** Programme Application Form (PAF) 18/19:**

**Paramedics only *Version 2***

**Non-Medical Prescribing (Independent and/or Supplementary)**

**Section One - all applicants to complete (click on “squares” to answer)**

**Applicant name as stated on HCPC Register:**

**HCPC Number:**

**Employing organisation name:**

**Start date of employment in your current role:**

[ ]  Checked by UWE

Please ensure you have completed and included the following sections:

[ ]  Section One – Declaration

[ ]  Section Two – Programme requirements / Entry Criteria

 [ ]  Section Three – NMP lead / employer confirmation

[ ]  Section Four - DMP confirmation (DMP handwritten signature required)

[ ]  Submission of a development plan

**Declaration**

I confirm that the information contained within this application is accurate.

I understand that:

* I will not be accepted onto the course until I have applied online using this link <http://courses.uwe.ac.uk/Z51000077/non-medical-prescribing>. In order to apply you will need to register through the CPD portal by clicking on this link.
* I will not be accepted onto the course until the programme application form and any other required paperwork is uploaded to the CPD portal.
* I will not be accepted onto the course until I have confirmed I have a valid Enhanced DBS certificate and the original has been seen by the CPD team by way of posting the original to the CPD team or confirming to the CPD team that you will bring it with you on the first day. We need to see the original and cannot accept copies of your DBS certificate. Please see page 2 for further information.

|  |  |
| --- | --- |
| Signature of Student: (E-signature accepted)  | Date:  |

The following address can be used to return your DBS certificate:

Emily Haycock, University of the West of England, CPD Team, Room 2B16, Glenside Campus, Blackberry Hill, Bristol, BS16 1DD.

**Section Two – Programme Requirements / Entry Criteria**

**I confirm that I meet the following requirements for admission to the Non-Medical Prescribing (Independent and/or Supplementary) Programme as stated below:**

|  |
| --- |
| [ ]  I am a Registered Paramedic with evidence of post qualification study (e.g. DipHE)I have been qualified for 5 years and have been working at an advanced level for 1 year within my speciality where the inability to prescribe has limited my practice.I am currently in a clinical role and to the best of my knowledge will remain so for the next 3 years  |
| [ ]  I have a valid Enhanced DBS or, I am in the process of obtaining one.  *Additional information:* Should you have the original certificate and it is within 3 years of issue at the start of the course, please post in your original DBS certificate to the address on page 1 of this form. Or confirm to Emily Haycock in CPD that you will bring it with you on the first day of the course.  If older than 3 years at the start of the course, should you have registered with the update service, you can provide evidence of your DBS by way of checking the DBS database online for any updates. You can provide a screen print showing the issue date, certificate number and date checked online.  If you did not register for the online update service and your certificate is older than 3 years, you will be required to obtain a new enhanced DBS certificate which will have to be requested by your employers, and will include adult and child searches. You will not be accepted onto the course without a valid DBS. |
| [ ]  There is an identified organisational need for me to prescribe independently Please explain below the clinical need for you to be an independent prescriber (no more than 200 words). For self-employed applicants, you will need to speak directly with the NMP Programme Lead at UWE to discuss your individual role before submitting this application. |
| [ ]  I have a designated medical practitioner (DMP) in place willing and able to supervise 90hrs of my practice learning in relation to my future prescribing role.Please explain below how you will gain regular access to patients within your area of clinical practice in order to achieve the required 90 hours supervised practice. If you are self-employed or accessing a DMP from another organistion this must also demonstrate how clinical governance will be achieved whilst you are achieving this – e.g. honorary contracts – written agreements (no more than 200 words) |
| [ ]  I am enrolled on an Advanced Masters programme and have already undertaken one Level M (L7) piece of work (evidence of award will be required – to be scanned this in with this document)and I have a qualification and evidence of continuing competency in physical examination, clinical skills, diagnostics, decision making in an area relevant to my clinical area (evidence of qualification will be required – to be scanned this in with this document). If you are working towards an Advanced Masters Programme please submit a development plan with this document which shows which modules you have already taken and what you intend to undertake. An example template has been given at the end of this document which you may use or if you are enrolled on an Advanced Master programme in another university you are welcome to submit a plan that you already have in place. |
| [ ]  I understand that there is a 100% attendance for the 12 face to face days. Unexpected absences will require discussion with the programme leader.andI have discussed with my mentor and my manager how the additional 12 directed learning days and the required 90 hrs of supervised learning hours in practice will be achieved. |
| [ ]  I understand that the Non-Medical Prescribing programme is intensive and that there is an expectation that I will need to devote around 400 hours to studying andI understand that although support is given to enhance my academic work, there is not capacity within the course timescales to be taught to write at Level M (7) |
| [ ]  My organistion has access to a pharmacist, a medical director and an NMP Lead (or equivalent) in place.and Clinical Governance policies are in (or being developed) place to support Independent Prescribing for advanced paramedics |

**Section Three – For DMPs to complete**

**As the Designated Medical Practitioner I can confirm that:**

|  |
| --- |
| * I am registered with the GMC
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| * I am a Registrar, GP or above
 |
| * I am able to devote sufficient time to support the student in achieving 90 hours supervised learning
 |
| * I must be sufficiently impartial to the outcome for the student and, wherever possible, should not be the same person sponsoring the student to undertake the programme.
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Please supply the following information to ensure the Department of Health criteria is met for the supervision in practice for prescribers by medical assessors. Please tick the appropriate response.

**Department of Health (Nov 2001) Criteria:** Are you a registered medical practitioner who:

1. has had at least 3 years medical, treatment and prescribing responsibility for a group of patient/clients in the relevant field of practice?

Yes [ ]  No [ ]

**and** are you:

1. (a) within a GP practice and either vocationally trained or in possession of a certificate of equivalent experience from the Joint or Post-Graduate Training in General Practice?

Yes [ ]  No [ ]

OR (b) a specialist registrar, clinical assistant or a consultant within a NHS Trust or other NHS employer?

Yes [ ]  No [ ]

**and** have you:

1. the support of the employing organisation or GP practice to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice?

Yes [ ]  No [ ]

**and** have you:

1. some experience or training in teaching and/or supervision in practice?

Yes [ ]  No [ ]

If you are not an Approved Training Practice/Institution, then please outline your experience of teaching, supervision and assessment of students.

|  |
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|  |

Now please complete the DMP details on the next page.

**Designated Medical Practitioner**

|  |
| --- |
| Name (please print as shown on GMC register):  |
| **Email address (Please print or type):**  |
| Telephone number:  |
| Job Role:  |
| GMC number:  | [ ]  Checked by UWE |
| **Signature:** **(MUST BE HANDWRITTEN)**  | Date:  |

**Section Four – For NMP lead to complete**

**Employers are required to appraise applicant’s suitability to prescribe before they apply for a training place.**

**For self-employed applicants, you will need to speak directly with the NMP Programme Lead at UWE to discuss your individual role before submitting this application.**

**As the Non-Medical Prescribing Lead I can confirm that:**

* 1. The applicant has discussed his/her participation on the Non-Medical Prescribing (Independent and/or Supplementary) programme with me.
	2. The applicant meets the criteria set in section one
	3. That there is clinical need within the applicant’s role to justify prescribing.
	4. That the organisation will support the applicant for the duration of the programme.
	5. The applicant has discussed with their manager/DMP how the 90 hours supervised learning and the 12 directed learning days will take place
	6. Directed learning time is defined as a period of 12 days of focused learning to meet the defined content of this programme.
	7. That the applicant has a DBS which is less than three years old, or is in the process of obtaining one.

|  |  |
| --- | --- |
| Signature: (E-signature accepted if the signatory is the NMP Lead registered at UWE)  | Date:  |
| Name:  |
| Organisation:  |
| Title/Position:  |
| Email address:  |
| Contact telephone number:  |

|  |  |  |  |
| --- | --- | --- | --- |
| Module | **Credit** | **Date started/ completed** | **Status** |
| Leadership and InnovationCompulsory  | 20 (M) |  |  |
| Research MethodologyCompulsory | 20 (M) |  |  |
| Dissertation/EWBLCompulsory | 40 (M) |  |  |
| Physical examination | 20 (M) |  |  |
| Pathophysiology and diagnostics | 20(M) |  |  |
| Optional Module | 20 (M) |  |  |
| Prescribing | 40 (M) |  |  |
| Total |  |  |  |

This is just an example development plan for your advanced master programme. Your programme may look slightly different so you can overwrite the above.

Please note that in some universities you may take degree level (L6) credit into a **full** masters programme however please be aware that to fulfil the entry criteria you **MUST** have undertaken and passed a masters level (L7) module before being accepted onto the prescribing programme.

In addition you must have undertaken further study (e.g DipHE) if you originally qualified through the IHCD route.