# Programme Application Form (PAF) 23/24: Independent and/or Supplementary Prescribing

## Section 1 – Student Information

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| **Applicant name as stated on NMC / HCPC / GPhC / PSNI Register:** |
| **NMC / HCPC / GPhC / PSNI Number:** |
| **Date Qualified:** |
| Checked by UWE |

Please ensure you have completed and included the following sections:

Section 1 – Student Information

Section 2 - Programme Requirements / Entry Criteria including date of DBS and most recent university study.

Section 2 - Programme Requirements / Evidence of Honorary Contracts where needed.

Section 2 - Programme Requirements / Evidence of contracts between student and DPS/DPP if paying for those roles.

Section 3 – Designated Prescribing Supervisor confirmation (DPS)

Section 4 - Designated Prescribing Practitioner confirmation (DPP)

Section 5 – Practice Audit Documents

Section 6 – NMP lead / employer confirmation

This document **must** be uploaded as **one continuous document** – multiple page uploads will not be accepted.

This link [Preparing for the online UWE IP Programme](https://uwe.padlet.org/deborahmorenochamorro/welcome-to-the-uwe-online-ip-programme-2023-2024-4hmfnzyhp7rvq3eb) gives you information about the IP course and the practice learning requirements which you may find useful.

I understand that:

* I will not be accepted onto the course until I have applied online using this link <https://courses.uwe.ac.uk/Z51000077/non-medical-prescribing-independent-andor-supplementary-prescribing> In order to apply you will need to register through the CPD portal by clicking on the link above. If you have previously registered through the CPD portal, you would click log in instead of register, using your previous log in detail.
* Aesthetic practitioners please request the Framework for Cosmetic Practitioners from [HAS.CPD@uwe.ac.uk](mailto:HAS.CPD@uwe.ac.uk) before commencing this application and fill in this form using the entry criteria stipulated within it. All aesthetics practitioners **must** have a L7 qualification **in aesthetics** to be accepted on the UWE IP Programme.
* Self-employed Practitioners will be contacted if further information is required after appraisal of the application
* Your data will be used and kept only for the purposes it was attained and in alignment with the university policy on GDPR
* Each application is appraised against the entry criteria within on this form
* Reasonable adjustments can be made to teaching, learning and assessments (if required) to achieve all the learning outcomes of this module. Further information can be found at <https://www.uwe.ac.uk/life/health-and-wellbeing/get-disability-support/reasonable-adjustment> but will also be covered on Day 1 on the programme.
* You can log in to the CPD portal to check the status of your application, or to upload additional paperwork, by clicking on this link <https://mycpd.uwe.ac.uk/users/sign_in>

**NB** – please do not apply online to the IP programme until you have all the documents signed (wet signatures where requested) and ready to upload – applying without them **will not** save you a place. All applications will be **automatically** cancelled after 24 hours if not fully complete or if they have not been uploaded as one continuous document. If your application is cancelled, please reapply when you have the documents completed.

## Section 2a – Programme Requirements / Entry Criteria (pharmacists complete section 2b instead)

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| **Applicants Name (Printed)** |  |
| **Profession** |  |
| **Employing organisation name** |  |
| **Start date of employment**  **in current role** |  |
| Self-Declaration of competency: To fulfil regulatory requirements you must be competent in the following areas: Clinical assessment, diagnosis, planning and evaluation of care: Please explain below (no more than 200 words) how you have developed and maintained your competencies in these skills.You should include details of how you have been assessed in practice / and / or accredited programmes e.g. appraisals, competency frameworks, university courses.  Please explain below (no more than 200 words) how the ability to prescribe medications independently will transform practice and inform patient / client care (if you have been required to give this information on an application to your own organisation, you may wish to replicate that here). If you are a self-employed practitioner, please clearly indicate your proposed area of practice.  Please explain below (no more than 200 words) how you will gain regular access to patients within your area of clinical practice to achieve the required 90 hours supervised practice.  If you are self-employed or accessing a DPS / DPP from another organisation please **upload (with your application) evidence** of how clinical governance will be achieved whilst you are achieving this – e.g., honorary contracts – written agreements. | |

## Section 2b – Programme Requirements / Entry Criteria - pharmacists please complete

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| **Applicants Name (printed)** |  |
| **Profession** | **Pharmacist** |
| **Employing organisation name** |  |
| **Start date of employment in current role** |  |
| All pharmacists MUST read the GPhC Education and training of pharmacist independent prescribers: guidance to support the introduction of the revised entry requirements which gives clear guidance on the types of experience a pharmacist must have before considering the questions below.  Self-Declaration of competency: Please explain below (no more than 200 words) your patient-orientated/patient centred experience in a UK pharmacy setting. Please give evidence of how that clinical or therapeutic experience together with your CPD has made a significant and positive impact on patient care (this evidence needs to be verified by your employer/IP lead or if you are self-employed, a reference who can corroborate the experience)  Please explain below (no more than 200 words) please give examples of how the experiences that you have given above strengthen your understanding of the role of prescriber and how it how it has helped you recognise, understand and articulate the skills required of a prescriber. (this evidence also needs to be verified by your DPP in section 4)  Please explain below (no more than 200 words) your chosen clinical area and how the ability to prescribe medications independently will transform practice and inform patient / client care (if you have been required to give this information on an application to your own organisation, you may wish to replicate that here). If you are a self-employed practitioner, please clearly indicate your proposed area of practice.  Please explain below (no more than 200 words) how you will gain regular access to patients within your chosen area of clinical practice to achieve the required 90 hours supervised practice.  If you are self-employed or accessing a DPS / DPP from another organisation please **upload (with your application) evidence** of how clinical governance will be achieved whilst you are achieving this – e.g., honorary contracts – written agreements. Please restate your chosen area clinical area (one or two words) - | |

## Section 2c Programme Requirements / Entry Criteria

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| **Section 2c – this must not be signed until you have completed ALL parts of the application** | **Confirm** |
| **Nurses, Midwifes, SCPHN -** I have been qualified for a minimum of one year and articulated my competence to be a future prescriber in section 1 |  |
| **Paramedics**   * I am a Registered Paramedic with evidence of post qualification study (e.g., DipHE) * I have been qualified for 5 years and have been working at an advanced level for 1 year within my speciality where the inability to prescribe has limited my practice. * I am currently in a clinical role and to the best of my knowledge will remain for the next 3 years * I am enrolled on an Advanced Masters programme and have already undertaken one Level M (L7) piece of work (evidence of award to be scanned in with this document) * I have a qualification and evidence of continuing competency in physical examination, clinical skills, diagnostics, decision making in an area relevant to my clinical area (evidence of qualification to be scanned in with this document). * Must undertake level 7. |  |
| **Physiotherapists, Therapeutic Radiographer, Chiropodist, Dietitian, Diagnostic Radiographer**  I have been qualified for a minimum of three years and articulated my competence to be a future prescriber in section 1 |  |
| **Pharmacists -** I have appropriate patient-orientated experience post registration in a relevant UK practice setting. Must undertake level 7. |  |
| **All Applicants to Complete** |  |
| I have completed the internal processes of my organisation and been approved by my employer (e.g., IP Lead / Practice Manager) to apply for the IP course at UWE. If self-employed – state “self-employed” |  |
| I have a current enhanced Disclosure and Baring Service (DBS) that adheres to my employing organisations governance policy. You do not need to provide a copy to but include date of issue | **Date of Issue** |
| I confirm there are no circumstances that have required reporting to my regulatory body since the DBS was issued. |  |
| I have read understood and will comply with my regulators (HCPC, GPhC, NMC) Code of Professional standards of practice and behaviour for health care professionals |  |
| I have not been found guilty of misconduct under any University Student Disciplinary Regulations or deemed unfit to practise by any regulatory body (if yes please contact the programme lead to discuss before completing this form) |  |
| I can work at L6 (degree level) or L7 (masters) Pharmacist and Paramedics must have the ability to work at L7  Please give a date of your last University Study. Please indicate whether degree or masters level study. | **Date of last study** |
| I have good IT awareness (or will have them in place) using a desktop computer i.e. use of Microsoft office programmes including word, can attach documents to an email, can upload documents, can use the internet and a scanner. I have followed the link on page 1 to view the platforms that will be utilised during this online programme |  |
| I can confirm that the protected learning time has been negotiated and agreed by my employer before entry onto the programme  14 online Learning Days, 12 Directed Learning Days  90 hours of Learning in Practice (40 of which must be supernumerary) |  |
| I understand that there is a 100% attendance for the 14 online face to face days. Unexpected absences will require discussion with the cohort leader |  |
| I understand that the Independent Prescribing programme is intensive and that there is an expectation that I will need to devote around 400 hours to studying. |  |
| My organisation has access to a pharmacist, a medical director, and an IP Lead (or equivalent) and Clinical Governance policies are in (or being developed) place to support Independent Prescribing. |  |
| I understand that commencement on this programme initiates a multi-faceted relationship between me as a student, my employer, my supervisor (DPS) and my assessor (DPP) which will require communication between said parties in relation to my clinical and educational progress. |  |
| I can confirm that there is a current placement audit in place for my workplace / my supervisors’ workplace (DPS) and my assessors workplace (DPP) |  |
| Have you undertaken or commenced a prescribing module before? | **Yes / No** |
| If yes which university, when and which programme: |  |
| If you did not successfully complete the previous programme, please give some context below or contact the programme leader to discuss: |  |

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| **This application is submitted knowing that this course will be delivered online.**  **I have / or will fully engage with the online preparatory materials given within the link on the first page**.  **To promote multi-professional working I will fully engage with the online learning** | **Yes / No**  **Yes / No**  **Yes / No** |

I confirm the answers I have provided above are correct and support the duty of candour required from a regulated professional.

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| Applicant Signature  (wet handwritten signature) |  | Date |  |

## Section 3 Designated Prescribing Supervisor (DPS) – all students are required to have a DPS and a DPP

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| **Section 3 - Designated Prescribing Supervisor (DPS)** | | |
| **DPS Name (printed)** |  | |
| **DPS Profession** |  | |
| **Name of Student to be Supervised** |  | |
| **DPS email address (printed)** |  | |
| **Date DPS**  **qualified**  **as a prescriber** | **DPS**  **NMC / HCPC / GPhC / PSNI GMC number**  Checked by UWE |  |
| |  |  | | --- | --- | | **DPS Experience** | **confirm** | | At least 1 years’ experience of prescribing independently within the field whose experience is deemed appropriate from supporting organisation |  | | I have a current enhanced Disclosure and Baring Service (DBS) that adheres to my employing organisations governance policy - You do not need to provide a copy to UWE but include Date of Issue | **Date of Issue** | | I confirm there are no circumstances that have required reporting to my regulatory body since the DBS was issued. |  | | I have read understood and will comply with my regulators code of professional standards and behaviour |  | | I can confirm that I have not been found guilty of misconduct under any University Student Disciplinary Regulations or deemed unfit to practise by any regulatory body. |  | | I can confirm that I am sufficiently impartial to make an objective supervision of the students placement |  | | I can confirm that I am willing to undertake DPS preparation in relation to the programme |  | | I understand that this programme initiates a multi-faceted relationship between me as the supervisor (DPS), the student, the employer, and the assessor (DPP) which will require communication between said parties in relation to the students’ clinical and educational progress. |  | | Please state how many students you are currently (will be) supporting as a DPS |  | | If you are being paid for your time to undertake this role, please include a copy of your student / supervisor agreement |  | | Please indicate **below** how time has been agreed at organisational level for you to support the supervision of the prescribing student in practice (20 hrs is given as a guide) |  |   **Self-Declaration of competency to fulfil role of assessor for the given student:** Your data will be used and kept only for the purposes it was attained and in alignment with the university policy on GDPR**.**  I confirm the answers I have provided above are correct and support the duty of candour required from a regulated professional.  DPS Signature and date  (must be a wet handwritten signature) | | |

## Section 4 Part 1 Designated Prescribing Practitioner (DPP) - all students are required to have a DPS and a DPP

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| **Section 4 – DPP** | | |
| **DPP Name (printed)** |  | |
| **DPP Profession** |  | |
| **DPP email address (printed)** |  | |
| **Name of Student to be Assessed** |  | |
| **Date DPP**  **qualified**  **as a prescriber** | **DPP**  **NMC / HCPC / GPhC / PSNI / GMC number**  Checked by UWE |  |
| |  |  | | --- | --- | | **DPP Experience** | **Confirm** | | At least 3 years’ experience of prescribing independently within the field whose experience is deemed appropriate from supporting organisation |  | | If you have not been nominated for this role from a supporting organisation, then please also provide a professional reference in relation to your suitability based on the criteria set out in section 8 |  | | I have a current enhanced Disclosure and Baring Service (DBS) that adheres to my employing organisations governance policy. You do not need to provide a copy to UWE but include Date of Issue | **Date of Issue** | | I confirm there are no circumstances that have required reporting to my regulatory body since the DBS was issued. |  | | I have read understood and will comply with my regulators code of professional standards and behaviour |  | | I have not been found guilty of misconduct under any University Student Disciplinary Regulations or deemed unfit to practise by any regulatory body. |  | | I can confirm that I am sufficiently impartial to make an objective assessment of the students placement |  | | I can confirm that I am willing to undertake DPP preparation in relation to the programme |  | | I can confirm the suitability of the student based on the entry criteria, including prior experience and the ability to recognise, understand and articulate the skills and attributes required of a prescriber |  | | I can confirm the suitability of the DPS based on the entry criteria |  | | I understand that this programme initiates a multi-faceted relationship between me as the assessor (DPP), the student, the employer, and the supervisor (DPS) which will require communication between said parties in relation to the students’ clinical and educational progress. |  | | Please state how many students you are currently (will be) supporting as a DPP |  | | If you are being paid for your time to undertake this role, please include a copy of your student / assessor agreement |  | | Please indicate **below** how time has been agreed at organisational level for you to support the assessment of the prescribing student in practice (20 hrs is given as a guide) |  |   **Self-Declaration of competency to fulfil role of assessor for the given student:** Your data will be used and kept only for the purposes it was attained and in alignment with the university policy on GDPR**.**  I confirm the answers I have provided above are correct and support the duty of candour required from a regulated professional.  DPP Signature and date  (must be a wet handwritten signature) | | |

## Section 4 – Part 2 - Designated Prescribing Practitioner (DPP) – continued

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| **Section 4 – Part 2 - Designated Prescribing Practitioner (DPP) – continued** |
| Please explain below (no more than 200 words) how you have developed and maintained your active prescribing competence applicable to the areas in which you will be supporting an IP student in training  Please explain below (no more than 200 words) your appropriate patient-facing clinical and diagnostic skills and your ability to assess those skills in relation to the student IP in training you will be supporting. You should include details of how you have been assessed in practice / and / or accredited programmes e.g. appraisals, competency frameworks, university courses.  Please explain below (no more than 200 words) your experience of supporting or supervising other healthcare professionals in practice  (The UWE programme team have been given a list of potential DPPs from partner organisations whose experience is deemed appropriate. If necessary, we will confirm with the relevant organisations if your name has not yet been made available to us. If you are self-employed, please supply a reference who can corroborate your experience based on the criteria set out in section 7) |

## Section 5 – Educational Practice Placement Audit

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| **Section 6 – Educational Practice Placement Audit** |
| Regulatory requirements stipulate all placements must be suitable to support practice learning. Most of CQC / HIW / HIS regulated organisations will have one in place. We accept audits that have been undertaken by other universities and if the organisation has registered as a training pharmacy by the GPhC. Audits are required to be undertaken every two years and your educational department / Practice Leads will be able to advise you of when they were last undertaken. Those working within cosmetic private practice must be compliant and active members of a professional standards register. Any other private practitioners should contact the programme lead [deborah2.moreno-chamorro@uwe.ac.uk](mailto:deborah2.moreno-chamorro@uwe.ac.uk) to discuss how these would be undertaken. |
| |  | | --- | | **Student Placement Area** | | **Employing organisation name** | | **Regulated by (please circle) CQC / HIW / HIS Or member of (please circle) BACN / JCCP / WACS / SAVE FACE** | | **Educational Placement Audit undertaken by: Date of Current Audit** | | **Alternatively circle if any of these apply - GPhC training pharmacy Approved GP Training Practice** | | **Designated Prescribing Supervisor (DPS) Workplace** | | **Employing organisation name** | | **Regulated by (please circle) CQC / HIW / HIS Or member of (please circle) BACN / JCCP / WACS / SAVE FACE** | | **Educational Placement Audit undertaken by: Date of Current Audit** | | **Alternatively circle if any of these apply - GPhC training pharmacy Approved GP Training Practice** | | **Designated Prescribing Practitioner (DPP) Workplace** | | **Employing organisation name** | | **Regulated by (please circle) CQC / HIW / HIS Or member of (please circle) BACN / JCCP / WACS / SAVE FACE** | | **Educational Placement Audit undertaken by: Date of Current Audit** | | **Alternatively circle if any of these apply - GPhC training pharmacy Approved GP Training Practice** | |
| It is the student’s responsibility to ensure this is in place for their practice area, and that of the DPS and of the DPP. If there is not a placement audit in place, please undertake a self-audit <https://uwe.eu.qualtrics.com/jfe/form/SV_dhyAlhjJWgfBwj3> and we will contact you if we need any further information. |

## Section 6 – to be completed by NMP Lead / Manager / Professional Referee

**As the Independent Prescribing Lead (NHS settings) / Manager / Professional Referee I can confirm that:**

* The applicant has been considered as competent to take a case history, undertake a clinical assessment and diagnose (if required/appropriate)
* The applicant has undertaken any internal application processes
* The applicant has sufficient knowledge to apply prescribing principles taught on the course to their own field of practice
* The applicant has discussed with their manager / DPP how the 90 hours supervised learning, the 14 timetabled face to face days and the 12 directed learning days will take place
* There is a clinical need for the applicant to be able to prescribe medications
* The organisation has deemed the DPS and DPP as appropriate to supervise and assess the applicant in practice

**NMP Lead / Line Manager / Professional Referee Details**

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| Signature |  | Date |  |
| Name (print) |  | | |
| Organisation |  | | |
| Title / Position |  | | |
| Email address (print) |  | | |
| Contact telephone number |  | | |
| By signing this I am declaring that I have the authority within the organisation to appraise the suitability of the applicant and to nominate them to undertake the IP Programme  Partner Organisations who sign off applicants through the UWE CRM portal do not need to sign this form | | | |

## Section 7 – DPP Competency Framework – Royal Pharmaceutical Society (Dec 2019)

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| **1.Personal Characteristics** |
| 1.1 Recognises the value and responsibility of the DPP role  1.2 Demonstrates clinical leadership through their practice  1.3 Demonstrates a commitment to support trainees  1.4 Displays professional integrity, is objective in supervision and/or assessment  1.5 Is open, approachable and empathetic  1.6 Creates a positive learning culture through their practice |
| **2 Professional skills and knowledge** |
| 2.1 Works in line with legal, regulatory, professional and organisational standards  2.2 Is an experienced prescriber\* in a patient-facing role  2.3 Is an active prescriber\*\* in a patient-facing role, with appropriate knowledge and experience relevant to the trainee’s area of clinical practice  2.4 Has up-to-date patient-facing, clinical and diagnostic skills and evidence of demonstrating competence in an area of practice relevant to the trainee  2.5 Has knowledge of the scope and legal remit of non-medical prescribing for the NMP trainee’s profession  either experiential or through formal training, of different teaching methods to facilitate learning in practice and adapt to individual student needs |
| **3 Teaching and training skills** |
| 3.1 Has experience or had training in teaching and/or supervising in practice  3.2 Has knowledge, either experiential or through formal training, of different teaching methods to facilitate learning in practice and adapt to individual student needs  3.3 Articulates decision making processes and justifies the rationale for decisions when teaching or training others  3.4 Has knowledge of a range of methods of assessment and experience of conducting assessment of trainees in clinical practice  3.5 Delivers timely and regular constructive feedback  3.6 Facilitates learning by encouraging critical thinking and reflection |

\* An experienced prescriber is defined as an active prescriber who would normally have at least 3 years’ recent prescribing experience \*\* An active prescriber consults with patients and makes prescribing decisions based on clinical assessment with sufficient frequency to maintain competence. Reflects and audits prescribing practice to identify developmental needs.