**PRACTICE CERTIFICATE IN NMC INDEPENDENT PRESCRIBING**

**SCHOOL OF NURSING AND MIDWIFERY**

**UNIVERSITY OF BIRMINGHAM**

**SUPPLEMENTARY APPLICATION FORM 2023-24**

**Guidance:** All applicants wishing to complete a Prescribing course must complete this form alongside the application form for the individual Higher Education Institute that they are applying to.

**This form should be submitted to the Non-medical Prescribing lead or person for equivalent responsibility for governance of non – medical prescribing at the organisation or to a Responsible Person, if self-employed, prior to the applicant completing the HEI application form.**

**For definitions of role please see Appendix.**

**Sections 1, 2 & 3 – All applicants to complete**

**Section 4 – IS/SP Prescribing Applicant and Practice Educator/ Assessor &Supervisor**

**Section 5 – Community Practitioner Prescribing - NB Not available at University of Birmingham**

**Section 6 – Line Manager to complete**

**Section 7 – Non-Medical Prescribing Lead or equivalent to complete**

**Section 8 – Responsible Person to complete – For Self Employed Applicants only**

**Section 9 – Budget Holder to complete**

**Section 10 – Applicant to complete**

**Completion of application form checklist**

# Section 1

**Course Details**

**Place of Study (HEI):** University of Birmingham

**Start Date** September 2023

**Level of Study:** 7 (Masters)

**Type of Prescriber (please circle):**  Independent / Supplementary Nurse / Midwife

**Applicant Details**

**Name:**

**Profession (please circle):** Nurse / Midwife

**Job Title:**

**Contact Details**

**Work address:**

**Home address:**

**Contact Number:**

**E-mail address:**

**Preferred correspondence address (please circle):** Home / Work

**N.B. All applicants will be required to have a Declaration of Good Character completed and signed by their Employer or** **a Responsible Person.**

# Section 2

**Professional Eligibility**

**Are you a 1st level registered nurse/midwife/specialist community public health nurse currently on the NMC register (please circle):**

Yes / No

**Please state area of practice:**

**Number of years (or equivalent) post qualification experience? NB. This must be at least 1 year and in agreement of NMP Lead:**

**Number of years (or equivalent) working in the proposed prescribing clinical speciality?**

**NMC PIN:**

**Expiry Date:**

# Section 3

**Requirements for Prescribing**

**Professional Qualification(s) attained**

**Qualification**

**Awarding Body:**

**Level:**

**Year:**

**Subject:**

**Result:**

**Place of Study:**

**Supporting Information (additional qualifications, professional experience likely to facilitate prescribing)**

**Have you registered or commenced and partially completed a prescribing course previously? (Please circle)**

Yes / No

**\*If yes please give reasons for NOT completing the course**

**Please provide evidence of your ability to study at level 7:**

# Section 4

**Have you completed a health/clinical assessment course (or specialist equivalent)? (Please circle)**

Yes / No

**If YES, please give details of course attended and ensure section below is completed and signed by a professional colleague.**

**Course attended:**

**Date completed:**

**If NO, have you been deemed competent by an appropriate Professional Colleague (line manager or Responsible Person), in clinical/health assessment, diagnostics/care management and planning and evaluation of care prior to being put forward for this course? (See professional regulations for guidance regarding competence) Please give details and ensure section below is completed and signed.**

**Details:**

**I confirm that the applicant is competent in clinical/health assessment, diagnostics/care management and planning and evaluation of care, and is a suitable candidate for prescribing**

(NB this may be achieved by internal assessment of competence or completion of an appropriate health/clinical assessment course)

**Name (print):**

**Title/position:**

**Qualification:**

**Signature:**

**Please provide reasons for your application for a prescribing course**

1. **How will your ability to prescribe maximise benefit to the patient? (role/service delivery benefit, expected changes to clinical pathway, timeliness of provision, effectiveness, impact on patient journey/experience, improve access to medicines)**
2. **How will your ability to prescribe benefit your organisation? (service improvements, financial improvements, skills utilisation, capacity improvements)**
3. **Please provide details of the service you intend to prescribe in:**

**Practice Assessor and Practice Supervisor Arrangements**

**Eligibility criteria for becoming a Practice Supervisor and Practice Assessor is given in the NMC (2018) Standards of Education and Training: Part 2 Standards for Student Supervision and Assessment.**

**NB. It should be noted that in exceptional circumstances and due to the clinical area in which the prescribing student is working, the Practice Supervisor and Practice Assessor *can* be the same person. Please discuss this with the NMC Route Lead at the University of Birmingham on application.**

**Practice Assessor**

**Are you a practicing Independent Prescriber?** Yes / No

**Do you have experience of teaching and supporting students in the clinical area?** Yes / No

**Please give details of your previous preparation for supervision and assessing in the clinical area i.e. SLAiP, Practice Assessor preparation or other professional regulatory requirement/ qualification for supervision and assessment in practice**

**Have you attended a Practice Assessor/Practice Supervisor training event/completed an on-line training event to support and assess a prescribing student in practice?**

Yes / No

**If Yes, please give month and year:**

**Agreement by Practice Assessor for supervision and assessment of Applicant**

**Speciality:**

**Name of Practice Assessor (Please print):**

**Professional group i.e. Doctor, Nurse, etc.:**

**Professional registration number:**

**Work address:**

**Telephone number:**

**Email address:**

**I confirm that I have agreed to supervise, support and assess the applicant to enable the completion of a minimum of 90 hours in their prescribing role during clinical placement, alongside their Practice Supervisor and other relevant prescribing professionals in partnership.**

**Signature:**

**Practice Supervisor**

**Do you work in an area which could develop the skills and awareness of a non-medical prescribing student to fulfil their clinical competencies?**

Yes / No

**Are you a practicing Independent Prescriber?**

Yes / No

**Do you have experience of teaching and supporting students in the clinical area?**

Yes / No

**Please give details of your previous preparation for supervision in the clinical area i.e. SLAiP, Practice Supervisor preparation or other professional regulatory requirement/ qualification for supervision and assessment in practice**

**Have you attended a Practice Assessor/Practice Supervisor training event/completed an on-line training event to support and assess non-medical prescribing student in practice?**

Yes / No

**If Yes, please give month and year:**

**Agreement by Practice Supervisor for supervision and assessment of Applicant**

**Speciality:**

**Name of Practice Assessor (Please print):**

**Professional group i.e. Doctor, Nurse, etc.:**

**Professional registration number:**

**Work address:**

**Telephone number:**

**Email address:**

**I confirm that I have agreed to supervise, support and assess the applicant to enable the completion of a minimum of 90 hours in their prescribing role during clinical placement, alongside their Practice Assessor and other relevant prescribing professionals in partnership.**

**Signature:**

**Nominated Person**

**Additional support within the practice setting will be provided by a nominated person. Please provide details of the nominated person below.**

**Name of Nominated Person (Please print):**

**Role of Nominated Person:**

# Section 6

**Line Manager Confirmation (if applicable) \***

***\*If self-employed, with no direct line manager, please go to Section 8.***

**Please confirm the following:**

1. **Agreement for the applicant to be released for a minimum of 1 mandatory induction day, 9 mandatory study days, and protected learning time to include up to 3 further directed study days and an additional 90 hours learning in practice.**

Yes / No

1. **The applicant has appropriate supervision and support.**

Yes / No

1. **The area of prescribing activity is linked to core service provision. *NB. If the service is time limited or a pilot/service please give details below:***

Yes / No

1. **On qualification the applicant will have access to a prescribing budget and other practical requirements for prescribing.**

Yes / No

1. **On qualification the on-going CPD requirements of the prescriber will be supported.**

Yes / No

1. **I confirm that non-medical prescribing is included in the applicants Job description (JD) or a letter of empowerment to prescribe within the organisation will be appended to the JD**

Yes / No

**Name (Please print):**

**Job Title:**

**Work address:**

**Telephone number:**

**E-mail address:**

**Signature:**

**Date:**

# Section 7

**Agreement by the Non-medical Prescribing lead or person for equivalent responsibility for governance of non – medical prescribing within the organisation.**

**Non-medical Prescribing lead or person for equivalent responsibility agreement to the Practice Supervisor and Practice Assessor for nurses and midwives, and that there will be access to a prescribing budget and a benefit to patient services by training this nominee**

**Name (Please print):**

**Job Title:**

**Work address:**

**Telephone number:**

**E-mail address:**

**Signature:**

**Date**

**GO TO SECTION 9 IF SECTION 7 COMPLETED ABOVE**

# Section 8

**SECTION 8 – FOR SELF-EMPLOYED APPLICANTS ONLY**

**For self-employed practitioners - please liaise with the Programme Director or Route Lead to ensure an appropriate Responsible Person is selected prior to submission of the application.**

**Self – Employed Applicant Responsible Person confirmation**

**This is to confirm that I have discussed the requirements below with the applicant and I am satisfied that they understand and will comply with the requirements:**

1. **Agreement for the applicant to be released for a minimum of 1 mandatory induction day, 9 mandatory study days, and protected learning time to include up to 3 further directed study days and an additional 90 hours learning in practice.**

Yes / No

1. **The applicant has arranged for appropriate supervision and support.**

Yes / No

1. **The applicant has provided evidence that the area of prescribing activity is linked to core service provision in the applicants current self-employed role *NB. If the service is time limited or a pilot/service please give details below:***

Yes / No

1. **On qualification the applicant will have access to a prescribing budget and other practical requirements for prescribing.**

Yes / No

1. **On qualification the applicant will ensure CPD requirements are maintained.**

Yes / No

1. **I confirm that the applicant is aware that non-medical prescribing is required to be included in theirJob description (JD) or a letter of empowerment to prescribe within the organisation will be appended to the JD**

Yes / No

1. **The applicant confirms that policies/procedures and clinical governance infrastructure and professional indemnification processes are in place to support non-medical prescribing**

Yes / No

**Name (Please print):**

**Job Title:**

**Work address:**

**Responsible Person Professional Registration Number (as applicable):**

**Telephone number:**

**E-mail address:**

**Signature:**

**Date:**

# Section 9

**Funding**

**Please give details of funding source for this course – please tick appropriate box**

** Funding will be allocated by means of Learning Beyond registration process within the organisation**

** Other (please specify)**

**Budget Holders signature:**

**Budget Holder code (if applicable):**

# Section 10

**Applicant (Student) Agreement**

* For Private and Voluntary Organisation Applicants: I agree to communication between my employer, NMP lead (or equivalent) for my Organisation and the University I am attending to discuss any aspect of my attendance and progress on the prescribing course
* For Self- employed Applicants: I agree to communication with the University I am attending, the Responsible Person and the PA to discuss any aspect of my attendance and progress on the prescribing course.
* I agree to undertake Continuing Professional Development on completion of this course
* I have read and understood ‘Appendix 1’
* I have read the entry criteria as set by the NMC for this course and fulfil those requirements

**Additionally (please only tick the statement that is applicable):**

**** I confirm that I have appropriate numeracy skills to undertake this course

Or

**** I recognise that my numeracy skills require updating and will undertake appropriate study to ensure that they meet the required standards prior to undertaking the prescribing course

**Signature:**

**Print Name:**

**Date:**

**Appendix 1**

**Please see relevant section for conditions on signing Prescribing applications**

**Applicant**

* Will attend all course dates at University as required
* Prior to starting course has met with Practice Assessor (PA) and Practice Supervisor (PS) and discussed learning objectives and methods for supervision
* Attend all supervisory sessions with PA and PS as required. For midwives this should include the lead midwife for education
* Completes requirements of course within allocated time period
* If the candidate interrupts their studies for independent prescribing, the programme must be completed within the requirements of your registering body and the regulations of the University
* If assessments are not completed within 2 years from the start, the candidate must undertake the entire programme again including all the assessments to maintain currency.
* Once qualified informs line manager and lead for non-medical prescribing immediately
* Intends to prescribe within area of work and competence once qualified
* All NMC registrants must record their prescribing qualification with their regulatory body on successful completion of the course within 5 years of completion
* Participates in regular in-house and/or external CPD support mechanisms once qualified
* Provides honest and constructive feedback on the course to manager and programme lead for prescribing within the HEI
* Mentors and supports colleagues undertaking the course at a later date
* Participates in local steering group and work to develop supporting policies
* Candidates should be aware of national and local policies in relation to prescribing
* Self Employed Applicants must confirm the following:
* Policies/procedures and clinical governance infrastructure and/or professional indemnification processes are in place to support non-medical prescribing – this is evidenced through the Educational Audit tool.
* Understands the nurse/midwifery candidates must have at least 1 years’ experience as an appropriately registered health professional and has been working in the clinical area in which they intend to prescribe (for part-timers, it is the equivalent years’ experience)
* Nurse/Midwife applicants must have completed a module in diagnosis and physical assessment before accessing the prescribing programme or provided evidence of competence in history taking, physical assessment and diagnosis, implementation of care and evaluation relevant to clinical area in which they are working.

**Line Manager**

* Agrees the appropriateness and suitability of candidate application and ensures the candidate is able to apply the prescribing principles to their area of practice
* Understands that candidates must have at least 1 years’ experience as an appropriately registered health professional and has been working in the clinical area in which they intend to prescribe (for part-timers, it is the equivalent years’ experience)
* Nurse/Midwife applicants must have completed a module in diagnosis and physical assessment before accessing the prescribing programme or provided evidence of competence in history taking, physical assessment and diagnosis, implementation of care and evaluation relevant to clinical area in which they are working
* Applicants should not be put forward until they first demonstrate ability to diagnose in their area of speciality (should be identified through CPD reviews within the work setting). See Professional Regulations Guidance
* Understands and accepts the requirements for candidate attendance at university and with PA/PS
* Agrees with choice of PA/PS who are suitably experienced and qualified to undertake this role effectively and have attended the local HEI training course to equip them for this role.
* Confirms organisation policies/procedures and clinical governance infrastructure and professional indemnification processes are in place to support non-medical prescribing
* Effective policies for record keeping must be in place to ensure records are accurate, comprehensive, contemporaneous and accessible by all members of a prescribing team.
* Evaluates experiences of candidates and provides feedback to the programme lead within the HEI
* Provides opportunity for CPD
* All registrants must record their prescribing qualification. Individuals have a duty to comply with their registering bodies regulations

**Non-medical Prescribing Lead**

* Confirms organisation policies/procedures and clinical governance infrastructure and/or professional indemnification processes are in place to support non-medical prescribing
* Agrees appropriateness of candidate selection and is involved in selection process. Agrees that the Practice Assessor and Practice Supervisor are appropriate
* Maintains database of all prescribers
* Represents organisation at meetings such as West Midlands Non-Medical Prescribing Groups
* Knows the content of curriculum and attends University curriculum group meetings to feedback evaluation, concerns, etc
* Is available for candidate one-to-one support

**Nominated Person**

* Additional support will be provided by a nominated person within the organisation to actively support students and address student concerns
* The nominated person may be the line manager or the NMP lead within the organisation, another Senior Professional Colleague or educational facilitator with whom who the applicant may discuss and issues or concerns during the course - for self-employed applicants the nominated person may be their responsible person
* The nominated person should not be the allocated Practice Assessor

**Responsible Person (for self-employed confirmation only)**

* Confirmation by an appropriate Responsible Person provides an additional degree of assurance that the nurse or midwife, allied health professional or pharmacist who is self-employed are able to meet the necessary requirements of the course in terms of appropriate supervision and support, release to undertake mandatory study days, and additional protected learning time.
* It also encourages those practitioners who work in isolation from other colleagues in a self-employed nature, to discuss requirements for prescribing practice within their current role and the need for continuous professional development as an independent prescriber with another person, to provide external scrutiny for the application.
* It is strongly recommended that the Responsible Person is a registered health care practitioner and is regulated in the UK. It would be helpful if you have worked with them or have a similar scope of practice to them, but this is not essential.
* If you do not have a line manager, or access to a healthcare professional to act as your Responsible Person please seek clarification with the Course Director and /or Route Lead to confirm eligibility for the role.
* The Responsible Person should not be the person identified to act as the Practice Assessor or the Practice Supervisor.

**Practice Assessor**

* Confirms that they have relevant experience and qualifications to assess and supervise Prescribing student within the clinical area to enable them to fulfil the clinical competences required for the completion of the Prescribing course.
* Knows the content of the NP curriculum and expectations of students
* Knows where and how to raise concerns about students conduct, competence and achievement
* Has attended a training session/undertaken an on-line training update session to enable effective support for Prescribing student in the clinical area
* Makes assessment decisions informed by feedback from Practice Supervisor and other health care professional that the Prescribing Student may have gained experience with during the completion of their clinical competencies
* Maintains current knowledge and expertise relevant for the competencies and programme outcomes that they are assessing
* Confirms that they will work in partnership with the academic assessor to evaluate and recommend the student for the completion of their clinical competencies
* Confirm that they will support student learning in line with the NMC Standards for Prescribing Programmes (2018)
* Confirm that they will continue to proactively develop their professional practice and knowledge in order to fulfil their role

**Practice Supervisor**

* Confirms that they have relevant experience and qualifications to support and supervise Prescribing Student within the clinical area to enable them to fulfil the clinical competences required for the completion of the Prescribing course.
* Knows the content of the Prescribing curriculum and expectations of students
* Knows where and how to raise concerns about students conduct, competence and achievement
* Has attended a training session/undertaken an on-line training update session to enable effective support for Prescribing student in the clinical area
* Maintains current knowledge and expertise relevant for the competencies and programme outcomes that they are assessing
* Confirms that they will work in partnership with the academic assessor to evaluate and recommend the student for the completion of their clinical competencies
* Confirm that they will support student learning in line with the NMC Standards for Prescribing Programmes (2018)
* Confirm that they will continue to proactively develop their professional practice and knowledge in order to fulfil their role

**Conflicts of Interest**

A conflict of interest is “a situation that has the potential to undermine the impartiality and objectivity of decision making within the application process or during the course. Conflicts of interest can arise when an individual’s judgement is influenced subjectively through association with colleagues out of loyalty to the relationship they have, rather than through an objective process. Conflicts of interest can occur because of personal or commercial relationships” (NMC 2020; p11).

The Practice Supervisor must be sufficiently impartial to the outcome for the TIP and should not be the same individual as the person sponsoring the TIP to undertake the programme, nor should they be related to the applicant.

The Responsible Person should also be objective in their confirmation and must therefore discuss with the applicant if you cannot provide confirmation of their suitability to undertake the course objectively.

Failure to declare conflict of interest with the Practice Supervisor will involve contacting professional regulatory bodies and delay in obtaining qualification or potential removal from programme.

**APPLICATION FORM CHECKLIST**

**HAVE YOU:**

Read and understood the information in the Appendix?

Ensured all relevant sections are signed by your line manager and non-medical prescribing lead or Responsible Person?

Signed and dated the applicant agreement?

Included a completed **practice educational audit form**, as required?

Failure to include correctly completed documentation may result in delays in the application procedure.

**For office use only (Employer - as applicable)**

**Approved for attendance on the course** Yes / No

**Signature**

**Date**