**Application from Pharmacists**

**Thank you for your enquiry on the Independent Prescribing Course (V300). Please complete the following questions before progressing on to the application form.**

**Question** **YES** **NO**

I have been qualified for at least 2 years

I have previously studied at degree level

(this can be a full degree or successfully

passed a module at degree level)

I will have worked in my area of speciality

for at least 12 months before the course

starts in September.

Attached evidence of your CPD activity  

I will be able to attend all lectures which

are held every Thursday from the beginning

of September up to Christmas.

I have the support of my manager to do

this course. For independent pharmacists only,

have you included a character reference

I have identified a designated medical

practitioner who is willing to support and

assess me for this course, and is willing

 to record summative assessments in practice

**If you have answered YES to all of the above questions then please complete the application form. If you have answered NO to any of the above, unfortunately we cannot consider an application from you at this moment in time.**

**Applications must be completed in full and returned to the School of Healthcare Sciences before the end of June. Applications submitted after this date will not be considered.**

Notes for applicants:

This nomination form for Non-Medical Prescribing is in 4 different sections and

all of these need completing and signing by different people.

* Section one: this needs completing and signing by the nominee/applicant.
* Section two: this needs completing and signing by the nominee's line manager or employer.
* Section three: this needs completing and signing by the designated medical practitioner who has agreed to provide support for the 90 hours of practice.
* Section four: this needs completing and signing by the Local Health Board Non-Medical Prescribing Lead once all the other sections have been completed.

Once all these sections have been completed fully, please return to the School of Healthcare Science’s school manager. Failure to have all the form completed will result in the application form being returned, and may delay the commencement of the course.

*Checklist to be completed prior to sending form into the University:*

*Section one fully completed including:*

*Correct PIN number (this gets checked by the HEI), DBS declaration and evidence provided, list of drugs prescribed.*

*Section two:*

*Manager to sign at the end of sections 2b and 2c*

*Section three:*

 *DMP has fully completed all details, signed and stamped application form.*

 *(CMC registration numbers will be checked by the HEI)*

 *DMP has confirmed they meet eligibility criteria 1*

 *DMP has signed practice placement quality section*

*Section four:*

*Signed by Local Health Board NMP lead. Please note this is not the same as your DMP but is the person responsible for non-medical prescribing in your organisation.*

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**Nomination form for Non- Medical Prescribing ( Independent Prescribing)**

 **All parts MUST completed and signed - PLEASE PRINT CLEARLY.**

|  |  |
| --- | --- |
| Start date: |  |

Section 1: to be completed by nominee/applicant

|  |  |
| --- | --- |
| First Name(s) |  |
| Surname: |  |
| Title (Mr/Mrs/Ms/Dr/other): |  |
| Previous Surname: |  |
| Date of Change (if applicable): |  |
| Date of Birth: |  |
| National Insurance No: |  |
| Regulatory body (please tick) | □ General Pharmaceutical Council (GPhC)□ Pharmaceutical Society of Northern Ireland  |
| PhC / PSNI Practising Registration No: |  |
| Employer /Health-Board/Trust: |  |
| Job title: |  |
| Work Address: |  |
| Postcode: |  |
| Work Telephone number: |  |
| Work Email address: |  |
| Home Address: |  |
| Postcode: |  |
| Home telephone number: |  |
| Home Email address: |  |
| Mobile phone number: |  |

|  |  |
| --- | --- |
| Country of birth |  |
| Nationality |  |
| Country of domicile/area of permanent residence |  |
| Applicants not born in the United Kingdom only | **Date of first entry to the UK** | **Day: Month: Year:** |
| **Date of most recent entry to the UK (apart from holidays)** | **Day: Month: Year:** |
| **Date from which you have been granted permanent residence in the UK** | **Day: Month: Year:** |
| **If you are a non-British EU national who is not living in the UK, will you have been living in the EU for 3 years by 1" September of the year in which the course begins?** | **□** YES**□** NO |
| Professional Qualificationsand date obtained: (include all **degrees, short courses and courses leading to registration)** |  |
|  |
| Level applied for (BSc or Masters) |  |
| Do you have the required amount of post registration clinical experience?**Q** Pharmacists: two years' appropriate patient orientated experience practising ina hospital, community or primary care setting following their pre-registrationyear after graduation. | □ YES□ NO |
| **For Independent/private practitioners only**You will need to submit a statement of good character /reference with your application form from your current employer or appropriate professional |  |
| **Have you previously commenced but not completed a nurse prescribing / non-medical prescribing course?** | □ YES  NO  |
| If yes, please give details: |  |

 Please indicate which area of practice best reflects the majority of your work:

|  |  |
| --- | --- |
| Community Pharmacist |  |
| Hospital Pharmacist |  |
| Primary care pharmacist |  |
| Other pharmacist - please specify: |  |
|  |  |

**Section 1a: Additional Information: Please provide a short statement, on the following page, outlining the reasons for applying for this course, a list of what you intend to prescribe and how Non- Medical / Independent Prescribing will enhance your patient care**

**N.B.**

***Pharmacists: are required to identify an area of clinical practice in which to develop their prescribing skills. It is a prerequisite of admission to the course, that the pharmacist is able to demonstrate appropriate on- going CPD and how they will develop their own networks of support with other prescribers. You must make sure that you are able to provide evidence of your CPD to the course co-ordinators .***

This Page MUST be completed by the applicant;

Disclosure and barring service

**All prospective students should be aware that for courses in health or with children and vulnerable adults, any criminal convictions, including sentencing and cautions (including verbal cautions), reprimands, final warnings and bind-over orders are exempt from the rehabilitation of offenders act 1974. During your application for non medical prescribing training we will ask you to apply for and supply a criminal convictions check. Please contact the school manager to request a DBS application pack (Tel: 01248 383136). This will need submitting for processing prior to commencing the course.**

**You will need an 'enhanced disclosure document" from the Disclosure and barring service , or the Scottish Criminal Records Office Disclosure Document Service. This means that if the criminal record check identifies that you have a conviction, this information will be made available to us. Furthermore, if you are convicted of a criminal offence after you have applied, you must tell us.**

**Applicant Self Declaration. (Enter X in the appropriate box)**

**I have a criminal conviction**

**I have not had a criminal conviction since my last criminal conviction check**

**I have never had a criminal conviction**

**Signed: Date:**

**You will need to have a current DBS via the School of HealthCare Sciences in order to undertake this course**

**Section 2: to be completed by line manager/employer**

This is divided into 4 sub- sections: general information, release of staff for the course, DBS checks and verification of competence in assessment/diagnosis.

**Section 2a: general information about the nominee** (to be completed by line manager/employer where **applicable)**

**All parts MUST be completed**

|  |  |
| --- | --- |
| Is the nominee a regulated pharmacist and eligible to undertake independent prescribing preparation? | Yes/No |
|  Please indicate the nominees level of academic attainment:-  MA/MSc  Degree  | Yes/No |
| Does the pharmacist have a recognised qualification or experience and ability in diagnostics and physical examination skills to enable him/her to apply non­medical prescribing skills to their intended area of prescribing practice | Yes/No |
| Does the nominee have:  **two years' appropriate patient orientated experience practising in****a hospital, community or primary care setting following their pre-registration****year after graduation**  | Yes/No |
| Does the nominee have a medical prescriber willing to supervise the student for the 12-day (90 hours) 'learning in practice' element of the preparation? | Yes/No |
| Does the nominee have the commitment of his/her employer to enable access to a prescribing budget and make other necessary arrangements for prescribing practice on successful completion of the course? | Yes/No |
| Will the pharmacist l be prescribing regularly from central funding in order to provide maximum benefit to patient? | Yes/No |
| Has the organisation considered the options of prescribing/ preparation within the context of Patient Group Directions? | Yes/No |
| Has the pharmacist nominee identified an area of clinical practice in which todevelop their prescribing skills**.** | Yes/No |
| Has the pharmacist up to date clinical, pharmacological andpharmaceutical knowledge relevant to their intended area of practice | Yes/No |

**Section 2b: release from practice for duration of course (38 days)** (**to be completed by line**

**manager/employer where applicable)**

**Line Manager/Employer agreement to a minimum release from practice for both taught theory and medical supervision. (26 days theory *equivalent and* 12 days (90 hours) practice)**

As this is a recordable qualification with a regulatory body, contact day attendance and recorded achievement of all theory and practice hours are mandatory (irrespective of mode of delivery). Students will be unable to record their qualification until all learning hours and assessments are achieved.

Some universities operate a blended learning approach to the programme whereby the 26 contact days are split between university attendance and distance learning. This approach improves flexibility of release time required, but does not reduce the total mandatory time needed for study by the student.

As line manager, I confirm that the nominee has received an **appraisal of their suitability to prescribe** and **confirm full** release support, totalling a minimum of 38 days equivalent, and that the applicant will have a prescribing role on completion of the programme.

Name:

Job title:

Organisation:

Signed: Date:

Section 2c: verification of competence in assessment/diagnosis

|  |
| --- |
| As a line manager/employer or referee will need to confirm the following:1. The pharmacist is competent to take a patient history, undertake a clinical assessment within the area and field of practice they intend to prescribe.2. There is a clinical need within the registrant's role to justify prescribing3. The pharmacist has sufficient prior knowledge to apply prescribing principles taught onthe programme of preparation to their own area and field of practice4. The pharmacist has appropriate numeracy skills to undertake drug calculations (to befurther developed within the context of prescribing and assessed on the course) |
| Name (please print): | Job title: Organisation: |
| Signed: | Date: |

**Section 3: to be completed by the designated medical practitioner (DMP)**

**This section is divided into three parts: general information about the DMP, eligibility criteria and confirmation of practice placement quality.**

**Section 3a: details of the Designated Medical Practitioner (DMP)**

|  |  |
| --- | --- |
| Name of DMP: |  |
| Area of practice: |  |
| Title/position: |  |
| Qualifications: |  |
| CMC registration no: |  |
| Local Health Board: |  |
| Work address: |  |
| Post code: |  |
| Telephone number: |  |
| Email address |  |
| I agree to facilitate 12 days (7.5 hours per day) / 90 hours clinical practice supervision. I also agree to be recorded for the quality assurance purposes when the pharmacist is undertaking the clinical assessment with patientsSigned:Date:Official hospital/practice stamp: |

 **Section 3b: eligibility criteria for designated medical practitioners.**

Doctors must meet **all the criteria** below. Please tick the box to confirm that you fit the criteria.

**The doctor must be a registered medical practitioner who:**

a Has normally had at least 3 years recent clinical experience for a group of patients/clients in the relevant field of practice

b Is within a GP practice and is either vocationally trained or is in possession of a certificate or equivalent experience from the Joint Committee for Post-Graduate Training in General Practice (JCPTGP) or is a specialist registrar, clinical assistant or a consultant within an NHS Local Health Board or other NHS employer

Has the support of the employing organisation or GP practice to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice

c Has some experience or training in teaching and / or supervising in practice

Normally works with the trainee prescriber. If this is not possible (such as community pharmacy), arrangements can be agreed for another doctor to take on the role of the DMP, provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role

d Is familiar with the requirements of the programme and the need for the nominee to achieve the learning outcomes.

**Section 3c: practice placement quality** (to be completed by **dmp**)

Designated Medical Practitioner to please read and complete the following quality statement

As part of the quality assurance process for practice placements, we would appreciate you reading the following statements extracted from the On-going Quality Monitoring Exercise 2006 standards (QAA), and confirm your potential placement area meets statutory requirements. Please contact the relevant programme leader for advice regarding this process if required.

**No. Standard statement**

1. Our policies and procedures within our practice placement areas reflect health and safety legislation, employment legislation and equality of opportunity
2. Our human resources management processes reflect current good practice in relation to recruitment, retention, development of staff and equal opportunities
3. Our staff understand and manage specific risks to students and risk assessment is carried out in practice placement areas
4. We ensure that students have access to appropriate books, journals, educational and IT facilities, including internet access, (where practicable) when they are in placements
5. We have mechanisms in place in placement areas to recognise early poor performance of students and for taking appropriate and prompt action
6. We provide all students with a named practice placement supervisor for the duration of that placement, who is appropriately qualified and experienced and meets relevant Regulatory body requirements
7. Our practice placement supervisors are aware of the students placement outcomes so that they are able to agree with the students an individual learning contract for the placement experience
8. We provide students with scheduled appointments with their practice placement supervisors at regular intervals to discuss their progress towards meeting their learning contract.
9. We take action on evaluation/feedback information that students give us on the quality of their placements and practice placement supervision received
10. We provide students with an orientation/induction to each practice placement
11. Our placement areas ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning
12. Our practice placements provide varied learning opportunities that enable students to achieve learning outcomes through:

observing skilled professionals deliver service and care participating, under supervision, in the delivery of treatment and care practising in an environment that respects users' rights, privacy and dignity

1 3 Our staff, who act as practice placement supervisors of students, demonstrate evidence-based teaching, assessment

and practice

1. We provide learning opportunities in placements that are appropriate to the level and need of the student and provide opportunities for inter-professional working
2. Our approach to assessment is that it is a continuous process with an adequate formative function that helps develop student abilities/intellectual skills and which leads to the judgement of achievement against agreed performance criteria
3. We have explicit aims, values and strategies to promote inclusion and equality for all and these are reflected in our work as placement providers within an equal opportunities policy that is periodically updated

17 We have effective measures for eliminating oppressive behaviour including all forms of harassment in our practice areas

1 8 The guidance and support we offer as a placement provider are sensitive to equality of opportunity

19. We will agree to allow a course leader to observe a training or assessment episode with the nominee to maintain consistency of supervision within DMPs area of expertise/or be recorded for quality assurance purposes

**I confirm all the above standards can be met whilst the student undergoes prescribing supervision**

Signature Date

**Exception reporting comments**

Please comment here ifany ofthe standards are at risk in the practice area.

|  |  |
| --- | --- |
| **Standard no.** | **Exception reporting comments** |
|  |  |
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**Section 4: to be completed by the Local Health Board Non-Medical Prescribing lead**

**Note:**

**Q Each Local Health Board has a Non-Medical Prescribing lead who must support this application.**

**□ Failure to have the form signed by the relevant NMP lead means that we cannot consider your application.**

 **This form must only be signed by the NMP lead once the other sections are completed.**

|  |
| --- |
| **Non Medical Prescribing Lead** |
| **Name (please print):** |  |
| **Local Health Board:** |  |
| **Telephone Number:** |  |
| **Email address** |  |
| **I agree with the above professional training for registration as a non-medical prescriber.****Signed: Date:** |
|  |