# Supporting Admissions Form (SAF) for: Non-medical Prescribing Programme 2024-25

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, advanced pharmacy practice, advanced physio, advanced paramedic practice 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 tick box)

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

Practice Certificate in Independent Prescribing (Nurse and Midwife)

Practice Certificate in Independent Prescribing (Pharmacist)

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

# Section 1 – Applicant Contact Details

| Name                                   |  |  |  |  |  |
|--|--|--|--|--|--|
| Home address                           |  |  |  |  |  |
| Personal Email                         |  |  |  |  |  |
| Phone Number                           |  |  |  |  |  |
| Job Role                               |  |  |  |  |  |
| Employing Organisation Title           |  |  |  |  |  |
| Employee Organisation Address          |  |  |  |  |  |
|  |  |  |  |  |  |
| Intended scope of prescribing practice |  |  |  |  |  |
|  |  |  |  |  |  |
| Date                                   |  |  |  |  |  |

# Section 2a – Supporting Statement from your Designated Prescribing Practitioner (DPP), Practice Assessor (PA), Practice Educator (PE)

To ensure that you are suitable to support the prescribing student in practice, you are required to demonstrate your competency as set out in the Royal Pharmaceutical Society (2019) competency framework for Designated prescribing practitioners.

https://www.rpharms.com/resources/frameworks/designated-prescribing-

# The structure of the Competency Framework for Designated Prescribing Practitioners

#### **The Designated Prescribing Practitioner**

- 1. Personal characteristics
- 2. Professional skills and knowledge
- 3. Teaching and training skills

#### **Delivering the role**

- 4. Working in partnership
- 5. Prioritising patient care
- 6. Developing in the role

#### Learning environment and governance

- 7. Learning environment
- 8. Governance

As a university, we require information to allow us to assess whether the DPP/PA/PE, can support the applicant in their clinical setting, to supervise their training and assess their final competence as part of the Practice Certificate for Independent Prescribing.

Competencies for DPP, PA, and PE – You need to meet this criteria to be eligible to support Non-medical Prescribing Students:

#### **Competency 1 – Personal Characteristics**

I am in good standing with my profession's Regulatory body.

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

#### **Competency 2 – Professional Skills and Knowledge**

I am a registered healthcare professional in Great Britain or Northern Ireland with active legal prescribing rights.

I have at least 3 years recent and frequent prescribing experience in a patient-facing role in the student's/apprentice's intended area(s) of prescribing.

I have appropriate patient-facing clinical and diagnostic skills.

I have knowledge of the scope and legal remit of the non-medical prescribing student's/apprentice's profession.

#### **Competency 3 – Teaching and Training Skills**

I have experience or have had training in teaching and supervising in practice and I have the appropriate knowledge either through training or experience to facilitate learning in practice.

I have knowledge of a range of methods of assessment, and experience in conducting assessments of students/apprentices in clinical practice.

I can facilitate learning by encouraging critical thinking and reflection.

I agree to support the student/apprentice in the development of their competencies outlined in the Royal Pharmaceutical Society competency framework for all prescribers. https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework

#### **Competency 4 – Delivering the Role – Working in Partnership**

I can work with the student/apprentice to establish their baseline knowledge and jointly create development plans for meeting learning outcomes.

I can confirm the practice setting is a clinical environment and the student/apprentice will have direct access to patients.

I can confirm I am willing to 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.

I can regularly assess the student/apprentice at appropriate intervals and guide the process that leads to a prescribing decision.

I can work in partnership with the student/apprentice, other practitioners, and the programme provider to confirm the competence of the student.

I recognise my own limits in capacity, knowledge and skills and areas of practice where other practitioners would be better placed to support learning.

I will encourage the student/apprentice to learn from other members of the multidisciplinary team.

#### **Competency 5 – Prioritising Patient Care**

I will act in the interest of the patient and ensure safe and effective patient care through effective clinical supervision and ensure that patients are informed and consent to the student's/apprentice's presence at consultations.

I will identify and respond to any concerns regarding the student's/apprentice's behaviour in practice.

#### **Competency 6 – Developing the Role**

I am open to learn and be challenged and will use feedback from students/apprentices to improve my clinical and supervisory practice.

I regularly reflect on my role as DPP/PA/PE and potential for improvement and can identify when help is required in the role and where to seek support.

I have undertaken the relevant CPD/education and training to expand and update my knowledge and skills that are applicable for the role.

#### **Competency 7 – Learning Environment**

To ensure a suitable learning environment I will negotiate sufficient time to support the student/apprentice.

I will encourage an environment that promotes equality, diversity and inclusivity and create a safe environment that encourages participation and open discussions.

#### **Competency 8 – Governance**

I acknowledge my role and responsibilities within the wider governance structure.

I am familiar with the process of escalating concerns about the student/apprentice and where appropriate will engage in the process.

Please outline below your experience of teaching, supervision, and assessment of healthcare professionals, including details of any formal qualifications you may have in this area. Please supply the evidence of formal qualifications.

#### Agreement by the DPP/PA/PE for the supervision of the applicant:

| DPP/PA/PE Name            |     |
|---------------------------|-----|
| Email Address             |     |
| Professional Qualificatio | ons |
| Job Role                  |     |
| Employment Address        |     |
|                           |     |

Phone Number

I confirm that I have agreed to supervise, support, and assess the applicant for a minimum of twelve days (90 hours) in the development of their prescribing role during their clinical placement.

| Signature of DPP/PA/PE |  |
|------------------------|--|
| Professional Body      |  |
|                        |  |
| Registration Number    |  |
| Date                   |  |

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

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.

# The Practice Supervisor must be a registered prescriber who meets the following criteria:

- 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 have experience or training in teaching, assessing and/or supervising in practice.
- I can demonstrate that they meet all competencies in the '<u>A competency framework for all prescribers.</u>'
- I understand the proficiencies and programme outcomes they are supporting students to achieve.
- I agree to support and supervise the student and provide feedback on their progress towards and achievement of proficiencies and skills for safe and effective practice as an Independent Prescriber.
- I agree to periodically record relevant observations on the conduct, proficiency, and achievement of the student, and share these observations with practice and academic assessors to inform decisions for progression.
- I will appropriately raise and respond to student conduct and competence concerns.
- I hold current registration with my professional regulator.

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

| Name                                    |  |
|---|--|
| Job Role                                |  |
| Email Address                           |  |
| Employment address                      |  |
|   |  |
| Phone Number                            |  |
| Signature (handwritten, not electronic) |  |
| Date                                    |  |

# Section 3 – Confirmation from Supporting Organisation

#### The learning environment:

As part of the quality assurance process, all Practice Assessors, Practice Educators or Designated Prescribing Practitioners must confirm the learning environment meets the following requirements and this needs agreement from a senior member of the organisation.

#### Standard Statement (please tick):

Our learning environments are with CQC-registered providers (or equivalent) with no conditions or recommendations relating to medicines management, prescribing or support for learners.

Our policies and procedures within our learning environment areas reflect health and safety legislation, employment legislation and equality of opportunity.

Our human resources management processes reflect current good practices in relation to recruitment, retention and development of staff and promote equality, inclusivity, and diversity.

Our staff understand and manage specific risks to students/apprentice and risk assessments are carried out in our learning environments.

We ensure that students/apprentices have access to appropriate clinical equipment, books, journals, educational and IT facilities, including internet access, (where practicable) when they are in our learning environments.

We have mechanisms in place in our learning environments to ensure early recognition of poor student performance and for taking appropriate and prompt action.

Our learning environment supervisors and/or assessors are aware of students' learning outcomes so that they can agree with the student on an individual learning contract for the period of learning in practice.

We provide students with regular opportunities to discuss their progress towards meeting their learning contract with their practice supervisors and assessors.

We act on evaluation/feedback information that students give us on the quality of their learning experience during their period of learning in practice.

We provide students with an orientation/induction to each learning environment.

Our learning environments ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning.

Our learning environments 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; practising in an environment that respects users' rights, privacy and dignity.

Our staff, who act as supervisors and/or assessors of students, demonstrate evidence-based practice, teaching, and assessment.

We provide learning opportunities in environments that are appropriate to the level and needs of the student and provide opportunities for interprofessional working.

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.

We are committed to creating a safe learning culture that encourages participation and open discussion to support learning.

I confirm all the above standards will be met whilst the student undertakes the period of learning and assessment in practice. (If there are any exceptions, please identify these on a separate page.)

| OPP/PA/PE Signature            |             |            |                                      |                       |                          |              |
|--------------------------------|-------------|------------|--------------------------------------|-----------------------|--------------------------|--------------|
| Date                           |             |            |                                      |                       |                          |              |
| Agreemen<br>place:             | t to suppo  | rt the st  | udent/apprentic                      | e by the organisation | on where the supervision | on is taking |
| Organisatic                    | on Name     |            |                                      |                       |                          |              |
| Job Title (TI<br>of the organi |             |            | nger or senior memb<br>tional Lead') | er                    |                          |              |
| Email Addr                     | ess         |            |                                      |                       |                          |              |
| Phone Nun                      | nber        |            |                                      |                       |                          |              |
| Signature (                    | handwritter | n, not ele | ectronic)                            |                       |                          |              |
| Date                           |             |            |                                      |                       |                          |              |

Section 4 – Confirmation of applicant's suitability to commence the programme from the Employer/referee if applicant is self-employed or the supervised practice is not being completed in the employing organisation

#### This section needs to be completed by a senior member of the organisation:

|     | The applicant has the skills and knowledge described in this form and meets the criteria for entry to   |
|-----|---|
| the | non-medical prescribing programme.  |
| ma  | The applicant demonstrates safe and effective practice in clinical/health assessment, diagnostic/care nagement and planning and evaluation of care in relation to their intended field of practice. |

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

|      | The applicant will have appropriate supervised practice in the clin | nical are | ea in whie | ch they | are exp | pected |
|------|---|-----------|------------|---------|---------|--------|
| to j | prescribe.  |           |            |         |         |        |

|     | The applicant's clinical knowledge is up-to-date and relevant to their intended area of prescribin | ng |
|-----|--|----|
| pra | ctice.   |    |

|     | The employing organisation will support the applicant to undertake the programme. | The support |
|-----|---|-------------|
| pro | ovided 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 DPP/PA/PE

| Name                                    |             |  |
|---|-------------|--|
| Job Role                                |             |  |
| Employing Organis                       | ation Title |  |
| Employee Organisation Address           |             |  |
|   |             |  |
| Phone Number                            |             |  |
| Email Address                           |             |  |
| Signature (handwritten, not electronic) |             |  |
| Date                                    |             |  |
|   |             |  |