**SELF EMPLOYED or PRIVATE AND VOLUNTARY ORGANISATION APPLICATION FOR PRESCRIBING COURSES**

**Institute of Clinical Sciences**

**Practice Certificate in Independent Prescribing**

**Supplementary Programme Application 2022 -23**

**All applicants to the Practice Certificate In Independent Prescribing are required to complete this supplementary programme application. Please ensure all supporting documentation has been uploaded to the university on-line application portal.**

**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.**

**NB: You may also be required to complete an Internal Trust/ Employer application additional to this form.**

**You must meet the following eligibility criteria:**

**Pharmacists**

The General Pharmaceutical Council (GPhC) sets [learning outcomes for independent prescribing courses](https://www.pharmacyregulation.org/education/pharmacist-independent-prescriber).  Courses are underpinned by[A Competency Framework for all Prescribers](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework). By the end of the course you must provide evidence that you meet the learning outcomes and prescribing competencies.

* Current registration for Pharmacists with the General Pharmaceutical Council (GPhC) or

Pharmaceutical Society of Northern Ireland (PSNI).

* Minimum of 2 years post-registration patient orientated experience in the UK, in an identified area of clinical practice.
* Experience post qualification of working within the clinical area in which you will prescribe.
* Honours degree or evidence of ability to study the prescribing qualification at Level M (MPharm or equivalent professional qualification).
* Supporting evidence of up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to the intended area of prescribing practice.
* Provide written confirmation from your employer/sponsor of their support for you to undertake the course and to provide appropriate supervised practice in the clinical area where you are expected to prescribe.
* Supporting evidence of appropriate continuing professional development during this experience will also be required.
* Have an identified Designated Medical Practitioner (DPP) who meets the eligibility criteria for medical supervision of pharmacist prescribers and who has agreed to provide the required term of supervised practice.
* A satisfactory current enhanced Disclosure and Barring Service (DBS) statement.
* Have self-declaration of health and character.

**Nurses**

The Nursing and Midwifery Council (NMC) sets [learning outcomes for independent prescribing courses](https://www.nmc.org.uk/standards/standards-for-post-registration/). Courses are underpinned by [A Competency Framework for all Prescribers](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework). By the end of the course you must provide evidence that you meet the learning outcomes and prescribing competencies.

* Be a first level registered nurse, midwife or specialist community public health nurse and be deemed by your employer to be competent to undertake the course.
* Minimum of 3 years post-registration patient orientated experience in the UK, in an identified area of clinical practice.
* Hold an Honours degree or have evidence of the ability to study the prescribing qualification at Level M (BSc/BA Honours degree or equivalent professional qualification).
* Supporting evidence of up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to the intended area of prescribing practice.
* Written confirmation from your employer of their support for you to undertake the course.
* Have an identified Designated Medical Practitioner (DPP) who meets the eligibility criteria for medical supervision of nurse prescribers and who has agreed to provide the required term of supervised practice.
* A satisfactory current enhanced Disclosure and Barring Service (DBS) statement.
* Have self-declaration of health and character.
* Confirmation from employer that all course attendance will be supported plus a minimum of ten protected learning days for the course.

**Physiotherapists, Podiatrists, Paramedic, Therapeutic Radiographers**

The Health and Care Professions Council (HCPC) sets [learning outcomes for independent prescribing courses](https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/). Courses are underpinned by [A Competency Framework for all Prescribers](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework).

Find out more in the [Outline Curriculum Framework for Education Programmes to Prepare Physiotherapists and Podiatrists as Independent/Supplementary Prescribers and to Prepare Radiographers as Supplementary Prescribers](https://www.birmingham.ac.uk/Documents/college-mds/courses/postgraduate/independent-prescribing-framework-physios-March-2018.pdf) (PDF). By the end of the course you must provide evidence that you meet the learning outcomes and prescribing competencies.

* Current registration with the Health & Care Professions Council and professional group e.g. CSP (includes professional indemnity).
* A BSc/BA Honours degree or equivalent. (Evidence of equivalence of your qualification(s) to the UK educational system of awards can be found at www.naric.org.uk). The degree should normally be a first or upper second class Honours degree.
* Supporting evidence of up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to the intended area of prescribing practice.
* Be professionally practising in an environment where there is an identified need to regularly use independent prescribing
* Provide evidence of at least 3 years’ experience post qualification of working within the clinical area in which you will prescribe.
* Be working at an advanced practitioner or equivalent level
* Be able to demonstrate how you reflect on your own performance and take responsibility for your own Continuing Professional Development (CPD) including development of networks for support, reflection and learning.
* Supporting evidence of appropriate continuing professional development during this experience will also be required.
* Be able to demonstrate medicines and clinical governance arrangements are in place to support safe and effective supplementary and / or independent prescribing.
* A letter from employer/sponsor to confirm support for application and to provide appropriate supervised practice in the clinical area where they are expected to prescribe.
* Have a named and approved designated medical practitioner (DPP) who has:
* experience of the relevant field of practice; training and experience in supervision support and assessment of trainees; agrees to provide student with opportunities to develop competences in prescribing, and supervise, support and assess the student during their clinical placement
* Evidence of satisfactory current Disclosure and Barring Service (DBS) check within last 3 months.
* Evidence of satisfactory health declaration and immunisation record.

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| **Sections 1, 2, 3 & 4** – All applicants to complete |
| **Section 5** – IS/SP Prescribing Applicant and Designated Prescribing Practitioner/Practice Educator/ Assessor &Supervisor |
| **Section 6 -**  All applicants to complete |
| **Section 7 -**  All applicants to complete |
| **Section 8 -** All applicants to complete |
| **Section 9** – 9C– Responsible Person to complete – For Self Employed Applicants only. 9D Budget Holder to complete |
| **Section 10** –Applicant to complete |

**SECTION 1 PERSONAL DETAILS**

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| --- | --- | --- | --- | --- |
| **Course Details** | | | | |
| **Place of Study (HEI)** | **University of Birmingham** | | **Preferred Start Date** | September 2022  January 2023  March 2023 |
| **Level of Study** | 6 (Bachelors) | | 7 (Masters) | |
| **Type of Prescriber** | Supplementary (Diagnostic radiographer/  Dietician) | Independent/  Supplementary Nurse/Midwife  (V300) | Independent/Supplementary (Pharmacist/Podiatrist/Therapeutic radiographer/Paramedic | |

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| --- | --- | --- | --- |
| **Applicant Details** | | | |
| **Name** |  | | |
| **Profession** | Nurse/Midwife | Allied Health Professional  Please state profession………………………………………… | |
| **Job Title** |  | | |
| **Contact Details** | **Work** | | **Home** |
| **Address** |  | |  |
| **Post Code** |  | |  |
| **Contact Number** |  | |  |
| **E-mail address** |  | | |
| **Tick preferred correspondence address** |  | |  |
| **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 NON ACADEMIC REQUIREMENTS**

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| **Disclosure and Barring Service Check** | |
| **The programme requires a satisfactory enhanced Disclosure and Barring Service (DBS) in line with filtering rules.**  **Please see:**  [**https://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates**](https://www.gov.uk/government/publications/filtering-rules-for-criminal-record-check-certificates)  **This must have been carried out within 3 years prior to submitting this application for Nurses, Pharmacists, Physiotherapist, Podiatrists, Paramedics & Therapeutic Radiographers**  **Please see:**  **[https://www.birmingham.ac.uk/university/colleges/](https://www.birmingham.ac.uk/university/colleges/professional/external/admissions/dbs/dbs-checks.aspx)**  **[professional/external/admissions/dbs/dbs-checks.aspx](https://www.birmingham.ac.uk/university/colleges/professional/external/admissions/dbs/dbs-checks.aspx)**  **If you already have an enhanced ‘DBS’ (adults and or children) that is acceptable to your employer/placement provider please indicate here.**  **If yes, please provide a copy of the DBS (this can be a scan) and written confirmation of this on letter headed paper with a signature to include the following information and upload onto the application portal and send a copy to** [**prescribing@contacts.bham.ac.uk**](mailto:prescribing@contacts.bham.ac.uk)  **Even if you have subscribed to the update service, we need to see a copy of your original DBS.**  *'This is to confirm that ......please insert name................. has the following:*  *- Enhanced Disclosure and Barring Service (DBS) with adult/children/adult and children check (please confirm which applies)*  *- this is acceptable to the employer*  *Name.................................................. Role within organisation.......................................................*  **If ‘no’ you will be advised on the ‘DBS’ process by the admissions department.**  **Do you have anything you wish to disclose in relation to the above?** | Yes  No  Adults  Children  Yes  No |
| **Health and Immunisation Check** | |
| **If you receive a conditional offer for the prescribing**  **programme you will be required to complete a health and immunisation declaration as part of your application.**  **Do you have anything you wish to disclose in relation to the above?** | Yes  No |

**SECTION 3: PROFESSIONAL ELIGIBILITY**

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| --- | --- | --- | --- | --- | --- | --- |
| **Professional Eligibility (please complete section relevant to your professional background)** | | | | | | |
| **Nursing and Midwifery** | | | | | | |
| **Are you a 1st level registered nurse/midwife/specialist community public health nurse currently on the NMC register** | | | | **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** |  | |
| **Allied Health Professionals and Pharmacists** | | | | | | |
| **Professional Group** | | | |  | | |
| **Please state area of practice** | | | |  | | |
| **Number of years (or equivalent) post qualification experience?** | |  | | **Number of years (or equivalent) in the proposed prescribing clinical speciality?** |  | |
| **NB. This must be at least 2 years or equivalent post-qualification experience for Pharmacists** | | | | | | |
| **HCPC or GPhC Registration number** | |  | | **Expiry Date** |  | |
| **Professional Body registration number** | |  | | **Expiry Date** |  | |
|  | | | | | | |
| **Evidence of Appropriate Professional Experience, in a UK setting** | | | | | | | |
| Please provide evidence of at least 2 years (pharmacist) or 1 year pro rata (nurse/midwife/physiotherapist/podiatrist/paramedic/therapeutic radiographer) appropriate patient orientated experience practicing in a UK hospital, community or primary care setting following qualification. Evidence should include details of relevant patient orientated practice in the clinical area/condition that you intend to prescribe in when you qualify as an independent prescriber. For nurses, midwives, physiotherapists, podiatrists, paramedics and therapeutic radiographers please outline the twelve months prior to the course in the area in which you intend to prescribe.  **As self-employed** please provide details of hospital, community or primary care settings you have worked in, to included dates / times worked in those areas. Please support this information through a written reference.  e.g. January 2018 to July 2018 – locum support Pharmacist at ……community pharmacy | | | | | | | |
| **Supporting evidence of up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to the intended area of prescribing practice.** | | | | | | | |
| **Supporting evidence of up-to-date clinical knowledge relevant to the intended area of prescribing practice.**  **Supporting evidence of up-to-date pharmacological knowledge relevant to the intended area of prescribing practice.**  **Supporting evidence of up-to-date pharmaceutical knowledge relevant to the intended area of prescribing practice.** | | | | | | | |

**SECTION 4 QUALIFICATIONS & PROFESSIONAL INDEMNITY**

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| **Requirements for Prescribing** | |
| **Your educational and professional qualifications are included in the university on-line application.** | |
| **Supporting Information (additional qualifications, professional experience likely to facilitate prescribing)** | |
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| **Confirmation of professional indemnity insurance** | Yes  No |
| **Have you registered or commenced and partially completed a prescribing course previously?** | **\*Yes No** |
| **\*If yes please give reasons for NOT completing the course** | |
| **Please provide evidence of your ability to study at level 7:** | |

**SECTION 5 READINESS FOR PRESCRIBING ROLE**

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| **Independent/Supplementary prescribers. Complete the following section** | | | | | | | | | |
| **Have you completed a health/clinical assessment course (or specialist equivalent)?** | | | | | | **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  **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** | |  | | |
| **Signature** |  | | | | **Qualification** | |  | | |
| **ALL Independent /Supplementary prescribers** | | | | | | | | | |
| **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:** | | | | | | | | | |
| **For Nurses or Midwives Prescribing Students Only** | | | | | | | | | |
| **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.** | | | | | | | | | |
| **Practice Assessor**  Are you a practicing Independent Prescriber?  Do you have experience of teaching and supporting students in the clinical area?  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? if so, please give month and year | | | | | | | | **Yes  No**  **Yes  No**  **Yes  No** | |
| **Agreement by Practice Assessor for supervision and assessment of Applicant** | | | | | | | | | | |
| **Speciality** | |  | | | | | | | | |
| **Name of Practice Assessor (Please print)** | |  | | | | | | | | |
| **Professional registration**  **number** | |  | | | | | | | | |
| **Professional group i.e. Doctor, Nurse, Physiotherapist, etc.** | |  | | | | | | | | |
| **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?  Are you a practicing Independent Prescriber?  Do you have experience of teaching and supporting students in the clinical area?  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? If so, please give month and year: | | | | | | | | **Yes  No**  **Yes  No**  **Yes  No**  **Yes  No** | | |
| 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. | | | | | | | | | | |
| **Agreement by Practice Supervisor for supervision and assessment of Applicant** | | | | | | | | | | |
| **Speciality** | | |  | | | | | | | |
| **Name of Practice Supervisor**  **(Please print)** | | |  | | | | | | | |
| **Professional registration**  **number** | | |  | | | | | | | |
| **Professional group i.e. Doctor, Nurse, Physiotherapist, etc.** | | |  | | | | | | | |
| **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** | | |  | | | | | | | |
| **For AHP and Pharmacist Prescribing Students Only** | | | | | | | | | | |
| **Eligibility criteria for becoming a Practice Educator (PE)/ Designated Prescribing Practitioner (DPP)**  *is available on the GPhC, HCPC and Department of Health websites*  **Further information for DPPs is available on the Royal Pharmaceutical Society website:**  **Designated Prescribing Practitioner Competency Framework**  [**https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework**](https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework) | | | | | | | | | | |
| **Are you an active practicing prescriber in the practice area of the prescribing student?**  **Do you have experience of teaching and supporting students in the clinical area?**  **Do you have appropriate patient-facing clinical and diagnostic skills?**  **Do you have the ability to assess patient-facing clinical and diagnostic skills?**  **Have you attended a training event or completed an on-line training event to support and assess a prescribing student in practice?**  **If so when? Please give month and year** | | | | | | | | | **Yes  No**  **Yes  No**  **Yes  No**  **Yes  No**  **Yes  No** | |
| **Agreement by PE/DPP for Supervision of Applicant** | | | | | | | | | | |
| **Speciality** | |  | | | | | | | | |
| **Name of PE /DPP**  **(Please print)** | |  | | | | | | | | |
| **Professional registration**  **number** | |  | | | | | | | | |
| **Professional Group i.e. Doctor, Nurse, Physiotherapist, etc.** | |  | | | | | | | | |
| **Work address** | |  | | | | | | | | |
| **Telephone number** | |  | | | | | | | | |
| **Email address** | |  | | | | | | | | |
| |  | | --- | | **I confirm that I have reviewed the Royal Pharmaceutical Society website: Designated Prescribing Practitioner Competency Framework guidance and that I meet the competencies in the framework**  [**https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework**](https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework)  **Yes  No** | | **I confirm that I have agreed to supervise, support and assess the applicant for a minimum of 90 hours in their prescribing role during clinical placement**  **Yes  No** | | **I have received equality and diversity training and/or an equality and diversity update within the previous 12 months**  **Yes  No** | | **Indemnity insurance is in place to support clinical supervision**  **Yes  No** | | | | | | | | | | | |
| **Signature** | | | |  | | | | | | |

**N.B DPPs/PEs ARE REQUIRED TO SUBMIT A CV WITH THE APPLICANT’S SUPPLEMENTARY FORM AND WILL BE CONTACTED BY TELEPHONE TO DISCUSS THEIR SUITABILITY TO SUPPORT THE APPLICANT DURING THE PROGRAMME**

**SECTION 6: EVIDENCE OF CONTINUING PROFESSIONAL DEVELOPMENT (CPD) AND SUPPORT NETWORKS**

**CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

**Please provide details/evidence to demonstrate that you reflect on your own performance and take responsibility for your own CPD. This should include examples of types of activity, development and assessment that demonstrate reflection on performance and practice.**

**Provide at least 4 examples of your CPD over the previous two years (pharmacists) or three years (nurses, midwives, physiotherapists, podiatrists, paramedics & therapeutic radiographers). At least 2 of these should be in the year prior to application. For example printouts from your CPD record/portfolio.**

**Networks of Support**

**Please provide details/evidence to demonstrate how you will develop your own networks for support, reflection and learning as a prescriber, including prescribers from other professions.**

**SECTION 7: EMPLOYER TESTIMONIAL/REFERENCE**

|  |
| --- |
| **Testimonial/s to Support Patient Orientated Experience** |
| Evidence of appropriate patient orientated experience required can be further supported by written testimonials from your current / sponsoring / or most recent employer. The form below should be completed by the referee. If you are self-employed or work for more than one employer please seek testimonials from each. Alternatively additional comments can be attached to this application on official headed and stamped note paper.  **Referee’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Referee’s job title/role\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Referees profession Pharmacist  Nurse  Midwife  Podiatrist  Physiotherapist**  **Paramedic  Therapeutic Radiographer**  **Reference for NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    I confirm that the applicant has completed at least two years (pharmacist) or three years (nurse/midwife/ physiotherapist/podiatrist/paramedic/therapeutic radiographer) appropriate patient-centered/oriented experience practicing in a hospital, community or primary care setting following qualification and registration with GPhC/NMC/HCPC.  Yes  No  For nurses, midwives please confirm that the applicant has worked in the area they intend to prescribe in for at least the last twelve months.  Yes  No  If the applicant is self-employed please comment on how long the student has been known to you and include dates and details of when they worked for you.  I also confirm that the applicant manages their own CPD and develops networks for support, reflection and learning.  Yes  No  **Referee’s additional comments in support of prescribing application:**  **Referee’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**SECTION 8: IDENTIFIED AREAS FOR DEVELOPMENT OF CLINICAL AND DIAGNOSTIC SKILLS**

**Discuss the following with your DPP before completing:**

**Development of Clinical and Diagnostic Skills**

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| --- | --- |
| **Name of TIP** |  |

At the end of the course your DPP must provide confirmation that you are clinically competent in the area(s) for which you intend to prescribe when you qualify as an independent prescriber. This includes clinical assessment of patients, the ability to use basic diagnostic aids and make an assessment of the patient’s general health.

**Consider the clinical and diagnostic skills in which to develop competence and the use of specific diagnostic aids or equipment required to diagnose and monitor response to therapy. Discuss and agree a proposed plan of action to achieve these under the supervision of the DPP. This will inform your initial learning contract with your DPP. Please ask your DPP to sign this.**

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| --- | --- |
| **Clinical and diagnostic skills in which to develop competence** | **Proposed plan of action under the supervision of the DPP** |
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| **\*please add more rows if necessary** |  |

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| **The use of specific diagnostic aids or equipment required to diagnose and monitor response to therapy** | **Proposed plan of action under the supervision of the DPP** |
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| **\*please add more rows if necessary** |  |

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| --- | --- |
| **DPP name** |  |
| **DPP signature** |  |
| **Date** |  |

**SECTION 9**

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| **9A Line Manager Confirmation (if applicable):** | | | |
| **If self-employed, with no direct line manager, please go to Section 9C.** | | | |
| **Please confirm the following:** | | | |
| 1. Agreement for the applicant to be released for a minimum of:  1 mandatory induction day, 9 mandatory study days, 2 assessment days (and any resits) and an additional 90 hours learning in practice. Please note: in addition to 9 mandatory days, there is 3 days in module 3 that are mandatory for NMC registrants and optional for GPhC and HCPC registrants.      2. The applicant has appropriate supervision and support  3. 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:*  4. On qualification the applicant will have access to a prescribing budget and other practical requirements for prescribing.  5. On qualification the on-going CPD requirements of the prescriber will be supported  6. 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**  **Yes No**  **Yes No**  **Yes  No**  **Yes No**  **Yes  No** | |
| **Name (Please print)** |  | | |
| **Job Title** |  | | |
| **Work address** |  | | |
| **Telephone number** |  | | |
| **E-mail address** |  | | |
| **Signature** |  | **Date** |  |

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| **9B 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, DPP for Pharmacist and Practice educator for AHPs and that there will be access to a prescribing budget and a benefit to patient services by training this nominee** | | |
| **Name (Please print)** |  | |
| **Organisation** |  | |
| **Job Title** |  | |
| **Work address** |  | |
| **Telephone number** |  | |
| **Email address** |  | |
| **Signature** |  | **Date** |

|  |  |  |  |
| --- | --- | --- | --- |
| **9C 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, 2 assessment days (and any resits) and an additional 90 hours learning in practice. Please note: in addition to 9 mandatory days, there is 3 days in module 3 that are mandatory for NMC registrants and optional for GPhC and HCPC registrants.      2. The applicant has arranged for appropriate supervision and support  3. 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:*  4. On qualification the applicant will have access to a prescribing budget and other practical requirements for prescribing  5. On qualification the applicant will ensure CPD requirements are maintained.  6. I confirm that applicant is aware that non-medical prescribing is required to be included in their job description (JD) or a letter of empowerment to prescribe must be appended to their JD  7. The applicant confirms that policies/procedures and clinical governance infrastructure and professional indemnification processes are in place to support non-medical prescribing | | **Yes  No**  **Yes  No**  **Yes No**  **Yes  No**  **Yes No**  **Yes  No**  **Yes  No** | |
| **Name (Please print)** |  | | |
| **Job Title** |  | | |
| **Work address** |  | | |
| **Responsible Person Professional Registration Number (as applicable)** |  | | |
| **Telephone number** |  | | |
| **E-mail address** |  | | |
| **Signature** |  | **Date** |  |

**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.**

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| **9D Funding** | | |
| **Please give details of funding source for this course- tick appropriate box** | | |
| **Funding will be allocated by means of Learning Beyond registration process within the organisation** | |  |
| **Funding is allocated by Health Education England** | |  |
| **OR Other (please specify)** | |  |
| **Budget Holders signature** |  | |
| **Budget Holder code (if applicable)** |  | |

**SECTION 10**

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| **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 DPP 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/HCPC/GPhC for this course and fulfil those requirements   **Additionally (please delete the statement that is not 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** |  | **Date** |  |
| **Print Name** |  |

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| **For Health Education England funded Applicant (Student) only** | | | |
| * I am aware that the information in this application form may be shared with third parties, and I will sign an appropriate information sharing agreement as part of the course enrolment | | | |
| **Signature** |  | **Date** |  |
| **Print Name** |  |

**Appendix 1**

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

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| **Applicant** |
| Will attend all course dates at University as required  Prior to starting course has met with Designated Prescribing Practitioner (DPP), Practice Educator (PE) or Practice Assessor (PA) and Practice Supervisor (PS) and discussed learning objectives and methods for supervision  Attend all supervisory sessions with DPP/PE/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 (2 years in the case of GPhC registered professionals), 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 the nurse/midwifery candidates must have at least 1 years’ experience as an appropriately registered health professional (2 years in the case of GPhC registered professionals), 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 (nurses and midwives), PE (AHPs) or DPP(Pharmacists)  Agrees with choice of PA/PS (nurses and midwives),DPP (Pharmacists) or PE (AHPs and Pharmacists), 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 (PA/PS- nurses and midwives), Designated Prescribing Practitioner (DPP -Pharmacists) or Practice Educator (PE- AHPs) 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 (NMC only)** |
| 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 (DDP) or Practice Supervisor |
| **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 in the Practice Assessor, Practice Educator or DPP role or that of the Practice Supervisor (NMC only). |
| **Designated Prescribing Practitioner (GPhC), Practice Educator (HCPC) or Practice Assessor (NMC)** |
| **Please note at the University of Birmingham the term Designated Prescribing Practitioner will be applied as an umbrella term to signify the role of the Designated Prescribing Practitioner (GPhC), Practice Educator (HCPC) or Practice Assessor (NMC).** |
| 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 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 (NMC only)** |
| 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 Designated Prescribing Practitioner 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. This criteria also applies to the Practice Supervisor for NMC TIPs.

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 DPP (or Practice Supervisor – NMC only) 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 confirmation of / or a completed practice educational audit form (if this is a requirement of your NHS Trust)?

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

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| For office use only (Employer - as applicable)  Approved for attendance on the course Yes / No  Signature Date |