



ACADEMIC SERVICES

MODULE SPECIFICATION

Part 1: Basic Data					
Module Title	Non-Medical Prescribing (Independent and / or Supplementary Prescribing)				
Module Code	UZTRTU-40-M	Level	M	Version	1
Owning Faculty	Health and Applied Sciences	Field	Continuing Care Adult Nursing		
Department	Nursing and Midwifery				
Contributes towards	BSc (Hons) Specialist Practice MSc Advanced Practice MSc Specialist Practice MSc Professional Development MSc Advanced Clinical Practice Postgraduate Diploma Professional Development Graduate Diploma Professional Development BSc(Hons) Professional Development				
UWE Credit Rating	40	ECTS Credit Rating	20	Module Type	Professional Practice
Pre-requisites	N/A		Co- requisites		
Excluded Combinations	UZTRTV-40-3	Module Entry requirements	Must fulfil current entry requirements set by the General Pharmaceutical Council (GPhC), the Health and Care Professions Council (HCPC) or the Nursing and Midwifery Council (NMC) which are set out in the pre-selection forms. The training organisation must have signed and returned the course documentation agreeing that they understand and will provide support required for the student to complete the course.		
Valid From	September 2016		Valid to	September 2022	

CAP Approval Date	May 2016
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Part 2: Learning and Teaching	
Learning Outcomes	<p><i>These multi-professional learning outcomes have been mapped to regulators standards for prescribing i.e. the GPhC, the HCPC and the NMC and should be appropriated to the student's profession and field of practice.</i></p> <ul style="list-style-type: none"> On successful completion of this multi-professional module students will be able to: Act autonomously as a prescriber within the limits of their confidence and competence, seeking guidance from another member of the healthcare team when appropriate. (A1&2, B1&2)

- Critically evaluate the complexities of prescribing for specific populations including neonates, children and young people, pregnant and breastfeeding women and older people. (A1&3, B1)
- Maintain competence and confidence as a prescriber through participation in, and documentation of, CPD; with reference to their appropriate professional framework. (B1)
- Critically evaluate and work within appropriate clinical governance frameworks as a prescriber, which include audit of prescribing. (B1)
- Critically evaluate and work within the ethical, legal and professional frameworks relating to their profession. (A1, B1&2)
- Identify, critically appraise and use best sources of information to inform prescribing practice. (A1, B1&2)
- Recognise, and evaluate influences on individual prescribing practice, and local and national drivers, to ensure safe, cost effective and ethical practice. (A1, B1&2)
- Protect patient safety through recognition and prevention of medication errors, including those relating to medicines calculation errors. (A1&4, B2)
- Ensure that decision making is appropriately documented and communicated to other members of the healthcare team. (A1, B1&2)
- Systematically apply public health frameworks and different approaches for medicines use to prescribing in practice, including antimicrobial prescribing and infection prevention and control. (A1, B1&2)
- Review and prescribe within the legislative framework relating to Independent and/or Supplementary prescribing for their profession, including: (A1, B1)
 - The prescribing of controlled drugs
 - The prescribing of unlicensed and off-label medicines, mixing and administration of medicines
 - The different prescribing and supply/administration mechanisms
- Make and critically review shared prescribing decisions in partnership with the patient, taking into account their values, wishes and beliefs, and those of their families and carers. (A1&2, B1&2)
- Make and critically review differential and working diagnoses within own area of practice, informed by: (A1&2, B1&2)
 - Completion of a full medical and medication history
 - Completion of physical examination using a range of diagnostic aids
 - A demonstrated understanding of the pathophysiology of the condition being treated
- Apply a critical understanding of the pharmacokinetics and pharmacodynamics of the medicines prescribed, and how these are affected by drug interactions and co-morbidities. (A1&3, B1&2)
- Effectively monitor and critically review prescribed treatment including: (A1&2, B1&2)
 - Response to medicines; modifying or ceasing treatment appropriately
 - Evaluation of the risks of adverse drug reactions (ADRs); taking steps to minimise the risks, and able to identify and report ADRs.

	<ul style="list-style-type: none"> • Develop, evaluate and use a Clinical Management Plan to support Supplementary Prescribing, (in partnership with an independent prescriber), within the existing legal frameworks. (A1, B1 (plus A2&B2 for supplementary prescribers only))
Syllabus Outline	<p><i>Syllabus outline is informed by indicative curricula derived from professional bodies and current practice. Outline details below are therefore illustrative and not exhaustive.</i></p> <p>Consultation, Decision-making and Therapy including Referral</p> <ul style="list-style-type: none"> • Models of consultation • Accurate assessment, history taking, communication and consultation with patients and their carers • Clinical examination skills relevant to therapeutic area including the use of common diagnostic aids • Concepts of working diagnosis or best formulation • Development of a management plan • Confirmation of diagnosis, further examination, investigation, monitoring and referral for diagnosis • Prescribe, not to prescribe, non-drug treatment or referral for treatment <p>Influences on and Psychology of Prescribing</p> <ul style="list-style-type: none"> • Patient demand versus patient need • External influences, for example companies/colleagues • Patient partnership in medicine-taking including awareness of cultural and ethnic needs • Conformance, normalisation of professional prescribing behaviour • Achieving shared understanding and negotiating a plan of action <p>Prescribing in a Team Context</p> <ul style="list-style-type: none"> • Understand the role and functions of other team members • Documentation, with particular reference to communication between team members including electronic prescribing and developing Clinical Management • Plans for supplementary prescribing • Auditing, monitoring and evaluating prescribing practice • Interface between multiple prescribers and the management of potential conflict • Budget / cost effectiveness • Issues relating to relationship between the prescribing and the supply of medicines <p>Evidence-based Practice and Clinical Governance in relation to Non Medical Prescribing</p> <ul style="list-style-type: none"> • National and local guidelines, protocols, policies, decision support systems and formulae: rationale, adherence to and deviation from • Continuing professional development: role of self and organisation • Management of change • Risk assessment and risk management, including safe storage, handling and disposal • Clinical supervision • Reflective practice • Critical appraisal skills • Auditing and systems monitoring • Identifying and reporting ADRs and near misses <p>Legal Policy and Ethical Aspects</p> <ul style="list-style-type: none"> • Legal basis, liability and indemnity • Legal implications of advice to self-medicate including the use of complementary therapy and over the counter (OTC) medicines • The related ethical issues, documentation, legal aspects and the registrants accountability related to the prescribing of botulinum toxin and related products

	<ul style="list-style-type: none"> • Duty of candour • Safe keeping of prescription pads, action if lost, writing prescriptions and record keeping • Awareness and reporting of fraud • Key Legislation including Human Medicines Regulations, Misuse of Drugs Act • Yellow card reporting to the Medicines and Healthcare Regulatory Agency • Prescribing in the policy context • Manufacturers' guidance relating to literature, licensing and off-label use of medication • Ethical basis of intervention • Informed consent, with particular reference to client groups in learning disability, mental health, children, the critically ill and emergency situations • Confidentiality, Caldicott and Data Protection and Freedom of Information <p>Professional Accountability and Responsibility</p> <ul style="list-style-type: none"> • Health Care Professions Council Code of Professional Conduct and Scope of Professional Practice • General Pharmaceutical Council Standards of conduct, ethics and performance • Nursing and Midwifery Council, Code of Professional Conduct and Scope of Professional Practice • Accountability and responsibility for assessment, diagnosis and prescribing • Maintaining professional knowledge and competence in relation to prescribing • Accountability and responsibility to the employer • Autonomous working and decision making within professional competence <p>Prescribing in the Public Health Context</p> <ul style="list-style-type: none"> • Duty to patients and society • Policies regarding the use of antibiotics and vaccines • Inappropriate use of medication including misuse, under- and overuse • Inappropriate prescribing, under and over-prescribing • Access to health care provisions and medicines <p>Applied Therapeutics (Including Pharmacokinetics & Pharmacodynamics)</p> <ul style="list-style-type: none"> • Anatomy and pathophysiology • Outline consideration of the mechanism of action of major classes of drugs including those used to control pain, cardiac diseases, respiratory disorders, common gastrointestinal complaints, use of antimicrobial agents, common endocrine diseases and those drugs acting within the central nervous system • An introduction to the basic principles and factors which affect drug absorption, distribution, metabolism and excretion. • Drug Interactions • Adverse Drug Reactions • Multiple drug therapy and the possibility of synergistic and antagonistic drug interactions • Physiological changes that occur in ageing • Pregnancy and Breastfeeding • Ethnicity and pharmacogenomics • Drug therapy in neonates, children and the elderly with reference to pharmacokinetics • Differential effects of drugs in diseased and healthy patients/subjects • Drug misuse and dependence
Contact Hours	To comply with regulators requirements for the blended learning prescribing programme at UWE, all students must attend the university for 12 face to face days, complete 14 directed learning days and the mandatory supervised learning in practice.
Teaching and Learning Methods	The module will include a range of teaching methods to maximise the learning experience for the diverse group of students enrolling on the course. It will include lectures and small group work where patient care and potential prescribing decisions are examined and reflected upon. Online resources will be used to develop and test numeracy skills. In addition a Virtual Learning Environment (VLE) community group

will be used to support students' undertaking mandatory directed learning activities. Students will be encouraged to share and learn from each other using online using a variety of online discussion medias.

Whilst working in partnership with their prescribing mentor students will critically reflect and apply the principles of prescribing to their own sphere of practice. The use of a portfolio will be an effective means of demonstrating this ability to integrate theory to practice.

Key Information Sets Information

Key Information Set - Module data				
Number of credits for this module				40
Hours to be allocated	Scheduled learning and teaching study hours	Independent study hours	Placement study hours	Allocated Hours
400	180	130	90	400
Total assessment of the module:				
Written exam assessment percentage				Pass/ Fail
Coursework assessment percentage				100%
Practical exam assessment percentage				Pass/ Fail
				100%

Reading Strategy

Core readings

Any essential reading will be indicated clearly, along with the method for accessing it, e.g. students may be required to purchase a set text, be given a print study pack or be referred to texts that are available electronically or in the Library. Module guides will also reflect the range of reading to be carried out.

Further readings

Further reading will be required to supplement the set text and other printed readings. Students are expected to identify all other reading relevant to their chosen topic for themselves. They will be required to read widely using the library search, a variety of bibliographic and full text databases, and Internet resources. Many resources can be accessed remotely. The purpose of this further reading is to ensure students are familiar with current research, classic works and material specific to their interests from the academic literature.

Access and skills

The development of literature searching skills is supported by a specific information video targeted to the non-medical prescribing student provided by the library team. Students will be presented with further opportunities within the curriculum to develop their information retrieval and evaluation skills in order to identify such resources effectively. Additional support is available through the Library Services web pages, including interactive tutorials on finding books and journals, evaluating information and referencing. Sign up workshops are also offered by the Library.

Indicative Reading List

The following list is offered to provide validation panels/accrediting bodies with an indication of the suggested reference sources that students may be expected to consult. As such, its currency may wane during the life span of the module specification. However, as indicated above, *current* advice on readings will be

available via the module guide.

Bath-Hextall, F. Lymn, J. Knaggs, R, Bowskill, D. (2010) *The New Prescriber, An Integrated Approach to Medical and Non-Medical Prescribing* Chichester, Wiley-Blackwell. (available as an e-book)

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

Courtney, M. Griffiths, M. (2010) *Independent & supplementary prescribing an essential guide*. (2nd Ed) Cambridge, Cambridge university press.

Douglas, G., (Consultant physician), Nicol, E.F. & Robertson, C. (2013), *Macleod's clinical examination*, Thirteenth. edn, Churchill Livingstone Elsevier, Edinburgh. (available as an e-book)

Karch, A.M. (2013), *Focus on nursing pharmacology*, 6th edn, Wolters Kluwer Health/Lippincott Williams & Wilkins, Philadelphia, PA.

Neal, M.J. (2012), *Medical pharmacology at a glance*, 7th edn, Wiley-Blackwell, Chichester, West Sussex. (available as an e-book)

Rang, H.P. & Dale, M.M. (2012), *Rang and Dale's pharmacology*, 8th edn, Elsevier Churchill Livingstone, Edinburgh.

Seidel, H.M. (2012), *Mosby's guide to physical examination*, 7th edn, Mosby Elsevier, St. Louis, Mo.

Tortora, G.J. and Derrickson, B. (2013), *Essentials of anatomy and physiology*, 9th, international student version. edn, Wiley, Hoboken, N.J.

Part 3: Assessment

<p>Assessment Strategy</p>	<p>The assessment strategy within this module is rationalised to comply with the discrete assessment requirement standards of the General Pharmaceutical Council (GPhC), the Health and Care Professions Council (HCPC) and the Nursing and Midwifery Council (NMC). This assessment strategy ensures equality of student experience and proficiency as a Non-Medical Prescriber, regardless of profession or previous experience. The individual elements of the assessments are non-negotiable and must be completed and passed by all students. They are regularly updated to reflect current changes in legislation.</p> <p>Component A assessments are zero-weighted 'pass/fail' elements. These include an OSCE, a written examination incorporating applied pharmacology, a calculation/numeracy examination and a practice-based mentor sign-off confirming suitability for annotation as a Non-Medical Prescriber. The written exam is set at 2 ½ hours to ensure the requirement for content and format of exam is achievable.</p> <p>The portfolio and the essay assessment elements within Component B reflect the field of practice in which the student is to prescribe and includes a range of evidence mapped to the learning outcomes.</p> <p>Component B is a complex piece of work which will allow the student to amply demonstrate the indicative qualities required at Level M. The Clinical Practice Algorithm is a decision making tool for the condition specific to the student's area of practice, based on current literature surrounding the chosen area. The student will review literature available relevant to their area of prescribing as well as apply the findings from the critical appraisal. Using this the student will then prepare and apply a treatment guideline in the form of a Clinical Practice Algorithm. Component B will be assessed against the indicative qualities required at Level M which have been set within the marking guidance. Further details are given in the module handbook.</p> <p>To comply with HCPC and NMC regulators` standards assessments are non-</p>
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	<p>compensatory. In addition if students by omission of information or by an incorrect answer within assessments could cause direct harm to a patient then they must be referred – regardless of academic ability.</p> <p>To comply with GPhC regulators` standards assessments are non-compensatory. In addition if students by omission of information or by an incorrect answer within assessments could cause direct harm to a patient then they must be failed in all components – regardless of academic ability.</p>
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Identify final assessment component and element	Component A Element 1	
% weighting between components A and B (Standard modules only)	A:	B:
First Sit		
Component A (controlled conditions) Description of each element	Element weighting (as % of component)	
A1. Mentor confirmation of successful completion of professional practice element	Pass/Fail	
A2. OSCE	Pass/Fail	
A3. A 2 ½ hr unseen Applied Pharmacology Exam (80% must be attained to pass)	Pass/Fail	
A4. Numeracy assessment (100% must be attained to pass)	Pass/Fail	
Component B Description of each element	Element weighting (as % of component)	
B1. A portfolio of evidence in relation to students own area of practice (a mark of 50% or above must be attained to pass)	50%	
B2. Clinical Practice Algorithm in relation to students own area of practice (a mark of 50% or above must be attained to pass)	50%	

Resit (further attendance at taught classes may be required)		
% weighting between components A and B (Standard modules only)	A:	B:
Second Sit		
Component A (controlled conditions) Description of each element	Element weighting (as % of component)	
A1. Mentor confirmation of successful completion of professional practice element	Pass/Fail	
A2. OSCE	Pass/Fail	
A3. A 2 ½ hr unseen Applied Pharmacology Exam (80% must be attained to pass)	Pass/Fail	

A4. Numeracy assessment (100% must be attained to pass)	Pass/Fail
Component B Description of each element	Element weighting (as % of component)
B1. A portfolio of evidence in relation to students own area of practice (a mark of 50% or above must be attained to pass)	50%
B2. Clinical Practice Algorithm in relation to students own area of practice (a mark of 50% or above must be attained to pass)	50%

Approval from academic and supporting organisations must be in place if a student is permitted an **EXCEPTIONAL RETAKE** of the module.