

N^{mic} Diploma Course Plan

Clinical Placement

We recommend that you arrange clinical observation or supervised sessions with your mentor lasting 3-4 hours once a week. Appointments should be 15 minutes ideally, to allow time for teaching or seeking advice. Ensure that these appointments are for patients with minor illnesses. Keep a log of your course activities. This enables you to demonstrate that you have fulfilled requirements, and makes it easier for you to target your learning to your remaining needs.

If you are new to the role, aim for the following schedule:

- 6 weeks observation of a clinician experienced in minor illness
- 12 weeks supervised – closely initially, then with support at hand
- 8 weeks solo – with support whenever you need it

This is just a suggestion – adapt to fit your experience and learning needs. To make best use of your time, try to access clinical sessions where most cases are the acute presentation of minor illness.

Assignments

Please see the Course Schedule for all dates and deadlines. These are set to help you keep on track to complete the accreditation on time. The Pharmacology assignment needs to be submitted four weeks after the seminar week, so you have the benefit of the lectures fresh in your mind. If you are struggling to finish any assignment before the deadline for personal reasons, please contact us to arrange a postponement. Without prior authorisation, marks will be deducted for late submission.

Completed assignments should be emailed to gary@minorillness.co.uk

If you prefer to submit a printed version, please contact us via the details on our website, to make arrangements. Keep a copy, and ensure you use the correct postage.

To pass this course you need to achieve at least a D- grade on the 16-point marking system (40%) for the Pharmacology assignment and for all written assignments overall, and signed clinical competency in at least 70% of the conditions listed in the Clinical Competencies Manual.

General Guidance

How to start

This will seem familiar from the organisation skills seminar. Make a structure first, using headings and subheadings. Keep it simple. For every assignment start by identifying yourself with your name and course date (the first day of the seminar week). Read the guidance for the assignment below and look at the marking scheme of the case studies and organisational skills assignments. Then put in the relevant section headings. This will ensure you don't forget a whole section. Now all that is left, is to fill in the gaps!

Style

Presentation matters when it is an indicator of clinical precision. These are some examples: a clear structure, plain English, correct spelling (especially of drug names), correct dosage and Système International (SI) units, text that reflects what you would actually do in clinical practice. The use of a spelling and grammar checker is recommended. You can adopt any style you wish if it achieves these aims. Fashions change in scientific writing; what matters is good communication. You may choose to write in the first or third person, active or passive voice. Choose a style that suits you and helps you describe things clearly.

References

Use a referencing style familiar to you, for example Harvard, which has the author name and year of publication within the text to indicate where you have inserted a source. At the end of the document the reference gives the sources cited in your work. We will happily accept an alternative standard referencing style, such as Vancouver, if that is more familiar to you. If the reference is freely available online, you could just give the URL and date accessed.

Confidentiality and Consent

It is essential that you maintain patient confidentiality.

Either:

- make all assignment documents (including the example prescription) anonymous by using a false name and *declaring that it is fictitious*

or

- if a person can be identified in a case study, then it must be accompanied by informed consent signed by the person

Surprisingly little information is needed to identify someone, e.g. an unusual occupation together with your location might be enough. Information on the consent form would have to explain that a marking team will be reading their case details.

Video or audio recordings are not required for this course, but you may find these help your consultation skills. GP trainers have the necessary equipment and a well-established protocol. Signed, informed consent is required before the recording is

made, and afterwards to ensure the patient remains happy with their decision. Patients have the right to review the recording and should be aware of the time when it will be erased. There must be a protocol in place to store the recording securely always, and erase it within a set time when it is no longer needed.

There is no formal marking of your consultations. You will get the most out of them if you agree to review them with your mentor or another practitioner experienced in assessing consultation skills.

Statistics

Basic understanding of statistics is necessary for these assessments, particularly the one on evidence-based practice. We are all medical professionals – very few are statisticians as well. If you are using evidence to support your assignment, ask yourself fundamental questions, such as if the evidence is relevant, and is it from a reliable source. We are not expecting your own statistical analysis.

Examples

Sample responses to assignments are available to view on our website.

Specific Assignment Guidelines

Pharmacology

Deadline: 4 weeks after the start of the seminar week

You will be given a set of 15 brief scenarios, each describing a clinical problem in prescribing. Two parts to each answer are needed:

- your action
- why that action is appropriate

The assessment aims to encourage you to think about a drug's action (pharmacodynamics) and how it gets to, or from, its target (pharmacokinetics). Use resources of the NMIC prescribing insights (<https://www.minorillness.co.uk/content/insights/>), the Minor Illness Manual and other reference sources such as the [BNF/BNFC/emc](#). It's a good idea to look up any drug involved in a scenario and familiarise yourself with its action, indications and adverse effects. Answers may be in the form of a short paragraph or two to each question and should include your course of action and your reason(s) for that both in terms of the clinical pharmacology and the more general aspects of primary care. **You do not need to give supporting references for standard knowledge such as that available in the BNF**, but any unusual evidence that you rely on in support of your management should be referenced.

How much detail is expected? **The best marks tend to be awarded to answers of 3-9 lines.** A simple clear statement about your proposed action is usually a good start. Here is an example.

Example Scenario

An airline pilot attends your clinic asking for 'something to clear catarrh'. She has symptoms and a few signs of a simple cold. She does not usually take any medication, but is due to fly that night and thinks she may have earache unless she does. Her co-pilot swears by Sudafed® Decongestant Tablets.

Answer

Advise her that Sudafed® is not suitable for her in this safety-critical job and that she must feel fully fit to work. She needs to inform her employer, who will also be able to advise on medications permitted with her occupation.

Sudafed® contains pseudoephedrine, an adrenaline mimic. There is a risk of hyperactivity with this and so it could affect her performance flying an aircraft. After establishing that no medication is indicated for her condition, the aim of the consultation will be to help her manage similar self-limiting conditions safely in future, and to take only medication allowed under the regulations governing her occupation.

Notes on the above example

What the answer does well is:

- state the recommended action clearly in the first paragraph
- provide the reason to support it in the second paragraph
- show an understanding of the action of the drug in question...
- ...and why this is relevant to the person
- for an excellent answer, it then also includes wider primary care issues

What to avoid

You may wonder why longer answers tend to score less well. There is no penalty for longer answers, but they are often full of clauses that obscure the recommended action. The scenarios are brief, but give adequate information. Do not invent new material. Do not concern yourself about a factor not mentioned in the scenario that would be unexpected. If it were essential to enable you to answer the question, it would be included.

So, in the above example, you would not need to be concerned that this person might be immunocompromised and that her 'catarrh' might be sputum, and if that had blood in it she might need an urgent chest X-ray. That is all invented material that is not mentioned in the scenario.

In contrast, there may be some things not mentioned in the scenario that you would need to think about in practise, and these do need to be included in your answer. For example, were you to suggest some form of treatment for this airline pilot, perhaps

one that you had found out was allowed, you would still need to ensure that she was not pregnant if the drug was unsuitable for use in pregnancy.

Marking

Each answer is awarded between -2 and +4 marks.

Mark for action	Action	Mark for reason	Supporting reason
-2	Dangerous	0	There can be no rationale to support the action
-1	Mild harm may result		
0	Would not help or harm		
1	Helpful	1 or 2	
2	Very helpful	1 or 2	

Case Studies

Deadline: 12 weeks after the start of the seminar week

Describe two minor illness cases that you have managed personally, one adult and one child **aged 13 years or younger**. Each case must present with symptoms of an acute illness, so a health check, chronic disease monitoring or contraception request would not be suitable. Each study should be a minimum of 700 words – no marks will be deducted for shorter assignments but they tend to miss out at least one of the aims of the assignment shown on the Grading Profile (see the file on your NMIC USB drive). One of your studies must contain a **hand-written** prescription. Please do not send a prescription that could actually be used. Mark the prescription as “example”. A template prescription’ form is included on your USB drive.

You will be assessed on your description of the patient’s problem(s), the management plan and its justification, the outcome for the patient and your prescription writing.

Remember to consider and document their past medical history and regular medication. Even if there is little or none, it would be worth stating this and including anything that could be of physical, psychological or social relevance. A review of the marking grid will show the importance of the patient's agenda and their reaction to your proposed management.

Choose a case that will allow you to demonstrate the theory that underpins your depth of knowledge and critically evaluate the outcomes of the management plan.

- Was it the correct management?
- What worked, what did not?
- What would you do again?
- Firm evidence with supporting references

Remember – case studies focus on one individual. Do not feel you need to describe all the complexity of a condition, only that relevant to the case you have chosen.

Organisational Skills

Deadline: 19 weeks after the start of the seminar week

Write a protocol for the establishment or improvement of a minor illness service in your place of work. You can consider the setting up of a completely new clinic, or concentrate on one aspect. Make use of at least one management tool. Even if you have not used one before, the aim is to save you time and improve your organisational skills.

Consider possible problems that might arise from the point of view of:

- service users
- clinical colleagues
- non-clinical colleagues (reception/administration)
- the wider health care in your locality

The usual length of a response to this assignment is 1200 words, but this is only a guideline. A variety of different approaches are acceptable. You can choose to use charts, diagrams, timelines, thought maps or other illustrative tools with fewer words. Consider opportunities or difficulties that may arise in your working environment and how you propose to overcome them. Aim to demonstrate a clear structured approach to change, drawing on the literature and research that facilitates the plan, the process and the review.

You will be assessed on the relevance of your plan to your working environment, problem identification, plan of management and review, and use of organisational techniques. Although the deadline for this is a long way off, we recommended that you begin as early as possible and talk to key stakeholders who will be involved in implementing or using your new service. You do not need to have completed the change before submitting your work.

Evidence Based Practice

Deadline: 23 weeks after the start of the seminar week

The EBP assignment is on the NMIC USB drive. It is designed to expand and test your understanding of the concepts discussed on the final afternoon of the seminar week.

Clinical Competence

Deadline: 27 weeks after the start of the seminar week

Practical skills are assessed using the Clinical Competencies Manual, which should be populated during your clinical placement. You must be assessed competent for a minimum of 70% of the conditions under each of the learning outcomes listed in the manual. The aim is to demonstrate practical clinical ability based on sound theoretical understanding.

NMIC Diploma Requirements

The results of all your written assessments will be returned to you on the marking grid with feedback comments on pharmacology, case studies and organisational skills. The time for the notification of results will normally be within one month after the assessment has been submitted. Each assessment must be attempted and a minimum overall pass mark of D- (40%) achieved.

Assignments will be kept for one year for purposes of handling appeals or quality control audit.

Accreditation

A diploma certificate will be provided on successful completion of all the requirements. The NMIC Diploma is widely recognised across the NHS; NMIC has been providing courses on minor illness since 1997. Initially accreditation was provided by a university for 45 points at level 6 under the national Credit Accumulation and Transfer Scheme (CATS). When the university adopted a policy not to accredit externally taught courses, we transferred the process to the Royal College of Nursing because at that time most of our students were nurses. As the primary care workforce has expanded to include a wider variety of clinicians, a single professional accreditation became less and less relevant. All the learning can be used for Continuing Professional Development. If credits are needed to put towards a degree or other university qualification, then you may be able to use the Accreditation of Prior Experiential Learning (APEL) process if supported by your university.

Contact us

info@minorillness.co.uk

Please email rather than telephoning. This enables us to give you a better service, because your question will be directed to the person best able to respond.

If you have no access to email at work or at home, you can leave a message on 07 951 403 424. We will get back to you as soon as possible. Remember to leave your contact number!