

INDEPENDENT AND SUPPLEMENTARY PRESCRIBING APPLICATION (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 FOLLOW THE **SURREY TOOLKIT** LINK BELOW TO EXPLORE ISSUES RELATED TO **PREPARING TO PRESCRIBE**.

THIS CONTAINS LINKS TO KEY DOCUMENTS INCLUDING THE FRAMEWORKS FOR NON-MEDICAL PRESCRIBING FROM THE NURSING AND MIDWIFERY COUNCIL(NMC), THE HEALTH AND CARE PROFESSIONS COUNCIL (HCPC) AND THE ROYAL PHARMACEUTICAL SOCIETY(RPS)

[HTTPS://WWW.SURREYTOOLKIT.UK/](https://www.surreytoolkit.uk/)

THE DESIGNATED PRESCRIBING PRACTITIONER COMPETENCY FRAMEWORK (RPS, 2019) INDICATES THE REQUIREMENTS FOR PRACTICE SUPERVISORS AND PRACTICE ASSESSORS/EDUCATORS

[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](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)

- 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).
- 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

PROCESS OF APPLICATION for NHS Employees

Individual works through the **Preparing to Prescribe Toolkit** to check suitability of application for the Independent and Supplementary Prescribing V300 module at the University of Surrey

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 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

APPLICATION IS SENT TO UNIVERSITY POST REGISTRATION ADMINISTRATION
POSTREG_ADMIN@SURREY.AC.UK

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). • 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/TRUST)

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 1-hour online workshop at the University of Surrey (also available as a recorded version)

Regulatory requirements:

Any prescriber taking on the practice assessor/educator role must be registered with their professional regulator.

All NMPs undertaking the practice assessor/educator role should have the necessary annotation for a prescriber as required by their regulator.

Prescribing competency framework requirements

The expectation of any registered health professional practitioner acting in the practice assessor/educator role is the ability to demonstrate they meet all competencies within the Competency Framework for all Prescribers. [https:// www.rpharms.com/resources/frameworks/prescribers-competency-framework](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework)

Practice assessors/educators must confirm they meet the following criteria when agreeing to take on this role for a Non-Medical Prescribing student in their practice area:

Are you a current registrant on a health profession register?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Are you an independent prescriber in the field of practice where the applicant will prescribe?</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you an active prescriber with a minimum of three years' experience post prescribing qualification?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have experience/ training in teaching/supervising/assessing in practice (eg, Post Graduate Certificate of Education, mentorship or practice assessor training)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have agreement from your line manager for time to support the prescribing student as their practice assessor/educator?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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:

Regulatory requirements:

Any prescriber taking on the practice assessor/educator role must be registered with their professional regulator.

All NMPs undertaking the practice assessor/educator role should have the necessary annotation for a prescriber as required by their regulator.

Prescribing competency framework requirements

The expectation of any registered health professional practitioner acting in the practice assessor/educator role is the ability to demonstrate they meet all competencies within the Competency Framework for all Prescribers. [https:// www.rpharms.com/resources/frameworks/prescribers-competency-framework](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework)

Practice Supervisors must confirm they meet the following criteria when agreeing to take on this role for a Non-Medical Prescribing student in their practice area:

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

Are you an independent prescriber with knowledge of the field of practice where the applicant will prescribe?

Yes No

Are you an active prescriber, with a **minimum of three years' experience** post prescribing qualification?

Yes No

Do you have **experience/training in teaching/supervising/assessing** in practice (eg, Post Graduate Certificate of Education, mentorship or practice assessor training)?

Yes No

Do you have **agreement from your line manager** (if applicable) for time to support the prescribing student to act as the practice supervisor who will provide supervision, support and opportunities to develop competence in prescribing practice.

Yes No

I confirm that I have agreed to facilitate the supervision and support the applicant for a **minimum of 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.

APPLICANT'S 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:**