

## PROGRAMME SPECIFICATION

<b>Awarding body/institution</b>	Glyndŵr University
<b>Teaching institution</b>	Glyndŵr University
<b>Details of accreditation by a professional, statutory or regulatory body</b>	<p>Successful completion of the Postgraduate Diploma Specialist Community Public Health Nursing (Health visiting) would lead to students being eligible to join Part 3 of the nursing register as a health visitor. Following registration students will be eligible for recording community nurse prescribing (V100) with the NMC.</p> <p>Successful completion of the Postgraduate Diploma Community Public Health Nursing (School Nursing) would lead to students being eligible to join Part 3 of the nursing register as a school nurse. Following registration students will be eligible for recording community nurse prescribing (V100) with the NMC.</p>
<b>Final award/s available</b>	Master of Science Postgraduate Diploma Postgraduate Certificate
<b>Award title</b>	MSc Specialist Community Public Health Nursing Postgraduate Diploma in Specialist Community Public Health Nursing(Health Visiting) Postgraduate Diploma in Specialist Community Public Health Nursing (School Nursing) Postgraduate Certificate in Community Health Studies (exit award only)
<b>UCAS code</b>	Direct application to the University
<b>Relevant QAA subject benchmark statement/s</b>	QAA (2001) Subject benchmark statements for health visiting
<b>Other external and internal reference points used to inform the programme outcomes</b>	NMC (2004) Standards of Proficiency for Specialist Community Public Health Nursing(SCPHN) NMC(2006) Standards of Proficiency for Nurse Prescribers NMC (2008) Standards to Support Learning and Assessment in Practice  <b>Supplementary information:</b> Programme Student Handbook Practice Assessment Document Practice Teachers Handbook

<b>Mode/s of study</b>	Full Time Part Time
<b>Language of study</b>	English Assessments may be submitted, and examinations taken, in Welsh
<b>Date at which the programme specification was written or revised</b>	February 2012 Updated Sep 2017 – change to dissertation word count Updated December 2017 - addition of modular route and change of modules NHS666/737 to remove V100 prescribing and become a 10 credit module (and to add V100 as a separate 10 credit module) – new modules NHS699D and NHS746D  October 2019 - Practice Portfolio removed from Individual approaches to Specialist Community Public Health for health visitors and school nurses module to become module NHS60J Consolidation of Practice Portfolio.

### **1.0 Distinctive features of the programme**

The Postgraduate Diploma in Specialist Community Public Health Nursing (SCPHN) (Health Visiting or School Nursing) is designed to enable qualified graduate nurses or midwives to meet Nursing and Midwifery Council (NMC) (2004) *Standards of Proficiency for Specialist Community Public Health Nurses*. Following successful completion students achieve eligibility for registration as either a health visitor or school nurse on part 3 of the NMC register. Within these programmes, students also meet requirements for integrated community nurse prescribing as outlined in *Standards of proficiency for nurse and midwife prescribers* (NMC, 2006).

In order to provide maximum flexibility, SCPHN education is delivered through a choice of three programmes with routes in either health visiting or school nursing.

- i) BSc(Hons) Specialist Community Public Health Nursing (Health Visiting or School Nursing) Full Time and Part Time
- ii) Graduate Diploma in Specialist Community Public Health Nursing (Health Visiting or School Nursing) Full Time and Part Time
- iii) Postgraduate Diploma Specialist Community Public Health Nursing (Health Visiting or School Nursing) Full Time and Part Time

All the above Programmes focus on the contemporary development of health visitors and school nurses so that they are able to deliver public health and health promotion outcomes at individual, family and at population level. They are designed to enable students to be responsive to the needs of different client groups, equipping them to search for health needs, stimulate an awareness of health needs, influence policies affecting health and facilitate health enhancing activities. Learning and assessment throughout all programmes is focused on enabling students to enhance their lifelong and independent learning skills and maintain a practice orientation throughout.

Common core learning is enabled throughout the three named programmes to ensure that students have a range of experience across specialist community public health (NMC 2004, Standard 2). Students on all Programmes share learning within all the Specialist modules as this enables maximum exposure to SCPHN principles and shared experiences. In practice, students also achieve at least three weeks (15 days) gaining experience in community public health settings other than their own field of practice (NMC 2004, Standard 4). In ensuring that all programmes are consistent with the NMC (2004) Standards of Proficiency for SCPHN, programme outcomes, although differentiated by level, are the same across the three named programmes.

Each award has a field specific route (health visiting or school nursing). In order to achieve the named route (health visiting or school nursing) in any of the programmes the 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 assessment in their named field of practice (e.g. in choice of subject for assignment, exam question answered etc) This is achieved at either academic level 6 or level 7 depending on the chosen award. For the practice element, students are allocated to a field specific (health visiting or school nursing) practice placement in which they are based throughout their practice element. As part of this they undertake 10 weeks (or up to 20 weeks pro rata for part time students) consolidated practice in the named field at the end of the programme (NMC 2004, Standard 4).

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 Specialist Community Public Health Nursing 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 SCPHN programme at the level required at level 7. In addition, the choice of level means that students who found undergraduate study challenging can consolidate knowledge and theoretical application within the SCPHN 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 240 credits at level 4 and 5 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 or midwife who has not yet had a period of consolidating knowledge and skills as a qualified nurse in nursing practice (under one year) and has achieved at 2.2 or 3<sup>rd</sup> within undergraduate nursing education
- ii) Any graduate nurse or midwife who found level 6 study challenging within their undergraduate programme (i.e failed initial assessments at level 6 or achieved an overall 3<sup>rd</sup> class honours or Ordinary Degree).

The Postgraduate Diploma (level 7) may be appropriate for

- i) A graduate nurse or midwife 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 SCPHN.

- ii) Graduate nurses or midwives (including newly qualified) who have achieved well at undergraduate study (1<sup>st</sup> class, 2.1).

Students who wish to do so may progress onto the dissertation and gain the full Masters qualification. It is important to note that NLIAH commissioned places on the programme are for the Postgraduate Diploma only. Therefore students progressing on to the Dissertation module will either provide self-funding to complete this (part or full time) or will be funded by their employer, normally on a part time basis. The full Masters' programme will prepare students to undertake and manage projects in practice as well as providing entry to doctoral level study.

The NMC (2006) have identified that health visitors and school nurses who have successfully completed a SCPHN programme and have current registration as a health visitor or school nurse with the Nursing and Midwifery Council may change their field of practice (e.g. from health visiting to school nursing) (NMC circular 26/2006). At Glyndŵr University, health visitor and school nurse registrants can complete this by accessing a currently validated 20 credit Negotiated Learning Module from the suite of validated CPD modules. Through negotiated learning, students are able to identify individual and specific learning needs and will be assessed in the new field of practice using the SCPHN Portfolio of Practice (Pass/Refer). Students are required to undertake an assessed practice placement of at least 10 weeks (NMC circular 26/2006). In addition to the assessment of proficiency, the Portfolio will contain a log of this 10 weeks practice (375hrs) and a 3,000 word written critical reflection on the new field of practice (Graded). The Portfolio is assessed by a member of the SCPHN academic team (currently registered on the 3<sup>rd</sup> part of the register), with practice assessed by a sign off Practice Teacher with due regard for the new field of practice. Applicants will therefore require the formal agreed support of a health employer who will provide a placement in the new field of practice and a sign off Practice Teacher. Completing this module does not lead to additional registration with the NMC – but would enable the practitioner to achieve the continuing professional development to work safely at a local level in the new SCPHN field of practice (NMC circular 26/2006).

## **2. Programme structures and requirements, levels, modules, credits and awards**

### **2.1 Mode of Delivery**

Students are able to undertake the postgraduate diploma leading to NMC registration on a full-time or part-time basis. Any commissioned health visitor cohorts additional to the September intake (i.e. April) will normally be offered on a full time basis.

## **2.2 Programme Duration**

### **2.2.1 Duration of Postgraduate Diploma – Full time**

The full time postgraduate diploma (health visiting or school nursing ) programme will be delivered over a 52 week period, comprising 45 programmed weeks (NMC 2004, Standard 1) and 7 weeks Annual Leave. Bank holidays are either scheduled into Annual Leave periods or are scheduled as a student theoretical / study day if not occurring within the normal Annual Leave period.

Students enrolled for the full time postgraduate diploma programme, who experience a break in studies, have a maximum of 156 weeks (three calendar years) from enrolment to return and complete their study (NMC Circular 24/2006). This is derogation from regulations for full time Postgraduate Diplomas.

### **2.2.2 Duration of Postgraduate Diploma – Part Time**

The part time Postgraduate Diploma (health visiting or school nursing) will normally be delivered pro rata over a 104 week period, including pro rata Annual Leave (Please see Table 2, Appendix 1). Bank holidays are either scheduled into Annual Leave periods or will be scheduled flexibly as one of the student's normal days off. Part time students who experience a break in studies have a maximum period of 208 weeks (four calendar years) in which to return and complete the programme (NMC Circular 24/2006).

From 2018 the Welsh Education and Development Service (WEDS) require that All HEIs delivering Specialist Community Public Health programmes offer a part time modular route. To this end Glyndwr University will offer such a route (as well as continuing to run full time and part time modes) commencing in February 2018. There are no changes to content or learning outcomes of modules and the assessment scheme remains the same.

### **2.2.3 Duration of Masters programme following Full Time Postgraduate Diploma.**

Students normally gain employment as a health visitor or school nurse following completion of the postgraduate diploma and return to complete the Dissertation element of the programme on a part time basis. This is normally either self-funded or employer funded. **NLIAH funded sponsorship will not extend to the dissertation.**

Students often elect to suspend studies for a year in order to develop their registered practice experience before returning to complete the dissertation. Others leave and step back on to the programme at a later date using the AP(E)L process. Accreditation of Prior Learning (APL) can be used for a period of 5 years following completion of certificated learning. Following this 5 year period applicants will need to complete an Accreditation of Prior Experiential Learning (AP(E)L) claim incorporating both prior certificated and experiential learning demonstrating achievement of the Postgraduate Diploma outcomes.

All students returning/applying to complete the Masters dissertation will need to provide eligibility to study for the MSc SCPHN title. This will be achieved by completing an application to the University providing evidence of current SCPHN registration and an employer's reference confirming the student's current area of practice and eligibility to study for the Masters title.

Students who return to complete part 2 of the Masters programme part time, will normally be expected to complete and submit the dissertation within a 12 month period. Where there has been a protracted period spent gaining ethical consent or students have other mitigating reasons, the extenuating circumstances process may be used in order to gain an extension to their dissertation period. The maximum registration period allowed for the part time dissertation is 36 months.

The total registration period for students who have studied the PG Dip full time and the Masters element part time will be 48 months from the date of initial enrolment.

### **2.2.4 Duration of Masters programme following part time Postgraduate Diploma**

Students returning to complete the Masters dissertation will need to provide eligibility to study for the MSc SCPHN title. This will be achieved by completing a further

application to the University, providing evidence of current SCPHN registration and an employer's reference confirming the student's current area of practice.

Students who return to complete part 2 of the Masters programme part time, will normally be expected to complete and submit the dissertation within a 12 month period. Where there has been a protracted period spent gaining ethical consent or students have other mitigating reasons, the extenuating circumstances process may be used in order to gain an extension to their dissertation period. The maximum registration period allowed for the part time dissertation is 36 months.

Students who completed the Postgraduate Diploma part time must complete the Masters programme within a 60 month period from the date of initial registration with the University.

Accreditation of Prior Learning (AP(E)L) can be used for a period of 5 years following completion of certificated learning. Following this 5 year period applicants will need to complete an Accreditation of Prior Experiential Learning (AP(E)L) claim incorporating both prior certificated and experiential learning demonstrating achievement of the Postgraduate Diploma outcomes.

## **2.3 Programme Structure**

### **2.3.1 Masters of Science in Specialist Community Public Health Nursing (Full Time)**

The Masters of Science (full time) comprises modular study of 180 credits at level 7. All modules are core to the programme, however theoretical learning and assessment is applied to the chosen named route. The full time Postgraduate Diploma is 120 credits at level 7 and is completed in 52 weeks of study over 45 programmed weeks (225 days) scheduled as 50% theory and 50% practice, distributed throughout the course (NMC Standard 2) . With the exception of 15 days wider public health experience, all practice is undertaken in the named route, i.e. either health visiting or school nursing practice. There is a period of 10 weeks full time consolidated practice in either health visiting or school nursing at the end of the programme in which NMC proficiencies (NMC 2004) must be successfully completed and signed off in that field of practice. For details of the Programme Schedule please see Appendix 1.



Successful achievement of part 1 (PG Dip) provides the candidate who has met the theoretical and practice requirements for the named route as above, with eligibility to apply for registration as a Specialist Community Public Health Nurse in either health visiting or school nursing with the NMC. Part 2 of the Master's degree comprises a 60 credit dissertation module which is normally completed on a part time basis. In order to ensure eligibility to study the Masters title, candidates may not progress onto part 2 of the Master's until part 1 has been successfully achieved and the student has registered their qualification with the NMC. This is a derogation from the regulations for Taught Masters degrees.

Please see Table 1 for details of the full time Programme Structure.

**Table 1: Masters of Science in Specialist Community Public Health Nursing (Full Time)**

<b>Module title</b>	<b>Status</b>	<b>Core / Option</b>	<b>Level</b>	<b>Credit Rating</b>	<b>Module Leader</b>
<b>Year 1 – Part 1 : 52 weeks , full time</b>					
Family approaches to health for health visitors and school nurses NHS746D	New	Core	7	10	E. Mills
Individual approaches to Specialist Community Public Health Nursing for health visitors and school nurses NHS7B8	New	Core	7	20	J.Gargiulo
Consolidation of Practice Portfolio NHS60J	<b>New</b>	<b>Core</b>	<b>6</b>	<b>0</b>	J. Gargiulo
Population approaches to Specialist Community Public Health Nursing for health visitors and school nurses NHS738	New	Core	7	40	J. Gargiulo
Leadership in Health Care Practice NHS739	New	Core	7	20	T.Ross
Research Methods in Health and Social Care NHS748	Validated	Core	7	20	N. Lloyd Jones

Community Nurse Prescribing NHS640	Validated	Core	6/7	10	Eleri Mills
<b>Intermediate award: PgDip Specialist Community Public Health Nursing (Health Visiting or School Nursing)</b>					
<b>Part 2: Year 2 + (MSc) Dissertation - part time</b>					
Dissertation NHS703	New	Core	7	60	J. Pike
<b>TOTAL CREDITS</b>		<b>CORE OPTION</b>		<b>1800</b>	<b>= 180</b>

### 2.3.2 Masters of Science in Specialist Community Public Health Nursing (Part Time )

The Masters of Science (part time) comprises modular study of 180 credits at level 7. All modules are core to the programme, however theoretical learning and assessment is applied into the named field of practice. The part time Postgraduate Diploma is 120 credits at level 7, is normally completed pro rata to the full time programme over 2 years (see Appendix 1), and is scheduled as 50% theory and 50% practice, distributed throughout the course (NMC Standard 2) . With the exception of 15 days spent in wider public health practice, all practice experience is based in the student's named route – health visiting or school nursing. The student's period of consolidated practice is taken at the end of the programme of study and can be taken as 10 weeks full time practice within the students named route – health visiting or school nursing. Where students need to undertake consolidated practice part time, these ten weeks will be achieved pro rata and will extend to 20 weeks consolidated practice at the end of the programme. This comprises part 1 of the Master's Degree. Successful achievement of part 1 provides the candidate with eligibility to apply for registration with the NMC as a Specialist Community Public Health Nurse - health visitor or a school nurse.

Part 2 of the Master's degree comprises a 60 credit dissertation module which is normally completed on a part time basis. In order to ensure eligibility to study the Masters title, candidates may not progress onto part 2 of the Masters until part 1 has been successfully achieved and the student has registered their qualification with the NMC. This is derogation from the regulations for Taught Masters degrees.

**Table 2: Masters of Science in Specialist Community Public Health Nursing (Part Time )**

Module title	Status	Core / Option	Level	Credit Rating	Module Leader
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<b>Year 1 – Part 1</b>					
Research Methods in Health and Social Care NHS748	Validated	Core	7	20	N.Lloyd Jones
Family approaches to health for health visitors and school nurses NHS746D	New	Core	7	10	J.Gargiulo
Leadership in Health Care Practice NHS739	New	Core	7	20	T. Ross
<b>Year 2 – Part 1 (cont)</b>					
Individual approaches to Specialist Community Public Health Nursing for health visitors and school nurses NHS7B8	New	Core	7	20	J.Gargiulo
Consolidation of Practice Portfolio NHS60J	<b>New</b>	<b>Core</b>	<b>6</b>	<b>0</b>	J. Gargiulo
Population approaches to Specialist Community Public Health Nursing for health visitors and school nurses NHS738	New	Core	7	40	J.Gargiulo
Community Nurse Prescribing NHS640	Validated	Core	6/7	10	Eleri Mills
<b>Intermediate award: PgD Specialist Community Public Health Nursing (Health Visiting or School Nursing)</b>					
<b>Part 2: Year 3 +(MSc)</b>					
Dissertation NHS703	New	Core	7	60	J.Pike
<b>TOTAL CREDITS</b>		<b>CORE OPTION</b>		<b>180 0</b>	<b>= 180</b>

### 2.3.3 Postgraduate Diploma in Specialist Community Public Health Nursing – full time

Students may enrol directly for full time study on the award of Postgraduate Diploma in Specialist Community Public Health Nursing (Health Visiting or School Nursing).

All modules are core to the programme, however theoretical learning and assessment is applied to the chosen named route. The full time Postgraduate Diploma is 120 credits at level 7 and is completed in 52 weeks of study over 45 programmed weeks (225 days) which is scheduled as 50% theory and 50% practice, distributed throughout the course (NMC Standard 2). With the exception of 15 days wider public health

experience, all practice is undertaken in the named route, i.e. either health visiting or school nursing practice. There is a period of 10 weeks full time consolidated practice in either health visiting or school nursing at the end of the programme in which NMC proficiencies (NMC 2004) must be successfully completed and signed off in that field of practice. For details of the Programme Schedule please see Appendix 1.

Please see Table 3 for details of the full time Programme Structure.

**Table 3: Postgraduate Diploma in Specialist Community Public Health Nursing (full time)**

Module title	Status	Core / Option	Level	Credit Rating	Module Leader
<b>52 weeks , full time</b>					
Family approaches to health for health visitors and school nurses NHS746D	New	Core	7	10	J.Gargiulo
Individual approaches to Specialist Community Public Health Nursing for health visitors and school nurses NHS7B8	New	Core	7	20	J.Gargiulo
Consolidation of Practice Portfolio NHS60J	<b>New</b>	<b>Core</b>	<b>6</b>	<b>0</b>	J. Gargiulo
Population approaches to Specialist Community Public Health Nursing for health visitors and School nurses NHS738	New	Core	7	40	J. Gargiulo
Leadership in Health Care Practice NHS739	New	Core	7	20	T.Ross
Research Methods in Health and Social Care NHS748	Validated	Core	7	20	N. Lloyd Jones
Community Nurse Prescribing NHS640	Validated	Core	6/7	10	Eleri Mills
<b>TOTAL CREDITS</b>		<b>CORE OPTION</b>		<b>120 0</b>	<b>= 120</b>

**2.3.4 Postgraduate Diploma in Specialist Community Public Health Nursing – part time**

Students may enrol directly for part time study on the award of Postgraduate Diploma in Specialist Community Public Health Nursing. The part time Postgraduate Diploma is 120 credits at level 7, normally completed pro rata to the full time programme as above but over 2 years (see Appendix 1). It is scheduled as 50% theory and 50% practice, distributed throughout the course (NMC Standard 2). The student's period of consolidated practice is taken at the end of the programme of study and can be taken either as 10 weeks full time practice in the field of practice for the named route. Where employers or students need the student to undertake consolidated practice part time, these ten weeks will be achieved pro rata and will extend to 20 weeks consolidated practice.

Successful achievement of the Postgraduate Diploma provides the candidate with eligibility to apply for registration as a Specialist Community Public Health Nurse (health visitor or school nurse) with the NMC.

**Table 4: Postgraduate Diploma in Specialist Community Public Health Nursing – part time**

<b>Module title</b>	<b>Status</b>	<b>Core / Option</b>	<b>Level</b>	<b>Credit Rating</b>	<b>Module Leader</b>
<b>Year 1 – Part 1</b>					
Research Methods in Health and Social Care NHS748	Validated	Core	7	20	N.Lloyd Jones
Family approaches to health for health visitors and school nurses NHS746D	New	Core	7	10	J.Gargiulo
Leadership in Health Care Practice NHS739	New	Core	7	20	T.Ross
<b>Year 2 – Part 1 (cont)</b>					
Individual approaches to Specialist Community Public Health Nursing for health visitors and school nurses NHS7B8	New	Core	7	20	J.Gargiulo
Consolidation of Practice Portfolio NHS60J	<b>New</b>	<b>Core</b>	<b>6</b>	<b>0</b>	J. Gargiulo
Population approaches to Specialist Community Public Health Nursing for health visitors and school nurses NHS738	New	Core	7	40	J.Gargiulo

Community Nurse Prescribing NHS640	Validated	Core	6/7	10	Eleri Mills
<b>TOTAL CREDITS</b>		<b>CORE OPTION</b>		<b>1200</b>	<b>= 120</b>

### 2.3.5 Postgraduate Certificate in Community Health Studies (Exit award)

Students who leave the programme having successfully undertaken 60 credits on the programme may exit the programme with a Postgraduate Certificate in Community Health Studies in recognition of subject learning gained. The PG Cert comprises Research Methods as a core module with the other 40 credits gained from other modules on the programme. For the purposes of public protection, the module *Individual approaches* is excluded from the eligible modules as this module contains the final sign off in practice. Students who exit the programme prior to completion of the Postgraduate Diploma, but who have successfully completed the integrated nurse prescribing element will **not** be eligible to record this with the NMC as they will not be registered as SCPHN practitioner with the NMC.

**Table 5 : Postgraduate Certificate in Community Health Studies (exit award)**

Module title	Status	Core / Option	Level	Credit Rating	Module Leader
Research Methods in Health and Social Care NHS748	Validated	Core	7	20	N.Lloyd Jones
40 credits taken from the following:					
Family approaches to health for health visitors and school nurses NHS746D	New	Option	7	10	J.Gargiulo
Leadership in Health Care Practice NHS739	New	Option	7	20	T.Ross
Population approaches to Specialist Community Public Health Nursing for health visitors and school nurses NHS738	New	Core	7	40	J.Gargiulo
Community Nurse Prescribing NHS640	Validated	Core	6/7	10	Eleri Mills
<b>TOTAL CREDITS</b>		<b>CORE OPTION</b>	<b>20 40</b>		<b>= 60</b>

### **3.0 Criteria for admission to the programme**

Admission to the programme is underpinned by the general admission requirements outlined in the Glyndŵr University Regulations (2011) for Taught Masters degrees and the NMC requirement for previous registration on part 1 or 2 of the NMC register. Recruitment policy adheres to QAA (2006) Section 10, Recruitment and Admission Entry criteria are also informed by guidance for educational institutions on assessment of good health and character (NMC 2010).

NHS sponsorships are normally advertised and applied for through NHS jobs in partnership with the relevant sponsoring LHB. Potential recruits also apply to the University through direct application. Admission / selection criteria will be clearly specified in all information about the course.

Admission to MSc / PgDip Specialist Community Public Health Nursing is through written application and interview. This is carried out in partnership with the Local Health Boards to ensure a congruous approach. Service users' representatives including young people are included in the interview process.

#### **3.1 Entry criteria**

To be admitted to the Masters / Postgraduate Diploma candidates must:

- i. Hold current registration as a nurse (part 1) or midwife (part 2) with the UK Nursing and Midwifery Council *or*
- ii. Hold a completed transcript demonstrating successful recent completion of a programme leading to registration on part 1 or 2 of the NMC register and evidence that they have applied for NMC registration. In this instance, candidates must provide proof of registration with the NMC within 2 months of entering the programme or their programme will normally be discontinued (NMC circular 06/2011) AND
- iii. Hold an honours degree in nursing or related discipline; AND
- iv. Be currently employed in a nursing role in health visiting or school nursing *or* have secured a placement /sponsorship equivalent to the above; AND
- v. Have a satisfactory enhanced Criminal Bureau Disclosure AND
- vi. Provide self-declaration of good health and character and, where requested, a satisfactory occupational health assessment AND

- vii. Have satisfactory reference from current employer or nursing / midwifery programme provider

Where concerns are raised over Suitability for Practice through, for example, an issue disclosed on an enhanced CRB or an identified health issue, admission will be subject to Glyndŵr University Suitability for Practice (admissions) process.

### **3.2 AP(E)L**

The NMC (2004) allow up to one third of a SCPHN programme to be achieved through AP(E)L where appropriate. Applicants enrolled on the Postgraduate Diploma can therefore use Glyndŵr University's AP(E)L process to apply for AP(E)L to a maximum of 40 credits. AP(E)L can be applied at programme commencement, when transferring from another University, when moving from one SCPHN field to another and when returning to the programme after a long break in studies (NMC Circular 01/2011 Annexe 1). Students who wish to apply for AP(E)L will use Glyndŵr University's approved AP(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 (2004) Standards of Proficiency for Specialist Community Public Health Nursing. The Programme Leader is responsible for keeping a record of the detailed mapping and evidence provided in support of the AP(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 Public Health Nursing who wish to enrol for the Masters of Science can use the AP(E)L process to apply for AP(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.

## **4. Aims of the programme**

### **4.1 Masters of Science in Specialist Community Public Health Nursing**

The overall aim of the programme is to enable students to

- 1) develop a systematic understanding of knowledge, and a critical awareness of current problems and new, creative insights at the forefront of public health nursing practice



- 2) demonstrate proficiency in the practice of specialist community public health nursing within the context of school nursing or health visiting
- 3) competently undertake and report upon a supervised research project in the area of specialist public health nursing – this may be empirical or desk based in nature

#### **4.2 Postgraduate Diploma in Specialist Community Public Health Nursing (mapped to NMC 2004 Standards of Proficiency – Appendix 1)**

The overall aim of the programme is to enable students to

- 1) develop a systematic understanding of knowledge, and a critical awareness of current problems and new, creative insights at the forefront of public health nursing practice
- 2) demonstrate proficiency in the practice of specialist community public health nursing within the context of school nursing or health visiting

#### **4.3 Postgraduate Certificate in Specialist Community Public Health Nursing**

The overall aim of the programme is to enable students to

- 1) develop a systematic understanding of knowledge, and a critical awareness of current problems and new, creative insights within the study of family or community health
- 2) To achieve certification of credits achieved in partial completion of the postgraduate diploma programme

### **5. Intended learning outcomes of the programme\***

#### **5.1 Masters of Science in Specialist Community Public Health Nursing**

##### ***A Knowledge and understanding:***

##### ***By the end of the programme students will be able to***

- A1** Critically appraise theories from the biological, behavioural and social sciences which apply to the practice of public health nursing e. g.

- a. Biological, behavioural, environmental and cultural influences on health and wellbeing
- b. Political and economic influences on health and health policy
- c. Concepts of social diversity and social exclusion
- d. Theories of organisational leadership, quality improvement, management and change management as applied to health care
- e. Theories and models of health promotion
- f. Ethical and legal aspects of practice
- g. Vulnerable groups, their support and management

**A2** Demonstrate a level of knowledge of pharmacology, pharmacodynamics and pharmacotherapeutics to underpin competent practice as community prescribers.

**A3** Systematically utilise appropriate methodology and techniques for investigating a practice problem/research and drawing clear recommendations or solutions for practice.

**A4** Evaluate current strategies and processes used to identify, assess and plan for the health and well being of individuals, families or populations within their area of practice.

***B Intellectual skills:***

***By the end of the programme students will be able to***

**B1** Critically evaluate arguments, assumptions, abstract concepts and data from the biological, behavioural, social and environmental sciences relevant to their area of public health nursing practice and frame appropriate questions to achieve a solution or identify a range of solutions to a problem in public health nursing;

**B2** Demonstrate originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline;

**B3** Evaluate critically current research and advanced scholarship underpinning the practice of public health nursing; identifying gaps in the current knowledge base and constructing an appropriate proposal for knowledge development and practice improvement.

**B4** Assess and analyse health needs and develop health programmes and services aimed at and reducing inequalities;

**B5** Formulate plans and strategies to meet health needs for a given population, group or individuals;

**B6** Demonstrate the ability to assess and analyse human situations, taking into account the views of stakeholders, theoretical concepts, research evidence, legislation and organisational policies and procedures.

***C Subject skills:***

***By the end of the programme students will be able to***

- C1** Competently assess, plan, implement and evaluate holistic interventions for individuals, groups and populations at a specialist level based on a systematic understanding of practice at the forefront of public health nursing;
- C2** Demonstrate the ability to investigate the impact of inequality and social exclusion when working with individuals, families and community populations and contribute to the formulation and implementation of appropriate interventions;
- C3** Demonstrate the ability to both lead and work in partnership with others in meeting the health needs of an identified population, family or individual;
- C4** Apply the methods and techniques that they have learned to initiate and carry out small research projects
- C5** Demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing professional tasks;
- C6** Demonstrate the ability to undertake credible and academically sound research in their field of practice which will inform their practice and that of others;
- C7** Demonstrate excellent verbal and written communication skills.

***D) Practical, professional and employability skills***

***By the end of the programme students will be able to:***

- D1** Exercise initiative and personal responsibility;
- D2** Make decisions in complex and unpredictable situations
- D3** Demonstrate the independent learning ability required for continuing professional development;
- D4** Demonstrate competency in word processing and the presentation of data
- D5** Demonstrate competence in the use of libraries, databases and the internet to identify and subsequently use scholarly reviews and primary sources such as refereed research and original material relevant to the subject
- D6** Assess and manage risk

**5.2 Postgraduate Diploma in Specialist Community Public Health Nursing** (mapped to NMC 2004 Standards of Proficiency – Appendix 2)

***A Knowledge and understanding:***

***By the end of the programme students will be able to***

- A1** Critically appraise theories from the biological, behavioural and social sciences which apply to the study of community health
  - a. Biological, behavioural, environmental and cultural influences on health and wellbeing

- b. Political and economic influences on health and health policy
- c. Concepts of social diversity and social exclusion
- d. Theories of organisational leadership, management and change management as applied to health care
- e. Theories and models of health promotion
- f. Ethical and legal aspects of practice
- g. Vulnerable groups, their support and management

**A2** Demonstrate a level of knowledge of pharmacology, pharmacodynamics and pharmacotherapeutics to underpin competent practice as community prescribers.

**A3** Demonstrate a comprehensive understanding of techniques applicable to their own research or advanced scholarship.

**A4** Evaluate current strategies and processes used to identify, assess and plan for the health and well being of individuals, groups or populations within their area of practice.

***B Intellectual skills:***

***By the end of the programme students will be able to***

**B1** Critically evaluate arguments, assumptions, abstract concepts and data from the biological, behavioural, social and environmental sciences relevant to their area of public health nursing practice and frame appropriate questions to achieve a solution or identify a range of solutions to a problem in public health nursing;

**B2** Demonstrate originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline;

**B3** Evaluate critically current research and advanced scholarship underpinning the practice of public health nursing;

**B4** Assess and analyse health needs and develop health programmes and services aimed at and reducing inequalities;

**B5** Formulate plans and strategies to meet health needs for a given population, group or individuals;

**B6** Demonstrate the ability to assess and analyse human situations, taking into account the views of stakeholders, theoretical concepts, research evidence, legislation and organisational policies and procedures.

***C Subject skills:***

***By the end of the programme students will be able to***

**C1** Competently assess, plan, implement and evaluate holistic interventions for individuals, groups and populations at a specialist level based on a systematic understanding of practice at the forefront of public health nursing;

**C2** Demonstrate the ability to investigate the impact of inequality and social exclusion when working with individuals, families and communities and to contribute to the formulation and implementation of appropriate interventions;

**C3** Demonstrate the ability to both lead and work in partnership with others in meeting the health needs of an identified population, group or individual;

**C4** Apply the methods and techniques that they have learned to review, consolidate, extend and apply their knowledge and understanding; and to initiate projects

**C5** Demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing professional tasks;

**C6** Demonstrate excellent verbal and written communication skills.

***D Practical, professional and employability skills:***

***By the end of the programme students will be able to:***

**D1** Exercise initiative and personal responsibility;

**D2** Make decisions in complex and unpredictable situations

**D3** Demonstrate the independent learning ability required for continuing professional development;

**D4** Demonstrate competency in word processing and the presentation of data

**D5** Demonstrate competence in the use of libraries, databases and the internet to identify and subsequently use scholarly reviews and primary sources such as refereed research and original material relevant to the subject

**D6** Assess and manage risk

### **5.3 Postgraduate Certificate in Community Health Studies**

***A Knowledge and understanding:***

***By the end of the programme students will be able to***

**A1** Critically appraise a range of theories from the biological, behavioural and social sciences which apply to the practice of public health nursing

**A2** Evaluate some of the current strategies and processes used to identify, assess and plan for the health and well being of individuals, families or populations within their area of practice.

***B Intellectual skills:***

***By the end of the programme students will be able to***

**B1** Critically evaluate arguments, assumptions, abstract concepts and data from the biological, behavioural, social and environmental sciences relevant to individual, family or population health

**B2** Evaluate critically current research and advanced scholarship underpinning the study of community health

**B3** Demonstrate the ability to assess and analyse human situations, taking into account the views of stakeholders, theoretical concepts, research evidence, legislation and organisational policies and procedures.

**C Subject skills:**

**By the end of the programme students will be able to**

**C1** Apply methods and techniques that they have learned to review, consolidate, extend and apply their knowledge and understanding;

**C2** Demonstrate self-direction and originality in tackling and solving problems

**C3** Demonstrate effective written communication skills.

**D Practical, professional and employability skills**

**By the end of the programme students will be able to**

**D1** Demonstrate the independent learning ability required for continuing professional development;

**D2** Demonstrate competency in word processing and the presentation of data

**D3** Demonstrate competence in the use of libraries, databases and the internet to identify and subsequently use scholarly reviews and primary sources such as refereed research and original material relevant to the subject

**CURRICULUM MATRIX** demonstrating how the overall programme outcomes are achieved and where skills are developed and assessed within individual modules.

Module Key: FAH: Family approaches to health for health visitors and school nurses (with integrated nurse prescribing V100)  
 CNP Community Nurse Prescribing  
 IAH : Individual approaches to Specialist Community Public Health Nursing for health visitors and school nurses  
 CPP: Consolidation of Practice Portfolio  
 PA : Population approaches to Specialist Community Public Health Nursing for health visitors and school nurses  
 LHP: Leadership in Health Care Practice  
 RM : Research Methods in Health and Social Care  
 D : Dissertation

**MASTERS in SCIENCE in SPECIALIST COMMUNITY PUBLIC HEALTH NURSING**

		A) Knowledge and understanding, B) intellectual skills, C) subject skills D)practical, professional and employability																								
	Module Title	Core Option	A1	A2	A3	A4	B1	B2	B3	B4	B5	B6	C1	C2	C3	C4	C5	C6	C7	D1	D2	D3	D4	D5	D6	
Lev 7	FAH(10)	C	*	*		*	*	*	*	*	*	*	*	*	*				*	*	*	*	*	*	*	
	CNP 10)	C	*	*									*						*	*	*	*			*	
	IAH(20)	C	*			*	*	*	*	*	*	*	*	*	*		*		*	*	*	*	*	*	*	*
	CPP (0)	C	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	PA(40)	C			*	*	*	*	*	*	*	*	*	*	*		*		*	*	*	*	*	*	*	*
	LHP(20)	C	*						*			*			*				*	*	*	*	*	*	*	*
	RM(20)	C			*				*	*		*					*		*			*	*	*		
	D (60)	C			*				*	*		*				*	*	*	*			*	*	*		

**POSTGRADUATE DIPLOMA in SPECIALIST COMMUNITY PUBLIC HEALTH NURSING**

		A) Knowledge and understanding, B) intellectual skills, C) subject skills D)practical, professional and employability																							
	Module Title	Core Option	A1	A2	A3	A4	B1	B2	B3	B4	B5	B6	C1	C2	C3	C4	C5	C6	D1	D2	D3	D4	D5	D6	
Lev 7	FAH(10)	C	*	*		*	*	*	*	*	*	*	*	*	*			*	*	*	*	*	*	*	*
	CNP(10)	C	*	*									*						*	*	*			*	
	IAH(20)	C	*			*	*	*	*	*	*	*	*	*	*		*	*	*	*	*	*	*	*	*
	CPP (0)	C	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

	PA(40)	C			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	LHP(20)	C	*					*				*			*			*	*	*	*	*	*
	RM(20)	C			*			*	*			*					*	*			*	*	*

**POSTGRADUATE CERTIFICATE in COMMUNITY HEALTH STUDIES (Exit award only)**

	Module Title	Core Option	A1	A2	B1	B2	B3	C1	C2	C3	D1	D2	D3
Lev 7	RM	C(20)	*			*	*	*	*	*	*	*	*
	CNP	C(10)	*	*				*			*	*	*
	LHP	C(20)	*	*	*		*		*	*	*	*	*
	FAH	C(10)	*	*	*		*		*	*	*	*	*
	PA	C(40)	*	*	*		*	*	*	*	*	*	*



## **6. Learning and teaching strategy used to enable outcomes to be achieved and demonstrated**

### **6 LEARNING AND TEACHING**

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 Teachers, 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).

#### **6.1 General teaching and learning strategy**

Programme learning and teaching has been developed with reference to Glyndŵr University's learning, teaching and assessment strategy (Glyndŵr University 2011). 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 SCPHN programme will already be registered nursing or midwifery practitioners. In addition, many students already have experience of working in primary care and public health 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 public health knowledge at a level beyond their initial registration (NMC 2004, Standard 8 and Standard 9). 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 health visitors and school nursing. A proportion of core teaching and learning in the curriculum (approx 50% of PgDip for example, community nurse prescribing, research, leadership, health promotion, safeguarding) is shared with other community health students (District Nurses, Practice Nurses and Community Childrens), other postgraduate students from across the wider subject area and occasionally could include students from outside the subject area where relevant (for example, social work and criminal justice students (Standard 8). 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 either scheduled on Fridays (which is a study day for both SCPHN student cohorts), or are planned in advanced so that students may, in negotiation with their Practice Teachers, exchange practice and study days to attend.

Shared learning activities are important in ensuring that NMC (2004) Standards of Proficiency are embedded equitably for all students with access to wider group discussion of theories and their different applications. Within the specialist modules postgraduate students also share classroom learning with students studying at level 6. This shared learning means that as specialist postgraduate student numbers may be small all students benefit from being in a larger, enriching group environment. Postgraduate students, however, are expected to extend their reading of the research literature to enable them to achieve the higher level of critical and creative or original thinking and problem solution expected of them. Higher level learning and development is further developed through the tutorial system, particularly in the facilitation of small group tutorials and seminars.

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 school nursing or health visiting practice 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 health visiting or school 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 health visiting or school nursing practice. Dissemination of small group activities are frequently shared back into the wider student group, so allowing greater knowledge of wider public

health practice to be developed. Group and directed activities will be facilitated within the university environment, but are supported through *Moodle* VLE. The seen case study examination has been chosen as an appropriate method of assessing this applied aspect of the learning and teaching strategy.

## **6.2 Practice Learning**

The programme team deliver the programme in a partnership with employers, practice teachers 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 (2007) Code for Work Based and Placement Learning and regulated by the NMC (2004) Standards of Proficiency for SCPHN 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 45 programmed weeks (or pro rata), students must spend 50% in practice-based learning. 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 (NMC 2004, Standard 11). In a 'normal week' students will undertake 2 days theory and 2 days practice with one study day a week. There are five practice weeks (or pro rata for part time students) interspersed in the programme to allow students opportunity to engage in practice experiences that occur outside of normal practice hours. Students may also swap a self directed study day for a practice learning day in negotiation with their Practice Teacher, where this enables a learning experience to be accessed. University attendance days may not be exchanged. 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/Practice Teacher and these used to guide appropriate experiences and enable students to meet module and programme outcomes and NMC proficiencies in practice.

The programme includes 10 weeks consolidated practice which is undertaken at the end of the course for both full and part-time students. Please see Appendix 1 for further details of

the programme schedules for full and part time students which highlight the integration of practice and theory time throughout the programme.

### **6.2.1 Placement quality**

Suitable placements will be nominated by the relevant health service organisation. The learning environment of new SCPHN 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. From academic year 2011 -12 a summary of completed or outstanding placement actions will be reported in 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/practice teacher 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 mentor may request a change of mentor/ placement. As NMC registrants under the NMC (2008) 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 student complaints process is detailed in the Practice Assessment Document and Practice Teachers 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 Practice Teachers and into the educational audit process. The programme External examiner is also invited to visit practice placements to meet with practice teachers and students in placement on a biannual basis. The programme of visits is agreed with the external prior to the visit date.

### **6.2.2 Practice Teachers**

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

- Identified on the local register as a Practice Teacher
- 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. Practice Teachers should be in clinical practice with a clinical caseload.
- Have a working knowledge of current programme requirements, practice assessment strategies and relevant changes in education and practice for the SCPHN 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

### **6.2.3 NMC Requirements: Sign off Practice Teachers supporting more than one student in practice.**

If there are insufficient sign off Practice Teachers to enable a one to one allocation for each student, students may be allocated to student Practice Teachers or specialist practice mentors each of whom will supervise day to day practice learning on a one to one basis for students. In this circumstance, it is the sign off Practice Teachers responsibility to supervise the overall practice learning programme for the student in conjunction with the SCPHN mentor or student practice teacher, assessing that students are able to progress onto the next practice element and for the 'sign off' of student proficiency at the end of the programme. The NMC do not stipulate the number of students per sign off Practice Teacher that can be supervised in this way (NMC Circular 08/11). However, Glyndŵr University expects that in supporting more than one student, the sign off Practice Teacher must arrange to spend time in direct supervision of all allocated students.

In addition:

- 1) There must be sufficient direct supervision to enable the sign off Practice Teacher to make decisions about student progression and the final judgement of competence at the sign off assessment. They should have enough time to enable regular and ongoing indirect supervision through discussion with each student and supervising mentor or student practice teacher.
  - 2) The sign off Practice Teacher also gives sufficient time to support and direct inexperienced mentors or practice teachers, based on a mutual assessment of need.
  - 3) The Practice Teacher maintains clear records pertaining to contact with each student
- In order to manage risk, clarify and support sign off Practice Teachers, mentors and students, the Programme team, BCULHB and Powys LHB collaborated to agree a set of guidelines for supervising more than one student.

#### **6.2.4 NMC Requirements: Local register of Mentors and Practice teachers**

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

- An up-to-date local database of SCPHN mentors, practice teachers and sign off practice teachers (denoting field of practice) is held and maintained.
- The register is regularly reviewed by adding or removing names of Practice Teachers(PT) as necessary. Those not currently meeting the criteria to be a Practice may be moved to a dormant database.
- Glyndŵr University are provided with access to current databases to confirm that there are sufficient mentors and practice teachers to adequately support the number of students undertaking the SCPHN programme.
- Glyndŵr University will provide information regarding PT and mentor attendance at SCPHN PT updates to the database holder.
- Sign off Practice teachers must be up to date and annotated as such on the register. Confirmation that Practice Teacher and Mentor triennial review has been completed should be included on the database

#### **6.2.5 Glyndŵr University Support for Practice Teachers, Mentors and Student practice learning**

Glyndŵr University provides opportunities for current and potential mentors and practice teachers to qualify through undertaking appropriate NMC approved modules for the preparation of mentors, sign-off mentors, practice teachers and teachers. Mentors and Practice Teachers are invited to attend Glyndŵr University for 3 days per year for ongoing development and update. Mentors and Practice Teachers can be issued with a valid library card as part of undertaking this role. A Practice Teacher handbook is provided to every Practice Teacher and SCPHN mentor.

Tripartite progress meetings with practice teachers/mentors, personal tutors and students will occur at least twice 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 can be planned to support inexperienced Practice Teachers and mentors or where Practice Teachers, mentors or students request this.

### **6.3 Online 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*

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. These include the use of WIKI's to support problem based learning, audio supported tutorials and podcasts, electronic assignment submission and feedback. These have been developed because of their particular relevance for supporting part time students or students out on practice placement. The Moodle site also offers additional opportunities for forum discussions, interactive quizzes and formative feedback, with students encouraged to utilise this if they wish to raise a questions, share information or discuss an ongoing topic of interest. The strategic development of online learning support and resources is an area of ongoing development for the programme team.

### **6.4 Independent Learning**

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

## **7.0 Assessment strategy used to enable outcomes to be achieved and demonstrated**

QAA (2006) Section 6 Assessment of Students, Glyndŵr University (2011) Learning, Teaching and Assessment Strategy and NMC (2004) Standards of Proficiency for Specialist Community Public Health Nurses inform the development of the assessment strategy. The NMC (2004) requirement for an invigilated, time limited examination is met through a seen examination in *Individual approaches to Specialist Community Public Health Nursing for health visitors and school nurses*. This is additional to the unseen examination taken as part of the requirements for integrated nurse prescribing.

### **7.1 Formative Assessment**

Formative feedback is provided on all modules through sampling student's 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.

Practice Teachers will be expected to provide regular feedback on student's 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 Practice Teachers handbook. A tripartite action plan is made between the student, Practice Teacher and Programme or Route Leader or Personal Tutor.

### **7.2 Progression points in practice (NMC 2004, Standard 1)**

Within the Practice Assessment document there are 2 Progression Points in Practice. Practice teachers must confirm at each Progression Point that the student is ready to progress onto the next element of practice learning. Progression Point 1 occurs at the end of semester 1 for full time students and year 1 for part time students. Progression Point 2 occurs at the end of Semester 2 or Year 2 taught element for part time students. Progression



point 2 must be signed by the Practice Teacher before the student can commence the ten weeks Consolidated practice. Progression points will be utilised to enable students to transfer in to the programme at a clear point of progression, or to return to the programme after a break.

### **7.3 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. As identified in module specifications, assessment methods demonstrate achievement of module learning outcomes which are mapped as commensurate with the award outcomes. In addition to the timed prescribing examinations, the assessment strategy contains a timed seen examination under invigilated conditions (NMC 2004, Standard 10).

The assessment strategy is student centred, with assessments designed so that students can select the relevant practice field of health visiting or school 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 order to ensure equity and fairness, all assessments are criterion referenced. The assessment strategy contains a seen examination (in addition to the integrated nurse prescribing exam) and therefore meets the NMC (2004)

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 (Appendix 2). Practice assessment is graded as pass/refer against the NMC (2004) Proficiencies for SCPHN.

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.

Glyndŵr University is moving to electronic submission of assessment. Students currently submit one hard copy of their assignment and one electronic copy for storage purposes.

The hard copy is annotated with feedback and returned to the student. Some modules ask for full electronic submission through *Moodle* VLE. In this case students receive electronic 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.

### 7.3 ASSESSMENT SCHEDULE

#### Masters of Science/Postgraduate Diploma in Specialist Community Public Health Nursing (Health Visiting or School Nursing)

Module title	Credit Rating	Assessment	Submission guide – September cohort
Family approaches to health for health visitors and school nurses  Semester 1	20	1.) Written Critically Reflective Assignment. 3,000 words (100%)	December
Research Methods in Health and Social Care  Semester 1	20	1) Written critique of published research, 2, 000 words (50%)  2) Short Research Proposal, 2,000 words (50%)	January
Individual approaches to Specialist Community Public Health Nursing for health visitors and school nurses  Semester 2	20	1) Seen Examination (100%) 2hrs  2)	May
Consolidation of Practice Portfolio	0	1) Portfolio (Pass/Refer)	
Leadership in Health Care Practice  Semester 2	20	1) Seminar Presentation: 20 mins (25%) 2) Written assignment (3,000) Or Leadership Practice Portfolio (3,000 equiv)	May  June

Population approaches to Specialist Community Public Health Nursing for health visitors and school nurses  Semester 1 and 2	40	1) Health Needs Assessment Project (75%) 6,000  2) Seminar Presentation (25%) 20mins	w/c 17 <sup>th</sup> June
Community Nurse Prescribing	10	1.) Unseen examination 1 1/2 hrs. Pass/Refer  2.) Evidence of safe prescribing practice. Pass/Refer	January  September
Dissertation  Yr 2 (full time students) Yr 3 (part time students)	60	1) 15, 000 word dissertation selecting one from the following 4 choices: <ul style="list-style-type: none"> <li>• Theoretical analysis</li> <li>• Small scale research project</li> <li>• Systematic Literature review</li> <li>• 15,000 theoretical analysis plus 5,000 article for publication</li> </ul>	April or July

#### 7.4 Assessment Boards and Progression

Three module assessment boards are normally held each year. Resubmission dates for any referred assessments are provided by the Board. The Progression/Award Board is held following completion of 52 week programme. Students are formally progressed to Part 2 of the Master's degree at assessment board. No modules can be trailed from Part 1 to Part 2.

#### 8.0 Assessment regulations that apply to the programme

This programme is subject to Glyndŵr University Regulations for Taught Masters Degrees.

The following derogations apply to the PgDip Specialist Community Public Health Nursing programme

12.0 , 13.0 The registration period for the Postgraduate Diploma in Specialist Community Public Health Nursing shall be 156 weeks full time and 208 weeks part time.

24.1 All elements of assessment must be passed.

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

24.3 There will be no condonement allowed for any assessment

24.4 Pass marks for Community Nurse Prescribing (V100) will follow the requirements of the Nursing and Midwifery Council (NMC 2006) as follows:

- i) The Drug Calculation Test undertaken as part of the Community Nurse Prescribing qualification (V100), must be passed at 100% but is graded a pass/refer. Students re-sitting the examination must also achieve 100%.
- ii) The short answer and MCQ paper must be passed at a minimum of 80% but will be graded Pass/Refer. Students re-sitting the examination must also achieve 80%.

29.2 No modules from the Postgraduate Diploma in Specialist Community Public Health Nursing can be be trailed to Part Two: MSc in Specialist Community Public Health Nursing

The following derogations apply to the MSc Specialist Community Public Health Nursing programme:

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

29.2 No modules from the Postgraduate Diploma in Specialist Community Public Health Nursing are eligible to be trailed to Part Two: MSc in Specialist Community Public Health

## **9.0 Programme Management**

### **9.1 The Programme Team**

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 nursing and SCPHN.

Janet Gargiulo                      Senior Lecturer and Programme Leader  
Route Leader for Health Visiting.

Diane Hughes-Morris      Senior Lecturer and Route Leader for School Nursing

Eleri Mills	Senior Lecturer and Programme Leader for Non medical Prescribing SCPHN Personal Tutor for Powys LHB students
Tracy Ross	Senior Lecturer and Module Leader for Leadership in Health Care Practice (L7)
Nikki Lloyd Jones	Senior Lecturer and Module Leader for NHS743 Research Methods
Joanne Pike	Senior Lecturer and Module Leader for NHS 703 Dissertation

### **9.1.2 Research and Scholarship**

Enhancing research capacity is a strategic development within the subject area. Submissions were made to the Research Assessment Exercise in 2008 in Nursing and Midwifery (UOA 11) At that time Nursing and Midwifery had 55% of submissions rated at 2\* and 3\*.

All teaching staff have Masters level qualifications, with five of the Programme team in the process of achieving doctoral level qualifications. 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 narrative inquiry and methodology within the subject area and this strongly relates to the importance of story telling in the development of patient centred and ethical service delivery. 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 SCPHN 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.

### **9.2 Programme Leader**

The Programme Leader is a registered SCPHN and is a recorded teacher on the NMC register. 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.

### **9.3 Route Leader**

The Programme Leader is supported by the Route Leader and can delegate some of the Programme Leader responsibilities for students specific to that route. This includes participation in marketing, recruitment and selection for the route, planning teaching timetables with Programme and Module Leaders, acting as or arranging for personal tutors for route students; planning and executing Induction and timetabling in conjunction with the Programme Leader, liaising with Module Leaders over proposed assessment/assignments and student guidelines and through the Programme Leader liaising with External Examiner before distribution to students, monitoring and evaluating the programme – ensuring student feedback takes place and data are collated for route specific students, monitoring route specific students and ensuring student records are kept up to date, working with Route specific Practice Teachers to ensure all arrangements for student practice experience are in order. The Route Leader for Health Visiting is Janet Gargiulo. The Route Leader for School Nursing is Sarah Jowett. Sarah is a registered SCPHN practitioner and is recorded as a teacher on the NMC register.

### **9.4 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 and Route Leader, evaluating the module and forwarding results to the Programme Leader.

### **9.5 Quality management – responsibility**

The system of programme management and accountability operates principally at Subject level. At University level the Graduate School Student Programme 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 Principal Lecturer – Post Registration programmes (Pat Hibberd) and the Academic Leader (Pam Hope). The Academic Leader leads the Healthcare Science subject management team in assuring the overall management of quality in the subject area – coordinating whole subject meetings to identify cross subject quality issues and ensuring that there are sufficient resources to support the quality of programme delivery and student experience.

### **9.6 Programme Team meetings and Programme Boards**

Monitoring and development of programmes is addressed by programme and assessment boards. Post registration Team meetings are held on a monthly basis, and joint Programme Board for Post Registration programmes are held twice a year. These are chaired by the Principal Lecturer for post registration programmes, and attended by all module leaders and lecturers. At the end of each semester, a Programme Board comprising all team members, student representatives and practice representatives is convened.

### **9.7 Staff Student Consultative Committee**

Glyndŵr University is committed to ensuring that students are at the centre of quality management and improvement. The Principal Lecturer for post registration programmes convenes a post registration Staff Student Consultative Committee (SSCC) once a semester 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 semester. 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.

### **9.8 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 specially convened Subject Meeting. Any resource implications or unresolved quality issues are referred to the Academic Leader or the Dean of Institute. Copies of the AMR and the Subject Meeting minutes are then forwarded to the Academic Quality and Standards department in Academic Registry. The programme is subject to the Annual Monitoring process of the Nursing and Midwifery Council.

## **10.0 Particular support for learning**

### **10.1 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 and Route 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.

### **10.2 Break in Studies**

Students returning after a longer (more than one semester) 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.



### **10.3 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.

### **10.4 Dissertation Supervision**

Students on Part 2 of the programme will have a named Dissertation supervisor and Dissertation handbook. All lecturers involved in the programme have experience of Masters supervision. Capacity to support dissertations in the wider subject is also constantly developing, with the majority of staff educated to Masters level. Regular Supervisors workshops are held to ensure knowledge sharing and improve reliability and validity in supervision and dissertation assessment. Part time students are expected to meet with their supervisor once every six weeks. Records are kept of the supervision process by the student, supervisor and the programme administrator in Graduate School SPC.

In *Research Methods in Health and Social Care* (NHS748), students are given the opportunity to develop an outline proposal and consider the appropriate methodology for conducting their research/theoretical analysis. In order to ensure that students are then ready to commence part 2 and the supervision process, students will be invited to student Dissertation Workshops prior to entering part 2 of the Masters programme. This is to provide the students with group support as they prepare for their dissertation - although individual supervision will not be commenced until students have progressed to Part II of the masters. In addition, the local NHS Health Board have recently indicated that protected study time, normally to the equivalent of two days a month will be allocated to students progressing with their dissertation. Other employers will be encouraged to follow this model to ensure that students complete dissertations within the time allotted.

### **10.5 Statement of Learning Resources**

**A Statement of Compliance signed by the University and Commissioners (NLIAH) is held for the purpose of NMC review.**

There is a wealth of experience both within the Health Sciences subject, and the wider University, of delivery through partnership, working with employers, workplace teachers and

mentors, on-line 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 for Specialist Community Public Health Nursing and Community Specialist Practice and programmes and the *Integrated Prescribing* module 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, the links between the Health subject area and NHS 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 adjacent to the Maelor Hospital in Wrexham and the North Wales Clinical School facilities which are on the main campus.

### **11.0 Equality and Diversity**

Glyndŵr University is committed to and publish equality and diversity policy and a Welsh language scheme. These policies apply across staff and students. This information is published to students via Glyndŵr University website and will be referred to in the student handbook. Health 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. At Programme Level, one of the programme team is a fluent Welsh Speaker and first language Welsh speakers may therefore access interviews, personal tutorials and 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 Postgraduate Diploma Intended Programme Outcomes to NMC (2004) Standards for Specialist Community Public Health Nursing: Domains and Principles**



**Postgraduate Diploma in Specialist Community Public Health Nursing Intended Programme Outcomes A-D mapped to NMC (2004) Standards of Proficiency for Specialist Community Public Health Nursing: Domains and Principles**

**KEY to NMC DOMAINS AND PRINCIPLES**

<b>1)DOMAIN (D1): SEARCH FOR HEALTH NEEDS</b>
<b>Principle 1 (P1): Surveillance and assessment of the population’s health and wellbeing</b>
<b>Standards of Proficiency:</b>
Collect and structure data and information on the health and wellbeing and related needs of a defined population.
Analyse, interpret and communicate data and information on the health and wellbeing and related needs of a defined population.
Develop and sustain relationships with groups and individuals with the aim of improving health and social wellbeing
Identify individuals, families and groups who are at risk and in need of further support.
Undertake screening of individuals and populations and respond appropriately to findings.

<b>DOMAIN2 (D2): STIMULATION OF AWARENESS OF HEALTH NEED</b>
<b>Principle 2 (P2): Collaborative working for health and well-being</b>
<b>Standards of Proficiency:</b>
Raise awareness about health and social well-being and related factors, services and resources.
Develop, sustain and evaluate collaborative work
<b>Principle 3 (P3): Working with, and for, communities to improve health and wellbeing</b>
Communicate with individuals, groups and communities about promoting their health and wellbeing.
Raise awareness about the actions that groups and individuals can take to improve their health and social wellbeing.
Develop capacity and confidence of individuals and groups, including families and communities, to influence and use available services, information and skills, acting as advocate where appropriate.
Work with others to protect the public’s health and well being from specific risks.

<b>DOMAIN 3 (D3): INFLUENCE ON POLICIES AFFECTING HEALTH</b>
<b>Principle 4 (P4): Developing health programmes and services and reducing inequalities</b>
Work with other to plan, implement and evaluate programmes and projects to improve health and well-being
Identify and evaluate service provision and support networks for individuals, families and groups in the local area or setting.
<b>Principle 5 (P5): Policy and strategy development and implementation to improve health and wellbeing</b>
Appraise policies and recommend changes to improve health and wellbeing.
Interpret and apply health and safety legislation and approved codes of practice with regard for the environment, wellbeing and protection of those who work with the wider community.
Contribute to policy development.
Influence policies affecting health.
<b>Principle 6 (P6): Research and development to improve health and wellbeing</b>
Develop, implement, evaluate and improve practice on the basis of research, evidence and evaluation.

<b>DOMAIN 4 (D4): FACILITATION OF HEALTH-ENHANCING ACTIVITIES</b>
<b>Principle 7 (P7): Promoting and protecting the population's health and wellbeing</b>
Work in partnership with others to prevent the occurrence of needs and risks related to health and wellbeing.
Work in partnership with others to protect the public's health and wellbeing from specific risks.
<b>Principle 8 (P8): Developing quality and risk management within an evaluative culture</b>
Prevent, identify and minimize risk of interpersonal abuse or violence, safeguarding children and other vulnerable people, initiating the management of cases involving actual or potential abuse or violence where needed.
<b>Principle 9 (P9): Strategic leadership for health and wellbeing</b>

Apply leadership skills and manage projects to improve health and wellbeing.
Plan, deliver and evaluate programmes to improve the health and wellbeing of individuals and groups.
<b>Principle 10 (P10): Ethically managing self, people and resources to improve health and wellbeing</b>
Manage teams, individuals and resources ethically and effectively

<b>Postgraduate Diploma in Specialist Community Public Health Nursing Intended Programme Outcomes</b>	<b>D1 P1</b>	<b>D2 P2</b>	<b>D2 P3</b>	<b>D3 P4</b>	<b>D3 P5</b>	<b>D3 P6</b>	<b>D4 P7</b>	<b>D4 P8</b>	<b>D4 P9</b>	<b>D4 P10</b>
<p><b>A Knowledge and understanding:</b></p> <p><b>By the end of the programme students will be able to</b></p> <p><b>A1 Critically appraise theories from the biological, behavioural and social sciences which apply to the study of community health</b></p> <p>a. Biological, behavioural, environmental and cultural influences on health and wellbeing</p> <p>b. Political and economic influences on health and health policy</p> <p>c. Concepts of social diversity and social exclusion</p> <p>d. Theories of organisational leadership, management and change management as applied to health care</p> <p>e. Theories and models of health promotion</p> <p>f. Ethical and legal aspects of practice</p> <p>g. Vulnerable groups, their support and management</p>	*	*	*	*	*	*	*	*	*	*
<p><b>A2 Demonstrate a level of knowledge of pharmacology, pharmacodynamics and pharmacotherapeutics to underpin competent practice as community prescribers.</b></p>							*			
<p><b>A3 Demonstrate a comprehensive understanding of techniques applicable to their own research or advanced scholarship</b></p>										



	*					*				
<b>A4</b> Evaluate current strategies and processes used to identify, assess and plan for the health and well being of individuals, groups or populations within their area of practice.	*	*	*	*	*	*	*	*	*	*
<b>B Intellectual skills:</b>	<b>D1 P1</b>	<b>D2 P2</b>	<b>D2 P3</b>	<b>D3 P4</b>	<b>D3 P5</b>	<b>D3 P6</b>	<b>D4 P7</b>	<b>D4 P8</b>	<b>D4 P9</b>	<b>D4 P10</b>
<b>B1</b> Critically evaluate arguments, assumptions, abstract concepts and data from the biological, behavioural, social and environmental sciences relevant to their area of public health nursing practice and frame appropriate questions to achieve a solution or identify a range of solutions to a problem in public health nursing;	*	*	*	*	*	*	*	*	*	*
<b>B2</b> Demonstrate originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline;						*				
<b>B3</b> Evaluate critically current research and advanced scholarship underpinning the practice of public health nursing;					*	*				
<b>B4</b> Assess and analyse health needs and develop health programmes and services aimed at and reducing inequalities;	*	*	*	*	*		*		*	
<b>B5</b> Formulate plans and strategies to meet health needs for a given population, group or individuals;		*	*	*	*		*		*	

<b>B6</b> Demonstrate the ability to assess and analyse human situations, taking into account the views of stakeholders, theoretical concepts, research evidence, legislation and organisational policies and procedures.	*	*	*	*	*	*	*	*	*	*
<b>C Subject skills:</b>	<b>D1 P1</b>	<b>D2 P2</b>	<b>D2 P3</b>	<b>D3 P4</b>	<b>D3 P5</b>	<b>D3 P6</b>	<b>D4 P7</b>	<b>D4 P8</b>	<b>D4 P9</b>	<b>D4 P10</b>
<b>C1</b> Competently assess, plan, implement and evaluate holistic interventions for individuals, groups and populations at a specialist level based on a systematic understanding of practice at the forefront of public health nursing;	*	*		*	*		*	*	*	
<b>C2</b> Demonstrate the ability to investigate the impact of inequality and social exclusion when working with individuals, families and communities and to contribute to the formulation and implementation of appropriate interventions;	*	*	*	*			*	*		
<b>C3</b> Demonstrate the ability to both lead and work in partnership with others in meeting the health needs of an identified population, group or individual;		*	*	*	*		*	*	*	*
<b>C4</b> Apply the methods and techniques that they have learned to review, consolidate, extend and apply their knowledge and understanding; and to initiate projects						*			*	*
<b>C5</b> Demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing professional tasks;						*			*	*
<b>C6</b> Demonstrate excellent verbal and written communication skills.		*	*			*		*	*	*
<b>D1</b> Exercise initiative and personal responsibility;	*	*	*	*	*	*	*	*	*	*

<b>D2</b> Make decisions in complex and unpredictable situations	*	*	*	*	*	*	*	*	*	*
<b>D3</b> Demonstrate the independent learning ability required for continuing professional development;						*				*
<b>D4</b> Demonstrate competency in word processing and the presentation of data	*					*				*
<b>D5</b> Demonstrate competence in the use of libraries, databases and the internet to identify and subsequently use scholarly reviews and primary sources such as refereed research and original material relevant to the subject	*					*				*
<b>D6</b> Assess and manage risk	*	*	*	*	*	*	*	*	*	*

## Appendix 2: Grading Criteria

### Grading Criteria for Masters (L 7) Written Work

Descriptors	Mark	Classification
<b>Outstanding:</b> Outstanding work showing evidence of independent critical thought and reflection which is, perhaps, of a quality suitable for publication because of its clear and concise presentation. It will show complete command of the subject, considerable originality and a developed understanding of the topic being discussed. A mark of above 90% may be given to work which shows considerable originality and a high level of critical judgement. There is clear evidence that the student is	80-100%	

<p>applying the theories and knowledge gained to his/her to develop his/her practice and the practice of others. All relevant learning outcomes have been achieved</p>		<b>DISTINCTION</b>
<p><b>Distinctive:</b> Work in this range will show a significant degree of critical thought, flair and independence, together with sound factual knowledge, directly related to the requirements of the assignment. There should be evidence for wide reading. The structure of the essay should be excellent, with very good organisation of ideas, supporting introduction and conclusions. Work towards the bottom of the range (70-74%) may show evidence for first-class work that is not quite sustained throughout the assignment.. There is clear evidence that the student is applying the theories and knowledge gained to his/her to develop his/her practice. All relevant learning outcomes have been achieved.</p>	70 -79%	
<p><b>Very good pass:</b> Work of this standard should demonstrate a very good level of critical thought. Students should show a thorough understanding of the subject and a broad-based knowledge with an ability to use comparable material. The structure of the assignment should be sound, with good organisation of ideas, supporting introduction and conclusions. All the main points should have been covered, although a few issues could have been addressed in more depth. The writing should be mainly clear of major grammatical errors. There is clear evidence that the student is applying the theories and knowledge gained to his/her practice All relevant learning outcomes have been achieved.</p>	60-69%	<b>PASS</b>
<p><b>Good pass:</b> Work will show a general understanding of the question/problem, with use of supportive literature and reading. However, arguments may show a lack of clarity and focus in parts. All main points will have been covered but could have been explored in greater depth. There is reasonable evidence of, reading, organisation and some evidence of critical thought. The text will be clear, but may be minor grammatical errors that nevertheless do not obscure the meaning. There is a satisfactory level of evidence that the student is applying the theories and knowledge gained to his/her field of practice. All relevant learning outcomes have been achieved.</p>	50-59%	<b>PASS</b>
<p><b>Adequate pass:</b> Answers will show safe knowledge and understanding of the evidence presented but a limited exploration of wider reading. The ability to present a synthesised and evaluative argument is limited. There is a satisfactory level of evidence that the student is applying the theories and knowledge gained to his/her field of practice. Grammatical errors may mar the text. All relevant learning outcomes have been achieved.</p>	40-49%	
<p><b>Refer/ Fail:</b> Work shows a limited understanding of the essential literature; answers may include much irrelevant material with significant inaccuracies. Work will tend not to be focused on the question/topic or very general. Evidence is likely to be weak and limited, with limited evidence for reading on the subject. Arguments may be poorly organized and difficult to follow and not</p>	20- 40 %	<b>REFER/FAIL</b>

<p>supported by relevant examples. There will be little evidence of critical thought and the text may be marred by poor English and spelling. Learning outcomes are only partially met.</p>		
<p><b>Refer/Fail :</b> In addition to the above, the work will show minimal evidence of reading, largely erroneous or irrelevant material and significant problems with grammar and spelling. Application to practice is limited or absent. There is evidence of serious and /or unsafe omissions and factual errors. The confidentiality and/or anonymity of patients, colleagues or organisations has been breached. Learning outcomes have not been met.</p>	<p>0-20%</p>	<p><b>REFER/FAIL</b></p>

## Grading Criteria for Presentations

### GRADING CRITERIA FOR THE AWARD OF MARKS AT LEVEL 7 - Presentations and Oral Examinations

	Percent age	Grade criteria (Not all of these criteria will necessarily apply to all oral examinations and presentations or to all students)
<b>D I S T I N C T I V E</b>	70 – 100%	<p><b>The work exceeds the requirements of the assessment brief and:</b></p> <ul style="list-style-type: none"> <li>◆ Demonstrates a high level of creativity and originality.</li> <li>◆ The presentation is very well organised, clear and logical.</li> <li>◆ Demonstrates excellent communications and technical presentation skills.</li> <li>◆ Shows an ability to obtain, apply, evaluate, debate and contest the strengths and weaknesses of relevant research-based or other authoritative information or, where appropriate, information relating to personal conduct or practice. Suggests future research questions that need to be addressed and approaches that may be taken to investigate the subject area further.</li> <li>◆ Demonstrates critical thinking, problem-solving and excellent debating skills.</li> <li>◆ Demonstrates breadth and depth of investigation into the subject area.</li> <li>◆ Demonstrates a high level of critical self-awareness.</li> <li>◆ Demonstrates a thorough integration between theory and clinical practice.</li> </ul>
<b>P A S S</b>	60 – 69%	<p><b>The work exceeds the requirements of the assessment brief and:</b></p> <ul style="list-style-type: none"> <li>◆ Demonstrates creativity and originality.</li> <li>◆ The presentation is well organised, clear and logical.</li> <li>◆ Demonstrates a high level of communications and technical presentation skills.</li> <li>◆ Shows an ability to obtain, apply, evaluate and debate the strengths and weaknesses of relevant research-based or other authoritative information or, where appropriate, information relating to personal conduct or practice. Suggests future research questions that need to be addressed.</li> <li>◆ Demonstrates critical thinking, problem-solving and good debating skills.</li> <li>◆ Demonstrates breadth and depth of investigation into the subject area.</li> <li>◆ Demonstrates critical self-awareness.</li> <li>◆ Demonstrates a consistent integration between theory and clinical practice.</li> </ul>
	50 – 59%	<p><b>The work meets the requirements of the assessment brief and:</b></p> <ul style="list-style-type: none"> <li>◆ Demonstrates some creativity and originality.</li> <li>◆ The presentation is clear and logical.</li> <li>◆ Demonstrates good communications and technical presentation skills.</li> <li>◆ Shows an ability to obtain, apply, evaluate and debate the strengths and weaknesses of relevant research-based or other authoritative information or, where appropriate, information relating to personal conduct or practice.</li> <li>◆ Demonstrates critical thinking, problem-solving, debating and analytical skills.</li> <li>◆ Demonstrates self-awareness.</li> <li>◆ Demonstrates a mainly consistent integration between theory and clinical practice.</li> </ul>

<p style="text-align: center;"><b>P A S S</b></p>	<p style="text-align: center;">40 – 49%</p>	<p><b>The work meets the requirements of the assessment brief and:</b></p> <ul style="list-style-type: none"> <li>◆ The presentation is clear although not always logical (or vice versa).</li> <li>◆ Demonstrates communications and technical presentation skills.</li> <li>◆ Shows an ability to obtain, apply and evaluate relevant research-based or other authoritative information or, where appropriate, information relating to personal conduct or practice.</li> <li>◆ Demonstrates some critical thinking, problem-solving and analytical skills.</li> <li>◆ There is some evidence of self-awareness.</li> <li>◆ Demonstrates an acceptable level of integration between theory and clinical practice.</li> </ul>
<p style="text-align: center;"><b>F A I L</b></p>	<p style="text-align: center;">- 40%</p>	<p><b>The work meets some but not all of the requirements of the assessment brief and:</b></p> <ul style="list-style-type: none"> <li>◆ The presentation lacks substance.</li> <li>◆ Communications and technical presentation skills are poor.</li> <li>◆ The research-based, other authoritative information or information relating to personal conduct or practice presented is inadequate and outdated. Information presented is often anecdotal in nature.</li> <li>◆ The presentation is largely descriptive and lacks evaluation and analysis.</li> <li>◆ Demonstrates a poor level of self-awareness.</li> <li>◆ Demonstrates a superficial integration between theory and clinical practice.</li> </ul>
	<p style="text-align: center;">0</p>	<p>Non-attendance at the scheduled time of the oral examination or presentation</p>

**Please note that students are expected to keep to the time limit specified for the oral examination or presentation. Students who exceed the specified time by 10% will be stopped.**