Faculty of Health

School of Nursing and Midwifery

Programme Specification

Postgraduate Diploma District Nursing

(degree apprenticeship route)

Date of Approval: 7th July 2020
Date of Implementation: September 2020
Year of first award: 2022

CONTENTS

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1.   **Award titles**

Final award title
Postgraduate Diploma District Nursing

Level 7 Intermediate award title
Postgraduate Certificate

UCAS code: N/A

HECOS code:

2.   **Awarding Institution:**   University of Plymouth

Teaching institution(s):   University of Plymouth

3.   **Accrediting bodies**

Nursing and Midwifery Council

4.   **Distinctive Features of the Programme and the Apprentice Experience**

This contemporary postgraduate apprenticeship provides an alternative, flexible route to undertake the Postgraduate Diploma District Nursing (PgDip DN) programme, enabling the apprentice to study for a work integrated, postgraduate qualification whilst remaining in salaried employment. The PgDip DN programme has been designed with close collaboration between key stakeholders including students, clinical representatives, academics and patient/service users, families and carers. Reflecting the constant changes within the community healthcare environment whilst building on existing good practice the programme has been designed to take into account strategic and professional changes. It aligns with regional health care employers' strategic objectives and goals around workforce planning and the Institute for Apprenticeships District Nurse Occupational Standard ST079 (2019, see Appendix 1 and Appendix 2 for the End Point Assessment). The design of the postgraduate apprenticeship route is underpinned by two factors: existing expertise within the School of Nursing and Midwifery (SNAM)/ Academic Partnerships and

expertise of practice supervisors and assessors within the placement learning setting.

4.1 The apprenticeship experience

No course fees for the apprentice enables the apprentice to study for a work integrated postgraduate qualification whilst remaining in salaried employment. The apprentice is supported through their journey by Academic Partnerships and the programme team.

The apprentice experience assumes increasing importance in the quality monitoring of programmes and in particular in Nursing and Midwifery as this has a significant impact on patient care and in retention of learners to become active members of the health and academic community to which they belong. This applies equally to apprentices studying with the University of Plymouth. The programme team will listen to apprentice feedback, undertake academic review, adhere to institutional quality measures and respond to contemporary pedagogical research. The programme team recognises that apprentices' re-entry into higher education is acknowledged as a challenging and potentially difficult time. An apprentice's ability to negotiate the academic demands of a programme of study and integrate into peer networks is essential to their retention and success. Digital platforms are valuable to provide postgraduate students/apprentices who are geographically spread over a wide area and attending university part-time, to maintain professional support networks.

4.2 Inter-professional learning

Apprentices undertaking the programme will have a unique opportunity to undertake core modules within an inter-professional learning environment. Studying alongside students from other fields of nursing and other health disciplines, for example; physiotherapists, pharmacists, paramedics and podiatrists. They will also have the opportunity to be taught by a multi-professional team. For example apprentices will be able to critically examine the concept of integrated care from a multi-professional perspective.

4.3 Sustainability

Sustainability has been embedded throughout the nursing and midwifery curriculum based on the innovative research of the Sustainability, Society and Health Research Group (for example Grose *et al*. 2012, Grose and Richardson, 2013a,b,Manzi *et al*. 2016, Nichols *et al* 2009, Richardson *et al*. 2009). Our approach has engaged students in discussion about sustainability in the nursing curriculum (Richardson *et al*. 2016) and won us a National Green Gown Award in 2014 for learning and teaching (Grose *et al*. 2015, Richardson *et al*. 2014). We were nominated again in 2018 for our development of the NURSusTOOLKIT (www.nursus.eu) and embedding the content in our curriculum. This resource provides evidence based teaching and learning materials for nurses and health professionals, focusing on the health challenges for climate change and sustainability. Sessions have evaluated extremely well, and in turn have raised practice-related issues for further research. Thus ensuring an ongoing and dynamic relationship between research and practice, and demonstrating significant impacts on knowledge and attitudes (Richardson *et al*. 2017).

4.4 Wider Patient Engagement

The programme supports the importance of working with patients, service users and carers in a wider capacity to ensure that learners gain a robust knowledge of hearing and responding to the patient voice. Our wider patient engagement (WPE) initiative instigated by Kim Young (2016) Associate Professor won the 2017 Health Education E Star Award for Education under the category of 'Hearing the Patient Voice'. Following the implementation of WPE, students/apprentices will be guided and encouraged to seek out WPE activities during the programme with patient representation groups / organisations.

Examples of activities and resources include:
- Apprentices linking to the Care Opinion organisation (formerly Patient Opinion) which provides apprentices with a unique log-in to access patient stories and examples of written feedback provided by health care organisations. Thus apprentices develop their knowledge of how patient and carer feedback is responded to and see how changes are made to enhance the patient and carer experience.
- Activities linked to clinical placement requirements, patient association groups, NHS Trust specific 'Patient Involvement Opportunities'.
- Providing evidence of learning from patient feedback at events

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The WPE Steering Group meets during each academic year to monitor wider patient engagement activity within the programme. The group includes representation from a national patient representation organisation and patients and service users supporting external working relationships. Patient representatives contribute to the monitoring and quality aspects of the programme. The PgDip DN Programme Lead attends the Wider Patient Engagement steering Group with the current WPE Lead and together they are exploring how patient engagement and WPE activities can be adopted within the PgDip District Nursing programme to enable a stronger focus for service user and patients within the programme and the practice learning arena.

4.5 Digital Professionalism

Digital professionalism is introduced early in the programme and reinforced throughout the programme. We ensure that learners have the skills needed to be effective learners and practitioners (using for example: Digital Learning Environment (DLE), Pebble Pad, webinars, discussion forums, skype, online surveys, and video calls) and who understand the growing use of the Internet for e-health including the benefits and challenges for learners engaging in online activities. Our apprentices will be encouraged to use Twitter to develop links with professionals, patient groups, and other students and healthcare practitioners around the world. Our approach promoting this professional use of Twitter has been researched and presented (Jones et al, 2016, Chudleigh and Jones, 2016, Jones and Trevena, 2017).

4.6 E-health and technology

The programme team are actively engaged in research exploring the use of technology in relation to health care for example,
https://www.plymouth.ac.uk/research/epic
Currently evaluating the use of the MYCOPD App for patients with Chronic Obstructive Airways Disease. Also exploring how particularly practice, district, community nursing, as well as domiciliary care may use voice data entry in practice. Apprentices undertaking the programme will be able to share the expertise and experience of the programme team.

5. Relevant QAA Subject Benchmark groups

The postgraduate apprenticeship programme design has been informed by the NMC (2001) Standards for Specialist Education and Practice, the Institute for Apprenticeships & Technical Education (2019) District Nurse Occupational Standard; and the Quality Assurance Agency (2014) Framework for Higher Education.

Institute for Apprenticeships & Technical Education (2019) District Nurse; Reference No:ST0709 . Available at www.instituteforapprenticeships.org/apprenticeship-standards/district-nurse

Institute for Apprenticeships & Technical Education (2019) End-point assessment plan for the district nurse standard. Available at https://www.instituteforapprenticeships.org/apprenticeship-standards/district-nurse

Nursing and Midwifery Council (2001) Standards for Specialist Education and Practice. Available at https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-specialist-education-and-practice/

Quality Assurance Agency (2014) The Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies UK. Quality Code for Higher Education Available at:
https://www.qaa.ac.uk/docs/qaa/quality-code/qualifications-frameworks.pdf

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6.   Programme Structure and Assessment

Year 1	DNU701 Fundamentals of Community Nursing 20 Credits	APP701 Advancing Practice in Context 20 credits	APP710 Advanced Assessment for Clinical Practice 20 credits	Postgraduate Certificate 60 credits
Assessment Method	100% COURSEWORK PRACTICE PASS/FAIL	100% COURSEWORK	OSCE 50% 50% CLINICAL LOGS CASE STUDY	
Year 2	NMP703 Independent and Supplementary Non-medical prescribing 40 credits		DNU702 Contemporary Leadership and Management in Community Nursing 20 credits	Postgraduate Diploma District Nursing 120 credits
Assessment Method	50% COURSEWORK 50% OSCE PRACTICE PASS/FAIL		100% PRESENTATION PRACTICE PASS/FAIL	

The apprenticeship programme will be delivered over a period of 2 years.   This equates to approximately 93 days theory over two years.

Apprentices will attend 1-2 days a week theory and the remaining time will be undertaken in the work-based learning setting.

7. Programme Aims

The aim of the programme is to equip registered adult nurses working in the community setting to develop their knowledge, skills and practice to meet the requirements of a professional education which takes account of all the relevant professional and academic benchmarks and enable them to be competent and confident to perform in the role of Specialist Practitioner District Nurse. Undertaking the programme will enable them to:

- Gain a deeper understanding of the role of the district nurse and critically examine the theory, practice and principles of district nursing using an evidence based approach to enable them to adapt and provide a wide range of nursing care in home and community based settings.
- Develop a contemporary approach to community health and social care through advancing and utilising knowledge and skills in professional practice
- Deliver specialised advanced case management for people with highly complex and unpredictable needs including those nearing the end of their lives.
- Demonstrate confidence, competence, autonomy and legal, ethical and professional accountability
- Assume lead roles in district nursing practice leading clinical teams, coordinating care and managing complex and dynamic case-loads,
- Ensure quality processes, service evaluation and improvement methodology as well as working collaboratively as part of a wider heath care team.
- Promote an understanding of the theory and procedures involved in research, to enable the use of research to improve care and services for people and communities.
- Develop an understanding of the wider determinants of health, community profiling and health promotion activity in order to respond to community and public health needs, developing a critical understanding of the contemporary issues that influence health service delivery.
- Demonstrate an understanding of the wider influences on and the principles of prescribing in order to practice safely and effectively within their scope of practice.

8. Programme Intended Learning Outcomes

The intended programme learning outcomes for the Postgraduate Diploma District Nursing reflect the Level 7 Qualification Descriptors Quality Assurance Agency (QAA) Framework for Higher Education Qualifications. The descriptors are shown below:

Knowledge and understanding (subject specific)
Cognitive/intellectual skills (generic)
Key transferrable skills
Subject specific practical skills
Employment related skills

These descriptors and standards enable 'others' to judge the value of this qualification through improved understanding of the level of intellectual and conceptual activity demonstrated by our graduates. It defines their capability in respect of their knowledge as Specialist District Nurse Practice and the associated transferable skills that enhance employability. It also provides a reference point for other level 7 qualifications across the Higher Education sector. The Postgraduate Diploma will be awarded to apprentices who have demonstrated the following outcomes.

8.1. Knowledge and understanding (subject specific)

On successful completion graduates should have developed:

1. A systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of district nursing professional practice.
2. A deeper understanding of the influences, drivers and policies that inform this level of advanced specialist community practice.
3. Originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline.
4. Capabilities relating to, and embedding the principles of, the four pillars of advanced practice; clinical practice, education, leadership and management, research and development into the clinical arena

5. An understanding of the wider influences on and the principles of prescribing in order to practice safely and effectively within their scope of practice
6. A critical understanding of the wider determinants of health, community profiling and health promotion activity in order to respond to public health needs and the contemporary issues that influence health and health service delivery

8.2. Cognitive and intellectual skills

On successful completion graduates should have developed:

1. The ability to evaluate critically analyse current research, policy and theory and the discipline of district nursing to promote high quality and person – centred care.
2. The skills to deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences
3. The ability to demonstrate resilience, capability and the initiative to lead and manage appreciative of ambiguity, complexity and the limits imposed on practice and limitations of personal knowledge
4. The skills of enquiry and research to enable them to evaluate complex situations and so contribute to decision making in the planning, design, delivery and improvement in patient care.

8.3. Key and transferable skills

On successful completion graduates should have developed the ability to:

1. Demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional level
2. Continue to advance their knowledge and understanding, and to develop new skills to a high level.
3. Accept responsibility for their own professional practice applying ethical, legal and professional principles

4. Proactively adopt strategies to enhance the development of professional knowledge and safe practice of others through peer support, coaching and supervision, teaching and research
5. The ability to use and critically evaluate current and evolving technology to access information text and data in the support of the delivery of care

8.4. Employment related skills

On successful completion graduates should have developed:

1. Decision making skills in complex and unpredictable situations
2. The independent learning ability required for continual professional development
3. The skills to critically evaluate their role as agents of change working in partnership with health and social care professionals and agencies, service users, carers and their families.
4. Skills to evaluate the context of risk and development of quality improvement, patient/client safety and clinical governance agenda

8.5. Practical skills

On successful completion graduates should have developed:

1. Additional systematic and structured history taking assessment and physical examination skills, in order to integrate advanced assessment findings into clinical decision making including prescribing decisions.
2. The ability to practice with competence, autonomy and professional accountability in the development of managing clinical complexity, systematically and creatively; and the ability to make sound judgements in the absence of complete data demonstrating expertise in complex decision making.
3. Increased fluency and confidence in the performance of the clinical skills associated with provision of community nursing care
4. The ability to prioritise their individual and team workload and case-load management to enable efficient and effective use of times in a pressurised environments.
5. Skills of specialised advanced case-management for people with highly complex and unpredictable needs, including those near the end of their lives

9. **Admissions Criteria, including RPL (Recognition of prior learning) and Disability Service arrangements**

Applicants applying for the PgDip District Nursing programme (degree apprenticeship route) must be employed for at least 30 hours per week and have full agreement and support from their health care employer. Applicants are then screened using a values based recruitment process that builds upon and enhances an already robust application and selection process. This robust admissions process followed for all applicants is transparent, fair and equitable and takes account of the University Equality & Diversity Policy (revised 2016). The School of Nursing and Midwifery is part of the values based recruitment project, the outcomes of the Francis Report recommendations (2013) regarding recruiting the right staff with the right values into posts. This has translated into the selection and recruitment of students and to nursing programmes. All applicants will undertake a face- to-face interview with a member of the programme team and clinical partner.

Apprentice selection is managed in collaboration with the academic partnerships to comply with the Education and Skills Funding Agency (ESFA) requirements. See Appendix 3 for the PgDip DN Apprenticeship Admissions Process.

Admission Criteria
- Entrants must be registered nurse (adult) (Level 1) and have a minimum of one year's post –registration experience
- Entrants should have completed study at Level 6 or higher within the last 5 years*
- All applicants must normally have GCSE (or equivalent) Maths and English at Grade C/4 or above*.

* In order to commence the programme, the apprentice must meet the University's entry requirements for study at postgraduate level.

Applicants where English is not their first language must also provide evidence of competence in written and spoken English in accordance with the NMC criteria of an overall score of 7.0, with at least 6.5 in the writing section and at least 7 in the reading, listening and speaking sections

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It is necessary to assess the potential apprentice's ability to study at Level 7 and therefore an interview will be necessary. Candidates without a first degree at 2.2 or above (or European first cycle equivalent) will normally be required to submit a short piece of writing as part of the admissions process.

Apprentices will be required to be working in a community setting that will facilitate the successful completion of the programme learning outcomes and achievement of a minimum of 600 hours district nursing and community practice.

Claims for credit for prior learning, whether certificated or experiential are considered and if suitable accepted for Recognition of Prior learning following University regulations and Faculty procedures.

Health and Enhanced Disclosures
Offers are subject to an Enhanced Disclosure and Barring Service (DBS) verified by the employer and this is in place before the commencement of the programme. Failure to meet DBS disclosure will result in the offer being withdrawn.

In addition to references and DBS checks, apprentices will be required to complete a self-declaration form annually regarding any change in their circumstances on enrolment. If in the process of the DBS check or apprentice annual declaration, there is any disclosure of a positive criminal conviction, further advice is sought from the Faculty Professional Issues Committee. The apprentice's employer will be responsible for the provision of Occupational Health services and advice if required.

Disability Services and Academic Partnerships
The pathway design enables apprentices to have an equitable experience. Apprentices can declare a support requirement or disability – via the Individual Needs Analysis Form. This is particularly important for a programme that has a professional element and requirements for practice.

If the applicant declares as part of the application process that they have a disability, an assessment is undertaken ensuring that the necessary support is in place at the start of the programme and regularly reviewed thereafter. The employer and the individual are not expected to bear the cost of the assessment.

Where a defined package of support is required Academic Partnership can access additional learning needs funding for apprentices. This can be claimed up to the actual learning end date. Learning support is claimed by the University of Plymouth to meet the costs of putting in place a reasonable adjustment as part of the Equality Act 2010. In order to do this there is a requirement to:

- Carry out a thorough assessment to identify the support the apprentice needs
- Deliver support to meet the apprentice's identified needs and review progress and continuing needs as appropriate.
- Record all outcomes in the evidence pack and keep evidence of the assessment of the needs
- Record in the ILR (Individualised Learner Record) and inform the ESFA.

Apprentices with the University of Plymouth are also able to access on-line resources and materials via student services and are signposted to the materials.

https://www.plymouth.ac.uk/student-life/services/student-services/disability-and-dyslexia

10. Progression criteria for Final and Intermediate Awards

Apprentices will progress through the programme in line with the University academic framework and the conditions set by the NMC Standards (2001). Robust fitness to practice and academic measures are in place to act promptly to concerns raised regarding an apprentice's conduct or progress, or where safety or learning is compromised. At the end of the period of study the Award Assessment Board will review the apprentice's academic and practice achievements in the given period and determine progression to the next year of the programme. Both the University and programme specific regulations determine the criteria for progression.

Apprentices awarded the PgDip District Nursing are then eligible to undertake the EPA (End Point Assessment, see Appendix 2). The End Point-Assessment is triggered by the employer when they judge that gateway requirements have been met (Postgraduate Diploma District Nursing approved by the NMC, and functional skills Level 2 English and Maths. Note functional skills Level 2 Maths and English is the minimum requirements set by the University of Plymouth, apprentices will therefore have met this gateway prior to commencing the programme, and after determining the readiness of the apprentice). The employer / university will select an End Point Assessment Organisation from the Education and Skills funding Agency's register of Apprentice End –point Assessment Organisations.

Apprentices who have interrupted the programme are eligible to resume the programme provided that this allows for completion within a five-year period from date of commencement, in line with University regulations.

If there are additional costs associated with the apprentice returning or extending the programme (for example due to academic regulations) this will need to be agreed with the employer. If the employer is not willing to support the apprentice to retake referred modules the apprentice will have to exit the programme. This will be recorded as a non-achiever/early leaver. The apprentice will have the opportunity to continue with their studies if they self-fund and are able to achieve the practice learning hours. If an apprentices wishes to continue to self –fund, they will be transferred across to the standard programme.

At the end of the programme, the Award Assessment Boards will ensure that all elements of the programme have been passed and achieved. This will include all theory and practice elements (including Practice Assessor confirmation), including confirmation of practice and theory hours. Academic Partnerships Apprenticeship team/programme lead will then advise the employer of this. The employer will decide if the apprentice is ready to transition through the gateway, at which stage the employer in collaboration with the University of Plymouth will arrange for the EPA to be undertaken

Progression / Exit Pathways
Apprentices enrolling on the programme will complete the two year programme achieving a minimum of 600 theory hours and 600 practice hours. Apprentices who successfully complete year one of the programme and wish to step off are awarded a Postgraduate Certificate.

In addition, any apprentices wishing to achieve their Masters qualification may undertake two further core modules (see Table 1). This is an optional addition and is not required for attainment of the Specialist Practice Qualification. It is not currently funded as part of the degree apprenticeship route. Successful students on completion of these two modules would be awarded an MSc Advanced Professional Practice (Nursing and Midwifery Professions).

Table 1

APP745 Research Methodology and Application	SPP702 Substantive Professional Project	Top-up to Masters
20 credits	40 credits	180 credits

Fitness to Practice

The University and the employer has a responsibility to ensure that apprentices are fit to practice and must adhere to regulatory advice provided by the NMC. Apprentice Handbooks and the professional body websites provide information about the standards of behaviour expected. It is the apprentice's responsibility to familiarise him/herself with the provisions and requirements of the relevant professional bodies. Any apprentice departing from the guidance given by regulatory bodies may be subject to consideration by the Fitness to Practice procedure of the Faculty of Health. The programme lead will liaise with the employer regarding any Fitness to Practice process involving their employee.

11. Non Standard Regulations

The normal University Regulations in respect of progression and assessment are followed with specific exceptions, due to the structure and professional nature of the programme:

- All elements and components of the programme must be achieved, with a minimum of 50% for all percentage weighted assessments; there is no compensation within modules.
- Successful completion of the programme is defined as the achievement of both theory and practice elements, and the completion of the required number of hours: a minimum of 600 theory and 600 practice hours.

12. Transitional Arrangements

The programme has not run before and is based on professional and new occupational standards and therefore there will not be existing apprentices who require transition.

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APPENDIX 1 District Nurse Apprentice Standard ST079

DISTRICT NURSE

Overview of the role

Caring for patients with a wide range of health conditions

Details of standard

Occupation summary

This occupation is found in health care. District Nurses work with adults of all ages and communities. They work across numerous different organisations and settings for example; primary care, social care, third sector organisations, hospitals including mental health, hospices, prisons and other community services to ensure that patients get the right care, at the right time, every time.

The broad purpose of the occupation is work with individuals and populations. This can mean working with people in their own home (which could be an individual's house, a care home, a hostel, a prison, hotels etc.), a healthcare setting e.g. GP practice, hospital, hospice etc. or even the streets in the case of the homeless population. District Nurses assess and care for patients with a wide range of health conditions and are accountable for a large varied complex caseload where they prioritise care, assess risk, prescribe medication, dressings and appliances in accordance with legislation, manage changing local demands which require very careful oversight and case management. They plan, provide and monitor complex community nursing care and services. They manage a caseload of complex patients and families/carers, either with long-term conditions over a protracted period or those with acute short episodes of care, by leading a clinical team who often work in isolation without immediate and direct access to medical advice. They influence and lead change management initiatives within the service, for example, new ways of working, new models of care.

They are responsible for delivery of care across a 24 hour period 365 days a year anticipating problems and crises and proactively planning to prevent unnecessary hospital admission and facilitating timely discharge across a range of patient pathways e.g. end of life care, tissue viability etc.

In their daily work, an employee in this occupation interacts with patients, their carer's and relatives and a wide variety of health and social care professionals including GP's, social workers and hospital staff. District Nurses work with adults of all ages and communities. They work across numerous different organisations and settings for example; primary care, social care, third sector organisations, hospitals including mental health, hospices, prisons and other community services to ensure that patients get the right care, at the right time, every time. An employee in this

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occupation will be responsible for their own work as an autonomous, independent practitioner, whilst contributing and leading collaborative work with other health and care professionals. In addition the occupation will be responsible for a caseload of patients and the team responsible for delivering care to that caseload.

Typical job titles include:

District nurse

Entry requirements

It is a requirement of the Nursing and Midwifery Council (NMC) that those training to become a District Nurse are already registered nurses on Part 1 of the NMC register

Occupation duties

Duty	Criteria for measuring performance	KSBs
Duty 1 Provide advanced case management for people with highly complex unpredictable needs including those nearing and at the end of their lives.	Plan and implement effective case management strategies Asses, plan, implement and evaluate safe and effective care to the caseload and individuals	K1 K2 K3 K4 K5 K6 K7 K8 S1 S2 S3 S4 S5 B1 B2 B3 B4 B5 B6
Duty 2 Holistically assess heath needs and make diagnostic decisions for people, including those nearing and at the end of their lives with highly complex unpredictable needs.	Effectively assess the physical and mental health needs of individuals and make decisions to support the needs of individuals Work effectively with individuals, groups, health professionals and stakeholders	K9 K10 K11 K12 K13 K14 K15 S6 S7 S8 B1 B2 B3 B4 B5 B6
Duty 3 Lead a team to manage a complex, dynamic and unpredictable caseload.	Implement effective organisational strategies Provide effective leadership and manage the team through change	K16 K17 K18 K19 S9 S10 S11 B1 B2 B3 B4 B5

	Maintain accurate records to inform service delivery	
Duty 4 Take responsibility and accountability for care delivery, anticipatory care planning to avoid unnecessary admission and facilitate timely discharge.	Conduct effective workload and workforce planning to meet identified needs	K20 K21 K22 S12 S13 B1 B2 B3 B4 B5 B6
Duty 5 Promote health education and self-care to individuals' to achieve their health outcomes.	Facilitate health promotion Identify resources required to deliver the strategy Refer individuals to correct services	K23 K24 K25 K26 K27 S14 S15 B1 B2 B3 B4 B5
Duty 6 Proactively lead, engage, challenge and empower the team in quality assurance, service improvement and change management.	Effectively project manage service improvement and change Maintain audit requirements of the service Ensure teams engage in quality improvement activity Contribute to the development of effective business cases to support change	K28 K29 K30 K31 K32 K33 S16 S17 S18 S19 B1 B2 B3 B4 B5 B6

Duty 7 Develop practice to respond to the public and community health needs.	Effectively collect and interpret data on health and wellbeing Provide evidenced based care to individuals, groups and communities	K34 K35 K36 S20 S21 S22 S23 B1 B2 B3 B4 B5
Duty 8 Participate in and undertake research and evaluation to improve care and services for the people and communities.	Conduct and implement effective research Communicate the outcomes of data analysis and research Advance district nursing practice through research, audit and feedback	K37 K38 K39 K40 S24 S25 B1 B2 B3 B4 B5
Duty 9 Develop and implement risk assessment and management strategies taking into account people's views, choices and responsibilities, whilst promoting safeguarding of individuals, carers and staff.	Deploy and evidence effective risk management strategies Minimise risk to all service users Carry out effective risk based approaches	K41 K42 K43 K44 S26 S27 S28 B1 B2 B3 B4 B5
Duty 10 Manage increasing demands on the service, deliver and manage change to meet the evolving shape of	Implement effective organisational strategies Provide effective leadership	K20 K45 K46 S29 S30

services through flexibility, innovation, strategic and operational clinical leadership.

and manage the team through change
Maintain accurate records to inform service delivery

B1 B2 B3 B4 B5 B6

KSBs

Knowledge

K1: The complex causes, signs, symptoms and impact of interacting physical and mental health conditions

K2: The principles of delivering and evaluating safe and effective palliative and end of life care including the principles of managing symptoms and involving carers

K3: The principles, concepts and theories of evidence-based therapeutic interventions

K4: How to apply the principles of case management

K5: The principles of risk stratification

K6: How to recognise, manage and evaluate the deterioration of patients in order to decide effective anticipatory care

K7: The principles of managing long term conditions and interactions between long term conditions

K8: The complex risks to patients in transition between services

K9: How to use assessment and decision making models and proactive case management for effective care planning

K10: Advanced communication skills to develop therapeutic relationships

K11: The principles of advocacy and acting as the patients advocate in complex situations whilst also respecting the patient's autonomy and ensuring ethical principles are upheld

K12: The local and national policies, regulatory frameworks and guidelines for care e.g. prescribing

K13: Pharmacotherapeutics relative to your scope of practice

K14: The range of advanced physical, psychological and population based assessment methods and the application of pathophysiology to underpin assessment and diagnosis

K15: The principles of social prescribing

K16: The strategies and methodologies for effective teaching, learning and staff development

K17: The local and national policies and procedures within your role and the NMC code

K18: The principles and concepts of accountability in the role of District Nurse team leader and how to delegate responsibility

K19: The theories, techniques and models of leadership, management and team working and how these can be applied across professional boundaries in health and social care

K20: The principles of workload and workforce planning and application to practice including when to make the case for service changes

K21: How to avoid unnecessary admission and facilitate timely discharge when there are many interacting factors

K22: The range of appropriate places of care and how to facilitate and justify access to these

K23: The principles of consent and capacity in relation to the mental capacity act and deprivation of liberties

K24: Core assessment skills to assess mental wellbeing within the scope of the role and the limits of competence

K25: The theories, methods and principles of health promotion and prevention

K26: The range of advanced health promotion tools available for use

K27: The theories, methods and principles underpinning self-care e.g. motivational interviewing and advanced communication skills

K28: The theories, methods and principles of quality assurance, service improvement and change management

K29: How to formulate specialist business cases for service change and improvement

K30: How to apply the audit process and change management theories related to district nursing practice

K31: How to critically analyse, interpret and evaluate data and information

K32: How to foster a culture of openness and learning

K33: The theories, methods and principles of leadership

K34: How to use the public health outcomes framework

K35: How to critically analyse, interpret and evaluate wider public health and demographic data

K36: How to create a community profile

K37: The complex range of evaluation and audit methods used in clinical practice

K38: Critical appraisal techniques and how to apply them to clinical practice

K39: The service evaluation and improvement methodology

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K40: Research methodology and how to implement research

K41: The range of evidence-based strategies to manage risk in clinical practice and in relation to the different environments a district nurse works within

K42: The cost benefit and individual analysis of the risks, taking account of individual's views and responsibilities

K43: Relevant safeguarding policies and procedures

K44: How to apply the principles of confidentiality and information sharing policies

K45: How to influence and the importance of political awareness

K46: The principles of resilience and how this is built within yourself and others

Skills

S1: Manage a caseload of patients in a variety of community settings using a person centred approach including implementation of risk stratification and case management strategies to determine those at most risk of poor health outcomes

S2: Use specialised skills to work collaboratively with the patient and the multidisciplinary team, to improve anticipatory care, self-management, facilitate timely discharges and reduce avoidable hospital admissions to enable care to be delivered closer to, or at home

S3: Manage and co-ordinate programmes of care, for individuals with complex acute and long term conditions, striving to make the patient journey seamless between mental and physical health care, hospital and community services and between primary and community care

S4: Assess when a referral is required and maintain overall responsibility for the management and co-ordination of care

S5: Manage the delivery of service whilst critically evaluating the capacity and demand and being mindful of patient and staff safety

S6: Autonomously assess the complex health needs of people, families and other informal carers to formulate care plans, anticipatory care and care packages

S7: Appropriately manage problems and make decisions in partnership with people, families and other informal carers using advanced communication skills

S8: Use evidence based physical and clinical assessments of individuals with complex health care needs to make accurate diagnostic decisions, including prescribing

S9: Lead and support the clinical team to provide community nursing interventions in a range of settings

S10: Manage clear lines of accountability for the assurance of clinical governance and care quality

S11: Manage the district nursing team within regulatory, professional, legal, ethical and policy frameworks ensuring staff feel valued and developed

S12: Critically analyse, act on and evaluate trends and demands on the district nursing service to inform workload and workforce planning

S13: Work with other services, teams and colleagues to support fewer unnecessary admissions and facilitate timely discharges

S14: Assess and identify the mental capacity of people

S15: Use specialised skills to work in partnership with individuals, formal and informal carers and other services to promote health education, self-care and patient-led care, to maximise the individual's independence and understanding of their condition(s)

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S16: Critically analyse, interpret and evaluate complex data and information to improve patient care

S17: Determine and use specialised skills to influence and negotiate the development of operational plans for the service

S18: Lead a team to deliver service improvement and change management that involves many interacting factors

S19: Quality assure services and make service improvements

S20: Determine and use specialised skills to influence and negotiate the development of public health initiatives

S21: Collaborate with other agencies to analyse and evaluate public health principles, priorities and practice and implement these policies

S22: Participate in the collation of a community profile to understand local assets

S23: Utilise position within the organisation to influence position of community nursing teams in the provision of care for communities under their umbrella

S24: Engage in research activity and develop evidence-based strategies to enhance the quality, safety, productivity and value for money of health and care

S25: Lead improvements to care service delivery through the implementation of research findings, best practice, outcome of audits and patient feedback

S26: Critically assess and evaluate risk using a variety of specialised tools across a broad spectrum of often interrelated and unpredictable situations, including staff, and people within their home environments

S27: Formulate and implement risk assessment and management strategies that take account of people's views and responsibilities, whilst promoting patient and staff safety and preventing avoidable harm to individuals, carers and staff

S28: Ensure all staff are able to recognise vulnerability of adults and children and understand their responsibilities and those of other organisations in terms of safeguarding legislation, policies and procedures

S29: Lead the service change required to deliver services and evaluate the outcome

S30: Develop, support and train the team to meet new and evolving requirements in patient care

Behaviors

B1: Treat people with dignity at all times

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

B3: Show respect and empathy for patients, their families and carer's 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 flexibility, self-awareness and emotional intelligence when dealing with patients, carers, teams and self

B6: Act as a positive role model for staff and teams

Qualifications

English & Maths

Apprentices without level 2 English and maths will need to achieve this level prior to taking the End-Point Assessment. For those with an education, health and care plan or a legacy statement, the apprenticeship's English and maths minimum requirement is Entry Level 3. A British Sign Language (BSL) qualification is an alternative to the English qualification for those whose primary language is BSL.

Other mandatory qualifications

PG Diploma for District Nursing with integrated independent prescribing at Level 7

Level: 7 (non-degree qualification)

Professional Recognition

This standard has professional recognition.

Body	Level
Nursing and Midwifery Council	Level 1 Registered Nurse

Additional details

Regulated Standard

This is a Regulated occupation.

Regulator Body:

Nursing and Midwifery Council

Occupational Level: 7

Duration (months): 24

Review: This apprenticeship standard will be reviewed after three years

Appendix 2 Summary of End Point Assessment

On-programme (typically 24 months)	Education and training to develop the occupational standard's knowledge, skills and behaviours
End-Point Assessment Gateway	• Employer is satisfied the apprentice is consistently working at, or above, the level of the occupational standard • English/ mathematics Level 2 • Practice Assessment Document (PAD) submitted and mapped to KSBs Apprentices must complete all elements of the following approved qualifications mandated in the standard: • PG Diploma for District Nursing with Integrated Nurses Prescribing End Point Assessment (which would typically take place within 3 months)
End Point Assessment (which would typically take place within 3 months)	Assessment Method 1: Professional Discussion A With the following grades: · Fail · Pass Assessment Method 2: Professional Discussion B With the following grades: · Fail · Pass
Professional recognition	Aligns with recognition by: The Nursing and Midwifery Council

Appendix 3 Admissions Process
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1. UoP Apprenticeship Team manages employer and applicant interest in programme, to include confirmation of entry requirements.
   Candidates must:
   a. Be employed for a minimum of 30 hours per week
   b. Hold GCSE grade C (4) or above in both Maths and English (or alternative accepted IFA qualification)
   c. Already be Registered Nurses on Part 1 of the NMC register,(PIN check)
   d. Meet UoP programme-specific academic entry requirements

2. Employer to manage its own applicants and make final decision on which applicants they wish to put forward, **Employer** to request copy of INA when ready by emailing apprenticeships@plymouth.ac.uk.

3. Employer sends INA to candidate(s) for completion (INA must be completed online as a Word document). Once complete **Employer must** return all INAs to the apprenticeship team apprenticeships@plymouth.ac.uk. By agreed date.

4. Apprenticeship Admin Team to process INAs and upload to SharePoint, data populated on Applications Spreadsheet, reminder email notification sent to Programme Lead advising of outstanding INAs to be approved if required. Apprenticeship Admin team to send INA back to employer if incomplete.

5. Apprenticeship Admin team to issue APTEM logins to applicant once completed INA is processed with specific deadline for completion.

6. Programme Lead (PL) to check SharePoint and review INA's weekly/prior to interview day, completing section 2 Assessment of Information with metadata to be changed to reflect decision. Apprenticeship Admin Team to add outcomes to Applications Spreadsheet on SharePoint once complete.

7. PL/faculty team to make necessary arrangements for interviews with employer and applicants. PL to update Employer Relationship Liaison (ERL) on planned interview dates and those successful on the day.

8. Apprenticeship Team (admin/ERL) to review APTEM accounts once a week, confirm applicants meet apprenticeship entry requirements (contracted hours, maths and English certificates, NMC register) adding details to the Applications spreadsheet on SharePoint.

9. PDU Admissions team to review APTEM accounts weekly to confirm applicants meet programme-specific academic entry requirements (degree certificates) adding details to the Applications spreadsheet on SharePoint. Additional Information Form (AIF) to be issued to all successful applicants with specific deadline for return.

10. Apprenticeship Team (ERL) to make Conditional Offers via email to employers for circulation to their employees. Conditions to include:
    a. Completion and approval of AIF documentation
    b. Receipt of any outstanding maths, English or degree certificates
    c. Applicants that do not hold maths and English to be given until the end of the Apprenticeship Gateway, Year 2 to complete and provide evidence of an accepted qualification.

11. Apprenticeship Admin Team to issue ForSkills Logins to all successful candidates to complete Initial Assessments in both maths and English, to be completed prior to starting the apprenticeship.

12. Apprenticeship Team to book and complete sign-up appointments with all employers/applicants prior to start date of apprenticeship.

13. Apprenticeship Team (ERL) to make contact with all applicants who have disclosed Additional Learning Need (ALN)/Additional Health Need (AHN) prior to starting their apprenticeship to discuss needs and the process for accessing support

14. PDU to issue Final Confirmation of Place information (including start date and venue) to the applicant once entry and AIF requirements are met. Date that the Final Confirmation of Place info sent to applicant to be added to the Applications spreadsheet on SharePoint.

15. Start of Apprenticeship

16. Apprenticeship Team (ERL) to contact all ALN/AHN apprentices to start Health Support Process

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APPENDIX 4
Programme Specification Mapping (PGT): module contribution to the meeting of Award Learning Outcomes

Module	Credits	C core E elective	Award Learning Outcomes contributed to (for more information see Section 8)																									Compensation Y/N	Assessment element(s) and weightings [use KIS definition] E1 - exam E2 - clinical exam T1 - test C1 - coursework A1 - generic assessment P1 - practical
			Knowledge & understanding						Cognitive & intellectual skills					Key & transferable skills					Employment related skills				Practical skills						
			1	2	3	4	5	6	1	2	3	4	5	1	2	3	4	5	1	2	3	4	1	2	3	4	5		
DNU701	20	C	√	√	√			√		√		√			√				√	√	√	√	√	√	√			N	C1 100% P1 PASS/FAIL
APP701	20	C	√	√	√				√			√		√	√	√	√		√	√								N	C1 100%
APP710	20	C				√				√					√	√			√	√			√	√	√			N	C1 50% E2 50%
Learning Outcomes 60 credits			√	√	√	√			√	√	√	√		√	√	√	√	√	√	√	√	√	√	√	√	√			
NMP703	40	C	√		√	√	√		√	√		√	√	√		√		√	√	√	√		√	√			√	N	E2 50% C1 50% P1 PASS/FAIL
DNU702	20	C	√	√	√	√			√		√	√		√	√	√	√	√	√	√	√	√		√			√	N	A1 100% P1 PASS/FAIL
Learning Outcomes 120 credits			√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√			
Confirmed Award Los																													

Appendix 5: Mapping to professional and voluntary standards

Programme Intended Learning Outcomes: Knowledge and understanding (subject specific) On successful completion graduates should have developed:	NMC SPQ (2001) Standards District Nursing	Additional QNI (2015) Standards un-mapped to NMC (2001)	Apprenticeship Standard District Nurse ST0709 (2019)	Health Education England Multi-professional frame-work for advanced clinical practice (2017
1. A systematic understanding of knowledge, and a critical awareness of current problems and/or new insights, much of which is at, or informed by, the forefront of district nursing professional practice.	13.10 13.12	1.7	K8, K21,K22,K45 S12,S13,S21,S23	1.11, 2.9
2. Developed a deeper understanding of the influences, drivers and policies that inform this level of advanced specialist community practice.	13.12 13.13		K17,K45	1.10, 1.11, 2.9
3. Originality in the application of knowledge, together with a practical understanding of how established techniques of research and enquiry are used to create and interpret knowledge in the discipline.	13.18 13.24		K18,K40,K41 S12,S13,S21, S23	1.11,2.5
4. Develop one's own capabilities relating to, and embed the principles of, the 4 pillars of advanced practice, clinical practice, education, leadership and management,	13.8 13.13 13.18 13.19	3.2	K 24, K40 S10, S13, S18, S24 B1-6	All

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research and development into the clinical arena.	13.23 13.24 13.26 13.27			
5. An understanding of the wider influences on and the principles of prescribing in order to practice safely and effectively within their scope of practice	13.7		K12, K14, K15	1.6, 1.9, 1.11 2.1,2.4,2.8
6. An understanding of the wider determinants' of health, community profiling and health promotion activity in order to respond to community and public health needs, developing a critical understanding of the contemporary issues that influence health and health service delivery	13.8 13.15 13.10 13.17	1.7	K12, K14, K15, K22, K26. K27, K34, K36, S15, S20, S21, S22	1.112.9, 3.3
Programme Intended Learning Outcomes: Cognitive and intellectual skills On successful completion graduates should have developed:				
1. The ability to evaluate critically analyse current research, policy and theory and the discipline of District Nursing to promote high quality and person –centred care.	13.12 13.16	3.2	K8, K12 S13, S23, S24	1.11, 2.5, 2.7

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2.	Deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and communicate their conclusions clearly to specialist and non-specialist audiences	13.18		K1, K8	1.6, 1.8, 1.11
3.	Demonstrates resilience, capability and the initiative to lead and manage appreciative of ambiguity, complexity and the limits imposed on practice and limitations of personal knowledge	13.2 13.9 13.23	2.6 3.2	K32, K33, K46 S11, S29, S30	1.11, 2.1, 2.8, 2.10
4.	The skills of enquiry and research to enable them to evaluate complex situations and so contribute to decision making in the planning, design, delivery and improvement in patient care.	13.23 13.24 13.26		K2, K29, K31, K39, K40 S12, S16, S17, S18, S19, S20, S23, S24	1.11, 2.5.2.7,2.8, 2.9 4.1-4.8
Programme Intended Learning Outcomes: **Key and transferable skills** On successful completion graduates should have developed the ability to:					
1.	Demonstrate self-direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks at a professional level	13.2 13.4 13.15		K4, K42, K43. K44 B1-6	1.3, 1..6,1.8, 1.11, 2.8

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2. Continue to advance their knowledge and understanding, and to develop new skills to a high level.	13.4 13.7		K7, K10 S4, S9, S15, S30	1.5, 1.7, 3.1, 3.2, 3.3
3. Accept responsibility for their own professional practice applying ethical, legal and professional principles	13.11		K11, K23, K42, K43, K44 S10, S11, S14, S28 B1-6	1.1, 1.2, 1.8, 2.2, 2.3, 3.8
4. Proactively adopt strategies to enhance the development of professional knowledge and safe practice of others through peer support, coaching and supervision, teaching and research	13.21 13.22 13.26 13.27	1.9.1	K16 S9, S22, S28, S30 B6	2.4, 3.5-3.7
5. The ability to use and critically evaluate current and evolving technology to access information text and data in the support of the delivery of care	13.18	1.6 1.6.1	S16, S30	
Programme Intended Learning Outcomes: **Employment related skills** On successful completion graduates should have developed:				
1. Decision making skills in complex and unpredictable situations			K1, K4, K38 S4	1.11
2. The independent learning ability required for continual professional development	13.19		K7, S9	1.3, 2.11, 3.11

3. Critical evaluation of their role as agents of change working in partnership with health and social care professionals and agencies, patients, service users, carers and their families.	13.8 13.9 13.13 13.14 13.17		S7, S13, S29, S30	1.4, 1.8, 1.9, 2.1, 2.6
4. Evaluate the context of risk and development of quality improvement, patient/client safety and clinical governance agenda	13.25 13.27		K8, K28, K 29, K30, K37, K39, K41, K42, K43 S10, !6, S19, S24, S25, S26, S27, S29	1.8, 2.7, 2.10, 2.11, 3.3, 4.6-4.8
Programme Intended Learning Outcomes: **Practical Skills** On successful completion graduates should have developed:				
1. Additional systematic and structured history taking assessment and physical examination skills, in order to integrate advanced assessment findings into clinical decision making.	13.8		K1, K6, K24 S6, S8, S14, S28	1.4
2. Practice with competence, autonomy and professional accountability in the development of managing clinical complexity, systematically and creatively; to make sound judgements in the absence of complete data	13.4 13.15		K1, K4, K6, K24, K38 S6, S8, S14, S28	1.2, 1.6

demonstrating expertise in complex decision making.				
3. Increased fluency and confidence in the performance of the clinical skills associated with provision of community nursing care	13.5 13.6		K38 S4, S6, S8	1.5
4. The ability to prioritise their individual and team workload and case-load management to enable efficient and effective use of times in a pressurised environments.	13.20		K4, K18, K19, K20, K22 S1, S5, S12	1.8
5. Deliver specialised advanced case –management for people with highly complex and unpredictable needs, including those near the end of their lives.	13.15		K1, K4, K6, K8, K9 S3, S6	1.7

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