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| *Please note that this form can be uploaded to your application form or emailed to* [*dladmissions@le.ac.uk*](mailto:dladmissions@le.ac.uk) |  |

**University of Leicester: Practice Certificate for Pharmacist Independent Prescribing**

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| **Applicant name** |  |
| **Course start month and year:** |  |

**This form has two parts that must be fully completed before submission:**

Part 1: [Applicant Supplementary Information](#_Part_1:_Applicant:) to be completed by the applicant

Part 2: [Designated Prescribing Practitioner Statement of Competence](#_Part_2:_Designated_1) to be completed by the intended supervising practitioner

*Please type your answers into each section within the boxes provided – the box size will increase if additional space is needed.*

*If you are unable to type the responses and need to scan a handwritten copy of the form, then please ensure that your responses are clearly written in neat handwriting.*

## **Part 1: Applicant: Supplementary Information**

The Practice Certificate for Pharmacist Independent Prescribing is a short but intensive course that develops pharmacists’ practice so that they are able to prescribe safely and effectively. The training includes a period of learning in practice where the pharmacist is working with patients under the supervision of registered prescriber; the Designated Prescriber Practitioner. There are, therefore, aspects of the application process that check the:

* governance framework relating to the applicant and their training including the Designated Prescribing Practitioner
* applicant’s relevant professional experience
* applicant’s intended scope of prescribing practice and their preparation to develop their core professional practice as a prescriber

**Applicant’s experience**

Please provide the following information relating to your GPhC or PSNI registration:

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| **GPhC/ PSNI Registration number** |  |
|  |  |
| **Date of initial registration** |  |

Please insert a screen shot picture of your GPhC/ PSNI register entry to demonstrate that you are fit to practice with no restrictions. **Please ensure the screenshot includes the ‘Fitness to Practice information’ details.** You can find details here <https://www.pharmacyregulation.org/registers/pharmacist> (GPhC) or <https://www.psni.org.uk/search-register/> (PSNI).

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**Practice experience and skills**

Please give a brief description of your post registration experience in a pharmacy setting, in particular the patient facing experience. There are examples of the types of practice and patient oriented experience that may be relevant in order to succeed on the prescribing course on the course page on the website <https://le.ac.uk/courses/cpd-pharmacist-independent-prescribing/2024.> Word count up to 500 words.

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Please describe the key skills and attributes required by a prescriber that you currently possess and those that you think you need to develop over the course of a pharmacist independent prescribing programme in order to become a competent prescriber. Word count up to 500 words.

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**Scope of Prescribing Practice**

Please describe your proposed scope of prescribing practice that you intend to develop through completing this course. Please bear in mind that your scope of practice needs to be:

* sufficiently broad to enable you to secure enough experience in the learning in practice setting to establish your prescribing competence and complete the work-based assessments needed but
* specific enough that the workload to demonstrate competence in that scope of practice is feasible within the programme.

Examples of scopes of practice are given on the website <https://le.ac.uk/courses/cpd-pharmacist-independent-prescribing/2024>. Word count up to 200 words.

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Please describe the pathophysiological and pharmacological knowledge that is necessary for your intended scope practice and reflect on areas that you intend to develop or refresh **before** commencing the programme. Please describe the CPD that you will complete before starting the course to ensure that your underpinning pathophysiological and pharmacological knowledge is up to date. You can upload information relating to your CPD to support your statement. Word count up to 500 words.

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**Learning in practice setting and Designated Prescribing Practitioner (DPP)**

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| **Current work name and address**  If you are a locum pharmacist, please putN/A |  |
| Please provide the **names and full addresses** for your learning in practice arrangements: | |
| **Where will you complete your learning in practice?** |  |
|  |  |
| **Where does your DPP normally practice?** |  |

Please describe below your provisional supervisory arrangements, this must include:

* how many hours/days per week you will spend in your learning in practice setting
* how you will ensure that your DPP will be supervising your training and practice particularly if your learning in practice setting is different to either:
  + your usual place of work or
  + the usual place of work for your DPP
* arrangements you have in place if you have to travel a significant distance/ amount of time to complete your learning in practice

Word count up to 200 words.

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**Allocation to face to face study days after successful registration**

Locations for the face-to-face study days are:

* London
* Bristol
* Leeds
* Manchester
* Leicester
* Peterborough

There is a maximum capacity per location, and we reserve the right not to provide a location if insufficient numbers of registered trainees select that location as their preferred choice.

Location is allocated in sequence after successful registration, therefore, the earlier that registration is completed, the greater the likelihood of securing a preferred location. Registration is the step after you have accepted the offer. If your first-choice location is full due to others registering before you, you will be offered your next choice. **Under no circumstances will an allocation be made prior to registration.**

Please indicate your first, second and third choice from the above list. *(Please note that three locations must be provided, and each choice must be a different location*).

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| **First choice** |  |
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| **Second choice** |  |
|  |  |
| **Third choice** |  |

**Funding**

NHS England funding is available to pharmacists who meet the required eligibility criteria:

* Community pharmacists (including locum pharmacists); Pharmacists employed in General Practice (who are not eligible for, or enrolled on, the Primary Care Pharmacy Education Programme (PCPEP) and those who are working to provide primary care services (e.g., working in primary care) who are not employed in ARRS roles); and Health and Justice pharmacists
* Pharmacists enrolled on CPPE’s Primary Care Pharmacy Education Pathway (PCPEP) and meet the PCPEP criteria to enroll on an Independent Prescribing Course
* Pharmacists working in an NHS Hospital Trust or Mental Health Trust (NHS managed sector); pharmacists working in an integrated care board, ICB (previously CCG pharmacists)

For more information about HEE funding please visit: <https://www.hee.nhs.uk/our-work/pharmacy/independent-prescribing>

**Funding**

Please indicate your funding status:

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|  | I am a community pharmacist (including locum pharmacist) working in England. |
|  |  |
|  | I am a pharmacist employed in GP in England and not eligible for the Primary Care Pharmacy Education Programme (PCPEP). |
|  |  |
|  | I am a pharmacist working to provide primary care services in England (e.g working in primary care/ICS) and not employed in Additional Roles Reimbursement Scheme (ARRS) role. |
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|  | I am a pharmacist employed in Health and Justice in England. |
|  |  |
|  | I am a pharmacists enrolled on CPPE’s Primary Care Pharmacy Education Pathway (PCPEP) in England and meet the PCPEP criteria to enroll on an Independent Prescribing Course. **\*\* you will be required to upload the certificate of eligibility with your application form.** |
|  |  |
|  | I am a pharmacist working in an NHS Hospital Trust in England \*\* Except North West and North East and Yorkshire. |
|  |  |
|  | I am a pharmacist working in a Mental Health Trust in England \*\* Except North West and North East and Yorkshire. |
|  |  |
|  | I am a pharmacist working in an integrated care board, ICB (previously CCG pharmacists) in England \*\* Except North West and North East and Yorkshire. |
|  |  |
|  | None of the above – I will be self-funding the course. |
|  |  |
|  | None of the above – my employer will sponsor me. |
| [name of employer: ] |
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Automatic fee requests are sent out from the university after you have submitted your application, therefore you are required to action as follows:

**If you are being funded through NHS England as per criteria above, you can ignore university communications regarding paying a course fee – you do not need to get a sponsorship form from your employer. The university will access the funding on your behalf.**

**If you are NOT eligible for funding through the NHSE, you will need to action the finance communications from the university which you will receive after the application is submitted.**

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| **I understand the above information** |  |

**Declarations by the Applicant**

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| **Declaration** | **Add your initials below** |
| I confirm that I am currently fit to practice in accordance with the GPhC requirements |  |
| I confirm that:   * my employer and/or * I   have appropriate indemnity insurance to cover my role as a trainee prescriber in my chosen scope of practice. |  |
| **If you are either self-employed or employed in a none NHS setting and your DPP is from another organisation please complete the following declaration:** | |
| I confirm that the necessary clinical and information governance structures are in place to support my learning in practice hours (e.g., access to records for patients for whom I have a duty of care) |  |

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| **Applicant signature** |  | **Date** |  |

**This is the end of Part 1 of this form. Please ensure that both Part 1 and 2 are fully completed before submitting your application for processing.**

## **Part 2: Designated Prescribing Practitioner Statement of Competence**

The General Pharmaceutical Council requires that a Designated Prescribing Practitioner (DPP) is;

* A registered healthcare practitioner in Great Britain or Northern Ireland with legal independent prescribing rights
* Suitably experienced and qualified to carry out the supervisory responsibilities
* Able to demonstrate Continuing Professional development or revalidation records relevant to the DPP role
* In good standing with their professional regulator

Meet all the competencies listed in the Royal Pharmaceutical Society Competency Framework for Designated Prescribing Practitioners (2019)

<https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework>

As the awarding institution, we are required to capture sufficient information to allow us to assess whether the chosen DPP is eligible to support the applicant in their learning in practice setting; to supervise their training and assess their final competence as part of the Practice Certificate for Pharmacist Independent Prescribing.

**DPP details**

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| Name of the DPP: |  |
| Profession of the DPP: |  |
| Professional Registration Number of the DPP: |  |
| Regulatory body of the DPP: |  |
| Job title/ role of the DPP: |  |
| Scope of Practice of the DPP if not a GP: |  |
| Name and full work address of the DPP: |  |
| e-mail address of the DPP: |  |

**DPP experience**

To undertake the role of DPP you must be an active prescriber with at least 3 years of recent prescribing experience who consults with patients and makes prescribing decisions based on clinical assessment with sufficient frequency to maintain competence and who reflects on and audits their prescribing practice to identify developmental needs.

Please outline your prescribing experience, including the clinical and diagnostic skills relating to the group of patients in the clinical area for which the pharmacist plans to prescribe. (If you are a medical practitioner, you do not need to provide this information) Word count up to 100 words.

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Please outline your experience of teaching, supervising and assessment of healthcare professionals (specifically in relation to work-based learning) including details of any formal qualifications you may have in this area. Word count up to 200 words.

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| **Have you undertaken the role of DPP with a University previously?** Yes  No |

If yes, please give details of previous DPP roles and include details of the HEI provider of the prescribing course(s). Word count up to 200 words.

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| **How many trainee prescribers will you be supervising as DPP, in addition to this applicant?**  *(Please note that DPP’s can only supervise a maximum of 1 other trainee prescriber in addition to this applicant).* |  |

**Declarations**

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| **Declaration** | **Check the box** |
| I confirm that I meet the requirements of the DPP role in terms of responsibilities as set out in the following documents:   * A competency framework for Designated Prescribing Practitioners (RPS 2019) <https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework> * Standards for the Education and Training of Pharmacist Independent Prescribers (GPhC 2019) <https://www.pharmacyregulation.org/education/pharmacist-independent-prescriber> * Royal Pharmaceutical Society’s Competency Framework for Prescribers (RPS 2021) <https://www.rpharms.com/resources/frameworks/prescribers-competency-framework> |  |
| I confirm that I am fit to practice in accordance with the requirements of my regulatory body |  |
| I declare that I have no conflicts of interest in undertaking the role of DPP for this trainee |  |
| I confirm that I have the support of my employer/ organisation to act as a DPP for this trainee |  |
| I confirm I have the appropriate indemnity arrangements in place, personally and/or through my employer, to cover my role as a DPP for this trainee |  |
| I agree to supervise the trainee in their prescribing training for a minimum of 90 hours of clinical practice; to afford them sufficient opportunities to address their learning needs and to assess and provide written and verbal feedback on their performance and portfolio documents in an impartial manner. |  |
| I am willing to:   * undertake the brief on-line induction training, designed specifically for DPPs * receive, and act on, feedback provided by the University-based programme team on my performance as a DPP |  |

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| **DPP signature** |  | **Date** |  |

**This is the end of Part 2 of this form. Please ensure that both Part 1 and 2 are fully completed before submitting your application for processing.**