GENERAL GUIDANCE NOTES

- Please read the following documents for information about the frameworks for non-medical prescribing:
  Prescribing Guidance from the NMC, HCPC and Royal College of Paramedics (NHS England)
  
  [Link](https://www.hcpc-uk.org/assets/documents/10004160standardsforprescribing.pdf)
  [Link](https://www.england.nhs.uk/ahp/med-project/paramedics/prescribing-training/)

- Supplementary Prescribing Guidance from the Department of Health
  

- Please read process for application carefully on page 2.

- Discuss intention of undertaking the course with your organisation prescribing lead prior to completing the application (non-medical prescribing has to be appropriate for your role and the service).

- Contact universities direct for information on their prescribing course (applicants cannot transfer to other universities once have commenced a course).

- Places cannot be reserved; the only guarantee of a place is a completed application form.

- Applicants will need to seek permission from their organisation’s training panel, in addition to completing this application.

- You are responsible for disclosing if:
  A) you are the subject of any current professional investigation.
  B) if you have unsuccessfully attempted this module at another HEI.

- An electronic version of your completed application forms (including e-signatures if preferred) should be emailed to the post registration admin team at [postreg_admin@surrey.ac.uk](mailto:postreg_admin@surrey.ac.uk)
# Process of Application

<table>
<thead>
<tr>
<th>Step</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual obtains application from CCG/NHS Trust Lead for non-medical prescribing</strong></td>
</tr>
<tr>
<td>Will non-medical prescribing benefit specified patient/client group?</td>
</tr>
<tr>
<td>Has applicant access to prescribing budget?</td>
</tr>
<tr>
<td>Does applicant fit the academic and clinical criteria?</td>
</tr>
<tr>
<td>** Applicant meets with Organisation Manager to discuss application**</td>
</tr>
<tr>
<td>Will non-medical prescribing benefit specified patient/client group?</td>
</tr>
<tr>
<td>Has applicant access to prescribing budget?</td>
</tr>
<tr>
<td>Have adequate arrangements been made by the CCG/NHS Trust for staff cover whilst applicant undertaking course or consideration given to the impact on clinical workload?</td>
</tr>
<tr>
<td>Is course funding available?</td>
</tr>
<tr>
<td><strong>The relevant independent prescribers have agreed to support introduction of supplementary prescribing for specified group of patients (if applicable)</strong></td>
</tr>
<tr>
<td><strong>The applicant has identified a designated medical practitioner (doctor) or designated prescribing practitioner (independent prescriber) to teach and assess in practice</strong></td>
</tr>
<tr>
<td><strong>Applicant completes the application form</strong> (obtained from non-medical prescribing lead)</td>
</tr>
<tr>
<td><strong>Application to be signed</strong> by applicant, line manager and designated medical practitioner / designated prescribing practitioner</td>
</tr>
<tr>
<td><strong>Application (prior to HEI signatures) to be forwarded to:</strong></td>
</tr>
<tr>
<td>Non-Medical Prescribing Lead for organisation for signature</td>
</tr>
<tr>
<td>Non-Medical Prescribing Lead forwards application to identified university</td>
</tr>
<tr>
<td>Applicant and Prescribing Lead notified that funding has been agreed</td>
</tr>
</tbody>
</table>
Revised November 2018

TO BE COMPLETED BY APPLICANT

Mr/Mrs/Ms/Miss/Dr (*delete as appropriate)

APPLICANT NAME: (print)

CURRENT JOB TITLE:

NMC /HCPC
PIN/Registration Number: Expiry Date:
(*delete as appropriate)

Are you the subject of any current professional investigation? Yes □ No □
Have you previously attempted this module at another HEI? Yes □ No □

Date of Birth: (This is required to check registration with your regulatory body following qualification)

Work Address: (Include name of Organisation Trust/CCG etc) Home Address:

______________________________

______________________________

______________________________

______________________________

Work Tel Number: Home Tel Number:

______________________________  ________________________________

Mobile Number: E-mail:

______________________________
TO BE COMPLETED BY APPLICANT

Which Clinical/Practice areas are you currently working in?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

For which group of patients will you prescribe?

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

What disease/therapeutic areas?

_________________________________________________________________________
_________________________________________________________________________

What specific unmet needs have you identified for these patients that you feel would be met by your ability to prescribe?

_________________________________________________________________________
_________________________________________________________________________

What setting (Acute/GP/NHS/Private Sector/Prison Service etc)

_________________________________________________________________________
_________________________________________________________________________

Are you currently undertaking any other programme of study?  Yes/No

If Yes, please state which programme and indicate when you will be completing

_________________________________________________________________________
_________________________________________________________________________
PREVIOUS QUALIFICATIONS
Please note: You **MUST** provide evidence that you are able to study at level 6 (degree level)

<p>| Professional Healthcare Qualifications: |</p>
<table>
<thead>
<tr>
<th>Qualification</th>
<th>Date Obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<p>| Academic qualifications e.g. Diploma, Degree, Masters |</p>
<table>
<thead>
<tr>
<th>Qualification</th>
<th>Level</th>
<th>Date Obtained</th>
<th>Awarding Body</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

At what academic level do you wish to undertake the Independent and/or Supplementary Non-medical Prescribing training?

- Level 6
- Level 7 (Masters)

**PLEASE WRITE BRIEF STATEMENT IN SUPPORT OF YOUR APPLICATION**

**PLEASE REFLECT AND OUTLINE**

- WHAT HAS LED YOU TO APPLY?
- THE SERVICE YOU WILL BE PROVIDING
- THE SKILLS YOU WILL BRING TO THE ROLE
- THE BENEFITS FOR THE PATIENT AND THE NHS
- HOW DOES NON-MEDICAL PRESCRIBING FIT INTO THE DEVELOPMENT OF YOUR PRACTICE?
- SUPPORT NETWORKS ACCESSIBLE TO YOU

(PLEASE CONTINUE ON REVERSE OF THIS SHEET AS REQUIRED APPROXIMATELY 300 WORDS)
TO BE COMPLETED BY MANAGER OF EMPLOYING ORGANISATION

Please tick all the following statements to confirm:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The applicant is an employee with a minimum of 1-3 years post-registration clinical experience (or part time equivalent), of which at least one year immediately preceding their application to the training programme has been in the clinical area in which they intend to prescribe.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The applicant will be given full study time to attend the university programme, together with the 12 days supervised practice with their DMP/DPP or identified supervisor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The applicant has successfully completed a module that includes diagnostic, examination and consultation skills or equivalent to assess patients in applicant’s area of practice. For example Health Assessment Module (level 6 or level 7).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is clinical need for the applicant to prescribe within their current role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The applicant demonstrates appropriate numeracy skills (to be further developed within the context of prescribing and assessed on the course).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The applicant will be in a position to prescribe on completion of training and have access to a prescribing budget.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The applicant will be supported with appropriate CPD updates once they are qualified.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where appropriate, the applicant has the agreement of the independent prescriber to undertake supplementary prescribing with a patient group.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The applicant has had a Disclosure &amp; Barring Service Check that is current and satisfactory within the last 3 years.</td>
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</tbody>
</table>

Date of DBS:
Please send a copy of your DBS certificate with your completed application form.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The suitability of this application has been discussed with the Non-medical prescribing lead for the organisation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Is the applicant a subject of any current professional investigation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Has the applicant attempted this module at another HEI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I agree to support the applicant for this course of study

NAME (print):

Current Job Title:

Signature: ___________________________ Date: ___________________________

Contact Address: ______________________________________________________

TO BE COMPLETED BY NON-MEDICAL PRESCRIBING LEAD FOR ORGANISATION (CCG/ACUTE)

I agree that this application is appropriate for patient services

NAME (print):

Signature: ___________________________ Date: ___________________________
AGREEMENT WITH DESIGNATED MEDICAL PRACTITIONER
(DMP)/DESIGNATED PRESCRIBING PRACTITIONER (DPP)
PLEASE COMPLETE ALL CONTACT DETAILS

Name of Medical/Prescribing Practitioner:_____________________

Contact Tel Number: ______________________ E-mail Address: ______________________

Work Address: ____________________________________________

Qualifications: ____________________________________________

Please supply the following information to ensure the Department of Health criteria is met for the supervision in practice for prescribers by medical assessors. Please tick the appropriate boxes.

DH (Nov. 2001) Criteria: Are you a registered medical practitioner who:

(i) has normally had at least 3 years medical, treatment and prescribing responsibility for a group of patient/clients in the field of practice that the applicant will prescribe. Yes □ No □

and are you:

(ii) within a GP practice and either vocationally trained or in possession of a certificate of equivalent experience from the Joint or Post-Graduate Training in General Practice? Yes □ No □

Or

a specialist registrar, clinical assistant or a consultant within a NHS Trust or other NHS employer? Yes □ No □

and have you:

(iii) the support of the employing organisation or GP practice to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice? Yes □ No □

and have you:

(iv) some experience or training in teaching and/or supervision in practice? Yes □ No □

If not an Approved Training Practice/Institution, then please outline your experience of teaching, supervision and assessment of students.

________________________________________________________________________

________________________________________________________________________

OR DESIGNATED PRESCRIBING PRACTITIONER

The DPP must be a registered independent prescriber and practitioner who:

i. Has normally had at least three years recent clinical experience for a group of patients/clients in the relevant field of practice.

ii. Has experience and training in teaching and supervising in practice (PGCE/Mentorship)

iii. Has the support of the employing organisation to act as the designated prescribing practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice
I confirm that I have agreed to supervise, support and assess the applicant for a **minimum of TWELVE DAYS** in the development of their prescribing role during clinical placement.

**Signature:**

**Date:**

**GMC/NMC/HCPC**

**Registration Number:**

**NB:** The DMP/DPP must disclose to the NMP lead if they are currently the subject of any professional investigation.

**APPLICANT STATEMENT**

If successful in my application, I agree to complete the Independent Prescribing/ Supplementary Prescribing (please delete if not applicable). I further agree to utilise my prescribing skills to benefit patients and the NHS.

**NAME (print):**

**Signature:**

**Date:**