**SCHOOL OF NURSING and HEALTHCARE LEADERSHIP**

APPLICATION FORM – PRESCRIBING FOR PHARMACISTS

Please complete in black ink in block letters in the spaces provided. When completed please scan and e-mail it to:

admissionshealth@bradford.ac.uk

**PART A: TO BE COMPLETED BY THE APPLICANT**

 **IF YOU ARE A CURRENT STUDENT PLEASE PROVIDE YOUR UoB Number:**

|  |  |
| --- | --- |
| 1. Last Name: |  2. Title: Miss/Mr/Mrs/Ms/Other: |
| 3. Forenames in full: | 4. Previous Last Name *(if applicable)* |
| 5. Nationality: | Country of Birth: | Country of Residence: |
| 6. GPhC registration Number: | 7. Date of Birth: |
| 8. Have you undertaken/started a prescribing module at any other Higher Education Institution? If ‘yes’ Please give details: |
| 9. Home or Permanent Address:Daytime Telephone Number:E-mail address: |
| 10. Address for correspondence if different from the above: |
| 11. Work Address:Telephone Number/Extension:Contact person for messages: |
| 12. Professional Qualifications: Qualification Institution Date Studied/Completed |
| 13. Employment: a) Length of time employed in the profession since qualification: b) Clinical area on which you will focus during the course and length of time you have worked in this clinical area (this should be an identified specific area like hypertension or alcohol withdrawal and not broad like chronic diseases, elderly care  or Mental health): |
| 14. **Please attach and up-to-date Curriculum Vitae** (and provide a supporting statement below) with this application form that covers the following areas:1) Name, job title, place of work, professional qualifications, academic qualifications including level & dates.2) Details of relevant experience for example evidence of working with patients, evidence of experiencing prescribing by others (observing or assisting), taking part in medicines optimisation activities.3) Evidence of undertaking relevant continuing professional development.4) Examples of how you will utilise your prescribing qualification in the future.  |

Signed Applicant Declaration:

I confirm that the information I provided is correct and that, in this application, I have read and abided by the:

* GPhC Standards for Pharmacy professionals (2017)

Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supporting Statement:**

**15. MANAGER’S SUPPORT FORM**

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| --- |
| **Name of Applicant:** |
| **Name of Manager (please print):** |
| **Job Role of Manager:** |
| **Manager’s Contact Tel No:** | **Manager’s e-mail address:** |
| The applicant’s GPhC Registration has been confirmed | **Yes/No** |
| The applicant’s post is one in which they will have the need and opportunity to act as an independent prescriber and/or supplementary prescriber | **Yes/No** |
| The applicant is suitable to engage in a prescriber role | **Yes/No** |
| The applicant has sufficient knowledge to apply prescribing practice taught on the course to their own area of practice | **Yes/No** |
| The applicant has a criminal conviction check (Disclosure and Barring Service – DBS) which has been completed within the last 3 years and has been seen by the manager | **Yes/No** |
| The applicant has been assessed as competent in the therapeutic area they will prescribe | **Yes/No** |
| The applicant will be supported during their training and have access to 90 hours of protected learning time | **Yes/No** |
| The applicant will have access to continuing professional development opportunities on completion of the course | **Yes/No** |
| The applicant will work within a robust clinical governance framework on completion of the course | **Yes/No** |
| The applicant will separate their prescribing role from the dispensing and/or administration of medicines | **Yes/No** |
| The applicant will have access to a budget to meet the costs of their prescriptions on completion of the course | **Yes/No** |
| I have seen the applicant’s completed application forms and agree to him/her undertaking the course for use in the professional practice area indicated | **Yes/No** |

**Signature of Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**16. IF YOU ARE SELF-EMPLOYED PLEASE COMPLETE THE SECTION BELOW:**

Please indicate your agreement (tick box) and sign

1. I, the student will be enabled to attend study days to undertake directed learning as required and to undertake prescribing practice days 🞎
2. I am competent in my area of practice 🞏
3. I am self-employed 🞎
4. Independent practitioners must supply a recent Disclosure and Barring Service enhanced

disclosure document. The Faculty of Health Studies may be able to facilitate independent

practitioners’ application for a disclosure document. If you have been convicted of a relevant

criminal offence since your last check you must tell us.

Applicant self-declaration (please tick):

I do not have any criminal convictions/cautions/bind-overs 🞏

I have not had a criminal conviction since my last criminal convictions check 🞎

I have a criminal conviction 🞎

1. I enclose a copy of my DBS certificate 🞎
2. I enclose a Clinical Prescribing Audit form – [[Click here to download](https://www.bradford.ac.uk/course-application-forms/Pre-course-clinical-placement-audit.docx)](https://unibradfordac-my.sharepoint.com/personal/jraynsfo_bradford_ac_uk/Documents/aprescribing%20course/GPhC%202022/Aappendices/Pre-course-clinical-placement-audit.docx?web=1) 🞎

**SCHOOL OF NURSING and HEALTHCARE LEADERSHIP**

APPLICATION FORM – Prescribing for Pharmacists

**17. TO BE COMPLETED BY the Designated Prescribing Practitioner (DPP).**

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| --- |
| Name of Applicant: |
| Name of DPP: |
| NMC/HCPC/GPhC/GMC/registration number |
| Professional Qualifications and dates (include prescribing and teaching/mentoring qualifications and relevant CPD) |
| DPP Work address: |
| DPP Work e-mail address: |

|  |
| --- |
| Are you a General Practitioner, specialist registrar or consultant? YES 🞎 NO 🞎**OR** Are you a registered healthcare professional and experienced prescriber with suitable equivalent qualifications, Preferably as an advanced Clinical Practitioner, for the programme the student is undertaking?YES 🞎 NO 🞎All DPPs are required to meet the competencies outlined in Section 1 of the DPP competency framework:<https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework>Do you meet the competencies outlined in Section 1 of the framework?YES 🞎 NO 🞎Do you have at least 3 years current, clinical, patient facing prescribing experience in the applicant’s field of practice?YES 🞎 NO 🞎Do you have the ability to assess patient-facing clinical and diagnostic skills?YES 🞎 NO 🞎Please give details of your current role below:Do you have the support of your employing organisation to act as a DPP who will provide supervision, support and opportunities to develop competence in prescribing practice?YES 🞎 NO 🞎Have you been a DPP for a prescribing student before?YES 🞎 NO 🞎 Do you have experience in training, teaching and/or supervising in practice?YES 🞎 NO 🞎Please provide details below:Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_ |

**18. Following completion of the application form, please ensure that the form is signed below by the Organisation Non-medical Prescribing (NMP) lead. If your organisation does not have a NMP lead, please complete the practice audit form.**

|  |
| --- |
| **Name of Organisation Non-medical Prescribing Lead (please print)** |
| **Signature of Non-medical Prescribing Lead****Date** |

**Checklist for Application**

In order for us to Process your Application, please make sure you have completed all sections of the form and included all documents. Only fully completed applications will be considered. Incomplete application forms will not be considered and applicants will need to re-submit their application when they are completed in full.

All applications received will be considered by the programme lead once the submission deadline has passed.

 Curriculum Vitae

Completed Audit form, if your organisation does NOT have a Non – medical Prescribing Lead.

Copy of DBS certificate if your line manager has not signed to say they have seen one.

Copy of highest qualification.

 Are all sections of the application fully completed and signed by the relevant people?

**Information for Healthcare Students or Staff Considering Supporting a Student on the Independent & Supplementary Prescribing Course at the University of Bradford**

**Summary of Independent & Supplementary Prescribing**

This course prepares eligible pharmacists to prescribe as both an independent & a supplementary prescriber.

**Summary of the course**

This 30-credit master’s level course is studied on a part time basis. It comprises 8 taught days in the University which are compulsory and 8 days of e-learning. In addition, students must spend 90 hours (12 x 7.5hours) of supervised practice. There are 5 assessment elements for this course; a MCQ and short answer exam, clinical skills assessment, OSCE assessment a 3000-word written element, presented in a portfolio of evidence and a signed validated competency framework (RPS 2021). Students must pass all elements to pass the course.

**Practice Learning & Supervision**

Students must spend 90 hours (12 x 7.5 hours) of supervised practice supported by a designated prescribing practitioner (DPP). The DPP must spend a minimum of 30 hours with the prescribing student. It is up to the DPP to ensure that they have spent sufficient time in direct contact with their student to be able to assess them as safe and competent. In addition, students will agree how much time is to be spent on other relevant practice experiences such as prescribing in other clinical areas, spending time with other professionals and NMP’s. We would strongly encourage students to get a broad range of experience and also for service users to be involved in their development as competent practitioners.

**The Role and Responsibilities of the DPP**

To increase understanding of the DPP role, the Royal Pharmaceutical Society has published a DPP competency framework. It is essential that DPP’s meet the competencies in section 1 before undertaking he role. Section 2 outlines competencies that would be evident while undertaking the role.

[**https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework**](https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework)

It is important that DPP’s have the time and commitment for supporting trainees. They should also have an understanding of the DPP role.

The DPP should act as a role model for safe and effective prescribing practice and must have current knowledge and experience of the area in which they are providing support, supervision and feedback. They will be responsible for providing safe and effective learning experiences for the student to observe clinical sessions, rehearse key clinical assessment and diagnostic skills under supervision, as well as prescribing according to the parameters of current legislation. The DPP must provide the students with opportunities for independent learning.

The DPP will be responsible for assessing the progress and overall competence in practice of the prescribing student against the Royal Pharmaceutical Society’s Competency Framework for All Prescribers (2021). The DPP should conduct assessments to confirm student achievement of proficiencies and course outcomes for practice learning. Sufficient opportunities should be available for the practice assessor to gather and coordinate feedback from other relevant people in order to be assured about their decisions for assessment and progression. If conduct and competence concerns are raised, the DPP must liaise with the prescribing course leaders to ensure they are appropriately supported.

**Establishing the Scope of the Student’s Prescribing**

Prior to the commencement of the course, it is important to establish with the student the likely medical conditions for which they will prescribe, the medications involved and whether independent or supplementary prescribing is indicated. This should also be negotiated and agreed with the student’s manager. Student are asked to declare on their application which area of practice they intend to concentrate on during the course.

**Support for the DPP**

Opportunities for support and guidance on the role of the DPP will be available on the first day of the prescribing course date/time TBC. A handbook will also be sent once the course begins but is also available on request prior to this.

Once the student starts the course, ongoing support can be obtained from the student’s course leaders.

Jane Collins j.collins1@Bradford.ac.uk Justine Raynsford J.Raynsford@Bradford.ac.uk

Programme leads

Prescribing for Healthcare Professionals Programme

Faculty of health Studies

School of Nursing and healthcare leadership

University of Bradford

Bradford

**Course Information can be found at:** [**https://www.bradford.ac.uk/courses/cpd/prescribing-for-healthcare-professionals/**](https://www.bradford.ac.uk/courses/cpd/prescribing-for-healthcare-professionals/)

**Royal Pharmaceutical Society’s Prescribing Competency Framework (2021) can be found at:**

<https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>