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**Faculty of Health Sciences and Sport**

**NURU209/ADPP013**

**Prescribing for Health care Professionals (V300)**

**Application Form**

Thank you for your interest in the Prescribing for Healthcare Programme. This module is run twice a year commencing in October and February each year. As this programme is validated by the Nursing and Midwifery Council and the Health Care Professions Council there is a stringent application process, so we appreciate you taking the time to read through the application form and complete it in its entirety prior to uploading this to the applicant portal.

All forms and sections of the application must **be signed and completed in full,** these can be electronic signatures or you can print the form off have it signed and then scan it back in to upload.This is in addition to any necessary online or written generic application processes that you may require to complete. If any part of the application is incomplete, it will be returned to the you. Failure to complete and submit by the application deadline may result in a failure to guarantee a place on the programme. We are unable to consider your application until we receive **ALL** of the above information, please check online for the closing dates for the application.

This programme is run at both level 9 and level 11. We would advise **that most applicants will be required to complete this at level 11** especially if they are on a trainee ACP/specialist paramedic qualification. If you are not on an advanced route currently, please consider if you will go down that career pathway as you are better future proofing yourself with it at level 11. Please note the class is taught as one and only the portfolio assessment is written at level 11.

All forms require to be completed except for:

Form 5 – only to be completed by those applicants working in private practice

Form 7 – only to be completed by those students who have not completed a formal Advanced assessment module at a university.

The teaching team for the Prescribing for Healthcare Professionals Programme look forward to welcoming you to the university.

**FORM 1**

**Applicant Information Form**

|  |  |
| --- | --- |
| Applicant’s Name (as noted on professional register) and **NMC or HCPC number** |  |
| Previous name (if applicable) |  |
| Home Address |  |
| Telephone (Home/Mobile) |  |
| Job Title |  |
| Employer |  |
| Work Address |  |
| Telephone (Work/Mobile) |  |
| Email |  |
| Have you commenced a V300 course in the past and not completed it? If yes, please state at which institution and reason for non-completion. |  |
| Level of intended study (please state 9 or 11 in next column) |  |
|  |  |
| Prescribing Lead’s Name (For details of who this is please see “Entrance Requirements” tab of the website) <https://www.stir.ac.uk/courses/cpd-short-courses/prescribing-for-healthcare-professionals/> |  |
| Prescribing Lead’s Telephone |  |
| Prescribing Lead’s Email |  |
| Confirmation of support form from Health Board Prescribing Lead uploaded to application portal |  |
|  |  |
| Practice Assessor’s Name Professional Regulatory Body:PIN/Registration Number: |  |
| Practice Assessor’s Telephone |  |
| Practice Assessor’s Email |  |
| Practice Supervisor’s Name Professional Regulatory Body:PIN/Registration Number: |  |
| Practice Supervisor’s Telephone |  |
| Practice Supervisor’s Email |  |

**FORM 2**

**LINE MANAGER FORM: (to be completed by the applicant’s line manager).**

**Please type or print in black ink**

The Nursing and Midwifery Council (NMC), the Health and Care Professions Council (HCPC) and associated Higher Education Institution (HEI) demand a high standard of work from health care professionals on this module to maintain a high standard of practice and protect public safety. It is therefore important that candidates are well supported by their employer throughout the duration of the course, including the assurance of any **agreed protected learning time and additional study time as required** in line with the NMC Standards Framework for Nursing and Midwifery Education (2018, updated 2023); NMC Part 2 Standards for Student Supervision and Assessment (2018, updated 2023); and the NMC (2018, updated in 2023) Part 3 Standards for Prescribing Programmes.

Students are required to **attend Ten** face to face/online study days and exams (equates to **84 protected learning hours**) and achieve **90 hours of clinical prescribing practice hours** with support from an Academic Assessor (AA), Practice Assessor (PA) and Practice Supervisor(s) (PS) or Practice Educator\* (HCPC registrants).

The course is designed as a generic prescribing programme, which covers key principles and competencies, including the pharmacology of the main drug groups. It will provide a broad overview of prescribing in a range of aspects of health but will not cover more specific aspects of health care which should be contextualised to the candidate’s clinical area of practice. Employers are therefore best placed to assess if the candidate has the necessary clinical expertise to take on additional prescribing responsibilities and ensure ongoing support opportunities to maintain prescribing skill on course completion.

Please complete all sections below to confirm that the candidate meets criteria for entry to the Prescribing for healthcare professionals programme as outlined by NMC Standards Framework for Nursing and Midwifery Education (2018, updated 2023); NMC Part 2 Standards for Student Supervision and Assessment (2018, updated 2023); the NMC (2018, updated 2023) Part 3 Standards for Prescribing Programmes; and the HCPC (2019) Standards for Prescribing.

*\*Please note that HCPC documentation applies the term* ***Practice Educator*** *in place of the NMC* ***Practice Assessor*** *role*

|  |  |
| --- | --- |
| Applicant’s Name: |  |
| Line Manager’s Name: |  |
| Line Manager’s Job Title: |  |
| Line Manager’s Work Address: |  |
| Line Manager’s Telephone (work/mobile): |  |
| Line Manager’s Email (work): |  |
| **NMC Registrants Only\***I can confirm that the applicant is a registered nurse (level 1), a registered midwife or a SCPHN who has been registered with the NMC for a minimum of one year prior to application for course entry with no restrictions on practice  |  |
| **HCPC Registrants Only\***I can confirm that the applicant is a registered Allied Health Professional with no restrictions on their practice and who meet the HCPC requirements to register on this course |  |
| I can confirm that the candidate is capable of safe and effective practice at a level of proficiency appropriate to the course and the intended area of prescribing practice in the following areas:* Clinical/health assessment
* Diagnostics/care management
* Planning and evaluation of care
* Evidence provided
 | Form of Evidence (Please indicate which)1. Completion of Assessment Module ☐
2. Completion of Diagnostic and Assessment Tool ☐

If A you must include evidence of completion of an assessment module with your application (upload to portal).If B you must complete form 7. |
| I can confirm the candidate’s competence in numeracy within their clinical area of practice.  |  |
| I can confirm that the necessary governance structures arein place (including clinical support, access to protectedlearning time and employer support where appropriate) toenable the candidate to undertake and be adequately supported throughout and after completion of the course  |  |
| I can confirm that the candidate will hold a clinical position in which they will be prescribing immediately after gaining prescribing qualification  |  |
| I can confirm on entry that the candidate has the competence, experience and academic ability to study at the level required (SCQF Level 9 or above)  |  |
| I can confirm that the candidate has an appropriate PVG/Disclosure in place which has been checked with nothing to declare  |  |
| I can confirm that the candidate will be provided with **84 protected learning hours including timetabled days at university** |  |
| Additional Comments: |  |
| Signature of Line Manager: |  |
| Date: |   |

**PRACTICE ASSESSOR FORM:**

**To be completed by the Practice Assessor (or Practice Educator for HCPC registrants\*).**

**Please type or print in black ink**

|  |  |
| --- | --- |
| Applicant’s Name: |  |
| Practice Assessor’s\* Name: |  |
| Practice Assessor’s\* Job Title: |  |
| Practice Assessor’s\* Work Address: |  |
| Practice Assessor’s\* Telephone (work/mobile): |  |
| Practice Assessor’s\* Email(s) (work): |  |
| Practice Assessor’s\* Professional Regulatory Body |  |
| Practice Assessor’s\* Professional Regulatory Body PIN/Registration Number: |  |
| I can confirm that I am a registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the candidate is undertaking  |  |
| I can confirm that **I am** **not** fulfilling both the roles of NMC Practice Assessor\* and Practice Supervisor for the candidate  |  |
| Evidence of exceptional requirement to fulfil both NMC Practice Assessor\* and Practice Supervisor Roles provided  |  |
| I can confirm my ability to make and record objective, evidenced-based assessments on conduct, proficiency and achievement of the candidate drawing on records, direct observations, self-reflection and other resources  |  |
| I can confirm my ability to work in partnership with the nominated Academic Assessor and Practice Supervisors to evaluate and recommend the candidate’s progression for each part of the course, in line with programme standards and local and national policies  |  |
| I can confirm that I have the support of my employing organisation to act as the designated Practice Assessor\*  |  |
| I can confirm that I have suitable preparation and experience in teaching/or supervising/assessing in practice to undertake this role  |  |
| Additional Comments: |  |
| Signature of Practice Assessor: |  |
| Date: |  |

*\*Please note that HCPC documentation applies the term* ***Practice Educator*** *in place of the NMC* ***Practice Assessor*** *role*

**FORM 4**

**FUNDING FORM:**

**To be completed by the Applicant and Line Manager**

**Please type or print in black ink**

**To be completed by NHS Manager /Operational Lead for Prescribing**

**Please provide details of the expected funding stream for this applicant**

|  |  |  |
| --- | --- | --- |
| **Funding Streams** | **Please tick** | **Cost Code** |
| **On ANP Career Path** |  |  |
| **General Practice Nurse** |  |  |
| **District Nurse** |  |  |
| **Service area** |  |  |
| **Self Funding** |  |  |

**Cost Code must be provided, or the application will not be processed**

**FORM 5**

**Self-Employed and Non-NHS employed registrants**

*Independent clinics are defined in the National Health Service (Scotland) Act 1978 as clinics that are not part of a hospital and from which a medical practitioner, dental practitioner, registered nurse, registered midwife or dental care professional (clinical dental technician, dental hygienist, dental nurse, dental technician, dental therapist, orthodontic therapist) who provides a service which is not part of NHS Scotland (Health Improvement Scotland 2018).*

**ADDITIONAL INFORMATION Required:**

**To be completed by the applicant and line manager.**

|  |  |
| --- | --- |
| Name of Clinic/Premises: |  |
| Address of Clinic/Premises: |  |
| Line Manager’s/Business Owner’s Name: |  |
| Line Manager’s/Business Owner’s Job Title: |  |
| Line Manager’s/Business Owner’s Work Address: |  |
| Line Manager’s/Business Owner’s Telephone (work/mobile): |  |
| Line Manager’s/Business Owner’s Email(s) (work): |  |
| I can confirm that the clinic/premises are registered with **Health Improvement Scotland (HIS)** or another health care regulator |  |
| Date of HIS registration: |  |
| Evidence of HIS registration provided (including HIS Registration Number)? | Details: |
| I can confirm that the necessary governance structures are in place (including clinical support, indemnity insurance, access to protected learning time and employer support where appropriate) to enable the candidate to undertake and be adequately supported throughout and after completion of the course |  |
| I can confirm that the person sponsoring the applicant and the Practice Assessor are not the same person |  |
| I can confirm that an appropriate Practice Assessor has been designated  |  |
| I can confirm that an appropriate Practice Supervisor has been designated |  |
|  |  |
| Signature of Applicant: |  |
| Date: |  |
| Signature of Line Manager/Business Owner: |  |
| Date: |  |

**FORM 6**

**Question from Service User**

As part of the application process for the Non-Medical Prescribing Programme the Nursing and Midwifery Council expect service users and carers to be involved in the application process. Within the Faculty of Health Sciences and Sport several of the service users involved in recruitment to other NMC approved programmes have devised the following question as part of the application process.

Please provide approximately **200 words** in response to the question below.

Your response will be considered by service users and academic staff as part of the overall assessment of the application information provided within this application pack to secure a place on the Prescribing for Health Care Professionals Programme.

**Question:**

***Please detail below if you were to successfully complete the program, and register as a prescriber, what impact would this have on the service your department provides and what benefits do the people who use the service gain?***

**FORM 7: Only complete if Clinical Assessment module (at level 9/11) has not been completed.**

**Guide to Assessing Competence in Assessment and Diagnosis**

Your employer must be satisfied that the applicant is able to assess and diagnose within their area of speciality. Applicants can achieve competency in assessment and diagnosis in two ways:

**Academic**

* By successful completion of a specific module at a Higher Education Institution (HEI) relevant to their current area of practice e.g., Advanced Clinical Assessment and Examination
* By successful completion of a programme of advanced/specialist practice that includes assessment and diagnosis of conditions specific to their clinical field of practice.

**Experiential**

You must be deemed competent by your line manager or PA. It should be possible to identify whether an applicant has these skills through continuous professional development and reflection within the workplace setting as well as by the nature of the role undertaken by the individual practitioner who has a degree of autonomy in practice. The NMC (2018) state that confirmation is required to:

 *confirm that the applicant is 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 areas:*

* *Clinical/health assessment*
* *Diagnostics/care management*
* *Planning and evaluation of care*

If line manager/PA are unable to verify that an applicant has undertaken an appropriate qualification as articulated above the applicant has to demonstrate achievement of the following competencies based on the **applicants experiential learning within their current scope of practice**. The evidence generated by the applicant has to be assessed and approved by the line manager/PA. The line manager/PA must complete this form and sign all of the required boxes.

The assessment, regardless of how it is carried out, should be evidenced against the enclosed template to ensure that the entrance criteria are achieved.

**Reference**

Nursing and Midwifery Council (NMC) (2018, updated 2013) *Realising Professionalism: Standards for Education and Training. Part 3: Standards for* *Prescribing Programmes*. London: NMC.

|  |  |  |  |
| --- | --- | --- | --- |
| **Competencies** | **Evidence** | **Knowledge and Skills Framework (KSF)**  | **Assessed as Competent by:Signed/Ticked by Line manager/PA** |
| **Clinical Knowledge: Has up-to-date clinical knowledge relevant to own area of practice.** |  |  |  |
| Understands the clinical conditions that will be treated, their natural progression and how to assess the severity of the disease. |  | HWB 6HWB 7WHB 8 |  |
| Maintains an up-to-date knowledge of medicines used in the treatment of these conditions. |  | Core 2,4HWB 8 |  |
| Understands the different non-pharmacological and pharmacological approaches to modifying disease and promoting health, desirable and undesirable outcomes and how to assess them. |  | 1K 11K 21K 3 |  |
| **Establishing Options: Takes a clinical history, analyses and interprets the history, the presenting symptoms, physical findings, and test results to develop the appropriate differential diagnosis.** |  |  |  |
| Knows how to take a comprehensive clinical history that includes presenting signs and symptoms, onset and duration of same and previous history.Can undertake an appropriate physical examination if required. |  |  Core 1 HWB 2HWB 6 |  |
| Knows what constitutes a complete medication history that would include complementary, herbal and over the counter remedies. |  | Core 1 HWB10  |  |
| Understands what investigations/tests may be needed and how to access and interpret them to assist in the development of a diagnosis |  | HWB 6HWB 8 |  |
| Understands that interventions may involve non-pharmacological approaches |  | HWB 7 |  |
| Can demonstrate their knowledge of the relationship between multiple pathologies, existing medications and contraindications of treatment options. |  |  |  |
| Can demonstrate how/to whom they would refer on a patient whose clinical condition was beyond their own scope of practice. |  |  |  |
| **Establishing a Relationship: Establishes a relationship based on trust and mutual respect. Sees patient as a partner in the consultation process.** |  |  |  |
| In consultation with the patient/carer, develops a diagnosis based on scientific rationale, evidence-based standards of care and practice guidelines. |  | HWB 5 HWB 5 HWB 7  |  |
| Explains the nature of the patient’s condition, the rationale behind and potential risks and benefits of the management options. |  | Core 1,2,3HWB1,21K 2G2,3 |  |
| Encourages patient/carer to take responsibility for their own health and to self-manage their conditions as appropriate. |  | HWB 4,6G1Core 1,2 |  |
| Checks the patient/carer’s understanding of their diagnosis and how the condition should be managed. |  | Core 1HWB 7G 3 |  |

**Line manager/PA signature** …………………………………………………………