

SL500136: Advanced Clinical Assessment
and SL500331: Foundations of Clinical Examination

Essential Information Form: Guidance Notes

Please note that the requirements and paperwork for these units may differ slightly from the instructions specified in the online application system guidance (which is generic for all University programmes). Where differences exist, please ensure that you follow the requirements noted in this document.

The **Foundations of Clinical Examination and Advanced Clinical Assessment (ACA) units** are co-requisite and run in parallel. This means you **must take both together**. Successful completion will lead to the award of a total of 45-CATS credits. The units are a compulsory element of the NHS accredited Advanced Clinical Pharmacy Practice MSc.

We accept students who are self-funding, employer-sponsored or funded through national funding bodies such as NHS England.

Required Forms for Application

Current AP3T students

Essential Information Form (this document)

Upload this form to the appropriate submission point on the AP3T Resources Hub Moodle page

Clinical Supervisor Form: You must send the [online form](#) to your proposed supervisor for completion

Sponsorship Agreement Form (if not self-funded)

New applicants who are not current students

Essential Information Form (this document)

Clinical Supervisor Form: You must send the [online form](#) to your proposed supervisor for completion

The university's Financial Sponsorship Form

Passport copy (photo or scan)

Undergraduate degree certificate (photo or scan)

Two references (one academic and one professional)

Complete the application form via the online portal, including all the uploaded items above.

Sponsorship Agreement Form (if not self-funded)

Professional and Academic References

You must provide email addresses for one academic and one professional/employer reference on your online application form.

An academic referee should ideally be a personal tutor at the university from which you graduated but we appreciate this may not be possible or relevant for students who graduated a long time ago.

Alternative ways to meet this requirement are: postgraduate education tutor or supervisor;

Foundation Year supervisor, a second professional referee who can comment on your ability to study at Masters level.

Your professional/employer referee must be someone who can provide a statement about your professional competencies as a prescriber along with an assessment of your ability to undertake

further study in clinical examination and reasoning. It cannot be the same person as your academic referee or proposed Clinical Supervisor.

You should also confirm name and contact details for your referees in the relevant section of the Online Application Form; referees will receive a university generated reference form for completion. Please ensure that the email addresses of your referees are to a named person, preferably to a work/company email address; do not use generic mailboxes, e.g. enquiries@pharmacy.co.uk as these will not be accepted.

It is your responsibility to check that your references have been completed and uploaded by your referee, you are able to check if a reference has been uploaded on your application tracker under *View list of documents you have already uploaded*.

Completing the Online Application Form

Personal Details: You must provide a daytime contact number and email address you check regularly to help us to contact you quickly. Please do **not** give a shared mailbox address.

Funding Arrangements: Indicate how you intend to fund your study.

Your Education: Provide information of your formal education achievements and of any relevant training courses that you may have undertaken in recent years.

Professional Experience: Provide information about your current and previous relevant employment and details of your GPhC/PSNI Registration.

Your English Language Proficiency: If your first language is not English, and you have not graduated from an undergraduate degree programme from a UK or English-speaking University, then you will need to complete this section and provide details of your performance in either the TOEFL or IELTS tests. If you do not have any of the above, it may be necessary to carry out a telephone interview to ascertain your level of English.

Equality of Opportunity: We need to monitor our equal opportunities policy and ask that you complete this section of the form.

Why Bath? Indicate how you heard about this programme and what influenced you to study at Bath.

Disability Support: We welcome applications from people with disabilities and/or long-term health conditions, which can include but is not limited to specific learning difficulties (e.g. dyslexia), mobility or sensory impairments and mental health conditions, and consider their applications on the same academic basis as those from other applicants. If you have a disability/long term health condition, you are strongly encouraged to contact the Disability Advice Team on **01225 385538** or email disabilityadvice@bath.ac.uk

Criminal Convictions: We are required to collect this information

Declaration: You must complete this mandatory declaration.

Teaching & Study Commitment

- Duration: 33 teaching weeks
- Compulsory taught workshops (on campus and online), please refer to our webpage for workshop dates and format
- Web-based learning resources, clinical examination workshops, (using professional actors) and formative feedback on the development of the student from the teaching team
- Practice-based learning, supported by a Clinical Supervisor. Approximately **45-50 hours of clinical activity** is expected as a minimum, either observing a suitably qualified clinician or being appropriately supervised yourself
- Expected study time: minimum 14 hours per week
- Units assessed by multiple methods, including OSCEs, case presentation, practice-based portfolio

If your clinical hours take place outside your main workplace, you must arrange an honorary contract before the course starts.

Department of Life Sciences

Postgraduate Clinical Pharmacy Courses

SL500136: Advanced Clinical Assessment
and SL500331: Foundations of Clinical Examination

Essential Information Form

Please complete all sections of this form: upload it to your online application or Moodle internal submission point

Part 1: Applicant Declarations

All the following statements must be confirmed to complete the application

I do not have any current or pending formal investigations into my practice or any pending issues that may affect my ability to practice, **or** I have noted I need to discuss any such issues with an academic below.

I have read the website and the information for applicants, and I believe I have the professional competence to undertake the Foundations of Clinical Examination and Advanced Clinical Assessment units.

I have the support of my employing organisation to complete the units and there will be time protected for me to observe, develop and practice hands on examination skills with appropriate supervision, **or** I have noted an alternative arrangement below.

I **do not** have a personal relationship with my proposed Clinical Supervisor (e.g. family member, close friend etc.)

I have sufficient indemnity arrangements to cover the clinical activities to be undertaken during the units.

I confirm I have sent the [online form link](#) to my proposed Clinical Supervisor.

I confirm that all the information in this form is correct to the best of my knowledge and belief. I understand that any offer of a place I may receive will be based upon the information given in this form.

Additional declarations (if applicable)

I **do** have an issue I need to discuss with an academic member of staff regarding a **formal investigation** into my practice or a pending issue that may affect my ability to practice.

I **will** be spending some or all of my clinical hours in an organisation other than my employer, and I have approval of that organisation to train in their setting (we recommend having an honorary contract)

Upon completion of the units, I consent for elements of my written work to be shared anonymously in the form of exemplars for the educational benefit of future students

Employer details

Name of Employer:

Employer contact email:

Proposed Clinical Supervisor details

Name:

Contact email:

Organisation:

Profession:

Part 2: Clinical Learning Environment

Clinical Area of Focus

To successfully complete the units, you must be practicing in an appropriate clinical environment. We recommend that you have a relatively defined, narrow area of practice when commencing your assessment training, so that you can clearly evidence your competence. We then teach transferable skills that you can use in other areas, with appropriate support and supervision. Please identify a primary clinical focus for your examination skills (see the [ACA webpage](#) for more information).

Primary focus for examination skills (cardiovascular, respiratory, or abdominal):

Please describe your current clinical area and how you have developed clinical knowledge and expertise in this area to date. Please describe how the above areas of focus are applicable to developing your clinical role (no more than 300 words):

Environment required for practice-based learning

You must be confident that you have support from your employer to gain the required workplace learning opportunities either within your working hours or via an alternative route (e.g. completing hours in another clinical service). Please be aware that working in a very specialised clinical environment *alone* is unlikely to be sufficient as students need to observe and carry out a variety of generalist clinical examinations.

Please briefly describe the clinical environments where your learning will be based (e.g. hospital outpatient clinics including specialty or primary care consultations in GP settings etc.) Please include information on the likely patient group(s) you will be working with (no more than 150 words):

Part 3: Funding Information

- I confirm that my employer **or** the NHS *Centre for Advancing Practice* **or** another external organization has agreed to fund my tuition fees, and I have uploaded a completed *Sponsorship Agreement Form* with my application form **and**
- I understand that I am personally liable for any course fees that are not covered by the financial sponsorship agreement I have submitted with this application **or**
- I am self-funding my studies.

Please ensure you have completed all sections of this form, then upload it to your online application or the Moodle internal submission point