****

## Nursing, Midwifery and Allied Health Professionals

## NON-MEDICAL PRESCRIBING Application Form

NOTE: The application form is the first stage of the selection process. There is high demand for places so please ensure the form is completed with attention to the detail. Failure to do so may prevent progression to interview and selection for the course.

#### SECTION 1 – TO BE COMPLETED BY THE APPLICANT

|  |
| --- |
| **PERSONAL DETAILS (Please complete using BLOCK CAPITALS)**  |
| Surname/Family Name: | Previous Surname/Family Name (if applicable) | Other Names (in full) | Title: |
| Home Address:Postcode: Telephone No. (including area code):Mobile No: Email address:  | Work Address:Postcode:Telephone No. (including area code):Email address:  |
| **PROFESSIONAL BODY REGISTRATION**  |
| **Health and Care Professions Council (HCPC)****PIN Number**: *print carefully* Date first registered: Registration expiratory date:  | **Nursing and Midwifery Council (NMC)****PIN Number:** *print carefully* Date first registered: Registration expiratory date: |
| **Date of Birth - Date Month Year** **/ /** | **Gender:** |
| **Nationality:** | **Country of birth:** |
| To comply with the latest guidance from the UKBA, if your nationality is non-UK/non-EU, please provide your passport, and UK ID card or visa stating you have indefinite leave to remain / permanent residency. Without this evidence you cannot be enrolled with Swansea University. |

##  This application is for one of the following professional academic awards:

**Please select 1 of the following**

|  |  |  |  |
| --- | --- | --- | --- |
| **NMC Options** | Please tick | **HCPC Options** | Please tick |
| Postgraduate certificate |  | Postgraduate certificate |  |
| Part 2 of MSc Advanced / Enhanced Practice  |  | Part 2 of MSc Advanced / Enhanced Professional Practice |  |

**Please READ carefully:**

**The NMC** requires that applicants undertaking an independent prescribing programme must:

* be a registered nurse (level 1), registered midwife or a SCPHN (Band 6 or above – Programme requirement)
* work in a practice area with the necessary governance structures (clinical support, access to protected learning time – compulsory) to enable learners to undertake, and be adequately supported throughout, the programme
* have the competence, experience, and academic ability to study at Level 7 (Masters)
* be capable of safe and effective practice at a level of proficiency appropriate to the programme to be undertaken and their intended area of prescribing practice in the following area
* Clinical/health assessment
* Diagnostics/care management
* Planning and evaluation of care
* be **registered with the NMC for a minimum of one year prior** to application for entry onto the [V300 supplementary / independent programmes page 9](https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/standards-for-prescribing-programmes/)

Applicants working in the independent sector (non-NHS or self-employed) must comply with the above, agree to an education practice audit being undertaking by the programme director and provide evidence of personal liability as appropriate. Adherence to and evidence of protected learning time is requisite. Non-compliance may result in withdrawal from the course.

For nurses working in the cosmetic sector, you must comply with the University of West of England, Independent and Supplementary Prescribing Framework for Cosmetic Nurses document.

**The HCPC** does not have a time criterion for application, but Swansea University requires that AHPs applying to undertake an independent prescribing programme must:

* Be suitably experienced and established in the role in which they wish to prescribe
* [Applicants must be aware of HCPC supplementary/independent criteria & prescribing restrictions](https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/standards-for-prescribing/)
* **Paramedic applicants**, are required to evidence that they are working at an Advanced Paramedic practitioner level (as defined by the College of Paramedics)

|  |  |
| --- | --- |
| **Are you Welsh speaking:** **YES / NO** | Have you previously studied at Swansea University? **YES / NO**If yes, please state your student number: |
| **QUALIFICATIONS / TRAINING** |
| **Date** | **Name of Qualification** | **Awarding Board** | **Level** | **Subject** | **CATS Points** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**NOTE: Copies of qualification certificates must be attached for candidates applying for the PGCert award**

|  |
| --- |
| **FUNDING FOR YOUR NMP PROGRAMME**  |
| Please provide your sponsor letter confirming their commitment to fund the NMP course **within one month** of being offered a place on the course, otherwise you will personally be responsible for payment of fees. You cannot enrol until payment has been received. Charges will be made for non-attendance if we have no prior notification. |
| £ **Self-funding** If you are self-funding, **you must discuss this with the Programme Director.** |

|  |
| --- |
| **PRESENT EMPLOYMENT**  |
| **Post held**  |  |
| **How long have you worked in this area?**  |  |
| **Job band (must be Band 6 or above)** |  |

**Have you undertaken a prescribing course before?** **YES / NO** (If yes, please provide details of the University and reasons for not completing the module/course)

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

**Please describe in detail the patient groups you are planning to prescribe for & in what setting**, *e.g. which group(s) of patients or disease states, outpatient clinics, ward based etc.?*

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

**Please list the drugs (formulary) you will prescribe in your first year of prescribing:**

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

**Explain in detail why there is a clinical need for NMP in your current role & how this will benefit patient ca****re** (add more lines if needed)

………………………………………………………………………………………………………………………

..……………………………………………………………………………………………………………………

**With reference to your professional competency framework, please outline your diagnostic skills and specific continuing professional development (CPD) for the role of safe Non-Medical prescribing.** The course is taught & assessed at postgraduate level (Level 7), therefore previous study, good clinical knowledge & skills (relevant to your area/scope of practice) are essential on entry to the programme (or must demonstrate that they can be achieved) (add more lines if needed)

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

**NOTE:** Applicants will need to undertake a group interview (collectively working through a pre-set scenario), drug calculation activity\* and individual interview.

Applicants are scored & offered a place if they achieve a score threshold.

\*The ability to calculate drugs is a pre-requisite of the course. The outcome of drug calculation activity does not form part of the selection criteria but is undertaken for student reflection of their learning needs.

## SECTION 2 – TO BE COMPLETED BY APPLICANTS' SENIOR / LINE MANAGER

## If the applicant is self-employed or part of a smaller organisation, this can be completed by the Practice Assessor & the NMP Programme Director\* – \*please contact prior to completing

1. Has the application, along with study leave & funding, been discussed with the relevant Non-Medical Prescribing Lead and Education Lead for the organisation / Primary Care Trust? **YES / NO**

 If ‘no’ please ensure this is actioned

1. Has an education audit been completed in the applicant’s area of work? **YES / NO**

Date audit undertaken……………………………………………………………………………………….

Name of person who performed the audit? …………………………………………………………………..

1. Please **tick** & sign theDeclaration of Institutional / Employer Support (below)

|  |
| --- |
|  **Declaration of Institutional / Employer Support** |
|  | Tick |
| **NMC applicant** is registered /qualified for a minimum of one year  |  |
| **HCPC applicant** is suitably experienced & established in the role in which they wish to prescribe. (Paramedic applicants must be working as an Advanced paramedic as defined by the College of Paramedics) |  |
| Applicant is capable of safe & effective practice (within their scope of practice) in the following area• Clinical/health assessment• Diagnostics/care management• Planning and evaluation of care  |  |
| Applicant will be given 26 study days & least 12 days for supervised practice with their practice assessor and supervisor. It is acknowledged that these are obligatory |  |
| Practice area has governance structures (clinical support, access to protected learning time – compulsory) to enable the applicant to undertake, and be adequately supported throughout, the programme |  |
| [Practice assessor AND supervisor have been identified & meet the RPS competency framework for Designated Prescribing Practitioners (2019)](https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-january-19.pdf) |  |
| **AUTHORISED PERSON SIGNING ON BEHALF OF EMPLOYER:**  |
| Employing organisation  |  |
| Name of manager  |  | Manager’s Title: |
| Signature  |  **Written / electronic signature only - Typed font NOT accepted**  |
| Date signed |  |

## SECTION 3 – PRACTICE LEARNING - Practice Assessor and Practice Supervisor

In addition to the 26 study days, the NMP student will require at least 12 days of protected, supervised learning in practice (obligatory). Whilst it is expected that much of this will take place in the students’ current place of work, this must not be part of their normal work activity.

NMP learning in practice should ideally be undertaken by two different people – practice assessor and practice supervisor. In *exceptional circumstances*, such as the lack of availability of appropriately qualified staff, both roles can be assumed by the same individual. The need for ‘*exceptional arrangement’* will need to be supported by the prescribing / education lead within the practice organisation **and** agreed by the Programme Director within the University.

A Practice assessor and supervisor will need to be identified and approved by the appropriate NMP lead or other employer, working in collaboration with the University during the application process.

For further information, please contact your NMP lead (listed on the website), or the NMP academic team NMPlearning@swansea.ac.uk or Programme Director, Beth Griffiths, E.D.Griffiths@swansea.ac.uk.

**FOLLOWING SECTION TO BE COMPLETED BY THE PRACTICE ASSESSOR (DPP)**

**Requirements for Practice Assessor**

* Registered medical practitioner or registered Non-Medical Prescriber
* Qualified prescriber, in the student’s intended field of prescribing practice, usually for at least 3 years
* Current experience in the student’s intended field of prescribing practice
* Understand the student’s learning & achievement, competencies & programme outcomes
* Undertake preparation or provide evidence of achievement of the following outcomes:
* interpersonal communication skills, relevant to student learning and assessment
* the conduct of objective, evidence-based assessments of students
* the provision of constructive feedback to facilitate professional development in others
* knowledge of the assessment process and their role within it
* Proactive professional development & professional practice to fulfil Assessor role
* Appropriately raise concerns regarding student conduct, competence & achievement.

**Please outline your experience of teaching, supervision and assessment of students:**

……………………………………………………………………………………………………………………

|  |
| --- |
| **PLEASE COMPLETE**  |
| Teaching qualifications & dates  |  |
| Professional qualifications & dates  |  |
| Professional registration body | GMC, NMC, HCPC, GPhC (*delete as appropriate*) |
| Professional registration number (PIN) Status will be checked | PIN  |
| Place of work  |  |
| Email address & telephone number  |  |

**Agreement of Practice Assessor:**

I declare that I met the criteria of the [Royal Pharmaceutical Society Competency Framework for Designated Prescribing Practitioners (2019)](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf?ver=2019-12-18-150746-160) I will

* Provide consistent support & shadowing opportunities for at least 12 days of learning in a practice to achieve the [RPS competency framework for all prescribers (2021)](https://www.rpharms.com/portals/0/rps%20document%20library/open%20access/professional%20standards/prescribing%20competency%20framework/prescribing-competency-framework.pdf).
* Provide 3 periodic meetings with the practice supervisor & NMP student during the course
* Attend a brief virtual meeting (if needed) with the NMP academic team prior to the course.

|  |
| --- |
| **PLEASE SIGN**  |
| Practice Assessor Name  |  |
| Practice Assessor Signature |  **Written / electronic signature only - Typed font NOT accepted** |
| Date |  |

## **FOLLOWING SECTION TO BE COMPLETED BY THE SUPERVISOR**

**Requirements for Practice Supervisor**

The practice supervisor must

* Be a registered medical or registered Non-Medical Prescriber
* Be a qualified prescriber usually for a minimum period of 2 years
* Prescribe on a regular basis
* Have current knowledge & experience of the student’s intended field of prescribing practice
* Understand the competencies and programme outcomes
* Appropriately raise & respond to any concerns about student conduct and competence.

**Please outline your experience of teaching, supervision & assessment of students:**

………………………………………………………………………………………………………………………

|  |
| --- |
| **PLEASE COMPLETE e**  |
| Teaching qualifications & dates  |  |
| Professional qualifications & dates  |  |
| Professional registration body | GMC, NMC, HCPC, GPhC (*delete as appropriate*) |
| Professional registration number (PIN) Status will be checked | PIN  |
| Place of work  |  |
| Email addressContact telephone number  |  |

You are required to attend a brief virtual meeting prior to the start of the course. This ensures you have a full understanding of what is required. **Do you agree to this? YES / NO**

**Agreement of Practice Supervisor:**

I declare that I am eligible to take on the supervisor role. I will

* Provide consistent support & shadowing opportunities for at least 12 days of learning in a practice to achieve the [RPS competency framework for all prescribers (2021)](https://www.rpharms.com/portals/0/rps%20document%20library/open%20access/professional%20standards/prescribing%20competency%20framework/prescribing-competency-framework.pdf).
* Contribute / attend 3 periodic meetings with the practice assessor & NMP student.
* Attend a brief virtual meeting with the NMP academic team prior to the course.

|  |
| --- |
| **PLEASE COMPLETE & SIGN**  |
| Supervisor Name  |  |
| Supervisor Signature |  **Written / electronic signature only - Typed font NOT accepted**  |
| Date |  |

## **SECTION 4 – Disclosure and Barring Service Check (previously known as CRB**)

Any offer of a place is subject to a satisfactory police check. Successful candidates will be required to apply for an enhanced Disclosure and Barring Service (DBS) check. However, those in receipt of a current enhanced DBS certificate (within 6 months of starting course), who have subscribed to the update service, may give the School of Health and Social Care College of Human and Health Sciences their consent to carry out a status check.

Further details will be sent to applicants upon receipt of a formal offer.

## SECTION 5 – Disability/special needs

**Disability:** The University encourages you to disclose your disability, medical condition, wellbeing difficulty or specific learning difficulty to ensure that we can advise you on the range of services and adjustments we can provide. Please tick the following box(es) as appropriate:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A** | No known disability |  |  | **F** | Wellbeing difficulties (including anxiety, depression and phobias)  |  |
| **B** | Autism/Asperger’s  |  |  | **G** | Dyslexia |  |
| **C** | Blind/visually impaired  |  |  | **H** | Wheelchair user/mobility difficulties |  |
| **D** | Hearing impaired/Deaf |  |  | **I** | Other disability |  |
| **E** | Unseen disability (diabetes, epilepsy, heart condition, cancer, etc.) |  |  | **J** | Multiple disabilities/complex |  |

## SECTION 6 – Declaration & Statement of Commitment for Non-Medical Prescribing

**DECLARATION**: I confirm that to the best of my knowledge the information on this form is correct. I agree to pay all fees associated with this study in the event of non-payment by the stipulated sponsor. I agree to abide by the Rules and Regulations of the University. I acknowledge that any work submitted electronically during the period of my enrolment at Swansea University may also be submitted via electronic plagiarism detection software. I understand the University is required to supply personal data to certain regulatory and statutory bodies concerned with the Higher Education sector and also supplies personal data to transact its normal business activities and to enable students to make use of services and facilities. (All information on university forms are covered by the provisions of the Data Protection Act 1998 and further details are published on the University’s web pages).

**Statement of commitment:** I confirm that, to the best of my knowledge, the information given on this form is correct and complete. If I am successful in my application, I agree to complete the Non-Medical Prescribing module and to practice as an Independent or Supplementary Prescriber in accordance with my professional code of conduct and local and national Prescribing Policy for the benefit of my service users.

|  |
| --- |
| **PLEASE COMPLETE & SIGN**  |
| Applicant’s Name  |  |
| Applicant’s Signature |  **Written / electronic signature only - Typed font NOT accepted** |
| Date |  |

Please **email** the completed application form to:

CPD - Faculty of Medicine, Health and Life Science cpd-medicinehealthlifescience@swansea.ac.uk

## SECTION 7 – Office use only

|  |
| --- |
| **TO BE COMPLETED BY THE PROGRAMME DIRECTOR**  |
| Application approved by Programme Director   |  **YES / NO**   |
| Reason for rejection:  |     |
| Signature & date   |   |