

## Application Form

### Independent and Supplementary Prescribing

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#### Allied Health Professionals

**Standard programme (8 months):** Level 7 programme (60 credits): Independent Prescribing for Physiotherapists, Podiatrists, Therapeutic Radiographers and Advanced Paramedic Practitioners; plus Supplementary Prescribing for Diagnostic Radiographers and Dietitians

**40 Credit Level 7 Module (8 months):** as part of MSc in Advanced Clinical Practice with University of Greenwich Faculty of Education and Health

**The closing dates for applications for 2024/25 academic year are:**

September Cohort	Standard programme – 8 months	07 June 2024
January Cohort	Standard programme – 8 months	11 October 2024
February Cohort	Standard programme – 8 months	22 November 2024
April Cohort	Standard programme – 8 months	17 January 2025
May Cohort	Standard programme – 8 months	21 February 2025

**BEFORE YOU BEGIN:** The Independent and Supplementary Prescribing programme is extremely demanding. It is important to read all the information on the form carefully. You will need to do the following before you apply.

- Discuss your intention to undertake the programme with your organisation Non-Medical Prescribing (NMP) lead prior to completing the application (non-medical prescribing has to be appropriate for your role and the service).
- Ensure that you will have agreed access to an NHS prescribing budget on qualification.
- Ensure that you fit the academic and clinical entry criteria. Please note that priority for the 8-month programme will be given to those with a clearly defined scope of practice.
- This is a distance learning programme; you must have access to a computer and the internet and be sufficiently computer-literate to navigate an online learning platform and to download and upload files.
- Ensure that consideration has been given to the impact on clinical workload during your period of study.
- Ensure agreement from a Practice Educator. The Practice Educator can be a medical doctor or an experienced non-medical prescriber (nurse, pharmacist or AHP registered).
- Ensure that you can attend all of the **compulsory** study and assessment days. The dates for the study and assessment days of upcoming cohorts are on the website under Course Structure.  
[https://msp.ac.uk/postgraduate/?course\\_id=740&course\\_level=postgraduate](https://msp.ac.uk/postgraduate/?course_id=740&course_level=postgraduate)
- Ensure that you are not away from the period of learning for more than two consecutive weeks.
- Please check information from the [HCPC](#)

## Guidance Notes on completing the form

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This application form consists of five sections. In order to apply for a prescribing programme within this institution, we require you to complete all FIVE sections legibly.

- Section 1: Personal details and working practice
- Section 2: Declaration of support/access to a prescribing budget
- Section 3: Declaration of support from a Practice Educator
- Section 4: Funding statement.
- Section 5: Personal intention form.

**Only legible and complete applications will be considered at the application panel.**

If you would like to discuss any aspect of the application process, please email [MSOPPGTAdmin@greenwich.ac.uk](mailto:MSOPPGTAdmin@greenwich.ac.uk)

### The form

- Download the form and save to your computer before using the fillable sections.
- The pages that require signatures will need to be printed out and signed manually.
- Ensure the application form is signed by applicant, manager, NMP Lead and Practice Educator
- The statement of funding must be completed.

## Further considerations

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**Please consider the following:**

1. Places on this programme of study are sought-after. If you take up a place and then withdraw you will have prevented another student from taking part.
2. The information requested on the application form is required by the professional/regulatory bodies and the university. Please take your time to complete it carefully as any incomplete applications will have to be returned to you which may delay your application.
3. If you are self-employed you need to show as part of your application how you will fit the programme of study into your current practice and how you will practically prescribe once qualified. We do not generally accept students who wish to use the prescribing programme as an addition to their career or in preparation for application for a job in the future. There needs to be an identified current need for your prescribing. You need to show how you will implement it and in particular how the prescribing you undertake will be funded. If you are planning to prescribe from an NHS budget, you need to include the signature of the budget holder indicating that you have permission to prescribe from that budget once qualified.

**We look forward to processing your application in due course.**

**Trudy Thomas,  
Prescribing Programme Lead, Medway School of Pharmacy.**

## SECTION 1: PERSONAL DETAILS AND WORKING PRACTICE

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### A. PERSONAL DETAILS

TITLE:

DOB:

FIRST NAME:

LAST NAME:

PLEASE STATE YOUR PREFERRED PRONOUNS:

CURRENT JOB TITLE:

HCPC PIN NUMBER:

EXPIRY DATE:

NAME OF EMPLOYING ORGANISATION/TRUST:

FULL WORK ADDRESS:

POSTCODE:

WORK TEL:

HOME ADDRESS:

POSTCODE:

HOME TELEPHONE NUMBER:

MOBILE TELEPHONE NUMBER:

APPLICANT EMAIL ADDRESS:

Which clinical/practice areas are you currently working in? For which group of patients will you prescribe?  
Please state disease/therapeutic area:

What specific unmet needs have you identified for these patients that you feel would be met by your ability to prescribe?

What setting? (acute/GP/community/NHS/private sector/prison service etc.)

Are you currently undertaking any other programme of study?

If yes, please state which programme and indicate when you will be completing. All University of Greenwich MSc Advanced Practice Students must complete this section

Have you commenced a Non-Medical Prescribing Programme previously?

If yes, please briefly state the Educational Institute, dates and your reason for not completing:

## **B. PROFESSION**

### **INDEPENDENT/SUPPLEMENTARY PRESCRIBING LEVEL 7 – STANDARD**

*Now go to “C. START DATE” and select from “PREFERRED START DATE **STANDARD PROGRAMME**”*

### **SUPPLEMENTARY PRESCRIBING LEVEL 7**

*Now go to “C. START DATE” and select from “PREFERRED START DATE **STANDARD PROGRAMME**”*

Are you applying for the Level 7 40 Credit module as part of you MSc Advanced Practice with the University of Greenwich?

The 40 credit module is only available for the September entry point.

## **C. START DATE**

#### D. QUALIFICATIONS:

The level 7 60 credit programme leads to the attainment of a Postgraduate Certificate. AHP applicants must provide evidence of having studied at or above level 6.

Advanced paramedic practitioners would normally have evidence that they have completed or are working towards a master's qualification (level 7).

**Professional Healthcare Qualification:** *(your registration will be checked on your professional regulator website)*

Qualification	Date Obtained

#### Academic qualifications e.g. Diploma, Degree or Masters (Levels 5, 6 or 7):

*(You will be asked to submit copies of your certificates for registration)*

Name of Course/Module	Academic Level	Date obtained	Awarding Body

#### E. ADVANCED PRACTITIONER

**All paramedic applicants must fill in this section and provide evidence of HOW you are working at an advanced practitioner level.**

- You need to explain how you are working as an advanced paramedic. This explanation should relate to the four pillars that underpin the Health Education England (HEE) definition of advanced clinical practice.<sup>1</sup>
- Note that the NHS England checklist states that you should “Have normally at least three years’ relevant post-qualification experience in the clinical area in which they will be prescribing”.<sup>2</sup>
- Note that the College of Paramedics recommend that “You have been qualified and registered for at least five years”.<sup>3</sup>

<sup>1</sup> <https://hee.nhs.uk/our-work/advanced-clinical-practice>

<sup>2</sup> <https://www.england.nhs.uk/ahp/med-project/paramedics/prescribing-training/>

<sup>3</sup> <https://www.collegeofparamedics.co.uk/publications/independent-prescribing> see “A guide to implementing Paramedic Prescribing within the NHS in the UK”. Page 45.

## F. PERSONAL STATEMENT

**On the next page please write a personal statement in support of your application. This should be an academic, referenced (using either Harvard or Vancouver) and reflective piece detailing:**

In 1-2 sentences, state your identified area of clinical therapeutic practice (i.e. your 'scope of practice) for the purpose of developing your independent prescribing practice i.e. respiratory conditions within the community setting.

Explain why you have chosen this clinical area and how you hope to use your ability as an independent prescriber to support and enhance patient care (Maximum 200 words)

Detail your relevant patient-orientated experience in a UK pharmacy setting and how this has helped you deliver person centred care to date and how it will enable you to have a positive impact on patient care in your identified area of clinical therapeutic practice (Maximum of 300 words)

Detail what you recognise are the skills and attributes required by a prescriber working in your identified area of clinical practice with examples of how your clinical or therapeutic experiences will help you achieve these in the future (Maximum 300 words)

Please explain below) how you will gain regular access to patients within your chosen scope of practice in order to enable you to achieve the required 90 hours supervised practice. (Maximum 150 words)

- Why you have chosen the PE you have (Maximum 50 words).

**Reflective Personal Statement – Student Name:**

**Academic References using either Harvard or Vancouver – i.e. supportive literature cited in your Personal Statement<sup>4</sup>**

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<sup>4</sup> This is **not** the same as an academic referee (i.e. a named person)

## SECTION 2: DECLARATIONS OF ELIGIBILITY/SUPPORT/AND ACCESS TO PRESCRIBING BUDGET

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STUDENT NAME: .....

### TO BE COMPLETED BY MANAGER OF EMPLOYING ORGANISATION<sup>5</sup>

Please indicate yes or no on all the following statements to confirm:
<b>Physiotherapists, Dietitians, Podiatrists, Radiographers:</b> <ul style="list-style-type: none"><li>• The applicant is an employee with a minimum of three years' post-registration clinical experience (or part-time equivalent) in the UK.</li><li>• The applicant has at least one year of experience immediately preceding this application in the clinical area in which they intend to prescribe.</li></ul>
<b>Advanced Practitioner Paramedics</b> <ul style="list-style-type: none"><li>• The applicant is an advanced level practitioner with a minimum of five years' post-registration clinical experience (or part-time equivalent) in the UK.</li><li>• The applicant has at least three years' experience immediately preceding this application in the clinical area in which they intend to prescribe.</li><li>• The applicant is a paramedic working at advanced practitioner or equivalent level</li></ul>
<b>ALL APPLICANTS</b> <p>On registration as a prescriber do you intend to be issuing NHS FP10 prescriptions?</p>
The <b>allied health professional applicant</b> is competent to take a history, undertake clinical health assessment, diagnose, plan and evaluate care, in their area of practice.
There is clinical need for the applicant to prescribe within their current role.
The applicant demonstrates appropriate numeracy skills. <b>We strongly recommend that all students undertake a numeracy assessment before attending the programme.</b>
The applicant will be supported with appropriate Continuing Professional Development once they are qualified including access to appropriate supervised practice in the clinical area in which they are expected to prescribe
Where appropriate, the applicant has the agreement of the independent medical prescriber to undertake supplementary prescribing with a patient group.
The suitability of this application has been discussed with the NMP lead for the organisation.

Continued overleaf

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<sup>5</sup> This section **must** be completed by an appropriate other if you are self-employed.



The applicant has access to a computer and the internet.

The applicant will be given **9 study days** to attend the university programme, **12 days' supervised practice** overseen by their Practice Educator and **the equivalent of between 12 and 17 days of individual study time** to enable the distance learning requirements of the Medway School of Pharmacy programme.

Please confirm that a discussion has taken place between yourself and the applicant regarding exactly how much study time the applicant will be granted. The University **recommend** students are given up to **17 days (or equivalent hours) of additional study time not including the Study Days** to enable the distance learning elements of the Prescribing Programme to be met.

Please state the expected additional study time agreed with the applicant:

**days: \_\_\_\_\_ OR hours: \_\_\_\_\_**

## AGREEMENTS

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I agree that the information on page 8 and 9 (DECLARATION OF SUPPORT) is accurate and that I support the applicant for this programme of study (to be completed by manager)<sup>6</sup>.

NAME OF MANAGER:

CURRENT JOB TITLE:

ORGANISATION:

EMAIL ADDRESS:

TELEPHONE:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I agree that that the information on page 8 and 9 (DECLARATION OF SUPPORT / ACCESS TO PRESCRIBING BUDGET) is accurate, that this application is appropriate for patient services and that this practitioner will have access to the prescribing budget associated with the role identified (to be completed by NMP Lead or other budget holder who should also complete section 4). You may leave this blank if the prescribing service you will be offering will not use an NHS budget<sup>7</sup>.

NAME OF NMP LEAD:

EMAIL ADDRESS:

TELEPHONE:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### Confirmatory statement (to be signed by manager or NMP lead)

I can confirm the suitability of the applicant based on the entry criteria, including prior experience and the ability to recognise, understand and articulate the skills and attributes required of a prescriber.

I agree that the applicant has work base support to undertake this prescribing programme.

NAME OF MANAGER or NMP LEAD / BUDGET HOLDER:

EMAIL ADDRESS:

TELEPHONE:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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<sup>6</sup> This section **must** be completed by an appropriate other if you are self-employed.

<sup>7</sup> This is not confirmation of sponsorship for programme fees

## SECTION 3: DECLARATION OF SUPPORT FROM A PRACTICE EDUCATOR<sup>8</sup>

FULL NAME OF PRACTICE EDUCATOR

CONTACT ADDRESS:

POSTCODE:

TELEPHONE:

EMAIL ADDRESS:

QUALIFICATIONS:

GMC/HCPC/NMC/GPhC REFERENCE NUMBER:

Please supply the following information to ensure the Department of Health criteria is met for the supervision in practice for prescribers by medical assessors.

STUDENT NAME: .....

### DoH (Nov.2001) Criteria:

Are you a registered medical practitioner who:

<b>DOCTORS ONLY Please answer the following statements:</b>	
1.	I have at least three years' medical, treatment and prescribing responsibility for a group of patients/clients in the field of practice that the applicant will prescribe.
2.	<b>And</b> I am within a GP practice and either vocationally trained or in possession of a certificate of equivalent experience from the Joint Committee for Post Graduate Training in General Practice. <b>OR:</b> I am a specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer.
3.	<b>And</b> I have the support of the employing organisation or GP practice to act as the Practice Educator (who will provide supervision, support and opportunities in order to develop competence in prescribing practice).
4.	<b>And</b> I have got some experience or training in teaching and / or supervision in practice.
<b>NON-MEDICAL PRESCRIBERS Please answer the following statements:</b>	
5	I have been an Independent Prescriber for a minimum of three years
6	<b>And</b> I prescribe at least once a week
7	<b>And</b> I have experience or training in teaching and/or supervision in practice

<sup>8</sup> In order to assure professional impartiality the Practice Educator must NOT be related to the applicant or have any personal connection.

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

I confirm that I have agreed to oversee learning, supervise and support the applicant for a minimum of TWELVE DAYS in the development of their prescribing role during clinical placement

SIGNATURE<sup>9</sup>: \_\_\_\_\_ DATE: \_\_\_\_\_

NB: the Practice Educator must disclose if they are currently under investigation by the GMC, GPhC, NMC or HCPC or if they have been referred to a Fitness to Practise panel hearing.

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<sup>9</sup> We **cannot** accept E-signatures! You must print this page have it signed and return to us as a scan.

## SECTION 4: FUNDING STATEMENT

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**Please state how your place on this programme will be funded.**

**Complete one of the three options listed:**

Please ensure your name is filled in.

**STUDENT NAME:** .....

### **Option 1. STUDENTS BEING FUNDED BY EMPLOYERS (NHS OR PRIVATE)**

Please include a statement on *headed paper* from your organisation indicating support for the above named student and details of who the university is to invoice for the programme fee (see [fees and finance](#)). \*

NAME OF SUPPORTING ORGANISATION:

ADDRESS:

FINANCE CONTACT EMAIL

\*If you do not have the support of your organisation YOU will be liable to pay the full cost of the course fees

### **Option 2. Funding has been charged by the University of Greenwich Faculty of Education and Health as part of the MSc Advanced Clinical Practice**

MSc Programme Lead:

SIGNATURE:

DATE:

### **Option 3. SELF-FUNDING**

I will self-fund the programme and pay via the University of Greenwich online portal during registration should I be offered a place. Non-payment of fees for self-funders will prohibit registration automatically. For more payment information please contact the programme administrator.

SIGNATURE:

DATE:

## SECTION 5: PERSONAL INTENTION FORM

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PLEASE CONFIRM ONE STATEMENT BELOW

I do not to my knowledge have a close personal or working relationship with any of the MSoP prescribing teaming team

OR

I have a close personal or working relationship with the following member of the MSoP prescribing teaming team

**STAFF NAME:**

Note: Where a relationship is declared, this will not prevent you being considered for the programme. The MSoP team member will not be able to participate in the review of your application

**APPLICATION DECLARATION:**

If successful in my application, I agree to complete the Independent/Supplementary Prescribing Programme. I further agree to utilise my prescribing skills to benefit patients and/or the NHS.

I confirm that I am working at an advanced practitioner level. I am competent to take a patient history, undertake a clinical assessment and diagnose in my area of practice.

STUDENT NAME: .....

SIGNATURE: .....

DATE: .....

### APPLICANT CHECKLIST – ALL SECTIONS MUST BE COMPLETED IN FULL

Have you:

- Completed all FIVE sections of the application form?
- Obtained the signature of
  - Your organisational line manager if appropriate?
  - The Non-Medical Prescribing Lead for your organisation if appropriate?
  - Your Practice Educator?
- Indicated how the programme will be funded and included a statement from your employer if invoicing is required?

**Please submit your application via email to the following email address**

[MSOPPGTAdmin@greenwich.ac.uk](mailto:MSOPPGTAdmin@greenwich.ac.uk)

Any applications submitted via post will **not** be considered.

If you have any queries, please contact our Administrative team via email to [MSOPPGTAdmin@greenwich.ac.uk](mailto:MSOPPGTAdmin@greenwich.ac.uk)

**How did you hear about us?**

## PRIVACY NOTICE

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### Student Applicant Privacy Notice

The Medway School of Pharmacy as part of both the University of Kent and the University of Greenwich is committed to protecting the privacy and security of your personal information.

In relation to your application to the School, we process the data that you provide to us via this application form and any additional documentation which you provide to us. We may also process information relating to your application which is provided to us by third parties at your behest.

#### The information which we process would typically include:

- Name, title, contact details, date of birth
- Application data, including your qualifications, your previous education, employment details and funding information
- Correspondence

#### We process personal data about you for the following reasons:

- To determine the suitability of your application for the programme / course
- To administer your application throughout the application and admissions process
- To create a record of your application
- To provide you with information relevant to becoming a University of Greenwich student
- To compile statistics about applicants to the School of Pharmacy<sup>10</sup>.
- Successful applicants will go on to make an application to the University of Greenwich which has its own student applicant privacy notice<sup>11</sup>

We rely on the following legal bases for processing the data: public task (core or key tasks of universities), a contract with you the individual (including steps before entering into a contract), and compliance with legal obligations.

Relevant Medway School of Pharmacy employees will have access to the application data on this form. We may also share data about you or your application, in some instances, with third parties. Examples of this include:

- If we need to ascertain the authenticity or accuracy of your application (e.g. from examining or awarding bodies, regulatory bodies, NHS organisations);
- Where you have given us consent to discuss your application with a third party on your behalf;
- Where we are required by law or otherwise authorised under Data Protection legislation to share data on your application with official agencies or regulatory bodies (e.g. UK Visas and Immigration and other bodies with statutory powers or authority, and investigating authorities including the police and local authorities);

Data for applicants who do not become fully registered students at the University of Greenwich will be held for two years after the end of the current academic year when the application was made. Exceptions will be where there is an over-riding requirement in law to keep certain data, or for public task reasons. Retention periods are based on our retention schedules, and you can request a copy of the relevant schedule. If you

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<sup>10</sup> Anonymised to improve the programme as part of audit, or service evaluation or research.

<sup>11</sup> University of Greenwich applicant privacy notice: [https://docs.gre.ac.uk/data/assets/pdf\\_file/0007/1582441/Student-Applicant-Privacy-Notice.pdf](https://docs.gre.ac.uk/data/assets/pdf_file/0007/1582441/Student-Applicant-Privacy-Notice.pdf)

become a registered student, your data will be used to form the basis of your student record, at which point the Student Privacy Notice<sup>12</sup> will apply.

You have rights as a Data Subject. You can see more information about those rights on the University of Greenwich website. Contact University of Greenwich's Data Protection Officer / University Secretary. email: [compliance@gre.ac.uk](mailto:compliance@gre.ac.uk).

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<sup>12</sup> [https://docs.gre.ac.uk/data/assets/pdf\\_file/0006/1577031/Student-Privacy-Notice.pdf](https://docs.gre.ac.uk/data/assets/pdf_file/0006/1577031/Student-Privacy-Notice.pdf)