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

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

**Designated Prescribing Practitioner Statement of Competence**

The General Pharmaceutical Council requires that a Designated Prescribing Practitioner (DPP) is;

* A registered healthcare practitioner in Great Britain or Northern Ireland with legal independent prescribing rights
* Suitably experienced and qualified to carry out the supervisory responsibilities
* Able to demonstrate Continuing Professional development or revalidation records relevant to the DPP role
* In good standing with their professional regulator

Meet all the competencies listed in the Royal Pharmaceutical Society Competency Framework for Designated Prescribing Practitioners (2019)

[https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rpharms.com%2Fresources%2Fframeworks%2Fdesignated-prescribing-practitioner-competency-framework&data=05%7C01%7Csja62%40leicester.ac.uk%7Ce8094865a2fa4e4b2a0b08da60df24b3%7Caebecd6a31d44b0195ce8274afe853d9%7C0%7C0%7C637928808754160558%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=vywc9hQqUnoLR9jV5eAfHsMZrboJpUIkNXyAqLDYqZc%3D&reserved=0)

As the awarding institution, we are required to capture sufficient information to allow us to assess whether the chosen DPP is eligible to support the applicant in their learning in practice setting; to supervise their training and assess their final competence as part of the Practice Certificate for Pharmacist Independent Prescribing.

Please provide the following information;

| Name of the trainee: |  |
| --- | --- |
| Name of the DPP: |  |
| Profession of the DPP: |  |
| Professional Registration Number of the DPP: |  |
| Regulatory body of the DPP |  |
| Job title/ role of the DPP |  |
| Area of Practice of the DPP |  |
| Work address of the DPP |  |
| e-mail address of the DPP |  |

To undertake the role of DPP you must be an active prescriber with at least 3 years of recent prescribing experience who consults with patients and makes prescribing decisions based on clinical assessment with sufficient frequency to maintain competence and who reflects on and audits their prescribing practice to identify developmental needs.

Please outline your prescribing experience, including the clinical and diagnostic skills relating to the group of patients in the clinical area for which the pharmacist plans to prescribe. (If you are a medical practitioner, you do not need to provide this information) Word count up to 100 words.

Please outline your experience of teaching, supervising and assessment of healthcare professionals (specifically in relation to work-based learning) including details of any formal qualifications you may have in this area. Word count up to 200 words.

Have you undertaken the role of DPP with a University previously Yes/No

If yes, please give details of previous DPP roles and include details of the HEI provider of the prescribing course(s). Word count up to 200 words.

Please state how many trainee prescribers you will be supervising as DPP, in addition to this applicant

Declarations

| Declaration | Yes/No |
| --- | --- |
| I confirm that I meet the requirements of the DPP role in terms of responsibilities as set out in the following documents:* A competency framework for Designated Prescribing Practitioners (RPS 2019)

[https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rpharms.com%2Fresources%2Fframeworks%2Fdesignated-prescribing-practitioner-competency-framework&data=05%7C01%7Csja62%40leicester.ac.uk%7Ce8094865a2fa4e4b2a0b08da60df24b3%7Caebecd6a31d44b0195ce8274afe853d9%7C0%7C0%7C637928808754160558%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=vywc9hQqUnoLR9jV5eAfHsMZrboJpUIkNXyAqLDYqZc%3D&reserved=0)* Standards for the Education and Training of Pharmacist Independent Prescribers (GPhC 2019)

[https://www.pharmacyregulation.org/education/pharmacist-independent-prescriber](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.pharmacyregulation.org%2Feducation%2Fpharmacist-independent-prescriber&data=05%7C01%7Csja62%40leicester.ac.uk%7Ce8094865a2fa4e4b2a0b08da60df24b3%7Caebecd6a31d44b0195ce8274afe853d9%7C0%7C0%7C637928808754160558%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=KU0p06cTDH45YT%2BxUzWkM5U33Ib9WzjmzfI33pkeFks%3D&reserved=0)* Guidance on Tutoring and Supervising Pharmacy Professionals in training (GPhC 2018)

[https://www.pharmacyregulation.org/content/guidance-supervising-pharmacy-professionals-training](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.pharmacyregulation.org%2Fcontent%2Fguidance-supervising-pharmacy-professionals-training&data=05%7C01%7Csja62%40leicester.ac.uk%7Ce8094865a2fa4e4b2a0b08da60df24b3%7Caebecd6a31d44b0195ce8274afe853d9%7C0%7C0%7C637928808754160558%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=a0GqAqGR8Xg8G%2BjPx%2BCVr2dPlzktLwNbjs2ZTw9Ltkc%3D&reserved=0)* Royal Pharmaceutical Society’s Competency Framework for Prescribers (RPS 2021)

[https://www.rpharms.com/resources/frameworks/prescribers-competency-framework](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rpharms.com%2Fresources%2Fframeworks%2Fprescribers-competency-framework&data=05%7C01%7Csja62%40leicester.ac.uk%7Ce8094865a2fa4e4b2a0b08da60df24b3%7Caebecd6a31d44b0195ce8274afe853d9%7C0%7C0%7C637928808754160558%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=%2Fpyt1gPjNwD9%2B4Yf42SlM7m0jBggB5dj%2F2kj1j4RQHU%3D&reserved=0) |  |
| I confirm that I am fit to practice in accordance with the requirements of my regulatory body |  |
| I declare that I have no conflicts of interest in undertaking the role of DPP for this trainee |  |
| I confirm that I have the support of my employer to act as a DPP for this trainee |  |
| I confirm I have the appropriate indemnity arrangements in place, personally and/or through my employer, to cover my role as a DPP for this trainee |  |
| I agree to supervise the trainee in their prescribing training for a minimum of 90 hours of clinical practice; to afford them sufficient opportunities to address their learning needs and to assess and provide feedback on their performance in an impartial manner. |  |
| I am willing to: * undertake the brief on-line induction training, designed specifically for DPPs
* receive, and act on, feedback provided by the University-based programme team on my performance as a DPP
 |  |

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