

Application Form for The Practice Certificate in Independent Prescribing for Pharmacists Course (External Applications)

Instructions and Information

- **This form is for new applicants to De Montfort University only.**
- **If you are an existing DMU student, and you are applying to study the prescribing module, please use the internal application form, available from your programme team.**
- This form must be completed by the applicant.
- The form must be word-processed. Handwritten applications will not be accepted.
- Please sign / obtain signatures for appropriate parts of the form. Signatures must not be typed. For signatures, please scan the page or use an electronic version of a real signature.
- If an application is missing information or the module leader has questions or concerns about any part of the application, it will be returned to the applicant as incomplete for remedial work.
- Fully completed applications will be screened and scored in strict order of the date received.
- Successful applicants will be invited to take part in an interview. This may be by telephone, video-calling or face to face, all arranged by mutual agreement.
- Following interview, applicants will be informed of the decision relating to the application. This will be one of the following decisions:
 - an unconditional offer of a place
 - a conditional offer of a place
 - a requirement for remedial work on the application with a conditional offer for the next intake
 - feedback and an invitation to re-apply for a later intake.

This form must be submitted as a PDF.

Included within this application form are guidance notes, which will help you formulate your responses. These are in bold italic font.

Part One: Personal Information

1. Programme of study: B23087 MSc Clinical Pharmacy – IP module only (PHAR5879)

Startdate Month Year

2. Applicant's details:

Title Mr Mrs Miss Ms Dr Other (please specify)

Surname Other names

Gender (tick one) Male Female Date of birth Day Month Year

Permanent home address

 Postcode

Telephone Mobile

Email

Address for correspondence (if different from above)

Postcode

To be used until Unless other instructions are given, subsequent correspondence will be sent to the permanent home address

Telephone Mobile

Email

Nationality Country of birth

Country of permanent residence

For applicants not born in the UK, please state last date of entry into the UK

Day Month Year

3. Fees / Funding

Who is expected to pay fees? Applicant Employer Other. Please state details below

6. English language proficiency

What is your first language?

If your first language is not English, please give your **IELTS score** or

TOEFL score (if applicable)

If you have not taken an English test yet, what date do you plan to take it?

Day Month Year

What other English language qualifications do you hold?

How many years have you studied English language?

Have you been taught English in your home country? Yes No If yes, please give details

7. Disability

Please select from the list below the statement which is most appropriate for you:

- You do not have a disability, nor are you aware of any additional support requirements
- You have dyslexia
- You are blind / partially sighted
- You are deaf / have hearing impairment
- You are a wheelchair user / have mobility difficulties
- You have an unseen disability (e.g. diabetes, epilepsy, asthma)
- You have two or more of the above difficulties / special needs
- You have a disability not listed above (please give details)

Does your disability mean that you have additional support needs? Yes No

If yes, we will contact you to determine appropriate support for you.

8. Planning statistics

Ethnic Origin

Complete this section only if you have shown in Section 2 of the form that your area of permanent residence is in the UK.

Please choose your ethnic origin and write its code in the box

White

British 11

Irish 12

Other white background 19

Black or black British

Caribbean 21

African 22

Other black background 29

Asian or Asian British

Indian 31

Pakistani 32

Bangladeshi 33

Chinese 34

Other Asian background 39

Mixed

White and black Caribbean 41

White and black African 42

White and Asian 43

Other mixed background 49

Other ethnic background 80

Not given (UK domicile) 90

Overseas domicile 99

Part Two: Area of Clinical Practice

The GPhC requires that pharmacists applying to undertake an independent prescribing programme must have “an identified an area of clinical or therapeutic practice in which to develop independent prescribing practice” and “they must also have relevant clinical or therapeutic experience in that area, which is suitable to act as the foundation of their prescribing practice while training”.

Please describe below which group of patients you are planning to prescribe for and in what setting. This can include defining a group by age, or stages within a treatment guideline, and can incorporate exclusion criteria, e.g. pregnant patients.

This area of practice must be sufficiently broad to allow demonstration of therapeutic choice and decision-making, but cannot be so broad that demonstration of the learning outcomes of the course becomes unachievable. On the whole consider your ability to learn and gain competency in making differential diagnoses, the examination skills required for the scope, the ability to gain proficiency in interpreting clinical data, and the ability to demonstrate in-depth knowledge of therapeutics for the entirety of the scope. In considering this, please refer to the GPhC Learning Outcomes for the course and the RPS Competency Framework for all Prescribers.

Which group(s) of patients?

Which disease state(s)?

What speciality?
(if appropriate)

What setting?
(e.g. secondary / primary care)

Please describe your relevant experience in this defined area of clinical practice, including your up-to-date clinical, pharmacological and pharmaceutical knowledge. You may include a statement from your employer, or designated prescribing practitioner (DPP) as part of your evidence if appropriate. If you are self-employed, you can include a statement from a practicing pharmacist or doctor to whom you provide pharmacy services. (A template for your supporting statement can be found at Appendix 1). (500 words maximum)

Key to this section is the ability to demonstrate that your experience to date forms a solid foundation on which to develop prescribing skills and competencies. Again, the term relevant experience is important. If you are wanting to prescribe in a highly specialised or complex scope of practice, you need to be able to demonstrate extensive experience as a pharmacist relevant to this scope.

You will need to be able to demonstrate that you have been making prescribing-related decisions and supporting patients to take responsibility for their own care. This can be through involvement in ward rounds, case review meetings, etc, or through advising GPs regarding optimisation of therapy, for example, following on from MURs or other patient interactions. Detail is important here and you can use illustrative example, but do not name patients.

The course will require you to spend a proportion of your time with wider members of the MDT. This will include approximately 20 hours with a GMC registered medical doctor(s) with relevant experience and who may be required to contribute to competency assessments. Please outline how you will achieve this in planning to study on the course.

This is an important aspect of learning and the experience and insight gained from spending time with medical doctors and the wider MDT cannot be under-estimated and helps pharmacists with integration into MDTs, which is why this is a requirement for the course. Furthermore, this wider appreciation of the MDT is key to achieving learning outcomes of the course.

Part Three: Continuing Professional Development

Please provide a statement in support of your application demonstrating:

1. How you reflect on your own performance and take responsibility for your own CPD/revalidation.
2. How you will maintain an up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to your intended area of prescribing practice.
3. How you will develop your own support network for the CPD/revalidation of prescribing practice, including prescribers from other professions.

The course aims to prepare pharmacists for lifelong learning and professional development within their prescribing role. As such consideration of CPD requirements and opportunities at this early stage of prescribing practice is beneficial. Consider how your CPD will need to change as your prescribing role develops and what steps you can take in preparation for the course, and whilst studying on the course to enable these changes.

Part Four: Applicant Declaration

I confirm that (please check the relevant boxes):

- I confirm that I am currently in good standing with and fit to practise as per the GPhC/PSNI requirements.
- I confirm that if there is any change to my fitness to practice status during my time as a student at DMU, I agree to inform the programme leader as soon as possible.
- I understand that successful completion of an accredited course is not a guarantee of annotation, or of future employment, as a pharmacist independent prescriber.
- I declare that to the best of my knowledge, the information I have given is correct in every detail and that if enrolled, I agree to abide by the University regulations in force at the time.

Printed Name of Applicant

Signature of Applicant

Date of Signature

Part Five: Supporting information about the Supervising Designated Prescribing Practitioner

Name of supervising designated prescribing practitioner (DPP)

Healthcare Profession & Qualifications

Regulatory Body

Professional Registration Number

Contact Address

Contact Telephone Number

Contact Email Address

DPP Experience and CPD

The General Pharmaceutical Council requires that designated prescribing practitioners who are supervising pharmacist prescribers in training “... must be a registered healthcare professional in Great Britain or Northern Ireland with legal independent prescribing rights, who is suitably experienced and qualified to carry out this supervisory role, and who has demonstrated CPD or revalidation relevant to this role...” Please provide the following information:

For how many years has the proposed DPP had prescribing responsibility, as a qualified medical or non-medical prescriber, for the group of patients / service users in the clinical area / therapeutic area which is described in part 2 of the application form?

Please briefly describe that prescribing experience, including clinical and diagnostic skills

Are there any significant periods of time whereby the proposed DPP was not prescribing for this group of patients, or not working, which may affect this minimum three-year recent prescribing experience requirement?

Yes No

If the answer to the question above was ‘YES’ please describe this period and the circumstances in the box below

Does the DPP have the support of their employer/hosting organisation to act as a DPP with the ability and authority to provide supervision, support and opportunities to develop the pharmacist’s competence in prescribing practice?

Yes No

Please outline below the proposed DPPs experience of teaching, supervision and assessment of students in the box below. Please include any formal teaching training or qualifications, experience of assessing in clinical practice and if the DPP’s employer/hosting organisation is an approved training institution.

DPP Declaration:

I confirm that (please check the relevant boxes):

- The information outlined in Part Five of this application is accurate and complete.
- I have discussed the requirements of the course with [redacted] and agree to provide regular supervision, support and shadowing opportunities to facilitate the achievement of the learning outcomes.
- I agree to supervise [redacted] in their prescribing role for a period of learning in practice of at least twelve days.
- I am familiar with the General Pharmaceutical Council's requirements and learning outcomes for the programme.
- I have read, understood and agree to my roles and responsibilities as outlined in DMU's DPP Handbook and have a professional relationship with the aforementioned student only.
- I will not be acting as a DPP for any other non-medical prescriber whilst undertaking this role
- I have undertaken the relevant CPD/education and training to expand and keep up-to-date my knowledge and skills within the clinical area/therapeutic area chosen by the pharmacist applicant in Part 2 above and to undertake this role as a designated prescribing practitioner.
- I am in good standing with my regulatory body.

Printed Name

Signature

Date

Part Six: Personal Statement

Please provide a reflective statement outlining your decision to develop your professional role as an independent prescribing pharmacist.

There is a large element of reflective practice required on the course, and this reflective statement allows you to demonstrate your ability to reflect as a practitioner. Consider your professional journey to date, along with your motivation for undertaking the course, with a focus on professionalism, patient-centred care, interdisciplinary working and improving patient experience

Summary of Documents to Include

Please attach / include all of the documents below when submitting your application

Description of document	Included Y/N
Copies of your last three fee receipts to demonstrate at least two full years registration with the GPhC or PSNI	<input type="checkbox"/>
Copy of undergraduate degree certificate or full academic transcript	<input type="checkbox"/>
Copy of postgraduate clinical pharmacy certificate / diploma / masters (if applicable)	<input type="checkbox"/>
Proof of English language proficiency (if applicable)	<input type="checkbox"/>
Confirmation letter from employer that they agree to fund tuition fees (if applicable)	<input type="checkbox"/>
Confirmation that funding is in place (if applicable)	<input type="checkbox"/>
Part Five: Signed Supporting statement from DPP	<input type="checkbox"/>
Supporting statement from employer/referee (this is a separate document)	<input type="checkbox"/>
Note this should be sent to your employer/referee for them to complete and send directly to the admissions tutor.	<input type="checkbox"/>

Your completed application and supporting documentation should be sent to:

pharmacy@precruitment@dmu.ac.uk

For any questions related to the application process or the course please contact:

pharmacy@precruitment@dmu.ac.uk