

**APPLICATION FOR PRESCRIBING COURSES**

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| **Sections 1, 2 & 3** – All applicants to complete |
| **Section 4** – IS/SP Prescribing Applicant and Practice Assessor/Supervisor/Educator |
| **Section 5** – Trust or Line Manager to complete |
| **Section 6** – Non-Medical Prescribing Lead to complete |
| **Section 7** – Budget Holder to complete |
| **Section 8** – Applicant to complete |
| **Appendix 1** – to be completed by self-employed applicants only |
| **Appendix 2** – Conditions on signing prescribing applications |

**Please ensure that all relevant sections are fully completed and signed. Digital signatures are accepted. Failure to complete the form fully, will result in your form being returned to you and not progressed.**

**SECTION 1**

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| **Course Details** | | |
| **Preferred start date:**  **(Jan / Sept)** |  | |
| **Level of Study** | Level 6 (Bachelors) 🞏 | Level 7 (Masters) 🞏 |
| **Type of Prescriber** | Independent/  Supplementary Nurse/Midwife  (V300) 🞏 | Independent/Supplementary AHP (Podiatrist/Therapeutic radiographer/Paramedic/  Physiotherapist 🞏 |

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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** | Work 🞏 | | |

**SECTION 2**

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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 (WTE) post qualification experience?** |  | **Number of years (WTE) in the proposed prescribing clinical speciality?** | |  |
| **\*NB. This must be at least 1 year and with the agreement of the NMP Lead** | | | | |
| **NMC PIN** |  | | **Expiry Date** |  |
| **Allied Health Professionals** | | | | |
| **Professional Group** |  | | | |
| **Please state area of practice** |  | | | |
| **\*Number of years (WTE) post qualification experience?** |  | **Number of years (WTE) in the proposed prescribing clinical speciality?** | |  |
| **\*NB. This must be at least 3 years post-qualification experience** | | | | |
| **HCPC registration number** |  | | **Expiry Date** |  |
| **Professional Body registration number** |  | | **Expiry Date** |  |

**SECTION 3**

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| **Requirements for Prescribing** | | | | | |
| **Professional Qualifications attained:**  **(Evidence of qualifications must be uploaded to the online application)** | | | | | |
| **Awarding Body** | **Level** | **Year** | **Subject** | **Result** | **Place of study** |
|  |  |  |  |  |  |
| **Supporting Information (additional qualifications, professional experience likely to facilitate prescribing, registration with any other regulatory bodies)** | | | | | |
|  | | | | | |
| **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 the level for which you have applied:** | | | | | |

**SECTION 4**

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| **Independent/Supplementary prescribers complete the following section** | | | | | | | | | | |
| **Have you completed a health/clinical assessment course (or specialist equivalent) which has prepared you** **in clinical/health assessment, diagnostics/care management and planning and evaluation of care?** | | | | | | **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, 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 of how assessed competent and ensure section below is completed and signed by assessing professional colleague. Evidence of competency will need to be provided, examples of evidence may include a copy of specialty specific competency document or internal course certificates.**  **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 Nursing or Midwifery 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 an experienced practicing prescriber?    Do you have experience of teaching and supporting students in the clinical area?    Have you attended a Practice Educator or Assessor/Practice Supervisor training event or completed an on-line training event to support and assess a prescribing student in practice? If yes, please give details below:  I meet the [NMC Standards for student supervision and assessment](https://www.nmc.org.uk/globalassets/sitedocuments/standards/2023-pre-reg-standards/new-vi/standards-for-student-supervision-and-assessment.pdf)  to fulfil the role of Practice Assessor  I have undertaken preparation or can evidence prior learning and experience that enables me to demonstrate the following:   * The possession of interpersonal communication skills, relevant to student learning and assessment. * The ability to conduct objective, evidence-based assessments of students. * The ability to provide constructive feedback to facilitate professional development in others. * A knowledge of the assessment process and my role within it. * An understanding of the proficiencies and programme outcomes for the students I assess.   **I agree that:**  I will engage in ongoing training to develop my role.  I will complete the specified e-learning package required by the University and give consent for my name and email to be forwarded to the Health and Education Co-operative Ltd, so that I can access an online Assessor/Educator /Supervisor/Designated Prescribing Practitioner course.  I will continue to proactively develop my professional practice and knowledge in order to fulfil my role | | | | | | | | | **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏** | |
| **Agreement by Practice Assessor (PA) for supervision and assessment of Applicant** | | | | | | | | | | |
| **Speciality** | |  | | | | | | | | |
| **Name of PA**  **(Please print)** | |  | | | | | | | | |
| **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 78 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?  Do you have experience of teaching and supporting students in the clinical area?  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 yes, please give details below:  I meet the [NMC Standards for student supervision and assessment](https://www.nmc.org.uk/globalassets/sitedocuments/standards/2023-pre-reg-standards/new-vi/standards-for-student-supervision-and-assessment.pdf)  to fulfil the role of Practice Supervisor  I have undertaken preparation or can evidence prior learning and experience that enables me to demonstrate the following:   * The possession of interpersonal communication skills, relevant to student learning and assessment. * The ability to conduct objective, evidence-based assessments of students. * The ability to provide constructive feedback to facilitate professional development in others. * A knowledge of the assessment process and my role within it. * An understanding of the proficiencies and programme outcomes for the students I assess.   **I agree that:**  I will engage in ongoing training to develop my role.  I will complete the specified e-learning package required by the University and give consent for my name and email to be forwarded to the Health and Education Co-operative Ltd, so that I can access an online Assessor/Educator /Supervisor/Designated Prescribing Practitioner course.  I will continue to proactively develop my professional practice and knowledge in order to fulfil my role | | | | | | | | **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏** | | |
| **NB: It should be noted that only in exceptional circumstances and due to the clinical area in which the Prescribing student is working, can the PS and PA can be the same person** | | | | | | | | | | |
| **Agreement by Practice Supervisor for supervision and assessment of Applicant** | | | | | | | | | | |
| **Speciality** | | |  | | | | | | | |
| **Name of PS**  **(Please print)** | | |  | | | | | | | |
| **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 78 hours in their prescribing role during clinical placement, alongside their Practice Assessor and other relevant prescribing professionals in partnership.** | | | | | | | | | | |
| **Signature** | | |  | | | | | | | |
| **For AHP Prescribing Students Only** | | | | | | | | | | |
| **Practice Educator Arrangements** | | | | | | | | | | |
| **Eligibility criteria for becoming a Practice Educator (PE)**  *Further information for supervisors is available on the HCPC and Department of Health websites* | | | | | | | | | | |
| **Practice Educator**  Are you an experienced practicing prescriber?    Do you have experience of teaching and supporting students in the clinical area?    Have you attended a Practice Educator or Assessor/Practice Supervisor training event or completed an on-line training event to support and assess a prescribing student in practice? If yes, please give details below:  I meet the [HCPC Standards of education and training](https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/set/)  to fulfil the role of Practice Educator  I have undertaken preparation or can evidence prior learning and experience that enables me to demonstrate the following:   * The possession of interpersonal communication skills, relevant to student learning and assessment. * The ability to conduct objective, evidence-based assessments of students. * The ability to provide constructive feedback to facilitate professional development in others. * A knowledge of the assessment process and my role within it. * An understanding of the proficiencies and programme outcomes for the students I assess.   **I agree that:**  I will engage in ongoing training to develop my role.  I will complete the specified e-learning package required by the University and give consent for my name and email to be forwarded to the Health and Education Co-operative Ltd, so that I can access an online Assessor/Educator /Supervisor/Designated Prescribing Practitioner course.  I will continue to proactively develop my professional practice and knowledge in order to fulfil my role | | | | | | | | | | **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏** |
| **Agreement by Practice Educator (PE) for Supervision of Applicant** | | | | | | | | | | |
| **Speciality** | |  | | | | | | | | |
| **Name of PE**  **(Please print)** | |  | | | | | | | | |
| **Professional registration**  **number** | |  | | | | | | | | |
| **Work address** | |  | | | | | | | | |
| **Telephone number** | |  | | | | | | | | |
| **Email address** | |  | | | | | | | | |
| **I confirm that I have agreed to supervise, support and assess the applicant for a minimum of 78 hours in their prescribing role during clinical placement** | | | | | | | | | | |
| **Signature** | | | |  | | | | | | |

**SECTION 5**

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| **Trust / Organisation Approval - Line Manager Confirmation (if self-employed see Appendix 1)** | | | |
| **Please confirm the following:** | |  | |
| **Agreement for the applicant to be released for a minimum of 24 study days with an additional 78 hours learning in practice**  **The applicant has appropriate supervision and support**  **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:*  **On qualification the applicant will have access to a prescribing budget and other practical requirements for prescribing.**  **On qualification the on-going CPD requirements of the prescriber will be supported**  **I confirm that non-medical prescribing is included in the applicants Job description (JD) or a letter of empowerment to prescribe within the Trust or other organisation will be appended to the JD**  **I can confirm that an educational audit has been carried out in the last 3 years.**  **Please give details below, for example who carried out the audit and which system was used – e.g. PARE, E:Vision, paper form:**  **………………………………………………………………………………**  **………………………………………………………………………………**  **………………………………………………………………………………** | | **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏**  **Yes 🞏 No 🞏** | |
| **Name (Please print)** |  | | |
| **Organisation** |  | | |
| **Job Title** |  | | |
| **Work address** |  | | |
| **Telephone number** |  | | |
| **E-mail address** |  | | |
| **Signature** |  | **Date** |  |

**SECTION 6**

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| **Trust / Organisation Approval - Agreement by the Non-medical Prescribing lead or Organisational/Line Manager (for self-employed applicants please see Appendix 1)** | | | |
| **Non-medical prescribing lead agreement to the PS and PA (for nurses and midwives) and PE (for AHPs) or DMP (Pharmacists) 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** |  |

**SECTION 7**

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| --- | --- | --- |
| **Funding** | | |
| **Please give details of funding source for this programme - tick appropriate box** | | |
| **Funding will be allocated by means of Learning Beyond registration process within the Trust/organisation** | | **🞏** |
| **OR Other (please specify)** | | **🞏** |
| **Budget Holder’s signature** |  | |
| **Budget Holder code** |  | |

**SECTION 8**

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| --- | --- | --- | --- |
| **Applicant (Student) Agreement** | | | |
| * I agree to communication between my employer, NMP lead for my Trust/Organisation (if applicable) and the University I am attending to discuss any aspect of my attendance and progress on the prescribing programme * I agree to undertake Continuing Professional Development on completion of this course * I have read and understood ‘Appendix 2’ * I have read the entry criteria as set by the NMC/HCPC for this course and fulfil those requirements * I am not subject to any fitness to practice investigations * I do not have any reprimands, warnings, cautions, convictions or am involved in any ongoing police investigations * I can confirm there are no concerns around my health and good character as identified by my regulatory body   **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** |  |

**Appendix 1**

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| **Requirements for self-employed applicants** |
| **Self-employed applicants must provide the additional information outlined below:**  The points identified in section 6 of this application form need to be addressed by a professional reference.  A reference from a registrant with recent (within the previous 6 months) clinical knowledge of the applicant which includes details of their current professional registration.  The scope of your potential prescribing practice once qualified with detail regarding the conditions for which you intend to prescribe.  Details of the organisational structure and the mechanisms by which clinical governance and patient safety will be assured and any issues addressed.  Information regarding the budget arrangements that will support your prescribing practice (i.e. private prescription, NHS prescriber code). |

**Please include the following completed sections with this application.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Professional reference** | | | |
| *Please refer to the points in section 6 of this application form.* | | | |
| **Name (Please print)** |  | | |
| **Organisation** |  | | |
| **Job Title** |  | | |
| **Work address** |  | | |
| **Telephone number** |  | | |
| **E-mail address** |  | | |
| **Professional registration number** |  | | |
| **Signature** |  | **Date** |  |

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| --- | --- | --- | --- |
| **Reference from registrant with recent clinical knowledge of applicant** | | | |
| *You must have clinical knowledge of the applicant within the previous 6 months* | | | |
| **Name (Please print)** |  | | |
| **Organisation** |  | | |
| **Job Title** |  | | |
| **Work address** |  | | |
| **Telephone number** |  | | |
| **E-mail address** |  | | |
| **Professional registration number** |  | | |
| **Signature** |  | **Date** |  |

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| **The scope of your potential prescribing practice once qualified with detail regarding the conditions for which you intend to prescribe.** |
|  |
| **Details of the organisational structure and the mechanisms by which clinical governance and patient safety will be assured and any issues addressed.** |
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| **Information regarding the budget arrangements that will support your prescribing practice (i.e. private prescription, NHS prescriber code).** |
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**Appendix 2**

**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 Practice Educator or Assessor/DMP and Practice Supervisor and discussed learning objectives and methods for supervision  Attend all supervisory sessions with Practice Educator/DMP or Practice Assessor/Supervisor 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  Provides honest and constructive feedback on the practice preparation experience and knows where and how to raise concerns  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 |
| **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 Optometrist, and 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 Practice Assessor and Practice Supervisor (nurses and midwives) or Practice Educator (AHPs), or DMP (Pharmacists)  Agrees with choice of Practice Assessor and Practice Supervisor (nurses and midwives) or Practice Educator (AHPs) or DMP (Pharmacists), who are suitably experienced and qualified to undertake this role effectively and have attended/undertaken the local HEI training course (F2F or online) to equip them for this role. |
| Confirms Trust or business 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 or alternative** |
| Confirms Trust or business 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 (nurses and midwives) or Practice Educator (AHPs) or DMP (Pharmacists) are appropriate  Maintains database of all prescribers  Represents the organisation at meetings such as NHS West Midlands Non-Medical Prescribing Stakeholder Steering 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 |
| **Practice Educator, Assessor, DMP** |
| 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 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  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 practice assessor/DMP and 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 |

**APPLICATION FORM CHECKLIST**

**HAVE YOU:**

Read and understood the information in Appendix 2

Ensured all relevant sections are signed by your line manager and non-medical prescribing lead (or alternative)?

If self-employed, ensured all elements of Appendix 1 have been completed?

Signed and dated the applicant agreement?

Ensured a practice educational audit has been completed?

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

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