**APPLICATION FOR PRACTICE CERTIFICATE IN INDEPENDENT PRESCRIBING (Pharmacists)**

**Institute of Clinical Sciences**

**Practice Certificate in Independent Prescribing**

**Supplementary Programme Application**

**Thank you for applying to the University of Birmingham to join our independent prescribing programme.**

**You are required to complete a supplementary programme application form in order to evidence that:**

* **you meet the General Pharmaceutical Council (GPhC) entry requirements**
* **confirm that your Designated Prescribing Practitioner (DPP) satisfies the regulatory requirements**
* **your application is approved by the organisation where you are completing your learning in practice hours.**

**The entry requirements for the programme can be found on the** [**University of Birmingham website**](https://www.birmingham.ac.uk/postgraduate/courses/taught/med/practice-certificate-in-independent-prescribing.aspx#EntryRequirementsTab)**.  You may find it helpful to read Standard 1 of 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) **before completing this form.**

**Please ensure all supporting documentation has been uploaded to the university on-line application portal.**

# Course Details

**Start date:** *(please delete accordingly):*  January 2024 / March 2024

**How will the course be funded?** (please delete accordingly)

Self-funded / employer / NHS England (previously HEE) / other (please state below)

**If NHS England funded, please circle which group you fall under below:**

Group 1: Community Pharmacists, Pharmacists in GP and Health and Justice Pharmacists

Group 2: Primary Care Pharmacy Education Pathway (PCPEP)

Group 3: NHS Managed Sector (Pharmacist working in an NHS Hospital Trust and pharmacists working in an integrated care board)

|  |
| --- |
| **Sections 1, 2, 5 (with DPP) & 6: to be completed by applicant**   |
| **Section 3 & 5 (with applicant): to be completed by the Designated Prescribing Practitioner**  |
| **Section 4: to be completed by employer/referee**  |

# SECTION 1: APPLICANT DETAILS

*Please complete in spaces provided*

**Name**

**Job Title**

**GPhC/PSNI registration number:**

**Month and year of first registration in the UK:**

**Employer/Trust (or state if self-employed):**

# Contact details (address)

**Home:**

**Contact Number:**

**Email:**

**Work:**

**Contact Number:**

**Email:**

**Preferred correspondence address:** *(please delete accordingly):* Home / Work

**N.B. All applicants will be required to have a Declaration of Good Character completed and signed by their employer.**

# SECTION 2: PROFESSIONAL ELIGIBILITY

**2a) Proposed Prescribing Practice**

In order to complete the course, you need a focussed clinical area on which to base your learning and develop your prescribing skills within during the course. We suggest you choose a limited and specific area e.g. ‘asthma’ rather than ‘respiratory’.

You must have access to patients within your chosen clinical area as part of your 90 hours of learning in practice time.

**Please state your intended area of clinical/therapeutic practice:**

**Please give examples below of any relevant experience and/or preparation you have undertaken in relation to your prescribing practice and your intended scope of practice for the IP programme. This can include local prescribing policies which you have read or produced, presentations you have given or journal articles and guidance which you have read related to the choice of your intended area of practice.**

**2b) Relevant Experience**

**Please provide evidence of appropriate experience in UK pharmacy setting in readiness to undertake the independent prescribing programme below.**

The [GPhC has provided further guidance to support this](https://www.pharmacyregulation.org/sites/default/files/document/guidance-to-support-the-implementation-of-the_standards-for-the-education-and-training-of-pharmacist-independent-prescribers-october-2022.pdf) on the GPhC [Pharmacist independent prescriber](file:///%5C%5Cmds%5CUSER%5CG-L%5CJagpalPK%5CINDEPENDENT%20PRESCRIBING%5CJoint%20IP%5CGPhC%20ACCREDITATION%2C%20REACCREDITATION%5CNEW%20GUIDANCE%20ON%20ENTRY%20REQ%20REMOVAL%20OF%202YRS%5CGPHC%20SUBMISSION%5CPharmacist%20independent%20prescriber) section of their website:

*Their experience could have been obtained, for example:*

* *whilst studying pharmacy, and could include experiential learning, simulation, summer placements and other relevant activities*
* *during their foundation training year (referred to as ‘pre-registration training’ prior to the 2021/22 academic year)*
* *whilst employed in a pharmacy setting*

*It is important that reference is made to:*

* *patient-orientated/person centred experience*
* *clinical/therapeutic experience*
* *evidence of continuing professional development*

‘*Examples of relevant experience may include, but are not limited to:*

*• counselling patients whilst working in collaboration with multidisciplinary hospital pharmacy teams on a ward where shared decision making and consideration of patient dignity, capacity and consent are essential*

*• drug history taking and medication reviews whilst assessing patients’ medicines as part of an annual review in a GP practice and where consideration of diversity and cultural differences influences*

*their recommendations*

*• resolution of prescribing queries potentially in a community pharmacy where service provision to a care home is part of their role*

*• dealing with ethical dilemmas whilst working in a community pharmacy on a weekend and having to decide whether to supply medicines to a patient who has run out and they cannot discuss this with the patient’s GP*

*• observation/involvement in specialist clinics in their local GP surgery where maintaining patient confidentiality will be essential, particularly as they know many of the patients who attend their community pharmacy*

*• reflection on practice and recognising their limitations in competence potentially when faced with a request to treat a patient or issue a prescription for a condition that they are unfamiliar with whilst working in a GP practice*

*The above examples should not be seen as a checklist. They are intended to demonstrate the wide ranging and unique nature of relevant pharmacy experience that can contribute to a pharmacist’s* *overall readiness to enroll on an accredited independent prescribing course. There is not a specific length of time that will determine this. It is the overall breadth and range of relevant experience that is important.’*

**2c) Recognition, understanding, articulation of skills and attributes of a prescriber**

**Please provide evidence of your ability to recognise, understand and articulate the skills and attributes required by a prescriber.  Using your understanding of** [**RPS Prescribing competency framework**](https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework)**, scope of practice and** [**Standards for Pharmacy Professionals**](https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf) **please outline below the key skills and attributes you believe are required of an Independent Prescriber along with any examples you have of where you have been able to demonstrate some of these skills.**

**The** [**GPhC has provided further guidance to support this**](https://www.pharmacyregulation.org/sites/default/files/document/guidance-to-support-the-implementation-of-the_standards-for-the-education-and-training-of-pharmacist-independent-prescribers-october-2022.pdf) **on the GPhC** [**Pharmacist independent prescriber**](file:///%5C%5Cmds%5CUSER%5CG-L%5CJagpalPK%5CINDEPENDENT%20PRESCRIBING%5CJoint%20IP%5CGPhC%20ACCREDITATION%2C%20REACCREDITATION%5CNEW%20GUIDANCE%20ON%20ENTRY%20REQ%20REMOVAL%20OF%202YRS%5CGPHC%20SUBMISSION%5CPharmacist%20independent%20prescriber) **section of their website:**

* *recognise the psychological, physiological and physical impact of prescribing decisions on people*
* *consider the quality, safety and risks associated with medicines and products and take appropriate action when producing, supplying and prescribing them*
* *take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices*
* *apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice*
* *critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing of, medicines, devices and services*
* *apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing*
* *prescribe effectively within the relevant systems and frameworks for medicines use*
* *understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people*
* *use tools and techniques*

Please also refer to[A Competency Framework for all Prescribers](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework) to support completion of this section.  Please write between 500-1000 words.

# SECTION 3: DESIGNATED PRESCRIBING PRACTITIONER (DPP)

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

1. A registered healthcare practitioner in Great Britain or Northern Ireland with legal independent prescribing rights
2. Suitably experienced and qualified to carry out the supervisory responsibilities.
3. Able to demonstrate Continuing Professional development or revalidation records relevant to the DPP role.
4. In good standing with their professional regulator
5. Meet all the competencies listed in the Royal Pharmaceutical Society Competency Framework for Designated Prescribing Practitioners (2019)

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.

**Further information for DPPs is available in** [**Designated Prescribing Practitioner Competency Framework**](https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework)

Please complete the DPP agreement form below

# Agreement by DPP for Supervision of Applicant

**Name of DPP:**

**Profession:**

**Professional registration no:**

**Speciality:**

**Work address:**

**Telephone number:**

**Email address:**

***For the following questions, please delete as appropriate.***

**1. I am registered healthcare professional in Great Britain or Northern Ireland with active legal prescribing rights. Yes/No**

**2. I have at least 3 years recent and frequent prescribing experience in a patient-facing role in the trainee independent prescribers intended area(s) of prescribing. Yes/No**

**3. I am in good standing with my profession’s regulatory body. Yes/No**

**4. I have received equality and diversity training and/or an equality and diversity update within the previous 12 months. Yes/No**

**5. I have appropriate patient-facing clinical and diagnostic skills. Yes/No**

**6. I have the ability to assess patient-facing clinical and diagnostic skills. Yes/No**

**7. I confirm that I have reviewed the Designated Prescribing Practitioner Competency Framework and that I meet the competencies in the framework. Yes/No**

**8. I confirm that I have indemnity insurance to support clinical supervision. Yes/No**

**Please outline below your experience of teaching, supervision, and assessment of healthcare professionals, including details of any formal qualifications you may have in this area.**

**Please provide evidence below to demonstrate recent (over the previous year) CPD or revalidation relevant to this role.**

**I confirm that I have agreed to supervise, support and assess the applicant for a minimum of 90 hours in their prescribing role during clinical practice and the information provided within this section is true and correct.**

**Signature of DPP:**

**Date:**

# SECTION 4: REFERENCE FROM EMPLOYER/SPONSOR/SUPPORTING ORGANISATION

**It is a requirement of the application process for this Course that applicants provide a written reference from their employer/sponsor/supporting organisation that supports their participation on the Course. The reference should include the following as a minimum:**

1. **Confirmation that sufficient work time will be given to the trainee independent prescriber (TIP) to complete all elements of the Course**
2. **Perceived academic ability and personal qualities of the applicant in relation to completing the Course**

**Name of employer/sponsor/supporting organisation:**

**Referee’s name:**

**Referee’s job title/role:**

**Referee’s profession:**

**Reference for NAME:**

**Referee’s comments:**

**Please continue on additional sheets if required. (If additional sheets are used please ensure you have signed and dated each sheet)**

**Referee’s signature:**

**Date:**

# SECTION 5: IDENTIFIED AREAS FOR DEVELOPMENT OF CLINICAL AND DIAGNOSTIC SKILLS

**Discuss the following with your DPP before completing:**

**Development of Clinical and Diagnostic Skills**

Name of trainee independent prescriber (TIP) :

**At the end of the course your DPP must provide confirmation that you are clinically competent in the area(s) for which you intend to prescribe when you qualify as an independent prescriber. This includes clinical assessment of patients, the ability to use basic diagnostic aids and make an assessment of the patient’s general health.**

**Consider the clinical and diagnostic skills in which to develop competence and the use of specific diagnostic aids or equipment required to diagnose and monitor response to therapy. Discuss and agree a proposed plan of action to achieve these under the supervision of the DPP. This will inform your initial learning contract. Please ensure it is signed by your DPP.**

Clinical and diagnostic skills in which to develop competence: *(please bullet point by number if needed Please use more room by spacing down if you need to)*

Proposed plan of action under the supervision of the DPP*(please bullet point by number if needed Please use more room by spacing down if you need to)*

**DPP name:**

**DPP signature:**

**Date:**

# SECTION 6: APPLICANT AGREEMENT

* **I agree to communication between my employer, NMP lead for my Trust/Organisation, DPP and the University I am attending to discuss any aspect of my attendance and progress on the prescribing course**
* **I am aware that appropriate information may be shared with HEE in order to support further development of funded programmes and agree to this being shared as part of course enrolment (For HEE funded applicants only)**
* **I agree to undertake Continuing Professional Development on completion of this course**
* **I have read and understood ‘Appendix 1’**
* **I have read the entry criteria as set by the GPhC for this course and fulfil those requirements**
* **I confirm that I have professional indemnity insurance**
* **I have not previously undertaken an Independent Prescribing Course. If you have undertaken an Independent Prescribing course, please provide any reasons why you did not successfully complete the course.**

**Reasons:**

**Signature:**

**Name:**

**Date:**

**Appendix 1**

**Please see relevant section for conditions on signing Prescribing applications**

Applicant

* Will attend all course dates at University as required
* Prior to starting course has met with Designated Prescribing Practitioner (DPP), and discussed learning objectives and methods for supervision
* Attend all supervisory sessions with DPP as required.
* Complete requirements of course within allocated time period
* If the candidate interrupts their studies for independent prescribing, the programme must be completed within the requirements of your registering body and the regulations of the University
* If assessments are not completed within 2 years from the start, the candidate must undertake the entire programme again including all the assessments to maintain currency.
* Once qualified, informs line manager and lead for non-medical prescribing immediately
* Intends to prescribe within area of work and competence once qualified
* Participates in regular in-house and/or external CPD support mechanisms once qualified
* Provides honest and constructive feedback on the course to manager and programme lead for prescribing within the higher education institution
* Mentors and supports colleagues undertaking the course at a later date
* Participates in local steering group and work to develop supporting policies
* Candidates should be aware of national and local policies in relation to prescribing

Line Manager

* Agrees the appropriateness and suitability of candidate application and ensures the candidate is able to apply the prescribing principles to their area of practice
* Understands and accepts the requirements for candidate attendance at University and with DPPs
* Agrees with choice of DPP who is suitably experienced and qualified to undertake this role effectively and have attended the local HEI training course to equip them for this role.
* Confirms Trust policies/procedures and clinical governance infrastructure and professional indemnification processes are in place to support non-medical prescribing
* Effective policies for record keeping must be in place to ensure records are accurate, comprehensive, contemporaneous and accessible by all members of a prescribing team.
* Evaluates experiences of candidates and provides feedback to the programme lead within the HEI
* Provides opportunity for CPD
* All registrants must record their prescribing qualification. Individuals have a duty to comply with their registering bodies regulations

**Non-medical Prescribing Lead**

* Confirms trust policies/procedures and clinical governance infrastructure and/or professional indemnification processes are in place to support non-medical prescribing
* Agrees appropriateness of candidate selection and is involved in selection process.
* Agrees that the DPP is appropriate
* Maintains database of all prescribers
* Represents trust at meetings such as regional Non-Medical Prescribing Group
* Knows the content of curriculum and attends University curriculum group meetings to feedback evaluation, concerns, etc.
* Is available for candidate one-to-one support

**Designated Prescribing Practitioner**

* Confirms that they have relevant experience and qualifications to assess and supervise trainee independent prescriber within the clinical area to enable them to fulfil the clinical competences required for the completion of the prescribing course.
* Knows the content of the curriculum and expectations of students
* Knows where and how to raise concerns about students conduct, competence and achievement
* Has attended a training session/undertaken an on-line training update session to enable effective support for in the clinical area
* Makes assessment decisions informed by feedback from other health care professionals that the trainee independent prescriber may have gained experience with during their clinical supervision
* Maintains current knowledge and expertise relevant for the competencies and programme outcomes that they are assessing
* Confirm that they will continue to proactively develop their professional practice and knowledge in order to fulfil their role

Conflicts of Interest

A conflict of interest is “a situation that has the potential to undermine the impartiality and objectivity of decision making within the application process or during the course. Conflicts of interest can arise when an individual’s judgement is influenced subjectively through association with colleagues out of loyalty to the relationship they have, rather than through an objective process. Conflicts of interest can occur because of personal or commercial relationships

The Designated Prescribing Practitioner must be sufficiently impartial to the outcome for the and should not be the same individual as the person sponsoring the trainee independent prescriber to undertake the programme, nor should they be related to the applicant.

The Responsible Person should also be objective in their confirmation and must therefore discuss with the applicant if they cannot provide confirmation of their suitability to undertake the course objectively.

Failure to declare conflict of interest with DPP will involve contacting professional regulatory bodies and delay in obtaining qualification or potential removal from programme.

**APPLICATION FORM CHECKLIST**

**CHECK THAT YOU HAVE:**

* Referred to the checklist on the [website](https://www.birmingham.ac.uk/postgraduate/courses/taught/med/practice-certificate-in-independent-prescribing.aspx).
* Read and understood the information in the Appendix 1.
* Ensured all relevant sections are signed by your line manager and non-medical prescribing lead.
* Signed and dated the applicant agreement.

Failure to include correctly completed documentation may result in delays in the application procedure.

For office use only (Trust/Employer/Self-employed)

Approved for attendance on the course: Yes / No

Signature: Date: