

 **Remote Educational Audit for Independent Prescribing (IP)**

**Practice Learning Environments**

**(To be completed by a senior member of the practice area or a responsible person and submitted with the Trainee Independent Prescriber application form)**

**Section 1**

**Date of audit:**

**Name of Trainee Independent Prescriber (TIP):**

**Area of Practice (please circle):** General Practice

Hospital

Out of Hours/ Walk in Centre

Other (please specify)

**Name and address of workplace:**

**Name and Role of Responsible Person or Senior Member of Practice Area:**

**Contact Telephone number:**

**Contact email address:**

**Educational Link for Practice Learning Environment – IP Programme Route Lead (NMC):**

Clare James

Email:  c.james.5@bham.ac.uk

**Section 2**

**Placement Learning Environment**

**List services offered in the placement area to support Independent Prescribing learning opportunities**:

**List range of activities available for the IP student to partake in:**

**What is your Patient /Client/Service User profile?**

**Placement Learning Environment Indicators**

**Safe learning environment (please tick all those that apply)**

Staff discuss learning opportunities available with student.

Health and safety policies made available to student.

Policies and procedures in place to support practice are based on evidence.

Evidence of respect and dignity applied within practice.

**Student support (please tick all those that apply)**

Support for student by appropriate individuals (qualified professionals with prescribing capabilities).

Please identify the number of Independent Prescribers, who meet required criteria, available to support practice supervision and assessment within the practice learning environment:

Students to have observational status for the required period of clinical supervision (90 hours).

Environment supports teaching and learning

**Partnership working (please tick all those that apply)**

Mechanisms in place to escalate concerns – evidence of policy.

University of Birmingham is informed of any adverse risk to student learning e.g. internal investigation, HIW, CQC Reports etc.

Named educational link (NMC Prescribing Programme Team): **Clare James**

Named practice link (IP Lead for Practice Area):

**Summary of student evaluations (If applicable):**

**Action plan in response to student evaluations (If any):**

**Name/s of Practice Learning Environment Staff Conducting Audit:**

**Signature/s Date**

**Name/s of University of Birmingham Staff Approving Audit:**

**Signature/s Date**

**Section 3**

**Audit Recommendation (To be completed by UoB Programme team)**

**Audit Recommendation**

**Approve TIP practice learning environment Yes/No**

***If applicable:***

**Approve the TIP practice learning Subject to achieving and identifying an agree action plan to improve the practice learning environment Yes\***

***\*Action plan agreed and attached***

**Learning environment has insufficient learning opportunities and resources to support the TIP. Please circle outcome below:**

**TIP place to be deferred until an actions have been agreed and completed**

**TIP to be rejected due to lack of available learning opportunities**

**Signature Date**

**ELECTRONIC OR HARD COPY MUST BE RETAINED IN THE PRACTICE LEARNING ENVIRONMENT.**

**ELECTRONIC OR HARD COPY MUST BE RETAINED BY THE UNIVERSITY OF BIRMINGHAM.**