## Image result for de montfort university

# **Application Form for The Practice Certificate in Independent Prescribing for Pharmacists Course (Internal Applications)**

## Instructions and Information

* This form is for use by existing DMU students applying to study Independent Prescribing
* An application form for external applicants is available to download from [our website](https://www.dmu.ac.uk/study/courses/postgraduate-courses/practice-certificate-in-independent-prescribing/practice-certificate-in-independent-prescribing-for-pharmacists.aspx)
* 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.

Form must be submitted as a PDF or Word Document. We will not accept images of documents.

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

## Part One: Applicant Details

|  |  |
| --- | --- |
| **Name of Applicant** |  |
| **Date of Birth** |  |
| **Student P Number & Cohort** **(if applicable)** |  |
| **Job Title** **(including grade if applicable)** |  |
| **GPhC or PSNI Registration Number**Please enclose evidence that you have been registered with the GPhC or PSNI for at least the last two years, for example, copies of GPhC fee receipts. |  |
| **Date of Registration with the GPhC/PSNI** |  |
| **Work Address** **(including name of Employer or Employing Organisation)** |  |
| **Contact Address** **(if different from above)** |  |
| **Contact Work Phone Number** |  |
| **Contact Mobile Phone Number** |  |
| **Contact Email Address** |  |
| **Who will be funding your tuition fees? (delete as appropriate)** | Self-funding / Employer / Learning Beyond Registration / Local Health Education England budget / other (please comment below) |
| **Comments on funding (if applicable)** |  |

### **Brief Employment History**

|  |
| --- |
| **Brief Employment History (A CV may be attached to provide this information)**The GPhC set entry requirements for pharmacist independent prescriber (IP) courses and stipulate that “*applicants must have at least two years’ appropriate patient-orientated experience post registration, in a relevant UK practice setting*”. Please detail your employment history below, demonstrating your post-registration experience. Please include any periods of time whilst not working or whilst not working in a patient-orientated role which may affect this minimum two years’ requirement. ***Please note that simply being registered as a pharmacist for two years may not be sufficient as this may not meet the GPhC standards. Similarly, any significant gap in practice may affect your eligibility for the course.*** |
| **Position Held** | **Date From and To** | **Grade (if applicable)** | **Employer Details** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Part Two: Area of Clinical Practice

|  |
| --- |
| 1. 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. hospital clinic / 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 you 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.

(maximum 500 words)***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 have completed this application truthfully and to the best of my knowledge  |
| **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 [*insert applicant name*] and agree to provide regular supervision, support and shadowing opportunities to facilitate the achievement of the learning outcomes.

[ ]  I agree to supervise [*insert applicant name*] 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.

[ ]  I will not be acting as a DPP for any other non-medical prescriber whilst undertaking this role

[ ]  I have a professional relationship with the non-medical prescribing student only

[ ]  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 (maximum 500 words).***There is a large element of reflective practice required on the course, and this reflective statement allows you so 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 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 |  |
| Copy of undergraduate degree certificate or full academic transcript |  |
| Copy of postgraduate clinical pharmacy certificate / diploma / masters (if applicable) |  |
| Confirmation letter from employer that they agree to fund tuition fees (if applicable) |  |
| Confirmation that funding is in place (if applicable) |  |
| Part Five: Signed Supporting statement from DPP  |  |
| Supporting statement from employer/referee – Note this should be sent to your employer/referee for them to complete and send directly to the admissions tutor.  |  |
|  |  |
| Your completed application and supporting documentation should be sent to: |  |
| Admissions: pharmacyiprecruitment@dmu.ac.ukFor any questions related to the application process or the course please contact the above e-mail address also.  |  |

## Appendix 1: Supporting statement from an employer or referee

|  |
| --- |
| A declaration and reference is needed from the applicant’s employer or from a pharmacist or doctor who is acting as a referee. It is anticipated that only pharmacists who are self-employed will use a referee as opposed to getting the declaration and reference from their employer. The referee can be the proposed Designated Prescribing Practitioner.As the employer of, or referee for, an applicant to the Practice Certificate in Independent Prescribing for Pharmacists at De Montfort University, you are requested to provide a reference and supporting statement for the applicant. Please complete the relevant box below and sign the declaration. Please also provide a reference detailing your opinion of the applicant’s suitability to apply for the course in terms of:1. Suitability to complete this level of postgraduate education (Masters level).
2. Relevant experience in the chosen area of clinical practice.
3. For employers only, confirmation that appropriate support and time will be given by the employer for the applicant to study, attend sessions at DMU and complete 90 hours of learning in practice.

**Please return this directly to the Admissions Tutor by email:**pharmacyiprecruitment@dmu.ac.uk |
| To be completed by employers only |
| Name  |  | Job Title |  |
| Organisation |  |
| Contact Address |  |
| Contact Telephone Number |  | Email Address |  |
|  |  |  |  |
| To be completed by non-employer referees only |
| Name  |  | Job Title |  |
| Organisation |  | GPhC / GMC Number |  |
| Contact Address |  |
| Contact Telephone Number |  | Email Address |  |
| I confirm that I support [*insert applicant name*] in their application to undertake the Independent Prescribing Course |
| Print Name |  |
| Signature |  | Date |  |
| Please complete the reference on the next page.Please provide a reference in the box below (see instructions on previous page) |
|  |