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| **Entry requirements:** |
| **For entry to this course, you must meet the following requirements.**   * Registered for 12 months with the NMC (nurses/midwives). * Registered for 12 months with the HCPC (allied health professionals - with appropriate experience; paramedics must be working in an advanced practice, non-ambulance setting). * Registered with the GPhC/PSNI (pharmacists) with relevant experience in a UK pharmacy setting. * Have the appropriate background knowledge of anatomy and physiology (this is an intensive module which assumes a basic knowledge of these subjects; equivalent to Year 3 nursing student degree). * Have completed an Advanced Clinical Assessment Skills, or similar 30-credit module, at level 6 or 7. If you are already working at this advanced level and do not have a qualification you will need to provide evidence supported by a statement from your line manager or trust's educational lead. (NMC and HCPC registrants only). * Have at least one year's experience working in a role with an identified clinical need for prescribing (NMC and HCPC registrants only) * Have relevant experience in a UK pharmacy setting and be able to recognise, understand and articulate the   skills and attributes required by a prescriber to act as the foundation of their prescribing practice whilst training (GPhC/PSNI registrants only)   * The appropriate knowledge and experience in the area in which you intend to prescribe * Protected time for the 72 hours (90 hours for pharmacists) of clinical practice * Protected time for the 25 days (26 days for pharmacists) of academic study time * The appropriate clinical supervision, clinical governance and indemnity insurance to cover your future prescribing practice * A current Disclosure and Barring Services (DBS) check completed by the employer   **Self-funding applicants**  We will consider self-funding applicants, but you must be working for an organisation that will support you in this role. If you are currently working in a role that will not allow you to prescribe, you cannot apply for this module.  **Self-employed applicants**  We will consider applications from pharmacists with their own pharmacy who work in partnership with a general practice. You will need to provide evidence of appropriate GPhC/CQC governance. |

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| **APPLICANT DETAILS** | | | |
| **Name:** |  | | |
| **Healthcare Organisation name:** |  | **CQC/GPhC**  **registration?** | YES/NO |
| **Healthcare Organisation address:** |  | **Professional registration and number:**  *(NMC, GPhC, PSNI, HCPC)* |  |
| **Clinical Area:** |  | **Is your role primarily ambulance-based?** | YES/NO |
| **Time in current role:** |  | **Number of post-registration years’ experience** |  |
| **If less than 12 months, please describe your previous role and how long you held the position for** |  | | |
| **Your current role and specialist area of practice:**  *(role in which you will prescribe)* |  | | |
| **Have you completed a credited clinical module, that includes assessment skills E.g. Advanced Skills or Minor Illness?** | | | |
| **If YES please provide details:** |  | | |
| **Have you ever started a programme of prescribing preparation before?** | | | |
| **If YES please provide details:** |  | | |

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| **APPLICANT TO DISCUSS SUITABILITY FOR THIS MODULE** | | | | | |
| In this section, you will need to describe how you have gained the appropriate knowledge to assess and diagnose through experience and/or certificated learning | | | | | |
| **Applicants registered with NMC or HCPC please provide a statement supported by evidence that:**   * You have the appropriate background knowledge of anatomy and physiology. * You have at least 1 years-experience post qualification * You independently assess and diagnose in your current role. Y*ou should have completed a credited (level 6 or 7) Clinical Assessment Skills module (Under exceptional circumstances we will consider similar vocational experience which enables you to work at an advanced level in your specialist area of practice, your line manager and/or practice assessor will need to include in their statement confirmation that you have gained these skills through vocational experience).* * You must be currently working in an appropriate role within the field in which you are going to prescribe, for at least one year. * You have identified an area of clinical or therapeutic practice   **Applicants registered with GPhC or PSNI please provide a statement supported by evidence that:**   * You have relevant experience in a UK pharmacy setting (this could be whilst studying pharmacy, during your pre-registration training, or whilst employed in a pharmacy setting). Whilst outlining your experience, you should ensure that you refer to patient-orientated/person centred experience, clinical/therapeutic experience, and any relevant continuing professional development that you have completed (we would suggest that you refer to the GPhC document ‘Guidance to support the implementation of the standards for the education and training of pharmacist independent prescribers’ for further information on the types of experience that would be considered relevant). * You recognise and understand the skills and attributes required by a prescriber (we would suggest that you refer to the Standards for Pharmacy Professionals, 2021 IETP Standards, and the RPS Prescribing Competency Framework). * You have identified an area of clinical or therapeutic practice.   **Self-employed applicants please additionally provide information relating to the entry criteria that would usually be signed off by an NHS manager and/or NMP lead. Please provide the following information:**   * At least one professional reference that addresses the points identified in the 'Declaration of Support’ section of this supplementary information form * Evidence of a DBS check completed by the employer * If the referee is not a registrant of the GMC, NMC, HCPC, GPhC or PSNI, you must obtain a clinical reference from a registrant who has worked clinically with you recently and who must also provide their professional registration number for confirmation * Details of your anticipated prescribing role on completion of the programme * The clinical governance processes that will be employed to support the safety of your prescribing * Budgetary arrangements for your prescribing, e.g. using an NHS prescriber code or private prescription | | | | | |
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| **I declare that my health & good character is of a standard that enables me to deliver safe and effective practice, that I have appropriate professional indemnity insurance, and I have no conflicts of interest with my Practice Assessor or Practice Supervisors** *(You must let us know of any conflict of interest ‐ for example, if they are a relative or you are in a relationship with them other than a professional working relationship)* | | | | | |
| **Full name:** |  | **e-mail:** |  | **Date** |  |

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| **LINE MANAGER TO ASSESS THE QUALITY OF THE LEARNING ENVIRONMENT**  ***If the learning environment is not the same organisation as the applicants place of employment (such as those working in community pharmacy), this must be completed by the practice assessor in relation to the area where learning in practice will take place*** | | |
| All of our learning environments are with CQC-registered providers. | | YES/NO |
| Our policies and procedures within our learning environment areas reflect health and safety legislation, employment legislation and equality of opportunity. | | YES/NO |
| Our human resources management processes reflect current good practice in relation to recruitment, retention, development of staff and promote equality, inclusivity and diversity. | | YES/NO |
| Our staff understand and manage specific risks to students and risk assessments are carried out in our learning environments. | | YES/NO |
| We ensure that students have access to appropriate clinical equipment, books, journals, educational and IT facilities, including internet access, (where practicable) when they are in our learning environments. | | YES/NO |
| We have mechanisms in place in our learning environments to ensure early recognition of poor student performance and for taking appropriate and prompt action. | | YES/NO |
| Our learning environment supervisors and/or assessors are aware of student’s learning outcomes so that they are able to agree with the student an individual learning contract for the period of learning in practice. | | YES/NO |
| We provide students with regular opportunities to discuss their progress towards meeting their learning contract with their practice supervisors and assessors. | | YES/NO |
| We take action on evaluation/feedback information that students give us on the quality of their learning experience during their period of learning in practice. | | YES/NO |
| We provide students with an orientation/induction to each learning environment. | | YES/NO |
| Our learning environments ensure that provision is made for students to reflect in/on practice and link practice explicitly with their theoretical underpinning | | YES/NO |
| Our learning environments provide varied learning opportunities that enable students to achieve learning outcomes through observing skilled professionals deliver service and care; participating, under supervision, in the delivery of treatment and care; practising in an environment that respects users’ rights, privacy and dignity. | | YES/NO |
| Our staff, who act as supervisors and/or assessors of students, demonstrate evidence-based practice, teaching and assessment. | | YES/NO |
| We provide learning opportunities in environments that are appropriate to the level and need of the student and provide opportunities for interprofessional working. | | YES/NO |
| Our approach to assessment is that it is a continuous process with an adequate formative function that helps develop student abilities/intellectual skills and which leads to the judgement of achievement against agreed performance criteria. | | YES/NO |
| We are committed to creating a safe learning culture that encourages participation and open discussion to support learning. | | YES/NO |
| **Line Manager/PA Name:** |  | |

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| **DECLARATION OF SUPPORT** | | | | | |
| **Completed by the Sponsor, Line manager or Practice Assessor. If you are self-employed you will need to complete the questions in this section yourself, the points above will need to be included in your referee's professional reference.**  **Please provide a brief statement that the applicant is:**   * Qualified to independently undertake a clinical assessment and diagnose in their specialist area of clinical/therapeutic practice (if they have not completed a credited clinical assessment module, please confirm that they have gained these skills through vocational experience). * In a role in which the organisation will support and allow them to prescribe. * Of good health and character to enable safe and effective practice, and in good standing with their professional regulatory body and must not be under investigation for practice-related issues. * Has the required academic ability to undertake a challenging level 7 module. | | | | | |
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| **Please confirm that the applicant will have the following support from the organisation:** | | | | | |
| Provision of **25/26 days of protected academic study time** *(this is mandated by NMC, GPhC and HCPC)* | | | | | YES/NO |
| Funding has been confirmed | | | | | YES/NO |
| Provision of suitable Practice Assessor and Practice Supervisors *(this includes the role of Designated Prescribing Practitioner)* | | | | | YES/NO |
| Provision of protected clinical time to support learning in practice *(72 hours for nurses and AHPs; 90*  *hours for pharmacists)* | | | | | YES/NO |
| Provision of post-qualification clinical supervision and continuing professional development | | | | | YES/NO |
| Access to a prescribing budget and other necessary requirements to support prescribing practice *(clinical governance and indemnity insurance)* | | | | | YES/NO |
| Enhanced Disclosure and Barring Services check (DBS) completed by the employer | | | | | YES/NO |
| **Line Manager Name:** |  | **Work e-mail:** |  | **Date** |  |
| **Educational lead Name:**  (DPP\* for self- employed pharmacists) |  | **Work e-mail:** |  | **Date** |  |

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| **PRACTICE ASSESSOR CONFIRMATION** | | | | | | |
| **The Practice Assessor**  *This can be any independent prescriber with suitable experience and qualifications; this role is also referred to as the Designated Prescribing Practitioner (DPP). The Royal Pharmaceutical Society provide guidance on the competencies required for an independent prescriber to take on this role,* [DPP competency framework Dec 2019.pdf (rpharms.com)](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf?ver=2019-12-18-150746-160).   * Facilitates learning through critical thinking and reflection * Along with the student and the healthcare organisation, identifies suitable practice supervisors to support practice learning * Provides dedicated time and opportunities for the student to observe how the Practice Supervisor(s) / Practice Assessor conducts a consultation/interviews the patient/carer and develops a management plan * Provision of protected clinical time to support learning in practice (72 hours for nurses and AHPs; 90 hours for pharmacists) * Allows time for the student to carry out consultations and suggest clinical management plans and prescribing options which are discussed with the Practice Supervisor (s) / Practice Assessor. * Allows for the development and integration of theory and practice * Provides opportunities for in‐depth discussion and analysis of clinical management plans using case studies where patient care and prescribing behaviours can be discussed further * Meet with the Academic Assessor at least once to discuss student’s progress (usually in the tripartite review) * Assesses and verifies that the student is competent to take on the prescribing role (pharmacists must have a summative clinical assessment which is moderated by the academic assessor). * Complete the online Designated Prescribing Practitioner training course. [Information regarding this course can be found by clicking HERE](https://www.hecooperative.co.uk/product-and-resource-information/dpp/). [**To register for the FREE resource, click HERE.**](https://docs.google.com/forms/d/e/1FAIpQLScwH65M9bwjHsn5Rp8NmlQm8cg_tyqo_vbzQwfNN3gCOCqUJg/viewform?usp=sf_link) | | | | | | |
| **Practice Assessor to complete:** | | | | | | |
| Has agreed to assess the candidate on this module and has reviewed the validity of the information provided by the candidate on the application form | | | | YES/NO | | |
| Normally works with the applicant  *If this is not possible (such as in community pharmacy), the practice assessor can be another appropriately qualified and experienced prescriber to take on the role of supporting and supervising the applicant as a prescriber in training. The learning in practice setting must have agreed for an external colleague to undertake clinical supervision in the clinical area.* | | | | YES/NO  (If no, please include a commentary in regards to the notes for this criteria) | | |
| Is sufficiently impartial to the outcome for the applicant and, wherever possible, should not be the same person sponsoring them to undertake the programme | | | | YES/NO | | |
| Is in good standing with their professional regulatory body (has no fitness to practice conditions listed on their professional body register and/or is not under investigation for practice or professionalism related issues) | | | | YES/NO | | |
| Has agreed not to assess more than 2 students on an NMP programme at any one time | | | | YES/NO | | |
| Has gained the approval of the employer to undertake this role | | | | YES/NO | | |
| Has appropriate professional indemnity insurance | | | | YES/NO | | |
| Will engage with resources to support learning (Online Designated Prescribing Practitioner Course). | | | | YES/NO | | |
| Has agreed to meet with the Academic Assessor (module tutor) at least once throughout the module (Usually in the tripartite review). | | | | YES/NO | | |
| Along with the applicant and the healthcare organisation will identify suitable Practice Supervisors to support learning and assessment in practice | | | | YES/NO | | |
| Meets the competencies to be a Practice Assessor as stated in the Royal Pharmaceutical Society Competency Framework for Designated Prescribing Practitioners | | | | YES/NO | | |
| Is a registered independent prescriber, with at least 3 years’ recent prescribing experience, with prescribing competence applicable to the area in which they will be supervising, and expert knowledge in the area of practice they will be supervising  *Please note that learning in practice must relate to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role.* | | | | YES/NO | | |
| Please provide information regarding your prescribing experience and the clinical/therapeutic area in which you prescribe, including any recent CPD in the clinical/therapeutic area: | |  | | | | |
| Has appropriate patient-facing clinical and diagnostic skills | | | | YES/NO | | |
| Please provide information regarding your patient-facing clinical and diagnostic skills: | |  | | | | |
| Has the ability to assess patient-facing clinical and diagnostic skills | | | | YES/NO | | |
| Please provide information regarding your ability to assess patient-facing clinical and diagnostic skills: | |  | | | | |
| Has supported or supervised other healthcare professionals and is able to support learning, development, assessment and verification of competence and capability | | | | YES/NO | | |
| Please provide information regarding your experience in supervising and/or assessing other healthcare professionals in the learning in practice setting (please include whether you have supervised a student on non-medical prescribing previously): | |  | | | | |
| **Full name:** |  | | | | | |
| **Workplace contact details:**  *(Address + phone number)* |  | | | | | |
| **Practice Assessor’s work email** |  | | | | **Date** |  |
| **Professional regulatory body:** |  | **Professional registration no:** |  | | | |
| **Designation and professional qualifications:** |  | | | | | |

**Please note, by sending this form back, you certify that, to the best of your belief, the information provided is complete and true.**

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| **Note for applicants:** |
| * All sections of this form must be completed fully before submission, failure to complete it fully and accurately will result in it being returned to you and may result in a delay in being able to commence on the module * Provision of false information could result in referral to your professional regulator * The information on this form and your online application form will be screened by the module leader to confirm eligibility for the module, your application will be rejected if you do not meet the entry criteria. * Places are limited and so submission of an application does not guarantee the offer of a place on the module * Places on the module are provided on a first come first serve basis with a finite number of spaces available * For applicants who are self-funding or sponsor funded, this form needs to be sent to admissions by your Educational Lead |

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| **IMPORTANT: MODE OF STUDY - Sessions will be a mix of face-to-face and virtual, please refer to the webpage for specific dates.** | |
| 1. **Face-to-face days -** lectures/seminars **on campus**. 2. **Online days -** Consists of **online** video seminars | * Skills day **on campus** *for pharmacists only* * Examinations **on campus** |

**Handwritten or partially completed forms will be rejected.**

**Where possible, please complete in Word.**

Form must be sent directly to [**admissionscpd@aru.ac.uk.**](mailto:admissionscpd@aru.ac.uk)

Version 8 (June 2024)