

**Pharmacists GPhC Non-Medical Prescribing Application Form**

NOTE: The application form is the first stage of the selection process. There is high demand for places so please ensure the form is completed with attention to the detail. Failure to do so may prevent progression to interview and selection for the course.

#### **SECTION 1 – to be completed by the applicant**

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| **PERSONAL DETAILS (Please complete using BLOCK CAPITALS)** | | | | |
| Surname/Family Name: | Previous Surname/Family Name (if applicable) | | Other Names (in full) | Title: |
| Home Address:  Postcode:  Telephone No. (including area code):  Mobile No:  Email address: | | Work Address:  Postcode:  Telephone No. (including area code):  Email address: | | |
| **PROFESSIONAL GPhC REGISTRATION** *(Registration status will be checked)* | | | | |
| **General Pharmaceutical Council (GPhC) / Pharmaceutical Society of Northern Ireland (PSNI) (delete)**  **PIN Number**: *print carefully*  Date first registered: Registration expiratory date: | | | | |
| **Date of Birth – Date / Month / Year**  **/ /** | | **Gender:** | | |
| **Nationality:** | | **Country of birth:** | | |
| To comply with the latest guidance from the UKBA, if your nationality is non-UK/non-EU, please provide your passport, and UK ID card or visa stating you have indefinite leave to remain / permanent residency. Without this evidence you cannot be enrolled with Swansea University | | | | |

## **This application is for one of the following professional academic awards:**

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| **Please select 1 of the following** | |
|  | Please tick |
| **SHGM22 Non-Medical Prescribing** **for Pharmacists** (GPhC approved) (40 credits, Level 7)  Equivalent to ‘Practice Certificate in Independent Prescribing’ - Free-standing course.  Fully funded by HEIW. *Most pharmacists opt for this course* |  |
| **Postgraduate Certificate Non-Medical Prescribing for Pharmacists**  SHGM22 Non-Medical Prescribing for Pharmacists (40 credits, level 7)  & SHGM23 Pharmacology Principles and practice (20 credits, level 7)  Only partially funded by HEIW |  |
| **Part 2 of MSc Advanced Practice in Health care or MSc Enhanced Professional Practice** |  |

**Please READ carefully:**

The **GPhC** requires that pharmacist applicants undertaking an independent prescribing course:

* Are registered as a pharmacist with the General Pharmaceutical Council (GPhC) or, in Northern Ireland, with the Pharmaceutical Society of Northern Ireland (PSNI).
* Applicants are in good standing with the GPhC &/or PSNI and any other relevant healthcare regulator with which they are registered
* Must have relevant experience in a UK pharmacy setting and be able to recognise, understand and articulate the skills and attributes required by a prescriber
* For the purposes of developing their independent prescribing practice, must identify an area of clinical or therapeutic practice on which to base their learning.
* Must have a designated prescribing practitioner (DPP) who has agreed to supervise their learning in practice. The applicant’s designated prescribing practitioner must be a registered healthcare professional in Great Britain or Northern Ireland with legal independent prescribing rights, who is suitably experienced and qualified to carry out this supervisory role, and who has demonstrated CPD or revalidation relevant to this role. Although an applicant may be supervised by more than one person, only one prescriber must be the designated prescribing practitioner. The designated prescribing practitioner is the person who will certify that successful pharmacists are competent to practise as independent prescribers.

In addition to meeting the above entry requirements, applicants working in the independent sector (non-NHS or self-employed) must agree to a practice risk assessment being undertaking by the Programme Director and provide evidence of personal liability as appropriate. Adherence to and evidence of protected learning time is requisite. Non-compliance may result in withdrawal from the course.

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| **Are you Welsh speaking:** **YES / NO** | | | Have you previously studied at Swansea University?  **YES / NO**  If yes, please state your student number: | | | |
| **QUALIFICATIONS / TRAINING** | | | | | | |
| **Date** | **Name of Qualification** | **Awarding Board** | | **Level** | **Subject** | **CATS Points** |
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**NOTE: Copies of qualification certificates must be attached for applications for the PGCert. award**

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| **FUNDING FOR NMP PROGRAMME** |
| Please provide your sponsor letter confirming their commitment to fund the NMP course **within one month** of being offered a place on the course, otherwise you will personally be responsible for payment of fees.  You cannot enrol until payment has been received.  Charges will be made for non-attendance if we have no prior notification. |
| £ **Self-funding**  If you are self-funding, you must discuss this with the programme director. |

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| **PRESENT EMPLOYMENT** | |
| **Post held** |  |
| **How long have you worked in this area?** |  |
| **Job band (must be Band 6 or above)** |  |

**Have you undertaken a prescribing course before?** **YES / NO** (If yes, please provide details of the University and reasons for not completing the module/course)

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**With reference to your professional competency framework, please outline your diagnostic skills and specific continuing professional development (CPD) to prepare you for the role of safe Non-Medical Prescribing.** The course is taught & assessed at postgraduate level (Level 7), therefore previous study, good clinical knowledge & skills (relevant to your area/scope of practice) are essential on entry (or must demonstrate that they can be achieved) (add more lines if needed)

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**Based upon your experience in a UK pharmacy setting, please provide 1 example where consideration of diversity &/or cultural differences influenced your clinical recommendations & how this impacted on person centred experience** (add more lines if needed)

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**Briefly outline your understanding of the necessary skills and attributes required by a prescriber and tell us about those you already possess?** (add more lines if needed)

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**Please describe in detail the area of clinical or therapeutic practice you intend to base your NMP learning & in what setting** *e.g., group(s) of patients or disease states, outpatient clinics, ward, community etc.?* (add more lines if needed)

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**Please list the drugs (formulary) you will prescribe in your first year of prescribing:**

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**NOTE:** Applicants will need to undertake a group interview (collectively working through a pre-set scenario), drug calculation activity\* and individual interview.

Applicants are scored and offered a place if they achieve a score threshold. \*The ability to calculate drugs is a pre-requisite of the course. The outcome of drug calculation activity does not form part of the selection criteria but is undertaken for students to reflect on their learning needs.

**SECTION 2 – to be completed by applicants' senior/line manager**

## If the applicant is self-employed or part of a smaller organisation, this can be completed by the Designated Prescribing Practitioner & the NMP Programme Director\* - please contact the Director prior to applying.

1. Has the application, along with study leave & funding, been discussed with the relevant Non-Medical Prescribing Lead & Education Lead for the organisation / Primary Care Trust?

**YES / NO.** If ‘no’ please ensure this is actioned

1. Has a practice risk assessment/GPhC/HEIW audit been completed in the applicant’s area of work? **YES / NO**

If yes, name of person who performed the audit? …………………………………………………………..

Date risk assessment / audit was undertaken - ……………………………………………………………..

1. Please complete & sign theDeclaration of Institutional / Employer Support (below)

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| **Declaration of Institutional / Employer Support** | | | |
|  | | | Tick |
| **GPhC applicant** has identified an area of clinical or therapeutic practice to base their NMP learning and prescribing upon | | |  |
| Applicant is capable of safe & effective practice (within their scope of practice) in the following area  • Clinical / health assessment  • Diagnostics / care management  • Planning and evaluation of care | | |  |
| Non-Medical Prescribing been identified within their current role & stated in the applicants Personal Development Plan? | | |  |
| Applicant will be given 17 university study days and at least 12 days for supervised practice with their DPP. It is acknowledged that these are obligatory | | |  |
| Practice area has governance structures (clinical support, access to protected learning time – compulsory) to enable the applicant to undertake, and be adequately supported throughout, the programme | | |  |
| [Designated Prescribing Practitioner (DPP) has been identified & meets the RPS competency framework for Designated Prescribing Practitioners (2019)](https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-january-19.pdf) - refer to section 3 | | |  |
| **AUTHORISED PERSON SIGNING ON BEHALF OF EMPLOYER:** | | | |
| Employing organisation |  | | |
| Name of manager |  | Managers’ Title: | |
| Signature | **Written / electronic signature only - Typed font NOT accepted** | | |
| Date signed |  | | |

**SECTION 3 – Practice Learning**

In addition to the 17 study days, the NMP student will require at least 12 days of protected, supervised learning in practice (obligatory). Whilst it is expected that much of this will take place in the students’ current place of work, this must not be part of their normal work activity.

The responsibility for NMP education in practice is undertaken by the **Designated Prescribing Practitioner (DPP).** The DPP will need to be identified and approved by the appropriate NMP lead or other employer, working in collaboration with the University during the application process.

For further information, please contact your NMP lead (listed on the website), or the NMP academic team [NMPlearning@swansea.ac.uk](mailto:NMPlearning@swansea.ac.uk) or Programme Director, Sarah Davies, [Sarah.Louise.Davies@swansea.ac.uk](mailto:Sarah.Louise.Davies@swansea.ac.uk)

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| **The following section must be completed by the Designated Prescribing Practitioner (DPP)** |

**Requirements for Designated Prescribing Practitioner**

* Registered medical practitioner or registered Non-Medical Prescriber
* Qualified prescriber, in the student’s intended field of prescribing practice, usually for at least 3 years
* Current experience in the student’s intended field of prescribing practice
* Understand the student’s learning & achievement, competencies & programme outcomes
* Undertake preparation or provide evidence of achievement of the following outcomes:
* interpersonal communication skills, relevant to student learning and assessment
* the conduct of objective, evidence-based assessments of students
* the provision of constructive feedback to facilitate professional development in others
* knowledge of the assessment process and their role within it
* Proactive professional development & professional practice to fulfil DPP role
* Appropriately raise concerns regarding student conduct, competence & achievement.

**DPP is responsible for**

* Establishing a learning plan with the learner.
* Planning a learning programme to meet the learners’ action plan to achieve the RPS competency framework for all prescribers (2021)
* Documenting the learners progress, on at least 3 occasions, & provide any additional opportunities, if required, to achieve the RPS competency framework for all prescribers (2021)
* Facilitating learning by encouraging critical thinking and reflection.
* Verification of the NMP learner being competent as a pharmacist independent prescriber in line with the RPS competency framework for all prescribers (2021)

**Please outline your experience of teaching, supervision and assessment of students:**

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| **DPP to COMPLETE** | |
| Teaching qualifications & dates |  |
| Professional qualifications & dates |  |
| Professional registration body | GMC, NMC, HCPC, GPhC (*delete as appropriate*) |
| Professional registration number (PIN) *Status will be checked* | PIN |
| Place of work |  |
| Email address & telephone number |  |

**Agreement of Designated Prescribing Practitioner:**

I declare that I met the criteria of the [Royal Pharmaceutical Society Competency Framework for Designated Prescribing Practitioners (2019)](https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework) and I will:

* Attend a brief virtual meeting (if needed) with the NMP academic team prior to the course.
* Provide consistent support & shadowing opportunities for at least 12 days of learning in a practice to achieve the [RPS competency framework for all prescribers (2021)](https://www.rpharms.com/portals/0/rps%20document%20library/open%20access/professional%20standards/prescribing%20competency%20framework/prescribing-competency-framework.pdf).
* Provide 3 periodic meetings with the practice supervisor & NMP learner during the course

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| **PLEASE SIGN** | |
| **DPP Name** |  |
| **DPP Signature** | **Written / electronic signature only - Typed font NOT accepted** |
| **Date** |  |

**SECTION 4 – Disclosure and Barring Service Check (previously known as CRB)**

Any offer of a place is subject to a satisfactory police check. Successful candidates will be required to apply for an enhanced Disclosure and Barring Service (DBS) check. However, those in receipt of a current enhanced DBS certificate (within 6 months of starting course), who have subscribed to the update service, may give the School of Health and Social Care their consent to carry out a status check.

Further details will be sent to applicants upon receipt of a formal offer.

**SECTION 5 – Disability/special needs**

**Disability:** The University encourages you to disclose your disability, medical condition, wellbeing difficulty or specific learning difficulty to ensure that we can advise you on the range of services and adjustments we can provide. Please tick the following box(es) as appropriate:

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| **A** | No known disability |  |  | **F** | Wellbeing difficulties (including anxiety, depression and phobias) |  |
| **B** | Autism/Asperger’s |  |  | **G** | Dyslexia |  |
| **C** | Blind/visually impaired |  |  | **H** | Wheelchair user/mobility difficulties |  |
| **D** | Hearing impaired/Deaf |  |  | **I** | Other disability |  |
| **E** | Unseen disability (diabetes, epilepsy, heart condition, cancer, etc.) |  |  | **J** | Multiple disabilities/complex |  |

## **SECTION 6 – Declaration & Statement of Commitment for Non-Medical Prescribing**

**DECLARATION**: I confirm that to the best of my knowledge the information on this form is correct. I agree to pay all fees associated with this study in the event of non-payment by the stipulated sponsor. I agree to abide by the Rules and Regulations of the University. I acknowledge that any work submitted electronically during the period of my enrolment at Swansea University may also be submitted via electronic plagiarism detection software. I understand the University is required to supply personal data to certain regulatory and statutory bodies concerned with the Higher Education sector and also supplies personal data to transact its normal business activities and to enable students to make use of services and facilities. (All information on University forms are covered by the provisions of the Data Protection Act 1998 and further details are published on the University’s web pages).

In line with GPhC requirements, I confirm I am in good standing with the GPhC &/or PSNI and any other relevant healthcare regulator with which I am registered

**Statement of commitment:** I confirm that, to the best of my knowledge, the information given on this form is correct and complete. If I am successful in my application, I agree to complete the Non-Medical Prescribing module and to practice as an Independent or Supplementary Prescriber in accordance with my professional code of conduct and local and national Prescribing Policy for the benefit of my service users.

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| **PLEASE COMPLETE & SIGN** | |
| Applicant’s Name |  |
| Applicants Signature | **Written / electronic signature only - Typed font NOT accepted** |
| Date |  |

Please **email** the completed application form to: CPD - Faculty of Medicine, Health, and Life Science:

[cpd-medicinehealthlifescience@swansea.ac.uk](mailto:cpd-medicinehealthlifescience@swansea.ac.uk)

## **SECTION 7 – Office use only**

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| **TO BE COMPLETED BY THE PROGRAMME DIRECTOR** | |
| Application approved by Programme Director | **YES / NO** |
| Reason for rejection: |  |
| Signature & date |  |