

Application form for Pharmacist Independent Prescribing

Please type answers and tick boxes as appropriate.

Instructions and Information

- If an application is missing information or the module leader has questions or concerns about any part of the application, it will be returned to the applicant for further details

How to apply

- All application forms and course information can be found here:
www.shu.ac.uk/Study-here/options/Health-and-social-care/Short-courses-and-modules/Pharmacist-Independent-Prescribing

Funding route

Who will be funding your tuition fees? (Tick applicable)

- Self-funding
- Employer [private sponsorship]
- Employer [NHSE Workforce Development/Transformation/CPD]

OR

Pharmacy Integration Programme

- Category 1. NHSE PCPEP
- Category 2. NHSE PhIP

Cohort applied for

- September January

Year commencing

ALL announced course dates (8 mandatory taught days) have been acknowledged and can be attended Yes No*

* If no give details

1. Funded Routes Only* to complete (manager to complete)

I confirm that the Trust or Organisation named below has authorised the person named on this form to receive funding for the courses listed above.

Name of Trust or Organisation

Signature of Line Manager

Print name

Date

Email

@

*Locum pharmacists exempt from completing this field

2. Applicants - Please Complete

Title (Mr, Miss, Mrs, Ms, Dr, Mx. etc)

Family name

First name(s)

Name as it appears on the register:

Date of birth

DD

MM

YY

Previous family names

Address

Home/Correspondence address

Work address

Line 1

Line 2

City

Postcode (UK only)

Email

@

@

Telephone numbers (please include full country and area code)

Mobile

Work Telephone number

Profession

Regulatory Body Registration Number (GPhC / PSNI)

3. Nationality and immigration

Country of birth (the country where you were born)

Nationality (which country issues your passport)

Country of domicile (the country where you are permanently resident)

Do you require a visa to study in the UK?

Yes

No

State type of visa (eg Student)

If no, do you already have a visa?

Yes

No

If you answer yes to the above question please attach a copy of your passport

If you answer no to the above question please go to section 4

Have you previously studied in the UK?

Yes

No

Are you currently in the UK?

Yes

No

When did you first enter the UK?

DD

MM

YY

If yes, what visa do you currently hold

Have you ever been refused a visa for entry into the UK

Yes

No

If yes, please provide refusal documentation

Have you ever been refused entry into the UK

Yes

No

If yes, please provide refusal documentation

Have you ever been subject to any notice, or removal from the UK by the Home Office, due to overstaying leave to remain?

Yes

No

If yes, please provide refusal documentation

4. English language

Is your first language English?

Yes

No

If no, do you hold any English language qualifications?

Yes

No

Please attach copies of all English language certificates

Would you like to be considered for our Pre-sessional English for Academic Purposes course?

Yes

No

Applications for postgraduate courses and research degrees only

Was English the language of instruction for your first degree?

Yes

No

If yes please provide details of your previous study in section 6 of the application.

5. Criteria for pharmacist independent prescribing training (applicant to complete)

Pre-study

Applicant completed "Applicant completed CPPE "Preparing to train as an independent prescriber"
www.cppe.ac.uk/career/preparingtotrainip Yes No

The applicant can attend all announced study days and additional required learning time has been factored in for self-directed study and 90 hours of clinical practice Yes No

The applicant will inform the programme leader as soon as possible if there is any change to their fitness to practise status during their time as a student at SHU Yes No

Applicant suitability and meeting the GPhC pre-requisites for entry

The applicant is a registered pharmacist with the GPhC and/or PSNI Yes No

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. This experience and awareness will act as the basis of their prescribing practice whilst training Yes No

The applicant must identify an area of clinical or therapeutic practice on which to base their learning Yes No

The applicant is in good standing with the GPhC and/or PSNI and any other healthcare regulator with which they are registered Yes No

The applicant understands that successful completion of an accredited course is not a guarantee of annotation, or of future employment, as a pharmacist independent prescriber Yes No

Prior Learning

Has the applicant studied a prescribing course before at SHU or another HEI? Yes No

If Yes, please provide details below

Learning environment

learning in practice address (ward department) where student will do most of their 90 hours of learning in practice

Address

Excluding the DPP, I will be able to arrange to shadow a minimum of 4 practice supervisors during my learning in practice period Yes No

Does the practice area undergo any formal inspections i.e. CQC, OFSTED, NHS England etc (please specify)?

If yes to the above question what was the date and outcome of the last inspection?

Applicant to describe their working relationship with DPP and declare any conflict of interest (personal relationships or financial implication)

Applicant to describe the DPP's experience in mentoring Pharmacist Independent Prescribers and how their experience links to the applicant's chosen area of practice to based their learning

Applicant sector of work

Hospital pharmacist Community pharmacist GP practice pharmacist
 Prison pharmacist Locum Other

Applicant's signature

Date

6. Experience, skills and attributes

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. This experience and awareness will act as the basis of their prescribing practice whilst training. The examples that you provide in the following section will be used to assess your knowledge, skills, and attributes and ensure these are commensurate with prescribing practice.

6.1 Relevant Experiences and Attributes

As per GPhC requirements, applicants need to evidence experiences of significant and positive impact on patient care in UK pharmacy settings. In the text box below, detail where you have had the experience of clinical or therapeutic patient-orientated or person-centred decision-making, ensuring patient confidentiality. This can be from experience gained while studying pharmacy, during your foundation training year, or whilst being employed in a pharmacy setting. This can be shown through involvement in counselling patients, medication reviews, observation or involvement in ward rounds, specialist clinics, dealing with ethical dilemmas, or the resolution of prescribing queries. You can use examples to highlight the following (max 500 words):

- Appropriate therapeutic decision-making based on current evidence to support safe, rational, and cost-effective elements in the use of medicines or services
- A decision-making process highlighting the consideration of physical and psychological impacts whilst ensuring that the patient is at the centre of the decisions relating to their care
- Apply legislation and ethical considerations to ensure medicines used are legal, safe, and efficient
- Effective communication between you and other healthcare professionals as well as the patient

6.2 Continuing Professional Development

Applicant to demonstrate their ability to write academically at level 7 by including a short critical reflection in an area of their chosen prescribing practice (which can be later used as a GPhC CPD entry in line with revalidation requirements). The 500 words should include citations and references. Detail is important here but ensuring patient confidentiality is maintained. You can use examples to highlight the following (max 500 words):

- How this learning is relevant to your role as a pharmacy professional and how it will affect people using your service
- Reflection on your competence and limitations potentially when facing a request to treat a patient. The tools and techniques that you are familiar with to avoid medication errors and your understanding of clinical governance
- How your CPD will benefit your prescribing role and what will need to change to support your continuous professional development in this new role

6.3 Scope of practice

As per GPhC guidance, applicants must identify an area of clinical or therapeutic practice on which to base their learning to develop their independent prescribing practice. This does not necessarily have to align with previous experience or a specific area of competence. The area of clinical or therapeutic practice can be either specialist or generalist. To ensure that you can achieve the learning outcomes of the course, consider carefully how you will encounter the patients within your defined scope of practice as part of learning-in-practice hours.

Please complete the table below to describe which group of patients you are planning to focus on during your prescribing course. The skills and attributes obtained on the course are, however, transferrable to any future areas of practice provided that the pharmacist has the knowledge, skills, and experience to deliver prescribing activities lawfully, safely, and effectively.

Patient group (Adult/Paediatric or both)	
Intended prescribing: NHS/ Private /Both	
Chosen clinical or therapeutic area for learning in practice	

7. Supporting information about the supervising Designated Prescribing Practitioner (DPP) (DPP to complete)

FULL Name of supervising designated prescribing practitioner (DPP)

Healthcare profession & qualifications

Regulatory body

Professional registration number

	Learning in Practice Address	Predominant Work Address
Line 1	<input type="text"/>	<input type="text"/>
Line 2	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	<input type="text"/>
Postcode (UK only)	<input type="text"/>	<input type="text"/>
Contact Telephone Number	<input type="text"/>	<input type="text"/>
Work/NHS email address	<input type="text" value="@"/>	<input type="text" value="@"/>

Outline of the DPPs experience of teaching, supervision and assessment of students
Include any formal teaching training or qualifications, experience of assessing in clinical practice

Competency Framework for Designated Prescribing Practitioners (DPP) reflects the key competencies needed by all DPPs but should be contextualised to reflect different environments and areas of practice

The practitioner taking on the role:

Personal Characteristics

- Recognises the value and responsibility of the DPP role Yes No
- Demonstrates clinical leadership through their practice Yes No
- Demonstrates a commitment to support trainees Yes No
- Displays professional integrity, is objective in supervision and/or assessment Yes No
- Is open, approachable and empathetic Yes No
- Creates a positive learning culture through their practice Yes No

Professional skills and knowledge

- Works in line with legal, regulatory, professional and organisational standards Yes No
- Is an experienced prescriber (**at least 3 years**) in a patient facing role Yes No
- Is an **active** prescriber who consults with patients and makes prescribing decisions based on clinical assessment in a patient-facing role, with appropriate knowledge and experience relevant to the trainee's area of clinical practice Yes No
- Has up-to-date patient-facing, clinical and diagnostic skills, and evidence of demonstrating competence in an **area of practice relevant to the trainee** Yes No
- Has knowledge of the scope and legal remit of non-medical prescribing for the pharmacist trainee's profession Yes No

Teaching and training skills

- Has previously supported or supervised other healthcare professionals (not necessarily for prescribing) Yes No
- Has knowledge, either experiential or through formal training, of different teaching methods to facilitate learning in practice and adapt to individual student needs Yes No
- Articulates decision making processes and justifies the rationale for decisions when teaching or training others Yes No
- Has knowledge of a range of methods of assessment and experience of conducting assessment of trainees in clinical practice Yes No
- Delivers timely and regular constructive feedback Yes No
- Facilitates learning by encouraging critical thinking and reflection Yes No

Working in partnership

- Work with the trainee to establish their baseline knowledge and skills, and jointly create a development plan for meeting learning outcomes Yes No
- Regularly assess the trainee at appropriate intervals to guide gradual handover of elements of the process that lead to a prescribing decision Yes No
- Work in partnership with the trainee, other practitioners and the programme provider to confirm the competence of the trainee Yes No
- Recognise own limits in capacity, knowledge and skills and areas of practice where other practitioners may be better placed to support learning Yes No
- Advocate and facilitate a multidisciplinary team (MDT) approach to training by encouraging the trainee to learn from other appropriate practitioners Yes No

Prioritising patient care

- Ensure that safe and effective patient care remains central to practice through effective clinical supervision Yes No
- Ensure patients are informed of and consent to trainee presence at consultations Yes No
- Identify and respond appropriately to concerns regarding the trainee's practice or behaviour Yes No
- Act in the interest of patient and public safety when making decisions on trainee competence Yes No

Developing in the role

- Is open to learn and be challenged and uses feedback from trainee and others, to improve their clinical and supervisory practice Yes No
- Regularly reflects on their role as a DPP and the potential for improvement Yes No
- Identifies when help is required in DPP role and when, and where, to seek support Yes No
- Undertakes and records continuing professional development (CPD) encompassing knowledge and skills that are applicable to the DPP role Yes No

Learning environment

- Only one trainee prescribing student will be mentored during the same cohort period, irrespective of where the student will be studying (for example, SHU or another university)
If the answer is No (the DPP intends to mentor more than one trainee, please contact the course team for an additional form to complete as part of the application via pipmailbox@shu.ac.uk) Yes No
- The student will have/has appropriate indemnity insurance at the learning in practice premises for the learning in practice period Yes No
- The DPP will have/has adequate indemnity insurance in place for their own professional and supervisory role as a DPP Yes No
- Negotiate sufficient time to supporting the trainee throughout their period of learning in practice Yes No
- Encourage an environment that promotes equality, inclusivity and diversity Yes No
- Create a safe learning culture that encourages participation and open discussion to support learning Yes No
- Acknowledges their role and responsibilities within the wider governance structure, including the programme provider, employing organisation, professional regulator and others Yes No
- Ensures familiarity with the process of escalating concerns about a trainee, and, where appropriate, engages with this process Yes No
- Engages with the employing organisation (or equivalent) to ensure support and resources are available to undertake DPP role Yes No

DPP Experience and CPD

Please briefly describe your prescribing experience, including clinical and diagnostic skills:

Have there been any significant periods of time whereby the DPP was not prescribing for this group of patients, or not working, which may affect this **minimum three-year** recent prescribing experience requirement?

Yes No

If the answer to the question above was 'YES' please describe this period and the circumstances:

The DPP has support of their employer/hosting organisation/practice, to act as a DPP with the ability and authority to provide supervision, support, and opportunities to develop the pharmacist's competence in prescribing practice

Yes No

DPP Declaration

The information outlined in this application is accurate and complete. I have discussed the requirements of the course with and agree to provide regular supervision, support and shadowing opportunities to facilitate the achievement of the learning outcomes

- I agree to supervise the above named applicant in their prescribing role for a period of learning in practice of at least 27 hours of their 90 hours in practice
- I understand that the expectation of any registered health professional practitioner acting in the DPP role is the ability to demonstrate they meet all competencies within the Competency Framework for all Prescribers
- I am familiar with the General Pharmaceutical Council's requirements and learning outcomes for the programme
- I have read, understood and agree to my roles and responsibilities as outlined in SHU's DPP Handbook
- I agree to undertake the DPP training package
- I have undertaken the relevant CPD/education and training to expand and keep up to date my knowledge and skills within the clinical area/therapeutic area chosen by the pharmacist applicant above and to undertake this role as a designated prescribing practitioner
- I am in good standing with my regulatory body
- I declare I have no conflict of interest in supporting the above named applicant in their prescribing course. For example no financial gain from acting as the DPP.
- I declare my relationship with the above named applicant is purely professional and I know of no reasons why I will not be able to provide objective feedback and make competency decisions without prejudice.
- I am aware that an external user account will be created in PebblePad and Health VLE platform for the purpose of sharing DPP supporting material and students e-Portfolio for the purposes of assessment. To do this my email address will be shared and Sheffield Hallam University will have identified that the lawful basis for doing this under UK GDPR

Signature of DPP

Date

The DPP's employing organisation

Agrees to have a responsibility for the DPP to create an environment in which they can facilitate learning

Yes No N/A

Will ensure that the necessary resource and support is provided to enable the DPP to effectively carry out their role

Yes No N/A

Will ensure that appropriate governance structures to support safe prescribing practice are in place

Yes No N/A

Signature of Line Manager or practice manager within organisation:

Date

8. Education (applicant to complete)

Your application will be considered on the basis of your education. You should therefore give full and accurate details of your education background in this section. For your application to university, you must include details of all relevant qualifications in date order (Most recent first). Please also list any courses/conferences/study days you have completed that are relevant to your chosen area of prescribing practice.

QUALIFICATIONS

Examinations or assessments for which results are known (including those failed) and examinations or assessments to be completed, or results not yet published

Start date (DD MM YY)	End date (DD MM YY)	Awarding institution	Award and course title	Result Grade Mark or Band	Language of Instruction

4. Report on the applicant

How long have you known the applicant?

MM	YY
----	----

In what capacity do you know the applicant?

In your opinion is the applicant likely to successfully complete and benefit from the programme of study for which they are applying?

Yes

No

Uncertain/don't know

Please specify the applicant's general suitability to undertake the course(s) including distinct strengths and areas for improvement

Please continue on a separate sheet if necessary

5. Employer referee's declaration

I confirm that, to the best of my knowledge, the information given in this form is correct and complete

Referee's signature

Print name

Date

What to do next

Please email completed reference to healthfundingadmissions@shu.ac.uk, please type "reference" in the subject heading of the email

10. Data protection statement (applicant to complete)

All Applicants – Personal Data

Sheffield Hallam University is a registered data controller and will process your personal data in accordance with the General Data Protection Regulation (GDPR), the Data Protection Act 2018 and other applicable legislation.

The University will use your personal data to process your application and for the purpose of making course offers and entering into a student contract with you. You will receive communications from us that are necessary for the University to process your application, make course offers and prepare for enrolment. The information from your application form will be used to set up a student record on the University's student information (SI) system. The University may contact other institutions to confirm previous qualifications obtained. We may also invite you to provide feedback on your experiences to help us improve our services.

Personal data is never sold to a third party. The University seeks to comply fully with data protection laws and ensures all our contractors and suppliers also comply. **For more information about how your personal data is used and who your data may be shared with, please see our Privacy Notice for Student Applicants: www.shu.ac.uk/about-this-website/privacy-policy/privacy-notices/privacy-notice-for-student-applicants**

All Applicants – Marketing Options

From time to time the University would like to send you further information that we feel, based on your enquiry, will provide helpful information and advice whilst you are considering applying to university. If you do not want to hear from us, you have the right to object and can unsubscribe from contact by the channels listed below. If you don't want to hear from us please tick all 5 boxes.

I do NOT wish to receive further information by

Post Text Phone Email Social Media

You can update these options and unsubscribe from mailings at any time by emailing askhallam@shu.ac.uk. You will automatically be removed from our mailing list after 2 years.

International Applicants Only

In order to prevent and detect fraud and comply with regulations for international students we reserve the right to, or may be required to, share this information with external organisations such as the police, the Home Office, the Foreign and Commonwealth Office, the UK Visa's and Immigration and local authorities. The University is required to check international students' eligibility to study in the UK. This may require the University to liaise with and exchange data with the Home Office or related Government agencies in relation to students' visa history and/or immigration history, during the admissions process.

I consent to the Home Office, or related Government agency, releasing information about my immigration history to the University for these purposes. This may include sensitive personal data about any orders, warnings, convictions or other penalties relevant to immigration. (Please note that failure to provide consent by ticking the above box may delay the processing of your application.)

If you have a query about how your data is used by the University, or would like to make a complaint about how the University has used your personal data, please contact our Data Protection Officer: DPO@shu.ac.uk. For more information about your data protection rights see: www.shu.ac.uk/about-this-website/privacy-policy/data-subject-rights

11. Declaration (applicant to complete)

Please read and then sign the declaration statement below:

Any offer of a place to study on a course at the University will be made subject to the University's Terms and Conditions and Student Regulations. It is therefore important that you read and understand the University's Terms and Conditions and Regulations. These can be accessed at www.shu.ac.uk/study-here/terms-and-conditions-and-student-regulations.

If you provide false, incomplete or misleading information to the University as part of this application, the University may withdraw any offer of a place made to you. Full details of the University's Admissions Regulations can also be accessed at www.shu.ac.uk/study-here/terms-and-conditions-and-student-regulations.

If you have any queries about the University's Terms and Conditions or the Student Regulations please contact us at new-applications@shu.ac.uk before signing this application form.

I confirm that, to the best of my knowledge:

- the information I have given in this form is true, complete and accurate; and
- I have included all relevant information in this form.

Applicant's
signature

Date

What to do next

Return this form at least 5 weeks prior to course commencement to: healthfundingadmissions@shu.ac.uk

12. Disabilities and support needs (applicant to complete)

If you declare a disability this will not be a factor in the university's decision as to whether or not to offer you a place. However it is important that the University knows if you have any specialist needs in order that we can provide you with appropriate support and facilities.

This information will remain strictly confidential.

Do you consider yourself to have a disability

Yes No Prefer not say

Type of disability

- | | |
|---|--|
| <input type="checkbox"/> Specific learning disability e.g. dyslexia, dyspraxia etc. | <input type="checkbox"/> Blind/partially sighted |
| <input type="checkbox"/> Deaf/hearing impairment | <input type="checkbox"/> Wheelchair user/mobility difficulty |
| <input type="checkbox"/> Autistic spectrum disorder/Asperger's syndrome | <input type="checkbox"/> Mental health difficulty |
| <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Personal care support |

Unseen disability e.g. diabetes, cancer, epilepsy, asthma etc

Other

Nature of support required

13. Equal opportunities monitoring (applicant to complete)

Ethnic origin

- | | | |
|---|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian or Asian British – Pakistan | <input type="checkbox"/> Mixed – white and Asian |
| <input type="checkbox"/> Gypsy or traveller | <input type="checkbox"/> Asian or Asian British – Bangladesh | <input type="checkbox"/> Other mixed background |
| <input type="checkbox"/> Black or black British – Caribbean | <input type="checkbox"/> Chinese | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Black or black British – African | <input type="checkbox"/> Other Asian background | <input type="checkbox"/> Other ethnic background |
| <input type="checkbox"/> Other black background | <input type="checkbox"/> Mixed – white and black Caribbean | <input type="checkbox"/> Prefer not say |
| <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> Mixed – white and black African | |

Religion

- | | | |
|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Bahá'í Faith | <input type="checkbox"/> Muslim | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Sikh | <input type="checkbox"/> Pagan |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Any other religion or belief | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Prefer not say | <input type="checkbox"/> Other |

Gender

- Male Female Other Prefer not say