PROGRAMME SPECIFICATION

Awarding body/institution	Glyndŵr University
Teaching institution (if different from above)	
Details of accreditation by a professional, statutory or regulatory body (including link to relevant website)	NMC (2001) *Standards for Specialist Community Nursing Education and Practice* http://www.nmc-uk.org/Educators/Standards-for-education/Standards-for-specialist-education-and-practice/ Accessed 4/2/15
What type of accreditation does this programme lead to?	Successful completion of the programme provides eligibility to record the Community Specialist Practice qualification in District Nursing or Community Children's Nursing with the Nursing and Midwifery Council (NMC). V100 Community Nurse prescribing is integrated and eligible for recording with the NMC on successful completion of the programme.
Is accreditation in some way dependent on choices made by students?	Yes. Students are interviewed in partnership with Locality Matrons prior to entry in order to make an assessment regarding their academic ability and practice experience to ensure that students are suitable to undertake level 7 study. Students will be counselled onto this programme with good academic standing and or evidence of recent study. Students who show that they have the potential to undertake roles whereby they will initiate and manage patient care autonomously are likely to undertake this programme. Students will select the route prior to admission and will need to meet any specific requirements of that route. The 50% practice in the programme will be based in a community setting relevant to the students chosen route. Students will be assessed under the competencies defined by that route and on successful completion will be qualified to be employed as a specialist practitioner in that field of practice.
Final award/s available	Post Graduate Certificate in Community Practice Post Graduate Diploma in Community Specialist Practice (District Nursing) Post Graduate Diploma in Community Specialist Practice (Community Children's Nursing)

	MSc Health and Social Care (Community Specialist Practice)
Award title	Community Specialist Practice.
JACS 3 code	B710
UCAS code	NA
Relevant QAA subject benchmark statement/s	http://www.qaa.ac.uk/en/Publications/Documents/Subject-benchmark-statement-Health-care-programmes---Nursing.pdf
Other external and internal reference points used to inform the programme outcomes	FHEQ CQFW NMC (2001) *Standards for Specialist Community Nursing Education and Practice* NMC (2001) Standards for Specialist Education and Practice NMC(2006) Standards of Proficiency for Nurse Prescribers NMC (2008) Standards to Support Learning and Assessment in Practice **Supplementary information:** Programme Student Handbook Practice Assessment/Portfolio Document Mentors Handbook
Mode/s of study *(p/t, f/t, distance learning)*	Full Time Part Time
Language of study	English
Date at which the programme specification was written or revised	August 2015 Updated Sep 2017 – change to dissertation word count Updated Oct 2018 – change to DBS requirements Updated Sep 2021 – NHS640 Community Nurse Prescribing to be replaced with NHS6A1 Community Nurse Prescribing Theory (V100)and NHS6A2 Community Nurse Prescribing Practice (V100) from the newly validated provision. Updated May 2023 – NHS763 reduced word count for implementation from Sep 2023.

Criteria for admission to the programme

Post Graduate Diploma in Community Specialist practice – (district nursing /community children's nursing)

MSc Health & Social Care (Community Specialist Practice)

The candidate will:

    i)   hold the minimum qualification of 120 credits at level 6
AND

ii)   hold current registration as a nurse (part 1) with the UK Nursing and Midwifery Council

      a. For the district nursing route: be registered on Part 1 of the UK Nursing and Midwifery Council Register (equivalent to Parts 1 or 12 of the NMC Register)

      b. For the children's community nursing route: be registered on Part 1 of the UK's Nursing and Midwifery Council Register (equivalent to Parts 8 or 15 of the NMC Register)

AND

iii.) Provide a satisfactory reference from a current employer (line manager) confirming
- that a period of consolidation of pre-registration outcomes has been undertaken
- that the candidate is suitable to progress to specialist level education and practice
- that the candidate gains positive feedback in practice from service user/carers

AND

iv) Provide self-declaration of good health and character.

AND

vi) where required, undertake a satisfactory occupational health assessment

AND

vii) Hold a current Full UK Driving Licence.

This programme is for post-registration nursing, where students are all already qualified nurses, are employed in the NHS or similar, are being funded by Welsh Government and any work based/related/placement activity they undertake will be with their *existing/current* employer. Hence, there is no requirement for WGU to undertake its own DBS check.

Where a student was enrolled and not already employed WGU would need to undertake a DBS check.

RP(E)L:

Applicants enrolled on the Postgraduate Diploma can use Glyndŵr University's Recognition of Prior (Experiential) Learning process to apply for RP(E)L to a maximum of 80 credits. RP(E)L can be applied at programme commencement, for example, when transferring from another University or when moving from one SPQ field to another. Students who have undertaken a University approved relevant individual module prior to enrolling onto the full programme will transfer those credits into the programme.

Students who wish to apply for RP(E)L will use Glyndŵr University's approved RP(E)L process and will work closely with the Programme Leader in articulating previous achievement and experience against specific programme, module and practice outcomes and the NMC (2001) Standards of Proficiency for Specialist Community Nursing. The Programme Leader is responsible for keeping a record of the detailed mapping and evidence provided in support of the RP(E)L claim and will produce this for annual or periodic quality monitoring.

Applicants who have previously successfully studied a relevant Postgraduate Diploma in Specialist Community Nursing who wish to enrol for the Masters of Science can use the RP(E)L process to apply for RP(E)L for the University maximum of two thirds or 120 credits to in order to enable them to enter directly onto the dissertation module. The Postgraduate Diploma should have been completed within the previous 5 years.

Aims of the programme

The aims of these programmes are to:

1) Broaden the student's understanding of key aspects of specialist practice in the community including acquisition of coherent and detailed knowledge at least some of which is at, or informed by, the forefront of care within that area of healthcare practice;

2) Prepare students for study and competent practice at a specialist level within the specified field of community specialist practice in order to meet the NMC (2001) Standards for Specialist Practice.

Post graduate Certificate :
Develop a critical awareness of the role and responsibilities of Specialist Community Nurses in contemporary society, with reference to a particular field of practice.

Postgraduate Diploma:
Utilise contemporary research and advanced scholarship to critically analyse and evaluate key aspects of and developments in community specialist nursing practice;

Approach complex problems in practice systematically and creatively;

Prepare students for study and practice at a specialist level in community nursing.

Masters:
Undertake an in depth systematic study of an aspect of specialist community nursing practice in order to provide evidence based solutions for complex contemporary problems.

Distinctive features of the programme

These programmes, grounded in contemporary policy and practice, are open to registered nurses only and lead to a recordable qualification with the Nursing and Midwifery Council. It is expected that students will enrol for a full award, but modules may be taken as 'stand-alone' where professional requirements allow this. Students will undertake these programmes on a part-time basis. From the perspective of the commissioner, the Welsh Government, however, student places are normally currently commissioned as follows: 1) part-time over two years or 2) through part-time modular funding. Students undertake one of

the awards listed in order to achieve NMC recorded Community Specialist practice award in either District Nursing or Community Children's Nursing. As the main purpose of undertaking the programme is to achieve this recorded status students would not progress from the undergraduate to the postgraduate programme but would take one or the other.

The Foundations of Community Practice Module was commissioned by Welsh Government in 2009 and it is delivered at all of the Higher Educational Institutions (HEIs) in Wales. It forms a core module for all Community Health Studies/Specialist Practice courses in Wales. It is often undertaken as a stand-alone module, here and at other HEIs. Students presently complete the Foundations of Community practice Module in Year 1, or near the beginning of the programme. Students who have studied this module at other universities in Wales are eligible to apply for advanced standing to the course.

The programme promotes the development of a portfolio of practice based on personal and professional development, and is in keeping with the Knowledge and Skills Framework (2004) and clearly makes the link between knowledge and skills acquisition and utilization and development of a quality service and better care for patients and clients (DH 2008). The portfolio illustrates the specific outcomes for the named award.

Common core learning is enabled throughout the named awards to ensure that students have a range of experience across specialist community practice. Each award has a field specific route (District Nursing/Community Children's Nursing). In order to achieve a named route (District Nursing/Community Children's Nursing) students must demonstrate specialist application of theoretical learning into practice learning and assessment. The use of applied cases and problems within the classroom enables students to focus on the application of theory into their named route. This is extended into directed, independent and practice based learning. Students situate all theoretical assessments in their named field of practice (e.g. in choice of subject for assignment, exam question answered etc). For the practice element, students are allocated to a route specific (District Nursing/ Community Children's Nursing) practice placement in which they are based throughout their practice element.

Students also undertake a period of consolidated practice at the end of the programme in their chosen field of practice where they are expected to achieve the route specific learning outcomes associated with their award.

The academic level chosen will depend on the student's ability to meet the relevant entry requirements, a consideration of their previous educational and practical experience and their personal preference. Students will have up to 4 weeks following enrolment to change their programme level if desired (this must be following consultation and with the approval of the Programme Leader and Route Leader). Following this period it will not be possible for students to change their choice of programme. Level 6 programmes do not provide a default option for students who have failed at level 7. Non graduate applicants will normally undertake the BSc (Hons) in Community Specialist Practice.

Graduate students are offered a choice in whether they wish to study the programme at level 6 (Graduate Diploma) or level 7 (Postgraduate Diploma). This acknowledges that not all graduate applicants are either ready to or want to achieve the new knowledge and understanding within the CSP programme at the level required for level 7. In addition, the choice of level means that students who found undergraduate study challenging can consolidate knowledge and theoretical application within the CSP programme without needing to raise the academic level. The following information provides students with initial guidance to consider their appropriate programme choice. The Programme Leader/Route Leader will provide students with further guidance at interview and again prior to enrolment onto a programme.

BSc (Hons) (level 6) is appropriate for students who have previously achieved 120 credits at each level 4 and 5 (240 credits) but have not achieved an undergraduate award at level 6.

The Graduate Diploma (level 6) may be appropriate for
i)   A newly qualified graduate nurse who has not yet had a significant period of consolidating knowledge and skills as a qualified nurse in nursing practice (under one year) and has achieved at 2.2 or 3rd within undergraduate nursing education
ii)   Any graduate nurse who found level 6 study challenging within their undergraduate programme (i.e failed initial assessments at level 6 or achieved an overall 3rd class honours or Ordinary Degree).

The Postgraduate Diploma (level 7) may be appropriate for
i)   A graduate nurse who has had a period of consolidation in practice (over one year) and is ready to develop their knowledge to a higher level within the study of CSP
ii)   Graduate nurses (including newly qualified) who have achieved well at undergraduate study (1st class, 2.1).

Programme structures and requirements, levels, modules, credits and awards

Full Time

The (Postgraduate Diploma) programme is 32 weeks in length, followed by a 6 week period of consolidation in practice undertaken at the end of the programme. The programme comprises 50% theoretical and 50% practice based learning. Students shall complete a minimum of 600 hours practice based learning.

Community Specialist Practice (L7): Programme overview. (Postgraduate Diploma Full time)

Trimester one	Trimester two	Trimester three	Exit award
Research Methods 20 credits 100hrs practice NHS744			
Foundations of Community Practice 30 credits. 150hrs practice NHS763		Clinical Portfolio 10 credits 50 hrs NHS764	Post Grad Cert in Community practice. (60 credits)
Nurse prescribing V100 (L6) 2x 10 credits 50 hrs practice NHS6A1 & NHS6A2	Assessing Complex Needs 10 credits 50 hrs practice NHS765		
Managing community Specialist practice – DN NHS766 OR Managing community Specialist practice – CCN NHS767 20 credits 100 hrs practice	Innovations in Community Practice – DN NHS769 OR Innovations in Community Practice – CCN NHS771 20 credits 100 hrs practice	Consolidation period NHS772 6 weeks	Post Grad Dip in CSP with recordable qualification NMC

Students on completion of the Post Grad Diploma and who have accrued the required credits will then be offered the opportunity to undertake a part time dissertation leading to a full Masters qualification.

Yr 2

Dissertation module NHS703	MSc Health and Social Care (Community Specialist Practice)

Students who wish to exit with 60 credits at level 7 will be eligible for a Post graduate Certificate in Community Practice, but will be unable to leave with a specialist practice qualification at this point. Because the V100 Community Nurse Prescribing module is an integrated part of the Specialist Practice course, students not completing the course will be unable (as per NMC regulations) to upload the prescribing qualification to the NMC and therefore will be unable to prescribe. The postgraduate certificate will normally constitute Foundations of Community Practice, Clinical Portfolio and Research Methods. However, any sixty credits can be utilised in order to gain the PgC exit award.

The (Postgraduate Diploma) programmes must be a minimum of 32 weeks in length (excluding a 6 week period of consolidation in practice which must be undertaken at the end of the programme) comprise 50% theoretical and 50% practice based learning and be no less than one third and no more than two thirds 'core' i.e. modules shared by all routes. This requirement is evidenced within the following module specifications for Managing Community Specialist Practice and Innovations in Community Practice; where learning outcomes and assessments are written to reflect the route specific requirements. In addition, each module specifies the number of hours of clinical practice to be completed in a cognate area. These modules account for one third of the programme.

Students are expected to attend lectures two days per week for the duration of the programme and undertake additional directed or independent study in line with module specifications.

Part Time

Community Specialist Practice (L7) Programme Overview (Postgraduate Diploma Part Time – two years)

The programme is 64 weeks in length taken over two academic years and comprises 50% theoretical and 50% practice based learning over this period. A further six week consolidation period will be undertaken.

	Trimester one	Trimester two	Trimester three	Exit award
Yr one	Research Methods NHS744 20 credits 100hrs practice			
	Foundations of Community Practice NHS763 30 credits 150 hrs practice		Clinical Portfolio NHS764 10 credits 50 hrs	Post Grad Cert in Community practice. (60 credits)

Yr two	Nurse prescribing V100 (L6) NHS6A1 & NHS6A2 2x 10 credits 50 hrs practice	Assessing Complex needs NHS765 10 credits 50 hrs practice		
	Managing Community Specialist Practice - DN NHS766 OR Managing Community Specialist Practice – CCN NHS767 20 credits 100hrs practice	Innovations in Community Practice – DN NHS769 OR Innovations in Community Practice – CCN NHS771 20 credits 100 hours practice	Consolidation period NHS772 6 weeks	Post Grad Dip in CSP with recordable qualification NMC

Students on completion of the Postgraduate Diploma and who have accrued the required credits will then be offered the opportunity to undertake a 60 credit dissertation leading to a full Masters qualification.

Year 3:

Dissertation module NHS703	MSc Health and Social Care (Community Specialist Practice)

Students are expected to attend lectures one day a week for the duration of the programme and undertake additional directed or independent study in line with module specifications. In order to progress from year one to year two, students should have completed 300 hours in placement.

Community Specialist Practice: (L7) programme overview (modular)

The programme is also commissioned by Welsh Government on a modular basis and figures are released from WED's annually (around Feb/March) for the number of students that will be supported to undertake the programme in this manner. However, students will be counselled onto the level 6/7 programme dependent upon the outcome of the interview. The programme is taken in a modular fashion with students being required to complete the 600 hours (50%) in theory and 600 hours (50%) in practice throughout the length of the programme. The programme is taken on a modular basis with the requirements for attendance in theory and practice undertaken for each specific module. A pro rata part time consolidation period will be undertaken at the end of the programme.

The term pro rata relates to the number of hours per week that a student is contracted to work within the clinical practice area. For example, if a student works just 3 days per week then the consolidation of practice period will take longer to fulfil. Students will only complete the consolidation of practice after a period equivalent to that of six weeks (eg, 6 weeks at 37.5 hours per week). On completion of the period of consolidation it is the responsibility of the sign off mentor to sign the declaration within the student's portfolio declaring they have achieved a standard of competence to record the qualification of Community Specialist Practice (DN or CCN) on the NMC register.

Some students will require the programme to be delivered on a modular basis over a longer period of time however the programme leader will ensure that students exiting the programme have a qualification which ensures currency, normally the period of registration will be a maximum of four years.

Any students wishing to complete the Dissertation module to achieve the full Masters award will need to complete this within a maximum period of five years.

Core and Route Specific Learning:

The NMC (2001) require that Community Specialist Practice programmes are no less than one third and no more than two thirds 'core' i.e. modules shared by all routes. This requirement is evidenced within the following module specifications for Managing Community Specialist Practice (20 credits) and Innovations in Community Practice (20 credits); where learning outcomes and assessments are written to reflect the field specific requirements. These modules account for over one third of the programme. In addition, all modules specify the number of hours of clinical practice to be completed in a cognate area.

Conjoined Teaching:

Students studying Levels 6 and 7 will be taught together on the following modules:-

Foundations of Community Practice
Clinical Portfolio
Managing Community Specialist Practice
Innovations of Community Practice

In order to ensure that level 7 students are enabled to meet their learning outcomes these students will also be offered separate tutorials/seminars and will be directed to specific further reading and directed study.

Achieving difference in level learning and learning outcomes for shared and conjoined modules:

Although students share teaching and learning experiences in conjoined modules, great attention is paid to ensuring that students are able to achieve learning outcomes at the appropriate level. Students have level specific module handbooks and Moodle information which details level expectations, learning opportunities, direction to study skills development, level specific further reading suggestions, detailed level specific assessment brief and level specific marking criteria. Assignment tasks are launched and discussed in a level specific tutorial. In class, whilst there may be shared lectures, each level has its own Moodle space and provides opportunity for level and route specific students to engage in online communication. Within the classroom whilst lectures are shared, level and /or route specific seminars and tutorials are facilitated. Although specialist literature is appropriate to both levels and therefore appears in reading lists at level 6 and 7, where possible additional extended reading suggestions for level 7 are provided via Moodle VLE.

Practice:

Students must complete a total of 600 hours in practice over the period of the programme prior to commencement of the consolidation of practice period. Practice is assessed on a continuous basis via portfolio. Full time students submit portfolios for formative review and verification of practice hours at the end of each trimester and part time students submit portfolios for formative review and for verification of practice hours at the end of each academic year. The final summative portfolio demonstrating achievement of NMC (2001)

competencies in practice, assessed and signed by the sign off mentor is submitted at the end of the consolidation period.

All students require a sign off mentor in clinical practice with due regard to the appropriate named award route. Students undertake a consolidation of practice module at the end of the programme where they will summatively demonstrate achievement of their route specific NMC competencies. This consolidation of practice module carries no academic credit, but is a requirement of the award and must be successfully achieved in order to gain the final award title.

Intended learning outcomes of the programme: District Nursing	Intended learning outcomes of the programme: Community Children's Nursing
On completion of Postgraduate Certificate, students will be able to:	*On completion of Postgraduate Certificate, students will be able to:*
A *Knowledge and understanding*	*A* *Knowledge and understanding*
A1 *Apply a systematic approach to the implementation of nursing knowledge that underpins specialist community practice*	*A1* *Apply a systematic approach to the implementation of nursing knowledge that underpins specialist community practice*
A2 *Critically evaluate approaches to managing district nursing care*	*A2* *Critically evaluate approaches to managing community children's nursing care*
A3 *Critically explore the nature and use of communication, decision-making, management and leadership skills within community nursing practice.*	*A3* *Critically explore the nature and use of communication, decision-making, management and leadership skills within community nursing practice.*
In addition by the end of the Postgraduate Diploma students should be able to:	*In addition by the end of the Postgraduate Diploma students should be able to:*
A4 *Critically explore the principles and the ethical and legal frameworks underpinning district nursing practice;*	*A4* *Critically explore the principles and the ethical and legal frameworks underpinning specialist children's community nursing practice;*
A5 Demonstrate the synthesis of a diverse range of relevant theoretical knowledge in relation to contemporary district nursing practice.	*A5* *Demonstrate the synthesis of a diverse range of relevant theoretical knowledge in relation to contemporary community children's nursing practice.*
A6 *Systematically evaluate specialist community nursing practice using a comprehensive range of techniques and enquiry*	*A6* *Systematically evaluate specialist community nursing practice using a comprehensive range of techniques and enquiry*

In addition, by the end of the Masters Degree students should be able to:	*In addition, by the end of the Masters Degree students should be able to:*
A7 Demonstrate mastery of advanced scholarship in undertaking a substantive study which addresses a contemporary problem or issue from the field of district nursing practice	*A7 Demonstrate mastery of advanced scholarship in undertaking a substantive study which addresses a contemporary problem or issue from the field of community children's nursing practice*
B Intellectual skills:	*B Intellectual skills:*
By the end of the Postgraduate Certificate students should be able to:	*By the end of the Postgraduate Certificate students should be able to:*
B1 Synthesise the evidence base within contemporary district nursing practice, appropriately defining and justifying the related scope and boundaries.	*B1 Synthesise the evidence base within contemporary community children's nursing practice, appropriately defining and justifying the related scope and boundaries*
B2 Develop, analyse and justify arguments, and/or solve problems, using ideas, interventions and techniques at the forefront of district nursing practice;	*B2 Develop, analyse and justify arguments, and/or solve problems, using ideas, interventions and techniques at the forefront of community children's nursing practice;*
And by the end of the Postgraduate Diploma students will also be able to:	*And by the end of the Postgraduate Diploma students will also be able to:*
B3 Critically debate complex care problems making sound judgements and where appropriate provide creative, holistic and innovative solutions to improve care management and delivery, justifying decisions made.	*B3 Critically debate complex care problems making sound judgements and where appropriate provide creative, holistic and innovative solutions to improve care management and delivery, justifying decisions made.*
B4 Work individually and collaboratively in order to implement and evaluate evidence based practice	*B4 Work individually and collaboratively in order to implement and evaluate evidence based practice*
B5 Synthesise information from a range of sources including personal experience in order to modify plans of care.	*B5 Synthesise information from a range of sources including personal experience in order to modify plans of care.*

And by the end of the Masters Degree will also be able to :	***And by the end of the Masters Degree will also be able to :***
B6 *Demonstrate independent thought and developing originality in the evaluation, application and synthesis of knowledge through the critical exploration of a topic relevant to district nursing practice*	**B6** *Demonstrate independent thought and developing originality in the evaluation, application and synthesis of knowledge through the critical exploration of a topic relevant to community children's nursing practice*
C **Subject and other skills:**	**C** **Subject and other skills:**
By the end of the Postgraduate Certificate students will be able to	***By the end of the Postgraduate Certificate students will be able to***
C1 *Effectively communicate appropriate information and ideas, solving problems in a holistic manner, and proposing acceptable evidence based solutions effectively to service users and carers as well as to other health professionals*	**C1** *Effectively communicate appropriate information and ideas, solving problems in a holistic manner, and proposing acceptable evidence based solutions effectively to children and families as well as to other health professionals*
C2 *Competently assess, plan, implement and evaluate interventions for individuals based on systematically acquired contemporary knowledge of specialist nursing practice in the community*	**C2** *Competently assess, plan, implement and evaluate interventions for children and their families based on systematically acquired contemporary knowledge of specialist practice in the community*
And by the end of the Postgraduate Diploma students will also be able to:	***And by the end of the Postgraduate Diploma students will also be able to:***
C3 *Deliver seamless, high quality, holistic care to service users and their families throughout their health and social care journey including care coordination and referral to other agencies.*	**C3** *Deliver seamless, high quality, holistic care to children, young people and their families throughout their health service journey including transition to adult services*

C4	Use specialist nursing and management skills to manage a caseload population of patients requiring specialist community nursing care in a field of practice	**C4**	Use specialist nursing and management skills to manage a caseload population of patients requiring specialist community nursing care in a field of practice
C5	Lead and coordinate and influence the inter professional team within the community setting in relation to complex care management, utilising skills such as effective referral and delegation in the daily management of that care, working across professional, organisational and system boundaries.	**C5**	Lead and coordinate and influence the inter professional team within the community setting in relation to complex care management, utilising skills such as effective referral and delegation in the daily management of that care, working across professional, organisational and system boundaries.
And by the end of the Masters Degree students will also be able to		**And by the end of the Masters Degree students will also be able to**	
C6	Apply the academic skills necessary in the selection, planning, preparation and writing of a substantive piece of work which integrates both empirical, theoretical and experiential knowledge gained within the programme	**C6**	Apply the academic skills necessary in the selection, planning, preparation and writing of a substantive piece of work which integrates both empirical, theoretical and experiential knowledge gained within the programme.
D	**Professional Skills and abilities and Employability Skills and abilities**	**D**	**Professional Skills and abilities and Employability Skills and abilities**
By the end of the Postgraduate Certificate students will be able to		**By the end of the Postgraduate Certificate students will be able to**	
D1	Exercise initiative and personal responsibility, reflecting critically and constructively on your professional role	**D1**	Exercise initiative and personal responsibility, reflecting critically and constructively on your professional role
D2	Critically debate and articulate your specialist role within the wider context of public health and the organisation and strategic development of district nursing services	**D2**	Critically debate and articulate your specialist role within the wider context of public health and the organisation and strategic development of children's community services

In addition, by the end of the Postgraduate Diploma students will also be able to:	***In addition, by the end of the Postgraduate Diploma students will also be able to:***
D3 *Demonstrate successful achievement of the NMC Standards of Proficiency for Specialist Community Nurses in the home/district nursing, enabling you to deliver seamless, high quality, holistic care to service users and their families.*	***D3*** *Demonstrate successful achievement of the NMC Standards of Proficiency for Specialist Community Nurses community children's nursing, enabling you to deliver seamless, high quality, holistic care to children and young people using health services.*
D4 *Demonstrate decision-making in complex and unpredictable situations within District Nursing Practice, in order to monitor and improve the experiences service users and their families, influencing how care is delivered across integrated pathways of services:*	***D4*** *Demonstrate decision-making in complex and unpredictable situations within community children's nursing practice, in order to monitor and improve the experiences of ill and disabled children and their families, influencing how care is delivered across integrated pathways of services:*
By the end of the Masters Degree students will also be able to	***By the end of the Masters Degree students will also be able to***
D5 *Critically evaluate and apply the independent learning skills required to lead, influence and support own continuing professional development and that of others*	***D5*** *Critically evaluate and apply the independent learning skills required to lead, influence and support own continuing professional development and that of others*

CURRICULUM MATRIX demonstrating how the overall programme outcomes are achieved and where skills are developed and assessed within individual modules. *(matrix to be amended as appropriate)*

Lev 7	Module Title	Core/ Option	A1	A2	A3	A4	A5	A6	A7	B1	B2	B3	B4	B5	B6	C1	C2	C3	C4	C5	C6	D1	D2	D3	D4	D5
			Knowledge and understanding, intellectual skills, subject skills, and practical, professional and employability skills																							
	Foundations	C	*	*	*					*	*			*				*				*				
	Nurse prescribing	C	*		*	*				*	*		*			*		*				*				*
	Assessing Complex needs	C	*	*	*	*	*			*	*	*	*	*		*		*				*	*	*		
	Clinical Portfolio	C	*		*			*	*													*	*	*	*	
	Managing Community Specialist Practice	C	*	*	*	*	*			*	*	*	*			*	*	*	*	*		*		*	*	*
	Research methods	C	*		*			*		*	*			*		*	*					*				
	Innovations in community practice	C	*	*	*	*	*	*		*	*	*		*		*						*				
	Consolidation of practice	C																				*	*	*	*	
	Dissertation	C							*					*						*						*

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Learning and teaching strategy used to enable outcomes to be achieved and demonstrated

To meet NMC requirements the programme comprises 50% theoretical learning and 50% learning in practice. Teaching and learning methods used are appropriate to the learning outcomes and context. All modules employ a combination of learning through contact with academic lecturers and Practice mentors, directed and private independent study. Achievement of learning outcomes for Knowledge and Understanding (A) will be facilitated through classroom-based strategies such as lectures, discussions, seminars, workshops and problem-based/case-based learning supported by internet-based resources. These learning methods as well as assessment tasks will aid in the development of intellectual outcomes (B) In clinical practice, an experiential learning strategy based on negotiated learning between the student and his/her Mentor will be employed to support achievement of subject specific and employability programme learning outcomes (C and D).

General teaching and learning strategy

Programme learning and teaching has been developed with reference to the Glyndŵr University learning, teaching and assessment strategy. In particular, learning and teaching activities aim to foster an inclusive, supportive and student centred approach to learning and teaching (GU LT strategy, Key priority 1), which will enhance the capabilities and employability of practitioners by embedding skills of the Glyndŵr University graduate (for example, problem solving, decision making, self-confidence and digital literacy skill) (GU LT strategy, Key priority 2).

Students taking the CSP programme will already be registered nursing practitioners. In addition, many students already have experience of working in primary care /community settings to draw upon. The general philosophy and approach to teaching and learning used therefore reflects and draws upon students' prior learning and clinical experience, using this to explore contemporary theory and build specialist knowledge at a level beyond their initial registration (NMC 2001).The facilitation of learning within the subject area is therefore grounded in philosophies of practice focused, student-centred, andragogical principles of teaching and learning. To this end a variety of interactive learning and teaching methods are used in modules. These include class room based interactive lectures, discussions, seminars, workshops, tutorial sessions, together with case-based learning supported by internet-based resources.

Core teaching in all specialist modules is shared by district nurses and community children's nurses. A proportion of core teaching and learning (for example through community nurse prescribing, research, leadership, safeguarding) is shared with other community health students (Health Visitors and School Nurses), other undergraduate or graduate students from across the wider subject area. The subject area is developing opportunities for inter professional learning so that where a specific inter professional learning experience/event (e.g Safeguarding) is planned these will be scheduled accordingly or planned in advanced so that students may, in negotiation with their mentors exchange practice and study days to attend.

Shared learning activities are important in ensuring that NMC (2001) Standards are embedded equitably for all students with access to wider group discussion of theories and their different applications. Within the specialist modules undergraduate and graduate students also share classroom learning with students studying at level 7. This shared learning means that all students benefit from being in a larger, enriching group environment and are able to benefit from the shared reading, resources and critical discussion to enhance their own academic skills.

The teaching and learning strategy throughout the programme, however, does enable students to spend time within the classroom on the specific application of theories to district nursing or

community children's nursing or in developing specialist knowledge related to the relevant community of practice. In order to achieve this, case and problem centred learning is an important part of the teaching and learning strategy. Case-based learning focuses on building knowledge, analysis and evaluation of specific district nursing or community children's nursing situations. Specialist 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 district nursing or community children's nursing practice. Dissemination of small group activities are frequently shared back into the wider student group, so allowing greater knowledge of wider practice to be developed. Group and directed activities will be facilitated within the university environment, but are supported through *Moodle* VLE.

Practice Learning

The programme team deliver the programme in a partnership with employers and mentors in order to ensure an integrated programme of theory and practice and effective learning for the 50% of the programme spent in a practice setting. Practice learning is informed by QAA Code for Work Based and Placement Learning and regulated by the NMC (2001) Standards and NMC (2008) Standards for Learning and Assessment in Practice. Monitoring of Practice Learning and Assessment forms part of the External Examiners role. Practice Learning is also subject to the NMC annual risk monitoring process. In adherence to these professional standards, the programme is consequently exempt from providing a Glyndŵr University Work-Based/Placement Learning Statement.

Of the 32 programmed weeks (or pro rata), students are scheduled to spend 50% in practice-based learning this must be a minimum of 600 practice hours over the programme. Practice days are 7.5 hrs in duration, with a full week equivalent to 37.5 hours. Full and part time students have supernumerary status for the period of practice, including those working in own employment setting. This is monitored in the visits to practice settings undertaken by members of the programme team.

Practice learning draws upon experiential learning theory to provide a structured programme including observation, role modelling/ shadowing, reflection, discussion, guided practice, feedback, supervision and observed independent practice. Individual learning needs are identified with the mentor and these used to guide appropriate experiences and enable students to meet module and programme outcomes and NMC proficiencies in practice.

The programme includes six weeks (or pro rata) consolidated practice which is undertaken at the end of the course for both full and part-time students.

Placement quality

Suitable placements will be nominated by the relevant health service organisation. The learning environment of new student placements is audited in partnership using an adapted pre-registration All Wales educational audit form prior to initial student placement and on a biannual basis thereafter. Following audit, outstanding actions are monitored on an annual basis. Any outstanding placement actions are reported as part of the subject Annual Monitoring Report.

Health Inspectorate Wales (HIW) or any other quality reports that raise concern over standards of service user care / experience in student placements are shared by placement partners at senior programme or management level. Placements may be suspended until the placement has been re audited as a suitable learning environment for student learning. Students who have concerns either with regard to their mentor/ placement should raise this with the mentor and personal tutor at the first opportunity so that a possible resolution can be reached. Where issues are unable to be resolved, the student and/or practice teacher may request a change of placement. As NMC registrants under the NMC (2015) Code, where a student witnesses an incident of poor practice they should make an immediate and formal report of this to the relevant senior nurse manager, who

will investigate the complaint/ incident. They should also inform their personal tutor that a complaint has been made. Students who are placed in a 'whistleblowing' situation will be supported in partnership with the relevant placement provider with a change of placement if the students learning and assessment experience is compromised. The shared escalation policy will be utilised (Bangor/Glyndŵr/BCUHB) The student complaints process is detailed in the Practice Assessment Document and Mentors Handbook.

The quality of the student's practice-based learning is evaluated at the end of the learning experience using the placement evaluation These evaluations are fed back to Mentors and into the educational audit process. The programme External examiner is also invited to visit practice placements to meet with mentors and students in placement on a biannual basis. The programme of visits is agreed with the external prior to the visit date. If a clinical placement area was to be evaluated poorly, meetings would be convened with the Sign Off mentor to discuss any issues arising. Documentation within the practice portfolio enables a tripartite meeting with the student, sign off mentor and university lecturer part way through each year to enable any issues to be highlighted early in the student's placement experience

Sign off Mentors

The NMC (2008) require all students undertaking these programmes to have a named sign off Mentor working in their field of practice who is responsible for assessing their overall progression and achievement in practice. Sign off Mentors are required to meet the following criteria :

- Identified on the local register as a sign off mentor
- Registered on the same part of the NMC register
- Working in the same field of practice in which the student intends to qualify
- Have clinical currency and capability in the field to which the student is being assessed.
- Have a working knowledge of current programme requirements, practice assessment strategies and relevant changes in education and practice for the CSP student
- Have an understanding of NMC registration requirements and the contribution they make to the achievement of these requirements
- An in depth understanding of their accountability to NMC for decisions taken to pass or fail a student at the end of the programme
- A working knowledge of programme requirements, practice assessment strategies and relevant changes in education and practice for student they are assessing
  and contribution they make to meeting these requirements

Sign off Mentors will supervise no more than three Community Specialist Practice students. Where the Sign off mentor is not located within the same clinical setting a local mentor with due regard will be identified to work with students on a weekly basis.

NMC Requirements: Local register of Mentors

It is an NMC (2008) requirement that Practice partners/providers are responsible for ensuring that:

- An up-to-date local database of mentors and sign off mentors (denoting field of practice) is held and maintained.
- The register is regularly reviewed by adding or removing names of mentors as necessary. Those not currently meeting the criteria to be a mentor may be moved to a dormant database.
- Glyndŵr University is provided with access to current databases to confirm that there are sufficient mentors to adequately support the number of students undertaking the CSP programme.

- Glyndŵr University will provide information regarding mentor attendance at CSP mentor updates to the database holder.
- Sign off mentors must be up to date and annotated as such on the register. Confirmation that Mentor triennial review has been completed should be included on the database

Glyndŵr University Support for Mentors and Student practice learning

Glyndŵr University provides educational opportunities for current and potential mentors to undertake appropriate NMC approved modules for the preparation of mentors and practice teachers. Mentors are invited to attend the University for 3 days per year for ongoing development and update and these meetings are generally well attended and provide opportunity to review mentorships standards and discussions around triennial review. During the summer meeting mentors contribute to the moderation of the clinical portfolio. Mentors can be issued with a valid library card as part of undertaking this role. Mentors can be issued with a valid library card as part of undertaking this role. A Mentor handbook is provided.

Tripartite progress meetings with mentors, programme tutors and students will occur at least once during each year of study. These meetings may take place in practice, at Glyndŵr University or through video, audio or computer conferencing facilities. Additional meetings will be undertaken should a placement be considered as having a higher risk of maintaining NMC standards. Similarly, if a student is not achieving the required standard of competence within clinical practice then further visits will be put in place alongside an Action Plan for Learning.

Technology Enhanced Learning

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

Within the programme, 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 wider subject team are constantly developing their innovative use of technology enhanced learning methods to integrate into the ongoing delivery of programmes.

Independent Learning

Developing the student's independent learning ability is a fundamental part of level 6 learning and will include the study and learning needed to support achievement of theoretical and practice based outcomes, assessment and personal and professional progression. Activities will include reflective writing and logs, shadowing, peer observation, student evaluation, self and peer assessment, and other strategies which help facilitate self-initiated learning.

Welsh Medium Provision

The programme is delivered in English. Students may request and undertake assessment through the medium of Welsh. Where possible a Welsh-speaking personal tutor and mentor will be allocated.

Assessment strategy used to enable outcomes to be achieved and demonstrated

Chapter B6 (Assessment of Students and Recognition of Prior Learning) of the QAA's Quality Code, Glyndŵr University's Learning, Teaching and Assessment Strategy and NMC (2001) Standards (CSP) inform the development of the assessment strategy.

Formative Assessment

Formative feedback is provided on all modules through sampling students' formative academic writing and through using individual and group work to feedback on progress. Work submitted for feedback in the two weeks prior to summative feedback will no longer be reviewed due to its probable near completeness.

Mentors and Sign off mentors will be expected to provide regular feedback on students' progress and identify to the Programme or Route Leader at the earliest opportunity if a student is not making good progress. The process for managing students who are having difficulty in progressing in practice is identified in the Mentors handbook. A tripartite action plan is made between the student, Mentor and Programme or Route Leader or Personal Tutor.

Summative Assessment Strategy

The summative assessment strategy provides a range of assessment methods in order to enable the demonstration of programme outcomes, including knowledge and understanding, intellectual and subject specific skills and employability development.

The assessment strategy is student centred, with assessments designed so that students can select the relevant practice field of district nursing or community children's nursing within their assessment. Assessment has also been designed to ensure that student has a feasible but relevant workload, with connections drawn between theory and practice in each module. In designing assessments a word average of around 5,000 words or equivalent for a 20 credit module has been adopted. This is to ensure that students are able to explore the subject in the depth required for level 7 critique and debate. In order to ensure equity and fairness, all assessments 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 will be marked against level 7 assessment criteria as demanded by the level of module. Practice assessment is graded as pass/refer.

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. 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 used.

Students will normally undertake electronic submission of assessment through *Moodle* VLE and will receive either electronic or written annotation /feedback on their work. Students receive formative feedback within three weeks of assessment submission to enable the maximum development from summative work.

Academic misconduct is taken very seriously and cases are referred using the Academic Misconduct process. Where major cases of Academic Misconduct are upheld they will be referred to the Suitability for Practice (Conduct) process. Employers will also be informed. The University

has now made *Turnitin* available as a learning tool for students so that they can gain formative feedback on referencing technique and so avoid making any inadvertent errors.

These programmes require students to undertake 50% of their learning in a practice placement under the supervision of a sign-off mentor (600 hours). Practice based learning uses an experiential taxonomy involving observing, performing under supervision, performing autonomously and eventually disseminating/teaching.

INDICATIVE ASSESSMENT SCHEDULE – TWO YEAR PART TIME DIPLOMA progressing to MASTERS DISSERTATION

	Assessment type and weighting	Assessment loading	Indicative submission date
Foundations of community practice	Case study 100% Portfolio	4,000 words Pass/ refer	May, year 1
Clinical Portfolio	Portfolio 100%	1,500	July, year 1
Nurse prescribing (V100)	Examination incl Drug Calculation Evidence of safe prescribing	1.5 hours 1,000 words	December, year 2
Assessing Complex needs	Case study 100%	2,500 words	April, year 2
Managing Community Specialist Practice	Examination 100%	2 ½ hours	December, year 2
Research methods	Essay	4,000	December, year 1
Innovations in community practice	Essay 80% Poster presentation 20%	4,000 words1,000 word equivalent	April, year 2
Consolidation of practice	Portfolio of NMC outcomes	unweighted	July year 2
Dissertation	Dissertation 100%	15,000 words	August year 3

Assessment regulations that apply to the programme

The modular pass mark is 40%, however the following derogations shall apply to all programmes:

The Drug Calculation Test undertaken as part of the Community Nurse Prescribing qualification (V 100) must be passed at 100%. 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 100%.

The short answer and MCQ paper taken as part of the Community Nurse Prescribing qualification (V 100) must be passed at a minimum 80%. 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 80%.

All elements of assessment must be attempted and individual components of the assessment must be passed (NMC 2001), there is no compensation between elements or modules.

Any work submitted which indicates unsafe practice by the student, or which breaches anonymity and/or confidentiality, will be deemed a refer.

Note: Students must successfully complete all Part One modules before progressing to Part Two, ie no modules can be trailed.

Students are expected to undertake a minimum of 600 hours of clinical practice as part of the programme requirements for recordable qualifications. Under normal circumstances students are expected to complete a minimum of 300 hours in order to progress from year one, to year two of study. In addition, students undertake a period of six weeks or pro rata continuous supervised practice in order to achieve their NMC competences associated with their named award. This is a professional body programme requirement but does not attract any academic credit. A portfolio must be submitted to demonstrate that the student has met the NMC competencies, verified by a sign off mentor.

Programme Management

The Programme 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 programme team have extensive and on – going experience of professional practice in community specialist practice.

Alison Williams:	Programme Leader – Route Leader District Nursing
Gary Stevenson	Route Leader - Community Children's Nursing
Dr Joanne Pike	Senior Lecturer (District Nursing expertise)
Tracy Ross	Senior Lecturer (research methods and leadership expertise)
Prof Debbie Roberts	Professor (Curriculum development support)

Research and scholarship:

All teaching staff hold qualifications at Masters level or above and are Registered Nurse Teachers. New appointments are expected to hold or be working towards a Doctoral degree. Current Doctoral members of staff have expertise in a number of key research areas relevant for student teaching and research in the programme. There is a strong interest in the development of research that focuses on the patient experience. There is an active programme of staff development for developing appropriate supervision skills for Masters students and the experience of staff is developing well in this area.

The University has an active programme of staff development. All team members have undertaken equality and diversity training to inform their work with admissions and student support. Members of the programme team continue to enhance their knowledge and skills for the delivery of up to date practice related learning through further study, attendance at conferences and study days or participation in policy-related activities. Within the subject area, honorary contracts are also used to support team members to engage in clinical practice to meet organisational, personal and professional scholarship and updating.

Programme leader:

The programme leader is a recorded teacher on the NMC register, and holds a relevant recordable qualification. The Programme Leader takes responsibility for the day to day management of the programme. This includes liaison with NMC representatives, employers and sponsoring bodies over any programme/ student/funding issues, liaising with Practice Teachers/ Mentors, and planning practice teacher study days, organising the programme timetable and booking teaching accommodation and producing the programme assessment schedule for students and the programme team. The Programme Leader produces annual student and practice teacher handbooks, ensures student representation at the post registration Staff Student Consultative committee, collates and reports on course and student information to the health sciences management team and external commissioners where required, including the production of Annual Monitoring reports. They ensure that the Programme is marketed and students recruited to commissioned targets. They ensure that NMC Standards are achieved and ensure that any new NMC guidance or standards are enacted in the programme.

The Programme Leader, Alison Williams is currently active as an External Examiner and is a member of the Association of District Nurse Educators.

Module Leader:

Module Leaders ensure that their module is delivered to the best possible standard through developing the scheme of work for the module, liaising with the Programme Leader over management and delivery of module – timetabling, booking rooms, arranging speakers etc., preparing and disseminating the module handbook and timetable to students, Programme and Route Leader, providing academic support for students in completion of assessments, arranging marking for the module in discussion with the Programme, evaluating the module and forwarding results to the Programme Leader.

Quality Management:

At University level the Student and Programmes Centre deals with student queries, 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 Head of School. The Head of School leads the School management team in assuring the overall management of quality in the subject area – coordinating whole School meetings to identify cross subject quality issues and ensuring that there are sufficient resources to support the quality of programme delivery and student experience.

Programme Team Meetings and Programme Boards:

Monitoring and development of programmes is addressed by programme and assessment boards. Subject Team meetings are held on a regular basis, and Programme Board meetings are held twice a year. These are chaired by the Head of School and attended by all module leaders and lecturers. At the end of each trimester, a Programme Board comprising all team members, student representatives and practice representatives is convened.

Staff Student Consultative Committee:

Glyndŵr University is committed to ensuring that students are at the centre of quality management and improvement. The Programme Leader convenes a Staff Student Consultative Committee (SSCC) once a trimester to allow student representatives to raise issues of quality; this feeds into the programme team meetings and programme boards. Students on these programmes have a Student Representative for each cohort who is invited to attend the SSCC meetings held each trimester. Due to the part time nature of the course students may be invited to complete an online evaluation if they are unable to attend SSCC. Feedback from SSCC action is provided to students

via Moodle or at the next SSCC. Feedback is also reported through the programme board and through AMR reporting to the School Board (a sub-committee of Standards and Quality Committee).

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.

Annual Monitoring:

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 School Board. Any resource implications or unresolved quality issues are referred to the Head of School. Copies of the AMR and the minutes are then forwarded to the Student and Programmes Centre in Academic Registry. The programme is subject to the Annual Monitoring process of the Nursing and Midwifery Council.

Positive comments from External Examiners highlight the close relationship between the programme team and partners and ensure that students meet professional standards and are highly employable and fit for purpose on completion of the programme.

"The tutors involved in the delivery of the programme continue to link into the practice arena to support both the student and the practice teacher. Maintaining such links helps to support the integration of theory and practice and the ongoing development of the curriculum in terms of relevancy.

Students in past cohorts have commented that this programme prepares them for their future role as Specialist Practitioners, and all students graduating in 2011 have obtained some form of employment" *(External Examiner, 2010-11)*

An opportunity for the External Examiner to visit the students whilst on placement was facilitated in February 2014 and commented

"I have been given an opportunity to visit placement earlier this year and discuss the programme with the students. Students were enthusiastic and motivated, and I was impressed by the level of professional maturity demonstrated during the discussions which took place" *(External Examiner, 2013-14)*

Particular support for learning

Student Support:

Support for student learning is detailed in the Programme Student Handbook and on the Moodle student site. All students are allocated a personal tutor who is responsible for monitoring and facilitating their student's academic and professional progress through the programme, reporting any progression issues to the Programme Leader. They provide support and advice over pastoral issues to students, referring students to the wide range of University support services available to them when required. Personal Tutors meet with students and Practice Teachers at least twice in the year to establish student progress.

The programme team are very experienced in supporting post registration students who may be mature individuals with family and other responsibilities and commitments. Wherever possible the programme team offer an 'open door' policy in order to deal with any issues on the days when students are in University.   Tutorial support may be arranged as part of a workplace visit. When students experience difficulty in meeting assessment deadlines due to these responsibilities, every

consideration is given to ensure that an extension is available and students are advised to utilise the extenuating circumstances process if a longer period of mitigation is required. Students may also suspend studies where personal circumstances prevail.

Break in studies:

Students returning after a longer (more than one trimester) break in study, or in the following academic year are asked to resubmit self-declaration of health and character. Further occupational health assessment may be requested if the break in studies has been for health or disability reasons as part of the Stage 1, Suitability for Practice process. Students are expected to share any reasonable adjustments with their placement provider.

Induction:

The Programme team lead an induction week for all new students on the programme, where students are introduced to the Programme, provided with Placement information updated on academic writing skills and introduced to the IT resources in the University, including the Moodle site. Students have an introductory session to the library and are able to follow this up with one to one tutorials as required.

Statement of Learning resources:

A statement of compliance signed by the University and Commissioners (WEDs) is held for the purposes of NMC review. There is a wealth of experience both within the School, and the wider University, of delivery through partnership, working with employers, workplace teachers and mentors, blended and work-based learning, assessment by portfolio, and classroom teaching. As this proposal builds on existing provision, little is needed in the way of additional learning resources except those identified to accommodate anticipated increased numbers of students which will, of course, bring extra income. Academic and administrative staff are already in post and funding is provided through current WG contracts. Practice placements and practice resources Community Specialist Practice already exist to support students on the current programmes. Where expansion of identified placements is necessary for increased student numbers, these will have a full educational audit to assure the learning opportunities.

Good library, IT and classroom facilities on campus are already accessible to support the current programmes. As these programmes are building on well-established courses there is a comprehensive library stock already, including periodicals, which have been added to as new publications become available. Part of the programme development process has been to identify and budget for additional library resources and this has been done. The introduction of the new courses will trigger a further review, evaluation and updating, where necessary, of current library stocks and other resources.

Additionally, as students are drawn from a wide area across North and Mid Wales as well as parts of England, the links between the School and NHS Local Health Boards or Trusts enable students to have local access to libraries and IT resources.

The courses are supported by Moodle VLE with all programme materials being added to the programme site at appropriate times. Students have access to clinical skills and simulation labs which are situated on the main campus.

Equality and Diversity

Glyndŵr University is committed to equality and diversity and the Welsh language and publish a policy for each. 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 placement providers also have equal and diversity and anti-discriminatory practice policies in place and this will be available to students within their workplace. All admissions to the programme are considered within the requirements of the Equality Act 2010 and any health or disability issues are considered objectively and fairly with practice partners using the Glyndŵr University Suitability to Practice (admissions) process.

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 Practice Teacher 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. Glyndŵr University has a Welsh language policy that commits the University to treating English and Welsh as equal in accordance with the Welsh Language Act 1993. Welsh speakers may access feedback through Welsh medium. Students may submit work for marking in Welsh. All students who wish to utilise this should let the Programme Leader know at the beginning of the programme so that arrangements can be made for translation as this will be required for marking / moderating and external examiner review.

Glyndŵr University students have access to free Welsh Language classes and can attend these for their personal development, Welsh language skills being highly valued by employers.

Appendix 1

Mapping of NMC (2001) Standards for Community Specialist Practice (District Nursing/Community Children's Nursing)

Module Title	Preparation for Specialist Practice – The Learning Outcomes have been mapped against the clinical practice element within the programme.																	
	11.1	11.2	11.3	11.4	11.5	11.6	11.7	11.8	11.9	11.10	11.11	11.12	11.13	11.14	11.15	11.16	11.17	11.18
Process of Enquiry/Research Methods																		✓
Foundations of Community Practice	✓	✓		✓				✓	✓	✓	✓						✓	
Clinical Portfolio					✓	✓	✓						✓	✓	✓			✓
Community Nurse Prescribing (V100)																		
Assessing Complex Needs	✓	✓	✓		✓	✓	✓	✓	✓									
Managing Community Specialist Practice											✓	✓	✓	✓	✓			
Innovations in Community Practice															✓	✓	✓	✓
Consolidation Period																		

	Content of Education for Common Core - The Learning Outcomes have been mapped against the theory within the programme.																
Module Title	12.1	12.2	12.3	12.4	12.5	12.6	12.7	12.8	12.9	12.10	12.11	12.12	12.13	12.14	12.15	12.16	12.17
Process of Enquiry/Research Methods														✓			
Foundations of Community Practice	✓	✓				✓	✓	✓					✓				
Clinical Portfolio											✓						
Community Nurse Prescribing (V100)				✓													
Assessing Complex Needs			✓		✓					✓	✓						
Managing Community Specialist Practice									✓			✓					✓
Innovations in Community Practice							✓		✓		✓	✓					
Consolidation Period	✓	✓	✓							✓		✓			✓	✓	✓

Module Title	13.1	13.2	13.3	13.4	13.5	13.6	13.7	13.8	13.9	13.10	13.11	13.12	13.13	13.14	13.15	13.16	13.17	13.18	13.19	13.20	13.21	13.22
Standards for Specialist Community Nursing Education and Practice - The Common Core Learning Outcomes have been mapped against the clinical practice element within the programme.																						
Process of Enquiry/Research Methods																						
Foundations of Community Practice	✓	✓	✓						✓	✓	✓			✓		✓						
Clinical Portfolio					✓	✓		✓						✓					✓	✓	✓	✓
Community Nurse Prescribing (V100)							✓															
Assessing Complex Needs	✓	✓		✓	✓	✓		✓	✓	✓				✓	✓	✓	✓					
Managing Community Specialist Practice											✓	✓	✓	✓	✓				✓	✓	✓	✓
Innovations in Community Practice																✓		✓	✓			
Consolidation Period												✓	✓		✓							

Module Title	13.23	13.24	13.25	13.26	13.27		DN 28.1	DN 28.2	DN 28.3	DN 28.4	DN 28.5	DN 28.6		CCN 22.1	CCN 22.2	CCN 22.3	CCN 22.4	CCN 22.5
Standards for Specialist Community Nursing Education and Practice (Continued) - The Common Core Learning Outcomes have been mapped against the clinical practice element within the programme.																		
Process of Enquiry/Research Methods		✓			✓													
Foundations of Community Practice																		
Clinical Portfolio					✓													
Community Nurse Prescribing (V100)																		
Assessing Complex Needs							✓	✓	✓		✓			✓	✓		✓	
Managing Community Specialist Practice				✓						✓		✓				✓		✓
Innovations in Community Practice	✓	✓	✓	✓	✓													
Consolidation Period							✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓

Preparation for specialist practice

11   As stated earlier, the preparation for specialist practice will concentrate on four broad areas; clinical practice; care and programme management; clinical practice leadership and clinical practice development.

The practitioner should achieve the following outcomes in each area:

<u>Clinical practice</u>

11.1   assess health, health related and nursing needs of patients or clients, their families and other carers by identifying and initiating appropriate steps for effective care for individuals and groups;

11.2   set, implement and evaluate standards and criteria of nursing intervention by planning and providing and evaluating specialist clinical nursing care across a range of care provision to meet the health needs of individuals and groups requiring specialist nursing;

11.3   assess and manage critical and clinical events to ensure safe and effective care;

11.4   support and empower patients and clients, their families and other carers to influence and participate in decisions concerning their care by providing information on a range of specialist nursing care and services;

11.5   facilitate learning in relation to identified health needs for patients, clients and carers;

11.6   provide counselling and psychological support for individuals and their carers;

11.7   act independently within a multi-disciplinary/multi-agency context and

11.8   support and empower patients, clients and their carers to influence and use available services, information and skills to the full and to participate in decisions concerning their care.

Care and programme management

11.9 supervise and manage clinical practice to ensure safe and effective holistic research-based care;

11.10 initiate and contribute to strategies designed to promote and improve health and prevent disease in individuals and groups by identifying and selecting from a range of health and social agencies, those that will assist and improve care and

11.11 recognise ethical and legal issues which have implications for nursing practice and take appropriate action.

Clinical practice leadership

11.12 lead and direct the professional team clinically, to ensure the implementation and monitoring of quality assured standards of care by effective and efficient management of finite resources;

11.13 identify individual potential in registered nurses and specialist practitioners, through effective appraisal systems. As a clinical expert advise on educational opportunities that will facilitate the development and support of their specialist knowledge and skills to ensure they develop their clinical practice and

11.14 ensure effective learning experiences and opportunity to achieve learning outcomes for students through preceptorship, mentorship, counselling, clinical supervision and provision of an educational environment.

Clinical practice development

11.15 create an environment in which clinical practice development is fostered, evaluated and disseminated;

11.16 identify specialist learning activities in a clinical setting that contribute to clinical teaching and assessment of learning in a multi-disciplinary environment within scope of expertise and knowledge base;

11.16 initiate and lead practice developments to enhance the nursing contribution and quality of care;

11.17   identify, apply and disseminate research findings relating to specialist nursing practice and

11.18   explore and implement strategies for quality assurance and quality audit. Determine criteria against which they should be judged, how success might be measured and who should measure success.

12   <u>Content of education for common core</u>

In order to achieve the outcomes, the content of the programme of education should include:

12.1   health promotion, health education and health need identification;

12.2   biological, behavioural, sociological and environmental studies;

12.3   nature and causation of disease and/or conditions and their physical, emotional and social consequences;

12.4   advanced pharmacological studies and nurse prescribing from a nursing formulary, where the legislation permits;

12.5   diagnostic, therapeutic, resuscitative and technological procedures and techniques;

12.6   ethics of professional practice and relevant literature/legislation;

12.7   problem solving and decision making;

12.8   preventative strategies and intervention techniques for abuse and violence;

12.9   negotiation and person-effectiveness skills;

12.10   counselling, support, communication and related therapeutic techniques;

12.11   quality assurance - evaluation of standards and outcomes of clinical nursing care;

12.12   leadership, management and resource management skills;

12.13   health economics and policy;

12.14   research methodology and implications for practice;

12.15   appreciation of information technology and its application to practice;

12.16   approaches to education and teaching skills and

12.17   clinical supervision of practice, peer review and peer assessment techniques.

Standards for specialist community nursing education and practice

13   Common core learning outcomes

Whilst the content of the programme of education should be adapted to the relevant area of community nursing practice, the following are pertinent to all areas.

The nurse should achieve the following core outcomes:

Clinical nursing practice

13.1   assess the health and health related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals, groups and communities;

13.2 plan, provide and evaluate skilled nursing care in differing environments with varied resources. Specialist community nurses must be able to adapt to working in people's homes and also small institutions, health centres, surgeries, schools and places of work;

13.3 support informal carers in a partnership for the giving of care. The majority of care in the community is given by informal carers. They need guidance, support and resources to carry out tasks so that there is continuity of care for the patient;

13.4 assess and manage care needs in a range of settings. These are complex activities which call for informed judgement to distinguish between health and social needs recognising that the distinction is often a fine, but critical, one;

13.5 provide counselling and psychological support for individuals and their carers;

13.6 facilitate learning in relation to identified health needs for patients, clients and their carers;

13.7 prescribe from a nursing formulary, where the legislation permits;

13.8 act independently within a multi-disciplinary/multi-agency context and

13.9 support and empower patients, clients and their carers to influence and use available services, information and skills to the full and to participate in decisions concerning their care.

Care and programme management

13.10 advise on the range of services available to assist with care. The services may be at local, regional or national levels. Knowledge of these services will need to be kept up-to-date and advice given to people on how to access and use them;

13.11 recognise ethical and legal issues which have implications for nursing practice and take appropriate action;

13.12 identify the social, political and economic factors which influence patient/client care and impact on health;

13.13   stimulate an awareness of health and care needs at both individual and structural levels. Activities will include work with individuals, families, groups and communities and will relate to those who are well, ill, dying, handicapped or disabled. Those who are able should be assisted to recognise their own health needs in order to decide on action appropriate to their own lifestyle. Those who are not able will require skilled and sensitive help;

13.14   identify and select from a range of health and social agencies, those which will assist and improve the care of individuals, groups and communities;

13.15   search out and identify evolving health care needs and situations hazardous to health and take appropriate action. This is a continuous activity and involves being pro-active, it must not be dependent on waiting for people to request care;

13.16   initiate and contribute to strategies designed to promote and improve health and prevent disease in individuals, groups and communities;

13.17   empower people to take appropriate action to influence health policies. Individuals, families and groups must have a say in how they live their lives and must know about the services they need to help them to do so and

13.18   provide accurate and rigorously collated health data to employing authorities and purchasers through health profiles in order to inform health policies and the provision of health care.

Clinical practice leadership

13.19   act as a source of expert advice in clinical nursing practice to the primary health care team and others;

13.20   lead and clinically direct the professional team to ensure the implementation and monitoring of quality assured standards of care by effective and efficient management of finite resources;

13.21   identify individual potential in registered nurses and specialist practitioners, through effective appraisal system. As a clinical expert advise on educational opportunities that will facilitate the development and support their specialist knowledge and skills to ensure they develop their clinical practice and

13.22   ensure effective learning experiences and opportunity to achieve learning outcomes for students through preceptorship, mentorship, counselling, clinical supervision and provision of an educational environment.

Clinical practice development

13.23   initiate and lead practice developments to enhance the nursing contribution and quality of care;

13.24   identify, apply and disseminate research findings relating to specialist nursing practice;

13.25   undertake audit review and appropriate quality assurance activities;

13.26   create an environment in which clinical practice development is fostered, evaluated and disseminated and

13.27   explore and implement strategies for staff appraisal, quality assurance and quality audit. Determine criteria against which they should be judged, how success might be measured and who should measure success.

Standards for specialist community nursing in the home/district nursing

27   <u>Standards for entry</u>

The nurse should have an entry on either parts 1, 2, 7 or 12 of the register.

28   <u>Specific learning outcomes</u>

The nurse should achieve the following specific outcomes as applied to district nursing:

<u>Clinical nursing practice</u>

28.1   assess the health and health-related needs of patients, clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals and groups;

28.2   assess, diagnose and treat specific diseases in accordance with agreed nursing/medical protocols and

28.3   assess, plan, provide and evaluate specialist clinical nursing care to meet care needs of individual patients in their own homes.

<u>Care and programme management</u>

28.4   contribute to strategies designed to promote and improve health and prevent disease in individuals and groups;

28.5   manage programmes of care for patients with chronic disease and

28.6   play a key role in care management as appropriate.

Standards for specialist community nursing education and practice community children's nursing

21   <u>Standards for entry</u>

The nurse should have an entry on either parts 8 or 15 of the register.

22   Specific learning outcomes

The nurse should achieve the following specific outcomes as applied to the area of community children's nursing practice:

Clinical nursing practice

22.1   assess, plan, provide and evaluate specialist clinical nursing care to meet care needs of acutely and chronically ill children at home and

22.2   assess, diagnose and treat specific diseases in accordance with agreed medical/nursing protocols.

Care and programme management

22.3   initiate and contribute to strategies designed to promote and improve health and prevent diseases in children, their families and community;

22.4   initiate action to identify and minimise risk to children and ensure child protection and safety and

22.5   initiate management of potential or actual physical or psychological abuse of children and potentially violent situations and settings.