

**Faculty of Science**

**School of Pharmacy and Biomolecular Sciences**

# Certificate of Professional Development in Independent Prescribing for Pharmacists

# **Designated Medical Practitioner Declaration – Application stage**

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| **This form must be completed by an appropriately registered medical practitioner and confirms willingness to act as a Designated Medical Practitioner (DMP) for the student named on this form, supporting them and providing appropriate supervision during at least 12 days (7.5 hours per day; 90 hours total) of supervised practice. The DMP would normally work closely with the applicant, or would be in a position to do so for the duration of the supervised practice period. A minimum of 60 hours must be directly supervised by the DMP.** |

Applicant name:

Intended area of prescribing:

1. Please confirm that you meet each of the below criteria by typing ‘yes’ into the box alongside each criterion and providing additional information where appropriate.

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| **Criteria** | **Confirmation and supporting information** |
| You have at least three years of recent clinical experience for a group of patients / clients in the relevant field of practice (as specified above). |  |
| You work 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*** You are a specialist registrar, clinical assistant or a consultant within a NHS Trust or other NHS employer. *(Please specify which applies)* |  |
| You have the support of your employing organisation or GP practice to act as the DMP who will provide supervision, support and opportunities to develop competence in prescribing practice |  |
| You have some experience or training in teaching and / or supervising in practice *(please provide details)* |  |
| You normally work with the trainee prescriber or are willing and able to do so for the duration of their training such that you can provide appropriate support and supervision for their supervised practice period. Please note that a minimum of 60 hours must be directly supervised by the DMP |  |

1. Have you been read the DMP guide for this programme and had any questions regarding your responsibilities answered to your satisfaction?

**Yes / No / Unsure** (Delete as appropriate) – Add any comments as appropriate

1. Are you familiar with the GPhC’s requirements as related to this programme and the need to achieve the learning outcomes?

**Yes / No** (Delete as appropriate) – Add any comments as appropriate

1. Do you understand your responsibilities in respect to the programme and ensuring the provision of a safe training environment for the above named applicant and are you willing and able to meet all of these responsibilities?

**Yes / No** (Delete as appropriate) – Add any comments as appropriate

1. Are you willing to undertake induction training with a member of the programme team?

**Yes / No** (Delete as appropriate) – Add any comments as appropriate

1. Are you satisfied that your organisation has the ability to create an environment for learning and that you have the appropriate personal characteristics and teaching knowledge and skills to support a student on an independent prescribing training programme?

**Yes / No** (Delete as appropriate) – Add any comments as appropriate

1. Do you agree to provide supervision, support and shadowing opportunities for the student?

**Yes / No** (Delete as appropriate) – Add any comments as appropriate

DMP’s name:

DMP’s GMC registration number:[[1]](#footnote-1)

DMP’s email address:

DMP’s telephone number:

1. Please be aware that as part of the application process, your entry in the GMC register will be checked to ensure that there is no annotation indicating unsuitability to supervise trainees. [↑](#footnote-ref-1)