Programme Application Form (PAF) 26/27: Independent and/or Supplementary Prescribing

Student Information

Applicant name as stated on NMC / HCPC / GPhC / PSNI Register:
NMC / HCPC / GPhC / PSNI Number and Profession:
Date Qualified:

Programme Requirements / Entry Criteria

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, Podiatrist, 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 I have been **approved by my employer** (e.g., IP Lead / Practice Manager) to apply for the IP course at UWE. For clarity this is not necessarily your immediate line manager. If self-employed – I have organised appropriate cover within the workplace to support my absence, and my organisation has (or will have) Clinical Governance policies in place to support Independent Prescribing. 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 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 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, Teams and can attach documents to an email, can upload documents, can use the internet and a scanner.	
I can confirm that the protected learning time has agreed by my employer before entry onto the programme 14 online contact learning days (**mandatory attendance**), 90 hours of Learning in Practice (**40 of which must be protected practice learning time)** and 12 directed self-learning days	
I understand that there is a 100% attendance for the 14 set online 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.	
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 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) (questions completed in my online application).	
Are you paying for your DPS / DPPs time to undertake this role, if yes please include a copy of your student / supervisor agreement	
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:	
This application is submitted knowing that this course will be delivered online To promote multi-professional working, I will fully engage with the online learning Was online delivery your preferred choice - your answer will not affect the application decision but will help us support your journey to a successful outcome.	**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.

Applicant Signature (wet handwritten signature)		Date	

Designated Prescribing Practitioner (DPP) – all students require a DPS and a DPP

Designated Prescribing Practitioner (DPP)			
DPP Name (printed)			
DPP Profession			
Name of Student to be Supervised			
DPP email address (printed)			
Date DPP qualified as a prescriber	**NMC / HCPC / GPhC / PSNI / GMC number** To be 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 7			
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 and understood and will comply with my regulator 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 DPP preparation in relation to the programme and have accessed **DPP + DPS Training Resources Practice Learning UWE IP**			
I understand that this programme initiates a multi-faceted relationship between me as the supervisor (DPP), the student, the employer, and the assessor (DPP) which will require communication between 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 complete a student / supervisor agreement			
Please indicate below how time has been agreed at organisational level for you to support the direct supervision of the prescribing student in practice (40 hrs is given as a guide – which can be shared if the student has a DPS)			
I understand details given on this form supporting the supervision and assessment process will be used to keep a register of DPSs aligned 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)**			

Designated Prescribing Practitioner (DPP) (Cont)

1. Have you been a DPP at UWE before yes / no
2. If yes, are you still working within the same speciality and practice environment? yes / no
3. If yes, have you previously answered the questions below yes / no
4. I have accessed the DPS/DPP support package available at **DPP + DPS Training Resources Practice Learning UWE IP** Yes / no

If you have circled yes to **all** 4 questions above, you do not need to answer the questions below.

1) Please explain below 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

2) Please explain below 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.

3) Please explain below 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)

Competency Framework – Royal Pharmaceutical Society (Dec 2019)

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.

Designated Prescribing Supervisor (DPS) – all students require a DPS and a DPP

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	**NMC / HCPC / GPhC / PSNI / GMC number** To be 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 and understood and will comply with my regulator 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 and have accessed **DPP + DPS Training Resources Practice Learning UWE IP**	
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 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 undertake a student / supervisor agreement	
Please indicate below how time has been agreed at organisational level for you to support the direct supervision of the prescribing student in practice (20 hrs is given as a guide)	
I understand details given on this form supporting the supervision and assessment process will be used to keep a register of DPSs aligned 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)**	

For those employed by an organisation this section should be completed by IP /NMP Lead / Manager. For those Self-employed this section should be completed by a 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 (40 of which must be protected practice learning time), 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
- **Professional Referee** – I can confirm that the information given within the application is to the best of my knowledge correct

IP / NMP Lead / Line Manager / Professional Referee Details

Signature		Date	
Name (print)			
Organisation			
Professional Referee – relationship to applicant			
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			