

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 funded ☐ Workforce Development Fund

Or

HEE:

1. PCN Additional Roles Reimbursement Scheme [ARRS]* enrolled on PCPEP ☐

*ARRS requires email sign off from CPPE educational supervisor 'approving' enrolment onto IP course

Office use: CAT1 []

or

2. Pharmacy Integration Programme [PhIP] ☐

Subcategories:

2.1. Community pharmacists: Locum pharmacists working in community pharmacy to support delivery of NHS clinical services ☐

2.2. Pharmacists working to provide primary care services: working in primary care/CCG/general practice) who are not employed in ARRS role ☐

2.3. Pharmacists working in the Health and Justice system (with written support from employer) ☐

Office use: CAT2 []

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

@

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 "Preparing to Prescribe" toolkit: www.surreytoolkit.uk ☐ 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

The applicant has **at least two years** appropriate patient-facing experience in a UK hospital, community or primary care setting following their preregistration year ☐ Yes ☐ No

The applicant has an identified area of clinical practice in which to develop their prescribing skills and has relevant clinical experience and pharmaceutical knowledge relating to this chosen area of prescribing practice ☐ 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

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

Address

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 sector of work

☐ Hospital pharmacist

☐ Community pharmacist

☐ GP practice pharmacist

☐ Prison pharmacist

☐ HEE Pathways: ARRS/PCPEP

Other

Applicant's signature

Date

6. Further information in support of application

Applicant rationalises and identifies an area of clinical or therapeutic practice in which they wish to develop their independent prescribing practice: Describe below which group of patients you are planning to prescribe for and in what setting. This can include defining a group by age, or stages within a treatment guideline. This must be sufficiently broad to allow demonstration of therapeutic choice and decision-making but cannot be so broad that demonstration of the learning outcomes of the course becomes unachievable.

Applicant evidences patient facing experience and participation in clinical interventions, of working in this clinical or therapeutic area in a UK clinical setting, post registration, for 2 years: Here, you must demonstrate that you have been making prescribing-related decisions and supporting patients to take responsibility for their own care. This can be through involvement in ward rounds, case review meetings, etc., or through advising GPs regarding optimisation of therapy, for example, following on from MURs or other patient interactions. Detail is important here and you can use examples, but do not name patients.

Applicant validates their chosen area of practice with relevant post registration pharmacological knowledge and skills to support their prescribing training: Here, you must demonstrate that your experience to date forms a solid foundation on which to develop prescribing skills and competencies. Again, the term relevant experience is important. If you are intending to prescribe in a highly specialised or complex scope of practice, you need to be able to demonstrate extensive experience as a pharmacist relevant to this scope. Please note any relevant training or educational courses you have undertaken which may support your chosen area.

Applicant to describe their working relationship with DPP and declare any conflict of interest (personal relationships) and applicant to describe the DPP's experience in mentoring Pharmacist Independent Prescribers and how their experience links to the applicants defined area of clinical prescribing 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

Contact address

Work

Line 1

Line 2

City

Postcode (UK only)

Contact Telephone Number

Work/NHS email address

@

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

- 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 _____ 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

Signature of DPP

Date

The 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 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

9. Further information in support of application (applicant to complete)

Applicant to demonstrate their ability to write academically at level 7 by including a short (500 word) **critical reflection** either in their chosen area of prescribing practice (which can be later used as a GPhC CPD entry in line with revalidation requirements) **Or** an excerpt of critically reflective writing demonstrated in an attained postgraduate qualification/course. **The 500 words should include citations and references.**

Reference

It is your responsibility to request references from your referees, we will not do this on your behalf.

Please type or write clearly in block capitals in black ink. Tick boxes ☒ as appropriate.

The person named in Section 1 below has applied to study at Sheffield Hallam University. They have selected you as their referee. Please complete and return this form to the address given in Section 5.

A PDF version of this form can be downloaded at www.shu.ac.uk/study-here/options/health-and-social-care/short-courses-and-modules/pharmacist-independent-prescribing. References can be scanned and submitted by email providing that they are on the reference forms provided or on official letter headed paper.

Referees should be aware that under the provisions of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 applicants may ask the University to disclose references that have been used in the admissions process. References will also be accessible if requested in

connection with legal proceedings.

Please tell us if you object to the reference being open to the data subject on request. Please note that the University may decide to disclose the reference without your consent, if it is able to anonymise the information (to protect your identity) or it is considered reasonable to release the reference even though it is possible to identify who wrote the reference. The University will balance the data subject's right of access with your right of privacy.

Sections 1 and 2 must be completed by the applicant

1. Applicant's full name

2. Course or Module title applied for

--

Section 3-5 to be completed by the referee

3. Referee's details

Name		
Position/role		
Company/organisation		
Address		
Postcode		
Country		
Email address		
Phone number (including full country and area code)	Area Code	

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. 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

☐ Specific learning disability e.g. dyslexia, dyspraxia etc.

☐ Blind/partially sighted

☐ Deaf/hearing impairment

☐ Wheelchair user/mobility difficulty

☐ Autistic spectrum disorder/Asperger's syndrome

☐ Mental health difficulty

☐ Multiple disabilities

☐ 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

☐ White

☐ Asian or Asian British – Pakistan

☐ Mixed – white and Asian

☐ Gypsy or traveller

☐ Asian or Asian British – Bangladesh

☐ Other mixed background

☐ Black or black British – Caribbean

☐ Chinese

☐ Arab

☐ Black or black British – African

☐ Other Asian background

☐ Other ethnic background

☐ Other black background

☐ Mixed – white and black Caribbean

☐ Prefer not say

☐ Asian or Asian British – Indian

☐ Mixed – white and black African

Religion

☐ Bahá'í Faith

☐ Muslim

☐ No religion

☐ Buddhist

☐ Sikh

☐ Pagan

☐ Hindu

☐ Any other religion or belief

☐ Christian

☐ Jewish

☐ Prefer not say

☐ Other

Gender

☐ Male

☐ Female

☐ Other

☐ Prefer not say