

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/PROFES SIONAL%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)

[HTTPS://WWW.RPHARMS.COM/PORTALS/0/RPS%20DOCUMENT%20LIBRARY/OPEN%20ACCESS/PROFES SIONAL%20STANDARDS/DPP%20FRAMEWORK/DPP%20COMPETENCY%20FRAMEWORK%20DEC%202019.PDF?VER=2019-12-18-150746-160](https://www.rpharms.com/portals/0/rps%20document%20library/open%20access/professional%20standards/dpp%20framework/dpp%20competency%20framework%20dec%202019.pdf?ver=2019-12-18-150746-160)

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/sparmacyandindustry/prescriptions/thenon-medicalprescribingprogramme/supplementaryprescribing/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 THEY HAVE COMMENCED A COURSE).
- 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

PROCESS OF APPLICATION for NHS Employees

INDIVIDUAL OBTAINS APPLICATION FORMS (CPD AND V300) 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 (NMC) TO FACILITATE LEARNING AND PRACTICE ASSESSOR (NMC)/PRACTICE EDUCATOR (HCPC)** 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 AND PRACTICE ASSESSOR/PRACTICE EDUCATOR

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: Expiry Date:
(*delete as appropriate)

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)

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)

Professional Healthcare Qualifications:			
Qualification	Date Obtained		
Academic qualifications e.g. Diploma, Degree, Masters <u>including Health Assessment module/equivalent</u> <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 <ul style="list-style-type: none"> • Nurses and midwives must have been qualified for at least a year (NMC, 2018) • 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). Paramedics must apply for the level 7 module • Physiotherapists, podiatrists, and therapeutic radiographers, dietitians and diagnostic radiographers must normally have been practising for at least two years at an advanced level 	Yes	No
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/educator	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
OR 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
Is the applicant a subject of any current professional investigation?	Yes	No
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(NMC)/EDUCATOR(HCPC)
PLEASE COMPLETE ALL CONTACT DETAILS**

Name of Practice Assessor/Educator

Contact Tel Number:

E-mail Address:

Work Address:

Qualifications:

Previous experience as a Designated Medical Practitioner (DMP) /Practice Assessor?
Yes/No

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

.....

All Practice Assessors/Practice Educators (HCPC) and Practice Supervisors must access the written V300 Preparation Pack and a 2-hour workshop at the University of Surrey (also available via live stream and recorded version)

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

Are you a registered medical practitioner who:

(i) has 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 practice assessor/educator who will provide supervision, support and assessment of 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/educator/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/educators 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 Royal Pharmaceutical Society (2019) published a Competency Framework for Designated Prescribing Practitioners specifying the role and expectations for practice learning and assessment by Practice Supervisors and Practice Assessors/Educators (link on p.1 of this form).

Are you a registrant on a health profession register? Yes No

Are you a V300 prescriber **in the field of practice where the applicant will prescribe?**
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. Further information for assessment requirements is given on p. 10-19 of the Preparation Pack for Practice Supervisors and Practice Assessors/Educators.

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)
PLEASE COMPLETE ALL CONTACT DETAILS**

Name(s) of Practice Supervisor(s)

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 (90 hours)** 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) and Practice Assessor/Educators must disclose to the University module lead if they are currently the subject of any professional investigation.

To ensure quality and governance of all learning environments, an Education Audit may be required if the V300 student's practice area for learning and assessment is not covered by the University of Surrey's audit review.

Please seek advice from the Module Leader regarding the Audit document prior to commencement of study.

APPLICANT STATEMENT

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

NAME (print)

Signature:

Date: