**Please insert your University of Leicester Student Number here**

**University of Leicester: Practice Certificate for Pharmacist Independent Prescribing**

**Applicant: Supplementary Information**

The Practice Certificate for Pharmacist Independent Prescribing is a short but intensive course that develops pharmacists’ practice so that they are able to prescribe safely and effectively. The training includes a period of learning in practice where the pharmacist is working with patients under the supervision of registered prescriber; the Designated Prescriber Practitioner. There are, therefore, aspects of the application process that check the:

* governance framework relating to the applicant and their training including the Designated Prescribing Practitioner
* applicant’s relevant professional experience
* applicant’s intended scope of prescribing practice and their preparation to develop their core professional practice as a prescriber

**Applicant’s experience**

The GPhC requires all applicants to have a minimum of 2 years’ experience as a registered pharmacist working in a patient facing role. Please provide the following information relating to your GPhC registration:

* GPhC Registration number:
* Date of initial registration:

Please upload a screen shot of your GPhC register entry to demonstrate that you are fit to practice with no restrictions. Please give a brief description of your post registration practice experience, in particular the patient facing experience in the last 2 years. There are examples of the types of practice experience needed in order to succeed on the prescribing course on the course page on the website. Word count up to 500 words.

**Scope of Prescribing Practice**

Please describe your proposed scope of prescribing practice that you intend to develop through completing this course. Please bear in mind that your scope of practice needs to be:

* sufficiently broad to enable you to secure enough experience in the learning in practice setting to establish your prescribing competence and complete the work-based assessments needed but
* specific enough that the workload to demonstrate competence in that scope of practice is feasible within the programme.

Examples of scopes of practice are given on the website. Word count up to 200 words.

Please describe the pathophysiological and pharmacological knowledge that is necessary for your intended scope practice and reflect on areas that you intend to develop or refresh **before** commencing the programme. Please describe the CPD that you will complete before starting the course to ensure that your underpinning pathophysiological and pharmacological knowledge is up to date. You can upload information relating to your CPD to support your statement. Word count up to 500 words.

**Learning in practice setting and Designated Prescribing Practitioner (DPP)**

Please provide the following information about your learning in practice arrangements.

| Where do you normally practice? |  |
| --- | --- |
| Where will you complete your learning in practice? |  |
| Where does your DPP normally practice? |  |

***Please upload the Designated Prescribing Practitioner Statement of Confidence, signed by your DPP here.***

If your learning in practice setting is different to either:

* your usual place of work or
* the usual place of work for your DPP

please describe below how you will ensure that your DPP will be supervising your training and practice. Word count up to 200 words.

**Declarations by the Applicant**

| Declaration | Yes/No |
| --- | --- |
| I confirm that I am currently fit to practice in accordance with the GPhC requirements |  |
| I confirm that: * my employer and/or
* I

have appropriate indemnity insurance to cover my role as a trainee prescriber in my chosen scope of practice. |  |
| If you are either self-employed or employed in a none NHS setting and your DPP is from another organisation please complete the following declaration |
| I confirm that the necessary clinical and information governance structures are in place to support my learning in practice hours (eg access to records for patients for whom I have a duty of care) |  |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_