

# Advanced Clinical Skills

## Additional application form and EMM agreement

This form must be completed in addition to The University of Manchester online application form. Applicants should be aware that they may need to meet their employing organisation’s own criteria in advance of submission of an application. Applicants are advised to contact their Emergency Medicine Mentor as early as possible in the process.

Ensure that all sections of this form are completed and signed (typed signatures and images of signatures are not acceptable) and upload it to your online application. Please print clearly.

|  |
| --- |
| Section 1a: Professional registration details(to be completed by the applicant) |
| Regulator (tick): | * GPhC
 | * PSNI
 | Registration number: |  |
| Title: | Mr / Mx / Mrs / Ms / Miss / Dr / other\* | \*Specify, if other: |  |
| Forename/s (as registered): |  |
| Surname (as registered): |  |
| Date of first registration: |  |
|  |  |
| Section 1b: Employment and experience(to be completed by the applicant) |
| Applicants must have at least two years' post-registration patient-focused experience in an unscheduled care setting in the UK. By completing this section, you are confirming that you meet this criterion. Please provide details of your employment history for up to the last three years, starting with your current role. |
| **Employer** | **Position** | **Start and end dates** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Give a short description of your relevant post-registration patient-focused experience. |
|  |

|  |
| --- |
| Section 1c: Scope of practice(to be completed by the applicant) |
| Please outline your intended scope of practice. This should also be linked to your post-registration patient-focused experience. |
| **Group/s of patients** | **Conditions/presentations** | **Setting** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |
| Section 1d: Commitment to continuing professional development(to be completed by the applicant) |
| Briefly describe how you have reflected on your own performance as a pharmacist providing patient-focused services and taken responsibility for your own continuing professional development (CPD). This should be linked to your proposed scope of practice. You must also submit two pieces of reflective CPD related to this scope of practice. |
|  |
| Describe below how you will develop your own networks for support, reflection and learning, including with health care professionals from other professions. |
|  |

|  |
| --- |
| Section 2a: Suitability for training(to be completed by line manager / employer) |
| Does the applicant have recognised experience and ability in diagnostics and physical examination skills to enable them to apply clinical assessment skills to their intended area of practice? | Yes / No |
| Does the applicant have at least 2 years post registration clinical experience, or part time equivalent, including experience in the acute care setting? | Yes / No |
| Is there a clinical need within the applicant’s role to justify working in an unscheduled care role? | Yes / No |
| Does the applicant have an area of practice in which to develop their clinical assessment skills? | Yes / No |
| Does the applicant have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of practice? | Yes / No |
|  |
| Section 2b: DBS disclosure(to be completed by line manager / employer) |
| All students must have an enhanced DBS disclosure that was issued no more than three years before the start date of the course. The university will undertake one if there is not already one in place. Students must provide evidence on the first study day if they already have a disclosure. Employers must have the necessary clinical governance infrastructure in place to enable the registrant to utilise these advanced clinical skills in practice once they are qualified to do so. |
| Does the applicant have an **enhanced** DBS disclosure issued within three years of the course start date\*?  | Yes / No |
| DBS issue number: |  | Issue date: |  |
| \*We may be able to accept an older disclosure if the applicant has registered for the update service, but we will require sight of the original disclosure and the update reference |
| Update service reference: |  |
|  |
| Section 2c: Study release for training(to be completed by line manager / employer) |
| This is a blended learning programme that requires students to attend four study days on campus and four online study days, undertake 15 days of supervised practice, and complete a further 15 days of directed learning and assessment. In order to be eligible for a HEE-funded place, the employer must confirm that:* the applicant has received an appraisal of their suitability to undertake this course of training
* the applicant will be released from practice duties for at least 38 days to facilitate study days attendance, completion of associated directed learning and supervised practice
* the applicant will have a relevant role in unscheduled care on completion of the programme.
 |
| As the applicant’s line manager, I confirm all of the criteria detailed in section 5 (above). |
| Name: |  | Job title: |  |
| Signature: |  | Date |  |

|  |
| --- |
| Section 3a: Emergency Medicine Mentor (EMM) details(to be completed by the EMM) |
| Full GMC-registered name: |  |
| GMC number: |  | GP/specialist registration: |  |
| Work address: |  |
|  |  |
| Contact number: |  |
| Email address: |  |
|  |
| Section 3b: EMM eligibility criteria(to be completed by the EMM) |
| I am a registered medical practitioner with at least three years’ medical experience of assessing, managing and prescribing for a group of patient/clients in the field of practice that the applicant intends to practice. | Yes / No |
| I have the support of the employing organisation to act as EMM and to provide supervision, support and opportunities to develop advanced clinical skills. | Yes / No |
| I have some experience or training in teaching and/or supervision in practice. | Yes / No |
| Your role as EMM will require you to effectively:* Establish a learning contract with the student
* Plan a programme of practice-based learning that will provide opportunities for the student to meet the learning objectives and gain competence in advanced clinical skills
* Facilitate learning by encouraging critical thinking and reflection and promoting integration of theory into practice
* Provide dedicated time and opportunities for the student to observe how an experienced practitioner conducts a consultation and develops a management plan
* Allow opportunities for the student to carry out consultations, clinical examinations and suggest clinical management options
* Provide timely feedback on practical skills, highlighting strengths and supporting an action plan to address development needs
* Take opportunities for in‐depth discussion and analysis of management options through case-based discussion
* Ensure that there are sufficient learning resources to support evidence-based practice
* Assess and verify that, by the end of the programme, the student is competent to assume the advanced clinical skills role.

It is a requirement of the course that you undertake a training session to familiarise you with the course and your roles and responsibilities. This will be administered online at the start of the course and the programme team will contact you to arrange this. |
| **EMM declaration**I confirm that I have the competencies required to undertake the role of EMM and I have agreed to supervise, support and assess the applicant for a minimum of fifteen days in the development of their advanced clinical skills. |
| Signature: |  | Date: |  |

|  |
| --- |
| Section 4: Final declaration(to be completed by applicant) |
| * I am currently registered with the GPhC/PSNI and in good standing
* I have a post-graduate clinical diploma (or equivalent, and at least two years (or part-time equivalent) of relevant post-registration patient-focused experience
* I have up-to-date clinical, pharmacology and pharmaceutical knowledge relevant to the identified area of prescribing practice
* I have NOT previously been enrolled on a course at another institution leading to a Postgraduate Certificate in Advanced Clinical Skills
* I have an agreement with an Emergency Department Mentor to supervise my fifteen days practice placement
 |
| Full registered name: |  |
| Signed: |  | Date: |  |