

Name of Learner:

TO BE COMPLETED BY DPP/PA/PE/PS AND SUPPORTING MANAGER

As a university, we require information to allow us to assess whether the DPP/PA/PE can support the applicant in their clinical setting to supervise their training and assess their final competence as part of the Practice Certificate for Independent Prescribing.

Tick-Box Declaration

Please tick to confirm you meet and agree with each statement below.

Competency 1 – Personal Characteristics

- I am in good standing with my **professional regulatory body**.
 - I will not supervise more than **two non-medical prescribing students/apprentices at the same time**, unless exceptional circumstances have been agreed with the Programme Leader.
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Competency 2 – Professional Skills and Knowledge

- I am a **registered healthcare professional** in Great Britain or Northern Ireland with **active legal prescribing rights**.
 - I have **at least three years' recent and regular prescribing experience** in a patient-facing role relevant to the student's/apprentice's intended area(s) of prescribing.
 - I have appropriate **patient-facing clinical and diagnostic skills**.
 - I have knowledge of the **scope of practice and legal responsibilities** of the student's/apprentice's profession.
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Competency 3 – Teaching and Training Skills

- I have experience and/or training in **teaching and supervising learners in practice** and have the knowledge to support learning effectively.
 - I have knowledge of a **range of assessment methods** and experience assessing students/apprentices in clinical practice.
 - I can facilitate learning by encouraging **critical thinking and reflective practice**.
 - I agree to support the student/apprentice to develop their competencies in line with the **Royal Pharmaceutical Society Prescribing Competency Framework**.
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Competency 4 – Delivering the Role – Working in Partnership

- I will work with the student/apprentice to assess their **baseline knowledge** and jointly develop plans to meet learning outcomes.
 - I confirm that the **practice setting is a clinical environment** and that the student/apprentice will have **direct access to patients**.
 - I confirm I am willing to supervise, support, and assess the student/apprentice and to provide a minimum of **25 of the required 90 learning hours** during the **5-month programme**.
 - I will assess progress at appropriate intervals and guide the process leading to **safe prescribing decisions**.
 - I will work in partnership with the student/apprentice, other practitioners, and the programme provider to confirm competence.
 - I recognise my own **limits of capacity, knowledge, and skill** and will involve other practitioners where appropriate.
 - I will encourage the student/apprentice to learn from other members of the **multidisciplinary team**.
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Competency 5 – Prioritising Patient Care

- I will act in the **best interests of patients** and ensure safe and effective care through appropriate clinical supervision.
 - I will ensure patients are **informed and provide consent** to the student's/apprentice's presence during consultations.
 - I will identify, respond to, and escalate any **concerns regarding the student's/apprentice's behaviour or practice**.
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Competency 6 – Developing the Role

- I am open to learning and being challenged and will use **feedback** to improve my clinical and supervisory practice.
 - I regularly reflect on my role as **DPP/PA/PE**, identify areas for improvement, and know when and where to seek support.
 - I have undertaken relevant **CPD, education, and training** to maintain and develop the knowledge and skills required for the role.
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Competency 7 – Learning Environment

- I will negotiate and ensure **sufficient time** is available to support the student/apprentice effectively.
- I will promote a **safe, inclusive learning environment** that supports equality, diversity, inclusivity, and open discussion.

Competency 8 – Governance

- I acknowledge my **roles and responsibilities** within the wider governance structure.
 - I am familiar with and will follow the **processes for escalating concerns** about the student/apprentice where appropriate.
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Teaching, Supervision, and Assessment Experience

- I have provided details of my experience in **teaching, supervision, and assessment of healthcare professionals**, including any **formal qualifications**, and have supplied evidence where required.
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DPP/PA/PE Declaration and Signature

I confirm that the information provided above is **true and accurate** and that I meet all the requirements outlined in this declaration.

DPP/PA/PE Name (Print): _____

Signature: (handwritten) _____

Date: ____ / ____ / ____

Practice Supervisor (Nurses & Midwives only)

Situations in which the Practice Supervisor and Practice Assessor Role are to be undertaken by the same individual are subject to the Programme Leader approval.

Please indicate which of the following permitted exceptional circumstances apply:

- There are insufficient nurse prescribers with relevant skills, knowledge, or experience to allow different individuals to assume the roles of Practice Supervisor and Practice Assessor.
- Staffing challenges do not permit different individuals to assume the roles of Practice Supervisor and Practice Assessor.
- Local governance processes require that the role of Practice Assessor is undertaken by a medical practitioner.
- The complexity of patient needs treated within the applicant's intended scope of prescribing practice requires that the role of Practice Assessor is undertaken by a medical practitioner.

Declaration of Practice Supervisor – I agree to act in the capacity of Practice Supervisor for the above student, for the duration of their prescribing programme. I confirm that I meet the criteria for the role of Practice Supervisor.

Practice Supervisor Name (Print): _____

Signature: (handwritten) _____ **Date:** ____ / ____ / ____

DECLARATION OF ORGANISATIONAL SUPPORT FOR INDEPENDENT PRESCRIBING SUPPORTING MANAGER – *to be completed by your Manager (if self-employed this needs to be completed by either the Prescribing Practice Assessor or Practice Supervisor)*

I support this application and confirm that:

- The applicant meets the entry requirements as specified for their professional group (seen closed entry criteria).
- The necessary study time has been agreed
- Practice-based opportunities and clinical assessment with a prescribing practice assessor will be available (please see attached for criteria)
- The applicant has a current enhanced DBS

Signed: _____ Date: ____ / ____ / ____

Name in Block Letters: _____

Telephone number & extension (inc international / STD code): _____

Email: _____

Prescribing Lead/Educational Lead support – all applicants (apart from those working on a self-employed basis) are required to provide proof that this application has been agreed with the prescribing lead at their organisation, even if self-funding for the programme. If your organization does not have a prescribing lead, please discuss this application with the organization education lead and request their agreement via this form.

Name of Prescribing/Educational Lead: _____

Signature of prescribing lead : _____ Date: ____ / ____ / ____

Telephone number & extension (inc international / STD code): _____

Email: _____