**Independent Prescribing Course Application Form**

This form must be completed as part of the application process to ensure that applicants meet the criteria for appropriate governance of a prescribing role.

Applicants should be aware that they may need to meet their employing organisation’s own criteria in advance of submission of an application. Applicants are advised to contact the Non-Medical Prescribing Leads within their organisation to discuss their application in order that they are able to plan any support required to facilitate their training.

Self-employed applicants must have a service provider sponsor for the duration of this course. This can be a registered GP federation, GP practice, Out of Hours organisation or Care Home who will complete section 2 of this form.

**You must complete all sections of this form** (unless stated otherwise).

If you are registered on a Uni of Exeter Clinical Pharm PG programme, please email this form to: [info.stlukes@exeter.ac.uk](mailto:info.stlukes@exeter.ac.uk)

If you are **not** registered on a Uni of Exeter Clinical Pharm programme, you will need to complete an online application process. Please scan this form along with your other documents when you ‘apply online’ (More detail about Online application below).

Email [UEMS-pgtsupport@exeter.ac.uk](mailto:UEMS-pgtsupport@exeter.ac.uk) if you are unsure about any section.

**Please print clearly.**

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| **Section 1: To be completed by Applicant** |

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| First name(s): |  |
| Surname: |  |
| Title (Mr/Mrs/Ms/Dr/other): |  |
| Previous surname: |  |
| Date of birth: |  |
| National Insurance number: |  |
| Regulator: (please tick) | * General Pharmaceutical Council (GPhC) * Pharmaceutical Society of Northern Ireland (PSNI) |
| Regulatory body registration no: |  |
| Date of registration: |  |

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| Job title: | |  | | |
| Employer / Trust: | |  | | |
| Work address: | |  | | |
| Postcode: | |  | | |
| Work telephone number: | |  | | |
| Work email address: | |  | | |
| Home address: | |  | | |
| Postcode: | |  | | |
| Home telephone number: | |  | | |
| Home email address: | |  | | |
| Mobile phone number: | |  | | |
| Country of birth: | | |  | |
| Nationality: | | |  | |
| Country of domicile/area of permanent residence: | | |  | |
| *Nominees not born in the United Kingdom only* | Date of first entry to the UK | | | \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_ |
| Date of most recent entry to the UK (apart from holidays) | | | \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_ |
| Date from which you have been granted permanent residence in the UK | | | \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_ |
| If you are a non-British EU national who is not living in the UK, will you have been living in the EU for 3 years by 1st September of the academic year in which the course begins? | | | * Yes * No |

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| **Clinical Experience Requirement**  Do you have at least two years’ appropriate patient-orientated experience in a UK hospital, community or primary care setting following their pre-registration year? | | * Yes * No |
| Have you previously commenced but not completed a non-medical prescribing course?  If yes, please give details: | | * Yes * No |
| **Fitness to Practice** | * I confirm that I am currently fit to practice in accordance with the GPhC requirements | |
| **Funding**  Please indicate your source of funding: | * Applying for Health Education (HEE) funding (*please see below*) * Employer/Outside Organisation (*please go to CPD records section*)   Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Self-Funding (*please go to CPD records section*) | |
| **HEE funding**  If applying for HEE funding, please indicate which of the eligible NHSE programme(s) you are part of:   * Clinical Pharmacist in General Practice Phase 2 * Medicines Optimisation in Care Homes * Clinical Pharmacists in Integrated Urgent Care   If you are a non-NHSE programme pharmacist, please indicate which sector you work in:   * Health & Justice Pharmacist * Non-NHSE programme Care Home Pharmacist   ***Please note that HEE only funds the cost of the university course. HEE does not fund work place costs e.g. supervision or remuneration for time on course.*** | | |
| **NHSE programme pharmacists:**  If you are part of one the three NHSE eligible programmes, please ask your Education Supervisor to complete this section.  *I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is enrolled on the following programme (delete as appropriate):*  *Clinical Pharmacists in General Practice Programme/Medicines Optimisation in Care Homes Programme / Pharmacists in Integrated Urgent Care Programme.*  *I confirm that a training needs assessment has been completed and as their educational supervisor, I agree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in a position to enrol on training for Independent Prescribing as of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert date from which learner may undertake IP).*    **Name (please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ | | |
| **Health & Justice or non-NHSE programme care home pharmacists:**  NHS England and Health Education England are providing funded IP training places across England for non-NHSE programme care home pharmacists or Health and Justice pharmacists who meet specific criteria. Learners wishing to apply must submit an expression of interest to HEE. HEE will then confirm eligibility by email.  If you are being funded by HEE via this route, please upload a copy of your confirmation email alongside this form and your online application form. | | |
| **Data Sharing**  HEE want to ensure that courses funded by the NHS Pharmacy Integration Fund give pharmacists the opportunity to successfully gain skills, knowledge and experience through education and training. HEE may therefore access and review students’ data and seek students’ views and experience of the courses, in order to evaluate the courses and training and understand what works and what could be improved. The evaluation work will be led by NHS England but NHS England may contract with third parties to undertake this work. To support this work, students will be asked to consent to their personal data including demographic data, contact information, and data on course completion being shared with the evaluation team, in line with the General Data Protection Regulation (GDPR) and Data Protection Act 2018. Students will also be asked to consent to the evaluation team utilising their contact information to make contact with them to obtain feedback and to invite them on occasion to provide more in-depth feedback via workshops, focus groups or written case studies.  As part of my HEE funding, I agree to have my data shared with the University of Manchester (for CPPE programme students) and HEE**.**  **Signed (applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***HEE funding section ends here*** | | |

***All applicants resume completing form here***

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| **CPD records**  Please **submit two reflective CPD records** relating to your proposed scope of prescribing. These must reflect learning that you have completed (rather than being prospective records that identify the need to train as a prescriber). Certificates of attendance / completion of learning are not sufficient. These should be uploaded with your online application form. (Suggested word count: 400 – 600 words) |

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| **Section 2: To be completed by line manager / employer / service provider** |

This is divided into two sub-sections:

* Suitability of the applicant to prescribe
* Release of staff for the course

All parts **MUST** be completed. Failure to complete any part will result in delays and may mean that you are not compliant with the entry requirement of the course.

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| **Line Manager / Employer / Service provider confirmation of the suitability of the applicant to prescribe.**  Is the nominee a regulated pharmacist eligible to undertake Independent Prescribing training? | * Yes * No |
| Does the nominee have at least 2 years post registration clinical experience or part-time equivalent? | * Yes * No |
| Does the nominee have a medical prescriber willing to provide supervision of the student for the 12 days (90 hours) practice based element of the course? | * Yes * No |
| Is there a clinical need within the nominee’s role to justify prescribing? | * Yes * No |
| Has the organisation considered the options of prescribing/ preparation within the context of patient group directions (PGDs)? | * Yes * No |
| Does the nominee have the commitment of their employer/ service provider to enable access to a prescribing budget and make other necessary arrangements for prescribing practice on successful completion of the course? | * Yes * No |
| Will the nominee be prescribing regularly from central funding in order to provide maximum benefit to patient? | * Yes * No |
| Has the nominee an area of clinical practice in which to develop their prescribing skills? | * Yes * No |
| Has the pharmacist nominee up to date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of practice? | * Yes * No |
| **Line Manager / Employer/service provider confirmation of good health and character to enable safe and effective practice**  The nominee’s line manager should confirm that the nominee is of good health and character to enable safe and effective practice. | * Yes * No |
| **Line Manager / Employer/service provider confirmation of nominee’s prescribing role on successful completion of the programme**  The nominee’s line manager should confirm their intention that the nominee will have a prescribing role on successful completion of the programme. | * Yes * No |
| **Line Manager / Employer/Service provider agreement to a minimum release from practice for both taught theory and medical supervision (26 days theory equivalent and 12 days practice)**  As this is a recordable qualification with a professional body, contact day attendance and recorded achievement of all theory and practice hours are mandatory (irrespective of mode of delivery). Students will be unable to record their qualification until all learning hours and assessments are achieved.  This university operate a blended learning approach to the programme whereby the 26 contact days are split between university attendance and distance learning. This approach improves flexibility of release time required, but does not reduce the total mandatory time needed for study by the student. | * Yes * No |
| As the nominee’s Line Manager/ Service lead I confirm all of the above:  Name (please print):  Job title:  Organisation:  Email address:  **Signed (manager/ service lead): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_** | |

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| **Section 3: to be completed by the Designated Medical Practitioner (DMP)** |

This section is divided into three parts:

* General information about the DMP
* Eligibility criteria
* Confirmation of practice placement quality.

All parts **MUST** be completed. Failure to complete any part will result in delays and may mean that you do not meet the entry requirements of the course.

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| Name of DMP: |  |
| Area of practice: |  |
| Title/position: |  |
| Qualifications: |  |
| GMC registration no: |  |
| Employing organisation: |  |
| Work address: |  |
| Post code: |  |
| Telephone number: |  |
| Work email address: |  |

**Doctors must meet all of the criteria below. Please tick the box to confirm that you fit the criteria.**

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| **The doctor must be a registered medical practitioner who:** | **Please tick** |
| Has normally had at least 3 years recent clinical experience for a group of patients/clients in the relevant field of practice. |  |
| Is within a GP practice and is either vocationally trained or in possession of a certificate / equivalent experience from the Joint Committee for Post Graduate Training in General Practice (JCPTGP) ***OR*** is a specialist registrar, clinical assistant or consultant within an NHS Trust or other NHS employer. |  |
| Has the support of the employing organisation or GP practice to act as the designated medical practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice. |  |
| Has some experience or training in teaching and / or supervising in practice. |  |
| Normally works with the trainee prescriber. If this is not possible (such as in nurse-led services or community pharmacy), arrangements can be agreed for another doctor to take on the role of the DMP, provided the above criteria are met and the learning in practice relates to the clinical area in which the trainee prescriber will ultimately be carrying out their prescribing role. |  |
| Is familiar with the requirements of the programme and the need for the nominee to achieve the learning outcomes. |  |
| For more information on the role of the DMP please see ‘Training non-medical prescribers in practice: a guide to help doctors prepare for and carry out the role of designated medical practitioner’. Available at: [http://www.webarchive.org.uk/wayback/archive/20140627112130/http://www.npc.nhs.uk/non\_medical/resources/designated\_medical\_practitioners\_guide.pdf](http://www.webarchive.org.uk/wayback/archive/20140627112130/http:/www.npc.nhs.uk/non_medical/resources/designated_medical_practitioners_guide.pdf) | |
| **DMP declaration**   * As the nominee’s Designated Medical Practitioner, I confirm I meet the above criteria * I agree to facilitate 12 days (90 hours) of clinical practice supervision.   **Name (print):**  **Signed (DMP)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_**  **Official organisation stamp:** | |

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| **Section 4: To be completed by the Organisation’s (e.g. Trust) Non-Medical Prescribing Lead ( if applicable)**  (Please note this is not the same as the DMP, but the person responsible for non-medical prescribing in your organisation) |

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| **Non-Medical Prescribing Lead** | |
| Name (please print): |  |
| Job Title: |  |
| Employing organisation: |  |
| Telephone Number: |  |
| Email address: |  |
| **I agree with the above professional training for registration as an Independent prescriber.**  **Signed (NMP Lead): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_** | |

**Applicant Declaration:**

I confirm that I have read and understood the information on this application form. I confirm that the information given is true to the best of my knowledge. **Signed: Date:**

**Application Checklist:**

All applicants:

* Ensure Sections 1, 2 and 3 are completed and if applicable complete Section 4.
* Submit 2 reflective pieces of CPD relating to your proposed area of prescribing practice.

In addition, self-employed applicants to provide:

* Reference confirming 2 years of post-registration experience in a patient orientated setting if this is not the named service provider completing section 2.

In addition, Health & Justice and non-NHSE programme care home pharmacists to provide:

* Copy of HEE confirmation of funding email

**How to apply:**

If you are registered on a Uni of Exeter Clin Pharm PG programme, please email your documents to [info.stlukes@exeter.ac.uk](mailto:info.stlukes@exeter.ac.uk)

If you are **not** registered on a Uni of Exeter Clinical Pharm programme, you will need to complete an online application process. Please scan this form along with your other documents when you ‘apply online’ (More detail about Online application below).

**Completing the Online Application Form**

**(for those students who are not already Uni of Exeter Clinical Pharm students):**

**You will need to apply online using this link:**

http://www.exeter.ac.uk/postgraduate/taught/medicine/independent-prescribing/

**Personal details**

When completing this section please be sure to provide a daytime contact number and email address you check regularly to help us to contact you quickly.

**Your education**

As you are applying to join an award-bearing course, please provide a scanned copy of your transcript or degree certificate.

**Professional experience**

**English Language proficiency**

If your first language is not English, then you will need to complete this section and provide details of your performance in the IELTS tests.

**Personal statement**

Please indicate, in at least 250 words, why you want to undertake this postgraduate course, the benefits it will bring to the pharmacy services you deliver and how the learning will benefit your own professional practice. Please also confirm the number of hours you work each week in a patient facing role and your clinical areas of interest

**Referees**

We do not require formal references, as this form incorporates declaration of your employer’s support.

**Disability Support**

We welcome applications from people with disabilities and/or long-term health conditions and consider their applications on the same academic basis as those from other applicants. If you have a disability/long term health condition, you are strongly encouraged to contact the Wellbeing and AccessAbility Team on 0300 555 0444 or email wellbeing@exeter.ac.uk or accessability@exeter.ac.uk

**Criminal convictions**

We are required to collect this information.

**Declaration**Please complete this mandatory declaration and submit your application.

**What happens next…**

All applicants will be notified of the decision of the University as soon as possible in advance of the start of the course. All course entry requirements must be met for you to be considered for a place on the programme.   
If the demand for places is greater than the number of places available, then the admissions panel will review applications following agreed selection criteria.

**Admissions for Pharmacists working/planning to work in the NHS**

If you are working in or plan to work in the NHS, we follow the NHS Values Based Recruitment Guidance. We strongly believe in the NHS values and will be looking for them in our applicants and patient representatives.

Read the NHS Constitution at <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

**Queries, Questions and Further Information?**

If you would like to discuss your application or aspects of the application process and deadline, please contact:

Admissions, College of Medicine and Health, E: [pg-ad@exeter.ac.uk](mailto:pg-ad@exeter.ac.uk) T: 01392 723044