**Application completion CHECKLIST**

# Candidate Information

Provided copy of recent DBS check

Ensure you have signatures from Employer, DPP and your own signature

Ensure you have completed section 1, 2, 3, 7 and 8 of application pack in its entirety. Please read the guidance information carefully to ensure you have completed these sections fully.

# DPP information

CV added to the application pack

IP certificate copy provided if DPP non-medical prescriber

Section 4 completed in full by the DPP

# supporting Organisation documents

Supporting organization has provided a reference as per section 5

Declaration in Section 6 completed in full

# Funding information

Please provide details of how you will fund the course in section 7

Complete sponsorship letter if funded by employer or other organization. You do not need to complete this letter if you are applying for an HEE funded place.

# Signatures and further information

Section 9 contains all the required signatures

DPP has signed and entered their email address and registration number in a legible manner

Signature of learning in practice supporting organisation

Applicant signatures

# Application Pack 2022-23

**To apply:** Please complete this application pack **in addition to the online application form.**

To support your completion of this application pack, please refer to the Applicant Guidance document that can be found at <https://www.ucl.ac.uk/pharmacy/study/professional-development/clinically-enhanced-pharmacist-independent-prescribing>

Please complete this application pack electronically and refer to the guidance about how to submit the form. Where signatures are required, you must scan the relevant page and submit it together with this pack. Please ensure you complete and return all sections of this application pack. If any of the required information is missing, there will be a delay processing your application.

|  |
| --- |
| The DPP is required to submit **their CV** along with the application pack. The CV should provide evidence that they have:   * active prescribing competence applicable to the area of practice in which you will be supervising the student * appropriate patient facing clinical and diagnostic skills * the ability to assess patient-facing clinical and diagnostic skills.   ***Note: For non-medical prescribers, this should include when they gained their prescribing qualification and a copy of their IP qualification certificate.*** |

**Use of personal data:** We have only asked for information that is necessary and you can see our Privacy Notice on the university website: <https://www.ucl.ac.uk/legal-services/privacy/ucl-prospective-students-enquirers-and-applicants-privacy-notice>

**Closing date:** Please ensure that you submit this application pack prior to the closing date which can be found on our website. Applications received after the closing date will not be considered.

1. Personal Details

|  |  |
| --- | --- |
| Name (as stated on the professional register) | Click here to enter text. |
| Preferred name and pronouns (optional) |  |
| GPhC or PSNI registration number | Click here to enter text. |
| In which month and year did you first register as a pharmacist in the UK? | Click here to enter text. |
| Which programme are you applying for? | I am applying for the PG Certificate in General Pharmacy Practice (Prescribing)  I am applying to complete the CEPIP course as the FS2 stage of the PG Diploma in General Pharmacy Practice (Prescribing) |
| Do you currently work for the NHS? | Yes  No |
| Have you previously been enrolled on an independent prescribing programme?  *If you answer yes, please give further information* | No  Yes  Click here to enter text. |
| Are you currently enrolled on any other programmes of study at UCL or another institute (inc. CPPE pathway. Please tick yes if you have recently submitted your final assessments and are waiting for these to go through an exam board)?  *If you answer yes, please give further information* | No  Yes  Click here to enter text. |
| Have you had a Basic DBS check in the last **two years**?  *If you answer yes, please provide a copy of your DBS certificate.*  **If no, please apply for a basic DBS check now and include the date that you made the application here.** | No  Yes  Click here to enter text. |
| Name and address of current employer | Click here to enter text. |
| Position with current employer | Click here to enter text. |
| Date of employment with current employer | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Details of previous employment:**  *Please include your employment history in the last five years* | | |
| 1 | Name and address of previous employer | Click here to enter text. |
| Position with previous employer | Click here to enter text. |
| Dates of employment with previous employer | Click here to enter text. |
| 2 | Name and address of previous employer | Click here to enter text. |
| Position with previous employer | Click here to enter text. |
| Dates of employment with previous employer | Click here to enter text. |
| 3 | Name and address of previous employer | Click here to enter text. |
| Position with previous employer | Click here to enter text. |
| Dates of employment with previous employer | Click here to enter text. |

# 2. Applicant Statement

You must provide evidence that you meet the GPhC entry criteria detailed in The Standards for the Education and Training of Pharmacist Independent Prescribers (2022) (https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-october-2022.pdf).

This section of the application form is designed for you to provide evidence that you meet the following criteria:

* Applicants 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 to act as the foundation of their prescribing practice whilst training.
* For the purposes of developing their independent prescribing practice applicants must identify an area of clinical or therapeutic practice on which to base their learning.

Please refer to the Applicant Guidance document for information about how to complete this section.

**Applicant Statement:**

|  |
| --- |
| Please tell us why you want to undertake the Clinically Enhanced Pharmacist Prescribing Course (in around 300 words).  This statement should include the following:   * *A reflection on what you personally want to achieve from the course* * *How you plan to use your Independent Prescriber status once you have successfully completed the course.*   Click here to enter text. |
| Please provide evidence of relevant experience in a UK pharmacy setting, in readiness to undertake the Independent Prescribing course. This experience could have been obtained, for example:   * whilst studying pharmacy, and could include experiential learning, simulation or summer placements * during your foundation training year (referred to as ‘pre-registration training’ prior to the 2021/22 academic year) * whilst employed in a pharmacy setting   *Please provide a description of your experience and include details of relevant:*   * *patient-orientated/person centred experience* * *clinical/therapeutic experience* * *working within the multidisciplinary team* * *evidence of continuing professional development*   Click here to enter text. |
| As an annotated Independent Prescriber your scope of practice should be informed by your professional judgement as well as, for example, regulatory standards, the professional leadership body’s position, employer guidance and evidence-based documents and guidance from other relevant organisations, such as NHS guidelines or journals.  Please provide TWO reflections on relevant experience or preparation you have undertaken in relation to your prescribing practice and your intended scope of practice for the IP programme. For example, local prescribing policies which you have read or produced, presentations you have given or journal articles and guidance which you have read.  *Please note, the reflection should be no more than 700 words for* ***both*** *examples. The reflection should detail:*   * *What you did* * *What you learnt from the experience* * *What learning needs you identified and your subsequent action plan to meet those learning needs.*   *You may wish to use your GPhC submitted records (up to 12 months old) to support these reflections.*  Click here to enter text. |
| An entry requirement to the course is that applicants must be able to recognise, understand and articulate the skills and attributes required by a prescriber. We expect all successful applicants to understand the required training, knowledge, skills and experience to deliver prescribing activities lawfully, safely and effectively.  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. Examples may include but are not limited to:   * demonstrating person-centred care * applying professional judgement and professionalism * using effective communication skills   (500 – 1000 words)  Click here to enter text. |

# 3. Scope of practice

|  |
| --- |
| Please define the area of clinical or therapeutic practice in which you intend to develop your independent prescribing practice. Remember that you will initially be a NOVICE prescriber. It may not be appropriate to align your scope of prescribing practice to the scope of your practice as an experienced pharmacist. Once you have gained experience as a prescriber in your initial scope of practice, you will be able to develop your competence to prescribe in other areas of practice.  Please ensure you describe a defined scope of practice e.g. ‘Hypertension in adults aged 50-75 years excluding pregnant women’.  Please also describe the setting in which you plan to work as a prescriber, and the multidisciplinary team in which you will be working as a Trainee Independent Prescriber.  Defined scope of clinical practice: Click here to enter text.  Setting: Click here to enter text.  Multidisciplinary team: Click here to enter text. |
| A pharmacist independent prescriber must be able **make, confirm or understand**, the working or final diagnosis by systematically considering the various possibilities (differential diagnosis).  By the end of the course your DPP must provide confirmation that you are clinically competent in the area in which you intend to prescribe when you qualify. This includes the clinical assessment of patient and the ability to use basic diagnostic aids and make an assessment of the patient’s general health. Please note that you are applying for a Clinically Enhanced Independent Prescribing Course and so you will cover basic assessment of all the body systems, however, there may be some more specific assessment skills that are required for your area of clinical practice.  Discuss with your DPP the specific assessment skills for your area of clinical practice that you will need to develop and complete the form below.  Please describe the specific assessment skills related to your chosen area of clinical practice, any specific diagnostic equipment you will need to be able to use and how you plan to achieve competence in these skills under the supervision of your DPP.  *Clinical and diagnostic skills specific to chosen area of clinical practice:*  Click here to enter text.  *Diagnostic aids I will need to be able to use related to my chosen area of clinical practice:*  Click here to enter text.  *How I plan to develop my competence in clinical assessment for my chosen area of clinical practice. (You will need to discuss this with your DPP. Your plan might include, for example, observing practitioners who are specialists in the clinical area in which you intend to prescribe, practising clinical assessment skills on colleagues and friends and family, practising on patients under supervision):*  Click here to enter text. |

|  |
| --- |
| *Please describe how your will develop your own networks for support, reflection and learning, including prescribers from other professions and the multidisciplinary team (around 250 words)*  Click here to enter text. |

# 4. Declaration from Designated Prescribing Practitioner

**DPP:** Please provide the details requested on this page, complete the declaration on the following page and sign in the appropriate place in section 9.

|  |  |
| --- | --- |
| **Background experience** | |
| Applicant Name: | Click here to enter text. |
| DPP Name: | Click here to enter text. |
| Healthcare profession and registration number: | Click here to enter text. |
| Employing organisation: | Click here to enter text. |
| Job title: | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Evidence that I can demonstrate the Competencies within The Competency Framework for Designated Prescribing Practitioners** | | | |
|  | | **Yes** | **No** |
| I have previously undertaken the role of Designated Medical Practitioner or Designated Prescribing Practitioner for a prescribing trainee | |  |  |
| I have experience of teaching and/or supervising workplace-based learning | |  |  |
| I have experience of conducting assessments of trainees in clinical practice | |  |  |
| Please chose one of these options (See Figure 1 in DPP Information Sheet) | I have annotation as a GMC trainer |  |  |
| I have completed STP training, DPP training at another University or eLFH Educator Training Resources and will provide the Certificate of Completion |  |  |
| I will provide evidence of completion of other formal training in Workplace Based Learning |  |  |
| I will provide evidence of my relevant experience in workplace-based training |  |  |
| Please provide details of your previous experience as a Designated Prescribing Practitioner.  *Please include which healthcare professions you have supported*  Click here to enter text. | | | |

|  |
| --- |
| **Training Plan** |
| Please provide brief details of the mechanisms you have in place to support the trainee in the following categories (around 300 words): 1) Induction  2) Effective supervision  3) An appropriate and realistic workload  4) Personal and academic support 5) Access to resources  Click here to enter text. |

|  |
| --- |
| **Governance** |
| Whilst supporting this applicant, how many other prescribing students will you be supporting as DPP? (Please include all prescribing students you are supporting, including those at other institutions.)  Click here to enter text. |

**DPP:** Please complete the following declaration and return to the applicant to submit to the University.

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **YES** | **NO** |
| Personal Characteristics | I can demonstrate clinical leadership through my practice |  |  |
| I create a positive learning culture through my practice |  |  |
| I understand my role as a DPP |  |  |
| I regularly reflect on and audit my prescribing practice to identify my development needs, including recording continuing professional development on their knowledge and skills for my role as a DPP |  |  |
| Professional Skills and | I am an experienced prescriber in a patient-facing role with at least three years recent prescribing experience |  |  |
| I am an active prescriber in a patient-facing role relevant to the applicant’s scope of practice |  |  |
| I have up to date patient-facing clinical and diagnostic skills relevant for the applicant’s scope of practice |  |  |
| I confirm I meet all the competencies in the Competency Framework for All Prescribers |  |  |
| Working in partnership | I agree to supervise, support and assess the applicant during their clinical placement, for a minimum of 90 hours |  |  |
|  | I agree to directly supervise the applicant for 50 % of their Learning in Practice time |  |  |
|  | I will work with the applicant to establish their baseline knowledge and jointly create a development plan for meeting the learning outcomes |  |  |
|  | I agree to provide the applicant with opportunities to develop their competence in prescribing |  |  |
|  | I will advocate and facilitate a multidisciplinary approach to training |  |  |
| Prioritising Patient Care | I will act in the best interest of patient and public safety when making decisions on the applicant’s competence |  |  |
| I will ensure that the applicant is supervised by an appropriately trained supervisor at all times |  |  |
| Learning Environment | I have negotiated sufficient time to support the applicant in their period of Learning in Practice |  |  |
| I encourage an environment that promotes equality, inclusivity and diversity |  |  |
| Governance | I have been provided with information previously, or by the applicant, about this role |  |  |
| I have the support of my employing organisation or GP practice to act as the DPP for this applicant |  |  |
| I do not have a close personal relationship with the applicant.  *A professional relationship must exist between the applicant and the DPP and they should not be a close family member.* |  |  |
| I understand that this is a clinically enhanced independent prescribing course and that I will be required to support the applicant to develop clinical assessment skills in addition those requirements stipulated by the GPhC (Please see the DPP information pack on the website for details of the course) |  |  |
| I agree to complete any workplace-based learning training that may be required before the applicant starts the course |  |  |
| I agree to undertake the University Induction for this Course |  |  |
| I am in good standing with my professional body and do not have any restrictions on my practice |  |  |

# 5. Employer/sponsor/supporting organisation Reference

**Employer/sponsor/supporting organisation:** Please supply a written reference for the applicant in support of their application to study on the Clinically Enhanced Pharmacist Independent Prescribing Couse. The reference should include the following:

* The suitability of the applicant to train as a prescriber including:
  + Their relevant patient facing work experience
  + Their involvement in the multi-disciplinary aspects of prescribing
  + Their clinical or therapeutic experience in their chosen area of prescribing practice
  + Their understanding of the skills and attributes required by a prescriber

Please provide the reference in the form of a letter on appropriately headed paper. Please also ensure that the reference is signed and that the particulars of the referee are clearly provided.

# 6. Declaration from organisation providing learning in practice

**Organisation supporting learning in practice time:** Please complete the following declaration and sign the document in Section 9 before returning to the applicant.

The following person should complete this form as a representative from the organisation supporting the Learning in Practice time:

* NMP Lead (Mandatory for NHS Trusts) or lead for education and training where the NMP lead role does not exist (*this should not be the proposed DPP*)
* In a GP practice setting this could be the practice manager

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | | **Yes** | **No** |
| 1 | I have considered and support the above application. In my opinion the above applicant is a suitable candidate to undertake the prescribing programme, including competence, experience and academic ability |  |  |
| 2 | I can confirm that the trainee independent prescriber will be supported and that sufficient time has been organised in order for them to complete all elements of the course. This includes attendance at the required study days and a minimum of 90 hours of learning in practice time. |  |  |
| 3 | There is sufficient capacity and infrastructure to appropriately support the applicant in their studies in this organisation |  |  |
| 4 | If the applicant is not an employee, they will be provided with an induction to the organisation prior to starting their Learning in Practice time |  |  |
| 5 | The organisation has appropriate indemnity insurance to enable to applicant to train as a prescriber |  |  |

# 7. Details of Funding

|  |  |
| --- | --- |
|  | **Tick if Correct** |
| I have secured funding for the course fees from my employer  If you are being funded by an employer/sponsor please complete a copy of the Sponsorship letter (found at the end of this document) to be passed on to the UCL Student Fees department if your application is successful to ensure your sponsor is invoiced correctly. |  |
| I am eligible for funding from Health Education England (HEE) and I work in (please tick the appropriate box):   * An NHS Hospital Trust of Mental Health Trust * An Integrated Care Board (ICB)   Please see <https://www.hee.nhs.uk/our-work/pharmacy/independent-prescribing/nhs-managed-sector-approved-suppliers> |  |
| I intend to pay my own course fees |  |

# 8. Applicant Declaration

|  |  |
| --- | --- |
| **Please tick the box to confirm the statements below** | **Tick if Correct** |
| I am currently registered with the GPhC / PSNI |  |
| I am not subject to any current or ongoing fitness to practice investigations by the GPhC/PSNI |  |
| In accordance with the GPhC “Standards for Pharmacy Professionals” I agree that I must notify the UCL Academic Lead for the course if there are any circumstances relating to my fitness to practice, including any pending, current or past investigations, or criminal convictions |  |
| I acknowledge that as part of my enrolment on this course, UCL may be required to contact the GPhC, my employer and/or my funding body for this programme in relation to any false declarations made on my application, and, if my application is successful, my attendance, performance and behaviour on the course |  |
| I understand that if I have not uploaded ALL the documentation required by UCL my application will not be accepted |  |
| I have NOT previously been enrolled on a course at another institution leading to a Practice Certificate in independent Prescribing |  |
| I have the support of my employer/sponsor or supporting organisation to undertake the Clinically Enhanced Pharmacist Independent Prescribing Course |  |
| I have discussed my application with my Designated Prescribing Practitioner |  |
| I have an agreement with a Designated Prescribing Practitioner to supervise my time in practice – representing a minimum of 90 hours |  |
| I do not manage/supervise or have a close personal relationship with my Designated Prescribing Practitioner  *A professional relationship must exist between the applicant and the DPP they should not be a close family member or someone that you supervise or manage*. |  |
| **I confirm that I have read the dates of the intended study days on the UCL SOP website and I am able to attend on all of the dates. I understand that attendance on all the study days is a requirement of the programme. (*Please contact the course team prior to submitting your application if you are unable to attend all of the study days).*** |  |
| I understand that this is a Clinically Enhanced Independent Prescribing Course and that I will be required to develop clinical assessment skills in addition those requirements stipulated by the GPhC |  |
| I confirm that the information I have provided above in support of my application to the Clinically Enhanced Pharmacist Independent Prescribing Course is correct. |  |

# 9. DPP, supporting organisation and Applicant signatures

*“I have read the relevant requirements and certify that these details supplied in this application are correct”*

9.1 DPP

|  |  |
| --- | --- |
| **DPP Signature:** | **Date:** Click here to enter text. |
| **Professional qualifications and registration number: Click here to enter text.** | |
| **DPP Name (Please print):** Click here to enter text. | |
| **Contact address: Click here to enter text.** | |
| **Contact Telephone number: Click here to enter text.** | |
| **E-mail address: Click here to enter text.** | |

9.2 Organisation supporting learning in practice time

|  |  |
| --- | --- |
| **Signature:** | **Date:** Click here to enter text. |
| **Name:** Click here to enter text. | |
| **Position within supporting organisation:** Click here to enter text. | |
| **Name of organisation:** Click here to enter text. | |
| **Address:** Click here to enter text. | |
| **Contact telephone number:** Click here to enter text. | |
| **E-mail address:** Click here to enter text. | |

9.3 APPLICANT

|  |  |
| --- | --- |
| **Applicant Signature:** | **Date:** Click here to enter text. |

**APPENDIX 1: SPONSORSHIP LETTER TEMPLATE**

***(To be completed if fees are being covered by a sponsor only)***

Sponsor address

Tel:

Email:

Web address:

Date:

UCL Student Fees Office

Room G19, South Wing

UCL

Gower St.

London WC1E 6BT

Dear Sir or Madam,

**CONFIRMATION OF SPONSORSHIP FOR CERTIFICATE IN GENERAL PHARMACY PRACTICE (PRESCRIBING)**

This is to confirm that [SPONSOR ORGANISATION NAME] accepts responsibility for the full payment of tuition fees from [date] for the student named below.

**Name:**

Please address invoices to:

[Invoice name and address]

Any questions relating to this sponsorship should be directed to xxx (phone no.) or xxx (phone no.**)**

Thank you.

EPD name

Title

Trust

Finance department contact email address: