

Supporting Admissions Form (SAF) for: Non-medical Prescribing Programme 2023-24

This form must be completed by all applicants wishing to study the Non-medical Prescribing Programme at the University of Hertfordshire incorporating either an Independent or Supplementary prescribing module, including those who are studying a Non-medical Prescribing module as part of a wider programme of study e.g. Advanced Clinical Practice, Contemporary Nursing or Specialist Community Nursing.

This form enables us to ensure that all GPhC, HCPC or NMC, Department of Health and Social Care and University Admissions criteria are being met. Therefore, there is a strict requirement that all sections of the form **are fully completed, and the relevant signatures obtained before an application to the programme can be approved.**

Please ensure you have read the admissions information document and entry criteria provided before completing this form.

The programme you are applying for (please check box)

Practice Certificate in Independent Prescribing (AHP) (Physiotherapist, Paramedic, Podiatrist or Therapeutic Radiographer)

Practice Certificate in Independent Prescribing (Nurse and Midwife) (Level 7 (postgraduate masters level))

Practice Certificate in Independent Prescribing (Pharmacist)

Practice Certificate in Supplementary Prescribing (AHP) (Diagnostic Radiographer or Dietitian)

Practice Certificate in Independent Prescribing (Nurse and Midwife) (Level 6 (undergraduate first degree level))
This option is only available to students on an existing BSc programme at UH

Section 1 – Applicant contact details

Name

Home address

Personal email

Employing Organisation Title

Work address

Personal email

Mobile number

Practice area

Intended scope of prescribing practice

Date

This section should be completed by the PE, DPP or PA who will be responsible for the period of learning in practice:

I agree to:

Support the student/apprentice in their development of the competencies outlined in The [Royal Pharmaceutical Society Competency Framework](#) for all Prescribers and to collaborate effectively with the Students Practice Supervisor (nursing and midwifery students/apprentices only) and Personal Tutor and/or Academic Assessor to enable a valid assessment of the competencies achieved.

Supervise, support and assess the student/apprentice, facilitating them to spend a minimum of 25 of the required 90 hours of period of learning in practice with me during the five-month programme.

Appropriately raise to the Personal Tutor and/or Academic Assessor at the earliest opportunity and respond to any concerns regarding student/apprentice conduct, competence and achievement, and understand I will be supported by the University of Hertfordshire in doing so.

I confirm:

I hold current registration with my professional regulator

My HCPC, GPhC, GMC or NMC Pin number is:

I have been qualified as a prescriber for a minimum period of 3 years within the student's intended field of prescribing practice and prescribe regularly

I meet all competencies within The [Royal Pharmaceutical Society Competency Framework for all Prescribers](#) and [Royal Pharmaceutical Society \(RPS\) A Competency Framework for all Designated Prescribing Practitioners](#)

I have experience or training in teaching, assessing and/or supervising in practice

I will engage in on-going professional development to reflect and develop in my role

I have the support of my employing organisation to act as the PE, DPP or PA for the applicant detailed in Section 1

I will not support more than 2 non-medical prescribing students consecutively undertaking a prescribing programme at any UK university, except in exceptional circumstances where this has been agreed with the Programme Leader

Name

Signature (handwritten & not electronic)

Job title

Employing organisation title

Work address

Date

Email

Work telephone

Mobile number

Section 2b – Supporting Statement from your Practice Supervisor (PS) (Nurses and Midwives only) *

This section should be completed by the PS who will be responsible for the period of learning in practice:

I agree to:

Support the student/apprentice in their development of the competencies outlined in The [Royal Pharmaceutical Society Competency Framework for all Prescribers](#) and to collaborate effectively with the Students Practice Supervisor (nursing and midwifery students/apprentices only) and Personal Tutor and/or Academic Assessor to enable a valid assessment of the competencies achieved.

Supervise, support, and assess the student/apprentice.

Appropriately raise to the Personal Tutor and/or Academic Assessor at the earliest opportunity and respond to any concerns regarding student/apprentice conduct, competence, and achievement, and understand I will be supported by the University of Hertfordshire in doing so.

I confirm:

I hold current registration with my professional regulator

My HCPC, GPhC, GMC or NMC Pin number is:

I have been qualified as a prescriber for a minimum period of 3 years within the student's intended field of prescribing practice and prescribe regularly

I meet all competencies within The [Royal Pharmaceutical Society Competency Framework for all Prescribers](#)

I have experience or training in teaching, assessing and/or supervising in practice.

I will engage in on-going professional development to reflect and develop in my role.

I have the support of my employing organisation to act as the PS for the applicant detailed in Section 1.

Name

Signature (handwritten & not electronic)

Job title

Date

Email

Work telephone

Mobile number

*Situations in which the Practice Supervisor and Practice Assessor Role are to be undertaken by the same individual are subject to Programme Leader approval. Please indicate which of the following permitted exceptional circumstances apply:

There are insufficient nurse prescribers with the relevant skills, knowledge, or experience to allow different individuals to assume the roles of Practice Supervisor and Practice Assessor.

Staffing challenges do not permit different individuals to assume the roles of Practice Supervisor and Practice Assessor.

Local governance processes require that the role of Practice Assessor is undertaken by a medical practitioner.

The complexity of patient needs treated within the applicant's intended scope of prescribing practice requires that the role of Practice Assessor is undertaken by a medical practitioner.

Section 3a - Confirmation from Supporting Organisation for Nurse, Midwife and Allied Health Professional applicants only.

The applicant has the skills and knowledge described in this form and meets the criteria for entry to the non-medical prescribing programme.

The applicant demonstrates safe and effective practice in clinical/health assessment, diagnostic/care management and planning and evaluation of care in relation to their intended field of practice.

The employing organisation will support the applicant to undertake the programme. The support provided will include:

- time to attend the required 26 scheduled study and assessment days and engage in guided study activities set by the University of Hertfordshire.
- arrangements to support a period of learning in practice equivalent to 90 hours.
- access to appropriate learning opportunities in practice.
- protected time to engage in practice development activities with an identified Practice Supervisor and Practice Assessor or Practice Educator.
- time and support to collaborate effectively with the Lead Midwife for Education to enable midwifery-specific development (midwife applicants only).

There is an identified service need for the development of a prescribing role.

The clinical area has been subject to a satisfactory placement audit within the last 2 years.

The applicant will have appropriate supervised practice in the clinical area in which they are expected to prescribe.

The Practice Supervisor and Practice Assessor or Practice Educator will be fully supported by the service organisation to undertake their role and will be able to participate in appropriate development opportunities.

A robust clinical governance framework exists in which the applicant is required to work.

The applicant's clinical knowledge is up-to-date and relevant to their intended area of prescribing practice.

Networks for support, reflection and learning are available within the local area and include prescribers from other professions.

Name

Signature (handwritten & not electronic)

Job title

Employing organisation title

Work address

Date

Email

Work telephone

Mobile number

Section 3b - Confirmation from Supporting Organisation for Pharmacist applicants only.

All the criteria outlined are GPhC requirements.

Part 1: This section only applies to applicants employed within the clinical area in which supervised practice will be undertaken (e.g. hospital, community setting or General Practice).

To be completed by the senior member of the employing who must confirm **All** of the following:

The applicant has the skills and knowledge described in this form and meets the criteria for entry to the non-medical prescribing programme.

The applicants clinical, pharmacological and pharmaceutical knowledge is up-to-date and relevant to their intended area of prescribing practice.

The employing organisation will support the applicant to undertake the programme.

The support provided will include:

- time to attend the required 26 scheduled study and assessment days and engage in guided study activities set by the University
- arrangements to support a period of learning in practice equivalent to 90 hours
- access to appropriate learning opportunities in practice
- protected time to engage in practice development activities with an identified Designated prescribing practitioner.

There is an identified service need for the development of a prescribing role.

The clinical area has been subject to a satisfactory placement audit within the last 2 years.

The applicant will have appropriate supervised practice in the clinical area in which they are expected to prescribe.

A robust clinical governance framework exists in which the applicant is required to work.

Networks for support, reflection and learning are available within the local area and include prescribers from other professions.

Name

Signature (handwritten & not electronic)

Job title

Employing organisation title

Work address

Date

Email

Work telephone

Mobile number

Part 2: This section applies to all applicants who are not employed within the clinical area in which supervised practice will be undertaken. Please ensure both parts 2a and 2b are completed:

Part 2a: To be completed by the senior member of the organisation providing the supervised practice experience who must confirm all of the following:

The organisation will support the applicant to undertake the course which will include access to patients, their records and the ability to develop their assessment and diagnostic skills with patients.

The clinical area has been subject to satisfactory educational audit within the last 2 years.

The supervised practice placement is either in primary care or secondary care if the student is a community pharmacist.

A robust clinical governance framework exists in which the applicant is required to work.

Name

Signature (handwritten & not electronic)

Job title

Employing organisation title

Work address

Date

Email

Work telephone

Mobile number

Official stamp of organisation or alternatively, an email sent from the senior member's organisational email will be acceptable:

Part 2b: To be completed by the applicant's nominated referee

The referee must be: The referee must be:

- a pharmacy professional who is familiar with the applicant's practice and the local area in which they work.
- fully independent and not a family member.
- The referee's GPhC number must be stated on the reference.

In the following reference please:

- state how long you have known the applicant and in what capacity
- the applicant's clinical, pharmacological and pharmaceutical knowledge is up-to-date and relevant to their intended area of prescribing practice.
- confirm your assessment of their professional knowledge and skills:
- the applicant is committed to their on-going professional development and networks for support, reflection and learning are available within the local area and include prescribers from other professions.

Name

Signature (handwritten & not electronic)

Job title

Date

Email

Work telephone

Mobile number

Section 4 - Additional Information required for all Applicants undertaking the programme on an individual or self-employed basis.

Applicants who are undertaking the programme on an individual or self-employed basis are required to provide a pro-fessional reference from a colleague who holds registration with the applicant's regulatory body. The reference should confirm the referee's knowledge of the applicant's eligibility to study the programme, professional skills, and experience in relation to your intended field of prescribing practice. The reference should be provided on headed paper or sent via an organisational email and include the referees following information:

- Name:
- Signature:
- GPhC, HCPC or NMC Number:
- Job Title:
- Date:
- Email:
- Work Telephone:

The final decision regarding admission to the programme rests with the Non-medical Prescribing Programme Lead.

Your application cannot be considered without this reference and the supporting statement outlined in Section 2.

Please send references to cpdhealth@herts.ac.uk. Applications will not be processed until required references have been received.