

**Independent/Supplementary Prescribing Course Application Form 2022-23**

This form must be completed as part of the application process to ensure that applicants meet the criteria for appropriate governance of a prescribing role.

Applicants should be aware that they may need to meet their employing organisation’s own criteria in advance of submission of an application. Applicants are advised to contact the Non-Medical Prescribing Leads within their organisation to discuss their application in order that they can plan any support required to facilitate their training.

Self-employed applicants must have a service provider sponsor for the duration of this course, who can be a registered GP federation, GP practice, Out of Hours organisation or Care Home and must be regulated by a healthcare regulator (CQC, HIS, HIW). They should complete section 6 of this form. If you are self-employed, you must also submit a reference confirming post-registration experience in a patient orientated setting. See ‘Completing the Online Application Form’ below for more information.

**GPhC/PSNI applicants:** You must complete Sections 1, 2, 5, 6, 7a, 8 of this form

**NMC applicants:** You must complete Sections 1, 3, 5, 6, 7a, 7b, 8 of this form

**HCPC applicants:** You must complete Sections 1, 4, 5, 6, 7a,8 of this form

All applicants must ensure that the University of Exeter IP SP Educational Audit Tool has been completed within the last 12 months for the organisation providing their supervised practice placement. A copy of the completed audit tool must be submitted with your application.

If you are registered on a University of Exeter Clinical Pharmacy or Advanced Clinical Practice postgraduate programme, please email this form to: [info.stlukes@exeter.ac.uk](mailto:info.stlukes@exeter.ac.uk)

If you are **not** registered on a University of Exeter Clinical Pharmacy or Advanced Clinical Practice programme, you will need to complete the University online application process in addition to this form. Please scan this form along with your other documents when you ‘apply online’ (see below).

Email [UEMS-pgtsupport@exeter.ac.uk](mailto:UEMS-pgtsupport@exeter.ac.uk) if you are unsure about any section.

**Please print clearly.**

**Section 1: To be completed by all Applicants**

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

Job title:	
Hours of work per week (or FTE)	
Employer / Trust:	
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:		
<i>Nominees not born in the United Kingdom only</i>	Date of first entry to the UK	____ / ____ / ____
	Date of most recent entry to the UK (apart from holidays)	____ / ____ / ____
	Date from which you have been granted permanent residence in the UK	____ / ____ / ____
	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 academic year in which the course begins?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 2: To be completed by GPhC/PSNI-registered Applicants**

<b>Clinical Experience Requirement</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have at least two years' appropriate patient-orientated experience in a UK hospital, community or primary care setting following your pre-registration year?		
Briefly describe your intended area of clinical practice:		
Have you previously commenced but not completed a non-medical prescribing course? If yes, please give details:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DBS check</b>	<input type="checkbox"/> I confirm that I have a DBS check carried out within the last three years and can provide evidence of this.	
<b>Fitness to Practice</b>	<input type="checkbox"/> I confirm that I am currently fit to practice in accordance with the GPhC/PSNI requirements.	
<b>Funding</b> Please indicate your source of funding:	<input type="checkbox"/> Employer/Outside Organisation ( <i>please go to Section 5</i> ) Please give details: _____  <input type="checkbox"/> Self-Funding ( <i>please go to Section 5</i> )	

### Section 3: To be completed by NMC-registered Applicants

<b>Clinical Experience Requirement</b> Are you a registered nurse (level 1), midwife or SCPHN with at least one years' appropriate patient-orientated experience in a UK hospital, community or primary care setting following qualification?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your intended area of clinical practice:		
Have you previously commenced but not completed a non-medical prescribing course? If yes, please give details:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DBS Check</b>	<input type="checkbox"/> I confirm that I have a DBS check carried out within the last three years and can provide evidence of this	
<b>Fitness to Practice</b>	<input type="checkbox"/> I confirm that I am currently fit to practice in accordance with the NMC requirements	
<b>Funding</b> Please indicate your source of funding:	<input type="checkbox"/> Employer/Outside Organisation ( <i>please go to Section 5</i> ) Please give details: _____  <input type="checkbox"/> Self-Funding ( <i>please go to Section 5</i> )	

### Section 4: To be completed by HCPC-registered Applicants

<b>Clinical Experience Requirement</b> Are you a HCPC registered physiotherapist, therapeutic/diagnostic radiographer, podiatrist or dietitian, with at least three years post-qualification experience in the area in which you will be prescribing, or registered paramedic with at least five years since qualification, practising in your area of expertise for at least 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a paramedic, have you completed post-qualification study at level 7 (Master's level)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your intended area of clinical practice:		
Have you previously commenced but not completed a non-medical prescribing course? If yes, please give details:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DBS Check</b>	<input type="checkbox"/> I confirm that I have a DBS check carried out within the last three years and can provide evidence of this	
<b>Fitness to Practice</b>	<input type="checkbox"/> I confirm that I am currently fit to practice in accordance with the HCPC requirements	
<b>Funding</b> Please indicate your source of funding:	<input type="checkbox"/> Employer/Outside Organisation ( <i>please go to Section 5</i> ) Please give details: _____  <input type="checkbox"/> Self-Funding ( <i>please go to Section 5</i> )	

**Section 5: To be completed by all Applicants (All applicants resume completing form here)**

**CPD records and Personal statement**

Please **submit two reflective CPD records** relating to your proposed scope of prescribing. These must reflect learning that you have completed (rather than being prospective records that identify the need to train as a prescriber). Certificates of attendance / completion of learning are not sufficient. These should be uploaded with your online application form. (Suggested word count: 400 – 600 words).

Please supply a copy of your personal statement. This should include a brief description of your intended area of clinical practice and your relevant experience, skills and knowledge. This should be uploaded with your online application form.

**Section 6: To be completed by line manager / employer / service provider**

This is divided into two sub-sections:

- Suitability of the applicant to prescribe
- Release of staff for the course

All parts **MUST** be completed. Failure to complete any part will result in delays and may mean that you are not compliant with the entry requirement of the course.

<b>Line Manager / Employer / Service provider confirmation of the suitability of the applicant to prescribe.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the nominee a regulated health professional eligible to undertake Supplementary and/or Independent Prescribing training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the nominee have the appropriate post registration clinical experience or part-time equivalent (as stated in section 2,3 or 4 above)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the nominee have a designated prescribing practitioner willing to provide supervision of the student for the 12 days (90 hours) practice-based element of the course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a clinical need within the nominee's role to justify prescribing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the nominee have the commitment of their employer/ service provider to enable access to a prescribing budget and make other necessary arrangements for prescribing practice on successful completion of the course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the nominee be prescribing regularly from central funding in order to provide maximum benefit to patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the nominee an area of clinical practice in which to develop their prescribing skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the nominee the academic ability to study at level 7 (Master's level)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the nominee competent in clinical/health assessment, diagnostics/care management and planning/evaluation of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the nominee up to date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Line Manager / Employer/service provider confirmation of good health and character to enable safe and effective practice</b> The nominee's line manager should confirm that the nominee is of good health and character to enable safe and effective practice.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Line Manager / Employer/service provider confirmation of nominee's prescribing role on successful completion of the programme</b> The nominee's line manager should confirm their intention that the nominee will have a prescribing role on successful completion of the programme.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Line Manager / Employer/Service provider agreement to a minimum release from practice for both taught theory and medical supervision (26 days theory <u>equivalent</u> and 12 days practice)</b> 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. This university 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 <u>does not reduce</u> the total mandatory time needed for study by the student.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Line Manager / Employer/service provider confirmation that the organisation is regulated by a healthcare regulator (CQC, HIS, HIW)</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Line Manager / Employer/service provider confirmation that the University of Exeter IP SP Educational Audit Tool has been completed for the organisation providing the supervised practice placement within the last 12 months</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>As the nominee's Line Manager/ Service lead I confirm all the above:</p> <p>Name (please print): _____</p> <p>Job title: _____</p> <p>Organisation: _____</p> <p>Email address: _____</p> <p><b>Signed (manager/ service lead):</b> _____ <b>Date:</b> ____ / ____ / ____</p>	

**Section 7a: details of and eligibility criteria for**

- the Practice Assessor (PA) (for NMC-registered applicants) *or*
- the Practice Educator (PE) (for HCPC-registered applicants) *or*
- the Designated Prescribing Practitioner (DPP) (for GPhC-registered applicants).

**To be completed by the Practice Assessor, Practice Educator or Designated Prescribing Practitioner.**

This section is divided into three parts:

- General information about the DPP
- Eligibility criteria
- Confirmation of practice placement quality

Name of PA, PE, DPP:			
Area of practice:			
Title/position:			
Qualifications:			
Prescribing qualification:		Date of annotation:	
Regulator:	<input type="checkbox"/> NMC <input type="checkbox"/> HCPC <input type="checkbox"/> GPhC <input type="checkbox"/> PSNI <input type="checkbox"/> GMC		
Professional Registration no:			
Employing organisation:			
Work address:			
Post code:			
Telephone number:			
Work email address:			

**The PA/PE/DPP must meet all the criteria below. Please tick the box to confirm that you fit the criteria.**

<b>The PA/PE/DPP must be a registered prescribing practitioner who:</b>	<b>Please tick</b>
Must be an active, experienced prescriber who has normally had at least 3 years recent clinical experience for a group of patients/clients in the applicant's field of practice.	
Meets all competencies in the <a href="#">RPS DPP competency framework</a> .	
Has up-to-date patient facing clinical and diagnostic skills in the applicant's area of practice.	
Briefly describe your prescribing experience, including clinical and diagnostic skills:	
Has knowledge of the scope and legal remit of non-medical prescribing for the applicant's profession.	

Is familiar with the requirements of the programme and the need for the trainee to achieve the learning outcomes.	
Is employed by an NHS organisation or private healthcare environment that is regulated by a Health Care Regulator (CQC, HIW, HIS)	
Has the support of the employing organisation or GP practice to act as the designated prescribing practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice.	
Normally works with the trainee prescriber. If this is not possible (such as in nurse-led services or community pharmacy) or if it would be beneficial to the learning process, arrangements can be agreed for another prescriber to take on the role of the DPP, 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. 50% of Supervised practice needs to be with the nominated DPP; for NMC registrants this can be split between the Practice Assessor and Practice Supervisor (25 hours for the PA and 20 hours for the PS).	
Has experience or training in teaching and / or supervising in practice.	
Has previous experience of undertaking the role of role of Designated Medical Practitioner (DMP), Designated Prescribing Practitioner (DPP), HCPC Practice Educator or NMC Practice Assessor for a prescribing trainee.	
Has previously attended training on supervising students in the workplace and the role of assessment and feedback (additional online induction training will be provided to all DPPs)	
Briefly describe your experience of teaching, supervision and assessment of students. Please include any formal teaching training or qualifications and experience of assessing in clinical practice:	
Conducts regular audits and reflection on prescribing practice to identify developmental needs including recording CPD on the skills and knowledge required for the role of DPP	
Will undertake online induction training for the role of DPP.	
Can confirm that indemnity cover is in place for providing this supervised practice	
Is in good standing with their professional regulator	
Can confirm that the University of Exeter IP SP Educational Audit Tool has been completed for the organisation providing the supervised practice placement within the last 12 months.	
<b>Additional eligibility criteria for Practice Assessors (NMC-registered applicants only)</b>	
Can ensure there are sufficient opportunities to periodically observe the student in order to inform decisions for assessment and progression	
Can ensure there are sufficient opportunities to gather and coordinate feedback from the Practice Supervisor and other relevant people in order to be assured about decisions relating to student assessment and progression.	
Agrees to work in partnership with the nominated Academic Assessor to evaluate and recommend the student for progression in line with programme standards.	
Can confirm that you will not undertake the role of Practice Supervisor in addition to your PA role unless in exceptional circumstances and agreed with the University.	

**PA/PE/DPP declaration**

- I confirm I meet the above criteria.
- I agree to facilitate 12 days (90 hours) of supervised clinical practice.
- I agree to liaise with University of Exeter in my role as DPP regarding the assessment and progression of the trainee prescriber.
- I agree to raise any concerns with the module lead(s) in a timely fashion, as described in the DPP handbook.
- I agree to read the DPP handbook that will be emailed to me and to attend the online induction session.
- I agree to assess whether to sign the Statement of Clinical Competence and if needed, provide reasons to justify non-signature in a timely fashion.
- I agree to give and receive feedback on my role as DPP.
- By signing this form, I agree to my name and email address being shared with the Health and Education Co-operative for the purpose of registration to use the Designated Prescribing Practitioner e-learning resource.

**Name (print):**

**Signed (DPP)** \_\_\_\_\_

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

**Official organisation stamp:**



**Section 7b: details of and eligibility criteria for Practice Supervisors (PS) (to be completed by the Practice Supervisor for NMC-registered applicants only)**

In addition to a Practice Assessor, all NMC-registered applicants must have a Practice Supervisor who meets the criteria below. The Practice Assessor should not also act as the Practice Supervisor for the same student.

Name of Practice Supervisor			
Area of practice:			
Title/position:			
Qualifications:			
Prescribing qualification		Date of annotation:	
Regulator:	<input type="checkbox"/> NMC <input type="checkbox"/> HCPC <input type="checkbox"/> GPhC <input type="checkbox"/> PSNI <input type="checkbox"/> GMC		
Registration no:			
Employing organisation:			
Work address:			
Post code:			
Telephone number:			
Work email address:			

<b>The Practice Supervisor must be a registered prescriber who:</b>	<b>Please tick</b>
Must be an active, experienced prescriber who has normally had at least 1 year's recent clinical experience for a group of patients/clients in the applicant's field of practice.	
Meets all competencies in the <a href="#">RPS DPP competency framework</a>	
Has an understanding of the proficiencies and programme outcomes that they are supporting students to achieve.	
Is employed by an NHS organisation or private healthcare environment that is regulated by a Health Care Regulator (CQC, HIW, HIS)	
Agrees to support the nominee's supervised practice hours. 50% of supervised practice needs to be with the nominated DPP; for NMC registrants this can be split between the Practice Assessor and Practice Supervisor (25 hours for the PA and 20 hours for the PS).	
Agrees to support and supervise the student, provide feedback on their progress towards and achievement of proficiencies and skills for safe and effective practice as an Independent Prescriber.	

Agrees to periodically record relevant observations on the conduct, proficiency and achievement of the student, and to share these observations with practice and academic assessors to inform decisions for progression.	
Will appropriately raise and respond to student conduct and competence concerns.	
Can confirm that you will not undertake the role of Practice Assessor in addition to your PAS role unless in exceptional circumstances and agreed with the University.	
<p>As the applicant's Practice Supervisor, I can confirm that I meet the above criteria, I am familiar with the RPS document '<a href="#">A competency framework for designated prescribing practitioners</a>' and <b>either</b>:</p> <p><input type="checkbox"/> I can already demonstrate these competencies; <b>or</b></p> <p><input type="checkbox"/> I am working towards achieving them.</p> <p>By signing this form, I agree to my name and email address being shared with the Health and Education Co-operative for the purpose of registration to use the Designated Prescribing Practitioner e-learning resource.</p> <p><b>Signed (PS):</b> _____</p> <p><b>Date:</b> ____ / ____ / ____</p>	

**Section 8: To be completed by the Organisation's (e.g. Trust) Non-Medical Prescribing Lead (if applicable)**  
(Please note this is not the same as the DMP, but the person responsible for non-medical prescribing in your organisation)

<b>Non-Medical Prescribing Lead</b>	
Name (please print):	
Job Title:	
Employing organisation:	
Telephone Number:	
Email address:	
<p><b>I agree with the above professional training for registration as an Independent prescriber.</b></p> <p><b>Signed (NMP Lead):</b> _____ <b>Date:</b> ____ / ____ / ____</p>	

## Section 9: Applicant Declaration

I confirm that I have read and understood the information on this application form. I confirm that the information given is true to the best of my knowledge.

**Signed:**

**Date:**

### Application Checklist:

All applicants:

- Ensure Sections 1 and 5-8 are completed as well as Section 2,3 or 4 as applicable.
- Submit 2 reflective pieces of CPD relating to your proposed area of prescribing practice.
- Submit Personal statement.
- Submit completed University of Exeter IP SP Educational Audit Tool

In addition, self-employed applicants to provide:

- Reference confirming post-registration experience in a patient orientated setting. See 'Completing the Online Application Form' below for more information.

In addition, Health & Justice and non-NHSE programme care home pharmacists to provide:

- Copy of HEE confirmation of funding email

### Completing the Online Application Form

**(for those students who are not already University of Exeter Clinical Pharmacy students):**

You will need to apply online using this link:

<http://www.exeter.ac.uk/postgraduate/taught/medicine/independent-prescribing/>

#### Personal details

When completing this section please be sure to provide a daytime contact number and email address you check regularly to help us to contact you quickly.

#### Your education

As you are applying to join an award-bearing course, please provide a scanned copy of your transcript or degree certificate.

#### Professional experience

You will need to have appropriate patient-orientated experience in a UK hospital, community or primary care setting following your qualification. The duration of this depends on your profession and is stated in the application form above.

#### English Language proficiency

If your first language is not English, then you will need to complete this section and provide details of your performance in the IELTS tests.

#### Personal statement

Please indicate, in at least 250 words, why you want to undertake this postgraduate course, the benefits it will bring to the services you deliver and how the learning will benefit your own professional practice. Please also confirm the number of hours you work each week in a patient facing role and your clinical area of interest as described above.

#### Referees

We do not require formal references, unless you are self-employed, as this form incorporates declaration of your employer's support. If you are self-employed, we require you to submit a reference to confirm that you have appropriate post-registration experience in a patient orientated setting. GPhC and NMC applicants must confirm a minimum of 2 years post-registration

experience. HCPC applicants (except paramedics) must confirm a minimum of 3 years post-registration experience; paramedics must confirm a minimum of 5 years post-registration experience. The reference must be written by a registered health care professional who has worked alongside the applicant or a workplace manager who understands the applicant's current job role and experience.

### **Disability Support**

We welcome applications from people with disabilities and/or long-term health conditions and consider their applications on the same academic basis as those from other applicants. If you have a disability/long term health condition, you are strongly encouraged to contact the Wellbeing and AccessAbility Team on 0300 555 0444 or email [wellbeing@exeter.ac.uk](mailto:wellbeing@exeter.ac.uk) or [accessability@exeter.ac.uk](mailto:accessability@exeter.ac.uk)

### **Declaration**

Please complete this mandatory declaration and submit your application.

### **What happens next...**

All applicants will be notified of the decision of the University as soon as possible in advance of the start of the course. All course entry requirements must be met for you to be considered for a place on the programme. If the demand for places is greater than the number of places available, then the admissions panel will review applications following agreed selection criteria.

### **Admissions for nominees working/planning to work in the NHS**

If you are working in or plan to work in the NHS, we follow the NHS Values Based Recruitment Guidance. We strongly believe in the NHS values and will be looking for them in our applicants and patient representatives.

Read the NHS Constitution at <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

### **Queries, Questions and Further Information?**

If you would like to discuss your application or aspects of the application process and deadline, please contact: Admissions, College of Medicine and Health, E: [pg-ad@exeter.ac.uk](mailto:pg-ad@exeter.ac.uk) T: 01392 723044