**Programme Application Form (PAF) 21/22:**

**Independent and/or Supplementary Prescribing**

**Section 1 – STUDENT INFORMATION**

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| **Applicant name as stated on NMC / HCPC / GPhC Register:** |
| **NMC / HCPC / GPhC Number:** |
| **Date Qualified:** |
| Checked by UWE |

Please ensure you have completed and included the following sections:

Section 1 – Student Information

Section 2 - Programme Requirements / Entry Criteria

Section 3 – Designated Supervisor confirmation (DPS)

Section 4 - Designated Prescribing Practitioner confirmation (DPP)

Section 5 – DMP Sign off

Section 6 – Practice Audit Documents

Section 7 – NMP lead / employer confirmation

I understand that:

* I will not be accepted onto the course until I have applied online using this link  [https://courses.uwe.ac.uk/Z51000077/non-medical-prescribing-independent-andor-supplementary-prescribing.](http://courses.uwe.ac.uk/Z51000077/non-medical-prescribing.) In order to apply you will need to register through the CPD portal by clicking on the link above. If you have previously registered through the CPD portal, you would click log in instead of register, using your previous log in details.
* I will not be accepted onto the course until the programme application form (PAF) and any other required paperwork is uploaded to the CPD portal, immediately after applying.
* Aesthetic practitioners please request the Framework for Cosmetic Practitioners from [HAS.CPD@uwe.ac.uk](mailto:HAS.CPD@uwe.ac.uk) before commencing this application and fill in this form using the entry criteria stipulated within it
* Self-employed Practitioners will be contacted if further information is required after appraisal of the application
* Your data will be used and kept only for the purposes it was attained and in alignment with the university policy on GDPR

You can log in to the CPD portal to check the status of your application, or to upload additional paperwork, by clicking on this link <https://mycpd.uwe.ac.uk/users/sign_in>

**Section 2a – Programme Requirements / Entry Criteria (pharmacists complete section 2b instead)**

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| **Applicants Name** |  |
| **Profession** |  |
| **Employing organisation name** |  |
| **Start date of employment in current role** |  |
| |  | | --- | | **Self-Declaration of competency**: To fulfil regulatory requirements you must be competent in the following areas: Clinical assessment, diagnosis, planning and evaluation of care**:** **Please explain below (no more than 200 words)** how you have developed and maintained your competencies in these skills.You should include details of how you have been assessed in practice / and / or accredited programmes e.g. appraisals, competency frameworks, university courses. | |  | | **Please explain below (no more than 200 words)** how the ability to prescribe medications independently will transform practice and inform patient / client care (if you have been required to give this information on an application to your own organisation, you may wish to replicate that here). If you are a self-employed practitioner please indicate clearly your proposed area of practice. | |  | | **Please explain below (no more than 200 words)** how you will gain regular access to patients within your area of clinical practice in order to achieve the required 90 hours supervised practice. If you are self-employed or accessing a DPS / DPP / DMP from another organisation this must also demonstrate how clinical governance will be achieved whilst you are achieving this – e.g. honorary contracts – written agreements | |  | | |

**Section 2b – Programme Requirements / Entry Criteria - pharmacists please complete**

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| **Applicants Name** |  |
| **Profession** | **Pharmacist** |
| **Employing organisation name** |  |
| **Start date of employment in current role** |  |
| |  | | --- | | **Self-Declaration of competency**: **Please explain below (no more than 200 words)** That you have at least two years patient-orientated experience in a UK hospital, community or primary care setting following your pre-registration year (this needs to be verified by your employer/IP lead or if you are self-employed, a reference who can corroborate the experience) | |  | | **Please explain below (no more than 200 words)** how the ability to prescribe medications independently will transform practice and inform patient / client care (if you have been required to give this information on an application to your own organisation, you may wish to replicate that here). If you are a self-employed practitioner please indicate clearly your proposed area of practice. | |  | | **Please explain below (no more than 200 words)** how you will gain regular access to patients within your area of clinical practice in order to achieve the required 90 hours supervised practice. If you are self-employed or accessing support from another organisation in which you are not directly employed you must also demonstrate how clinical governance will be achieved whilst you are achieving this – e.g. honorary contracts – written agreements | |  | | |

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| **Section 2c – this must not be signed until you have completed ALL parts of the application** | **Yes / No** |
| **Nurses, Midwifes, SCPHN -** I have been qualified for a minimum of one year and articulated my competence to be a future prescriber in section 1 |  |
| **Paramedics**   * I am a Registered Paramedic with evidence of post qualification study (e.g. DipHE) * I have been qualified for 5 years and have been working at an advanced level for 1 year within my speciality where the inability to prescribe has limited my practice. * I am currently in a clinical role and to the best of my knowledge will remain for the next 3 years * I am enrolled on an Advanced Masters programme and have already undertaken one Level M (L7) piece of work (evidence of award to be scanned in with this document) * I have a qualification and evidence of continuing competency in physical examination, clinical skills, diagnostics, decision making in an area relevant to my clinical area (evidence of qualification to be scanned in with this document). * Must undertake level 7. |  |
| **Physiotherapists, Therapeutic Radiographer, Chiropodist, Dietitian, Diagnostic Radiographer**  I have been qualified for a minimum of three years and articulated my competence to be a future prescriber in section 1 |  |
| **Pharmacists -** I have at least 2 years` appropriate patient-orientated experience post registration in a relevant UK practice setting. Must undertake level 7. |  |
| **All Applicants to Complete** |  |
| I have a current enhanced Disclosure and Baring Service (DBS) that adheres to my employing organisations governance policy and I confirm there are no circumstances that have required reporting to my regulatory body since the DBS was issued. You do not need to provide a copy to but include Date of Issue |  |
| I have read understood and will comply with my regulators (HCPC, GPhC, NMC) Code of Professional standards of practice and behaviour for health care professionals |  |
| I have not been found guilty of misconduct under any University Student Disciplinary Regulations or deemed unfit to practise by any regulatory body (if yes please contact the programme lead to discuss before completing this form) |  |
| I have the ability to work at L6 (degree level) i.e. have completed previous study at this level. Pharmacist and Paramedics must have the ability to work at L7 |  |
| I have basic IT awareness (or will have them in place) using a desktop computer i.e. use of Microsoft office programmes including word, attach documents to an email, upload documents, use the internet and a scanner. |  |
| I can confirm that the protected learning time has been negotiated and agreed by my employer before entry onto the programme  14 Face to Face Learning Days, 12 Directed Learning Days  90 hours of Learning in Practice (40 of which must be supernumerary) |  |
| I have access to wider clinical areas to support learning. |  |
| I understand that there is a 100% attendance for the 14 face to face days. Unexpected absences will require discussion with the programme leader |  |
| I understand that the Independent Prescribing programme is intensive and that there is an expectation that I will need to devote around 400 hours to studying. |  |
| My organisation has access to a pharmacist, a medical director and an IP Lead (or equivalent) and Clinical Governance policies are in (or being developed) place to support Independent Prescribing. |  |
| I understand that commencement on this programme initiates a multi-faceted relationship between me as a student, my employer, my supervisor (DPS) and my assessor (DPP) which will require communication between said parties in relation to my clinical and educational progress. |  |
| I can confirm that there is a current placement audit in place for my workplace / my supervisors workplace (DPS) and my assessors workplace (DPP) or DMP (see section 6) |  |
| Please indicate if you have commenced prescribing practice before: | **Yes / No** |
| If yes: Location Date Results |  |

I confirm the answers I have provided above are correct and support the duty of candour required from a regulated professional.

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| Applicant Signature |  | Date |  |

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| **Section 3 - Designated Prescribing Supervisor (DPS)** | | | |
| **DPS Name** | |  | |
| **DPS Profession** | |  | |
| **Name of Student to be Supervised** | |  | |
| **DPS email address** | |  | |
| **Date DPS**  **qualified as a prescriber** |  | **DPS**  **NMC / HCPC / GPhC number**  Checked by UWE |  |
| |  |  | | --- | --- | | **DPS Experience** | **Yes / No** | | At least 1 years’ experience of experience of prescribing independently within the field whose experience is deemed appropriate from supporting organisation |  | | I have a current enhanced Disclosure and Baring Service (DBS) that adheres to my employing organisations governance policy and I confirm there are no circumstances that have required reporting to my regulatory body since the DBS was issued. You do not need to provide a copy to UWE but include Date of Issue |  | | I have read understood and will comply with my regulators code of professional standards and behaviour |  | | I have not been found guilty of misconduct under any University Student Disciplinary Regulations or deemed unfit to practise by any regulatory body. |  | | I can confirm that I am sufficiently impartial to make an objective supervision of the students placement |  | | I can confirm that I am willing to undertake DPS preparation in relation to the programme |  | | I understand that this programme initiates a multi-faceted relationship between me as the assessor (DPP), the student, the employer, and the supervisor (DPS) which will require communication between said parties in relation to the students’ clinical and educational progress. |  | | Please state how many students you are currently (will be) supporting as a DPS |  | | If you are being paid for your time to undertake this role please include a copy of your student / supervisor agreement |  | | If you are supporting a self-employed practitioner please also complete section 8 |  | | Please indicate **below** how time has been agreed at organisational level for you to support the supervision of the prescribing student in practice (20 hrs is given as a guide) |  |   **Self-Declaration of competency to fulfil role of assessor for the given student:** Your data will be used and kept only for the purposes it was attained and in alignment with the university policy on GDPR  I confirm the answers I have provided above are correct and support the duty of candour required from a regulated professional.   |  |  |  |  | | --- | --- | --- | --- | | DPS Signature |  | Date |  | | | | |

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| **Section 4 - Designated Prescribing Practitioner (DPP) use form in section 5 if using a DMP** | | | |
| **DPP Name** | |  | |
| **DPP Profession** | |  | |
| **DPP email address** | |  | |
| **Name of Student to be Assessed** | |  | |
| **Date DPP**  **qualified as a prescriber** |  | **DPP**  **NMC / HCPC / GPhC number**  Checked by UWE |  |
| |  |  | | --- | --- | | **DPP Experience** | **Yes / No** | | At least 3 years’ experience of experience of prescribing independently within the field whose experience is deemed appropriate from supporting organisation |  | | If you have not been nominated for this role from a supporting organisation then please also provide a professional reference in relation to your suitability based on the criteria set out in section 8 |  | | I have a current enhanced Disclosure and Baring Service (DBS) that adheres to my employing organisations governance policy and I confirm there are no circumstances that have required reporting to my regulatory body since the DBS was issued. You do not need to provide a copy to UWE but include Date of Issue |  | | I have read understood and will comply with my regulators code of professional standards and behaviour |  | | I have not been found guilty of misconduct under any University Student Disciplinary Regulations or deemed unfit to practise by any regulatory body. |  | | I can confirm that I am sufficiently impartial to make an objective assessment of the students placement |  | | I can confirm that I am willing to undertake DPP preparation in relation to the programme |  | | I can confirm the suitability of the student based on the entry criteria |  | | I can confirm the suitability of the DPS based on the entry criteria |  | | I understand that this programme initiates a multi-faceted relationship between me as the assessor (DPP), the student, the employer, and the supervisor (DPS) which will require communication between said parties in relation to the students’ clinical and educational progress. |  | | Please state how many students you are currently (will be) supporting as a DPP |  | | If you are being paid for your time to undertake this role please include a copy of your student / assessor agreement |  | | Please indicate **below** how time has been agreed at organisational level for you to support the assessment of the prescribing student in practice (20 hrs is given as a guide) |  |   **Self-Declaration of competency to fulfil role of assessor for the given student:** Your data will be used and kept only for the purposes it was attained and in alignment with the university policy on GDPR**.** I confirm the answers I have provided above are correct and support the duty of candour required from a regulated professional.   |  |  |  |  | | --- | --- | --- | --- | | DPP Signature **(Must be handwritten)** |  | Date |  | | | | |

**Section 5 As the Designated Medical Practitioner (DMP) I can confirm that:**

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| --- |
| * I am registered with the GMC |
| * I am a Registrar, GP or above |
| * I am able to devote sufficient time to support the student in achieving 90 hours of supervised practice learning |
| * I must be sufficiently impartial to the outcome for the student and, wherever possible, should not be the same person sponsoring the student to undertake the programme. |

**Department of Health (Nov 2001) Criteria:** Are you a registered medical practitioner who:

1. has had at least 3 years medical, treatment and prescribing responsibility for a group of patient/clients in the relevant field of practice?

Yes  No

**and** are you:

1. (a) within a GP practice and either vocationally trained or in possession of a certificate of equivalent experience from the Joint or Post-Graduate Training in General Practice?

Yes  No

OR (b) a specialist registrar, clinical assistant or a consultant within a NHS Trust or other NHS employer?

Yes  No

**and** have you:

1. the support of the employing organisation or GP practice to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice?

Yes  No

**and** have you:

1. some experience or training in teaching and/or supervision in practice?

Yes  No

If you are not an Approved Training Practice/Institution, then please outline your experience of teaching, supervision and assessment of students.

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**DESIGNATED MEDICAL PRACTITIONER DETAILS**

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Job Title:** |  | | |
| **GMC registration No:**  Checked by UWE |  | | |
| **Organisation:** |  | | |
| **Email Address:** |  | | |
| **Signature:**  **(Must be handwritten)** |  | **Date:** |  |

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| **Section 6 - Practice Placement Audit** |
| To comply with regulatory requirements all placements must be suitable to support practice learning even if the majority of your learning will be taking place within your own work place. The majority of CQC / HIW / HIS regulated organisations will already have one in place. We can accept audits that have been undertaken by other universities and also if the organisation has been registered as a training pharmacy by the GPhC. Audits are required to be undertaken every two years and your educational department / Practice Leads will be able to advise you of when they were last undertaken. Those working within cosmetic private practice must be compliant and active members of a professional standards register (related to cosmetic practice). Any other private practitioners should contact the programme lead [deborah2.moreno-chamorro@uwe.ac.uk](mailto:deborah2.moreno-chamorro@uwe.ac.uk) to discuss how these would be undertaken. |
| |  | | --- | |  | | **Student Placement Area** | | **Employing organisation name** | | **Regulated by (please circle) CQC / HIW / HIS** | | **Or member of (please circle) BACN / JCCP / WACS / SAVE FACE** | | **Audit undertaken by whom** | | **Date of Current Audit** | |  | | **Designated Prescribing Supervisor (DPS) Workplace** | | **Employing organisation name** | | **Regulated by (please circle) CQC / HIW / HIS** | | **Or member of (please circle) BACN / JCCP / WACS / SAVE FACE** | | **Audit undertaken by whom** | | **Date of Current Audit** | |  | | **Designated Prescribing Practitioner (DPP/ DMP) Workplace** | | **Employing organisation name** | | **Regulated by (please circle) CQC / HIW / HIS** | | **Or member of (please circle) BACN / JCCP / WACS / SAVE FACE** | | **Audit undertaken by whom** | | **Date of Current Audit** | |  | |
| It is the student’s responsibility to ensure this is in place for their practice area, and that of the DPS and of the DPP/DMP. If there is not a placement audit in place please download a practice self-audit from the practice support net and return with this application |

**Section 7 – to be completed by NMP Lead / Manager / Professional Referee**

**As the Independent Prescribing Lead (NHS settings) / Manager / Professional Referee I can confirm that:**

* The applicant has been considered as competent to take a case history, undertake a clinical assessment and diagnose
* The applicant has sufficient knowledge to apply prescribing principles taught on the course to their own field of practice
* The applicant has discussed with their manager / DPP / DMP how the 90 hours supervised learning, the 14 face to face days and the 12 directed learning days will take place
* There is a clinical need for the applicant to be able to prescribe medications
* The organisation has deemed the DPS and DPP/DMP as appropriate to supervise and assess the applicant in practice

Self-Employed Pharmacists who require Professional Referee

* That the applicant has at least two years patient-orientated experience in a UK hospital, community or primary care setting following your pre-registration year

**NMP Lead / Line Manager / Professional Referee Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |
| Name |  | | |
| Organisation |  | | |
| Title / Position |  | | |
| Email address |  | | |
| Contact telephone number |  | | |
| By signing this I am declaring that I have the authority within the organisation to appraise the suitability of the applicant and to nominate them to undertake the IP Programme  Partner Organisations who sign off applicants through the UWE portal do not need to sign this form | | | |