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| --- | --- | --- | --- | --- | --- |
| **Designated Practice Assessor (V300)**  **Please ask your Designated Practice Assessor to *fully* complete this page:**  **Practice Assessor**: a registered healthcare professional and an experienced prescriber with  suitable equivalent qualifications for the programme the student is undertaking. This is currently a Designated Medical Practitioner for both HCPC and NMC registrants. | | | | | |
| **FULL NAME** (please print full forenames and surname): | | | | | |
|  | | | | | |
| ORGANISATION NAME AND ADDRESS: | | | | | |
|  | | | | | |
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|  | | | | | |
| TELEPHONE: | EMAIL ADDRESS: | | | | |
| **PROFESSIONAL REGISTRATION NUMBER**: | | | | | |
| PROFESSIONAL QUALIFICATIONS *(please include dates)* | | | | | |
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| Teaching/Mentor Qualification(s) | | | | | |
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| Recent professional development e.g. conferences/study days/learning units to support prescribing role | | | | | |
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|  | | | | | |
| Have you had 3 years recent prescribing experience in a relevant field of practice? | | **Yes** |  | **No** |  |
| If a General Practitioner do you hold a vocational Training Certificate or  an equivalent that is recognised by the joint committee for Post Graduate training in General Practice or an equivalent exemption certificate? | | **Yes** |  | **No** |  |
| Are you a specialist registrar, Clinical assistant or consultant within an  NHS trust or other NHS employer? | | **Yes** |  | **No** |  |
| Do you have the support of the employing organisation to act as a practice assessor who will provide the student with supervision, support and opportunity to develop/acquire competence in prescribing practice? | | **Yes** |  | **No** |  |
| Do you have relevant experience in training, teaching and / or supervising in practice? Please provide details in the box below: | | **Yes** |  | **No** |  |
|  | | | | | |

**Practice Assessor Signature:……………………………………… Date………………..……**

**SELECTION CRITERIA FOR NON-MEDICAL PRESCRIBING TRAINING**

**CHECKLIST TEMPLATE FOR ORGANISATION GUIDANCE**

*Applicants: Please ask your line manager to complete this section or if you are self-employed please self-declare. This information is needed to confirm applicant eligibility and fulfil professional body audit requirements.*

*If you are self-employed or a non-NHS employed registrant you will need to sign this as a self-declaration. The following criteria will also apply:*

* *A DBS check will be required with the application form*
* *You will be required to have a Practice Assessor (DMP) working in the same area, for example if you are an aesthetic practitioner, and you will need to be assessed in this clinical area.*
* *As part of the application process the professional register will be checked to ensure current registration*

##### Meeting Service or Patient Need

A service or patient need has been identified which will benefit from non-medical 

prescribing

The service or patient need requires non-medical prescribing rather than PGD 

use for supply and/or administration

**Applicant Suitability**

Is this profession eligible for training as a supplementary and/or independent prescriber?  Is this individual registered with a professional body?  The individual has the appropriate post-registration experience in the relevant specialty 

The individual has sufficient therapeutic knowledge and skills in their chosen area to enable 

them to prescribe safely

The individual is capable of safe and effective practice at a level of proficiency appropriate to the programme of study/intended area of prescribing practice in the following areas:

Clinical/health assessment 

Diagnostics and care management 

Planning and evaluation of care 

The individual is able to study at the required level to fulfil course requirements. 

The individual is able to demonstrate the required level of numeracy to fulfil course 

requirements.

**Organisation Support: Pre-Course**

Students undertaking a blended learning programme must be given 10 days or 60 hours protected learning time **in addition** to the ten face to face taught days at University to enable them to develop their skills and competencies as an independent/supplementary prescriber and complete the e-learning element. Students undertaking a wholly distance learning programme must be given the equivalent total protected time. Protected learning time is defined as the required teaching time and a period of 10 days or 60 hours of focused learning to meet the defined content of this programme where the applicant must not be counted in their employer’s staffing numbers. This learning may take place in either practice or academic setting as appropriate to the content of learning. In addition to this, the employer must endeavor to support the students 90 hours of practice learning where reasonably applicable.

****

The individual is in a role which will enable them to commit to a long-term prescribing role.  A prescribing budget is agreed and available to initiate a prescribing role on qualification.  Any cross boundary prescribing and budget issues resolved. 

Service continuity issues utilising non-medical prescribers addressed. 

Line management support has been agreed. 

Relevant clinical lead(s) have agreed to support non-medical prescribing in the defined area(s). 

Support of the organisation non-medical prescribing lead has been agreed. 

Support of a Practice Assessor has been agreed. 

Assessor meets criteria to act as a Practice Assessor (see Designated Practice Assessor Form)\* 

*\*****Practice Assessor****: a registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking. This is currently a Designated Medical Practitioner for NMC and HCPC registrants*

Suitable separate Practice Supervisors have been identified\* 

***\*Practice Supervisor:*** *a registered health and social care professional working in a practice environment, who is adequately prepared and supported to take up their role and have up-to-date knowledge and experience relevant to the student they are supervising*

If Practice Supervisor and Practice assessor are the same person then suitable evidence is available to justify this 

Arrangements have been made for release of the individual for training and these are agreed 

with the employing organisation.

The individual is able to attend the chosen course.  The individual has agreed to undertake training and can attend all the university study days.  Funding for backfill and travel can be identified within the organisation, if necessary.  A Disclosure and Barring Service check has been completed within the last 3 years.  Individual can access support from experienced non-medical prescribers as required. 

**Organisation Support: Post-Course**

Individual can access peer support as required. 

The organisation can assist the individual to maintain their CPD. 

Audit and evaluation processes for non-medical prescribing are in place. 

Prescribing practice can be built into the individual’s appraisal and PDP Job descriptions and 

contracts can be updated.

Mechanisms to assess continued competence are in place. 

**Managers Signature:………………………………………………………………….**

**Date:……………………………………………….**

**Students Signature:…………………………………………………………………**

**Date:……………………………………………….**

**Non - Medical Prescribing Placement Audit**

|  |  |
| --- | --- |
| Student name: |  |
| Cohort: |  |
| Work address: |  |
|  |  |
| Postcode |  |
| Email: |  |
| Telephone: |  |
| Practice Area Address (Ward / Dept ) where student will do their practice learning. If they work in more than one ward / dept give the area where they will do the majority of practice learning and be supported by you (their Practice Assessor) and a suitable Practice  Supervisor/s |  |
| Does this Practice Area currently support pre-registration healthcare students (i.e. nursing, physiotherapy, paramedics, radiography, dieticians, podiatrists etc.) | Yes/ No |
| Does the Practice Area undergo any formal inspections i.e. CQC, OFSTED, NHS England etc. (please specify) |  |
| If yes to the above question what was the date and outcome of the last inspection? |  |
| Name of Practice Assessor: |  |
| Work Address: |  |
|  |  |
|  |  |
|  |  |
| Academic Assessor: | *Do not fill in* |
| email: | *Do not fill in* |
| Telephone: | *Do not fill in* |

**Standard 1: There are staff available with the necessary qualifications, time and resources to facilitate student learning and support**

Practice Assessor meets the guidance given by the RPS Competency Framework and NMC/HCPC Standards 🞏

*Assessor Qualifications provided, and confirmed from Student Application Form*

Practice Supervisors meet the guidance given by the RPS Competency Framework and NMC/HCPC Standards 🞏

*Confirmed from Student Application Pack*

**Standard 2: Practice is carried out in accordance with recognised professional standards, local and national policies**

There is access to and practice in accordance with the most recent NMC and HCPC documents and/or other professional guidelines, including the RPS Framework 🞏

**Standard 3: The placement provides a learning environment that meets learner’s needs**

There is access to a range of clients within the student’s field of future prescribing practice 🞏

**Standard 4: The placement offers experiences which facilitate student achievement of learning outcomes at specified levels**

There are opportunities to achieve the course learning outcomes in areas of prescribing practice

🞏

There are opportunities to undertake multidisciplinary teamwork in relation to prescribing practice

🞏

Students Manager has completed the Training Checklist provided with the Student Application Form 🞏

***Assessor to complete:***

I confirm that I have received the Assessors Handbook, and believe that the applicant’s practice area will provide a suitable learning environment to enable achievement of the stated module learning outcomes

**Signed........................................................................................Date...........................................**

**Student Signature:…………………………………………… Date:…………………….**