



RCSI

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Nursing/Midwifery (Medicinal Product Prescribing)

Application Guidance for Students



Nursing/Midwifery (Medicinal Product Prescribing)

Certificate
Nursing and midwifery

Nursing/Midwifery (Medicinal Product Prescribing) Application Guidance

To apply, it is essential to complete the following steps:

- Submit an online application (Survey)
- Complete and return the Site Declaration Form.
- Complete and return the Audit of Compliance (Clinical Learning Environment Audit Tool Professional Certificate in Nursing/Midwifery (Medical Product Prescribing)).

Failure to complete all three steps will result in an incomplete application and you will not be considered for entry to the programme. During your application, you will be required to upload your transcripts.

Online Application

Students may submit one online application (survey), incomplete survey information will result in the requirement for completion and return of a paper based application. Therefore, it is essential all required information is included prior to online application submission as incomplete applications may delay an offer to undertake the program. Additionally, to be eligible to apply for the programme is essential to have:

- Be registered as a nurse or midwife on the Active Register of An Bord Altranais currently be employed as a nurse or midwife.
- Have competencies recognised at Level 8 of the NQAI Framework.
- Have a minimum of 3 years post-registration clinical experience (within the past five years) with at least one year in the area in which prescribing is proposed. It is essential to include information, which reflects, post registration experience and experience relative to the area in which prescribing will be undertaken.
- Have the support of your employer to undertake programme.
- It is essential to the nomination and confirmation of a designated Medical Practitioner Mentor (Consultant/ General Practitioner) including name, title, role, email and telephone details.
- Prescribing Site Coordinator Name email and telephone details. For non-HSE employees, consult locally within your organisation regarding designated individuals responsible for Prescribing Site Coordination. Please contact deniseblanchfield@rcsi.ie for any queries relating to Prescribing Site Coordinator.
- Demonstrate continuous professional development and the ability to study at Level 8. Include information relative to continuous professional development such as study days, postgraduate programmes or any additional professional or clinical development (excluding mandatory training).

Online Application Survey for Prescribing Programme

Employment History	Please Enter your NMBI Pin Number	
	Number of years qualified as a Nurse	
	Number of years qualified as a Midwife	
	Full Name and Address of Current Employer	
	Current Position Title/Role/Brief Details	
	Current Grade (ANP/AMP/CNS/CMS/CMM/SN)	
	Starting date of Current Post(Month and year)	
Please Enter Past Employment Details if Relevant - Starting with the most Recent	Employer 1	
	Position 1	
	Employment Dates 1	
	Employer 2	
	Position 2	
	Employment Dates 2	
	Employer 3	
	Position 3	
	Employment Dates 3	
		Please enter any other relevant employment details.
	Please provide evidence of Continuing Professional Development in support of your application (study days, short courses etc.) - Please provide dates, locations & length of courses.	
	Please state your reasons for applying for this course	
Organisational Support	Mentors Name	
	Mentors Email	
	Mentors Phone Number	
	Prescribing Site Coordinator Name	
	Prescribing Site Coordinator Email	
	Prescribing Site Coordinator Phone	
	Director of Nursing Name	
	Director of Nursing Email	
	Director of Nursing Phone	
Prescribing Centre	Name of Prescribing Centre (Hospital/Primary Care Site)	
	Clinical Practice area in which Prescribing will take place	
Applicant Declaration	I confirm that my mentor is aware of the mentorship requirements (available on www.rcsi.ie) The mentor can contact the programme co-ordinator at deniseblanchfield@rcsi.ie for further information.	Yes
	I confirm I have the support of my Director of Nursing	Yes
	I confirm that I will have regular access to a reliable computer with reliable internet access.	Yes
	I confirm I will download, complete and return the 'Site Declaration' form and I understand failure to do this will result in an incomplete application and will not be considered.	Yes
	I understand that this application form will be provided to the HSE as part of the selection process for this programme	Yes

Site Declaration Form.



Site Declaration Details (Please type details in Block Capitals)	
Applicant's Name as per Nursing and Midwifery Board of Ireland (NMBI) Registration:	
NMBI PIN:	
Grade (e.g. Staff Nurse/Midwife/CN/MM):	
Clinical Area:	
Contact Phone Number:	
Email Address (work if possible):	
Health Service Provider /Employer Name:	
Director of Nursing/Midwifery/Service Manager/ Designate Name:	
Prescribing Site Coordinator (PSC) Name: Email Address:	
Higher Education Institution (HEI) (College):	
Programme Commencement Date:	
<p>The above information will be populated onto the ONMSD "HSE Nurse/Midwife Prescribing Database". Nurses and midwives employed in the HSE and HSE funded agencies (Section 38) are funded by the ONMSD HSE to undertake the education programme. The main purpose of the database is to provide one national searchable database, which is only accessible by members of the HSE ONMSD Prescribing team to;</p> <ul style="list-style-type: none"> Monitor the progress of each nurse/midwife funded by the ONMSD HSE from commencement of the education programme and following registration as a Registered Nurse/Midwife prescriber (RN/MP) Allow ease of data retrieval to generate standard and drillable reports at local, regional and national level Generate reports on nurse/midwife medicinal product prescribing by using the information from this database. <p>Personal details are not disclosed for these reports. The data is used for statistical purposes only.</p>	

It is essential to complete pages 1-5 to include all required information and complete all required Yes/No answers e.g.

Criteria for the Health Service Provider; completed by Director of Nursing/Midwifery/Service Manager/Designate.	Yes	No	
Governance	x		
Do you have in place local governance arrangements to oversee the introduction and implementation of nurse and midwife medicinal product prescribing?	x		
Do you have in place a named PSC delegated by the director of nursing/midwifery/service manager/designate to have responsibility for the initiative locally and for liaising with the applicant/candidate, medical mentor, HEI and HSE nurse/midwife medicinal product prescribing team?			
Do you have clinical indemnity arrangements in place for nurse/midwife medicinal product prescribing? (Please note the Clinical Indemnity Scheme managed by the State Claims Agency indemnifies employees of the HSE and HSE funded agencies (Section 38))			
Do you have in place a firm commitment by the health service provider's senior management to support nurse/midwife medicinal product prescribing?			
For the HSE and HSE funded agencies (Section 38), will you have in place a signed sponsorship agreement at local service level setting out the arrangements for study leave and financial support for the candidate? (as outlined in this form - Declaration/Undertaking in Respect of Third Level Academic Fees) ****Non HSE/Private Applicants e.g. Practice Nurse this section is not applicable****			
Following successful completion of the education programme, do you agree to support the candidate/s timely registration with NMBI as a RN/MP within four weeks ?			
For candidates employed in the HSE and HSE funded agencies (Section 38), can you confirm that the RN/MP will have access to a computer, email and internet for data collection purposes where required and agreed locally? ****Non HSE/Private Applicants e.g. Practice Nurse this section is not applicable****			
Have you identified a medical practitioner/mentor who has agreed to support the candidate throughout the education programme?			

Can you confirm that the name of the nurse/midwife applying for the education programme is on the active register maintained by the NMBI i.e. has current active registration?			
Risk Management			
Do you have in place a local health service provider's medicinal product prescribing policy, procedure, protocol or guideline (PPPG)? Health service providers can adopt the <i>HSE National Nurse and Midwife Medicinal Product Prescribing Guideline</i> (2020) and develop addenda regarding local governance arrangements if they so wish.			
Do you have risk management systems in place?			
If yes, is there a process for;			
<ul style="list-style-type: none"> Reporting and monitoring of an adverse event/incident 			
<ul style="list-style-type: none"> Reporting and monitoring of near misses 			
<ul style="list-style-type: none"> Reporting and monitoring of medication errors 			
Audit and Evaluation	Yes	No	Comment/Evidence
Do you have in place or are you planning to put in place an agreed schedule for routine audit of nurse/midwife medicinal product prescribing practice? The <i>Nurse and Midwife Prescribing Data Collection System</i> is available for local use as a support for monitoring and clinical audit.			

Please ensure all sections below are completed in full.

Director of Nursing/Midwifery/ Service Manager/Designate Name: (Block Capitals)	
Name of Health Service Provider:	
Contact Telephone Number:	
Work Email Address:	
Signature:	
NMBI PIN:	
Date:	

Medical Practitioner/Mentor: Name: (Block Capitals)	
Name of Health Service Provider:	
Contact Telephone Number:	
Work Email Address:	
Signature:	
Medical Council Registration Number (MCRN):	
Date:	

Page 4: Completed by all applicants, however only HSE employees are required to complete the following element and inform the HSE ONMSD National Nurse Midwife Medicinal Product Prescribing Team by email at nurse.prescribing@hse.ie (as highlighted)

Declaration /Undertaking in Respect of Third level Academic Fees	
Applicant's Declaration/Undertaking in respect of Third level Academic fees for Nurse/Midwife Medicinal Product Prescribing Programme	
<p>On successful completion of the education programme I will be required to:</p> <ol style="list-style-type: none"> 1. Provide my employing agency with evidence of my successful completion of the programme as per HSE HR Circular 020/2014 Section 9 2. Inform the HSE ONMSD National Nurse Midwife Medicinal Product Prescribing Team by email at nurse.prescribing@hse.ie HSE Employees Only 	
<p>I understand that proposed leave entitlements will be subject to staffing demands at the time. I further agree that the entirety of the course fees paid by the HSE on my behalf will immediately become due and owing by me to the HSE if I:</p> <ol style="list-style-type: none"> a) Do not complete the programme successfully within the time frame designated by the relevant Higher Education Institution b) Cease employment with the Health Service Executive before I have successfully completed the programme c) Cease employment with the Health Service Executive at any time following successful completion of the programme within the period of twelve months or for the length of the academic course undertaken. 	
<p><i>I agree to repay the amount of fees paid for me in respect of this programme and salary on a pro rata basis for full time programmes.</i></p>	
Signed: _____	Date: _____

Page 4: All applicants are required to complete the following

Director of Nursing/Midwifery/Service Manager/Designate Approval and Sign-Off	
Signed: _____	Completed by All Students Date: _____



Page 5: Checklist

Please complete all required information to include your name, signature, NMBI Pin and date in addition to all required Yes/No answers e.g.

******Each of the following must be ticked (✓) as evidence of completion******



1	The form is fully completed. Incomplete forms will be returned to you and may not be considered	X
2	This fully completed form must be submitted to the relevant HEI as part of the application process by the application closing date	X
3	A copy of this completed form MUST be emailed to nurse.prescribing@hse.ie by nurses/midwives employed in the HSE and HSE funded agencies (Section 38) by the relevant HEI application closing date ****Non HSE/Private Applicants e.g. Practice Nurse this section is not applicable****	X
4	The name of the applicant on the application form is the name by which they are registered with the NMBI and which will appear on their student ID card, college records and parchment	X
5	A copy of this completed form has been retained by the employer.	X

Applicant's Name: (Block Capitals) _____

Signature: _____

NMBI PIN: _____

Date: _____

Audit of Compliance (Clinical Learning Environment Audit Tool Professional Certificate in Nursing/Midwifery (Medical Product Prescribing))



Please complete all required information to include

1. Profile of the Unit (Complete in Full)

Profile of the Unit	
Hospital/Organisation	
Unit Name:	
Site approved by NMBI for pre-registration programme	Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes) Affiliated Programme _____ Affiliated 3 rd level college _____
What is the clinical speciality?	
What is the patient profile in this area? (i.e. number of beds, patient demographic, patient throughput)	
What is the staff profile in this area? (i.e. grades, number of staff)	

2. Complete All Yes/No answers e.g.

Student Supports		Y	N
The unit provides learning opportunities that enable the achievement of learning outcomes and competence in Professional Certificate in Nursing (Nurse Midwife Prescribing)	<input type="radio"/>	<input type="radio"/>	
Students undertaking the Professional Certificate in Nursing (Nurse Midwife Prescribing) have access to library and information services	<input type="radio"/>	<input type="radio"/>	

3. Please complete (If no Director of Nursing e.g. In non-Hospital based settings, Practice Manager or Unit Manager may complete, see below)

Director of Nursing / Midwifery Signature:	
Date:	

4. **Audit Conducted:** Signature & Date Audit completed including name of individual who undertook the audit (not undertaken by student), may include DON/ADON/ Line Manager/Practice Manager/Practice Development Facilitator/Clinical Placement Facilitator/ Mentor.

Audit Conducted by:	
Date:	