**Advanced Clinical Assessment**

**Information for Applicants – June 2021**



***Please note that the requirements and paperwork for the Advanced Clinical Assessment 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.***

**You need to complete the following SIX forms for your application to be considered:**

* Online Application Form (accessible at <https://www.bath.ac.uk/study/pg/applications.pl?department=pharmacy> and follow the link for ‘CPD Independent Prescribing’)
* Academic Reference Form (pages 5 & 6 of this document)
* Declaration of support form (pages 7 & 8 of this document)
* Professional Reference Form (pages 9 & 10 of this document)
* Personal statement of competence (pages 11-13 of this document)
* Confirmation of sponsor form (pages 14 & 15 of this document)
* Medical Supervisor Form (pages 16-19 of this document)

**Applications**

Applications are now open for the **JUNE 2021** programme with a closing date of **30th April 2021**.

**Dates**

The programme will run from **9th June 2021 – 4th November 2021**, with the compulsory induction workshop taking place on **9th and 10th June 2021**.

All workshops and assessments are also compulsory – you MUST be able to attend all of the workshop dates (this is different to the University’s standard regulations, which allow for 10% of sessions to be missed – all workshops within the Advanced Clinical Assessment Unit are **COMPULSORY**):

* Workshop days 1 & 2 (Induction): 9th & 10th June 2021
* Workshop days 3: 7th July 2021
* Workshop days 4: 21st July 2021
* Workshop day 5: 8th September 2021
* Workshop day 6: 7th October 2021
* Workshop days 7 & 8 (Assessment): 3rd & 4th November 2021

After the **30th April 2021** closing date, the admissions panel will review applications and shortlist suitable candidates.

**Admissions for Pharmacists working/planning to work in the NHS**

If you are working in or plan to work in the NHS, we follow the NHS Values Based Recruitment Guidance. We strongly believe in the NHS values and will be looking for them in our applicants.

All applicants will be assessed on individual merit, as well as their understanding and practice of NHS values in pharmacy. This assessment may take a variety of forms, including an interview. Interviews will be held after the closing date of 30th April 2021. We strongly encourage all applicants to read the NHS Constitution before attending the interview. Read the NHS Constitution at <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

**Outcome of the Admissions Panel**

After the interviews, all candidates will be notified of the decision of the University as soon as possible in advance of the start of the programme. Please note that all elements of the application must be submitted on time for you to be considered for a place on the programme. If the demand for places is greater than the number of places available then the admissions panel will review applications following agreed selection criteria.

**Structure of the Programme**

Running over 24 weeks, the programme has several taught and facilitated components. All students must attend the compulsory face to face workshops and complete 25 hours in practice developing their skills as an advanced practitioner. Skills development is facilitated by a Medical Supervisor (GP or Consultant/registrar in secondary care).

The programme includes web based learning resources, clinical skills workshops taught by our medical educator and using our SimMan 3G and other manikins, consultation skills workshops using actors and extensive formative feedback on the development of the student from the programme team. The programme is assessed by multiple methods including OSCE and demonstration of competence with a practice based portfolio.

The Advanced Clinical Assessment Unit is intensive and most students will be working full time whilst studying. Students should expect to devote at least 10 hours a week to studying.

**Entry Requirements**

* Applicants must be registered with the General Pharmaceutical Council (GPhC) or Pharmaceutical Society of Northern Ireland (PSNI) as a pharmacist and have at least two years of appropriate patient-orientated experience in a UK hospital, community or primary care setting following their pre-registration year.
* Applicants must be annotated on the GPhC or PSNI register as an Independent Prescriber
* Applicants must have detailed clinical baseline knowledge of a range of common clinical conditions and be able to take a comprehensive medical history from a patient. This Unit does not teach clinical aspects and it is expected that applicants know about common clinical conditions and how to manage these (eg infections, asthma, COPD, hypertension, arrythmias, pain theory etc)
* Applicants must have up to date Basic Life Support (BLS) training
* Applicants must have up to date Safeguarding level 2 Adults and Children training
* Those applicants whose first language is not English, must be able to demonstrate a satisfactory level of both spoken and written English. This will normally take the form of scores of at least 7.0 on all elements of the International English Language Testing System (IELTS), with an overall score of 7.5 (or TOEFL equivalent)

University regulations require that we see the original copy of your undergraduate degree certificate – please upload a copy to your online application and bring the original to the induction workshop (with a copy to hand to the Programme team for verification).

**Completing your Professional and Academic References**

You must submit one academic and one professional reference with your application. The necessary forms can be found at the end of this document (your academic referee should ideally be your personal tutor at the university from which you graduated but, if this is not possible, a CPD/CPPE tutor is acceptable). Please ensure you complete the Personal Information section at the top of the form before forwarding to your referees. You should also confirm name and contact details for your referees in Section 9 of the Online Application Form. Once completed by the referee, these forms need to be returned to you for upload to the online application system.

Please note that the signatures on these must be a ‘wet’ signature (ie an actual signature or an electronic signature which is a scanned version of a wet signature).

**Completing the Online Application Form**

## Personal Details

When completing this section please be sure to provide a daytime contact number and email address you check regularly to help us to contact you quickly.

## Funding Arrangements

Please indicate how you intend to fund your study.

## Your Education

Please provide information of your formal education achievements and of any relevant training courses that you may have undertaken in recent years.

## Professional Experience

Please 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 on an undergraduate degree programme from a UK University, then you will need to complete this section and provide details of your performance in either the TOEFL or IELTS tests.

Clinical experience and competence

Please complete a detailed written response to the questions on the Declaration form. You should then use the space in the Online Application System to submit a brief summary of this statement. The Declaration form and any supporting documentation can either be scanned and uploaded to the Online Application System or submitted directly to the Programme Office.

## Equality of Opportunity

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

## Why Bath?

Please 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.](mailto:disabilityadvice@bath.ac.uk.)

Criminal Convictions

## We are required to collect this information

## Declaration

Please complete this mandatory declaration.

**Completing the Declaration Form**

Section Three – Personal Statement

Use answers to the questions in this section to provide a written argument for your motivation and need to develop as an advanced practitioner. You should include information about your commitment to CPD. You should also describe the currency of your clinical, pharmaceutical and pharmacological knowledge and provide examples from your practice which demonstrate this. This might include completed CPD records demonstrating your learning in these areas.

**Further Information**

If you would like to discuss your application or aspects of the application process and deadline, please contact:

**Emma Taylor** l **Unit Convenor** l **Advanced Clinical Assessment Unit**

**E.L.Taylor@bath.ac.uk**

**AP3T Administrative Staff** l

l[**ap3t-admin@bath.ac.uk**](mailto:ap3t-admin@bath.ac.uk)

**Advanced Clinical Assessment**

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**ACADEMIC REFERENCE FORM**

We have received an application from an applicant who wishes to join the Advanced Clinical Assessment Unit and they have given your name as someone who would be willing to provide an academic reference for them. The details of the student are presented below.

***Please complete sections two and three of this form and return to the applicant for upload to their online application:***

**Section One – About the applicant**

*(PLEASE COMPLETE IN CAPITALS)*

Surname or Family Name

First Names

Day time telephone number Mobile telephone number

Email address

**Section Two – About the Referee**

*(PLEASE COMPLETE IN CAPITALS)*

Name:

Position/Job Title:

In what capacity did you know the applicant?

**Section Three – Reference**

Please provide a statement about the academic credentials of the above named student, along with an assessment of their ability to undertake a programme of higher education as outlined above.

**Section Four - DECLARATION**

I confirm that the information contained within this application is accurate.

Signed Date

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**DECLARATION OF SUPPORT FORM**

This form is to be used to make a declaration that the student has adequate access to patients as well as any additional support from their employer. This will depend on the circumstances of the student, however, if the employer is funding any time and / or the course it is helpful for the university to understand this support.

***Please complete all sections of this form and return to the applicant for them to upload to their online application*:**

Section One – About the applicant

*(PLEASE COMPLETE IN CAPITALS)*

Surname or Family Name:

First Names:

Day time telephone number Mobile telephone number

Email address

Section Two

Is the student to complete the clinical hours (25 hours) in an organisation in which they are employed?

Yes / No

If yes, employer to complete the declaration. If no, student to complete the declaration.

**Employer**

* The student has professional competence to undertake the Advanced Clinical Assessment Unit
* The student has the support of the organisation in which they are employed to complete the course
* The place of employment has sufficient indemnity arrangements to cover the student

OR

* We have checked that the student has sufficient indemnity arrangements to cover their training.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job title / Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student**

* I have the professional competence to undertake the Advanced Clinical Assessment Unit
* I recognise that I will be seeing patients within an organisation in which I am not employed and have discussed this with the organisation (we recommend having an honorary contract with the organisation)
* I do not have any personal relationship with the Medical Supervisor (e.g. family member, close friend etc.)
* I have sufficient indemnity arrangements to cover my activities within the organisation in which I am training.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advanced Clinical Assessment**

***Career Long Learning at Bath***



**PROFESSIONAL REFERENCE FORM**

We have received an application from an applicant who wishes to join the Advanced Clinical Assessment Unit and they have given your name as someone who would be willing to provide a professional reference for them. The details of the student are presented below.

***Please complete sections two and three of this form and return to the applicant for them to upload to their online application*:**

Section One – About the applicant

*(PLEASE COMPLETE IN CAPITALS)*

Surname or Family Name:

First Names:

Day time telephone number Mobile telephone number

Email address

Section Two – About the Referee

*(PLEASE COMPLETE IN CAPITALS)*

Name:

Position/Job Title:

In what capacity do you know the applicant?

Section Four – Reference

Please provide a statement about the professional competencies of the above-named student, along with an assessment of their ability to undertake the programme as outlined above.

Section Five –DECLARATION

I confirm that the information contained within this application is accurate.

Signed Date

**Advanced Clinical Assessment**

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**DECLARATION FORM**

***Please complete sections two and three of this form and upload to your online application:***

Section One – About the applicant

*(PLEASE COMPLETE IN CAPITALS)*

Surname or Family Name:

First Names:

Day time telephone number Mobile telephone number

Email address

Section Two – Clinical baseline knowledge

***Please provide a detailed written response to the following questions:***

**Please provide detail of your current prescribing role and the types of patients you are seeing. Provide enough detail for the team to assess your current prescribing practice.**

**Please explain how you have developed clinical knowledge since becoming a prescriber**

**Please indicate how you plan to use the skills gained on this programme. To do this you may want to review and discuss with your Medical Supervisor the clinical skills you will need to use to support your prescribing activity.**

**Describe how you demonstrate a reflective approach to your continuing professional development. You should make reference to recent CPD entries you have made as part of your revalidation.**

**Explain how you plan to develop personal multidisciplinary networks for support, reflection and learning.**

**Pharmacist Prescribing Programme**

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**CONFIRMATION OF SPONSOR INFORMATION**

Section One – About the applicant

*(PLEASE COMPLETE IN CAPITALS)*

Applicant Number (from online application form):

Surname or Family Name:

First Names:

Section Two – Sponsor and Funding Information

|  |  |
| --- | --- |
| Sponsor billing name\* |  |
| Sponsor billing address\* |  |
| Finance Office Telephone:\* |  |
| Email for invoice submission or payment queries:\*  (generic where possible) |  |
| VAT registration no:\* |  |

Fields marked \* are mandatory; VAT registration numbers are required for EU member countries

Named Contact for all Funding Queries (Lead Mentor or E&T Lead):

|  |  |
| --- | --- |
| Contact name |  |
| Telephone: |  |
| Email |  |

Sponsorship Details:

|  |  |
| --- | --- |
| Purchase Order or Reference No. |  |
| Total Amount to be Invoiced to Sponsor: |  |
| Total Amount to be Invoiced to Student:  (please only include sums to be paid directly to the University, do not include salary recovery payments here) |  |

Section Three – DECLARATION

I confirm that the information contained within this document is to the best of my knowledge and belief correct. I understand that any offer of a place that I may receive from the University will be based upon the information given in this form, and that if I am found to have given false or incorrect information any outstanding tuition fees must be paid personally.

Signed Date

**When you have completed and signed this form please upload to your online application and confirm submission to ap3t-admin@bath.ac.uk**

**Advanced Clinical Assessment**

***Career Long Learning at Bath***



**MEDICAL SUPERVISOR FORM**

As part of the University’s Quality Assurance processes we are required to formally appoint all Medical Supervisors as visiting practitioners of the University of Bath. Medical Supervisors are to be a GP in primary care or a Consultant or Registrar in secondary care. They must have educational experience.

**Please complete and return the form to the applicant for uploading to their online application:**

***Name of Student***

***Name of Medical Supervisor***

GMC Number:

Qualifications

Do you have any restrictions on your ability to prescribe / practice?

Contact Details:

Address:

Telephone Number:

Email:

**Professional Information**

Summary of areas of pharmacy experience and expertise

Details of experience in teaching and learning (specifically supporting practice based learning). Please include information about how you have in the past / will support the pharmacist have access to appropriate practitioners and how you demonstrate multidisciplinary team learning / training.

Career History

Education and Training History. Please include any formal courses / training you have completed. Please include evidence of reflective learning to develop your practice.

Other Information relevant to the role of Medical Supervisor (you might include here any publications you have written, service development or guidance development produced, etc).

Statement of Support

Please provide a statement about the professional competence of the above-named student, along with an assessment of their ability to undertake the programme as outlined above.

I confirm that I have agreed to supervise the student in their role for a period of learning in practice of at least 25 hours. I understand that I will be involved in the assessment of the pharmacist.

I confirm that there are appropriate governance structures in place within my workplace and that I have the support of my workplace to act as the Medical Supervisor and provide the required support to the pharmacist. This includes creating a learning environment that encourages equality, inclusivity and diversity.

I understand the requirement to escalate any concerns relating to the trainee prescriber within my organisation and to the Programme Lead at the University.

I have sufficient indemnity arrangements to cover my role in supervising the student.

Signed Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_