a high level.	<b>B3</b> Analyse critically the theoretical, research and practice underpinnings of advanced clinical practice as a means of developing

	<p>their professional knowledge and understanding, and developing new skills to a high level.</p> <p><b>C1</b> Demonstrate competence in the skills required to carry out a comprehensive clinical examination/assessment and carry out technical procedures required in the diagnosis or treatment of patients/clients within their field of practice where necessary;</p> <p><b>C2</b> Demonstrate a high level of consultation and inter-personal communication skills, leading others in advancing an area of advanced clinical practice</p> <p><b>C3</b> Demonstrate the research skills to propose and execute a systematic process of enquiry into an area of advanced clinical practice</p>
<p>And holders will have: the qualities and transferable skills necessary for employment requiring: the exercise of initiative and personal responsibility decision-making in complex and unpredictable situations the independent learning ability required for continuing professional development.</p>	<p><b>D1</b> Exercise initiative and personal responsibility; <b>D2</b> Make decisions in complex and unpredictable situations; <b>D3</b> Demonstrate independent learning ability required for continuing professional development.</p>

#### 2.4.4 PROGRAMME AIMS - POSTGRADUATE DIPLOMA

The overall aims of the Postgraduate Diploma is to enable experienced professionals

to develop a systematic and critical knowledge and understanding of their specialist field of practice

to develop a critical awareness of current problems, gaining new insights at the forefront of their area of advanced or palliative care practice

that enable further strategic development of practice and practice knowledge

to enable practitioners to inform , enhance and develop their competency within their field of practice

#### 2. 4.5 Programme Outcomes – Postgraduate Diploma in Advanced Clinical Practice

FHEQ (2008) Descriptors for L 7 study including postgraduate Certificates, Diplomas and Masters awards	Postgraduate Diploma in Advanced Clinical Practice : Programme Outcomes
Postgraduate certificates, Postgraduate Diplomas and Masters degrees are awarded to students who have demonstrated:	<p>A - Knowledge and understanding  B - Intellectual skills  C - Subject and other skills  D - Professional Skills and abilities and Employability Skills and abilities</p> <p>By the end of the programme students should be able to:</p>
a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study or area of professional practice	<p><b>A1</b> Demonstrate a systematic understanding of the biological, physiological, psychological, sociological and socio-political knowledge to justify and underpin advanced clinical practice. For example:</p> <ol style="list-style-type: none"> <li>1. in the biological sciences as it pertains to human physiology and pathophysiology in order to enable them to assess, diagnose and manage a range of conditions;</li> <li>2. of theories drawn from the behavioural and social sciences that will enable them to understand and care effectively, ethically and sensitively with patients from diverse cultural and socio-economic backgrounds;</li> <li>3. of theories pertaining to leadership and decision making in professional practice;;</li> </ol> <p>of the theory and practice of health promotion</p>

a comprehensive understanding of techniques applicable to their own research or advanced scholarship	<b>A2</b> Utilise a comprehensive knowledge and understanding of techniques applicable to research, of research planning and advanced scholarship, demonstrating a critical awareness of current problems and/or new insights informed by the current evidence base and practice experience
originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline	<b>A3</b> Synthesise and apply knowledge to solve complex practice problems and to form safe and effective solutions within an area of advanced clinical practice
conceptual understanding that enables the student: to evaluate critically current research and advanced scholarship in the discipline to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses.	<b>A4</b> Evaluate and critique methodologies, proposing new areas of enquiry in an aspect of advanced clinical practice.
Typically, holders of the qualification will be able to: deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences	<b>B1</b> Deal with complex issues systematically in order to make sound judgements, possibly in the absence of complete data, and communicate their conclusions clearly to professional and non-professional individuals/groups;
demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional or equivalent level	<b>B2</b> Demonstrate self-direction in tackling and solving problems together with the ability to act autonomously in leading and managing care in their area of advanced practice
continue to advance their knowledge and understanding, and to develop new skills to a high level.	<b>B3</b> Analyse critically the theoretical, research and practice underpinnings of advanced clinical practice as a means of developing their professional knowledge and understanding, and developing new skills to a high level.  <b>C1</b> Demonstrate competence in the skills required to carry out a comprehensive clinical examination/assessment and carry out technical procedures required in the diagnosis or treatment of

	<p>patients/clients within their field of practice where necessary;</p> <p><b>C2</b> Demonstrate a high level of consultation and inter-personal communication skills in a variety of settings., leading others in an area of advanced clinical practice</p>
<p>And holders will have:</p> <p>the qualities and transferable skills necessary for employment requiring:</p> <p>the exercise of initiative and personal responsibility</p> <p>decision-making in complex and unpredictable situations</p> <p>the independent learning ability required for continuing professional development.</p>	<p><b>D1</b> Exercise initiative and personal responsibility;</p> <p><b>D2</b> Make decisions in complex and unpredictable situations;</p> <p><b>D3</b> Demonstrate independent learning ability required for continuing professional development.</p>

### 2.5.7 PROGRAMME AIMS – POSTGRADUATE CERTIFICATE

The overall aims of the Postgraduate Certificate is to enable experienced professionals

to develop a systematic and critical knowledge and understanding of their specialist field of practice  
to enable practitioners to inform , enhance and develop their competency within their field of practice

### 2.5.8 PROGRAMME OUTCOMES: – Postgraduate Certificate in Clinical Practice

FHEQ (2008) Descriptors for L 7 study including postgraduate Certificates, Diplomas and Masters awards	PgC in Clinical Practice : Programme Outcomes
Postgraduate certificates, Postgraduate Diplomas and Masters degrees are awarded to students who have demonstrated:	A - Knowledge and understanding B - Intellectual skills C - Subject and other skills D - Professional Skills and abilities and Employability Skills and abilities  By the end of the programme students should be able to:
a systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of their academic discipline, field of study or area of professional practice	<b>A1</b> Demonstrate a systematic understanding of the biological, physiological, psychological, sociological and socio-political knowledge used to justify and underpin advancing clinical practice. For example: 1. in the biological sciences as it pertains to human physiology and pathophysiology in order to enable them to assess, diagnose and manage a range of conditions; 2. of theories drawn from the behavioural and social sciences that will enable them to understand and care effectively, ethically and sensitively with patients from diverse cultural and socio-economic backgrounds;
a comprehensive understanding of techniques applicable to their own research or advanced scholarship	<b>A2</b> Demonstrate a critical awareness of current problems and/or new insights in clinical practice informed by the current evidence base and practice experience
originality in the application of knowledge, together with a	<b>A3</b> Synthesise and apply knowledge to solve complex practice

practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline	problems and to form safe and effective solutions within an area of clinical practice
conceptual understanding that enables the student: to evaluate critically current research and advanced scholarship in the discipline to evaluate methodologies and develop critiques of them and, where appropriate, to propose new hypotheses.	<b>A4</b> Evaluate critically the evidence base that justifies and supports decisions in clinical practice
Typically, holders of the qualification will be able to: deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences	<b>B1</b> Deal with complex issues systematically and make safe, sound judgements, referring appropriately and communicating their conclusions clearly to other professionals and to patients and clients, their families and carers.
demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional or equivalent level	<b>B2</b> Demonstrate self-direction in tackling and solving clinical problems
continue to advance their knowledge and understanding, and to develop new skills to a high level.	<p><b>B3</b> Analyse critically the theoretical, research underpinnings of their clinical practice as a means of developing their professional knowledge and understanding, and developing new clinical skills to a high level.</p> <p><b>C1</b> Demonstrate competence in the skills required to carry out a comprehensive clinical examination/assessment and carry out technical procedures required in the diagnosis or treatment of patients/clients within their field of practice where necessary;</p> <p><b>C2</b> Demonstrate a high level of consultation and inter-personal communication skills in a variety of settings.</p>
And holders will have: the qualities and transferable skills necessary for employment requiring:	<p><b>D1</b> Exercise initiative and personal responsibility;</p> <p><b>D2</b> Make decisions in complex and unpredictable situations;</p>



the exercise of initiative and personal responsibility decision-making in complex and unpredictable situations the independent learning ability required for continuing professional development.	<b>D3</b> Demonstrate independent learning ability required for continuing professional development.
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## 2.6 QAA Code of Practice

The programme complies with relevant sections of the QAA Code of Practice as outlined in Figure 2.5. 8 and 2.5.9

### 2.61 Curriculum Matrix: Core module outcomes mapped to award outcomes

#### MSc Advanced Clinical Practice

	Module Title	Core Option	A1	A2	A3	A4	B1	B2	B3	C1	C2		D1	D2	D3
Lev 7	Clinical Assessment	C	*	*	*	*	*	*	*	*	*		*	*	*
PgC	Option	O													
CP	Option	O													
		60cr													
Lev 7	Module Title	Core Option	A1	A2	A3	A4	B1	B2	B3	C1	C2		D1	D2	D3
PgD	Leading Ad Care Man	C	*	*	*	*	*	*	*	*	*		*	*	*
AC	Option	O													
P	Research meth	C		*	*	*	*	*	*				*	*	*
		120cr													
Lev 7	Module Title	Core Option	A1	A2	A3	A4	B1	B2	B3	C1	C2	C3	D1	D2	D3
MSc	Diss	C	*	*	*	*	*	*	*		*	*	*	*	*
AC															
P		180cr													

### 2.62 : Mapping Programme against QAA Code of Practice

Code of Practice Section	Programme Compliance
Section 7: Programme design, approval, monitoring and review (2006) General Precepts Programme Design Programme Approval Programme Monitoring and Review Programme Withdrawal Programme Evaluation	The University meets these requirements through validation, monitoring and review procedures. This programme adheres to and is subject to those procedures. Ref: <a href="http://mimas.newi.ac.uk/intranet/oper/acad/staf/acad/vali">http://mimas.newi.ac.uk/intranet/oper/acad/staf/acad/vali</a> <a href="http://mimas.newi.ac.uk/intranet/oper/acad/staf/acad/annu">http://mimas.newi.ac.uk/intranet/oper/acad/staf/acad/annu</a>

<p>Section 10 Recruitment and Admission (2006) General principles Recruitment and selection Information to applicants Complaints and appeals Monitoring and review of policies and procedures</p>	<p>All students wishing to undertake this programme will apply to the University through direct application to the School. The School complies with the policies and guidelines of the University.</p> <p><a href="http://mimas.newi.ac.uk/intranet/oper/admi/staf">http://mimas.newi.ac.uk/intranet/oper/admi/staf</a></p> <p>Admission criteria will be clearly specified in all information about the course.</p> <p>Admission to MSc Advanced Clinical Practice is through written application and interview, which aims to ensure that students are working in roles which would benefit from the course. This is carried out in partnership with the Local Health Board to ensure a congruous approach.</p>
<p>Section 6: Assessment of students (2006) General principles Contribution to student learning Assessment panels and examination boards Conduct of assessment Amount and timing of assessment</p>	<p>Assessment is carried out in accordance with the regulations and guidelines of the University <a href="http://mimas.newi.ac.uk/intranet/staf/staf_only/asse_a">http://mimas.newi.ac.uk/intranet/staf/staf_only/asse_a</a></p> <p>and the regulations for the programme <a href="http://mimas.newi.ac.uk/intranet/regs/acad/g._regu">http://mimas.newi.ac.uk/intranet/regs/acad/g._regu</a></p> <p>All learning outcomes are assessed – those related to <i>Knowledge and Understanding</i> through very specific and explicit assessment tasks relevant to those outcomes. Assessment of <i>Transferable/Key Skills and other attributes</i> is implicit to successful achievement of module outcomes. The peer review system at validation ensures appropriate timing and load of assessment.</p> <p>Guidelines for first and second marking/moderation are known by staff and adhered to. Objective marking criteria are used for all assessments.</p>
<p>Code of Practice Section</p>	<p>Programme Compliance</p>
<p>Assessment cont'd Marking and grading Feedback to students on their performance Staff development and training Language of study and assessment Professional, statutory and regulatory bodies' requirements Assessment regulations Student conduct in assessment Recording, documenting and</p>	<p>Students are given clear written guidance on assessment requirements, marking guidelines and criteria, and avoidance of plagiarism.</p> <p>A schedule of assessment is drawn up annually which includes feedback to students within 3 weeks of submission.</p> <p>Students may be assessed in Welsh or English and where required are taught in the Welsh medium</p> <p>Assessment outcomes are recorded on the Student Information System (SITS)</p>

communicating assessment decisions	
<p>Section 9: Work-based and placement learning (2007)</p> <p>General principles</p> <p>Responsibilities</p> <p>Information, support and guidance</p> <p>Staff development</p> <p>Monitoring and evaluation</p>	<p>The only modules within these programmes that require learning in the practice context are :</p> <p>Clinical assessment, diagnosis and care management</p> <p>Leading Advanced Care Management</p> <p>Non medical prescribing modules</p> <p>These modules require students to be working in an area which supports their learning in practice. They also require a clinical mentor to supervise students. For clinical assessment, diagnosis and treatment and non medical prescribing students also require a Designated Supervising Medical Practitioner who is identified prior to students entry onto the programme. Responsibilities of DSMP's are identified in a DSMP handbook for each module, including advice on undertaking OSCE's. DSMP's and clinical mentors are also invited to an annual update session. Each students workplace is audited as suitable for work based learning and students and DSMP's are visited in practice. A sample of OSCEs in practice is undertaken each year to enhance reliability and validity.</p>
Code of Practice Section	Programme Compliance
<p>Section 5:</p> <p>Academic appeals and student complaints on academic matters (2007)</p> <p>General principles</p> <p>Information</p> <p>Internal procedures: design and conduct</p> <p>Access to support and advice</p> <p>Monitoring, review and enhancement of complaints procedures</p>	<p>The programme complies with the University's regulations and processes on these matters. Access to these procedures is available to students through the Student Section of the University's Intranet.  <a href="http://www.newi.ac.uk/Studentsupportservices/en/Registry/Policiesandprocedures/">http://www.newi.ac.uk/Studentsupportservices/en/Registry/Policiesandprocedures/</a></p> <p>In addition, reference is made to these procedures and where to find them in the Programme Handbook.</p> <p>More general guidance to support and advice is also contained in this Handbook and may be found on the intranet at:  <a href="http://www.newi.ac.uk/Studentsupportservices/en/Studentinformation/">http://www.newi.ac.uk/Studentsupportservices/en/Studentinformation/</a></p>
<p>Section 4: External examining (2004)</p> <p>General principles</p> <p>The roles of external examiners</p> <p>Nomination and appointment of external examiners</p>	<p>The programme complies with the University's requirements for the appointment of External Examiners which may be found at:  <a href="http://mimas.newi.ac.uk/intranet/acad/info/acad/chap_6">http://mimas.newi.ac.uk/intranet/acad/info/acad/chap_6</a></p> <p>All new or changes to assessment are agreed with the External Examiner. In the Subject Area it is custom and practice, initially arising from PSRB requirements that External Examiners give written feedback on all module examined in addition to their annual report for the programme. The Programme Leader gives a written response to the annual report. Report</p>

Preparation of external examiners External examining External examiners' reports Use of external examiners' reports within the institution Feedback to external examiners on their reports	by External Examiner form a key part of the Annual Monitoring and Review process and AMR document.
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## ***2.7 Employer and stakeholder involvement***

The modules which comprise these programmes were informed by stakeholder meetings comprising employer representatives and/or students. As indicated in the rationale, commissioners have supported the development of these programmes. Both programmes have previously been successfully recruited to and there is ongoing confirmation from sponsoring employers that the programmes will continue to meet their workforce development needs.

## ***2.8 PRSB requirements – non medical prescribing and Advanced Practice***

The only PRSB requirements associated through this award are related to the non medical prescribing modules. These have undergone separate approval events with the Nursing and Midwifery Council, with the Royal Pharmaceutical Society of Great Britain and with the Health Professions Council in which module outcomes were mapped to the specific PRSB requirement. For this reason, PRSB mapping for non medical prescribing has not been included in this document.

As previously stated, the NMC do not currently regulate Advanced Practice programmes. Because they are reviewing whether they will proceed to do so, the provisional NMC (2006) competencies (Appendix 3) have continued to be used as a guide in the programme, together with the requirement for the student to complete 50% of the programme time in practice based learning. NMC competencies (including mapping to the NHS Knowledge and Skills Framework) are consequently mapped onto the module descriptors (Appendix 2) and are also available to students to use in their portfolio handbook. Likewise, expected practice hours are identified on the 2 practice based modules and are recorded in the portfolio for that module. In doing this, it is strongly hoped that, if the NMC should decide to regulate Advanced Practice, this will facilitate the successful student to gain a retrospective registration with NMC. However, it is important to note that this can only be anticipated and is not a given for students. The focus of the programme is therefore stressed as continuing professional development to meet own and the employer's work force need for the development of new and emerging roles, with the NMC competencies used as guidance for good practice only.

## 3 PROGRAMME STRUCTURE

### **3.1 Mode and Duration of Study**

Both Masters programmes are studied part time and can normally be completed in a minimum of 36 months from the student's commencement date. Students have a maximum registration period of 60 months and, under normal circumstances, will be expected to have submitted /resubmitted and successfully completed all elements of assessment within this period. On an exceptional basis, students may apply to the Special Cases committee to extend their period of registration. Because of the part time nature and demands of these programmes, modules will be delivered over a three semester calendar year to ease student workload. The semester in which a module is to be offered is indicated on the module specification. Any students undertaking non medical prescribing will also follow an extended academic year. For example, the IP/SP modules run concurrently over two semesters –2 and 3 i.e. January – July.

The rationale for delivering IP/SP over semester 2 and 3 is to comply with PRSB requirements relating to the length of study required for the professional award. In addition, as this is an optional module, it gives the maximum number of students from all eligible programmes access to it, as core modules tend to be delivered in semester 1.

### **3.2 MSc Advanced Clinical Practice – Additional information**

The programme structure is based upon a 50% theory and 50% practice divide in programme hours. This is on understanding that the student will spend 600 hrs over part 1 of the programme learning in their work setting. *Leading Advanced Care Management* is delivered over three semesters to enable practitioners to maximise opportunities for critical reflection and work based learning. This helps them to meet the 50% in practice requirement and to inform the submission of their Advanced Clinical Practice portfolio.

### 3.31 PROGRAMME STRUCTURE: MSc ADVANCED CLINICAL PRACTICE

Module title	Status	Core / Option	Level	Credit Rating	Module Leader
Part 1 : Year 1					
Clinical assessment, diagnosis and holistic care management	New	Core	7	20	J.Pike
Either :					
Independent Prescribing for Nurses and Pharmacists	Validated	Option	7	40	E. Mills
or					
Supplementary Prescribing for Allied Health Professionals at level 7	Validated	Option	7	40	E. Mills
Or 2 x 20 credits from the following modules					
Clinical Diagnostics	Validated	Option	7	20	J. Pike
Narratives: Theory and Method	Validated	Option	7	20	N. Lloyd Jones
Mentorship in Practice	Validated	Option	7	20	P. Hibberd
Learning and Teaching in Practice	Validated	Option	7	20	P. Hibberd
Principles of Public Health	Validated	Option	7	20	J. Gargiulo
Health Promotion	Validated	Option	7	20	J. Gargiulo
Holistic Care Management in Palliative Care	Validated	Option	7	20	L. Picking
Contemporary issues in end of life care	Validated	Option	7	20	L. Picking
Chronic disease management in community health	Validated	Option	7	20	Williams
Transforming Health Service Delivery through Effective Leadership	Validated	Option	7	20	P. Hibberd
Negotiated Module in Advanced Clinical Practice (L6)	New	Option	6	20	J.Pike
or					
Negotiated Module in Advanced Clinical Practice	Validated		7		
Intermediate award: Exit with PgC Clinical Practice					

Part 1 : Year 2 (PgD)					
Policy and Practice in Advancing Health Promotion	Validated	Option	7	20	J. Gargiulo
Research Methods in Health and Social Care	Validated	Core	7	20	N. Lloyd - Jones
Leading Advanced Care Management	Validated	Core	7	20	J. Pike
Intermediate award: Exit with PgD Advanced Clinical Practice					
Part 2: Year 3 (MSc)					
Dissertation	Validated	Core	7	60	D. Roberts
TOTAL CREDITS		CORE OPTION		120 60	= 180



## **4 ADMISSIONS**

### ***4.1 General Admissions Requirements:***

Admissions to the programme is underpinned by the general admission requirements outlined in the Glyndŵr University Regulations (2009) for Taught Masters degrees. In addition, because of the practice focused or practice based learning on the award, all students should be working in a role which enables them to meet the learning outcomes of the programme.

### ***4.2 Admission to MSc Advanced Clinical Practice***

To be accepted onto this programme candidates must:

Hold current registration with a professional , statutory regulatory body pertaining to their area of advanced practice AND

Hold a degree in a discipline cognate to their professional qualification or Hold a non-graduate qualification which the University has deemed to be of a satisfactory standard for the purpose of postgraduate admission. Where a full honours degree has previously been achieved, the applicant will demonstrate that this was achieved with a 2:2 classification or above. Candidates without a full honours degree at 2: 2 and above will be asked to complete a 1500 word essay on a topic chosen by the admissions team as part of the application progress. This will be assessed using level 6 academic criteria (Appendix 4 ) and must demonstrate achievement at 50% or above for successful admission to the programme; AND

Have a minimum of 3 years full time (or equivalent pro rata) post-registration clinical experience ; AND

Be employed in a clinical role with a high level of autonomy *or* Be able to secure a placement equivalent to the above for a minimum of two days per week; AND

Have a Designated Supervisory Medical Practitioner (DSMP)/Medical Supervisor and clinical mentorship support from their employing organisation; AND

Have current registration or become registered with the Independent Safeguarding Authority (ISA).

### ***4.3. Support from the employing organisation.***

This programme is viewed as a tripartite commitment between the HEI, the service employer, and the advanced practitioner/student. To that effect, employers are asked to commit to ensuring protected practice time, and identification of a Designated Supervising Medical Practitioner (DSMP) to assess learning outcomes in practice prior to admission to the programme. Interviews are carried out jointly with a senior lead practitioner from the Betsi Cadwalladr Local Health Board.

The nominated DSMP must be 'approved' i.e. have undertaken the supervisor's half day programme to prepare him/her to provide the student with supervision, support and to assess competence in practice. This includes shadowing/mentoring opportunities and the opportunity to engage in discussions around assessment issues with other DSMP's (DSMP handbook).

### ***4.4 Admission to Non medical prescribing modules***

## A Independent Prescribing for Nurses and Pharmacists

### A1 Nurses, midwives or specialist community public health nurses

Students must hold effective registration with the NMC

AND

Meet the additional professional requirements for becoming a nurse prescriber (ref: <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=1645> ).

AND

Must provide written confirmation from their employer that they are competent to take a history, undertake a clinical assessment and diagnose in their current area of practice.

AND

iv Have current registration or become registered with the Independent Safeguarding Authority (ISA).

### A2 Pharmacists

i The programme is open to practising members of the Royal Pharmaceutical Society of Great Britain and the Pharmaceutical Society of Northern Ireland

AND

ii Entrants must have at least two years patient oriented clinical experience following their pre registration year

AND

iii Entrants must have written endorsement from their employer or sponsoring organisation that they have up to date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of practice

AND

iv Have current registration or become registered with the Independent Safeguarding Authority (ISA).

## B Supplementary Prescribing for Allied Health Professions

Be currently registered with the Health Professions Council as either a physiotherapist or a podiatrist/chiroprapist or a radiographer(diagnostic or therapeutic)

AND

Be professionally practising in an environment where there is an identified need for the individual to regularly use supplementary prescribing.

AND

Normally have 3 years of clinical experience since registration.

AND

Have confirmation from his/her clinical manager that he/she is competent to take a history, undertake a clinical assessment and diagnose in their area of speciality.

AND

Have current registration or become registered with the Independent Safeguarding Authority (ISA).

## 5 LEARNING AND TEACHING

### 5.1 *General teaching and learning strategy*

Plans for learning, teaching and assessment have been developed with reference to Glyndwr University learning, teaching and assessment strategy, particularly corporate aims 1 and 2 (Glyndŵr University 2007). In particular, the learning teaching and assessment strategy aims to foster a student centred, creative approach to learning and teaching, which will enhance the capabilities and employability of practitioners. As students this programme will be qualified and experienced practitioners it is essential that the approach to teaching and learning used throughout reflects and builds upon students' prior learning and clinical experience. To this end a variety of learning and teaching methods are used in modules. These include class room based lectures, discussions, seminars, workshops, tutorial sessions, together with case-based learning supported by internet-based resources. The facilitation of learning within the subject area is therefore grounded in philosophies of student-centred, andragogical principles of teaching and learning (Knowles, 1980). There is a wealth of experience within the Institute of Health, Medicine and Society of delivery through partnership with workplace mentors and DSMPs, on-line tutoring, work-based learning, assessment by portfolio, and, the more standard, face to face teaching.

Case and problem centred learning is an important part of the teaching and learning strategy. Case-based learning focuses on the building of knowledge, analysis and evaluation of situations and by involving students in striving to resolve questions that have no single right answer enables achievement of programme outcomes related to complex problem solving. Course participants will be enabled to develop these critical and problem solving skills by engaging in facilitated group work/ discussion. These strategies give students the opportunity to share the wide range of perspectives gained through independent learning and practice enabling them to critically explore and evaluate shared problems. Small group activity and discussion allows opportunity to focus on real time practice problems and helps develop the ability to relate these to relevant theory, legal and policy frameworks, ethics and values in order to help integrate this learning into practice. Group activities will be facilitated within the university environment, but can also be supported by via *Moodle* VLE

In modules with a practice element, an experiential strategy, including observation and supervision is used to meet the module outcomes and practice competencies. Recently available simulation facilities which may be linked between sites enhance practice skills acquisition and assessment and decision-making skills.

### 5.2 *Practice - based Learning*

Where assessment of practice-based learning is required (Clinical assessment, diagnosis and holistic care management, non medical prescribing and leading advanced care management) formal arrangements for ensuring quality are in place. These are:

- Educational audit of the placement to ensure the environment is appropriate to the student's learning needs;
- Formal preparation of DSMP's and clinical mentors for mentoring and assessing students;
- Annual updates of clinical mentors and DSMP's;
- Written information for both students and clinical mentors which give clear guidance about the practice requirements of the module;
- Visits by the module leader to the placement to discuss the progress of students with the student and his/her DSMP or clinical mentor.

The quality of the student's practice-based learning is evaluated at the end of the learning experience. External examiners are encouraged to visit practice placements as appropriate.

Students will be facilitated both from within classroom activities and through engagement with their Designated Supervising Medical Practitioner (DSMP) to construct learning from practice experience. In this way learning emerges from and is integrated back into practice, enabling it to be of the highest relevance to the student.

When students enrol for relevant modules, they will be provided with a portfolio document for that module which is centred round the module outcomes, and practice competencies. This will be an important developmental tool in guiding learning towards the achievement of learning outcomes and competencies, providing a framework with which students can be facilitated to monitor and evaluate their development throughout the programme. This approach is consistent with the programmes use of adult and experiential learning theory and philosophy (Klenowski 2002) and enables an effective means of integrating theory and practice.

Designated Supervising Medical Practitioners (DSMP's) or a clinical mentor with an appropriate advanced qualification in holistic/physical assessment will support students by offering them a minimum of 12 days equivalent supervised practice in the Clinical Assessment, Diagnosis and Holistic Care Management. For students undertaking non medical prescribing they must be supervised by a DSMP for a further 12 days in the non-medical prescribing modules, providing opportunities to allow students to develop their prescribing practice. They will also assess relevant student competencies through OSCE assessment and provide evidence of supervision and discussion within the portfolio. DSMP's will sign that a student is competent in clinical assessment and /or prescribing and has achieved the relevant outcomes identified in the portfolio from a practice perspective. In the Leading Advanced Care Management module, students will draw further on their clinical mentor and, where relevant, their DSMP, to provide observational feedback on their development of critical decision making / leadership strategies and as evidence to support their demonstration of clinical competence.

### ***5.2.1 Criteria for becoming a Designated Supervising Medical Practitioner***

The DSMP must be a registered medical practitioner who:

Has normally had at least three years recent clinical experience for a group of patient/clients in the relevant field of practice

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 or is a specialist registrar, clinical assistant or a consultant within a NHS Trust or other NHS employer

Has the support of the employing organisation or GP practice to act as the DSMP who will provide supervision, support and opportunities to develop competence in prescribing practice

Has some experience or training in teaching and/or supervising in practice (for example, teaching and assessing medical students, teaching other healthcare students)

Normally works with the trainee (prescriber). If this is not possible (such as in practitioner - led services or community pharmacy), arrangements can be agreed for another doctor to take on the role of the DSMP, provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee (prescriber) will ultimately be carrying out their (prescribing) role.

Klenowski,V (2002) *Developing Portfolios for Learning and Assessment, Process and Principles*. Routledge Falmer,London

### **5.3 Online learning**

The Institute continues to develop its use of electronic learning technologies. All modules will utilise the University's chosen virtual learning environment (V.L.E.) *Moodle*

Within the programmes, as a minimum, all modules will have support materials (such as module handbooks, session handouts, links to learning resources) on the VLE. Course participants will be encouraged to use the VLE as a way of communicating with other students and programme teachers, discussing or sharing any useful resources or ideas related to assignment work.

The subject team are constantly developing their innovative use of technology enhanced learning methods to integrate into the ongoing delivery of programmes. Within the subject area, these include the use of WIKI's to support problem based learning, audio supported tutorials and podcasts, harnessing social networks to provide contact, discussion and support for students (e.g Twitter) electronic assignment submission and feedback. These have been developed because of their particular relevance for supporting part time students or students out on practice placement. The new Moodle site also offers additional opportunities for forum discussions, interactive quizzes and formative feedback, with students encouraged to utilise the Blog facility if they wish to raise a questions, share information or discuss an ongoing topic of interest.

All students will be given an induction to Moodle during the induction period and the use of Moodle by students will be monitored by the route leader to ensure that all students are accessing this successfully. Prescribing students, however, are already using Moodle successfully and therefore those progressing onto the MSc ACP or MSc ICP will already be used to it's use.

### **5.4 Independent Learning**

Independent learning is a fundamental part of level 7 learning and will include independent research, study and learning needed to support achievement of outcomes, assessment and personal and professional progression. Activities will include portfolio development, reflective writing and logs, shadowing, peer observation, student evaluation, self and peer assessment, and other strategies which help facilitate learning.

### **5.5 Negotiated Learning - Management of Negotiated Modules**

A four step process has been in place for some time and has proved effective in assuring the quality of negotiated learning.

Step 1: The need to develop a learning contract or learning package specification within the framework of negotiated modules is initially discussed with the Module Leader, who is also the Programme Leader. At this point the viability and the most cost-effective means of meeting the need are reviewed.

Step 2: Once the development of the learning package is agreed in principle, the Programme Leader brings the proposal to the first available Health Management Team (HMT) meeting (of which he/she is a member) where any resource implications are discussed.

Step 3: Following agreement by HMT, the learning package specification/timetable is put together with the service provider commissioning the package. At the next monthly

Programme Team Meeting (PTM), the learning package is discussed to ensure its academic soundness and coherence with the overall programme outcomes.

Step 4: Following discussion at the Programme Team Meeting, the changes recommended, if any, by this 'panel' are then implemented by the Programme Leader, who subsequently has it verified by the Principal Lecturer Quality and Curriculum that the changes were made.

Individual learning contracts are developed with the student and the Programme Leader. These are then scrutinised as in Steps 3 and 4.

The proceedings of both HMT and PTM are recorded in formal minutes and made available to the Subject Meetings and School Board as appropriate.

### ***5.6 Equality and Diversity – student support***

Glyndŵr University is committed to and publish both equality and diversity policy and a Welsh language scheme. These policies apply across staff and students. This information is published to students via Glyndŵr University website and will be referred to in the student handbook. Health and social care providers also have equal and diversity and anti discriminatory practice policies in place and this will be available to students within their workplace

Students who disclose disabilities will be supported by Glyndŵr University's Disability and Learning Support Team in defining reasonable adjustments in conjunction with the module team and for practice learning and assessment with partner agencies. Information to students is published on the website. Students, who haven't already done so, will be encouraged to disclose disabilities to their DSMP/ clinical mentor so that reasonable adjustments can be made with regard to the practice assessment process. The University aims to provide equality of opportunity for students, providing, wherever reasonable and possible, the resources and learning opportunities that are needed by students with specific learning needs.

Further information can be gained from:

<http://www.glyndwr.ac.uk/Studentsupportservices/en/Disabilitysupport/Disabilitystatement/>

Glyndwr University upholds equality and diversity and has active procedures to combat, bullying and any form of discrimination which students can use if they feel they have grounds for complaint on any aspect of the course.

### ***5.7 Teaching and Assessment in the medium of Welsh***

Students accessing this programme may be Welsh speaking. To enhance their learning, facilities are available for tutorial support in the Welsh language and students may request to be assessed in Welsh. The Route Leader for MSc Advanced Clinical Practice is a Welsh speaker.

Those who are not Welsh speaking are encouraged to develop, at a minimum, basic communication in the language and Welsh language training is provided on campus at Glyndwr. To enhance communication with patients, the Local Health Board contracts with a local Further Education College to provide language training free of charge for staff.

### ***5.8 Dissertation Supervision***

All lecturers involved in the programme have experience of supervision, or will be appropriately prepared to supervise dissertations at this level. Completion of a research supervision programme is a requirement for all new supervisors. Those supervising for the

first time will receive support also from experienced supervisors such as Professor Carson and Dr Dawson. Capacity to support dissertations in the Institute is constantly developing, with the majority of staff educated to Masters level or equivalent.

In the Research Methods in Health and Social Care (NHS748) which is offered in semester 1 of year 2, students are given the opportunity to develop an outline proposal and consider appropriate methodology for conducting their research/theoretical analysis. All students will be invited to Dissertation Workshops in the semester prior to entering part 2 of the Masters programme. Any students who are proposing to undertake empirical research will be invited to a specific dissertation workshop to explore and support the processes for ethical application. The aim of these workshops is to provide the students with group support as they prepare for their dissertation - although individual supervision will not be commenced until students have progressed to Part II of the masters. The progress of students undertaking empirical projects will be closely monitored by the supervisor. Any student who has failed to gain ethical approval within six months of the dissertation commencing will be counselled to review their dissertation choice and timescale. In addition, the local NHS Health Board have recently indicated that protected study time, normally to the equivalent of two days a month will be allocated to students progressing with their dissertation. Other employers will be encouraged to follow this model to ensure that students complete dissertations within the normal time allotted.

### ***5.9 Inter professional learning***

A key strength of these programmes is the wealth of opportunities created for inter professional learning. However, it is also recognised that within any inter professional student group, one group may be predominant. It is recognised that where there is a small number of any one professional group it will be important to ensure that they are facilitated appropriately to apply learning into their own practice, that they are also enabled within the wider group to have opportunity to explore their own professional practice within the peer group and that there is an effective tutorial system for specific student support. In order to enable this, the programme team will

Ensure that external guest speakers are from a range of professional backgrounds  
Monitor teaching examples to reflect the diversity of the student group and expand these through discussion with guest specialist lecturers and practice partners.

Ensure that additional specialist knowledge, references and links are provided through Moodle

Give specific support through the personal tutor system

Provide inter professional network opportunities through activities such as conferences and seminars (the first Advanced Clinical Practice conference takes place in September 2010).

These strategies have already been put in place on the interprofessional prescribing programme and have proved to be effective in supporting a diverse student group. However in addition to this the programme team will also, in the medium term,

Explore the potential for development of collaborative networks with other Advanced Clinical Practice and Interprofessional Palliative Care programmes to consider whether a mutual peer mentoring network could be established

Explore the development of a local Alumni network in order to establish a local mentoring programme.

## 6 ASSESSMENT

### 6.1 Formative Assessment

Formative feedback is provided on all modules through sampling student's formative academic writing and through group feedback on progress. Students who are struggling to achieve academic level, particularly those lacking study skills will be referred to study skills tutors or the wider student support services. Where students are undertaking practice based learning, portfolio development and OSCE practice assessment, DSMP's and Clinical mentors will be expected to provide regular feedback on students progress and identify to the Route /Module Leader at the earliest opportunity if a student is not making good progress. A tripartite action plan will be made between DSMP/Clinical mentor, student and module or route Leader. Formative feedback dates are applied to all practice assessments to ensure that all students have maximum support and opportunity to meet the assessment criteria. This will normally be at least 3 weeks before submission. Work submitted for feedback in the two weeks prior to summative feedback will no longer be reviewed due to its probable near completeness.

### 6.2 Summative Assessment Strategy

The summative assessment strategy provides a variety of assessment methods in order to enable the demonstration of programme outcomes, including knowledge and understanding, intellectual and subject specific skills and transferable professional development. As identified in module specifications, assessment methods demonstrate achievement of module learning outcomes commensurate with the award outcomes. The assessment strategy is student centred, with assessments designed so that students can select a relevant practice focus within their assessment. Assessment has also been designed to ensure that student has a feasible but relevant workload, with connections drawn between the theoretical and practice throughout each module. In order to ensure equity and fairness, all assessments, including observations of practice are criterion referenced. Students will be provided with their assessment brief at the beginning of the module in order to give them the maximum time to complete the assessment task. Theoretical assignments and portfolios will be marked against level 6 or level 7 assessment criteria as demanded by the level of module.

Any work which breaches confidentiality will be referred. Confidentiality applies to any situation where evidence or information, not already in the public domain, with regard to persons or places has been identified. All module and programme outcomes are assessed. University assessment regulations apply except where derogation has been sought and approved. A list of derogations is provided in section 1. There are normally two attempts at any assessment in both theoretical and practice elements. Please see the assessment schedule for details of the assessment approaches on each programme.

### 6.3 ASSESSMENT SCHEDULE - MSc Advanced Clinical Practice

Core Module		
Module Title	Credit	Assessment
Clinical assessment, diagnosis and holistic care management  Semester 1 (Yr 1)	20	Portfolio consisting of three elements <b>Task 1</b> Critical Incident analysis 3,000) <b>Task 2</b> 4 stage OSCE. Pass/Refer <b>Task 3</b> Additional supporting evidence Pass/Refer



Leading Advanced Care Management Semester 1, 2, 3 (Yr 2)	20	<b>Task 1:</b> Poster Presentation (25%) <b>Task 2:</b> Portfolio demonstrating Competency in the Student's Field of Practice (75%)
Research Methods in Health and Social Care Semester 1 (Yr 2)	20	Written critique of published research (2,000)  Short research proposal (2,000)
Dissertation Semester 1, 2, 3 (Yr 3)	60	20, 000 word dissertation
Option modules		
Palliative Care : Symptom management Semester 2 (Yr 1)	20	Written case study (3,000)  20 minute Powerpoint presentation
Negotiated Module at level 6 or 7 Semester negotiated	20	Negotiated assessment (4,500)
Independent or Supplementary prescribing Semester 2 and 3	40	Portfolio with reflective log (1500) Portfolio - OSCE Pass/Refer Portfolio –Reflective account (2,000) Portfolio - Clinical management Plan with narrative (2,000) Unseen examination MCQs and short answer questions (2hrs) Unseen examination- drug calculation test (1 hr)
Psychosocial Support in Palliative Care	20	Written critical analysis (3,000)  Written critical report (1,000)
Ethics of Decision-making in Palliative Care	20	Written assignment (4,000)
Mentoring and Empowering	20	Portfolio (2,000) Reflective essay (2,000)

Narratives: theory and method	20	Essay (5,000)
Policy and Practice in Advancing Health Promotion	20	Written Assignment (4,000)
Clinical Diagnostics	20	OSCE (Pass/Fail) Written Examination (1hr) 100%
Negotiated Module	20	Negotiated

#### 6.41 MSC ACP: Indicative delivery schedule with assessment

Year 1 modules	Sem 1 October – January	Sem 2 February - May	Sem 3 May – July
Clinical assessment, diagnosis and holistic care management (Core:20cr)	Portfolio consisting of three elements Task 1 Critical Incident analysis (3,000) Task 2 4 stage OSCE. Pass/Refer Task 3 Additional supporting evidence Pass/Refer		
Option (40 credits)  For example Independent or Supplementary prescribing		Unseen examination MCQs and short answer questions (2hrs) Unseen examination- drug calculation test (1 hr)	Portfolio with reflective log (1500) Portfolio - OSCE Pass/Refer Portfolio –Reflective account (2,000) Portfolio - Clinical management Plan with narrative (2,000)
Year 2 modules	Sem 1 October – January	Sem 2 February - May	Sem 3 May - July
Research Methods in Health and Social Care (20 credits)	Written critique of published research (2,000)  Short research proposal (2,000)		
Optional module		Written Assignment (3-4,000)	
Leading Advanced Care Management (20 credits)	Taught element	Reflective groups/Taught →	Task 1: Poster Presentation (25%) Task 2: Portfolio demonstrating Competency in the Student's Field of Practice (75%)
Year 3 Part 2 : MSc →			
Dissertation			Dissertation (20,000)

## **6.5 Practice Assessment**

Practice assessment takes place through observation of practice, supervision/discussion with a supervising practitioner or clinical mentor. A DSMP and portfolio handbook will be provided for supervisors and students respectively. These detail the practice assessment arrangements.

# **7 LEARNING INFRASTRUCTURE AND STUDENT SUPPORT**

## **7.1 Library and IT resources**

Library resources are well developed for the subject area and stock a wide range of books, journals and electronic online resources (including e-books and e-journals) to support student learning on this programme. The latter is particularly important in supporting the needs of part time students. In addition, library opening times allow part time students access to the library after work up until 7pm Monday – Thursday or on Saturdays. General information on the library is available on the Glyndŵr web pages at <http://www.Glyndŵr.ac.uk/en/Studyingatglyndŵr/Studentsupportservices/Libraryandstudy/>.

Module specifications will be sent to the library to review existing materials and to order the additional texts identified as essential reading. Wherever possible, these will be purchased as an e resource as well as in hard copy. Occasionally, in arrangement with the library, a single book chapter may also be scanned onto the module's *Moodle* site.

Open use PC's are located around the Glyndŵr campus. These computers can be used for a number of activities including word processing and presentations, browsing the web and e-mail. Computers in the IT Labs can be used when no lectures are taking place in them. All Glyndŵr staff and students are given a username to enable them to access e-mail, the internet and a range of software and other network services. Students can gain help and advice on any aspects of computing from the IT Helpdesk, which is located on the ground floor of the Edward Llwyd Centre. Alternatively, there is an *IT Helpdesk* site on the student intranet which students can also use as a first point of call for information on IT use.

## **7.2 Student Support and Guidance**

There are well-established support mechanisms for students undertaking this programme comprising the following:

### **Programme Leader**

The Programme Leader, in this instance, is responsible overall for all aspects of the operation and administration of several programmes. As well as being involved with the quality assurance of the programme, leading on developments and dealing with external examiners, the Programme Leader is very involved with students, overseeing negotiated learning, guiding them in module choices and overall working to ensure their smooth progress through the programmes overseen. The Programme Leader is assisted by the other members of the Programme Team, in particular the Module Leaders.

### **Module Leaders**

Module Leaders are responsible for the day to day administration and academic content of modules. In many cases the Module Leader will deliver most of the teaching on the module. They are also responsible for academic support of students taking the module and will see all students at least once in relation to each assessment task.

### Personal Tutors

Where programmes or modules include practice based learning, students will be allocated a personal tutor, whose role is both pastoral and 'clinical' in that he/she acts as the link to the student's clinical placement and visits that student at least once in practice during the module. Students are expected to meet with their personal tutor at specified times determined by the length of the module. This person also acts as the link for the practice mentor/ DSMP should any concerns about the student arise. All students on these modules maintain a practice portfolio tracing their personal and professional development. This forms part of the assessment for the module.

Students studying on other modules may use the Route and Module Leader for pastoral issues in the first instance but are referred to the Programme Leader should the need arise. For these students, identification of the need for and evidence of study is integral to their PDP as employees.

### Study Skills Tutors

The Institute employs two Study Skills Tutors who are available to students experiencing difficulties with literacy and numeracy and with academic writing. Appointments with these individuals may be arranged through the Programme Leader.

Staff within the Subject Area are very experienced with supporting the kinds of students who will be accessing this programme – mature individuals, in full-time employment and with family commitments. Tutorial support may be provided at or near to their workplace as required and arrangements are in place for the submission of assessments to the site convenient for the student. When students experience difficulty in meeting assessment deadlines, every consideration is given to mitigation and all avenues explored to assist students to complete study.

Staff in the wider University provide students with guidance and advice about finance, about study skills about personal problems and many other matters. A central resource, the Student Information Desk (SID) in the Edward Llwyd Centre, can direct students to the services and guidance that they may need.

### **7.3 Learning resources**

As the programmes are a 'repackaging' of existing provision, little is needed in the way of additional learning resources.

### **7.4 Overview of Research within the School**

The research activities within the School underpin curriculum delivery and the areas of research activity of staff relate directly to the nursing and health care focus of these programmes.

Research in the School of Health, Social Care, Sport and Exercise Sciences has continued to expand throughout the past year and this trend is set to continue. Key areas of excellence are being formed in mental health, public health, clinical ethics, social and criminal justice and counselling. These developments will have significant results in years to come. Submissions were made to the Research Assessment Exercise in 2008 in Nursing and Midwifery (UOA 11) and Social work and Social Policy and Administration (UOA 40). Both submissions were successful, having 80% rated at 1\* and above. Nursing and Midwifery had 55% of submissions rated at 2\* and 3\* and Social Policy had 60% of submission rated at 2\* and 3\*. Over 50% of the research submitted from the School was therefore internationally recognised. Most of the research within the School of Health, Social Care, Sport and

Exercise Sciences is focused within the two Research Centres: (i) The Centre for Health and Community Research and (ii) The Social Inclusion Research Unit.

The School has increased its research activity over the last year and has expanded its research portfolio significantly. This is in line with the School's overall strategy which sees year on year increases in research capacity, income, research degree numbers and completions and a changing staff profile that reflects this. The Research Centres have seen a strong growth in their research activities and income level, including grants from international bodies such as UNESCO, demonstrating the significant international reputation that has been built up.

Methodological expertise of members of CHCR combine qualitative and quantitative approaches. The work of CHCR can be described through key areas and cross-cutting themes. The three key substantive research areas are: health risk behaviours, service development and child health and wellbeing. Research within CHCR also falls into three cross-cutting themes: service improvement, user-involvement and inequalities.

#### Health Risk Behaviours Research Area

The work in this research area builds on research conducted over the past few years. Research falling within the cross-cutting theme of *service improvement* includes several funded evaluations. These include the evaluation of the Heart of Flintshire Project and of Caia Park Healthy Living initiatives. Evaluations of the smoking ban, the All-Wales dietetics and fitness grant schemes have also been carried out, funded by Welsh Assembly Government.

Research falling within the cross-cutting theme of *user involvement* includes projects funded by North Wales Research Gants Committee on: discourses on empowerment; involvement of mental health service users in decision making; and evaluation of Hearts and Minds Initiative.

Research falling with the cross-cutting theme of *inequalities* includes funded evaluations of: healthy living initiatives; coronary heart disease prevention initiatives; and exercise on referral schemes.

#### Service Development Research Area

Research falling within the cross-cutting theme of *service improvement* includes funded projects relating to: development of nursing roles, nursing competencies, and primary care nursing. Also included within this cross-cutting theme are activities and publications relating to palliative care, clinical supervision ethics and nursing roles. As part of this theme, Professor George Castledine is to be appointed as a visiting professor, with a view to assisting the School in establishing a Practice Development Unit in palliative care. Research falling within the cross-cutting theme of user involvement includes funded projects relating to: continuing care, nursing strategy development within the context of international policy, and nursing assessment of people with learning disabilities (LD).

#### Child health and wellbeing Research Area

This is an emerging research area, and includes research on a support system to improve emotional literacy of children, as well as a new research group 'Emotional Wellbeing in Children', led by Dr Kathryn Hunt in partnership with Newcastle University and Keele University. This research group is working on research on the development of Therapeutic Intervention Processes (TIPS) instrument for children and young people 3-16 years. As part of this research Dr Hunt is designing and developing a Children's Charter with best practice guidelines for offering therapeutic interventions for children and young people in partnership with BACP. The group is also conducting a pilot evaluation of Wrexham Counselling in Primary Schools.

It is anticipated that this research area will be developed further in 2009 with evaluative work of Flying Start.

### ***7.5 Staff Development and scholarly activity***

The School has a generous staff development policy which allows academic staff to undertake up to 35 days annually of study and scholarly activity. Staff frequently choose to take advantage of this when writing up their research for higher degrees. This period may also be used to enhance clinical, teaching and leadership skills.

Teachers contributing to the programme undergo a range of staff development activities, including engagement in peer observation of teaching, participation in research and consultancy and annual developmental review. Contributing visiting lecturers may also be engaged for their practice or specialist knowledge as appropriate. The quality of teaching provided by programme and visiting lecturers and assessors is monitored through peer review and through student evaluation and feedback.

Teaching staff are actively engaged in research activity pertaining to the subject area.. Other members of the teaching staff are recent practitioners, bringing a relevant practice perspective to the award. (Please see details in CV's, Appendix 1)

## **8 PROGRAMME MANAGEMENT ARRANGEMENTS**

### ***8.1 Programme Delivery and Management***

Co-ordination is assured by regular team meetings. A description of the management of all programmes may be found below with additional comment on the role of these individuals in respect of the MSc programmes.

Overall management of the programmes falls with the role of the **Programme Leader** who is responsible for:

Ensuring that all programmes run smoothly and cost effectively including identification of module leaders when vacancies arise (with Route Leaders),

Organising and chairing team meetings and Programme Boards,

Developing policies and processes related to aspects of quality enhancement for the programmes,

Liaising, where appropriate, with Mentors and planning mentor study days with those with a placement/practice experience coordination role,

Working with Module Leaders to expand and enhance the post-registration and postgraduate frameworks and leading on curriculum development,

Collating course information and producing reports etc. for various Boards in liaison with Route Leaders e.g. AMR,

Leading on programme review, development and validation,

Dealing with 'student issues' such as Mitigating Circumstances (with Route Leaders), extensions and student concerns,

Promoting and marketing the programmes with Route Leaders,

Planning dates for end of year assessment boards and liaising with the External Examiners

Organising student consultative meetings

Liaising with PSRBs

Recruitment and selection for the route

Planning teaching timetables with Module Leaders

Arranging for personal tutors for route students; planning tutorial arrangements for PDP

Booking rooms for the Route (liaising with other Programme Leaders where there is shared teaching)

Production of the Programme Handbook  
 Planning and executing 'First Day' arrangements  
 Liaising with Module Leaders over proposed assessment/assignments and student guidelines and through the Programme Leader liaising with External Examiner before distribution to students  
 Identification of submission dates and overseeing internal marking in liaison with Module Leaders (notifying the Programme Leader at the beginning of each semester)  
 Monitoring and evaluating the programme – ensuring student feedback takes place and data are collated.  
 Tracking students and ensuring student records are kept up to date,  
 Working with those with a placement/practice experience coordination role to ensure all arrangements for student practice experience are in order (where appropriate),

#### Role of the Module Leader:

The responsibilities of Module Leaders are broadly ensuring that their module is delivered to the best possible standard i.e.:  
 Developing the scheme of work for the module,  
 Liaising with the Route Leader over management and delivery of module – timetabling, booking rooms, arranging speakers etc.  
 Preparing the module handbook,  
 Provide Route Leader with Module Handbook and timetable,  
 Providing academic support for students in completion of assessments  
 Arranging marking for the module in discussion with the Route Leader  
 Evaluating the module and forwarding results to the Route Leader.

## **8.2 Quality Assurance**

### **8.2.1 Institutional Quality Assurance**

It must be noted that the QA structures within the University may be revised to fit with the new proposed structure. This section is based on the current School/Faculty arrangement and procedures.

The existing Institutional structures for monitoring quality are well established and offer a satisfactory framework for academic management. The current system offers a management structure for the programmes which consists of:

#### University Level

Standards and Quality Committee  
 Learning Teaching and Assessment Committee  
 Student Programme Office (responsible for tracking students and student outcomes)

#### Subject Level

Subject Meetings (Monthly)  
 Subject AMR Meetings (bi-annual)  
 Annual Subject Report (Standards and Quality)

#### Programme Level

Programme Boards (bi –annual)  
 Programme Team Meetings  
 Assessment Boards  
 Annual Monitoring Report



The system of programme management and accountability operates principally at Subject level. At the University level the Student Programme Office deals with student enrolment and tracking. The management and oversight of the quality of programmes are the remit of the Programme Leader who is accountable, in turn, to the Academic Leader. Monitoring and development of programmes is addressed by programme and assessment boards.

The programme team, which will evolve from the curriculum development group will meet on a regular basis as a means of quality assuring the programme. The Programme Team Meeting will be chaired by the Programme Leader and attended by all module leaders and lecturers. At the end of each semester, a Programme Board comprising all team members and student representatives is convened.

The Programme Leader convenes a Staff Student Consultative Committee (SSCC) once a semester to allow student representatives to raise issues of quality; this feeds into the programme team meeting. Students on these programmes have a Student Representative for each cohort who is invited to attend the SSCC meetings held each semester. Care is taken to organise this combined meeting which is held for all post-registration and postgraduate students at the convenience of all students.

Each year an annual report (AMR), which reflects monitoring activities and evaluations of all stakeholders, will be submitted by the Programme Leader, in consultation with all module leaders. This is discussed at a specially convened Subject Meeting. Any resource implications or unresolved quality issues are referred to the Head of School. Copies of the AMR and the Subject Meeting minutes are then forwarded to the Academic Office.

Apart from direct student representation on the Programme Board, student views are obtained by the use of the University's Student Perception of Module (SPOM) surveys plus new module evaluation forms. Given the complexity of maintaining quality on this programme, it is recognised that regular student feedback is essential. The Programme Leader meets students informally and formally at students' requests. The team operate an 'open-door' policy. This supplements informal student feedback generated from quarterly meetings arranged by programme leaders.

Within the Glyndwr quality monitoring system, external representatives may be full members of the Programme Board. It is intended to invite appropriate clinical and other representatives to fulfil these functions.

The team developing this proposal have strong links with external representatives of local services including health, government and education. The course has been designed with their particular comments and experience in mind. The curriculum development team has had Subject-wide representation and therefore encompasses representative views of all the fields of study in the Subject. Many of the Subject staff on the curriculum development team have extensive and on – going, current experience of professional practice.

### ***Practice Quality Assurance***

Assuring the quality of student learning in practice based learning modules these is given high priority within the subject. The School of Health, Social Care Sport and Exercise Sciences is very experienced in the monitoring of the quality of clinical placements. Monitoring of the quality of practice learning has been a requirement of the PSRB for many years. The standards used more than meet those described in the QAA Code of Practice Section 9, *Placement Learning*, (2001).

For modules leading to professional qualifications, quality monitoring, in relation to the individual student experience, commences before the programme begins. When a student applies for the programme, discussion takes place about the learning opportunities and

supervisory arrangements in the clinical placement. The identification of an appropriate supervisor is a clearly stated entry requirement. At the commencement of the course, the clinical mentor/manager is required to develop and complete a placement audit document. On the first visit by the Personal Tutor to the practice placement, the audit is completed and any discussion of where any additional learning experiences required takes place. The ongoing quality of the placement is monitored during the visits to practice by the Personal Tutor and quality of the learning experience through the tripartite arrangement of student, Medical Supervisor/Clinical Mentor and Personal Tutor.