

School of Health & Medical Sciences

Please ensure that the signature is handwritten (a wet signature). Digital signatures will not be accepted, and the form cannot be processed without it.

Statement of Commitment to the MSc Advanced Clinical Practice or MSc Advanced Clinical Practice Apprenticeship Programme.

This form must be completed and signed by:

- **Applicant/student;**
- **Employer/line manager**
- **Designated Clinical Supervisor**
- **Trust Education Lead or Advanced Clinical Practice Lead**
- **Trust Non-medical Prescribing Lead**

Form A: Section A: Applicant Statement

I agree to commit to undertaking and completing the MSc Advanced Clinical Practice (ACP)/MSc Advanced Clinical Practice (ACP) Apprenticeship [delete as appropriate], to attend the study days for all the Programme modules, and to complete 500 hours of supervised clinical practice within my specialty, setting or area of practice. I also agree to maintain responsibility of informing the ACP Programme Team at City St George's, University of London, of any changes in my practice or circumstances as listed below, which may impact on the progress of my studies.

Name of Applicant (please print)	Signature	Date

Section B: Organisational Statement

Section to be completed by Applicant/student and should be signed off by their Line Manager or Head of Department. Please tick the appropriate statement.

You have a current health professional registration with a regulatory body or equivalent, for example the Nursing and Midwifery Council (NMC) or Health and Care Professionals Council (HCPC)	Yes	No
You have a current job contract in a clinical area in a trainee/advanced clinical practice role or a role where you will have the opportunity to develop advanced clinical practice skills, knowledge and behaviours as part of the MSc ACP or MSc ACP Apprenticeship Programme.	Yes	No

You are an employee with a minimum of 3 years post-registration experience (part time equivalent) at the point of the start of the MSc Programme, 2 years of which should be from your area of practice or specialty.	Yes	No
You work in a profession in which you can register as an Independent Non-medical Prescriber with your relevant Professional Body.	Yes	No
Your suitability to undertake the Independent Non-medical Prescribing (V300) module has been discussed with the relevant Non-Medical Prescribing Lead and/or Education Lead for your Organisation and they have confirmed that you can prescribe in your practice when you qualify. If you are a qualified INDEPENDENT non-medical prescriber , please confirm that you are actively prescribing in your current clinical setting and advise the ACP Programme Team.	Yes	No
You have identified a designated clinical supervisor (medical practitioner or qualified advanced clinical practitioner) and have their confirmation that they will support you throughout the	Yes	No
Programme to complete 500 hours of supervised clinical practice within your area of practice, setting or specialty as per Programme Specification.		
You will have access to managing patient consultations and undertaking clinical diagnosis during your clinical training for this programme.	Yes	No
You have demonstrated evidence of reflection on your current practice and take responsibility for your development.	Yes	No
You have one of the following (delete as appropriate, see Programme Specification for details): <ul style="list-style-type: none"> • A second class or above (2:2 classification) honours degree in a relevant subject from an approved higher education institution • Evidence of master's level CPPD (level 7) study undertaken within the last five years • If none of the above: you have relevant clinical experience and are willing to undertake a 15-credit module from Year 1 of the programme (as a standalone CPPD module) and, if successful, 15 credits will be transferred into the ACP programme. • 	Yes	No
Please confirm if you have completed in the past 5 years / are currently undertaking [delete as appropriate] any Level 7 modules relevant to Advanced Clinical Practice and/or V300 non-medical prescribing. If yes, you must submit an RPL (recognition of prior learning) application before starting the ACP Programme (please contact the ACP Course Officer for details).	Yes	No
You are competent at maintaining accurate records and documentation in your area of practice.	Yes	No
You have demonstrated evidence of reflection on your current practice and take responsibility for your development.	Yes	No
You hold a current and satisfactory Disclosure and Barring Service (DBS) check	Yes	No

You comply with standard health requirement policies.	Yes	No
For MSc ACP Apprenticeship applicant ONLY: evidence of a minimum qualification of level 2 in EYou have the appropriate numeracy skills with maths and English).	Yes	No

Section C: This section is to be completed by the Applicant's Employer / Line Manager / Head of Department [delete as appropriate]

Name:	Qualifications	
Relation to Applicant:	Job Title:	
Address:	Tel No. (Work)	Ext
Postcode:	Tel No. (Mobile)	Email:

As the Applicant's **Employer / Line Manager / Head of Department [delete as appropriate]**, I confirm that the Trust/Organisation and the local department where the Applicant is working, is committed to supporting the Applicant to undertake and complete the MSc ACP Programme / MSc ACP Apprenticeship Programme [delete as appropriate] with the required study leave, clinical supervision and protected supernumerary training time to develop his/her competence as an Advanced Clinical Practitioner.

Signature: _____ Date: _____

Section D: Employing Organisation (Please complete all sections and ensure that signatures and dates are provided.)

a) Non-Medical Prescribing Lead FOR TRUST

Name:

Qualifications:

Job title:

Signature:

Date

Tel No. (Work)

Ext

Tel No. (Mobile) Email

Address:

Work Address:

b) Education Lead or Advanced Clinical Practice Lead [delete as appropriate]

Name:

Qualifications:

Job title:

Signature:

Date

Tel No. (Work)

Ext

Tel No. (Mobile) Email

Address:

Work Address:

Once completed please return form to: ACP-Clerkenwell@city.ac.uk

Form B: Agreement with Designated Clinical Supervisor/Assessor (Medical Practitioner or Advanced Clinical Practitioner)

This section is to be completed by the Applicant's/student's Designated Clinical Supervisor

Name of Designated Clinical Supervisor	Qualifications	
	Registration No:	
Address: Postcode	Tel No. (Work) Tel No. (Mobile) Email:	Ext

As the Designated Clinical Supervisor for the named Applicant/Student, you are expected to support the student to successfully undertake 500 hours of supervised practice in protected supernumerary 'training' time over the duration of the MSc Programme. The supervised practice should include all four ACP pillars: Clinical Practice, Education, Leadership and Research.

The student will provide evidence for the 500 hours of supervised clinical practice through their "APM055 Advanced Clinical Practice Portfolio"; this also includes the supervised clinical hours for the following 3 modules:

- **APM052** Advanced Clinical Assessment, Critical Thinking & Diagnostic Reasoning Across the Life-span, 90 hours
- **APM060** Independent and Supplementary Non-medical Prescribing (V300), 90 hours
- **APM058** Leading and Evaluating in Healthcare Practice, 50 hours

You may nominate other colleagues with relevant clinical expertise to support the student, but you hold overall responsibility for assessing the Student's progress, reviewing their Portfolio and signing off the Student's competence as an Advanced Clinical Practitioner at completion of the Programme.

Do you agree and commit to above terms? YES NO

Please also supply the following information to ensure the Department of Health criteria for Supervision in Practice in Nurse, Midwife and AHP prescribers are being met. Please tick the appropriate boxes.

You will need to confirm again before the Independent and Supplementary Non-medical Prescribing (V300) module start

DoH (Nov.2001) criteria. Are you a registered medical practitioner or an Advanced Clinical Practitioner who:			
(i)	Has at least 3 years of medical or independent non-medical prescribing responsibility for a group of patients/clients in a field relevant to the student's area of practice?	Yes	No
(ii)	Meets one of the following 3 criteria:	Yes	No
	(a) Works in a GP practice and is either vocationally trained or is in possession of a certificate of equivalent experience from the Joint Postgraduate Training in General Practice?	Yes	No
	(b) Is a specialist registrar, clinical fellow or a medical consultant/surgeon in the NHS or Independent clinical sector.	Yes	No
	(c) Is an Independent Non-medical Prescriber and a Qualified Advanced Clinical Practitioner with a least 3 years of prescribing experience?	Yes	No
(iii)	Has the support of the employing organisation or GP practice to act as the designated medical practitioner or ACP who will provide supervision, support and opportunities to develop competence in prescribing practice?	Yes	No
(iv)	Has experience/training in teaching and supervision in practice?	Yes	No
Designated Clinical Supervisor's/Assessor's signature			Date