## Image result for de montfort university

# **Supplementary Information Form for the Practice Certificate in Independent Prescribing for Pharmacists Course**

## Instructions and Information

* If you are a current student at De Montfort University enrolled onto the MSc Clinical Pharmacy, you need only complete this form.
* If you are new student to De Montfort University, or are returning having studied previously, you need to complete this form and a postgraduate application form.
* 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 the order of the date received.
* Following screening, 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.
* Prospective and successful applicants and DPPs will be invited to one of a number of scheduled webinars to provide the opportunity for them to gain further insights into the course and engage in a question-and-answer session with course tutors. [Dates are published on our website.](https://www.dmu.ac.uk/study/courses/postgraduate-courses/practice-certificate-in-independent-prescribing/practice-certificate-in-independent-prescribing-for-pharmacists.aspx)

Forms 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.***

## Section One: Applicant Details

|  |  |
| --- | --- |
| **Name of applicant** |  |
| **Job Title**  **(including grade if applicable)** |  |
| **GPhC or PSNI registration Number** |  |
| **Date of birth** |  |
| **Date of initial registration with the GPhC/PSNI** |  |
| **If you are an existing DMU student, please state your P number.** |  |
| **Work address**  **(including name of Employer or Employing Organisation)** |  |
| **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 / Health Education England budget / other (please comment below) |
| **Comments on funding (if applicable)** |  |

## Section Two: Experience, knowledge, skills and clinical attributes

The GPhC requires that pharmacists applying to undertake an independent prescribing programme must *have relevant experience in a UK pharmacy setting and be able to recognise, understand and articulate the skills and attributes required by a prescriber. This experience and awareness will act as the basis of their prescribing practice whilst training.* The following section will allow the admissions team to assess your knowledge, skills and attributes and ensure these are commensurate with prescribing practice.

### 2.1. Relevant Experience

Please provide examples of where you have had a significant and positive impact on patient care. These summaries need to be based on experiences in a UK pharmacy setting.

***This can be from experiences during placements undertaken during your undergraduate / OSPAP degree, summer placements, foundation year, or practice as a pharmacist, and can include: patient counselling in collaboration with other healthcare professionals, medication reviews, resolution of prescribing queries, and resolution of ethical dilemmas. Please provide approximate dates (month/year) of when these examples happened. Ensure that the examples highlight how you:***

* ***placed the patient at the centre of any care decisions***
* ***ensured that appropriate therapeutic choices were offered in line with evidence-based medicine***
* ***considered the physical and psychological impact of your decisions on the patient***
* ***effectively communicated the decisions made, and intended outcomes, with the multidisciplinary team.***

***(Maximum 500 words)***

|  |
| --- |
|  |

### 2.2. Scope of Practice

The GPhC requires that pharmacists applying to undertake an independent prescribing programme must, ‘*for the purpose of developing their independent prescribing practice, identify an area of clinical or therapeutic practice on which to base their learning’.* Please describe below which group of patients you are planning to focus on for your prescribing course, and in what setting. This can be focused on specialist or generalist practice and can be defined by age and stages within a treatment guideline, and can incorporate exclusion criteria, e.g. pregnant patients. The skills and attributes obtained on the course are, however, transferrable to any future areas of practice where the pharmacist has the knowledge and competence to prescribe.

***This scope of practice must be sufficiently broad to allow demonstration of therapeutic choice and decision-making, but cannot be so broad that you cannot demonstrate your knowledge related to this area of practice, nor demonstrate the learning outcomes of the course. On the whole consider your ability to learn and gain competency in patient assessment, understanding differential diagnoses, examination skills, the ability to gain proficiency in interpreting clinical data, and the ability to demonstrate in-depth knowledge of therapeutics. In considering this, please refer to the*** [***GPhC Standards for the education and training of pharmacist independent prescribers***](https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-october-2022.pdf) ***and the*** [***RPS Competency Framework for all Prescribers***](https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework)***.***

***Examples of a scope of practice:***

* ***the management of type 2 diabetes in adults (including prediabetes) using oral therapies and GLP-1 receptor antagonists in general practice***
* ***the management of asthma in adult patients in general practice***
* ***post-operative pain management in paediatric orthopaedic surgery patients in secondary care***
* ***the management of acute otitis externa and otitis media in adult patients in general practice***
* ***the management of ulcerative colitis using biologic drugs in secondary care***
* ***palliative care pain management in a community hospice***

***Consider how likely you are to encounter the patients within this defined scope of practice during your learning in practice hours. Whilst a scope of practice may appear interesting, if you cannot plan time to see patients within the defined scope during your learning in practice, you will not be able to demonstrate the learning outcomes of the course.***

|  |  |
| --- | --- |
| Which group of patients |  |
| Which disease states |  |
| Speciality (if appropriate) |  |
| Setting (e.g. hospital, general practice) |  |

### 2.3. Patient Assessment and Monitoring Relating to Scope of Practice

Aligned with your stated area of practice, please identify the patient assessment skills that you believe that you will need to develop and/or demonstrate during the course, including the tests and investigations that you may need to order and/or interpret. Consider any clinical equipment and diagnostic aids with which you will need to gain proficiency. Please identify how these contribute to the management of patients aligned with your proposed scope of practice and the clinical guidelines that underpin that practice. You could discuss this with your proposed DPP.

***Please include (if relevant):***

* ***physical examination***
* ***diagnostic aids and equipment***
* ***tests and investigations required as part of patient assessment prior to commencement of pharmacotherapy, or for ongoing patient and therapeutic monitoring.***

***Remember, you will need to demonstrate competency of these skills during the course, developing expertise predominantly during your learning in practice hours.***

|  |
| --- |
|  |

### 2.3. Prescribing Attributes

The GPhC requires that pharmacists applying to undertake an independent prescribing programme must ‘*be able to recognise, understand and articulate the skills and attributes required by a prescriber’.* For your proposed prescribing practice, and referring to the [RPS Prescribing Competency Framework](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework) and the GPhC [Standards for Pharmacy Professionals](https://www.pharmacyregulation.org/standards/standards-for-pharmacy-professionals), please outline the key the attributes that you believe are required of you as a future pharmacist independent prescriber. You do not have to evidence that you have these attributes right now; we expect you to develop them during the course.

***Examples, include, but are not limited to:***

* ***Evidence based medicine***
* ***The safe and legal use of medicines***
* ***Remote prescribing***
* ***Governance frameworks***

|  |
| --- |
|  |

## Section Three: Continuing Professional Development

Please provide a statement in support of your application demonstrating:

* How you reflect on your own performance and take responsibility for your own CPD/revalidation.
* How you will maintain an up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to your intended area of prescribing practice.
* 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.***

**(maximum 500 words)**

|  |
| --- |
|  |

## Section Four: Supervision

### 4.1. Designated Prescribing Practitioner Details

|  |  |
| --- | --- |
| **Name of supervising designated prescribing practitioner (DPP)** |  |
| **Healthcare profession & professional/education qualifications** |  |
| **Regulatory body** |  |
| **Professional registration number** |  |
| **Contact address** |  |
| **If the contact work address is different from the applicant’s, please explain how you propose to supervise the student’s learning in practice.** |  |
| **Contact Telephone Number** |  |
| **Contact Email Address** |  |

### 4.2 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. You may choose to refer to aspects of the RPS competency framework for DPPs: <https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework> | |
|  | |

### 4.3. Multidisciplinary Team Working

We recommend that you spend approximately half of your learning in practice hours with a variety of multidisciplinary team members, including GMC registered medical doctor(s) if your DPP is not a medical doctor. Please outline how you plan to spend time working with the MDT and GMC registered medical doctor(s) on the course. TO BE COMPLETED BY THE APPLICANT.

***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.***

***(Max 300 words)***

|  |
| --- |
|  |

### 4.3. Supervising Multiple Students

If your DPP is supervising multiple non-medical prescribers in training, please outline below how many and how sufficient time will be allocated to ensure that supervision is adequate.

|  |
| --- |
|  |

### 4.4. DPP Declaration

**I confirm that (please check the relevant boxes):**

The information outlined in Part Four 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 and mentor [*insert applicant name*] in their learning in practice for a period of at least twelve days (90 hours), and that I have capacity to do this alongside competing demands.

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 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.

I have undertaken the relevant CPD/education and training to expand and keep up-to-date my knowledge and skills in the education and training of healthcare professionals.

I am in good standing with my regulatory body.

My relationship with [*insert applicant name*] is purely professional and I know of no reasons why I will not be able to provide objective feedback and make competency decisions without prejudice.

I am aware that an external user account will be created in PebblePad so that [*insert applicant name*] can share their e-Portfolio with me for the purposes of assessment. To do this my email address will be shared and De Montfort University have identified that our lawful basis for doing this in the UK GDPR is 6(e) Public Task. PebblePad’s Privacy notice is available for you to view at <https://www.pebblepad.co.uk/l/privacy.aspx>

|  |  |
| --- | --- |
| **Printed Name** |  |
| **Signature** |  |
| **Date** |  |

## Part Five: 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** |  |

## Summary of Documents to Include

|  |  |
| --- | --- |
| Please attach all of the documents below when submitting your application | |
|  | |
| **Description of document** | **Included Y/N** |
| Copy of undergraduate degree / OSPAP certificate or full academic transcript (not required for pharmacists currently enrolled on the MSc Clinical Pharmacy Programme) |  |
| Copy of postgraduate clinical pharmacy certificate / diploma / masters (if applicable, and not required for pharmacists currently enrolled on the MSc Clinical Pharmacy Programme) |  |
| Confirmation letter from employer that they agree to fund tuition fees (if applicable) |  |
| Confirmation that funding is in place (if applicable) |  |
| Supporting statement from employer/referee – Note this should be sent to your employer/referee for them to complete and then sent directly to the admissions tutor |  |
|  |  |
| Your completed application and supporting documentation should be sent to: |  |
| Admissions Tutor: [pharmacyiprecruitment@dmu.ac.uk](mailto:pharmacyiprecruitment@dmu.ac.uk) |  |

## 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 applicants 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 for a future prescribing role 2. Relevant experience in 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](mailto: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 your written reference on the next page\*\* | | | | | | | |
|  | | | | | | | |