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**Technological University of the Shannon:
Midlands Midwest**

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Technological University of the Shannon
Certificate Nursing and Midwifery Medicinal Product Prescribing
Application Guidance





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1.0 Programme Overview & Delivery

The aim of this NMBI accredited Certificate in Nursing & Midwifery Medicinal Product Prescribing is to prepare experienced registered nurses and midwives to develop and integrate requisite knowledge and skills to safely and effectively prescribe medicinal products within their scope of practice to enhance care provided to service users and patients.

Nurse and Midwife Product Prescribing programmes of education facilitate pathways to professional role and skill expansion, it is compulsory to be registered as a prescriber of medicinal products for entry into the Registered Advanced Nurse or Midwifery Practitioner Divisions of the NMBI register.

The Certificate in Nursing & Midwifery Medicinal Product is a 26-week programme which commences in January each year which incorporates face-to-face and online learning via a virtual learning environment platform in which there will be a requirement to attend Campus in person for 4 Days for the duration of the programme with a further 10 days (online part days) for theoretical instruction.

On successful completion of the Certificate in Nurse/Midwife Prescribing the nurse or midwife will be eligible to apply to the Nursing and Midwifery Board of Ireland for registration as a Registered Nurse/Midwife Prescriber.

The Certificate in Nursing/Midwifery Medicinal Product Prescribing will only be offered to nurses working in clinical practice who meet the entry criteria, have employer support and a designated medical mentor.

This award comprises of two Level 8 prescribing modules and one Level 9 Advanced Comprehensive Health Assessment module. On completion of this minor award the nurse or midwife will be eligible to apply to the Nursing and Midwifery Board of Ireland for registration as a Registered Nurse Prescriber.

1.1 Modules: Certificate in Nursing & Midwifery Medicinal Product Prescribing

Module Title	Level	ECT Credit
Advanced Comprehensive Health Assessment	09	10 ECT
Regulatory & Legislative Requirements Nurse & Midwife Prescribing	08	10 ECT
Pharmacology and Clinical Practice for Nurse & Midwife Prescribing	08	10 ECT

This award is strategically planned to demonstrate balanced distribution and integration of theory and practice, in order to achieve the learning outcomes

On completion of this module the learner will/ should be able to:

1. Demonstrate a systematic understanding of the regulatory framework associated with prescribing, including the legislation and professional guidelines supporting safe prescribing.
2. Critically utilise evidence-based knowledge and skill of patient/client assessment and consultation to achieve a holistic approach to patient/client care in the prescribing of medicinal products.
3. Apply expert skills in clinical decision-making in relation to prescribing medicinal products.
4. Demonstrate a critical understanding of pharmacovigilance, pharmacotherapeutics, pharmacodynamics and pharmacokinetics.
5. Demonstrate knowledge of the role of the multidisciplinary team and effective communication processes involved in safe medication management.

2.0 Entry Requirements

For entry on to the Level 8 Certificate in Nursing Midwifery Product Prescribing all applicants must:

- Be registered as either RGN, or RPN, or RCN, or RNID, or RM or RPHN on the live register maintained by the Nursing and Midwifery Board of Ireland (NMBI)
- Currently employed as a nurse or midwife in a clinical area where a robust clinical governance structure is in place to support nurse/midwife prescribers
- Have a minimum of 3 years post-registration clinical experience (within the past 5 years) with at least one year in the area in which prescribing is proposed.
- Provide evidence of Continuing Professional Development and ability to study at Level 8
- Signed Site Declaration Form
- Nomination and confirmation of a designated medical practitioner mentor.

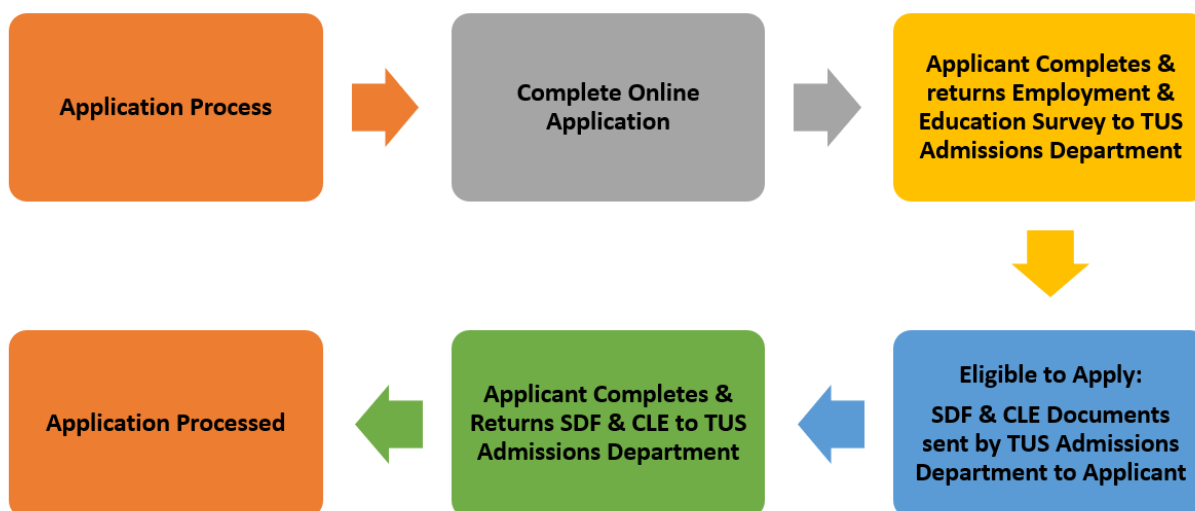
3.0 Fees & Funding

It is the responsibility of all applicants to liaise at the earliest possible stage within their respective organisations to secure support and funding to undertake the Certificate in Nurse and Midwifery Prescribing

4.0 Application Process (Figure 1)

1. Complete Online Application available [Here](#)
2. Complete Employment & Education Survey available [Here](#)
3. Return completed Employment & Education Survey to admissions.midlands@tus.ie
4. Upon meeting eligibility criteria, each applicant will be contacted by our Admissions Team to complete the following documents: Site Declaration Form (SDF) & Clinical Learning Environment Audit (CLE).
5. Each applicant must complete and submit these documents to admissions.midlands@tus.ie
6. Incomplete documents will not be considered and your application may not be progressed.
7. Please ensure to use the following guidance to assist completion of the Employment & Education Survey, Site Declaration and Clinical Learning Environment Forms.

Figure 1: Nurse and Midwifery Medicinal Product Prescribing Application Process



4.1 Guidance on Completion of Employment & Education Survey

All applicants must demonstrate ability to meet identified eligibility criteria (Section 2.0).

1. Individual applicants' ability to meet the identified eligibility criteria is assessed using the Employment & Education Survey.
2. All applications must be presented in typed format.
3. Completed Employment & Education Surveys are required to be sent to admissions.midlands@tus.ie

Prescribing Application Employment & Education Survey

As a requirement of assessment of eligibility as Per NMBI Standards & Requirements (2015) for entry to the Certificate in Nurse Product Prescribing Programme of education all applicants are required to provide evidence of previous employment, education and experience to meet the following entry criteria:

- Be Registered in either General, Psychiatric, Children's, Intellectual Disability, Midwife or Public Health Nurse Divisions of the Register.
- Have three years recent post registration clinical experience in nursing/ midwifery (within the past 5 years) with the equivalent of one-year full time experience in the specific area of practice.
- The nurse/midwife must possess competencies recognised at Level 8 of the NQAI framework.
- The nurse/midwife must demonstrate evidence of further education and the possess a competent level of information technology literacy.

Please complete all sections below in the Employment, Experience and Education Survey. Information provided will be utilised to assess eligibility to undertake the Certificate in Nurse Product Prescribing

Registration Details	Information Required	Responses
	NMBI Pin Number	
	Number of Years Qualified as a Nurse	
	Number of Years Qualified as a Midwife	
Current Employment	Name & Address of Current Employer	
	Current Position/ Title/ Role Details	
	Current Grade ANP/CNS/CNM/Staff Nurse	
	Starting Date:	
Previous Employment 1	Employer 1	
	Position & Grade Held	
	Role Details	
	Dates of Employment	
Previous Employment 2	Employer 2	
	Position & Grade Held	
	Role Details	
	Dates of Employment	
Previous Employment 3	Employer 3	
	Position & Grade Held	
	Role Details	
	Dates of Employment	
Previous Employment 4	Employer 4	
	Position & Grade Held	
	Role Details	
	Dates of Employment	
Previous Employment	Please include any additional Employment Details	
Previous Experience	Please include any additional Experience Details	
Organisational Support	Mentors Name & Role	Responses
	Mentors contact email & telephone number	
	Prescribing Site Coordinator Name	
	Prescribing Site Coordinator email & telephone number	
	Director of Nursing Name	
	Director of Nursing email & telephone number	
Prescribing Location	Name of Hospital/Prescribing Location	

	Clinical Practice area (speciality/patient cohort) in which prescribing will take place.	
	I confirm I have the support of my Director of Nursing	Indicate Yes/No
	I confirm I will complete and return a completed Site Declaration Form & Clinical Learning Environment Audit and understand that failure to do so will result in an incomplete application which will not be considered.	Indicate Yes/No
Continuing Professional Development Information Required Date & Duration of Programme Title of Course/Level of Course (If applicable)/ Study Day/ Conference Evidence of attendance e.g. certificate Failure to complete the required information may result in delayed application		
Continuing Professional Development		
Continuing Professional Development		
Continuing Professional Development		
Continuing Professional Development		
Continuing Professional Development		
Continuing Professional Development		
Continuing Professional Development		

4.2 Guidance on Completion of Site Declaration Form (SDF)

1. Site Declaration forms provide evidence regarding the necessary governance, risk management, audit and evaluation processes which are required to support each candidate nurse or midwife prescriber.
2. If responding NO, please ensure to provide additional information in the comment/evidence section e.g. Regarding clinical indemnity schemes when working for a private organisation, please provide details regarding indemnity arrangements such as GP practice/private hospital arrangements.
3. All applications must be presented in typed format. In relevant sections handwritten signatures are required for Director of Nursing, Medical Mentor and applicant.
4. Applicants must fully complete all parts of this form in consultation with the Director of Nursing/Midwifery/Service Manager/Designate.
5. Completed Site Declaration Forms are required to be sent to admissions.midlands@tus.ie

Site Declaration Form

Requirements for the Nurse and Midwife Medicinal Product Prescribing Education

Applicants must fully complete all parts of this form in consultation with the Director of Nursing/Midwifery/Service Manager/Designate. The completed form must be submitted to the Higher Education Institution (HEI) as part of the application process. Incomplete forms will be returned to you and your application may not be considered.

Site Declaration Details (Please type details in Block Capitals)	
Applicant's Name as per Nursing and Midwifery Board of Ireland (NMBI) Registration:	
NMBI PIN:	
Grade (e.g. Staff Nurse/Midwife/CN/MM):	
Clinical Area:	
Contact Phone Number:	
Email Address (work if possible):	
Health Service Provider /Employer Name:	
Director of Nursing/Midwifery/Service Manager/ Designate Name:	
Prescribing Site Coordinator (PSC) Name: Email Address:	
Higher Education Institution (HEI) (College):	
Programme Commencement Date:	

Criteria for the Health Service Provider; to be completed by Director of Nursing/Midwifery/Service Manager/Designate.	Yes	No	Comment/Evidence
Governance			
Do you have in place local governance arrangements to oversee the introduction and implementation of nurse and midwife medicinal product prescribing?			
Do you have in place a named PSC delegated by the director of nursing/midwifery/service manager/designate to have responsibility for the initiative locally and for liaising with the applicant/candidate, medical mentor, HEI and HSE nurse/midwife medicinal product prescribing team?			
Do you have clinical indemnity arrangements in place for nurse/midwife medicinal product prescribing? (Please note the Clinical Indemnity Scheme managed by the State Claims Agency indemnifies employees of the HSE and HSE funded agencies (Section 38))			
Do you have in place a firm commitment by the health service provider's senior management to support nurse/midwife medicinal product prescribing?			
For the HSE and HSE funded agencies (Section 38), will you have in place a signed sponsorship agreement at local service level setting out the arrangements for study leave and financial support for the candidate? (as outlined in this form - Declaration/Undertaking in Respect of Third Level Academic Fees)			
Following successful completion of the education programme, do you agree to support the candidate/s timely registration with NMBI as a RN/MP within four weeks ?			
For candidates employed in the HSE and HSE funded agencies (Section 38), can you confirm that the RN/MP will have access to a computer, email and internet for data collection purposes where required and agreed locally?			
Have you identified a medical practitioner/mentor who has agreed to support the candidate throughout the education programme?			
Can you confirm that the name of the nurse/midwife applying for the education programme is on the active register maintained by the NMBI i.e. has current active registration?			
Risk Management			
Do you have in place a local health service provider's medicinal product prescribing policy, procedure, protocol or guideline (PPPG)? Health service providers can adopt the <i>HSE National Nurse and Midwife Medicinal Product Prescribing Guideline</i> (2020) and develop addenda regarding local governance arrangements if they so wish.			
Do you have risk management systems in place?			
If yes, is there a process for;			
• Reporting and monitoring of an adverse event/incident			
• Reporting and monitoring of near misses			
• Reporting and monitoring of medication errors			

Audit and Evaluation	Yes	No	Comment/Evidence
Do you have in place or are you planning to put in place an agreed schedule for routine audit of nurse/midwife medicinal product prescribing practice? The <i>Nurse and Midwife Prescribing Data Collection System</i> is available for local use as a support for monitoring and clinical audit.			

To be completed by Director of Nursing & Medical Practitioner Mentor. Signatures required in agreement to provide the professional and clinical support required for applicant to undertake the Certificate in Nurse & Midwifery Prescribing.

Director of Nursing/Midwifery/ Service Manager/Designate Name: (Block Capitals)	
Name of Health Service Provider:	
Contact Telephone Number:	
Work Email Address:	
Signature:	
NMBI PIN:	
Date:	
Medical Practitioner/Mentor Name: (Block Capitals)	
Name of Health Service Provider:	
Contact Telephone Number:	
Work Email Address:	
Signature:	
Medical Council Registration Number (MCRN):	
Applicant's Name: (Block Capitals) Signature: NMBI PIN: Date:	

Check List: *All Applicants Complete*****

Each of the following must be ticked (✓) as evidence of completion		Please Tick (✓)
1	The form is fully completed. Incomplete forms will be returned to you and may not be considered	
2	This fully completed form must be submitted to the relevant HEI as part of the application process by the application closing date	
3	The name of the applicant on the application form is the name by which they are registered with the NMBI and which will appear on their student ID card, college records and parchment	
4	A copy of this completed form has been retained by the employer.	

Applicant's Name: (Block Capitals)

Signature: Applicants Handwritten Signature Required Here

NMBI PIN: _____

Date: _____

4.3 Guidance on Completion of Clinical Learning Environment Audit (CLE)

The Clinical Learning Environment Audit is used to assess if the clinical site, meets with the Nursing and Midwifery Board of Ireland Requirements and Standards for Nurse Prescribing Programmes (2019).

1. All sections must be completed in full.
2. If a medical mentor has not been named with full details regarding current position, Irish Medical Council Pin Number, telephone number and email, your application cannot be progressed.
3. Section 2.4 requires handwritten signatures from Director of nursing / Midwifery / Designate and Medical Mentor.
4. If responding being developed or NO, please ensure to provide additional information in the comment/evidence section e.g. Have learning outcomes been developed for the clinical site appropriate for the student in consultation with the clinical mentor? Please provide additional detail
4. All applications must be presented in typed format.
5. Completed Clinical Learning Environment Audit are required to be submitted to admissions.midlands@tus.ie

General Information	
Name of Clinical Site*	
Student Name and contact details	Name: _____ Current Position: _____ NMBI P.I.N. No: _____ Tel.: _____ E-mail: _____
Mentor Name and contact details	Name: _____ Current Position: _____ Irish Medical Council P.I.N. _____ Tel.: _____

	E-mail:
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***Clinical Site** – The term clinical site is used throughout this document to refer to hospital, healthcare institute, community or primary care setting where the student is employed in clinical practice.

PART I

1.1 Clinical Department Type

Please identify the area of clinical practice in which you are currently working

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1.2 Please provide details of OTHER healthcare professionals whose expertise and clinical support is available within your clinical site

Grade	WTE
Advanced Nurse Practitioner (s)	
Medical Colleagues (s) (Registrar or Higher)	
Senior Nurse Manager (s) (Clinical Nurse Manager III/ Assistant Director of Nursing/Director of Nursing)	
Clinical Nurse Specialist (s)	
Registered Nurse/ Midwife Prescriber (RNP/RMP)	
Clinical Education Facilitator (s)/Staff Development Facilitator (s)/ Skills Facilitator (s)/	
Other Health Care Professional (Please specify)	

PART II

2.1: Site Preparation please tick [✓] all relevant

	Yes (give evidence if appropriate)	Being Developed	No
Have stakeholders been consulted?			
Has the site declaration form been completed?			
Has the impact on service been considered?			

Is there a need for a nurse/ midwife prescriber in this area of practice?			
Have guidelines for practice been developed?			
Has a Drugs and Therapeutics Committee been established in the site?			
Are there clinical risk management and audit support structures in place that support the implementation of prescribing?			
Does the site have patient safety policies in place?			
Is the clinical site appropriate in supporting the achievement of the learning outcomes and competencies for the prescriptive authority?			

2.2: Clinical Mentor

	Yes (give evidence if appropriate)	Being developed	No
Has a clinical mentor been identified?			
Has the clinical mentor agreed to facilitate and assess clinical skills in writing?			
Is the clinical mentor practising in the same speciality as the student?			

2.3: Clinical Practice Supports - please tick [✓] all relevant

Clinical Practice	Yes (give evidence if appropriate)	Being Developed	No
Student has access to clinical mentorship			
Student has access to relevant continuing/ongoing professional education/ development and skills development to support practice			

Student is familiar with policies, procedures and processes of both the clinical site and health care institution.			
Have learning outcomes been developed for the clinical site appropriate for the student in consultation with the clinical mentor?			
Students have access to the learning outcomes specific to that site at all times.			
Are all those involved in meeting the student's learning needs fully acquainted with the learning outcomes and competencies related to that clinical site?			
Ongoing monitoring and evaluation of clinical learning environment by the academic staff of the higher-level education institution, clinical staff and feedback from the students to ensure an optimum clinical learning environment. (Review carried out after each cohort)			

2.4: Signatures

Please sign this form to confirm, that this clinical site, meets with the Nursing and Midwifery Board of Ireland Requirements and Standards for Nurse Prescribing Programmes.	
Name	Signature
Director of Nursing/ Midwifery (or designate)	_____
	Director of Nursing/ Midwifery (or designate)

Prescribing Site Co-Ordinator:	Prescribing Site Co-Ordinator:

Clinical Mentor	Clinical Mentor
Date:	