



North West Universities: NMP collaboration
Application form for Non-Medical Prescribing
(V300, Independent/Supplementary prescribing)

Notes for applicants:

The application process requires all applicants to meet criteria for appropriate governance of a prescribing role. **All** the sections of this form must be **completed** fully before submission to the relevant University. PLEASE PRINT CLEARLY. **Failure to complete the form fully and accurately may delay the commencement of the course.**

Universities may require applicants to meet additional entry criteria. Where this applies, details are available from the University.

Applicants should be aware that they may be required to meet their employing organisation's own criteria in advance of submission of an application. These criteria may include submission of a completed application form several months in advance of course start dates. Applicants are advised to contact Non-Medical Prescribing Leads in the employing organisation as early as possible in the process.

Section 1: to be completed by applicant

University applying to: (please circle)	Bolton Central Lancashire Chester Cumbria Edge Hill	Huddersfield (PhIF funded applicants only) Liverpool John Moores Manchester Manchester Metropolitan Salford
Preferred start date: (enter below) 	How is the course being funded? <input type="checkbox"/> CPD-Apply (record unique no.) <input type="checkbox"/> Pharmacy Integration Fund (<i>please circle PhIF pathway below and see additional notes on p.11</i>) General Practice Phase 2 / Care Homes / Urgent Care <input type="checkbox"/> Self-funding <input type="checkbox"/> Other (please state)	

Section 1a: personal details to be completed by applicant

First Name(s):	
Surname:	
Title (Mr/Mrs/Ms/Dr/other):	
Previous Surname:	
Date of Birth:	
National Insurance No:	
Regulatory body for registration: (please tick)	<input type="checkbox"/> Nursing and Midwifery Council (NMC) <input type="checkbox"/> Health and Care Professions Council (HCPC) <input type="checkbox"/> General Pharmaceutical Council (GPhC) <input type="checkbox"/> Pharmaceutical Society of Northern Ireland (PSNI)
NMC/ HCPC / GPhC / PSNI Regulatory body registration no:	

Job title:			
Employer / Trust:			
Work Address:			
Postcode:			
Work Telephone number:			
Work Email address:			
Date of commencing role above:			
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 1st September of the year in which the course begins?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Professional and Academic Qualifications: (include all degrees, short courses and courses leading to registration, most recent first)	<u>Course</u>	<u>Academic Level</u>	<u>Date obtained</u>
Please note: transcripts of the most recent and highest level academic study to be submitted to the University with the completed application form.			

<p>Do you have the required amount of post registration clinical experience?</p> <p><input type="checkbox"/> Nurses: Level 1 registrants, normally 3 years 'post-registration clinical experience, including one year preceding application in the clinical field in which they intend to prescribe'.</p> <p><input type="checkbox"/> Pharmacists: at least two years' appropriate patient-orientated experience in a UK hospital, community or primary care setting following their pre-registration year.</p> <p><input type="checkbox"/> AHPs: 3 years 'relevant post qualification experience'.</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>Are you applying for the course at degree level or Masters level? (to be eligible for M level study you are normally required to have a first degree. Please check with the University for details)</p>	<p><input type="checkbox"/> Degree level 3 (HE6)</p> <p><input type="checkbox"/> Masters level (HE7)</p>
<p>Have you previously commenced but not completed a non-medical prescribing course?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>
<p>If yes, please give details:</p>	

Section 1b: Criminal conviction check: applicant self-declaration

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 the University will ask you and your employer to confirm you have had a satisfactory, enhanced criminal convictions check (obtained from the Disclosure and Barring Service or the Scottish Criminal Records Office Disclosure Document Service) *or* if an independent practitioner, to apply for and supply an enhanced criminal convictions check. Please check with the University for their policy on this.

Furthermore, if you are convicted of a criminal offence after you have applied, you must tell the University.

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

I confirm that I have a satisfactory enhanced DBS check (or equivalent in Scotland), which has been obtained by my employing organisation within the three years prior to entry to the programme.

DBS issue no: _____ (*enter issue no*)

Issue date of DBS disclosure: _____ (*enter date*)

Signed (applicant):

Date:

Section 1c: to be completed by applicant

All applicants: a short statement should be provided which identifies an area of clinical practice in which applicants intend to develop their prescribing skills. It is also a prerequisite of admission to the course, that the applicant is able to demonstrate how they reflect on their own performance and take responsibility for their own Continuing Professional Development (CPD) including development of networks for support, reflection and learning.

Self-funded applicants: it is a requirement that self-funded applicants provide additional information relating to those specific elements of the entry criteria normally signed off by a NHS manager and NMP Lead. Please provide the following information:

- Your anticipated prescribing role on completion of the programme, including condition(s) for which you intend to prescribe
- How you have remained up to date with clinical, pharmacological and pharmaceutical knowledge relevant to your intended area of practice (Pharmacists only)
- Clinical governance processes that will be employed to support the safety of your prescribing
- Budget arrangements for your prescribing – e.g. using an NHS prescriber code, or private prescription

Section 2: to be completed by line manager / employer

This is divided into three sub-sections: suitability of the applicant to prescribe, release of staff for the course and enhanced DBS check. All parts MUST be completed.

Section 2a: suitability of the applicant to prescribe (to be completed by line manager/ employer)

Is the applicant a regulated Health Care Professional eligible to undertake NMP preparation? (Nurses should be first level registered nurses)	Yes / No
Does the applicant have evidence of the ability to study at degree level?	Yes / No
What is the applicant's highest level of academic attainment? Please tick ✓ below: <input type="checkbox"/> MA/MSc <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Other (please provide details)	Yes / No
Does the applicant have appropriate numeracy skills to undertake drug calculations (to be further developed within the context of prescribing and assessed on the course)?	Yes / No
Has the applicant successfully completed the numeracy assessment tool? (This is a mandatory pre-course assessment for students in the North West. Please contact Trust NMP Lead to organise this)	Yes / No
Does the applicant have at least 3 years* (2 years for pharmacists and optometrists) post registration clinical experience or part-time equivalent? <i>*for nurses the year prior to application must be spent in the clinical area in which the applicant intends to prescribe</i>	Yes / No
Does the applicant have a recognised qualification/experience and ability in diagnostics and physical examination skills to enable him/her to apply non-medical prescribing skills to their intended area of prescribing practice? (not applicable to pharmacists)	Yes / No / Not applicable
Does the applicant have a medical prescriber willing to supervise the student for the 12-day 'learning in practice' element of the preparation?	Yes / No
Is there a clinical need within the applicant's role to justify prescribing?	Yes / No
Has the organisation considered the options of prescribing/ preparation within the context of Patient Group Directions?	Yes / No
Does the applicant 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 applicant be prescribing regularly from central funding in order to provide maximum benefit to patient?	Yes / No
Has the applicant an area of clinical practice in which to develop their prescribing skills?	Yes / No
Pharmacists Only Has the pharmacist applicant up to date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of practice?	Yes / No
As the applicant's Line Manager I confirm the above: Signed: _____ Date: _____	

Section 2b: (to be completed by line manager / employer) confirmation of:

1. release from practice for duration of course (38 days) and
2. applicant's suitability to prescribe
3. applicant's prescribing role on successful completion of the programme

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

As this is a recordable qualification with a professional 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 this *does not reduce* the total mandatory time needed for study by the student.

2. Line Manager / Employer confirmation of good health and character to enable safe and effective practice

The applicant's line manager should confirm that the applicant is of good health and character to enable safe and effective practice.

3. Line Manager / Employer confirmation of applicant's prescribing role on successful completion of the programme

The applicant's line manager should confirm their intention that the applicant will have a prescribing role on successful completion of the programme.

As line manager, I confirm that the applicant has received an **appraisal of their suitability to prescribe** and is of **good health and character** to enable safe and effective practice. I confirm **full release support**, totalling a minimum of 38 days equivalent, to undertake the programme of preparation as a prescriber, and that the applicant **will have a prescribing role** on completion of the programme.

Name (please print):

Job title:

Organisation:

Email address:

Signed:

Date:

Section 2c: Disclosure and Barring Service check (to be completed by line manager / employer of all applicants).

Requirements for NMC registrants:

The NMC (circular 09/2007) requires “all registrants must have an up to date CRB check i.e. within the last three years, before they commence educational preparation to prescribe as a Nurse Independent Prescriber”.

NMC Standards (2006 p.10) require employers to have the “necessary clinical governance infrastructure in place (including a Criminal Records Bureau check) to enable the registrant to prescribe once they are qualified to do so”.

Therefore, the NMC require registrants to provide evidence of a recent enhanced DBS to the University **on application to the educational programme**. The NMC identify this as the responsibility of the employer and the DBS must have been obtained by the applicant’s employing organisation within three years of the programme start date. The Universities do not undertake DBS checks on NMC registrants.

Requirements for HCPC registrants:

The Outline Curriculum Frameworks (ahpf, 2016) for Allied Health Professionals also state that “employers should undertake an appraisal of a registrant’s suitability to prescribe before they apply for a training place. Employers must also have the necessary clinical governance infrastructure in place (including relevant Disclosure and Barring Service check) to enable the registrant to prescribe once they are qualified to do so”.

Therefore, the HCPC require registrants to provide evidence of an enhanced DBS check to the University **within the last three years prior to entry** to the programme.

As the HCPC identify this as the responsibility of the employer the Universities do not undertake DBS checks on HCPC registrants.

Requirements for GPhC registrants:

Universities may also require pharmacists to provide evidence of a recent, satisfactory enhanced DBS check, and the applicant should confirm the requirements of the University to which they wish this application form to be submitted.

Line manager declaration

I understand that the University will not undertake a DBS check and that all applicants are required to have an enhanced DBS check **within the last three years prior to entry** to the programme.

I can confirm that the applicant has a satisfactory enhanced **DBS** check (or Scottish equivalent) **obtained by their employing organisation** and within the period identified above.

DBS issue no: _____ (enter issue no)

Issue date of **DBS** disclosure: _____ (enter date)

Signed (manager):

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:	
GMC registration no:	
Employing organisation:	
Work address:	
Post code:	
Telephone number:	
Work email address:	

I agree to facilitate 12 days/ 90 hours clinical practice supervision.

Name (please print):

Signed: _____ **Date:** _____

Official hospital / practice stamp:

Section 3b: eligibility criteria for Designated Medical Practitioners

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

The doctor must be a registered medical practitioner who:	<i>Please tick (✓)</i>
Has normally had at least 3 years recent clinical experience for a group of patients/clients in the relevant field of practice	
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 Trust or other NHS employer	
Has some experience or training in teaching and / or supervising in practice	
Is familiar with the requirements of the programme and the need for the applicant to achieve the learning outcomes	
Normally works with the trainee prescriber. If this is not possible (such as in nurse-led services or 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	
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	
Is sufficiently impartial to the outcome for the student and, wherever possible, should not be the same person sponsoring the students to undertake the programme.	
<p>For more information on the role of the DMP please see ‘Training non-medical prescribers in practice: a guide to help doctors prepare for and carry out the role of designated medical practitioner’. Available at: http://www.webarchive.org.uk/wayback/archive/20140627112130/http://www.npc.nhs.uk/non_medical/resources/designated_medical_practitioners_guide.pdf</p>	
<p>As the applicant’s Designated Medical Practitioner I confirm I meet the above criteria:</p> <p>Signed: _____ Date: _____</p>	

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

As part of the quality assurance process for practice placements, DMP to please read and confirm the placement area meets statutory requirements (Ongoing Quality Monitoring Exercise, QAA 2007 standards). Please contact the relevant programme leader for advice regarding this process if required.

Standard statement	Please tick (✓)
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	
13. Our staff, who act as practice placement supervisors of students, demonstrate evidence-based teaching, assessment and practice	
14. We provide learning opportunities in placements that are appropriate to the level and need of the student and provide opportunities for inter-professional working	
15. 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	
16. 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	
18. The guidance and support we offer as a placement provider are sensitive to equality of opportunity	
<p>I confirm all the above standards can be met whilst the student undergoes prescribing supervision. (If there are any exceptions, please identify these on a separate page)</p>	
Signature:	Date:

Section 4: to be completed by the Non-Medical Prescribing Lead

(Please note this is the person responsible for non-medical prescribing in your organisation)

Non-Medical Prescribing Lead	
Name (please print):	
Employing organisation:	
Telephone Number:	
Email address:	
Applicants within the Health Education England – North West region only:	
➤ Non-Medical Prescribing Leads facilitate access to the numeracy tool which must be completed and passed before submitting this application form to the University.	
Numeracy tool completed and passed:	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date completed: _____	
Non-Medical Prescribing Lead for all applicants:	
I agree with the above professional training for registration as an Independent/Supplementary prescriber.	
Signed:	Date:

Notes for applicants:

All the sections of this form **must be completed fully** before submission to the relevant University. **Failure to complete the form accurately will result in the application form being returned, and may delay the commencement of the course.**

Universities may require applicants to meet additional entry criteria. Where this applies, details are available from the University.

Applicants funded by the Pharmacy Integration Fund (PhIF) should include a statement of support (email) from their PhIF-funded education pathway Education Supervisor to confirm eligibility to access a PhIF-funded place.

Universities will contact the applicant on receipt of this application. If applicants are uncertain whether their application has been received, they should contact the University using the contact details on the page below.

Applicants are encouraged to keep a copy of the completed application in case this is needed for future reference.

University contact details

(Application forms should be returned to one university of choice only)

University of Bolton

Emma Street, Senior Lecturer
Room T3 – 12, Eagle Tower
The University of Bolton
Deane Road
Bolton BL3 5AB
Email: es8@bolton.ac.uk
Tel: 01204 903780

University of Central Lancashire

Health CPD, Brook Hub
School of Community Health & Midwifery
University of Central Lancashire
Preston PR1 2HE
E-mail: healthcpd@uclan.ac.uk
Tel: 01772 893839

University of Chester

Anne Ashford
Admissions Department
University of Chester
Riverside Campus
Castle Drive
Chester CH1 1SL
Email: a.ashford@chester.ac.uk
Tel: 01244 512573

University of Cumbria

Postgraduate and CPD Admissions Team
University of Cumbria
Bowerham Road
Lancaster LA1 3JD
Email: pgadmissions@cumbria.ac.uk
Tel: 01524 384360

Edge Hill University

Jane Duckworth
Faculty of Health
Edge Hill University
Ormskirk Campus
St Helens Road
Ormskirk L39 4QP
Email: duckworj@edgehill.ac.uk
Tel: 01695 650723

University of Huddersfield (PhIF funded applicants only)

Adam Yates
Queensgate
Huddersfield HD1 3DHEmail:
E-mail: a.yates@hud.ac.uk
Tel: 01484 473867

Liverpool John Moores University

Sharon Gibson
Admissions and Information Officer
Faculty of Education, Health and Community
Tithebarn Building
79 Tithebarn Street
Liverpool L2 2ER
Email: S.Gibson@ljmu.ac.uk
Tel: 0151 231 5844

University of Manchester

Stacey Winship
Postgraduate Admissions
Division of Pharmacy
G.129, Stopford Building
The University of Manchester
Manchester M13 9PL
Email: pgtaught.pharmacy@manchester.ac.uk
Tel: 0161 270 1798

Manchester Metropolitan University

Direct Admissions
2nd Floor
Business School and Student Hub
All Saints Campus
Manchester M15 6BH
Email: direct@mmu.ac.uk
Tel: 0161 247 2966

University of Salford

Pat Killeen
Administration
School of Midwifery, Nursing, Social Sciences and
Social Work
University of Salford
Fredrick Road
Salford M6 6PU
Email: p.a.killeen@salford.ac.uk