**Non Medical Prescribing Placement Audit**

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| Student name: |  |
| Cohort: |  |
| Work address: |  |
|  |  |
| Postcode |  |
| email: |  |
| Telephone: |  |
| Practice Area (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 DMP)  |  |
| Name of Designated Medical Practitioner: |  |
| Work Address: |  |
|  |  |
|  |  |
|  |  |
| University Personal Tutor: | *Do not fill in*  |
| email: | *Do not fill in*  |
| Telephone: | *Do not fill in*  |
| Date NMP audit completed: | *Do not fill in*  |
| Date Regional Educational Audit Tool completed: | *Do not fill in*  |
| Learning Environment Manager: | *Do not fill in*  |
| Placement visit(s) undertaken by personal tutor - date(s): | *Do not fill in*  |

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

a) Designated Prescribing Practitioner meets the guidance given by the National Prescribing Centre

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| *DMP Qualifications provided, and confirmed from Student Application Form* |  |  |

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

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| --- | --- |
| There is access to and practice in accordance with the most recent NMC and HPC documents and/or other professional guidelines |  |

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

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| 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**

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

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

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| *Trust or Organisational Lead has completed the Training Checklist provided with the Student Application Form* |  |

***DMP to complete:***

I confirm that I have received the Designated Medical Practitioner 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...........................................