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|  | **University of Chester**  **Additional Course Form MSc Advanced Practice Apprenticeship** |

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| **Notes for applicants** |

The application process requires all applicants to meet criteria for appropriate governance of an advanced practice role. **All** sections of this form **must be completed fully** before submission. PLEASE PRINT CLEARLY.

This form should be completed in conjunction with the Apprentice Application Form and uploaded to AIMs with other supporting evidence.

**Failure to complete the form fully and accurately may delay the commencement of the course.**

Applicants should be aware that they may be required to meet their employing organisation’s own criteria in advance of submission of an application.

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| **Section 1: personal details** (to be completed by the applicant) | |
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| First name(s): |  |
| Surname: |  |
| Title (Mr/Mrs/Ms/Dr/other): |  |
| Previous surname: |  |
| Date of birth: |  |
| National Insurance number: |  |
| Regulator: (please tick) | * Nursing and Midwifery Council (NMC) * Health and Care Professions Council (HCPC) * General Pharmaceutical Council (GPhC) * Pharmaceutical Society of Northern Ireland (PSNI) |
| NMC / HCPC / GPhC / PSNI  registration no: |  |

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| Job title: |  |
| Employer/Trust or state if self-employed: |  |
| Work address: |  |
| Postcode: |  |
| Work telephone number: |  |
| Work email address: |  |
| Date of commencing role above: |  |
| Home address: |  |
| Postcode: |  |
| Home telephone number: |  |
| Home email address: |  |
| Mobile phone number: |  |
| Country of birth: |  |
| Nationality: |  |
| Country of domicile/area of permanent residence: |  |

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| Do you have the required amount of post-registration clinical experience?   * All registrants: Usually at least two years’ appropriate patient-facing experience post-registration, in a relevant UK practice setting | * YES * NO |

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| **All applicants** must provide a short statement that identifies their profession, the area of clinical practice in which they have been working and in which they intend to develop their clinical ACP practice. In addition, applicants must demonstrate how they reflect on their own performance and take responsibility for their own continuing professional development (CPD), including the development of networks for support, reflection, and learning. |
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| ***continue on a separate sheet as required*** |
| **Signed** (applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Section 2** (to be completed by line manager/employer. **All parts MUST be completed.** |

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| **Section 2a: suitability of the applicant to complete the ACP Clinical MSc pathway** | | |
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| Is the applicant a regulated health care professional? | Yes / No |
| Is there a clinical need within the applicant’s role to justify the development of ACP skills and competencies? | Yes / No |
| Is the student in a patient facing role? | Yes / No |
| Does the applicant have the commitment of his/her employer to enable release from clinical duties to attend the theory learning days and period of learning, supervision, and assessment in clinical practice? | Yes / No |
| Does the applicant have a clinical mentor willing to supervise and assess the applicant for the learning in practice period? (See sections 3a, 3b) | Yes / No |
| Does the applicant have relevant post-registration clinical experience or part-time equivalent?   * Usually, will have been registered with the NMC, HCPC or GPhC for a minimum of two years prior to applying for entry to the programme, normally one years’ relevant experience in the clinical field in which is intended for practice. | Yes / No |
| Does the applicant have evidence of the ability to study at master’s level?  What is the applicant’s highest level of academic attainment? Please tick below:  MA/MSc Degree Diploma Certificate Other (please provide details)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes / No |
| Does the applicant demonstrate the necessary competencies to work in partnership with service users to reach shared decisions in the design and evaluation of care? | Yes / No |
| Has the applicant an identified area of clinical practice in which to develop their ACP role? | Yes / No |
| **As the applicant’s Line Manager** (if self-employed the applicant should agree and sign)**,**  **I confirm the above and that an agreement is in place to enable the applicant to complete a minimum of 7.5 hours per week over three years off the job training to include theory days and period of learning, supervision, and assessment in clinical practice.**  **Signed** (line manager): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Section 3** (to be completed by the applicant’s supervisor and assessor of practice) |

HEE have published a Multi-professional framework for advanced clinical practice in England (2017).

[*https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf*](https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf)

It is designed to enable a consistent understanding of what advanced clinical practice is. It details the supervision and support required during the trainee’s period of learning in practice.

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| **Section 3a: details of and eligibility criteria for**  To be completed by the Clinical Assessor. | |
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| Name of Clinical Assessor: |  |
| Area of practice: |  |
| Title/position: |  |
| Qualifications: |  |
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| GMC Registration no: |  |
| Employing organisation: |  |
| Work address: |  |
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| Postcode: |  |
| Telephone number: |  |
| Work email address: |  |
| I agree to facilitate the period of learning, supervision, and assessment in clinical practice. I will oversee, support, and assess the competence of the applicant’s clinical practice in collaboration with academic and workplace partners.  Name (please print):  **Signed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **All of the following criteria must be met** (to be completed by the Clinical Assessor) | |
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| **The Clinical Assessor must be:** | **Please tick (ü)** |
| Is a GP, specialist registrar or a consultant who is usually on the relevant GMC specialist register working in a clinically active and relevant setting |  |
| Is in good standing with their professional regulatory body, has no conditions relating to their practice and is not under investigation for issues related to professionalism or practice. |  |
| Normally has at least three years’ recent clinical experience for a group of patients/clients in the relevant field of practice and attained the professional skills and knowledge to oversee, support and assess the ACP in training. |  |
| Has experience or training in teaching and/or supervising in practice. |  |
| Normally works with the applicant. |  |
| Is sufficiently impartial to the outcome for the applicant? |  |
| Has the support of the employing organisation or GP practice to act as the Clinical Assessor. |  |
| Is familiar with the requirements of the programme and the need for the applicant to achieve the learning outcomes. |  |
| Agrees to retain the primary responsibility for the overall supervision and assessment of the applicant as an ACP in training while working in collaboration with academic and workplace partners during the applicant’s period of learning in practice. |  |
| Can ensure there are sufficient opportunities to periodically observe the student in order to inform decisions for assessment and progression |  |
| Agrees to work in partnership with the nominated Academic Assessor to evaluate and recommend the student for progression in line with programme standards. |  |
| Can support the ACP student should they feel they need to raise concerns about potential risks to patients or staff. |  |
| Will communicate with the University as required to provide feedback on the student’s progress. |  |
| As the applicant’s Clinical Assessor, I confirm I meet the above criteria.  **Signed** (Clinical Assessor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Section 3b: the learning environment** (to be completed by **all** Clinical Assessors). |

As part of the quality assurance process, all Clinical Assessors must confirm the learning environment meets the following requirements.

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| **Standard statement** | **Please tick (ü)** |
| 1. All our learning environments are with CQC-registered providers. |  |
| 1. Our policies and procedures within our learning environment areas reflect health and safety legislation, employment legislation and equality of opportunity. |  |
| 1. Our human resources management processes reflect current good practice in relation to recruitment, retention, development of staff and promote equality, inclusivity, and diversity. |  |
| 1. Our staff understand and manage specific risks to students and risk assessments are carried out in our learning environments. |  |
| 1. We ensure that students have access to appropriate clinical equipment, books, journals, educational and IT facilities, including internet access, (where practicable) when they are in our learning environments. |  |
| 1. We have mechanisms in place in our learning environments to ensure early recognition of poor student performance and for taking appropriate and prompt action. |  |
| 1. Our learning environment supervisors and/or assessors are aware of student’s learning outcomes so that they can agree with the student an individual learning contract for the period of learning in practice. |  |
| 1. We provide students with regular opportunities to discuss their progress towards meeting their learning contract with their practice supervisors and assessors. |  |
| 1. We act on evaluation/feedback information that students give us on the quality of their learning experience during their period of learning in practice. |  |
| 1. We provide students with an orientation/induction to each learning environment. |  |
| 1. Our learning environments ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning. |  |
| 1. Our learning environments provide varied learning opportunities that enable students to achieve learning outcomes through observing skilled professionals deliver service and care; participating, under supervision, in the delivery of treatment and care; practising in an environment that respects users’ rights, privacy and dignity. |  |
| 1. Our staff, who act as supervisors and/or assessors of students, demonstrate evidence-based practice, teaching, and assessment. |  |
| 1. We provide learning opportunities in environments that are appropriate to the level and need of the student and provide opportunities for interprofessional working. |  |
| 1. Our approach to assessment is that it is a continuous process with an adequate formative function that helps develop student abilities/intellectual skills and which leads to the judgement of achievement against agreed performance criteria. |  |
| 1. We are committed to creating a safe learning culture that encourages participation and open discussion to support learning. |  |
| 1. We have processes in place to ensure that students can raise concerns about potential or actual risks to patients or staff in our clinical practice setting? |  |
| **I confirm all the above standards will be met whilst the student undertakes the period of learning and assessment in practice.** (If there are any exceptions, please identify these on a separate page.)  **Signed** (Clinical Assessor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Plan for ACP programme:** (To be completed by the programme lead)   |  |  |  |  | | --- | --- | --- | --- | | Module | Academic Credits | Planned date for commencement | Booked with Admissions Team | | NM7263 | 20 |  |  | | NM7264 | 20 |  |  | | NM7265 | 20 |  |  | | NMP (if being studied) | 40 |  |  | | NM7239 Dissertation | 60 |  |  | | NM7229 End Point Assessment | 20 |  |  |   **APL Claims:** |