Community Practitioner Nurse Prescribing (V150), Level 6

UNIT CODE	2CP3D082		
UNIT TITLE	Community Practitioner Nurse Prescribing (V150)		
UNIT ABBREVIATION	V150		
LEVEL OF STUDY	6		
CREDIT VALUE	ECTS 10 VALUE		
HOME DEPARTMENT	Department of Nursing		
UNIT COORDINATOR	Louise Bowden		
KEYWORDS	Community Practitioner Nurse Prescribing, Nurse Prescribing, V150		
UNIT LEARNING OUTCOMES	Community Practitioner Nurse Prescribing, Nurse Prescribing, V150 On successful completion of this unit students will be able to meet all PSRB requirements for community practitioner nurse prescribing and will: 1. Demonstrate relevant assessment, consultation and diagnostic skills for safe and effective prescribing practice. 2. Critically evaluate the evidence base for prescribing in their field of practice, taking into account national and local guidelines and policies. 3. Demonstrate an understanding of pharmacodynamics and pharmacokinetics in relation to the drugs for which they may prescribe, and demonstrate safe and effective prescribing and drug calculations in practice. 4. Critically evaluate the role and relationships of other multidisciplinary team members involved in prescribing. 5. Critically evaluate the influences that can affect prescribing practice, including the legal and professional framework which underpins safe prescribing practice.		

SUMMATIVE ASSESSMENT	Element (highlig ht final element	Туре	Weighting	Learning outcomes assessed
	1	Examination	0% (pass/refer basis)	3
	2 (final)	Coursework	100%	1-5
	3	Practice Portfolio	0% (pass/refer basis)	1-5
EMPLOYABILITY AND SUSTAINABILITY	Outcome	es real world situations	oritically	Element of Assessment 2
OUTCOMES	Analyse	ear world situations	Critically	2
	Demonst awarenes	rate professionalism ss	and ethical	2,3
	Commun	icate effectively usin	g a range of media	2,3
	Apply tea	mwork and leadersh	nip skills	2,3
	Manage own professional development reflectively			2
	Find, eva	2,3		
	Work within social, environmental and community contexts			2,3
	Use systems and scenario thinking			1 & 2
	Engage v perspecti	vith stakeholder/inter ves	rdisciplinary	2,3
ASSESSMENT STRATEGIES FOR EACH ELEMENT OF ASSESSMENT	 Due to PSRB requirements, this unit is assessed in multiple parts: A 1.5 hour 20 question short answer and MCQ unseen paper with a pass mark of 80%. This will test pharmacological knowledge and its application to practice A 2,000 word assignment that demonstrates an understanding of ethical issues, legal issues, team working, record keeping, writing a prescription and numeracy and how these apply to their own professional area of prescribing practice. Assessment of prescribing practice made by a practicing Community Practitioner Nurse Prescriber. This is assessed in the practice portfolio, and is marked on a pass / refer basis. 			
ASSESSMENT CRITERIA FOR UNIT/ELEMENTS OF	Standard level 6 unit grading criteria apply for element 2 of the assessment. All elements of the assessment must be passed individually, and no compensation or condonement will be allowed. In line with NMC (2006) standards, if a student fails to answer correctly any question that may result in direct harm to a patient/client they must			

ASSESSMENT	be referred in that part of the assessment.
NON STANDARD MINIMUM PASS	Due to NMC (2006) requirements, the pass mark for the examination (element one) is 80%.
MARK	Element 3 of the assessment (practice portfolio) is marked on a pass/refer basis.

OUTLINE OF THE UNIT

BRIEF SUMMARY	The aim of this unit is to enable students to develop the knowledge and skills required to meet the NMC (2009) Standards and Proficiencies for Community Practitioner Nurse Prescribers, and successful completion of this unit will enable students without a Specialist Practitioner Qualification to be recommended to the NMC for the V150 award.
INDICATIVE CONTENT	The curriculum will be contemporary, and will meet the current professional, statutory and regulatory body requirements and will include:
	Consultation, decision-making, therapy, including referral; Influences on, and psychology of prescribing; Prescribing in a team context; Clinical pharmacology, including the effects of co-morbidity; Evidence-based practice and clinical governance in relation to nurse prescribing; Legal, policy and ethical issues; Professional accountability and responsibility; Prescribing in the public health context.
	This unit may be delivered using a range of learning and teaching strategies, including: Lectures, group work, seminars, e-learning, SPQ specific tutorials, directed study activities, work-based learning.

LEARNING ACTIVITIES

BREAKDOWN OF STUDENT LEARNING ACTIVITY	Type of Activity Summative assessment Directed study Student-centred learning	% 25% 25% 50%		
MANDATORY LEARNING & TEACHING REQUIREMENTS	All applicants must satisfy the current professional entry criteria f entry to the Community Practitioner Nurse Prescribing programm as a nurse (currently NMC 2009, Standard 1). The total length of this unit shall be 20 days, including 10 days of study and 10 days of supervised learning in practice with a practicing prescriber (NMC 2009). This unit shall be completed in no longer than one academic yea (NMC 2009).			

LEARNING RESOURCES

ESSENTIAL READING

BMA/RPS (2011) Nurse Prescribers' Formulary for Community Practitioners

NMC (2006) Standards of Proficiency for nurse and midwife prescribers London; NMC

NMC (2009) NMC Circular 02/2009 . Standards of educational preparation for prescribing from the Nurse Prescribers Formulary for Community Practitioners for nurses without a specialist practitioner qualification - introducing code V150 . London. NMC.

Department of Health Non-Medical Prescribing website www.dh.gov.uk/nonmedicalprescribing

ADDITIONAL RESOURCES THAT STUDENTS SHOULD BUY

British National Formulary - www.bnf.org.uk

Brookes D and Smith A (2006) Non-Medical Prescribing in Health Care Practice. Palgrave Macmillan.

Courtenay M. and Griffiths M. (2009) Medication Safety – An Essential Guide. Cambridge; Cambridge University Press.

Crouch S. and Chapelhow C. (2008). Medicines Management: a nursing perspective. Pearson Education.

Drug Tariff online www.ppa.org.uk/ppa/edt intro.htm

Electronic Medicines Compendium – www.medicines.org.uk/emc

Greater Manchester Medicines Management Group resources – www.nyrdtc.nhs.uk/GMMMG

NHS Evidence - www.evidence.nhs.uk

National Institute for Health and Clinical Excellence - www.nice.org.uk

NICE (2009) Clinical Guideline 76 . Medicines Adherence : Involving patients in decisions about prescribed medicines and supporting adherence. London; NICE.

National Prescribing Centre - <u>www.npc.co.uk</u> and <u>www.npc.nhs.uk/non_medical</u>

Nursing and Midwifery Council www.nmc-uk.org

McGavock H [2010]. 3rd ed. How drugs work: Basic Pharmacology for Healthcare Professionals. Oxford; Radcliffe Medical Press

Scott W.N. and McGrath D. (2009) Dosage Calculations made Incredibly Easy. London; Lippincott, Williams and Wilkins

SNAP Numeracy Resources – www.snap.nhs.uk

Waite M and Keenan J Eds (2010). CPD for Non-Medical

	Prescribers. Sussex Wiley-Blackwell.
SPECIAL ICTS REQUIREMENTS	
ANY OTHER ADDITIONAL RESOURCES	

ADMINISTRATION

JACS CODE	
DATE OF APPROVAL	2 February 2012
DATE OF MOST RECENT CONSIDERATION:	
UNIT EXTERNAL EXAMINER	
UNIT ASSESSMENT BOARD	

Community Practitioner Nurse Prescribing (V150), Level 7

UNIT CODE	2CP3D182			
UNIT TITLE	Community Practitioner Nurse Prescribing (V150)			
UNIT ABBREVIATION	V150	•		
LEVEL OF STUDY	7			
CREDIT VALUE	20	ECTS VALUE	10	
HOME DEPARTMENT	Department of	Nursing		
UNIT COORDINATOR	Louise Bowde	n		
KEYWORDS	Community Pr	actitioner Nurse	e Prescribing, Nurse Prescribing, V150	
UNIT LEARNING OUTCOMES	PSRB requirer will: 1. Demonstrate assessment effective probability in the sevidence be account not a	ate expertise in ant, consultation rescribing practices areas ate a critical uncluded ate a systematical dynamics and proposing and proposing valuate the influcteding the leg	the knowledge base relating to relevant and diagnostic skills for safe and ice, and have a critical insight into their derstanding and evaluation of the bing in their field of practice, taking into I guidelines and policies c, evidence based understanding of tharmacokinetics in relation to the drugs ibe, and demonstrate safe and effective ulations in practice luate the role and relationships of other embers involved in prescribing, identifying solutions. June 19 19 19 19 19 19 19 19 19 19 19 19 19	

SUMMATIVE ASSESSMENT	Element (highlig ht final element	Туре	Weighting	Learning outcomes assessed
	1	Examination	0% (pass/refer basis)	3
	2 (final)	Coursework	100%	1-5
	3	Practice Portfolio	0% (pass/refer basis)	1-5
EMPLOYABILITY AND SUSTAINABILITY OUTCOMES	Outcome	Outcomes		
OOTCOMES	Analyse i	real world situations	critically	2
	Demonst awarenes	rate professionalism ss	and ethical	2,3
	Commun	icate effectively usin	g a range of media	2,3
	Apply tea	mwork and leadersh	nip skills	2,3
	Manage reflective	own professional dev ly	velopment	2
	Find, eva	lluate, synthesise an	d use information	2,3
		nin social, environme ity contexts	ental and	2,3
	Use syste	ems and scenario thi	nking	1 & 2
	Engage v perspecti	with stakeholder/inter ives	rdisciplinary	2,3
ASSESSMENT		3 requirements, this	unit is assessed in n	nultiple parts:
STRATEGIES FOR EACH ELEMENT OF ASSESSMENT	 A 1.5 hour 20 question short answer and MCQ unseen paper wit a pass mark of 80%. This will test pharmacological knowledge an its application to practice A 2,000 word assignment that demonstrates a critical understanding of ethical issues, legal issues, team working, recorn keeping, writing a prescription and numeracy and how these application to their own professional area of prescribing practice. Assessment of prescribing practice made by a practicin Community Practitioner Nurse Prescriber. This is assessed in the practice portfolio, and is marked on a pass / refer basis. 			
ASSESSMENT CRITERIA FOR UNIT/ELEMENTS OF	Standard level 7 unit grading criteria apply for element 2 of the assessment. All elements of the assessment must be passed individually, and no compensation or condonement will be allowed. In line with NMC (2006) standards, if a student fails to answer correctly any question that may result in direct harm to a patient/client they must			

ASSESSMENT	be referred in that part of the assessment.
NON STANDARD MINIMUM PASS	Due to NMC (2006) requirements, the pass mark for the examination (element one) is 80%.
MARK	Element 3 of the assessment (practice portfolio) is marked on a pass/refer basis.

OUTLINE OF THE UNIT

BRIEF SUMMARY	The aim of this unit is to enable students to develop the knowledge and skills required to meet the NMC (2009) Standards and Proficiencies for Community Practitioner Nurse Prescribers, and successful completion of this unit will enable students without a Specialist Practitioner Qualification to be recommended to the NMC for the V150 award.
INDICATIVE CONTENT	The curriculum will be contemporary, and will meet the current professional, statutory and regulatory body requirements and will include:
	Consultation, decision-making, therapy, including referral; Influences on, and psychology of prescribing; Prescribing in a team context; Clinical pharmacology, including the effects of co-morbidity; Evidence-based practice and clinical governance in relation to nurse prescribing; Legal, policy and ethical issues; Professional accountability and responsibility; Prescribing in the public health context.
	This unit may be delivered using a range of learning and teaching strategies, including: Lectures, group work, seminars, e-learning, SPQ specific tutorials, directed study activities, work-based learning.

LEARNING ACTIVITIES

BREAKDOWN OF STUDENT LEARNING ACTIVITY	Type of Activity Summative assessment Directed study	% 25% 25%		
	Student-centred learning	50%		
MANDATORY LEARNING & TEACHING REQUIREMENTS	All applicants must satisfy the current professional entry criteria for entry to the Community Practitioner Nurse Prescribing programme as a nurse (currently NMC 2009, Standard 1). The total length of this unit shall be 20 days, including 10 days of study and 10 days of supervised learning in practice with a practicing prescriber (NMC 2009). This unit shall be completed in no longer than one academic year (NMC 2009).			

LEARNING RESOURCES

ESSENTIAL READING

BMA/RPS (2011) Nurse Prescribers' Formulary for Community Practitioners

NMC (2006) Standards of Proficiency for nurse and midwife prescribers. London; NMC

NMC (2009) NMC Circular 02/2009 Standards of educational preparation for prescribing from the Nurse Prescribers Formulary for Community Practitioners for nurses without a specialist practitioner qualification - introducing code V150 . London. NMC.

Department of Health Non-Medical Prescribing website www.dh.gov.uk/nonmedicalprescribing

ADDITIONAL RESOURCES THAT STUDENTS SHOULD BUY

British National Formulary - www.bnf.org.uk

Brookes D and Smith A (2006) Non-Medical Prescribing in Health Care Practice. Palgrave Macmillan.

Courtenay M. and Griffiths M. (2009) Medication Safety – An Essential Guide. Cambridge; Cambridge University Press.

Crouch S. and Chapelhow C. (2008). Medicines Management: a nursing perspective. Pearson Education.

Drug Tariff online www.ppa.org.uk/ppa/edt intro.htm

Electronic Medicines Compendium – www.medicines.org.uk/emc

Greater Manchester Medicines Management Group resources – www.nyrdtc.nhs.uk/GMMMG

NHS Evidence - www.evidence.nhs.uk

National Institute for Health and Clinical Excellence - www.nice.org.uk

NICE (2009) Clinical Guideline 76 Medicines Adherence: Involving patients in decisions about prescribed medicines and supporting adherence. London; NICE.

National Prescribing Centre - <u>www.npc.co.uk</u> and <u>www.npc.nhs.uk/non medical</u>

Nursing and Midwifery Council www.nmc-uk.org

McGavock H [2010]. 3rd ed. How drugs work: Basic Pharmacology for Healthcare Professionals. Oxford; Radcliffe Medical Press

Scott W.N. and McGrath D. (2009) Dosage Calculations made Incredibly Easy. London; Lippincott, Williams and Wilkins

SNAP Numeracy Resources – www.snap.nhs.uk

Waite M and Keenan J Eds (2010). CPD for Non-Medical

	Prescribers. Sussex Wiley-Blackwell.
SPECIAL ICTS REQUIREMENTS	
ANY OTHER ADDITIONAL RESOURCES	

ADMINISTRATION

JACS CODE	
DATE OF APPROVAL	2 February 2012
DATE OF MOST RECENT CONSIDERATION:	
UNIT EXTERNAL EXAMINER	
UNIT ASSESSMENT BOARD	