**Centre for Professional Development and Lifelong Learning**

**School of Pharmacy and Bioengineering, Keele University**

# Independent Prescribing Preparatory Course

# Form 1: Supplementary Information Form

Please write your name here exactly as it appears on your passport. **Please note: Due to University regulations, this is the name in which your academic award will be issued. If you are registered under a different name with the regulator (GPhC/PSNI), you will need to contact the regulator yourself to ensure they have your correct details on record.**

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Please write your registration number here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note: any additional evidence such as employer testimonials, CPD records etc. (see guidance notes within each section) should be clearly labelled and uploaded to eVision, together with this completed supplementary information form and the University application form.**

Please provide below the month and year you first register as a pharmacist in the UK?

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| --- | --- | --- | --- |
| Month |  | Year |  |

**The following sections need to be completed in full in order to evidence that you meet the GPhC entry requirements. The GPhC have provided guidance to support the introduction of the revised entry requirements which you may find helpful to read before completing the rest of this form. These can be found at the following link:**

[Standards for the education and training of pharmacist independent prescribers (pharmacyregulation.org)](https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-october-2022.pdf)

**Section A: Relevant Experience**

In the box below, provide details/evidence that you have relevant experience in a UK pharmacy setting in readiness to undertake the Independent Prescribing programme. This experience could have been obtained, for example:

* whilst studying pharmacy, and could include experiential learning, simulation or summer placements
* during your foundation training year (referred to as ‘pre-registration training’ prior to the 2021/22 academic year)
* whilst employed in a pharmacy setting

Evidence should include details of relevant:

* patient-orientated/person centred experience
* clinical/therapeutic experience
* evidence of continuing professional development

Note: this box will expand as you type.

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**Section B: Scope of Practice**

**Please note: there are 2 parts to this section. You must complete all parts in full. Please discuss this with your nominated DPP before completing.**

**Part B1**

One of the entry requirements for the course is that applicants are required to identify an area of clinical/therapeutic practice on which to base their learning and develop their independent prescribing practice during the course.

The purpose of identifying an area of clinical or therapeutic practice is to focus learning. The skills and attributes of a prescriber, however, are generic and transferrable across any clinical or therapeutic area. The identified area of clinical or therapeutic practice can be either specialist or generalist

Please indicate in the box below the area of clinical/therapeutic practice that you will base your learning on and develop your prescribing skills within during the course; for example, hypertension, diabetes, oncology, minor ailments etc. **In order to make it easier for you to provide evidence of your expertise in your chosen area, we suggest that you initially choose a limited and specific area, for example “asthma” rather than “respiratory”, “constipation” rather than “gastroenterology” or “type 2 diabetes” rather than “endocrine”. Please contact the course tutors for advice if unsure.**

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**Part B2**

A pharmacist IP must be able to diagnose and assess the clinical condition(s) for which they intend to prescribe. One of the key roles of the DPP is to provide confirmation that their TIP is clinically competent in the area(s) for which they intend to prescribe when they qualify as an independent prescriber. This includes the clinical assessment of patients and the ability to use basic diagnostic aids and make an assessment of the patient’s general health. Discuss this with your nominated DPP.

In the box below, indicate the clinical and diagnostic skills in which you will have to develop competence under the supervision of your DPP during the course. Also indicate the specific diagnostic aids that you will have to be able to use, including those that you will use to monitor response to therapy. Provide an outline plan of how you will achieve competence under the supervision of your DPP. Note: this box will expand as you type.

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**Section C: Professional Experience & CPD**

**Please note: there are 2 parts to this section. You must complete all parts in full.**

As an annotated Independent Prescriber your scope of practice should be informed by your professional judgement as well as, for example, regulatory standards, the professional leadership body’s position, employer guidance and evidence-based documents and guidance from other relevant organisations, such as NHS guidelines or journals.

Please outline what relevant experience and/or preparation you have undertaken in relation to your prescribing practice and your intended scope of practice for the IP programme. For example, local prescribing policies which you have read or produced, presentations you have given or journal articles and guidance which you have read. Note: this box will expand as you type.

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**Part C2**

An entry requirement to the course is that applicants must be able to recognise, understand and articulate the skills and attributes required by a prescriber. We expect all successful applicants to understand the required training, knowledge, skills and experience to deliver prescribing activities lawfully, safely and effectively.

Using your understanding of [RPS Prescribing competency framework](https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework), scope of practice and [Standards for Pharmacy Professionals](https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf)  please outline below the key skills and attributes you believe are required of an Independent Prescriber along with any examples you have of where you have been able to demonstrate some of these skills. Examples may include but are not limited to:

* demonstrating person-centred care
* applying professional judgement and professionalism
* using effective communication skills

The word count for this should be no less than 500 words and no more than 1000.

Note: this box will expand as you type.

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**Section D: Designated Prescribing Practitioner**

State below in the space provided the first name and surname of your designated prescribing practitioner. Please ensure that these match **exactly** the names given on Form 2, the Designated Supervising Prescribing Practitioner (DPP) Nomination and Endorsement Form, which must be scanned and uploaded to eVision once it has been fully completed and signed by your DPP. The nominated DPP must have at least three years treatment and prescribing responsibility for a group of patients/clients in relation to the clinical condition for which the trainee independent prescriber (TIP) intends to prescribe when qualified and have active prescribing competence.

DPP first name and surname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DPP registration number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section E: Employer/Sponsor/Supporting Organisation**

State below in the space provided the first name and surname of your referee, who must be from your employer/sponsor/supporting organisation. If you are self-funding and/or a locum form 3 can be completed by a colleague or previous employer as a character reference. Please ensure that these match **exactly** the names given on Form 3, the Reference from Employer/Sponsor/Supporting Organisation, which must be scanned and uploaded to eVision once it has been fully completed and signed by your referee.

Referee first name and surname:

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**Section F: Sponsors agreement**

Some applicants for the Independent Prescribing Preparatory Course may be funded either fully or in part by their employers or Health Education England (HEE) to undertake the course. It is normally a condition of receiving HEE funding that you must be willing to share information with third parties and commit to being part of a future evaluation on the impact of new skills on service delivery. This may also include sharing information and participating in case studies, if required to do so by HEE, to demonstrate the impact of your role on the transformation of Pharmacy services. Employers who are funding students may also request student information e.g., progress reports.

**F1**Please indicate how you will be funding the IP Programme (please delete as appropriate)?

**HEE funding**

**Employer funding**

**Self-funding**

**Please complete for Employer funding:**

*Employer's Full Name:*

*Contact Name:*

*Invoice Address:*

*Email address that can accept the invoice:*

*Purchase Order Number:*

*Amount (£) of sponsorship:*

**F2** Answer this question **only** if you answered HEE/Employer funding to question F1:

For HEE funding

I confirm that I permit Keele to share information with third parties and commit to being part of a future evaluation on the impact of new skills on service delivery. I understand that this may also include sharing information and participating in case studies, if required to do so by HEE, to demonstrate the impact of my role on the transformation of Pharmacy services. I confirm also that I have discussed this with my DPP and with the referee who has signed my reference in section E, and that both individuals are also willing to facilitate this sharing of information.

For employer sponsorship

I accept that marks, progress, and feedback will be provided by Keele to my employer as and when required.

**Yes/No** (please delete as appropriate)

**Before uploading this form to eVision, please check carefully the following points:**

* All sections are fully completed
* All relevant supporting evidence is clearly labelled to indicate the section of this form to which it relates, and has also been uploaded to eVision