**Independent Prescribing Course Application Form**

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

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 the course start date. Applicants are advised to contact Non-Medical Prescribing Leads in the employing organisation as early as possible in the process.

**You must complete all sections of this form** (unless stated otherwise) and the form must be uploaded alongside the online application form. Email [pgtaught.pharmacy@manchester.ac.uk](mailto:pgtaught.pharmacy@manchester.ac.uk) if you are unsure about any section.

Please print clearly.

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| **Section 1: to be completed by the applicant** |

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| How is this course being funded? | □ Pharmacy Integration Fund (indicate pathway below and see notes\*)  General Practice Phase 2 / Care Homes / Urgent Care  □ Self-funding  □ Other (please state) …………………………………………………………………………………….. |

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| **Section 1a: Applicant’s personal details (to be completed by the applicant)** |

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| First name(s): |  |
| Surname: |  |
| Title (Mr/Mrs/Ms/Dr/other): |  |
| Previous surname: |  |
| Date of birth: |  |
| National Insurance number: |  |
| Regulator: (please tick) | * General Pharmaceutical Council (GPhC) * Nursing and Midwifery Council (NMC) * Pharmaceutical Society of Northern Ireland (PSNI) |
| Regulatory body registration no: |  |
| Date of registration: |  |

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| Job title: |  |
| Employer / Trust: |  |
| Work address: |  |
| Postcode: |  |
| Work telephone number: |  |
| Work email address: |  |
| Start date of above role: |  |

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

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| 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 | | \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_ |
| 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? | | * Yes * No |

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| Professional and academic qualifications:  (include all degrees, short courses and courses leading to registration, most recent first) | Course title | Academic level, ie PGCert, PGDip, degree, Master’s | Date obtained |
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| NB: transcripts of the most recent and highest level academic study must be submitted to the University with the completed application form. | | | |

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| Do you have the required amount of post-registration clinical experience?  **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’.  **Pharmacists**: at least two years’ appropriate patient-orientated experience in a UK hospital, community or primary care setting following their pre-registration year. | | * Yes * No |
| You are applying for this course at Masters level. This requires you to have a first degree. Do you have a degree? | | * Yes * No |
| Have you previously commenced but not completed a non-medical prescribing course? | | * Yes * No |
| If yes, please give details: |  | |

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| **Section 1b: Disclosure and Barring Service (DBS) check (to be completed by the applicant)** |

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| 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 your employer to confirm that 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 you are an independent practitioner, to apply for and supply a criminal convictions check.  You may also 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 the University. 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 number)  Issue date of DBS disclosure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter certificate date)  Signed (applicant): Date: \_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ |

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| **Section 1c: Personal statement (to be completed by the applicant)** |

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| **Personal statement**  All applicants must provide a short statement below which identifies an area of clinical practice in which the applicant intends 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.  You must also 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.  Self-funded applicants (in addition)  It is a requirement that self-funded applicants provide additional information relating to those specific elements of the entry criteria normally signed off by an 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, eg using an NHS prescriber code or private prescriptions. |

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

This is divided into three sub-sections. All parts MUST be completed. Failure to complete any part will result in delays and may mean that you are not shortlisted for interview.

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

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| Is the applicant a regulated health care professional eligible to undertake NMP preparation? (Nurses should be first-level registered) | * Yes * No |
| Does the applicant have evidence of the ability to study at degree level?  What is the applicant’s highest level of academic attainment? Please tick below:   * MA/MSc * Degree * Diploma * Certificate * 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 |
| Does the applicant have at least 3 years\* (2 years for pharmacists) post-registration clinical experience or part-time equivalent?  \*for nurses the year prior to application must be spent in the clinical area the applicant intends to prescribe | * 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 * N/A |
| 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 (PGDs)? | * Yes * No |
| Does the applicant have the commitment of their 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 patients? | * 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 (manager): Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_ | |

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| **Section 2b: (to be completed by line manager/employer) confirmation of:**   * **release from practice for the duration of the course (38 days)** * **applicant’s suitability to prescribe** * **applicant’s prescribing role on successful completion of the programme.** |

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| 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)**   This is a qualification that is recordable with a regulatory body and so 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 operates a blended learning approach to the programme whereby the 26 contact days are split between university attendance and distance learning. This approach improves the flexibility of release time required but does not reduce the total mandatory time needed for study by the student.   1. **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.   1. **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 the applicant’s 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 (manager): Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_** |

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| **Section 2c: Disclosure and Barring Service (DBS) check (to be completed by line manager/employer)** |

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| **Requirements for NMC registrants:**  The NMC (circular 09/2007) requires that “*all registrants must have an up to date CRB check, ie 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. Universities do not undertake DBS checks. You can find more information about DBS checks on the UK Government website: [www.gov.uk/government/organisations/disclosure-and-barring-service](http://www.gov.uk/government/organisations/disclosure-and-barring-service)  **Requirements for GPhC registrants:**  Pharmacists must provide evidence of a recent (within three years before the start date of the course), satisfactory enhanced DBS check. |
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| **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 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.  Signed (manager): Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_ |

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| **Section 3: to be completed by the Designated Medical Practitioner (DMP)** |

This section is divided into three parts. All parts MUST be completed. Failure to complete any part will result in delays and may mean that you are not shortlisted for interview.

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| **Section 3a: details of the Designated Medical Practitioner (DMP, to be completed by the DMP)** |

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| 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 clinical practice supervision (i.e. 78 hours for nurses / 90 hours for pharmacists).  Name (print):  Signed (DMP) Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_  Official hospital/practice stamp: | |

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| **Section 3b: Details of the DMP’s eligibility (to be completed by the DMP)** |

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:** | **Please tick** |
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| 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 in possession of a certificate/equivalent experience from the Joint Committee for Post Graduate Training in General Practice (JCPTGP) ***OR*** is a specialist registrar, clinical assistant or consultant within an NHS Trust 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. |  |
| 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 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. |  |
| Is familiar with the requirements of the programme and the need for the applicant to achieve the learning outcomes. |  |
| 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](http://www.webarchive.org.uk/wayback/archive/20140627112130/http:/www.npc.nhs.uk/non_medical/resources/designated_medical_practitioners_guide.pdf) | |
| As the applicant’s Designated Medical Practitioner I confirm I meet the above criteria  Signed (DMP): Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_ | |

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| **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 within placement areas to recognise early signs of poor student performance 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 student's 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; and 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 |  |
| 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)  Signed (DMP): Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_ | |

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| **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) |

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| **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:  ⬜ Yes ⬜ No Date completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_ | |
| **Non-medical prescribing lead for all applicants**  I agree with the above professional training for registration as an Independent Prescriber.  Signed (NMP Lead): Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_ | |

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| **Notes for applicants** |

All the sections of this form must be completed fully before submission to the University. Failure to complete the form accurately will result in delays and may mean that you are not shortlisted for interview.

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

We encourage you to keep a copy of the completed application in case this is needed for future reference.

If you have any queries about this form, the additional documents required or the application process, please contact:

Postgraduate Admissions

Division of Pharmacy

G.129, Stopford Building

The University of Manchester

Manchester M13 9PL

Email: [pgtaught.pharmacy@manchester.ac.uk](mailto:pgtaught.pharmacy@manchester.ac.uk)

Tel: 0161 306 0604