**Site Declaration Form and Clinical Environment Audit**

**(Revised May 2024)**

**Requirements for Nurse and Midwife Medicinal Product Prescribing Education**

**Programme**

Applicants must fully complete all parts of this form in consultation with the Director of Nursing/Midwifery/Head of Service/Service Manager/Designate. The completed form MUST be submitted to the relevant Higher Education Institution (HEI) as part of the application process.

Incomplete forms will be returned and your application may not be considered.

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| **Site Declaration Details (Please type details in Block Capitals)** | |
| Surname ***as per Nursing and Midwifery Board of Ireland (NMBI)*** registration: |  |
| First name ***as per NMBI registration***: |  |
| NMBI Number: |  |
| Name of Director Of Nursing/Midwifery/Head Of Service/Service Manager/Designate: |  |
| Name of Prescribing Site Coordinator (PSC)/Link Person/Clinical Facilitator (CF): |  |
| PSC/Link Person/CF Email Address: |  |
| If you are employed in the HSE or a HSE funded agency (Section 38) or the Irish Prison Service please confirm that your HSE electronic funding application has been submitted / approved. Please note: Your HEI application will not be processed if you have not submitted a HSE electronic funding application. The HEI will not offer you a place on this programme until you provide evidence that HSE funding has been approved. | **Submitted**  **Yes No**  **Approved**  **Yes No** |
| *Suggest that each HEI adds a sentence here regarding self funded/privately funded arrangements which is specific to their own organisation* |  |

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| **Confirmation of Governance Arrangements** | | | |
| Criteria for the Health Service Provider; **must be** completed by Director of Nursing/Midwifery/Head of Service/Service Manager/Designate | **Yes** | **No** | **Comment/Evidence** |
| 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 firm commitment by the health service provider’s senior management to support nurse/midwife medicinal product prescribing? |  |  |  |
| Do you have in place a named PSC/Link Person delegated by the Director of Nursing/Midwifery/Head of Service/Service Manager/Designate to have responsibility for the initiative locally and for liaising with the applicant/candidate, medical mentor and HEI? |  |  |  |
| 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 agree in principle to release candidates to attend face to face/live online lectures for the duration of the education programme? |  |  |  |
| Have you identified a medical practitioner/mentor who has agreed to support the candidate throughout the education programme? |  |  |  |
| **Risk Management** | **Yes** | **No** | **Comment/Evidence** |
| Do you have in place a local health service provider nurse and midwife medicinal product prescribing policy, procedure, protocol or guideline (PPPG)? Health service providers can adopt the *HSE* *National Nurse and Midwife Medicinal Product Prescribing Guideline* (HSE, 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 medication adverse events/incidents |  |  |  |
| * Reporting and monitoring of prescribing near misses |  |  |  |
| * Reporting and monitoring of prescribing errors |  |  |  |
| Do you comply with medication safety processes applicable to your clinical area and organisation? |  |  |  |
| **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 Clinical Learning Environment:** | **Yes** | **No** | **Comment/Evidence** |
| Is the clinical learning environment audited on an annual basis by the local risk management committee and is it fit for purpose? |  |  |  |
| Does the clinical learning environment adhere to best prescribing practice that includes risk reduction medication management strategies to reduce prescribing errors in line with the National Medication Safety Programme (Safermeds)? |  |  |  |
| Does the clinical learning environment provide appropriate learning opportunities that reflect the programme learning outcomes and the achievement of prescribing competency? |  |  |  |
| Does the clinical learning environment provide access to nurse-midwife medicinal product prescribing local and national PPPGs that support safe prescribing practice, local formularies, evidence-based medicines resources and IT technologies at the point of practice? |  |  |  |
| Does the clinical learning environment provide access to a prescribing support network consisting of a pharmacist, a medical consultant/ designated medical practitioner supervisor, the DON/DOM/DPHN, a PSC, unit manager, LIG, Risk Management Committee? |  |  |  |
| Are medical mentors fully appraised and familiar with their role in relation to supporting candidate prescribers? |  |  |  |
| Are there appropriate mechanisms in place to address any deficits in the clinical learning environment which may be identified in the future? |  |  |  |
| Does the clinical learning environment have a structure in place, which concerns around clinical practice are raised and addressed? |  |  |  |

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| **Signatures** | |
| **Name of Director of Nursing/Midwifery/Head Of Service/Service Manager/Designate: (Block Capitals):** |  |
| Work Location/Department: |  |
| Contact Telephone Number: |  |
| Work Email Address: |  |
| Signature: |  |
| NMBI Number (If Relevant): |  |
| Date: |  |
| **Name of Medical Practitioner/Mentor: (Block Capitals):** |  |
| Work Location/Department: |  |
| Contact Telephone Number: |  |
| Work Email Address: |  |
| Signature: |  |
| Medical Council Registration Number (MCRN): |  |
| Date: |  |
| **Signature of Applicant:** |  |
| Date: |  |

**Please Note: Application process for Registered Nurses and Registered Midwives employed by the HSE or HSE funded agencies (Section 38) and Registered Nurses employed by the Irish Prison Service**

1. **Complete the prescribing SDF in collaboration with your DON/DOM/DOPHN/Service Manager/Designate**
2. **Apply online to the HSE for funding approval** [Sponsorship of Nurse & Midwife Medicinal Product Prescribing Education Programme - healthservice.ie](https://healthservice.hse.ie/about-us/onmsd/education-and-continuous-professional-development/cpd-for-nurses-and-midwives/onmsd-sponsorship-schemes/medicinal-product-prescribing-programme.html)
3. **Apply to the HEI and submit the SDF and HSE letter of funding approval**