

## INDEPENDENT AND SUPPLEMENTARY PRESCRIBING APPLICATION

This Application must be completed fully to obtain funding (NHS EMPLOYEES)

NAME OF APPLICANT:

COURSE FOR WHICH APPLYING: (Please tick appropriate box):

**INDEPENDENT/SUPPLEMENTARY PRESCRIBING FOR:** Nurses, midwives, physiotherapists, therapeutic radiographers, podiatrists, and advanced paramedics ☐

**SUPPLEMENTARY PRESCRIBING FOR:** dietitians and diagnostic radiographers ☐

### 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 PHARMACEUTICAL SOCIETY**  
[HTTPS://WWW.NMC.ORG.UK/GLOBALASSETS/SITEDOCUMENTS/EDUCATION-STANDARDS/PROGRAMME-STANDARDS-PRESCRIBING.PDF](https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/programme-standards-prescribing.pdf)  
  
[HTTPS://WWW.HCPC-UK.ORG/GLOBALASSETS/STANDARDS/STANDARDS-FOR-PRESCRIBING/STANDARDS-FOR-PRESCRIBING2.PDF](https://www.hcpc-uk.org/globalassets/standards/standards-for-prescribing/standards-for-prescribing2.pdf)  
  
[HTTPS://WWW.RPHARMS.COM/PORTALS/0/RPS%20DOCUMENT%20LIBRARY/OPEN%20ACCESS/PROFESSIONAL%20STANDARDS/PRESCRIBING%20COMPETENCY%20FRAMEWORK/PRESCRIBING-COMPETENCY-FRAMEWORK.PDF](https://www.rpharms.com/portals/0/RPS%20DOCUMENT%20LIBRARY/OPEN%20ACCESS/PROFESSIONAL%20STANDARDS/PRESCRIBING%20COMPETENCY%20FRAMEWORK/PRESCRIBING-COMPETENCY-FRAMEWORK.PDF)  
  
**SUPPLEMENTARY PRESCRIBING GUIDANCE FROM THE DEPARTMENT OF HEALTH**  
[HTTP://WEBARCHIVE.NATIONALARCHIVES.GOV.UK/+/HTTP://WWW.DH.GOV.UK/EN/HEALTHCARE/MEDICINE SPHARMACYANDINDUSTRY/PRESCRIPTIONS/THENON-MEDICALPRESCRIBINGPROGRAMME/SUPPLEMENTARYPRESCRIBING/DH\\_4123030](http://web.archive.nationalarchives.gov.uk/+/http://www.dh.gov.uk/en/healthcare/medicine/spharmacyandindustry/prescriptions/the-non-medical-prescribing-programme/supplementary-prescribing/dh_4123030)
- PLEASE READ CAREFULLY PROCESS FOR APPLICATION 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 UNIVERSITY
- 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 for NHS Employees

**INDIVIDUAL OBTAINS APPLICATION FROM UNIVERSITY WEBSITE/ CCG/NHS TRUST LEAD FOR NON-MEDICAL PRESCRIBING**

WILL NON-MEDICAL PRESCRIBING BENEFIT SPECIFIED PATIENT/CLIENT GROUP?

HAS APPLICANT ACCESS TO PRESCRIBING BUDGET?

DOES APPLICANT FIT THE ACADEMIC AND CLINICAL CRITERIA?



**APPLICANT MEETS WITH ORGANISATION MANAGER TO DISCUSS APPLICATION**

WILL NON-MEDICAL PRESCRIBING BENEFIT SPECIFIED PATIENT/CLIENT GROUP?

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?

IS COURSE FUNDING AVAILABLE?



THE RELEVANT **INDEPENDENT PRESCRIBERS** HAVE AGREED TO SUPPORT INTRODUCTION OF **SUPPLEMENTARY PRESCRIBING** FOR SPECIFIED GROUP OF PATIENTS (IF APPLICABLE)



THE APPLICANT HAS IDENTIFIED A **PRACTICE SUPERVISOR/DESIGNATED PRESCRIBING PRACTITIONER TO FACILITATE LEARNING AND PRACTICE ASSESSOR/DESIGNATED MEDICAL PRACTITIONER** TO ASSESS IN PRACTICE (FOR NURSES AND MIDWIVES, THIS MUST BE 2 DIFFERENT PEOPLE UNLESS EXCEPTIONAL CIRCUMSTANCES APPLY, NMC, 2018)



APPLICANT **COMPLETES THE APPLICATION FORM** INCLUDING DISCLOSURE AND BARRING DETAILS OR STATEMENT OF GOOD CHARACTER (SIGNED BY REFEREE AND UPLOADED IN PDF FORM)



APPLICATION **TO BE SIGNED** BY APPLICANT, LINE MANAGER AND PRACTICE SUPERVISOR/DPP AND PRACTICE ASSESSOR/DMP



**APPLICATION (PRIOR TO UNIVERSITY SIGNATURES) TO BE FORWARDED TO:  
NON-MEDICAL PRESCRIBING LEAD FOR ORGANISATION FOR SIGNATURE**



NON-MEDICAL PRESCRIBING LEAD FORWARDS APPLICATION TO IDENTIFIED UNIVERSITY APPLICANT AND PRESCRIBING LEAD NOTIFIED THAT FUNDING HAS BEEN AGREED

## TO BE COMPLETED BY APPLICANT

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

APPLICANT NAME: (print)

CURRENT JOB TITLE:

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

Expiry Date:

Are you the subject of any current professional investigation Yes ☐ No ☐  
Have you previously attempted this module at another University 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)

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Home Address:

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Work Tel Number:

Home Tel Number:

Mobile Number:

E-mail:

**TO BE COMPLETED BY APPLICANT**

**Which Clinical/Practice areas are you currently working in?**

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**For which group of patients will you prescribe?**

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**What disease/therapeutic areas?**

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

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

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**Are you currently undertaking any other programme of study?**

**Yes/No**

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

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## PREVIOUS QUALIFICATIONS

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

<b>Professional Healthcare Qualifications:</b>			
Qualification	Date Obtained		
<b>Academic qualifications e.g. Diploma, Degree, Masters <u>including Health Assessment module/equivalent</u></b> <i>(Please send photocopies of your certificates)</i>			
Qualification	Level	Date Obtained	Awarding Body

At what academic level (FHEQ) 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:

The applicant is an employee with post-registration clinical experience (or part time equivalent) (profession specific guidelines), relevant to their application	Yes	No
<ul style="list-style-type: none"> <li>Nurses and midwives must have been qualified for at least a year (NMC, 2018)</li> <li>Paramedics are required to be qualified for three years and have undertaken or are working towards an advanced practice qualification (as defined by Health Education England, usually an MSc). <b>Paramedics must apply for the level 7 module</b></li> <li>Physiotherapists, podiatrists, and therapeutic radiographers, dietitians and diagnostic radiographers must normally have at least two years practising at an advanced level</li> </ul>		
The applicant will be given full study time to attend the university programme, and released for the 12 days supervised practice with their practice supervisor and assessor	Yes	No
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).	Yes	No
There is clinical need for the applicant to prescribe within their current role	Yes	No
The applicant demonstrates appropriate numeracy skills (to be further developed within the context of prescribing and assessed on the course).	Yes	No
The applicant will be supported with appropriate CPD updates once they are qualified.	Yes	No
The applicant has had a Disclosure & Barring Service Check in the last 3 years Date of DBS check: .....and reference number.....	Yes	No
<b>OR</b> a statement of good character from the employer in lieu of a DBS certificate (signed by the referee and uploaded as a PDF)	Yes	No
The suitability of this application has been discussed with the non-medical prescribing lead for the organisation.	Yes	No
1) Is the applicant a subject of any current professional investigation	Yes	No
2) Has the applicant attempted this module at another University	Yes	No

**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 PRACTICE ASSESSOR/DMP**  
**PLEASE COMPLETE ALL CONTACT DETAILS**

**Name of Practice Assessor/DMP**

**Contact Tel Number:**

**E-mail Address:**

**Work Address:**

**Qualifications:**

**Previous experience as a DMP/Practice Assessor? Yes/No**

**Previous training for role as a DMP/Practice assessor? Yes/No. If yes, please specify**

**What of the following training/preparation specific to the role of DMP/Practice Assessor would you be interested in undertaking? Please tick all that apply:**

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| • Hard copy information outlining role and responsibilities | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Attending 2 hour workshop at the University               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Live streaming/Webinar                                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Recorded information of above                             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • Online community eg. forum                                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| • DMP/Practice Assessor buddy system                        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

**If you are an experienced DMP/Practice Assessor, would you be interested in buddying with a colleague new to the role**

**If you are a new Practice assessor, would you be interested in receiving buddying from an experienced DMP/Practice Assessor?**

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.

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 ☐

**and have you:**

- (iv) acted as a practice assessor/DMP in teaching and assessing a non-medical prescribing student before ?

Yes ☐ No ☐

Please outline your experience of teaching, supervision and assessment of students

**Non-medical prescribers taking the role of practice assessors for a prescribing student must meet the eligibility criteria outlined below:**

**The HCPC (September, 2019) has given a definition of 'practice educator' to include all qualified, experienced and trained nonmedical prescribers. The HCPC will be developing relevant guidance to clarify the skills, knowledge and experience required for practice educators.**

Are you a registrant on a health professions register?

Yes ☐ No ☐

Are you a V300 prescriber?

Yes ☐ No ☐

Are you an active prescriber with a minimum of one year's experience post prescribing qualification?

Yes ☐ No ☐

Do you have experience or training in teaching and / or supervising in practice (eg, ENB998, post graduate certificate of education, mentorship or practice assessor training)?

Yes ☐ No ☐

Do you have agreement from the line manager for time to support the nurse /midwife prescribing student?

Yes ☐ No ☐

I confirm that I have agreed to assess the applicant in their independent/supplementary prescribing role using the summative competencies and OSCE assessment strategies. If I am unable to provide appropriate assessment of the student, I will immediately inform the module leader at the University.

**Signature:**

**Date:**

**GMC/NMC/HCPC  
Registration Number:**

**AGREEMENT WITH PRACTICE SUPERVISOR(S)/DPP**  
**PLEASE COMPLETE ALL CONTACT DETAILS**

**Name(s) of Practice Supervisor(s)/DPP**

**Contact Tel Number:**

**E-mail Address:**

**Work Address:**

**Qualifications:**

The Practice Supervisor must be a registered and experienced independent prescriber from the same or a different profession 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 (eg. English National Board 998, Post Graduate Certificate of Education, Mentorship or Practice Supervisor Training)
- iii. Has the support of the employing organisation to act as the practice supervisor who will provide supervision, support and opportunities to develop competence in prescribing practice

I confirm that I have agreed to facilitate the supervision and support the applicant for a **minimum of TWELVE DAYS** in the development of their prescribing role during clinical placement. If I am unable to provide appropriate support to the student, I will immediately inform the module leader at the University.

**Signature:**

**Date:**

**GMC/NMC/HCPC  
Registration Number:**

**NB: The Practice Supervisor(s)/DPP and Practice Assessor/DMP must disclose to the University module 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:**