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**Faculty of Science**

**School of Pharmacy and Biomolecular Sciences**

# Certificate of Professional Development in Independent Prescribing for Pharmacists

## Instructions and Information

* This form must be completed by the applicant.
* **The form must be word-processed**. Handwritten applications will not be accepted.
* Please sign / obtain signatures for appropriate parts of the form. Signatures must not be typed. Please sign / get signed relevant parts and scan the page or use an electronic version of a real signature.
* If an application is missing information, or if there are any questions or concerns about any part of the application, it will be returned to the applicant as incomplete for remedial work.
* Fully completed applications will be screened and scored in strict order of the date received.
* Successful applicants may be invited to take part in an interview. This may be by telephone, video-calling, or face to face, all arranged by mutual agreement.

Applicants will be informed of the decision relating to the application. This will be one of the following decisions:

* an unconditional offer of a place
* a conditional offer of a place
* a requirement for remedial work on the application with a conditional offer for the next intake feedback and an invitation to re-apply for a later intake.

Please retain a copy of all your documents that you submit as part of your application, in case these are required for future reference.

You should ensure that your references support your application and demonstrate that you have the required knowledge and experience to complete the programme.

If you have any queries about this form, the additional documents required or the application process, please contact the Programme administrator via email PBS Office or by telephone 0151 231 2170.

## Application form

**To apply for this programme, you must complete the online application form at: https://uaf.ljmu.ac.uk (please ensure that you select the correct programme and entry date)**

Within 24 hours of completing the online application, you must upload the following supporting documents:

* A completed version of this form
* A completed and signed declaration from your Designated Prescribing Practitioner (DPP) who has sufficient and appropriate expertise and experience in your chosen area of practice.
* A completed and signed professional reference, using the template, which must be completed by a registered healthcare professional or with sufficient experience of clinical practice to be able to provide accurate and comprehensive answers to all the questions on the form
* Copies of three recent pieces of evidence supporting the written statements found in Question 10 of the application form. You should select entries that reflect evidence of your recent UK practice. This might include clinical interventions, medicines optimisation and/or multi-disciplinary aspects of practice. This evidence can be taken from your GPhC revalidation evidence, Royal Pharmaceutical Society portfolio or other training that you have undertaken.
* A copy of the Purchase Order authorising payment of the programme from your place of work
* A completed and signed Employer’s declaration

**Applicant’s Name: ………………………………………………………………………………………………..**

1. Please confirm whether you are registered as a pharmacist with the General Pharmaceutical Council (GPhC) or the Pharmaceutical Society of Northern Ireland (PSNI):

**GPhC / PSNI** (Delete as appropriate)

1. What is your GPhC/PSNI registration number?

*(Please note that this will be confirmed by a search of the relevant online register)*

1. Are you registered with another healthcare regulator? YES

**Yes / No** (Delete as appropriate)

If Yes, please provide additional information:

1. Do you have good standing with all healthcare regulators that you are registered with?

**Yes / No** (Delete as appropriate)

If No, please provide additional information:

1. In which area of clinical practice will you undertake your prescribing training?

*Your area of clinical practice should be a clinical area where you intend to focus your prescribing training. It should be narrow enough to make the workload manageable and where you have ready access to patients at a time that your DPP can provide supervision.*

*It is essential that you take time to define your area of practice before applying for the programme. The identified area of practice will be an area of focus for the assignments on the programme, and so it is important to ensure that you select an area where you will be exposed to patients on a regular basis. You may find it helpful to discuss your plans with your line manager, service lead or DPP to ensure that you have a plan in mind and that you can demonstrate your experience in that area.*

1. Where will this period of training be undertaken?

*Please provide details of the provider of the training and their organisation.*

1. Are your GPhC/PSNI revalidation requirements up to date?

**Yes / No** (Delete as appropriate)

1. Have you ever applied for, or been a student on, a supplementary or independent prescribing programme in the UK or elsewhere?

**Yes / No** (Delete as appropriate)

 If yes, please give details:

1. In the table below, please provide details of your current and previous employment in a **UK hospital, community or primary care** setting, that involved patient facing, clinical responsibilities, starting from your most recent post to your foundation/pre-registration training (if applicable). Please expand the table as necessary.

Please make clear where how the roles have supported you in having sufficient relevant UK-based practice experience to undertake a programme of prescribing training. 0F[[1]](#footnote-1)

| **Job title** | **Employer name** | **Clinical roles/responsibilities** | **Date started** | **Date left** |
| --- | --- | --- | --- | --- |
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1. Please provide responses to the below three prompts, which are intended to support you in demonstrating your relevant clinical experience has supported you in preparation to undertake a programme of prescribing training. Each response should be no more than **300 words in length**, and each response should be supported by **one** piece of CPD or other evidence in a GPhC approved format.

*The answers to these reflective prompts are intended to support applicants in demonstrating the relevance of your pharmacy experience, as well as supporting applicants to demonstrate an awareness of the role of the pharmacist-prescriber, as well as multi-disciplinary team working.*

1. **How has your recent UK-based pharmacy experience equipped you with the skills, knowledge and experience to begin a programme of study to become an independent prescriber*?*** *You should write a maximum of 300 words in response to this prompt, and this should be accompanied by one piece of recent CPD or other evidence*),

1. **Describe how you have selected your proposed area of practice, and outline what you anticipate the role and scope of the pharmacist prescriber to be within this area***You should write a maximum of 300 words in response to this prompt, and this should be accompanied by one piece of recent CPD or other evidence*),

1. **Outline your experience and understanding of the role of the pharmacist prescriber within the multi-disciplinary team, and describe how your previous experience has supported you in developing an understanding of the collaborative role of the pharmacist prescriber**

*You should write a maximum of 300 words in response to this prompt, and this should be accompanied by one piece of recent CPD or other evidence*),

A completed professional reference needs to be submitted with this application (see separate form).

## Disclosure and Barring service (DBS)

All prospective students should be aware that for programmes in health or with children and vulnerable adults, any criminal convictions, including sentencing and cautions (including verbal cautions), reprimands, final warnings and bind-over orders are exempt from the Rehabilitation of Offenders Act 1974.

During your application for independent prescribing the University will ask your employer to confirm that you have had a satisfactory, enhanced criminal convictions check (obtained from the Disclosure and Barring Service or the Scottish Criminal Records Office Disclosure Document Service) or, if you are an independent practitioner, to apply for and supply a criminal convictions check.

If you are self-employed and do not have a line manager, you should self-declare for the sections of the application form that require a line manager. However, you must submit your enhanced DBS certificate with your application documents so that we can verify that you meet the eligibility requirements.

Applicant self-declaration (enter X in the appropriate box):

* I have a criminal conviction
* I have not had a criminal conviction since my last criminal conviction check
* I have never had a criminal conviction

## Designated Prescribing Practitioner (DPP)

Further details on the requirements for a DPP are to be found in our LJMU DPP admissions guide.

Your DPP must be a registered prescribing practitioner who:

* has normally had at least three years' recent clinical prescribing experience for a group of patient/clients in the relevant field of practice,
* is competent at prescribing in the relevant clinical field and actively prescribe in the area,
* has appropriate skills and experience in the assessment of clinical and diagnostic skills relating to the area of specialist practice,
* has appropriate and up-to-date patient-facing clinical and diagnostic skills relating to the area of specialist practice,
* is within a GP practice and is either vocationally trained or is in possession of a certificate of equivalent experience from the Joint Committee for Postgraduate Training in General Practice Certificate or is a specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer,
* has the support of their employing organisation or GP practice to act as the DPP who will provide supervision, support and opportunities to develop competence in prescribing practice,
* has experience or training in teaching and / or supervising other healthcare professionals in practice,
* has sufficient and appropriate indemnity insurance in place to cover their role in the supervision and training to become an independent prescriber.

Please provide the contact details of your DPP:

Name:

Address:

Telephone No:

E-mail:

You must submit a completed DPP admissions declaration with this application (see separate form).

## Indemnity insurance

Pharmacists are advised to have professional indemnity insurance in their professional role. Pharmacists undertaking independent prescribing training are advised to check with their insurer that they are fully covered in this role as well as their future role as a qualified prescriber.

I confirm that I have the following insurance in place to cover my current professional role (please tick one box):

* Personal indemnity insurance
* Employer indemnity insurance
* Shared personal/employer indemnity insurance
* I have NO indemnity insurance in place

## English language

Students whose first language is not English may be required to submit a current IELTS certificate indicating they have achieved a score of 7.0 overall, with 7.0 in both reading and writing. The IELTS certificate is only valid for two years and must be valid on the start date of the programme.

## Fees

Where were you born? **UK or EU / Outside EU** (Delete as appropriate)

*If ‘’Outside EU”, please state:*

Date of first entry to EU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of most recent entry to EU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date from which you have been granted permanent residence in the EU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you were born outside of the UK, you may be asked to complete additional documentation to confirm your fee status. These forms will be forward to you by email, please ensure they are completed and returned as soon as possible.

Please choose one of the following options to indicate who will be paying the programme fees:

☐ I will be paying the **full** programme fee personally

☐ I have a funded place with HEE NW

 ☐ My employer will be paying the **full** programme fee

Purchase Order Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Both I and my employer are taking **joint responsibility** for paying the programme fee

Please indicate the proportion that…

 your employer will pay \_\_\_\_\_\_\_\_% & you are paying \_\_\_\_\_\_\_\_%

**Please submit a copy of the purchase order, just providing the purchase order number is no longer sufficient.**

## Additional documents

Please ensure that the following documents are completed and signed within 24 hours of the submitting this application. Failure to complete any part of this application and those documents specified below will result in delay and may lead to your application being rejected.

☐ Completed DPP admissions declaration

☐ Completed Professional reference

☐ Copies of three of your recent pieces of evidence relating to your expertise and experience to support the written prompts in Q10 of this application form

☐ Completed employer’s declaration

☐ Copy of Purchase order (if your employer is paying all or part of your fee)

☐ Copy of DBS certificate (if self-employed)

Only fully completed applications will be reviewed in the strict order of the date received.

## Declaration

By submitting this application, I declare that the information given in the application is accurate and true to the best of my knowledge. I agree to honour any commitments that I have made to pay programme fees. I agree to the university sharing information with my employing organisation if any concerns regarding my Fitness to Practise or the level of support that I require are raised through my studies.

## Additional notes

Successful completion of this accredited programme is not a guarantee of annotation or of future employment as an independent prescriber. You can view the GPhC accreditation reports and timescales for current and future accreditation [here](http://www.pharmacyregulation.org/education/pharmacist-independent-prescriber/accredited-courses).

1. [↑](#footnote-ref-1)