**APPLICATION FOR PRESCRIBING COURSE - V150 ONLY**

**Guidance:** All applicants wishing to complete a Prescribing course must complete this form alongside the on-line University of Wolverhampton application form.

**This form should be submitted to the Trust Non-Medical Prescribing (NMP) Lead prior to the applicant completing the HEI application form.**

The term **Designated Prescribing Practitioner (DPP)** is used throughout this framework to describe the designated practitioner responsible for the non-medical prescribing trainee’s practice learning time. It acts as an umbrella term to bring a number of different profession-specific titles, used by professional regulators the NMC, HCPC and GPhC, that are covered by the term DPP (when applied in the context of prescribing training). For NMC Registrants this is the Practice Assessor.

|  |
| --- |
| **Sections 1, 2 & 3** – All applicants to complete |
| **Section 4** – Designated Prescribing Practitioner (DPP) & Practice Supervisor |
| **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 |

**SECTION 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Details** | | | |
| **Place of Study (HEI)** |  | **Start Date** |  |
| **Level of Study** | 6 (Degree) 🞏 | 7 (Masters) 🞏 | |
| **Type of Prescriber** | Community Practitioner (V150) 🞏 | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 require an enhanced DBS from their current employer undertaken in the last 3 years prior to the course start date** | | | |

**SECTION 2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  | |

**SECTION 3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requirements for Prescribing** | | | | | |
| **Professional Qualifications attained** | | | | | |
| **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?** | | | | | **\*Yes🞏 No**🞏 |
| **\*If yes please give reasons for NOT completing the course** | | | | | |
| **Please provide evidence of your ability to study at degree level:** | | | | | |
| **Have you been deemed competent by an appropriate Professional Colleague, in clinical assessment and diagnosis prior to being put forward for this course (see professional regulations for guidance re competence)?**  **Please give details:** | | | | | |
| **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 (candidates are usually required to have worked for a minimum of 1 years in the area they will be prescribing in. Please indicate range of medication that you anticipate will be prescribed)** | | | | | |

**SECTION 4**

|  |  |  |  |
| --- | --- | --- | --- |
| **ALL Designated Prescribing Practitioners & Practice Supervisors** | | | |
| **Nurses or Midwives Prescribing Students: 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 on the NMC website and available** [**here**](https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/) | | | |
| **ALL DPPs to complete:** | | | |
| **Please confirm that you are:** | | | |
| **Registered with your own professional regulator** | | | **Yes 🞏 No 🞏** |
| **Annotated as a prescriber by your professional regulator** | | | **Yes 🞏 No 🞏** |
| **Able to demonstrate you meet all the competencies within the Competency Framework for All Prescribers (RPS2016). Available** [**here**](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf) | | | **Yes 🞏 No 🞏** |
| **Able to demonstrate you meet all the competencies within the Competency Framework for DPPs (RPS2019). Available** [**here**](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf?ver=2019-12-18-150746-160) | | | **Yes 🞏 No 🞏** |
| **Have you attended a training event/completed an on-line training event to support and assess a prescribing student in practice?** | | | **Yes 🞏 No 🞏** |
| **Name of DPP*(Please print)*** |  | | |
| **Speciality** |  | | |
| **Professional registration number** |  | | |
| **Number of years as an active prescriber** |  | | |
| **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 65 hours in their prescribing role during clinical placement, alongside other relevant prescribing professionals in partnership.** | | | |
| **Signature** | **Date** | | |
|  | | | |
| **Practice Supervisor for supervision and assessment of Nurse or Midwife Applicant** | | | |
| **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 🞏** |
| **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 🞏** |
| **Do you have experience of teaching and supporting students in the clinical area?** | | | **Yes 🞏 No 🞏** |
| **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 🞏** |
| **NB it should be noted that in exceptional circumstances and due to the clinical area in which the Prescribing student is working, the PS and PA can be the same person** | | | |
| **Name of Practice Supervisor**  ***(Please print)*** | |  | |
| **Speciality** | |  | |
| **Professional registration number** | |  | |
| **Number of years as an active prescriber** | |  | |
| **Work address** | |  | |
| **Telephone number** | |  | |
| **Email address** | |  | |
| **I confirm that I have agreed to supervise, support and assist with assessing the applicant to enable the completion of a minimum of 65 hours (nurses)** | | | |
| **Signature** | | **Date** | |

**SECTION 5**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trust Approval-Line Manager Confirmation** | | | |
| **Please confirm the following:** | |  | |
| 1. Agreement for the applicant to be released for a minimum of:  12 study days with additional 65 hours supervised practice (Nurses/Midwives)    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 I have read Appendix 1, and that non-medical prescribing is included in the applicants Job description (JD) or a letter of empowerment to prescribe within the Trust 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** |  |

**SECTION 6**

|  |  |  |
| --- | --- | --- |
| **Trust Approval - Agreement by the Non-medical Prescribing lead** | | |
| **I have read Appendix 1 and confirm Non-medical prescribing lead agreement to the PS and PA (for nurses and midwives) and PE (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** |

**SECTION 7**

|  |  |  |
| --- | --- | --- |
| **Funding – to be completed by Budget Holder** | | |
| **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 Trust/organisation** | | **🞏** |
| **OR Other (please specify)** | | **🞏** |
| **Budget Holders signature & date** |  | |
| **Budget Holder code** |  | |

**SECTION 8**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant (Student) Agreement** | | | |
| * I agree to communication between my employer, NMP lead for my Trust/Organisation and the University I am attending 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 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** |  |

**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 Designated Prescribing Practitioner (DPP) and discussed learning objectives and methods for supervision  Attend all supervisory sessions with DPP/Practice 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  All NMC registrants must only prescribe once their prescribing qualification has been annotated on the NMC register and must only prescribe from the formulary they are qualified to prescribe from and within their competence and scope of practice  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 |
| **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 and has been working in the clinical area in which they intend to prescribe (for part-timers, it is the equivalent years’ experience)  Understands that 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 DPP and Practice Supervisor  Agrees with choice of DPP and Practice Supervisor (nurses and midwives), who are suitably experienced and qualified to undertake this role effectively and have attended / undertaken the local HEI training course to equip them for this role.  **NB. Only in exceptional circumstances can the same person fulfil the role of practice supervisor and practice assessor for the part of the programme where the student is undergoing training in the practice learning setting (NMC, 2018).** |
| Confirms Trust 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  Understands all registrants must record their prescribing qualification. Individuals have a duty to comply with their registering bodies regulations. NMC registrants must record their qualification within five years of successful completion of the course  Understands NMC registrants can only prescribe once their prescribing qualification has been annotated on the NMC register and they may only prescribe from the formulary they are qualified to prescribe from and within their competence and scope of practice |
| **Non-medical Prescribing Lead** |
| Confirms Trust 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 DPP and Practice Supervisor are appropriate  **NB. Only in exceptional circumstances can the same person fulfil the role of practice supervisor and practice assessor for the part of the programme where the student is undergoing training in the practice learning setting (NMC, 2018).**  Maintains database of all prescribers  Represents Trust at meetings such as NHS West Midlands Non-Medical Prescribing Forum 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 |
| **DPP** |
| 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. N.B. A minimum of one years’ prescribing practice  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 and assessment 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 student supervision and assessment (2018)  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  **NB. Only in exceptional circumstances can the same person fulfil the role of practice supervisor and practice assessor for the part of the programme where the student is undergoing training in the practice learning setting (NMC, 2018).** |
| **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 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 student supervision and assessment (2018)  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  **NB. Only in exceptional circumstances can the same person fulfil the role of practice supervisor and practice assessment for the part of the programme where the student is undergoing training in the practice learning setting (NMC, 2018).** |

**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?

Signed and dated the applicant agreement?

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

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