

Nurse and Midwife Medicinal Product Prescribing Site Declaration Form 2011

Essential Criteria for Site Selection

Site Declaration Form to be completed on behalf of the Health Service Provider by the Director of Nursing/Midwifery/Public Health Nursing or relevant nurse and midwife manager and submitted with the college application to the third level institution.

Criteria	Yes	No	Comment/Evidence
Safe Management			
Do you have in place an <i>Organisational Policy for Nurse and Midwife Medicinal Product Prescribing</i> (or will a policy be in place by the time the nurse or midwife completes the education programme)?			
Can you demonstrate an ability to safely manage and quality assure prescribing practices?			
Do you have risk management systems in place?			
If yes, is there a process for:			
• Adverse event reporting?			
• Incident reporting?			
• Reporting of near misses?			
• Reporting of medication errors?			
Practice and Education Development			
Do you have in place appropriate mentoring arrangements with a named medical mentor? (please identify name). Note: Mentoring arrangements require the following: <ul style="list-style-type: none"> • Meeting with the student at the beginning of the programme and exploring the student's learning needs and agreeing an individual learning contract. • Provision of supervision and shadowing opportunities of not less than 12 days (96 hours) throughout the duration of the programme. • Provision of information or recommending sources of information as necessary to support evidence-based medicinal product prescribing practices. • Meeting formally with the student at three and six months to review progress. • Assessing the student's achievement of competence in practice and determining whether he/she has met the requirements in full. 			
Do you have in place robust and agreed collaborative practice arrangements? (if not already existing, will it be in place by the time the nurse or midwife completes the education programme?)			
Have you identified a named medical practitioner(s)/mentor who has agreed to develop and agree the collaborative practice arrangements?			
Can you confirm that the name of the nurse or midwife applying for the education programme, is on the Live Register of Nurses maintained by An Bord Altranais i.e. have current active registration?			
Do you have in place a commitment to continuing education for staff supporting the prescribing initiative?			
For HSE statutory and voluntary services will you have in place a sponsorship agreement at local (service) level setting out the			

Please Note: For students employed in the voluntary and statutory services of the HSE a copy of this *Form* will be sent to the Office of the Nursing Services Director, Quality and Clinical Care Directorate, Health Service Executive.

arrangements for study leave and financial support for the candidate RNP?			
Health Service Provider			
Do you have in place or have access to a <i>Drugs and Therapeutics Committee</i> ? (If No, please describe how this will be achieved?).			
Do you have in place local arrangements to oversee the introduction of a new practice in prescribing and ensure local evaluation?			
Do you have in place a named individual (Prescribing Site Coordinator) delegated by the Director of Nursing to have responsibility for the initiative locally and for liaison with the educational provider? For students employed in the voluntary and statutory services of the HSE the Prescribing Site Coordinator will also liaise with <i>Office of the Nursing Service Director</i> (please supply name).			
Have you established the clinical indemnity arrangements for nurse/midwife prescribing? (please note the Clinical Indemnity Scheme managed by the State Claims Agency covers employees of the voluntary and statutory service of the HSE)			

Criteria	Yes	No	Comment/Evidence
Do you have in place a firm commitment by the hospital/organisation board or Chief Executive Officer or Medical Director/Chairman of Medical Board to support the introduction of this prescribing initiative?			
<ul style="list-style-type: none"> For students employed in the HSE voluntary and statutory services (only): will your organisation comply with and ensure data input for <i>Nurse and Midwife Prescribing Data Collection System</i>? For all other health service providers – can you confirm that you will have a process for monitoring prescribing activity? 			
For students employed in the voluntary and statutory services (only) can you confirm that the Registered Nurse Prescriber will have access to a computer, email and internet for data input to the <i>Nurse and Midwife Prescribing Data Collection System</i> ?			
Will your organisation share details of the Registered Nurse Prescribers scope of practice and prescriptive authority with relevant health professionals?			
Audit and Evaluation			
Do you have in place or are you planning to put in place a mechanism to audit the introduction of nurse/midwife prescribing practices?			

Printed name of the Director of Nursing/Midwifery/Public Health Nursing/or relevant Nurse/Midwife manager:		Printed name of the Medical Practitioner/Mentor	
Name of health service provider:		Name of health service provider:	
Telephone number:		Telephone number:	
Email:		Email:	

Signed by the Director of Nursing/Midwifery/Public Health Nursing/or relevant Nurse/Midwife manager:

Date: _____

Signed by the Medical Practitioner/Mentor: _____

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Date: _____

Please check the following:

1. The form is fully completed. Incomplete forms will not be considered
2. Your mentor is aware of the mentorship requirements as set out in Section 'Practice and Education Development' section of this form. The mentor can contact the programme co-ordinator Dr Maura Dowling at maura.dowling@nuigalway.ie or 091 493833 for further information prior to signing the form
3. The name you give on the application form is the name by which you are registered with An Bord Altranais and which will appear on your student ID card, college records and parchment.

The completed form should be returned by July 4th 2011; to 1 Courthouse Square, Galway; along with the National University of Ireland, Galway Student Application Form