

# Programme Specification: Post Graduate Taught For Academic Year 2026/27

## 1. Course Summary

<b>Names of programme and award title(s)</b>	MSc / PgDip Specialist Community Nursing (District Nursing) including Apprenticeship route
<b>Award type</b>	Taught Masters
<b>Mode of study</b>	Full-time Part-time
<b>Framework of Higher Education Qualification (FHEQ) level of final award</b>	Level 7
<b>Normal length of the programme</b>	1 year full-time or 2 years part-time The apprenticeship is only available as a two-year part-time programme. Entry points: September
<b>Maximum period of registration</b>	The normal length as specified above plus 3 years
<b>Location of study</b>	Keele Campus
<b>Accreditation (if applicable)</b>	Nursing and Midwifery Council
<b>Regulator</b>	Office for Students (OfS); Skills England
<b>Tuition Fees</b>	This is an NHS-commissioned programme with no student-tuition fees.  The MSc (60 credit) top-up fee for 2026/27 is £4,400*  This programme may also be undertaken as an Apprenticeship with fees paid by the Apprenticeship Levy of the sponsoring organisation.

**How this information might change:** Please read the important information at <http://www.keele.ac.uk/student-agreement/>. This explains how and why we may need to make changes to the information provided in this document and to help you understand how we will communicate with you if this happens.

## 2. Overview of the Programme

### *Educational aims*

The philosophy of this course recognises the dynamic nature of specialist community nursing and the need for education to be responsive to contemporary public policy. Indeed, fostering an intellectually challenging environment, within which you will develop skills of analysis and critical evaluation, is viewed as fundamental to this programme. Integral to achievement of the programme intended learning outcomes is the achievement of the standards of proficiency sufficient for safe and effective practice for entry to the register as a Specialist Community Nurse (NMC, 2022).

The process of teaching and learning within the curriculum will be underpinned by an adult learner approach; this approach emphasises the importance of you, the student, and it recognises the facilitative role of the teacher in order to assist you to learn at this level. On entering this programme, you will already have a sound knowledge base in practice areas, typically developed during your pre-registration education and subsequent post-registration practice and development, as well as from personal experiences.

Value is placed on the intrinsic differences between individual students with regard to your professional knowledge, clinical experiences, technical and life skills. The curriculum will incorporate different ways of encouraging you to learn and different sequences of material so that individual differences between learners can be fitted into the general goal of helping all students to learn. Presenting information, motivating students, and creating opportunities for you to learn will encourage deep approaches to learning. Engaging you, the learner, in this way will seek to develop you in order that you can expedite appropriate change in your own practice and ultimately enhance care for the client group either in health or social care settings. In order to achieve this, you will be empowered to develop individual responsibility for your learning within a framework of reflection, critical evaluation and clinical governance.

The programme team has taken account of the nature of developments within community nursing, education, research and clinical leadership. There will be a need for you to develop critical consciousness of self, evidence based practice, theory and practice knowledge in order to enable you to work in partnership with and respond to people's needs in a variety of contexts.

Care and support of people is increasingly being delivered in the community, in peoples homes, and settings close to their homes and therefore the role of the District Nurse is changing and expanding (NMC, 2022). District Nurses are advanced autonomous practitioners who manage a wide range of complex conditions, which requires not only advanced clinical skills, but also the management of risk skills, case load management and care coordination to ensure that people are cared for in their place of choice, reducing hospital admissions and improving quality of life, whilst also providing education to staff, patients, families and carers (QICN, 2023).

The aim of this programme is to support the development and enhancement of essential knowledge and skills in the registered practitioner to equip them for a career in specialist community nursing. This will be actualised through building upon the theoretical and clinical basis of your specialised area of practice, through the delivery of a coherent programme of study. The award options will have a contemporary focus and initially serve to meet the NMC Standards for proficiency for community nursing specialist practice qualifications (NMC, 2022) for those aspiring to work within the field of District Nursing.

The programme provides opportunities for you to develop and demonstrate knowledge and understanding, skills, qualities and other attributes.

### *Apprenticeship route*

This programme is used to deliver the apprenticeship standard. Apprenticeship standards are co-designed by employers and training providers to ensure that apprentices are equipped with the skills employers need. All higher and degree apprenticeships combine work-based learning with part-time study leading to a recognised qualification. The programme has been designed for delivery in a work-based learning context, where assessments for each module of the programme provide opportunities for the student to apply the learning from the module back into their workplace context.

During delivery we will work with you and your employer to ensure that you progress through your apprenticeship, as a job with training. This will involve regular tripartite review meetings ( 4 per year), monitoring compliance with apprenticeship requirements, such as the 20% off the job and identifying any changes required to your learning plan. Throughout your apprenticeship, you and your employer will have access to Aptem, our apprenticeships management system, where you will be required to sign and submit documents to demonstrate your progress and adhere to compliance requirements.

The programme has been redeveloped and approved to reflect the NMC (2022) Standards of Proficiency for Community Nursing Specialist Practice Qualifications and the Apprenticeship Standard Community Nurse Specialist Practitioner (NMC 2022) ([Community nurse specialist practitioner \(NMC 2022\) / Skills England](#)) from September 2024.

Achievement of the apprenticeship is through the End Point Assessment (EPA) and further details are provided in the section titled 'Final and Exit Awards'.

The apprenticeship standard and the delivery of the apprentices training is aligned to all relevant NMC standards to ensure that apprentices are able to record the qualification against their entry on the NMC register.

## **3. Aims of the programme**

The aim of this programme is to support the development and enhancement of essential knowledge and skills in the registered practitioner to equip them for a career in specialist community nursing. This will be actualised through building upon the theoretical and clinical basis of your specialised area of practice, through the delivery of a coherent programme of study. The award options will have a contemporary focus and initially serve to meet the NMC Standards for proficiency for community nursing specialist practice qualifications (NMC, 2022) for those aspiring to work within the field of District Nursing

The programme provides opportunities for you to develop and demonstrate knowledge and understanding, skills, qualities and other attributes.

## 4. What you will learn

Upon successful completion of the programme, the Specialist Community Nurse will be able to:

- Demonstrate the development and enhancement of skills in intellectual debate, knowledge and skills in clinical reasoning, structured evaluation and problem solving.
- Contribute effectively to the development of innovative care delivery, within specialist community nursing, through the acquisition of appropriate knowledge, skills, attitudes behaviours.
- Contribute to the advancement of evidence - based practice and research within the context of contemporary professional and public policies.
- Demonstrate critical awareness and understanding of the ways in which personal and professional values and organisational structures affect clinical decision making and integrated care delivery.
- Demonstrate the skills and practical knowledge surrounding communication through an individual and personalised approach, to work in partnership with service users, families and colleagues.
- Undertake critical analysis of their role and responsibilities within the community setting and acquire the skills and knowledge to respond to changing practice and expansion of roles.
- Demonstrate understanding and enrichment of knowledge for practice and demonstrate competency within specialist community nursing.
- Demonstrate effective self-management and leadership skills to effect change in community nursing, health and well-being.
- Promote and enhance their skills of critical reflection, evaluation and professional decision making to inform best practice.
- Promote effective collaborative, interdisciplinary and interagency working practices.
- Engage within an advanced programme of study, consolidating and extending theoretical knowledge and practice skills relevant to specialist community nursing practice, facilitating academic and professional development to enhance the delivery of quality care.

The purpose of the programme is to enable nurses who hold a first level nursing registration with the NMC and can demonstrate success at degree level study to complete a Masters' level qualification in Specialist Community Nursing to prepare them for a role of District Nurse. It will enable you to gain 120 credits and a Postgraduate Diploma in Specialist Community Nursing (District Nursing). You can, at a later stage, complete your full Masters' award by undertaking a 60-credit advanced project module or dissertation module. The programme is an approved NMC programme for the proficiency for community nursing specialist practice qualifications (NMC, 2022).

The NMC (2022) Standards have been mapped to the Skills England (2023) Apprenticeship Standard Knowledge and Skills, and the Behaviours (KSB's) run through all of the standards as detailed in the tables below.

<b>Platform 1:</b> Being an accountable, autonomous professional and partner in care	<b>ST1419 Apprenticeship Standards</b>		1.7 demonstrate critical awareness of stigma and the potential for bias, taking action to resolve any inequity arising from either, and educate others where necessary	<b>K4 S7</b>
1.1 practise autonomously, proactively, and innovatively, demonstrating self-awareness, emotional intelligence and openness	<b>S1</b>		1.8 recognise the need for, and lead on action to provide, reasonable adjustments for people, groups and communities, influencing health policy and promoting best practice	<b>K5 S8</b>
1.2 lead and manage a service, with the ability to effectively admit, discharge and refer people to other professionals, services and agencies as appropriate	<b>S2</b>		1.9 demonstrate the principles of courage, transparency and the professional duty of candour, taking responsibility to address poor practice wherever it is encountered	<b>K6 S9</b>
1.3 deliver specialist person-centred care in complex, challenging and unpredictable circumstances	<b>K2 K3 S3</b>		1.10 critically reflect and recognise when their personal values and beliefs might impact on their behaviour and practice	<b>K7 S10</b>
1.4 account for their decisions, actions and omissions when working with complexity, risk, unpredictability and when all of the information required might not be available	<b>K2 S4</b>		1.11 assess the opportunities, risk and demands of specialist community nursing practice, and take action to maintain their own mental and physical health and wellbeing	<b>K8 S11</b>
1.5 critically understand and apply relevant legal, regulatory and governance requirements, policies, and professional and ethical frameworks, differentiating where appropriate between the devolved legislatures of the United Kingdom	<b>K1 S5</b>		1.12 apply the numeracy, literacy, digital and technological skills required to deliver safe and effective specialist practice that meets the needs of people, their families and carers	<b>K9 S12</b>
1.6 lead and promote care provision that is person-centred, antidiscriminatory, culturally competent and inclusive	<b>K3 S6</b>		1.13 be an effective ambassador and role model, and a positive influence on the profession.	<b>K10 S13</b>

<b>Platform 2:</b> <b>Promoting health and wellbeing and preventing ill-health</b>	<b>ST1419 Apprenticeship Standards</b>		<b>Platform 2:</b> <b>Promoting health and wellbeing and preventing ill-health</b>	<b>ST1419 Apprenticeship Standards</b>
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2.1 apply specialist knowledge of epidemiology, demography and the social determinants of health and illness, taking action to influence policy, service design and delivery	<b>K11</b> <b>S14</b>		2.8 critically analyse and assess the characteristics of communities, their assets and any areas for development in order to build networks and alliances that can enhance health outcomes for people and families	<b>K18</b> <b>S21</b>
2.2 critically analyse the factors that may lead to inequalities in health outcomes, and their associated ethical dilemmas, to plan care in partnership with people, families and communities to improve them	<b>K12</b> <b>S15</b>		2.9 promote and support people, communities and populations to connect effectively with local initiatives, support networks, programmes and third sector organisations that support their health and wellbeing	<b>K19</b> <b>S22</b>
2.3 recognise health as a fundamental human right and evaluate the effects of social influences, health literacy, individual circumstances, behaviours and choices on people's current and future mental and physical health	<b>K13</b> <b>S16</b>		2.10 utilise and evaluate the impact of networks to enhance and support the mental and physical needs of people, families and communities, and identify and address any deficiencies in support	<b>K20</b> <b>S23</b>
2.4 critically assess health needs in partnership with people, families, communities and populations, to support them to take decisions and actions that improve their own mental, physical, and behavioural health and wellbeing	<b>K14</b> <b>S17</b>		2.11 understand the role and application of genomics and epigenetics in sufficient detail to inform and advise people about the implications for personalised health care	<b>K21</b> <b>S24</b>
2.5 maximise opportunities for people, families, communities and populations to use their personal strengths and assets to make informed choices about their own health and wellbeing	<b>K15</b> <b>S18</b>		2.12 apply a range of advanced communication skills to develop public health information that is accessible and enables people to make informed decisions about their health and wellbeing	<b>K22</b> <b>S25</b>
2.6 conduct, interpret and evaluate Health and Social Care assessments, screening and profiling activity for people and communities, to take appropriate action to improve health outcomes	<b>K16</b> <b>S19</b>		2.13 share information regarding communicable diseases and approaches necessary for communicable disease surveillance, infection prevention and control, including immunisation and vaccination programmes	<b>K23</b> <b>S26</b>
2.7 apply specialist knowledge of social prescribing to support individual and community health outcomes	<b>K17</b> <b>S20</b>		2.14 mitigate risks of environmental factors and other pollutants that have the potential to affect the health and wellbeing of people now and in the future.	<b>K24</b> <b>S27</b>

<b>Platform 3:</b> <b>Assessing people's abilities and needs and planning care</b>	<b>ST1419</b> <b>Apprenticeship</b> <b>Standards</b>	3.10 critically apply clinical reasoning to decision making, taking into account differential diagnosis and the potential for diagnostic overshadowing	<b>K33</b> <b>S37</b>
3.1 create and apply a person-centred approach to care, working in partnership to support shared decision making within the assessment and care planning process when working with people, their families or carers, and communities	<b>K25</b> <b>S28</b>	3.11 maximise the potential use of technology and informatics to assist with assessment and diagnosis	<b>S38</b>
3.2 use advanced communication strategies and relationship management skills when interacting with people, including families and carers, who may have a range of mental, physical, cognitive, behavioural and social health challenges	<b>K26</b> <b>S29</b>	3.12 apply knowledge and understanding of new and emerging science and technology, including genomics, to inform assessment and treatment options, when agreeing personalised care plans with people and their families, carers or nominated persons	<b>K34</b> <b>S39</b>
3.3 recognise and apply the principle of the presumption of capacity, and the requirement to seek informed consent throughout the assessment and planning process	<b>K27</b> <b>S30</b>	3.13 apply a range of problem solving, influencing and negotiation skills to maximise opportunities for shared decision making when co-producing care plans	<b>K35</b> <b>S40</b>
3.4 make reasonable adjustments to maximise opportunities for people to understand the outcome of their abilities and needs assessment, and the implications for their treatment and care	<b>K28</b> <b>S31</b>	3.14 assess individual abilities and needs when co-producing plans of care, agreeing opportunities for supported self-care and treatment interventions	<b>K36</b> <b>S41</b>
3.5 make best interests decisions within the required legislative framework if, after seeking informed consent and making reasonable adjustments, their professional judgement is that a person lacks capacity to make a decision or give consent at that time	<b>K29</b> <b>S32</b>	3.15 take into account the impact of people's preferences, their close relationships and support systems, their home environment, and the influence of social, environmental and spiritual factors when agreeing the plan of care	<b>K37</b> <b>S42</b>
3.6 assess and plan the care of people when they are vulnerable, agreeing on the required level of support needed to ensure maximum levels of independence throughout the continuum of care	<b>K30</b> <b>S33</b>	3.16 create and maximise opportunities for people, and where needed their families, carers or nominated person, to remain independent and to facilitate self-care	<b>K38</b> <b>S43</b>
3.7 escalate, report, plan and coordinate immediate and continuing care for people in need of safeguarding	<b>K31</b> <b>S34</b>	3.17 effectively communicate the benefits and risks of different care and treatment options, explaining how the person and their family or carers will be supported in the choices they make	<b>K39</b> <b>S44</b>
3.8 proactively obtain and distil information from formal and informal sources to inform individual assessments, involving others as required	<b>K32</b> <b>S35</b>	3.18 anticipate and explain the impact that unexpected events and changes may have on the plan of care.	<b>K40</b> <b>S45</b>
3.9 critically analyse complex assessment information and data, distinguishing between normal and abnormal findings, recognising when prompt action is required, including requesting additional investigations, and involving others when appropriate	<b>K33</b> <b>S36</b>		

<b>Platform 4:</b> <b>Providing and evaluating evidence based care</b>	<b>ST1419</b> <b>Apprenticeship</b> <b>Standards</b>	4.10 understand and apply a range of techniques to educate people, their families, carers or nominated persons about their condition, treatment and care, to promote independence and confidence in supported self-care and self-management	<b>K50</b> <b>S55</b>
4.1 autonomously manage and evaluate complex episodes of care from referral to service and admission, to discharge from caseload, or referral to other appropriate services or agencies	<b>K41</b> <b>S46</b>	4.11 work in partnership with people, their families, carers and other members of the team to continuously monitor and evaluate the care and treatment provided	<b>K51</b> <b>S56</b>
4.2 assess and manage transition of people to other services or agencies, proactively collaborating with colleagues of other disciplines and agencies to find solutions to mitigate any risks	<b>K42</b> <b>S47</b>	4.12 include people and their families or carers in making decisions about their care and mitigate any risks as a result of changes in a person's mental and physical health, their living environment, or social arrangements	<b>K51</b> <b>S57</b>
4.3 agree and negotiate with the person and where necessary their family, carer or nominated person, the implications of delegation of any aspect of their care to an alternative person	<b>K43</b> <b>S48</b>	4.13 make autonomous decisions in challenging and unpredictable situations, and be able to take appropriate action to assess and manage risk	<b>K51</b> <b>S58</b>
4.4 recognise reduced concordance, changes in motivation or dissatisfaction with the care and treatment plan, and work in partnership with people to influence and negotiate any revisions to the plan	<b>K44</b> <b>S49</b>	4.14 work with people and where appropriate their families, carers or nominated person to agree and provide evidence-based person-centred nursing care for those who are dying or near to the end of life	<b>K46</b> <b>K52</b> <b>S59</b>
4.5 proactively engage with, and effectively advocate for, people using services provided by other professionals or agencies to identify and find solutions where there is inconsistency, disagreement, or conflict	<b>K45</b> <b>S50</b>	4.15 sensitively accommodate the preferences, beliefs, cultural requirements and wishes of the deceased and people who are bereaved	<b>K52</b> <b>S60</b>
4.6 initiate a range of evidence-based care and treatment, including care, therapeutic interventions, and social prescribing, that may be supportive, curative, symptom relieving or palliative	<b>K46</b> <b>S51</b>	4.16 clearly explain and accurately record the rationale for decisions, actions taken and resulting outcomes either in writing, or using digital technology, which can be shared with the person, their family, carers, nominated person and interdisciplinary and interagency teams.	<b>K53</b> <b>S61</b>
4.7 safely and effectively manage complex medicines administration, optimisation, and medicines reconciliation, and continually evaluate to ensure optimum effectiveness	<b>K47</b> <b>S52</b>		
4.8 evaluate and adjust plans to ensure adequate safeguards for people when they are vulnerable	<b>K48</b> <b>S53</b>		
4.9 maintain therapeutic relationships with people, their families and/or carers throughout the episode of care and treatment, and actively address any differing views	<b>K49</b> <b>S54</b>		

<b>Platform 5: Leading, supporting and managing teams.</b>	<b>ST1419 Apprenticeship Standards</b>		
5.1 demonstrate leadership in applying human rights, equality, diversity, and inclusion, to improve the health and wellbeing of people, families and communities	<b>K54 S62</b>	5.9 critically analyse their personal workload requirements and that of the wider team to lead and prioritise activities in order to manage demand and capacity	<b>K61 S70</b>
5.2 demonstrate compassionate leadership when managing community nursing, interdisciplinary and interagency teams, to promote equality, diversity, and inclusion, support individual professionals' wellbeing, motivate, and encourage team cohesion and productivity	<b>K55 S63</b>	5.10 safely and effectively delegate responsibilities to team members based on an assessment of their level of knowledge, skill and confidence	<b>K62 S71</b>
5.3 lead, promote and influence the nursing profession in wider Health and Social Care contexts and know how to influence and improve the care of communities through partnership working	<b>K56 S64</b>	5.11 use digital technology to maximise the use of resources across interdisciplinary and interagency teams	<b>K63 S72</b>
5.4 identify available local community assets and engage with a range of providers, including third sector and faith-based support organisations and networks, to enhance the support and care of people	<b>K57 S65</b>	5.12 procure equipment and other items in line with relevant procurement policies, value for money considerations and health and safety requirements	<b>K64 S73</b>
5.5 evaluate a range of indicators to determine the skill mix and appropriate characteristics of the workforce required to meet the needs of specific caseloads	<b>K58 S66</b>	5.13 articulate a clear and evidence-based rationale for complex decision making and professional judgment when leading teams in challenging situations	<b>S74</b>
5.6 review, lead and manage the people, financial and other resources required to safely meet caseload requirements, making professional risk-based decisions when necessary to resolve resource issues	<b>K60 S67</b>	5.14 continually reflect on their own leadership approach and take action to adapt their leadership style to different situations, including but not limited to when working with diverse teams who may be geographically dispersed	<b>K65 S75</b>
5.7 construct cogent arguments and effectively communicate complex information to justify decisions about resource allocation	<b>K59 S68</b>	5.15 effectively use systems to measure the impact, quality, productivity, and cost efficacy of interdisciplinary and interagency teams to allow effective leadership and performance management	<b>K66 S76</b>
5.8 delegate responsibility for the management of budget, people and other resources to team members, while retaining overall accountability	<b>K60 S69</b>		

<p><b>Platform 5:</b> <b>Leading, supporting and managing teams.</b></p>	<p><b>ST1419</b> <b>Apprenticeship</b> <b>Standards</b></p>
<p>5.16 conduct conversations with team members to provide opportunities for positive reinforcement and challenge, and agree any development plans or remedial actions in line with appraisal processes</p>	<p><b>K67</b> <b>S77</b></p>
<p>5.17 lead the development of a positive learning culture for interdisciplinary and interagency teams</p>	<p><b>K68</b> <b>S78</b></p>
<p>5.18 use a range of approaches and resources available to educate, support and motivate people, manage talent and succession plan</p>	<p><b>K69</b> <b>S79</b></p>
<p>5.19 apply a range of leadership strategies that are effective in supporting positive team development and cohesion across disciplines and agencies</p>	<p><b>K70</b> <b>S80</b></p>
<p>5.20 select, implement, and evaluate strategies which are appropriate to the composition of the team, to enable supervision, reflection, and peer review</p>	<p><b>K71</b> <b>S81</b></p>
<p>5.21 recognise individual abilities and learning needs when applying the standards of education and training for pre- and post-registration nursing, midwifery, and nursing associate Apprentices, in order to educate, supervise and assess effectively.</p>	<p><b>K72</b> <b>S82</b></p>

<b>Platform 6:</b> <b>Leading improvements in safety and quality of care</b>	<b>ST1419</b> <b>Apprenticeship</b> <b>Standards</b>
6.1 interpret health and safety legislation and regulations in order to develop local policy and guidance to support staff working across the range of home and community environments	<b>K73</b> <b>S83</b>
6.2 evaluate the outputs and recommendations of internal and external risk reporting to enable prioritisation, decision making and the development of action plans to mitigate risk	<b>K74</b> <b>S84</b>
6.3 exercise the knowledge, skills and professional judgement required to balance competing risks and priorities, undertaking quality impact assessments that reflect the balance between safety, quality and least restrictive practices	<b>K75</b> <b>S85</b>
6.4 co-produce strategies and plans for service design with people, families and communities to improve care outcomes	<b>S86</b>
6.5 use innovative and emerging technology effectively to ensure collection and storage of data to allow analysis and forecasting to inform service improvement and safety plans	<b>K76</b> <b>S87</b>
6.6 devise methods of systematically and effectively capturing and evaluating people's lived experiences of care to lead improvements in the quality of service delivery	<b>K77</b> <b>S88</b>
6.7 evaluate different research designs and methodologies and their application to develop and address research questions and generate evidence for service improvement	<b>K78</b> <b>S89</b>
6.8 initiate and lead a continuous quality improvement programme, selecting an appropriate improvement methodology, collating and presenting results and proposing improvement actions	<b>K79</b> <b>S90</b>
6.9 critically appraise published results of service evaluation, research findings, improvement data and audit, and distil relevant learning that can be applied in practice to bring about service improvement	<b>K80</b> <b>S91</b>
6.10 present relevant research, quality and audit findings and proposals for care improvement to a range of audiences.	<b>K81</b> <b>S92</b>

<b>Platform 7:</b> <b>Care coordination and system leadership</b>	<b>ST1419 Apprenticeship Standards</b>
7.1 critically analyse political and economic policies and drivers that may have an impact on the health, care, and wellbeing of local communities	<b>K82 S93</b>
7.2 understand the economic principles that drive Health and Social Care, and their impact on resource allocation in integrated primary and community care services	<b>K83 S93</b>
7.3 synthesise epidemiological, demographic, social, political and economic trends to forecast their impact and influence on current and prospective community nursing services	<b>K84 S94</b>
7.4 build relationships between teams within different systems in health and care, appreciating the value of different approaches, skill sets and expertise	<b>K85 S95</b>
7.5 maximise effectiveness of different services within the system through collaboration and co-design, ensuring that services work seamlessly together to meet the needs of people and communities	<b>K86 S96</b>
7.6 apply a range of methodologies to drive continuous service improvement within the variety of different organisations and agencies that deliver services	<b>K87 S97</b>
7.7 proactively lead on the creation and development of effective system networks that enhance communication and decision making across organisations and agencies	<b>K88 S98</b>
7.8 demonstrate cultural competence and leadership when challenging discriminatory, oppressive cultures and behaviours at a system level	<b>K89 S99</b>
7.9 develop the skills required to influence the Health and Social Care strategies and policies at a local, regional and national level	<b>K90 S100</b>
7.10 effectively work in partnership with peers at a strategic level to promote and influence change and improve health outcomes for the people and communities served.	<b>K91 S101</b>

## **Community Nurse Specialist Practitioner (NMC 2022) Apprenticeship Standard - Occupational Duties and KSB's**

### **Occupation duties**

DUTY	KSBS
<p><b>Duty 1</b> Provide accountable, autonomous professional care in partnership with service users.</p>	<p>K1 K2 K3 K4 K5 K6 K7 K8 K9 K10 S1 S2 S3 S4 S5 S6 S7 S8 S9 S10 S11 S12 S13 B1 B2 B3 B4 B5 B6</p>
<p><b>Duty 2</b> Promote health and wellbeing.</p>	<p>K11 K12 K13 K14 K15 K16 K17 S14 S15 S16 S17 S18 S19 S20 B1 B2 B3 B4 B5 B6</p>
<p><b>Duty 3</b> Prevent ill health.</p>	<p>K18 K19 K20 K21 K22 K23 K24 S21 S22 S23 S24 S25 S26 S27 B1 B2 B3 B4 B5 B6</p>
<p><b>Duty 4</b> Assess people's abilities and needs.</p>	<p>K25 K26 K27 K28 K29 K30 K31 K32 K33 K34 S28 S29 S30 S31 S32 S33 S34 S35 S36 S37 S38 S39 B1 B2 B3 B4 B5 B6</p>
<p><b>Duty 5</b> Plan community nursing care.</p>	<p>K35 K36 K37 K38 K39 K40 S40 S41 S42 S43 S44 S45 B1 B2 B3 B4 B5 B6</p>
<p><b>Duty 6</b> Provide and evaluate evidence-based nursing care.</p>	<p>K41 K42 K43 K44 K45 K46 K47 K48 K49 K50 K51 K52 K53 S46 S47 S48 S49 S50 S51 S52 S53 S54 S55 S56 S57 S58 S59 S60 S61 B1 B2 B3 B4 B5 B6</p>
<p><b>Duty 7</b> Lead, support and manage teams.</p>	<p>K54 K55 K56 K57 K58 K59 K60 K61 K62 K63 K64 K65 K66 K67 K68 K69 K70 K71 K72 S62 S63 S64 S65 S66 S67 S68 S69 S70 S71 S72 S73 S74 S75 S76 S77 S78 S79 S80 S81 S82 B1 B2 B3 B4 B5 B6</p>
<p><b>Duty 8</b> Lead improvements in safety and quality of care.</p>	<p>K73 K74 K75 K76 K77 K78 K79 K80 K81 S83 S84 S85 S86 S87 S88 S89 S90 S91 S92 B1 B2 B3 B4 B5 B6</p>
<p><b>Duty 9</b> Coordinate care for service users across different services and agencies.</p>	<p>K82 K83 K84 K85 K86 K87 S93 S94 S95 S96 S97 B1 B2 B3 B4 B5 B6</p>

DUTY	KSBS
<b>Duty 10</b> Provide system leadership to enhance communication and decision making.	K88 K89 K90 K91 S98 S99 S100 S101 B1 B2 B3 B4 B5 B6

The QICN (2023) District Nursing Standards for Specialist Practitioner Qualifications 2023 (District Nursing) have been mapped to the NMC(2022) Standards of Proficiency for Community Nursing Practice Qualifications.

Link to view tables: [QNI District Nursing Standards mapping to NMC \(2022\) Standards of Proficiency.pdf](#)

## The Keele Graduate Attributes

The Keele Graduate Attributes are the qualities (skills, values and mindsets) which you will have the opportunity to develop during your time at Keele through both the formal curriculum and also through co- and extra-curricular activities (e.g., work experience, and engagement with the wider University community such as acting as ambassadors, volunteering, peer mentoring, student representation, membership and leadership of clubs and societies). Our Graduate Attributes consist of four themes: **academic expertise, professional skills, personal effectiveness, and social, environmental and ethical responsibility**. You will have opportunities to engage actively with the range of attributes throughout your time at Keele: through your academic studies, through self-assessing your own strengths, weaknesses, and development needs, and by setting personal development goals. You will have opportunities to discuss your progress in developing graduate attributes with, for example, Academic Mentors, to prepare for your future career and lives beyond Keele.

## 5. How is the programme taught?

In order to prepare a practitioner who is able to contribute positively to delivering the health and social care needs of individuals and communities, the educational and learning process will concern itself with the integration and application of theory to practice. Consequently, you will develop the ability to reflect on practice and respond pro-actively to change, whilst maintaining quality within patient/client care. Critical - thinking skills and a sound evidence base to your practice are essential for competent practice.

The learning methods below are selected and used to support you to meet the stated learning outcomes by providing a balance of independent, supported study with choice in relation to topics of relevance and importance to individuals' teaching contexts, the provision of dialogic development of skills and knowledge through peer and expert support.

The principal learning and teaching methods used in the programme are:

- Seminars and Workshops: The core of each module delivery mode is a series of face to face and online tutor-led or group-led seminars or workshops.
- Observations and Supervised Practice: students will be supported in clinical practice by their Practice Supervisor and Practice Assessor (NMC, 2018) alongside their Academic Assessor. Tripartite meetings will be held at regular intervals (per semester) to reflect on your progress and to explore any requirements to provide additional experience or support that you may require. Case studies from practice will be identified and professional discussions linking theory to practice will be developed and presented.
- Web-based learning using the Keele Learning Environment (KLE), Blackboard and MS Teams. All modules on the programme maintain an active web presence where module details and learning materials can be accessed on campus and remotely.
- Group work and peer support. All modules use focused group work and class discussions within face to face or online tutor time.
- Simulated practice: In your programme you may sometimes be expected to role play and engage in simulated clinical scenarios with other students, such as the practice and observation of practical skills in physical contact with other students. For some specific practices, this may necessitate modification of dress - e.g., to shorts and t-shirt. These activities will be conducted in a professional, safe, respectful and culturally sensitive way, under the supervision of academic staff, according to a defined protocol.
- Directed study. Most of the study hours for each module comprise directed study, expecting you to add depth and breadth to your knowledge of topics, to practice skills and to reflect on critical incidents and your practice.

Throughout the period of study on the programme or on an associated award, you will be assigned a named

academic mentor. The academic mentor will offer a regular infrastructure of meetings throughout your study period. They can discuss progression, achievement and offer support and guidance.

### **Apprenticeship route:**

The PG Dip District Nursing Apprenticeship is a programme of 120 credits achieved through on-programme learning and assessment. The End Point Assessment (EPA) is integrated and consists of successful completion of all core modules, completion of all mandatory training and practice hours and eligibility criteria confirmation at the final gateway. It is expected that the gateway will be reached on completion of the final qualification module and before the University's examination board. This apprenticeship is aimed at nurses wishing to become Specialist Practitioners in District Nursing, equipped to meet the contemporary challenges of nursing in the community, using a wide variety of clinical and academic based learning and assessment of competence.

During the programme you will undertake 20% (one day) 'off job' per week to study and a second day (20%) undertaking clinical practice supported by your Practice Supervisor and/or Practice Assessor. The rest of the week will be spent in your substantial role in clinical practice.

You will undertake both theory and practice modules to support your learning, and this will be monitored during tripartite meetings throughout the programme, where your Academic Assessor will meet with you and your Practice Assessor and/or Practice Supervisor to ensure that you are progressing well and are receiving the support you need to continue to make progress.

## **6. Teaching Staff**

The teaching staff involved with the Postgraduate Diploma in Specialist Community Nursing (District Nursing) consists of lecturers with specialist expertise in District Nursing, Intermediate Care Community Nursing, Social Work, staff with advanced clinical expertise and non-medical supplementary and independent prescribing.

Many members of staff have higher degrees and PhDs in disciplines relating to the core modules within the programme pathway and many members of staff are involved in clinical practice. The majority of staff members are active researchers and several of those have published extensively in national and international journals. All members of staff are registered with the appropriate Professional Body. The majority of staff have recognised and recordable teaching qualifications. Moreover, they have extensive experience of teaching at undergraduate and postgraduate level and many are External Examiners to undergraduate and postgraduate programmes in other Higher Education Institutions.

Engagement and involvement of honorary lecturers, visiting lecturers and lead clinicians is integral to the delivery of modules within the programme.

The University will attempt to minimise changes to our core teaching teams, however, delivery of the programme depends on having a sufficient number of staff with the relevant expertise to ensure that the programme is taught to the appropriate academic standard.

Staff turnover, for example where key members of staff leave, fall ill or go on research leave, may result in changes to the programme's content. The University will endeavour to ensure that any impact on students is limited if such changes occur.

## **7. What is the structure of the programme?**

### *Module Structure*

The Postgraduate Diploma Specialist Community Nursing (District Nursing) award - recordable with the NMC - comprises five taught modules and can be undertaken full time over one year or part time over two years (or as an apprenticeship, part time over two years).

Successful completion of the Postgraduate Diploma will lead to the NMC approved specialist recordable qualification Specialist practitioner: District nursing and V300: Nurse independent / supplementary prescriber.

Students who have met the requirements for the award of a Postgraduate Diploma will be eligible to complete a 60 credit advanced work based project or dissertation module to complete their Masters' award, subject to the rules of progression. The award of MSc Specialist Community Nursing (District Nursing) requires successful completion of the Advanced Work Based Project or dissertation module.

Some of the compulsory modules are shared with other advanced practice programmes; this enhances inter-professional learning with colleagues from a range of disciplines and clinical areas.

### **Postgraduate Certificate, Postgraduate Diploma, Apprenticeship: Specialist Community Nursing (District Nursing):**

One-year full time and two-year part-time programme (and the apprenticeship route) will complete all 5

compulsory modules.

<b>EXIT AWARD:</b>	<b>POSTGRADUATE DIPLOMA SPECIALIST COMMUNITY NURSING (DISTRICT NURSING)</b>	
<b>Module 1</b>	<b>NUR-40014 Health Assessment in Clinical Practice (Year 1, September-February)</b>	<b>30 credits</b>
<b>Module 2</b>	<b>NUR-40166 District Nursing Specialist Practice (Year 1-2)</b>	<b>30 credits</b>
<b>Module 3</b>	<b>NUR-40120 Research Application in Clinical Practice (Year 1, July-August)</b>	<b>15 credits</b>
<b>Module 4</b>	<b>NUR-40047 Independent and Supplementary Nurse Prescribing Module (Year 2, September-February)</b>	<b>15 credits</b>
<b>Module 5</b>	<b>NUR-40164 Applied Advanced Healthcare Leadership and Management (Year 2, March-April)</b>	<b>30 credits</b>

Option to return to complete MSc Specialist Community Nursing (District Nursing)

<b>EXIT AWARD:</b>	<b>MSc SPECIALIST COMMUNITY NURSING (DISTRICT NURSING).</b>	
<b>Module 6</b>	<b>NUR-40037 - Advanced Work-based Practice Project</b>	<b>60 credits</b>
<b>(Options)</b>	<b>OR</b>	
	<b>NUR 40019 - Dissertation module</b>	<b>60 credits</b>

### **PGDip District Nursing (Apprenticeship route)**

The apprenticeship standard and the delivery of the apprentices training is aligned to all relevant NMC standards to ensure that apprentices are able to record the qualification against their entry on the NMC register. This two-year part-time apprenticeship programme consists of 120 credits of Level 7 modules; the students will complete the five compulsory modules. Where prior knowledge is indicated in the Initial Needs Assessment, Recognition of Prior Learning (RPL see section 12) will be available up to 50% of the programme.

### **Content of programme of education:**

The below table demonstrates how the NMC (2022) Standards of Proficiency, and the Apprenticeship Standard for the Community Nurse Specialist Practitioner (2023) Knowledge and Skills (KSB's) are achieved through the 5 compulsory modules.

The Apprenticeship Behaviours as detailed below are demonstrated throughout all of the compulsory modules in the theory and practice elements of the programme.

**B1: Treat people with dignity at all times.**

**B2: Respect people's diversity, beliefs, culture and individual needs.**

**B3: Show respect and empathy for individuals, their families and carers and those you work with at all times.**

**B4: Be adaptable, reliable and consistent and have the courage to challenge areas of concern.**

**B5: Show leadership, flexibility, self-awareness and emotional intelligence when dealing with individuals, carers, colleagues, other teams and self.**

**B6: Act as a positive role model for all those you work with, including wider teams and students.**

Link to tables:

[NMC \(2022\) Standards of Proficiency and Apprenticeship KSBs.pdf](#)

## 8. Final and intermediate awards

### Exit routes

You can exit from this programme at the following point:

Upon achieving 120 credits: Postgraduate Diploma Specialist Community Nursing (District Nursing)

The District Nursing with integrated independent and supplementary prescribing (V300) qualification must be registered with the NMC within five years of successfully completing the programme. If the student fails to do so they will be required to retake and successfully complete the programme in order to qualify and register their award (NMC, 2018, 2023).

Students, on completion of their PGDip in Specialist Community Nursing (District Nursing) can undertake and successfully complete the NUR-40037 Advanced Work-Based Practice Project (60 credits) or NUR 40019 Dissertation module and gain their MSc Specialist Community Nursing (District Nursing)

### NMC (2022) Standards of proficiency for community nursing specialist practice qualifications

[Standards of proficiency for community nursing specialist practice qualifications \(SPQ\) - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

1. Platform 1 Being accountable, autonomous professional and partner in care
2. Platform 2 Promoting health and wellbeing and preventing ill health
3. Platform 3 Assessing peoples abilities and needs, and planning care
4. Platform 4 Providing and evaluating evidence based care
5. Platform 5 Leading, supporting and managing teams
6. Platform 6 Leading improvements in safety and quality of care
7. Platform 7 Care coordination and system leadership

The QICN field specific - QICN (2023) District Nursing Standards for Specialist Practitioner Qualification have been mapped to the NMC (2022) Standards and incorporated into the District Nursing Specialist practice module (NUR 40166). [District Nursing Standards 2023 Final.pdf](#)

1. Domain 1: Clinical Care
2. Domain 2: Leadership and Management
3. Domain 3: Facilitation of Learning
4. Domain 4: Evidence, Research and Development

Skills England (2023) Standard - [Community nurse specialist practitioner \(NMC 2022\) / Skills England](#) has been mapped to the NMC (2022) Standards

### PGDip District Nursing Apprenticeship route

#### The End Point Assessment (EPA)

The EPA outcome (EPAO) does not require approval from the Professional Statutory and Regulatory Body (PSRB)

The EPA for the Community Nurse Specialist Practitioner (NMC 2022) Standard for programmes from September 2024 is integrated into the programme. It is expected that the gateway will be reached on completion of the final qualification module and before the University's examination board. The EPA will use the assessment arrangements in use for other entry routes into this occupation and will be completed simultaneously, as outlined in this end-point assessment plan

Throughout the programme, you, the apprentice, will be prepared for the end point assessment (EPA) during your tripartite meetings. These will be undertaken and modelled on this assessment.

Performance in the EPA will determine the overall apprenticeship standard and grades of: Pass or Fail. All assessment methods are weighted equally in their contribution to the overall EPA grade i.e. both must be passed.

The examination board will be constituted in line with the NMC Approved Education Institution's academic assessment regulations and must have an external examiner present when considering achievement of the NMC approved qualification.

On-programme (typically 24 months): Training to develop the occupation standards knowledge, skills and behaviours aligned to the NMC (2022) Standards of proficiency for community nursing specialist practice qualifications.

### **End-point assessment gateway:**

- Apprentice has met the knowledge, skills and behaviours
- Employer and NMC Approved Education Institution (AEI) are satisfied the apprentice has consistently demonstrated they meet the KSBs of the occupational standard
- Achieved English and Mathematics qualifications in line with the apprenticeship funding rules (as per Standard)
- Achieved all required modules, taking into account any recognition of prior learning (RPL) of the following approved qualification:
- PG Diploma for District Nursing with integrated independent prescribing at Level 7
- Practice Assessment Document (PAD) completed and signed-off by their practice and academic assessor.

**End-point assessment (which would typically take place within 1 month)** -The EPA starts with the examination board and finishes when the University makes the required declarations to the NMC. The apprentice is not required to carry out any additional assessments

- Consideration by the examination board and notice of the decision of the examination board

### **Professional recognition:**

Record achievement of the Specialist practitioner: District nursing and V300: Nurse independent / supplementary prescriber with the Nursing and Midwifery Council

## **9. How is the Programme Assessed?**

The purpose of the assessments listed in the tables in section 3 is to measure your achievement of the programme learning outcomes. It is apparent from the table that the range of assessments used within the programme is considerable and varied. For example:

- **Essays:** these vary according to the module. You may have a choice of essay focus or this may be prescribed. Essays test your ability to write coherently and analytically using relevant literature to support your discussion, and to integrate and synthesise your arguments in relation to the essay question. Essays are utilised to enable you to examine and analyse issues related to specialist community nursing practice.
- **Reflective analysis / accounts:** these are used to develop and test your ability to reflect critically and analytically on your practice in order to learn from it.
- **Portfolios:** the majority of healthcare practitioners are required by their regulatory body to maintain a portfolio of professional development. This method of assessment facilitates your competence and confidence in generating and maintaining a comprehensive portfolio of your professional and personal progress; combined with the skills of reflection and reflective writing, you are enabled to present appropriate practice-based evidence in support of your continuing development.
- **Examinations:** the exam is used in this programme to test your knowledge around community prescribing practice and it is a professional requirement (RPS, 2021) that this is tested through examination.
- **Presentations / Professional Discussions:** these take the form of oral presentations within this programme. They test a variety of skills, namely; breadth and depth of knowledge; ability to interpret and use research / evidence; skills of critical analysis and synthesis; oral and written communication skills; non-verbal communication skills; planning and organisation skills and the ability to think logically and act appropriately when under pressure.
- **Practice Assessment Document (PAD):** The NMC (2022) specialist community nursing standards of proficiency state the additional knowledge and skills required for community nursing SPQs therefore clinical assessment of practice competence is important. Specific specialist community nursing competencies are identified for assessment. You will be allocated a named Practice Supervisor and Practice Assessor (NMC, 2018) who are responsible for supporting your learning and assessing your competence in practice. Together you will plan learning opportunities to facilitate achievement of the competencies/proficiencies/standards and will use the criteria within the clinical assessment document to determine a Pass or Fail. This process will be supported by tripartite meetings with the Academic Assessor. Practice based assessment and learning facilitates the acquisition of breadth and depth of knowledge; evidence-based practice; communication skills; affective skills; reasoning; psychomotor skills; prioritising and problem-solving skills, interprofessional working, and organisational skills.
- For those undertaking the Apprenticeship route, the EPA must be completed and is integrated into the programme, i.e. the employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard. English/Mathematics Level 2 has been evidenced. The Practice Assessment Document (PAD) is submitted and passed which is mapped to the KSBs.

The Programme Lead, Module Leaders, Academic Assessor, Practice Supervisor and Practice Assessor have experience of working with students from a wide range of backgrounds and personal circumstances, and will support you to become an independent learner throughout the programme. You will be supported through a

clear articulation of what is to be assessed, how it will be assessed, who will be responsible for that assessment and the standards, criteria and marking schemes being applied. Opportunities will be structured to share ideas with fellow students in a supportive network and environments. Discussion, debate and active learning will be encouraged. The Programme Lead, Module Leaders, Academic Assessor, Practice Supervisor and Practice Assessor will have a number of supportive roles and work in line with the NMC (2018) Standards for Student Supervision and Assessment: guiding and advising; appraising; role modelling, challenging, educating and coaching according to the needs and stages of development of individual students. Further support will also be available through learning materials and discussion forum on the Keele Learning Environment (KLE) and MS Teams

In addition to the summative assessments identified above, you will be supported throughout the programme to acquire the skills necessary for you to engage with the assessment strategies and achieve the programme learning outcomes. This support involves a range of formative assessment processes that are non mark-bearing, formal and informal feedback on an individual or small group basis. Feedback may be verbal or written and may be face to face or on-line. This is especially relevant to achieving practice competence as you will be working one-to-one with your Practice Supervisor and Practice Assessor who will be able to provide direct formative feedback. Detailed, summative assessment feedback is available to all via their assignment feedback, but you may also obtain comprehensive analysis of your progress in personal tutorials if you require further clarification of assessed work.

## 10. Accreditation

The programme is an approved NMC programme for Standards for Proficiency for Community Nursing Specialist Practice Qualifications (NMC, 2022)

## 11. University Regulations

The University Regulations form the framework for learning, teaching and assessment and other aspects of the student experience. Further information about the University Regulations can be found at:

<http://www.keele.ac.uk/student-agreement/>

If this programme has any exemptions, variations or additions to the University Regulations these will be detailed in an Annex at the end of this document titled 'Programme-specific regulations'.

## 12. What are the typical admission requirements for the Programme?

Entry criteria for the programme would normally be:

- Current first level Professional Registration on Part 1 of the NMC Register (Registered Nurse)
- Degree in a related subject or academic equivalent
- Applicants without a Degree or equivalent may be considered on an individual basis through the RPEL and RPL process. (For apprenticeships regulations apply (Gov.uk) in regards to minimum length of programme and time spent off the job training)
- Achieved Maths and English qualifications inline with the apprenticeship funding rules (as per the Standard) for apprenticeship applicants.
- Sponsorship from an authorised NHS Trust/Organisation.

The selection process will normally be in association with the sponsoring NHS Trust/Organisation.

- Self employed / self-funded with placements agreed with an approved Health Care Organisation

Additional Requirements needed for the (V300) Independent and Supplementary Nurse Prescribing NUR-40047 Module.

*Module pre-requisites:*

You must provide evidence that you meet the NMC's (2018) criteria for eligibility to undertake a nurse/midwife independent and supplementary prescribing programme. The University together with the practice learning partners must.

1. ensure that you are a registered nurse (level 1)/registered midwife or a SCPHN/SDN before being considered as eligible to apply for entry onto an NMC approved prescribing programme.
2. provide opportunities that enable all nurse (level 1), midwife or SCPHN/SDN registrants (including NHS, self-employed or non-NHS employed registrants) to apply for entry onto an NMC approved programme.
3. confirm that the necessary governance structures are in place (including clinical support, access to protected learning time and employer support where appropriate) to enable you to undertake and be adequately supported throughout the programme.
4. consider recognition of prior learning that is capable of being mapped to the RPS Competency Framework for all prescribers.

5. confirm on entry that any applicant selected to undertake a prescribing programme has the competence, experience and academic ability to study at the level required for that programme.
6. confirm that the applicant is capable of safe and effective practice at a level of proficiency appropriate to the programme to be undertaken and their intended area of prescribing practice in the following areas; clinical/health assessment, diagnostics/care management, planning and evaluation of care.
7. ensure that applicants for the V300 independent and supplementary prescribing programmes have been registered with the NMC for a minimum of one year prior to application for entry onto the programme.

The Independent and Supplementary Nurse Prescribing (NUR-40047) module forms a core module within the PgDip and Apprenticeship Standard for Community Specialist Practice (District Nursing) programmes and therefore must be successfully completed to enable registration with the NMC of the qualification and titles of Specialist Practitioner: District Nurse and also Independent and Supplementary Nurse Prescriber.

### **Independent and Supplementary Nurse Prescribing (V300) NUR-40047 Learning Outcomes:**

Students who successfully complete this module will be able to:

1. Demonstrate safe and effective consultation with the patient/carer/family to complete a holistic assessment, to inform critical decision making towards a diagnosis and management plan, including monitoring and review.
2. Synthesise and critically apply knowledge of pharmacology, therapeutics and drug interactions to prescribing situations, including how to deal with unforeseen consequences and the effects of co morbidities; both physical and psychological.
3. Critically evaluate and analyse the implications of polypharmacy and adverse drug reactions (ADRs), plus how to report ADRs through local and national policies.
4. Critically debate and synthesise information around cost effective independent and supplementary prescribing; considering alternative management strategies, which may not necessarily include the prescribing of medications but maintaining clinical effectiveness.
5. Synthesise information, critically analyse and debate the legal, professional and ethical concepts of independent and supplementary prescribing/non prescribing to practice and ensure shared information and understanding of all involved (patient/family/carer/health care professional).
6. Critically appraise, synthesise and debate sources of evidence base, information, policies, local/national guidelines and formularies (including public health policies), in all decision-making processes for independent and supplementary prescribing practice.
7. Critically analyse and synthesise a range of contemporary information around influences that can affect the independent and supplementary prescribing role from patients/families/carers/health care professionals and outside agencies, and demonstrate the ability to manage these, ensuring communication and record keeping are maintained with all concerned and supporting others in such situations through effective multidisciplinary team (MDT) working.
8. Critically analyse, debate and demonstrate generic/branded prescribing, off label prescribing and prescribing of controlled drugs, as well as safe storage and transport of medication.
9. Demonstrate safe prescription writing and development of clinical management plans (CMPs) for supplementary prescribing only, and the process of audit and review of data to improve efficiency or prescribing.
10. Demonstrate competence in the ability to perform numeracy skills related to safe drug/dosage calculations.

### **Recognition of Prior Learning (RPL)**

Recognition of prior certificated learning (RPCL) and recognition of prior experiential learning (RPEL) will be permitted along the following lines.

RPCL will be allowed where a module has been completed prior to registering on the PGDip, whose content and learning objectives are equivalent to those of a module within the MSc. These credits must have been earned sufficiently recently that they are deemed to be 'current' (which will be judged in relation to the subject matter and disciplinary context but will normally be no more than 5 years).

The module offered for RPCL must have a credit rating at least as large as that of the Keele module against which it is offered, and the maximum credit value that can be contributed by an individual module offered for RPCL is the credit rating of the Keele module against which it is offered.

### **Extent of RPL Permissible**

Within this programme the maximum permissible RPL credits are:

Postgraduate Certificate: 30 Credits

Postgraduate Diploma or Degree: 60 Credits

RPL is not possible within the MSc dissertation stage.

If, prior to registering on a programme, a student has taken one or more Keele modules that are specified modules on the programme, accreditation of these modules will not normally count towards the maximum permissible RPL.

Further detail can be found at: <https://www.keele.ac.uk/qa/programmesandmodules/recognitionofpriorlearning/>

### **RPL for Apprenticeships**

For apprentices commencing a programme there will be an initial needs assessment (INA) that the main training provider will carry out. The initial assessment must be completed before the apprenticeship can begin and it will consider any prior learning achieved by the applicant against the knowledge, skills and behaviours set out in the apprenticeship standard.

Where RPL has been approved the content, duration and price of the apprenticeship will be amended accordingly. The minimum duration of an apprenticeship is 12 months with at least 20% of the time spent in off-the-job training. If an apprentice has prior learning that exceeds these criteria, then they are not eligible for an apprenticeship.

Fees: If an application for RPL is successful the tuition fee and period of study will be adjusted to take account of the module exemptions. This will be calculated by the School assessing the RPL application and communicated clearly to the applicant when they are informed of the outcome.

The University does not charge applicants/students a fee for making an RPL application. Any costs incurred through obtaining officially certified translations of certificates, transcripts or other relevant documents are the applicant's responsibility.

## **13. How are students supported on the programme?**

The Programme Handbook provides key information and guidance on structure, content and assessment, including dates for submission of assignments.

The programme complies with University policy on student pastoral and academic support.

The Programme Administrator is based on-site and is available to deal with your queries by phone, email or in person.

Primarily the Programme Lead will undertake the role of your Academic Assessor. In practice, you will be supported by your Practice Supervisor and Practice Assessor. Tripartite meetings will be coordinated with, ideally, all members present. You have an important role in liaising closely with all partners involved in the programme.

Module Leaders will provide additional support within the taught modules. The Programme Lead and Module Leader will meet with you as required and will be contactable by email, phone, MS Teams or via the Keele Learning Environment.

The University has a range of support services which are detailed on the Keele Website.

## **14. Learning Resources**

You will have access to the Library and IT Services on the Main Keele Campus and also at the Clinical Education Centre [CEC].

Keele University Library: <https://www.keele.ac.uk/library/>

### **Library information**

The Library operates from two sites; the Campus Library which also houses IT Services and the Health Library in the Clinical Education Centre at the Royal Stoke site. The Health Library is available to everyone who works for or with the NHS in North Staffordshire, all students and staff of Keele University and others with a need for health information. Students will have access to the clinical skills laboratory for simulated sessions. The Keele Learning Environment (KLE) will be used for a range of learning information and activities. Students will be given a Programme Handbook and a specific Module Handbook as relevant to their studies.

## **15. Other Learning Opportunities**

The programme consists of 50% placement learning and as such you will be supported, taught and assessed by a Practice Supervisor and Practice Assessor during the programme in the workplace. All placements are audited and monitored as per School of Nursing and Midwifery policy and NMC requirements.

Learning is enhanced by the provision of an inter-professional learning environment. A blended learning approach is utilised including Keele Learning Environment (KLE) delivered by a combination of classroom, online and web-based activities and resources.

## 16. Additional Costs

There are no additional costs for this course. However, students may incur general expenses related to university study, such as for printing, textbooks and other materials. Students who undertake a placement may be responsible for additional costs, such as travel, accommodation, and subsistence costs. For further information, please refer to the [additional costs](#) information.

For the apprenticeship programme, tuition fees are paid by your employer but you may incur costs not covered by the mandatory components of the apprenticeship e.g. library fines, print costs and costs associated with graduation. Certification for non-mandatory awards may require students to pay a fee.

## 17. Quality management and enhancement

The quality and standards of learning in this programme are subject to a continuous process of monitoring, review and enhancement.

- The School Education Committee is responsible for reviewing and monitoring quality management and enhancement procedures and activities across the School.
- Individual modules and the programme as a whole are reviewed and enhanced every year in the annual programme review which takes place at the end of the academic year.
- The programmes are run in accordance with the University's Quality Assurance procedures and are subject to periodic reviews under the Revalidation process.
- All clinical placement areas are audited by School staff in collaboration with clinical colleagues.
- Partnership meetings take place with the School, representatives of the commissioning body and local health care provider partners.
- Programmes are approved by the Nursing and Midwifery Council, where required.
- Ongoing strategic service user and carer (SUC) involvement and action planning

Student evaluation of, and feedback on, the quality of learning on every module takes place every year using a variety of different methods:

- The results of student evaluations of all modules are reported to module leaders and reviewed by the Programme Committee as part of annual programme review.
- Findings related to the programme from the annual Postgraduate Taught Experience Survey (PTES), and from regular surveys of the student experience conducted by the University, are subjected to careful analysis and a planned response at programme and School level.
- Feedback received from representatives of students on the programme is considered and acted on at regular meetings of the Student Staff Voice Committee.

The University appoints senior members of academic staff from other universities to act as external examiners on all programmes. They are responsible for:

- Approving examination questions
- Confirming all marks which contribute to a student's degree
- Reviewing and giving advice on the structure and content of the programme and assessment procedures

Information about current external examiner(s) can be found here:

<http://www.keele.ac.uk/qa/externalexaminers/currentexternalexaminers/>

## 18. The principles of programme design

This programme focuses on driving forward expert practice and the professional role development of the practitioner, underpinned by higher academic study, inter-professional learning, tripartite collaboration and innovative assessment. The programme offers an intellectual challenge, and importantly reflects health and social care reforms, and breaking the boundaries of interprofessional roles and organisations in specialist community nursing practice and wider services (for example, primary and secondary, health and social, voluntary and private sector) ensuring a person-centred approach to care delivery. A blended learning approach is incorporated into this programme offering a stimulating, exciting and challenging approach to programme delivery.

The School of Nursing & Midwifery embraces the University's Education Strategy and further addresses specific

learning needs of professional practitioners undertaking part time study. Keele Virtual Learning Environment (KLE), and MS Teams will be utilised to support and complement the blended learning approach of the curriculum and the importance of inter-professional learning. The programme is flexible, aligned with contemporary policy and practice in community nursing, promotes andragogy and is attractive to sponsors and future employers. This programme meets the needs of their future workforce as it is grounded in service development and evaluations.

The programme described in this document has been drawn up with reference to, and in accordance with the guidance set out in, the following documents:

- a. UK Quality Code for Higher Education, Quality Assurance Agency for Higher Education: <http://www.qaa.ac.uk/quality-code>
- b. Keele University Regulations and Guidance for Students and Staff: <http://www.keele.ac.uk/regulations>
- c. District Nurse apprenticeship standard:

Skills England. (2023). ST1419: Community Nurse Specialist Practitioner (NMC 2022). [Community nurse specialist practitioner \(NMC 2022\) / Skills England](#)

## References

NMC. (2018) The Code: professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates. [The Code \(nmc.org.uk\)](#)

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QICN. (2023) Field Specific Standards: District Nurse Standards (SPQ) [QNI Field Specific Standards - The Queen's Nursing Institute](#)

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## 19. Annex - Programme-specific regulations

### Programme Regulations: MSc / PgDip Specialist Community Nursing (District Nursing) including Apprenticeship route

<b>Final Award and Award Titles</b>	MSc / PgDip Specialist Community Nursing (District Nursing) including Apprenticeship route
<b>Intermediate Award(s)</b>	Postgraduate Diploma Specialist Community Nursing (District Nursing)
<b>Last modified</b>	August 2024
<b>Programme Specification</b>	<a href="https://www.keele.ac.uk/qa/programmespecifications">https://www.keele.ac.uk/qa/programmespecifications</a>

The University's Academic Regulations which can be found on the Keele University website (<https://www.keele.ac.uk/regulations/>)[1] apply to and regulate the programme, other than in instances where the specific programme regulations listed below over-ride them. These programme regulations list:

- *Exemptions* which are characterised by the omission of the relevant regulation.
- *Variations* which are characterised by the replacement of part of the regulation with alternative wording.
- *Additional Requirements* which set out what additional rules that apply to students in relation to this programme.

The following **exemptions, variations** and **additional requirements** to the University regulations have been checked by Academic Services and have been approved by the Faculty Education Committee.

## A) EXEMPTIONS

The clause(s) listed below describe where an exemption from the University's Academic Regulations exists:

For the whole duration of their studies, students on this Programme are exempt from the following regulations:

- **No exemptions apply.**

## B) VARIATIONS

The clause(s) listed below describe where a variation from the University's Academic Regulations exists:

### Variation 1: NHSE Extension Rules

Regulation C1, 1.1: the maximum period of registration for programmes commissioned by NHSE are limited by the NHSE Extension Policy to a maximum of twice the length of the original programme duration. For this programme it is 2 years (full-time) or 4 years (part-time). For non-funded extensions the maximum extension is 12 months.

Regulation D2: the number of credits that can be taken beyond the end of funding date, for example due to leave of absence or exceptional circumstances (ECs), is prescribed by the NHSE Extension Policy and subject to a successful application to NHSE. For this programme it is half of the total credit volume (i.e. 90 credits for the MSc; 60 for the PGDip) with approved ECs and one third of the total credit volume (i.e. 60 for the MSc; 40 for the PGDip) without ECs.

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[1] References to University Regulations in this document apply to the content of the University's Regulatory Framework as set out on the University website here <https://www.keele.ac.uk/regulations/>.

## Version History

### This document

**Date Approved:** 10 June 2026

### Previous documents

<b>Version No</b>	<b>Year</b>	<b>Owner</b>	<b>Date Approved</b>	<b>Summary of and rationale for changes</b>
1.1	2025/26	CAROLINE REEVES	21 August 2025	Profile sections 4, 8 and 18 updated.
1	2025/26	CAROLINE REEVES	19 June 2025	
1	2024/25	CAROLINE REEVES	14 August 2024	
1.2	2023/24	CAROLINE REEVES	14 August 2024	Module NUR-40042 Clinical Leadership replaced by NUR-40164 Applied Advanced Healthcare Leadership and Management
1.1	2023/24	CAROLINE REEVES	14 March 2024	Inclusion of NHS England extension rules
1	2023/24	CAROLINE REEVES	18 April 2023	
1	2022/23	CAROLINE REEVES	19 August 2022	