**Application Form Appendices for Independent/Supplementary Prescribing programme (V300)**

**Complete online application first**

**APPENDIX 1 - SELF DECLARATION BY PRESCRIBING APPLICANT**

|  |  |
| --- | --- |
| Applicants Name |  |
| Profession |  | Date qualified(You must have been qualified for at least 1 year) |  |
| NMC/HCPC PIN |  |
| As a pre-requisite to attending the prescribing course the NMC (2018) state that you must be competent in the following areas:* Clinical /health assessment
* Diagnostics /care management
* Planning and evaluation of care
 |
|  | Please tick one box |
| I have undertaken a university accredited course that covers clinical assessment, diagnosis, planning and evaluation of careDetails of course Date passed |  |
| I have not undertaken a university accredited course that covers clinical assessment, diagnosis, planning care and evaluation of care (please complete box below) |  |
| **Self-Declaration of competency**If you do not have a course in clinical assessment, diagnosis, planning and evaluation of care please give evidence of how you have developed and maintained your competencies in these skills. You should include details of how you have been assessed in practice. |
|  | Please tick |
| I am competent to undertake a clinical assessment, diagnosis, planning and evaluation of care for a patient within my speciality |  |
| I will complete the pre-course work prior to starting the programme |  |
| I have been qualified for a minimum of one year |  |
| I have a clear and current enhanced Disclosure and Baring Service (DBS) form (Within three years of start of programme) |  |
| Signature  |  | **Date** |  |

**APPENDIX 2A–PRACTICE ASSESSORS DETAILS – FOR NURSE/MIDWIFE APPLICANTS ONLY**

**ALLIED HEALTH PROFESSIONALS MUST COMPLETE APPENNDIX 2B INSTEAD**

**To be completed by Prescribing Practice Assessor**

The role of practice assessor and supervisor should be undertaken by different people.

|  |  |
| --- | --- |
| **Name of applicant****(Nurse/Midwife)** |  |
| **Name of Practice Assessor** |  |
| **Job title**  |  |
| **Profession** |  | **GMC/NMC/HCPC registration no:** |  |
| **Trust:** |  |
| **Work address:** |  |
| **Telephone number:** |  | **Email address** |  |
| **Eligibility criteria for Practice Assessor for a nurse/midwife prescribing student** | **Please tick** |
| I am a prescriber either Doctor or Dentist or a Nurse/Midwife or Allied Health Professional with V300 independent prescriber qualification |  |
| I have been practicing as a prescriber for at least 3 years  |  |
| I have experience or training in teaching and assessing in practice. |  |
| I have experience in a relevant area of practice to the applicants speciality |  |
| I have attended the training provided by DMU on supporting students on the Independent/Supplementary Prescribing Programme within the last year /I have read and understood the information on the Placement Hub <http://placementhub.our.dmu.ac.uk/> |  |
| I will provide supervision, support and opportunities for the applicant to meet the standards contained within the Competency Framework for all Prescribers (Royal Pharmaceutical Society, 2016) |  |
| I understand that I have a duty to uphold patient safety and I must raise any professional or competency concerns with the applicants manager and programme leader |  |
| I confirm there is no conflict of interest in undertaking the role of practice assessor for this applicant  |  |
| I understand that my professional registration will be checked as part of the admissions process |  |
| **Signature** |  | **Date** |  |

If you would like further information on the role of assessing a prescribing students or dates of future training sessions please contact the programme lead on hfield@dmu.ac.uk

**APPENDIX 2B –PRACTICE ASSESSORS DETAILS -FOR ALLIED HEALTH PROFESSIONALS APPLICANTS ONLY** - NURSE/MIDWIVES MUST COMPLETE APPENNDIX 2A INSTEAD

**To be completed by the Designated Medical Practitioner**

|  |  |
| --- | --- |
| **Name of applicant****(Allied Health Professional)** |  |
| **Name of assessor** |  |
| **Job title**  |  |
| **GMC registration no:** |  |
| **Trust:** |  |
| **Work address:** |  |
| **Email address** |  |
| **Eligibility criteria for Designated Medical Practitioner for an allied health professional prescribing student** | **Please tick** |
| **EITHER** I am a GP **OR** I am a Specialist Registrar within an NHS Trust **OR** I am a Consultant within an NHS Trust |  |
| I have at least 3 years recent clinical experience managing a group of patients/clients. |  |
| I have experience or training in teaching and assessing in practice. |  |
| I normally work with the applicant **or** where this is not possible, the learning in practice relates to the clinical area in which the applicant will prescribe. |  |
| I have attended the training provided by DMU on supporting students on the Independent/Supplementary Prescribing Programmewoithin the last year/I have read and understood the information on the Placement Hub <http://placementhub.our.dmu.ac.uk/> |  |
| I will provide supervision, support and opportunities for the applicant to meet the standards contained within the Competency Framework for all Prescribers (Royal Pharmaceutical Society, 2016) |  |
| I understand that I have a duty to uphold patient safety and I must raise any professional or competency concerns with the applicants manager and programme leader |  |
| I confirm there is no conflict of interest in undertaking the role of designated medical practitioner for this applicant  |  |
| I understand that my professional registration will be checked as part of the admissions process |  |
| **Signature** |  | **Date** |  |

If you would like further information on the role of assessing a prescribing students or dates of future training sessions please contact the programme lead on hfield@dmu.ac.uk

**APPENDIX 3 – PRACTICE SUPERVISORS DETAILS**

**To be completed by Practice Supervisor**

The role of practice assessor and supervisor should be undertaken by different people.

|  |  |
| --- | --- |
| **Name of applicant** |  |
| **Name of Practice Supervisor**  |  |
| **Job title** |  |
| **Profession** |  | **GMC/NMC/HCPC PIN** |  |
| **Trust:** |  |
| **Work address:** |  |
| **Telephone number:** |  |
| **Email address:** |  |
| **Eligibility criteria for Practice Supervisor**  | **Please tick** |
| I am a prescriber either Doctor or Dentist or a Nurse/Midwife or Allied Health Professional with V300 independent/supplementary prescribing qualification |  |
| I have been practicing as a prescriber for at least 2 years  |  |
| I have experience or training in teaching and supervising in practice. |  |
| I have attended the training provided by DMU on supporting students on the Independent/Supplementary Prescribing Programme with the last year/ I have read and understood the information on the Placement Hub <http://placementhub.our.dmu.ac.uk/> |  |
| I will provide supervision, support and opportunities for the applicant to meet the standards contained within the Competency Framework for all Prescribers (Royal Pharmaceutical Society, 2016) |  |
| I understand that I have a duty to uphold patient safety and I must raise any professional or competency concerns with the applicants manager and programme leader |  |
| I confirm there is no conflict of interest in undertaking the role of practice supervisor for this applicant  |  |
| I understand that my professional registration will be checked as part of the admissions process |  |
| **Signature** |  | **Date** |  |

If you would like further information on the role of supervising a prescribing student, or dates of future training sessions please contact the programme lead on hfield@dmu.ac.uk

**APPENDIX 4 - PROFICIENCY TO START PRESCRIBING PROGRAMME**

**To be completed by the practice assessor/ designated medical practitioner**

|  |  |
| --- | --- |
| Applicants name |  |
| As a pre-requisite to attending the prescribing course the NMC (2018) states that the applicant must be competent in the following areas:* Clinical /health assessment
* Diagnostics /care management
* Planning and evaluation of care

Please give evidence of how you have assessed the applicant’s competencies in these areas.  |
| Within the applicants area of competency I confirm that they are able to: | Please sign to confirm |
| Take an appropriate medical, social and medication history |  |
| Undertake an appropriate clinical assessment |  |
| Interpret relevant patient records |  |
| Understand the working or final diagnosis by systematically considering all possibilities |  |
| Practice assessors/designated medical practitioner name |  |
| Profession |  | GMC/NMC/HCPC registration no: |  |
| Signature |  |

**APPENDIX 5 - MANAGERIAL SUPPORT**

To be completed by applicants manager. If applicant is self-employed Appendix 5 may be omitted, but appendix 7 completed instead

|  |  |
| --- | --- |
| **Applicants Name** |  |
| **Name of manager/** |  |
| **Job title** |  |
| **Profession** |  | **GMC/NMC/HCPC PIN**  |  |
| I confirm that this applicant:  | **TICK** |
| Will be given time to attend at taught sessions (19 days) |  |
| Will be given time working in a supernumerary capacity (12 days) |  |
| Time for practice supervisor and assessor to undertake their role (if appropriate) |  |
| The applicant has is a suitable candidate to undertake the Independent/ supplementary prescribing programme  |  |
| The applicant has a clear, enhanced DBS within the last three years/ I am aware of any disclosures and do not consider that this should preclude the applicant from undertaking this programme. |  |

**APPENDIX 6 – NON MEDICAL PRESCRIBING LEAD SUPPORT**

To be completed by the Non-Medical Prescribing Lead. If applicant is self-employed Appendix 6 may be omitted, but appendix 8 completed instead

|  |  |
| --- | --- |
| **Applicants name** |  |
| **I agree to support the applicant to undertake the prescribing module** |
| **Non-Medical Prescribing Lead Name** |  |
| **Trust** |  |
| **Work address** |  |
| **Email address** |  |
| **NMP** Lead signature |  |
| **Date** |  |

**Non-Medical Prescribing Leads:**

UHL – Hannah Flint, hannah.flint@uhl-tr.nhs.uk, LPT – Anthony Bailey, anthony.bailey@leicspart.nhs.uk

Leicester City CCG Wendy.Hope@LeicesterCityCCG.nhs.uk;

East Leicestershire and Rutland CCG Vishal Mashru vishal.mashru@eastleicestershireandrutalndccg.nhs.uk

West Leicestershire CCG Manjeet Garcha Manjeet.Garcha@westleicestershireccg.nhs.uk

**APPENDIX 7 -DECLARATION BY SELF-EMPLOYED STUDENT**

To be completed by **self-employed students only** in place of appendix 5

|  |  |
| --- | --- |
| **Applicants name** |  |
| **NMC/HCPC registration number** |  |
| **Work address** |  |
| **E-mail address** |  |
|  | Please Sign |
| **I declare that I am self-employed and do not have a Line Manager or Non-Medical Prescribing Lead** |  |
| **I declare that my scope of practice is covered by my professional regulator**  |  |
| **I declare that I have Professional Indemnity Insurance sufficient to cover all liability risks associated with my practice** |  |
| **I declare that I am an active and compliant member a Professional Standards Register** |  |
| Signature |  | Date |  |

**APPENDIX 8 - REFERENCE**

To be completed **by self-employed students only** in place of appendix 6

|  |  |
| --- | --- |
| **Applicants name** |  |
| **Reference for applicant by a Registered Health Care Professional on applicants suitability to undertake the Independent/Supplementary Prescribing Programme** |
|  Profession of referee?You must be a Doctor or Dentist or a Nurse/Midwife/Allied Health Professional with Independent/Supplementary Prescribing qualification |  |
| In what capacity have you worked with the applicant? |  |
| Dates that you worked with the applicant? |  |
| Do you have any reason to consider that the applicant would not be a suitable candidate for the Independent/Supplementary Prescribing Programme? |  |
| Is there any conflict of interest for you in undertaking the role of referee for this applicant? |  |
| I understand that my professional registration will be checked as part of the admissions process |  |
| Please comment on the applicant suitability to be enrolled on the Independent/Supplementary Prescribing Programme  |
| REFEREES NAME |  |
| REFEREES PROFESSION |  |
| GMC/NMC/HCPC NUMBER |  |
| Signature |  | Date |  |

**APPENDIX 9– PLACEMENT AUDIT**

**Placement audit to be completed by practice i.e. Manager/NMP Lead/Prescribing Practice Assessor/ Prescribing Practice Supervisor**

|  |  |
| --- | --- |
|  | **Please tick** |
| I confirm the following standards can be met whilst the applicant under takes the prescribing programme |  |
| The practice placement will provide learning opportunities that are appropriate to the prescribing student and provide opportunities for inter-professional working. |  |
| Our policies and procedures within our practice placement areas reflect health and safety legislation, employment legislation and equality of opportunity. |  |
| Our staff understand, and manage specific risks to students and risk assessment in carried out in practice placement areas. |  |
| We ensure that students have access to appropriate educational and IT facilities, when they are in placement. |  |
| We take action on evaluation/feedback information that students give us on the quality of their placements and practice placement supervision received. |  |
| Our staff, who act as placement supervisors of students, demonstrate evidence-based teaching, assessment and practice. |  |
| The practice placement will provide relevant learning opportunities that enable the student to achieve the standards set out in A competency document for all prescribers (Royal Pharmaceutical Society, 2016) |  |
| The prescribing supervisors and assessors are aware of the students’ placement outcomes so that they are able to agree with the students an individual learning contact. |  |
| The prescribing student will have regular opportunities to work with the students Placement Supervisor.  |  |
| The prescribing student will have regular opportunities to work alongside their Placement Assessor/DMP |  |
| Mechanisms in place to recognize early poor performance of students and for taking appropriate action to help the prescribing student meet their outcomes. |  |
| Provision is made for students to reflect on practice and link theoretical underpinning to practice. |  |
| We have effective measures for eliminating oppressive behaviour including all forms of harassment in our practice areas. |  |
| The guidance and support we offer as a placement provider are sensitive to equality of opportunity. |  |
| **Applicants Name**  |  |
| **Managers/assessors/****supervisors Name** |  |
| **Signature** |  | **Date** |  |

**APPENDIX 10 – CONTINUING PROFESSIONAL DEVELOPMENT (CPD) FACILITATOR**

**To be completed by CPD facilitator**

Applicants are required to have the support of a health care professional prepared to act as a prescribing continuing professional development facilitator. The purpose of the facilitator is to provide support and advice to the applicant on prescribing during for the first year post qualification as a prescriber. The competency frame work for all prescribers (Royal Pharmaceutical Society, 2016) should be used as the basis for the reflection required as part of the CPD process.

The CPD facilitator must be a registered healthcare professional and an experienced prescriber (has been prescribing for a minimum of 2 years.) The continuing professional development facilitator may be the same person as the prescribing practice assessor or prescribing practice supervisor.

|  |  |
| --- | --- |
| **Applicants name** |  |
| **Continuing professional development facilitator** |  |
| **Job title** |  |
| **GMC/NMC/HCPC registration number** |  |
| **Date qualified as****prescriber** |  |
| **Work address** |  |
| **E-mail address** |  |
| **I am willing to act as a continuing professional development facilitator to this applicant on the Prescribing Programme.** |
| Signature |  | Date |  |

**APPENDIX 10 – DECLARATION OF GOOD HEALTH/GOOD CHARACTER**

**To be completed by the applicant**

De Montfort University

**Faculty of Health and Life Sciences**

**Leicester School of Nursing and Midwifery**

**SELF-DECLARATION OF GOOD HEALTH AND GOOD CHARACTER**

|  |  |
| --- | --- |
| Applicants Name |  |
| Profession |  |
| PIN |  |

Please ensure that you have read the attached notes before completing this form. If you have any concerns about this form and completing the declaration, please discuss these with the Programme Leader. The information you provide on this form is strictly confidential and will be held securely on your personal file.

1. I have no known condition of ill health/In spite of suffering from ill health, it does not affect my ability to practise safely and effectively.

(Please refer to Guidance Notes – What does good health mean?)

**Agree Disagree (please circle)**

If the response is Disagree, please give further details:

1. I have read understood and will comply with the Nursing and Midwifery Council (NMC) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (2018)/Health and Care Professions Council (HCPC) Standards of conduct, performance and ethics (2016).

**Agree Disagree (please circle)**

1. I have never been charged or summoned to attend court in connection with an alleged criminal offence, and have no convictions, police cautions, reprimands or final warnings \*

**Agree Disagree (please circle)**

If the response to 3a is Disagree, please give details

1. I have not been found guilty of misconduct under the University Student Disciplinary Regulations or deemed unfit to practise by my regulatory body. (Please refer to Guidance notes – What does good character mean?)

**Agree Disagree (please circle)**

If the response is Disagree, please give details

1. I am not currently suspended or subject to a determination by another regulatory or licensing body

**Agree Disagree (please circle)**

If the response is Disagree, please give details

I confirm the answers I have provided above are correct. I understand that in exceptional circumstances, the University may be asked to disclose information on this part of the form to a third party, for the purposes of my practice elective or in the course of providing a reference for me. I hereby give my consent for the disclosure of such information to a third party in these circumstances.

*In addition De Montfort University would like your permission to pass details of your ethnicity and disability status to the organisation that commissions healthcare education on behalf of the Department of Health.  This is in order that they may carry out monitoring to ensure that applicants do not suffer discrimination. All data will be processed in accordance with the Data Protection Act 1998 and all other relevant legislation and common law and kept securely at all times.*

**** *If you DO NOT wish us to share this data, please tick the box*

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant signature** |  | **Date** |  |

**\***Rehabilitation of Offenders Act 1974 (as amended)

Nurses and Midwives working in the NHS are exempt from the provisions of the Rehabilitation of Offenders Act 1974 as amended by the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions)(Scotland) Order 2003. You are not therefore entitled to withhold information about convictions, which for other purposes are regarded as “spent” under the provisions of the Act. Any failure to disclose such convictions, or any cautions or pending court cases could result in disciplinary action being taken against you by the University. Please note that the fact that you have a conviction recorded against you or that you have received a caution or have a court case pending will not necessarily mean that you cannot continue your studies (see attached Guidance Notes – What does good character mean?) The object of this notice is not, in any way, to reflect upon your integrity but is necessary to protect the public and the University.

**GOOD HEALTH/ GOOD CHARACTER GUIDANCE NOTES**

The Nursing and Midwifery Council (NMC)/HCPC require students on to provide evidence of good health and good character. The under noted Guidance Notes have been prepared to help you to understand what is required before you complete your declaration. If you should have any questions please ensure that you discuss these with your personal tutor or year/programme leader.

**What does good health mean?**

For the purposes of NMC’s requirements, the term “good health” is a relative concept. In other words, a student may have a disability, such as impaired hearing, or a health condition, such as depression, epilepsy, diabetes or heart disease, and yet be perfectly capable of safe and effective practice. However, there are some conditions which are likely to affect a student’s ability to practise safely and effectively, two of which are alcoholism and drug abuse. Serious mental ill health, drug addition or alcoholism are the main reasons for the removal of nurses from the NMC register, on the grounds that the individual is deemed to be a risk either to themselves and/or to their patients or clients.

If during the programme you become aware of any condition(s) which is likely to affect your ability to practice safely and effectively, you MUST inform your personal tutor, as soon as possible. Failure to do so, will affect your continuation on the programme.

**What about a practitioner with an infection?**

An individual who is infected with, for example, HIV, Hepatitis B or Hepatitis A might be precluded from being able to practise in some posts. However, such an infection would not preclude them from being registered. It is essential, therefore, that registrants applying for posts or registering with an agency are aware of and comply with good health requirements for employment as well as for registration. See draft Department of Health Guidance (2003) on serious communicable diseases.

**What does good character mean?**

Good character is not easy to define. An important determinant of good character is the individual’s commitment to compliance with the Nursing and Midwifery Council (NMC) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (2018)/Health and Care Professions Council (HCPC) Standards of conduct, performance and ethics (2016). The absence of convictions or formal cautions issued by the police is not sufficient evidence of good character and conversely there are some convictions, which the NMC/HCPC would not regard as being incompatible with fitness to practise and, therefore, registration. It depends on the seriousness of the conviction and the circumstances in which the offence was committed. The absence of a police caution(s), a pending charge(s), a court summons(s) for an alleged criminal offence or a relevant conviction(s), as determined by the Higher Education Institution is integral to the meaning of good character. Another factor that might throw into question a student/registrant’s good character is if they are currently suspended by another regulatory body or have been found guilty of misconduct or deemed unfit to practise by such a body. Likewise if they are subject to a determination by a licensing body elsewhere which has the same effect e.g. where a student nurse has previously been a dental nurse/nursery nurse and has been found guilty of professional misconduct.

If during your programme you are charged or summoned to appear in court in connection with an alleged criminal offence, receive a formal caution or have a conviction recorded against you, you MUST inform your personal tutor, as soon as possible. Failure to do so, may compromise your continuation on the programme.

**What are the consequences of making a false declaration?**

Students who knowingly make a false declaration of good health or good character will be dealt with according to the De Montfort University Regulations and will be subject to a Fitness to Practise committee investigation. If it is found proved that a false declaration has been made, this could result in exclusion from the programme or failure to be recommended for registration. Students who subsequently discover that a declaration made in good faith was in fact false should inform their programme leader in writing immediately.

**References**

Department of Health (2003) Draft guidance on health clearance for serious communicable disease. Department of Health, London [www.dh.gov.uk](http://www.dh.gov.uk)

Health and Care Professions Council (HCPC) (2016) Standards of conduct, performance and ethics (2016). HCPC, London

[https://www.hcpc-uk.org/assets/documents/10004EDFStandardsofconduct,performanceandethics.pdf](https://www.hcpc-uk.org/assets/documents/10004EDFStandardsofconduct%2Cperformanceandethics.pdf)

Nursing and Midwifery Council (2018) The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates. Nursing and Midwifery Council, London

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

Nursing and Midwifery Council (2004) Requirements for evidence of good health and good character. Nursing and Midwifery Council, London [www.nmc-uk.org](http://www.nmc-uk.org)

<https://www.nmc.org.uk/education/becoming-a-nurse-or-midwife/when-studying-to-be-a-nurse-or-midwife/>