**SCHOOL OF NURSING and HEALTHCARE LEADERSHIP**

APPLICATION FORM – PRESCRIBING FOR HEALTHCARE PROFESSIONALS (Allied Healthcare Professionals)

Please complete in black ink in block letters in the spaces provided. When completed please scan and e-mail it to:

[admissionshealth@bradford.ac.uk](mailto:admissionshealth@bradford.ac.uk)

**PART A: TO BE COMPLETED BY THE APPLICANT**

**IF YOU ARE A CURRENT STUDENT PLEASE PROVIDE YOUR UoB Number:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Last Name: | | 2. Title: Miss/Mr/Mrs/Ms/Other: | |
| 3. Forenames in full: | | 4. Previous Last Name *(if applicable)* | |
| Nationality: | Country of Birth: | | Country of Residence: |
| 5. NMC/HCPC registration or  PIN no (required): | | 6. Date of Birth: | |
| 7. Occupation (please tick the appropriate box)  Paramedic  Physiotherapist  Podiatrist  Therapeutic Radiographer   Diagnostic Radiographer  | | | |
| 8. Have you undertaken/started a prescribing module at any other Higher Education Institution? If ‘yes’  Please give details: | | | |
| 9. Home or Permanent Address:  Daytime Telephone Number:  E-mail address: | | | |
| 10. Address for correspondence if different from the above: | | | |
| 11. Work Address:  Telephone Number/Extension:  Contact person for messages: | | | |
| 12. Professional Qualifications:  Qualification Institution Date Studied/Completed | | | |
| 13. Employment/Registration:  a) Have you been registered with the NMC for a minimum of two years prior to application for entry onto the  programme or the part-time equivalent? **Yes/No/NA**    **OR**  b) Have you been registered as a physiotherapists or Podiatrist with the HCPC for a minimum of two years prior to application for entry onto the programme or the part-time equivalent? **Yes/No/NA**    **OR**    c) Have you been registered as a paramedic with the HCPC for a minimum of three years prior to application for entry onto the programme or the part-time equivalent? **Yes/No/NA**  d) Have you been working for at least a year in the area of practice in which you intend to  prescribe? **Yes/No**  e) Have you ensured that you will separate your prescribing role from the dispensing and/or  the administration of your prescribed medicines? **Yes/No**  f)Are you capable of safe and effective practice in your intended area of prescribing practice  to undertake the following:  i) Clinical/health assessment **Yes/No**  ii) Diagnostics/care management **Yes/No**  iii) Planning and evaluation of care **Yes/No** | | | |

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| --- |
| 14. Employment:  a) Length of time employed in the profession since qualification:  b) Clinical area in which you will prescribe (this should be an identified specific area like hypertension or alcohol withdrawal and not broad like chronic diseases or Mental health) and length of time you have worked in this clinical area: |
| 15. **Please attach an up-to-date Curriculum Vitae**  **Please also provide a supporting statement with this application form (download the form from the web**  **pages)** **that covers the following areas:**  Name, job title, place of work, professional qualifications, academic qualifications including level & dates,  work experience, study interests and professional activities, continuous professional development  arrangements and how this course will help you develop prescribing practice: |

Signed Applicant Declaration:

I confirm that the information I provided is correct and that, in this application, I have read and abided by the:

* Health & Care Professions Council (HCPC) Standards for Prescribing (2018)

OR

* Nursing & Midwifery Council (NMC) Standards for Prescribing Programmes (2018)

Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16. MANAGER’S SUPPORT FORM**

|  |  |
| --- | --- |
| **Name of Applicant:** | |
| **Name of Manager (please print):** | |
| **Job Role of Manager:** | |
| **Manager’s Contact Tel No:** | **Manager’s e-mail address:** |

|  |
| --- |
| **Name of Supervisor of Manager (please print):**  **Signature of Manager:**  **Date:** |

|  |  |
| --- | --- |
| The applicant’s HCPC or NMC Registration has been confirmed | **Yes/No** |
| The applicant’s post is one in which they will have the need and opportunity to act as an independent prescriber and/or supplementary prescriber | **Yes/No** |
| The applicant is suitable to engage in a prescriber role | **Yes/No** |
| The applicant has sufficient knowledge to apply prescribing practice taught on the course to their own area of practice | **Yes/No** |
| The applicant has a criminal conviction check (Disclosure and Barring Service – DBS) which has been completed within the last 3 years and has been seen by the manager | **Yes/No** |
| The applicant has been assessed as capable of safe and effective practice in their intended area of prescribing practice to undertake the following:   * Clinical/Health assessment * Diagnostics/care management * Planning and evaluation of care | **Yes/No** |
| The applicant has been assessed as competent in the therapeutic area they will prescribe see  page 3 | **Yes/No** |
| The applicant will be supported during their training and have access to 90 hours of protected learning time | **Yes/No** |

|  |  |
| --- | --- |
| The applicant will have access to continuing professional development opportunities on completion of the course | **Yes/No** |
| The applicant will work within a robust clinical governance framework on completion of the  course | **Yes/No** |
| The applicant will separate their prescribing role from the dispensing and/or administration of medicines | **Yes/No** |
| The applicant will have access to a budget to meet the costs of their prescriptions on completion of the course | **Yes/No** |
| I have seen the applicant’s completed application forms and agree to him/her undertaking the course for use in the professional practice area indicated | **Yes/No** |

|  |
| --- |
| Reference |

**Signature of Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**17. IF YOU ARE SELF-EMPLOYED PLEASE COMPLETE THE SECTION BELOW:**

Please indicate your agreement (tick box) and sign

1. I am self-employed 
2. I, the student will be enabled to attend study days to undertake directed learning as required and to undertake prescribing practice days 
3. I am competent in my area of practice 
4. If you are an NMC professional - I have access to a practice supervisor and a separate practice assessor to support my prescribing journey - Yes  No  n/a 
5. Independent practitioners must supply a Disclosure and Barring Service enhanced disclosure document completed in the last 3 years. The Faculty of Health Studies may be able to facilitate independent

practitioners’ application for a disclosure document. 

If you have been convicted of a relevant criminal offence since your last check you must tell us.

Applicant self-declaration (please tick):

I do not have any criminal convictions/cautions/bind-overs 

I have not had a criminal conviction since my last criminal convictions check 

I have a criminal conviction 

1. I enclose a copy of my DBS certificate 
2. I enclose a Clinical Prescribing Audit form – [Click here to download](https://www.bradford.ac.uk/course-application-forms/Pre-course-clinical-placement-audit.docx) 

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Approved by Course Leader:

Name:

Signature:

**SCHOOL OF NURSING and HEALTHCARE LEADERSHIP**

APPLICATION FORM – PRESCRIBING FOR HEALTHCARE PROFESSIONALS

**ALLIED HEALTHCARE PROFESSIONALS ONLY**

**PART A: TO BE COMPLETED BY THE DESIGNATED PRESCRIBING PRACTITIONER**

|  |  |
| --- | --- |
| NAME: | |
| Work-based address:  Postcode:  Tel no: | Preferred contact arrangements:  Telephone:  E-mail:  Secretary/Admin |
| Employer: | |
| DEPARTMENT OF HEALTH – DESIGNATED PRESCRIBING PRACTITIONER CRITERIA  (Allied Health Professionals)  Are you a General Practitioner  YES  NO   and do you hold a vocational training certificate or an equivalent that is recognized by the Joint Committee for Post Graduate Training in General Practice or an equivalent exemption certificate?    YES  NO  **OR**  Are you a specialist registrar, clinical assistant or consultant within an NHS Trust or other NHS employer with 3 years recent prescribing experience in a relevant field of practice?  YES  NO   Have you had 3 years recent prescribing experience in a relevant field of practice?  YES  NO   Do you have the support of the employing organization or GP practice to act as a designated prescribing practitioner who will provide supervision, support and opportunity to develop/acquire competence in prescribing practice?  YES  NO  | |

|  |
| --- |
| Do you have experience in training, teaching and/or supervising in practice?  YES  NO   Please offer details below:  Have you been an assesor/DMP for a prescribing student before?    YES  NO  |

|  |  |
| --- | --- |
| **QUALIFICATIONS** | |
| Professional  Date:  GMC Registration Number: | Academic  Date |
| Teaching/Mentor Qualification(s) | |
| Have you been an assessor/DPP for a prescribing student before? | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Following completion of the application form, please ensure that the form is signed below by the Organisation (NHS Trusts) Non-medical Prescribing (NMP) lead. If your organisation does not have a NMP lead, please complete the practice audit form ( see page 6).**

|  |
| --- |
| **Name of Organisation Non-medical Prescribing Lead (please print)** |
| **Name of NHS Trust** |
| **Signature of Non-medical Prescribing Lead**  **Date** |

**Checklist for Application**

In order for us to Process your Application, please make sure you have completed all sections of the form and included all documents. Only fully completed applications will be considered. Incomplete application forms will not be considered and applicants will need to re-submit their application when they are completed in full.

All applications received will be considered by the programme lead once the submission deadline has passed.

Curriculum Vitae

Completed Audit form (available via the link on page 6), if your organisation does NOT have a Non – Medical Prescribing Lead.

Copy of DBS certificate if your line manager has not signed to say they have seen one.

Copy of highest qualification.

Are all sections of the application fully completed and signed by the relevant people?

**Information for Healthcare Students or Staff Considering Supporting a Student on the Independent & Supplementary Prescribing Course at the University of Bradford**

**Summary of Independent & Supplementary Prescribing**

This course prepares eligible NMC registrants (nurses, midwives, or specialist community public health nurses) and eligible HCPC registrants (physiotherapists, podiatrists, therapeutic radiographers and advanced paramedics) to prescribe as both an independent & a supplementary prescriber.

**Summary of the course**

This 30-credit master’s level course is studied on a part time basis. It comprises 14 taught days in the University which are compulsory. In addition, students must spend 90 hours of supervised practice. There are 4 assessment elements for this course; a MCQ and short answer exam, OSCE assessment a 3000-word written element comprising of a case study, and patch work assessment presented in a portfolio of evidence and a validated competency framework (RPS 2016). Students must pass all elements to pass the course.

**Practice Learning & Supervision**

**Nurses and Midwives**

Students must spend 90 hours of supervised practice supported by a practice supervisor and practice assessor. In exceptional circumstances, the same person may fulfil the role of practice supervisor and practice assessor for that part of the programme where the prescribing student is undergoing training in a practice learning setting.

The practice assessor must spend a minimum of 30 hours with the prescribing student. It is up to the practice assessor to ensure that they have spent sufficient time in direct contact with their student to be able to assess them as safe and competent. In addition, students will agree how much time is to be spent with their practice supervisor and other relevant practice experiences such as prescribing in other clinical areas, spending time with other professionals and NMP’s.

**The Role and Responsibilities of the Practice Supervisor (to be read in conjunction with NMC Standards for Student Supervision and Assessment, 2018)**

The practice supervisor act as a role model for safe and effective prescribing practice and must have current knowledge and experience of the area in which they are providing support, supervision and feedback. They will be responsible for providing safe and effective learning experiences for the student to observe clinical sessions, rehearse key clinical assessment and diagnostic skills under supervision, as well as prescribing according to the parameters of current legislation. The practice supervisor must provide the students with opportunities for independent learning. The practice supervisor must contribute to the student’s record of achievement by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising. They should contribute to student assessments to inform decisions on progression and have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the student they are supervising. They are expected to appropriately raise and respond to conduct and competence concerns with support from the practice assessor, managers, academic assessor and/or the course leader.

**The Role and Responsibilities of the Practice Assessor (to be read in conjunction with NMC Standards for Student Supervision and Assessment, 2018)**

The practice assessor must spend a minimum of 30 hours with the prescribing student. The practice assessor will be responsible for assessing the progress and overall competence in practice of the prescribing student against the Royal Pharmaceutical Society (2016) A Competency Framework for All Prescribers. The practice assessor should conduct assessments to confirm student achievement of proficiencies and course outcomes for practice learning. Sufficient opportunities should be available for the practice assessor to gather and coordinate feedback from practice supervisors and other relevant people in order to be assured about their decisions for assessment and progression. Assessment decisions by practice assessors are informed by feedback sought and received from practice supervisors. If conduct and competence concerns are raised, the practice assessor must liaise with the prescribing course leaders to ensure they are appropriately supported.

**The Role and Responsibilities of the Academic Assessor (to be read in conjunction with NMC Standards for Student Supervision and Assessment, 2018)**

An academic who is a registered healthcare professional with suitable equivalent qualifications for the programme the student is undertaking. The academic assessor will be able to offer ssupport for the student and Practice Assessor. Provide feedback to students throughout the programme to support their development as necessary for meeting the RPS competencies and programme outcomes. The academic assessor will:

Assess the student’s suitability for award based on the successful completion of a period of practic based learning relevant to their field of prescribing practice

Ensure that all programme learning outcomes are met, addressing all areas necessary to meet the RPS competencies. This includes all students:

Successfully passing a pharmacology exam (the pharmacology exam must be passed with a minimum score of 80%), and successfully passing a numeracy assessment related to prescribing and calculation of medicines (the numeracy assessment must be passed with a score of 100%

**Allied Health Professionals**

Students must spend 90 hours of supervised practice supported by a Designated Prescribing Practitioner (DPP). The DPP must spend a minimum of 30 hours with the prescribing student. It is up to the DPP to ensure that they have spent sufficient time in *direct contact* with their student to be able to assess them as safe and competent. In addition, students will agree how much time is to be spent with other relevant healthcare professionals.

**The Role and Responsibilities of the DPP**

**The DPP should be a GP, specialist registrar or consultant with 3 years recent prescribing experience in a relevant field of practice.** The DPP will be responsible for assessing the progress and overall competence in practice of the prescribing student against the Royal Pharmaceutical Society (2016) A Competency Framework for All Prescribers. The DPP should conduct assessments to confirm student achievement of proficiencies and course outcomes for practice learning. Sufficient opportunities should be available for the DPP to gather and coordinate feedback from other relevant people in order to be assured about their decisions for assessment and progression. If conduct and competence concerns are raised, the DPP must liaise with the prescribing course leaders to ensure they are appropriately supported.

**Establishing the Scope of the Student’s Prescribing**

Prior to the commencement of the course, it is important to establish with the student the likely medical or mental health conditions for which they will prescribe, the medications involved and whether independent or supplementary prescribing is indicated. This should also be negotiated and agreed with the student’s manager. Student are asked to declare on application that they are capable of safe and effective practice in their intended area of prescribing practice to undertake a clinical/health assessment, diagnostics and care as well as planning and evaluation of care.

**Support for the Practice Supervisor, Practice Assessors and DPP’s**

Opportunities for support and guidance on the roles of practice supervisor, practice assessor and DPP’s will be available on the first day of the prescribing course date/time TBC.

Opportunities for support and guidance on the roles of practice supervisor, practice assessor and DPP’s will be available on the first day of the prescribing course date/time TBC. A handbook will be provided. This can be accessed prior to that course starting by a request to [J.collins1@bradford.ac.uk](mailto:J.collins1@bradford.ac.uk)

Once the student starts the course, ongoing support can be obtained from the student’s academic assessor or course leaders.

Jane Collins / Justine Raynsford

[J.collins1@bradford.ac.uk](mailto:J.collins1@bradford.ac.uk) / [J.raynsford@bradford.ac.uk](mailto:J.raynsford@bradford.ac.uk)

Programme leads

Prescribing for Healthcare professionals programme

Faculty of health Studies

School of Nursing and healthcare leadership

University of Bradford

Bradford

**Course Information can be found at:** [**https://www.bradford.ac.uk/courses/cpd/prescribing-for-healthcare-professionals/**](https://www.bradford.ac.uk/courses/cpd/prescribing-for-healthcare-professionals/)

**Nursing & Midwifery Council Standards for Prescribing Programmes can be found at:**

<https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/standards-for-prescribing-programmes/>

**Royal Pharmaceutical Society’s Prescribing Competency Framework can be found at:**

<https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>

**Health & Care Professions Council Standards for Prescribing can be found at:**

<https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/>