medway school of pharmacy

Application Form

Independent and Supplementary Prescribing

Pharmacists

Standard programme (8 months or 12 months) [1]**:** Level 7 programme (60 credits): Independent Prescribing for Community Pharmacists.

Clinically Enhanced programme (8 months)[2]**:** Level 7 programme (60 credits): Clinically Enhanced Independent Prescribing for Hospital Trust, Mental Health Trust, Community Trust and CCG Pharmacists.

The closing dates for applications for 2019/20 academic year are:

September Cohort	Clinically Enhanced programme – 8 months	14 June 2019
October Cohort:	Standard programme – 8 months	19 July 2019
January Cohort	Standard programme – 8 months	18 October 2019
April Cohort	Clinically Enhanced programme – 8 months	31 January 2020
June Cohort	Standard programme (extended version) – 12 months	20 March 2020

BEFORE YOU BEGIN: The Independent and Supplementary Prescribing programme is extremely demanding. It is important to read all the information on the form carefully. You will need to do the following before you apply.

- Discuss your intention to undertake the programme with your organisation Non-Medical Prescribing (NMP) lead prior to completing the application (non-medical prescribing has to be appropriate for your role and the service).
- Ensure that you will have agreed access to an NHS prescribing budget on qualification.
- Ensure that you fit the academic and clinical entry criteria. Please note that priority for the 8-month programme will be given to those with a clearly defined scope of practice. We reserve the right to offer only the extended 12-month programme.
- This is a distance learning programme; you must have access to a computer and the internet and be sufficiently computer-literate to navigate an online learning platform and to download and upload files.
- Ensure that consideration has been given to the impact on clinical workload during your period of study.
- Ensure agreement from a Designated Medical Practitioner (DMP).
- Ensure that you can attend all of the **compulsory** study and assessment days. The dates for the study and assessment days of upcoming cohorts are on the website under programme structure. http://www.msp.ac.uk/studying/postgraduate/supp-independent-prescribing/index.html
- Ensure that you are not away from the period of learning for more than two consecutive weeks.
- Please check information from the GPhC and have a look at this link for frequently asked questions.

[1] GP Pharmacists should apply to HEE for the IP pathway funding.
[2] HEE LaSE applicants only.

Guidance Notes on completing the form

This application form consists of five sections. In order to apply for a prescribing programme within this institution, we require you to complete all **FIVE** sections legibly.

- Section 1: Personal details and working practice
- Section 2: Declaration of support/access to a prescribing budget
- Section 3: Declaration of support from a Designated Medical Practitioner (DMP)
- Section 4: Funding statement.
- Section 5: Personal intention form.

Only legible and complete applications will be considered at the application panel.

If you would like to discuss any aspect of the application process, please telephone The Medway School of Pharmacy or the Programme Leaders for further advice on 01634 202945.

The form

- Download the form and save to your computer before using the fillable sections.
- The pages that require signatures will need to be printed out and signed manually.
- Ensure the application form is signed by applicant, manager, NMP Lead and DMP.
- The statement of funding must be completed.

Further considerations

Please consider the following:

1. Places on this programme of study are sought-after. If you take up a place and then withdraw you will have prevented another student from taking part.
2. If you have taken up an NHS funded place on the clinically enhanced programme[3] and then withdraw your organisation may become liable for the entire cost. They may expect you to bear some of that financial burden.
3. The information requested on the application form is required by the professional/regulatory bodies and the university. Please take your time to complete it carefully as any incomplete applications will have to be returned to you which may delay your application.
4. If you are self-employed you need to show as part of your application how you will fit the programme of study into your current practice and how you will practically prescribe once qualified. We do not generally accept students who wish to use the prescribing programme as an addition to their career or in preparation for application for a job in the future. There needs to be an identified current need for your prescribing. You need to show how you will implement it and in particular how the prescribing you undertake will be funded. If you are planning to prescribe from an NHS budget, you need to include the signature of the budget holder indicating that you have permission to prescribe from that budget once qualified.

We look forward to processing your application in due course.

Trudy Thomas,
Prescribing Programme Lead, Medway School of Pharmacy.

[3] The Clinically Enhanced Prescribing Programme is available to certain pharmacists who are funded by HEE LaSE and provide NHS services in the London and the South East area. For more information contact the programme administrator.

SECTION 1: PERSONAL DETAILS AND WORKING PRACTICE

A. PERSONAL DETAILS

Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ (please indicate) DOB: .....

FIRST NAME: .....

LAST NAME: .....

CURRENT JOB TITLE: .....

GPhC/PSNI REGISTRATION No.: ..... EXPIRY DATE: .....

NAME OF EMPLOYING ORGANISATION/TRUST: .....

FULL WORK ADDRESS: .....

.....

POSTCODE: ..... WORK TEL: .....

HOME ADDRESS: .....

.....

..... POSTCODE: .....

HOME TELEPHONE NUMBER: .....

MOBILE TELEPHONE NUMBER: .....

APPLICANT EMAIL ADDRESS: .....

Which clinical/practice areas are you currently working in? For which group of patients will you prescribe? Please state disease/therapeutic area:

.....

.....

What specific unmet needs have you identified for these patients that you feel would be met by your ability to prescribe?

.....

.....

What setting? (acute/GP/community/NHS/private sector/prison service etc.)

.....

.....

Are you currently undertaking any other programme of study? Yes ☐ No ☐

If yes, please state which programme and indicate when you will be completing. All University of Greenwich MSc Advanced Practice Students must complete this section

.....

Have you commenced a Non-Medical Prescribing Programme previously? Yes ☐ No ☐

If yes, please briefly state the Educational Institute, dates and your reason for not completing:

.....

.....

B. PROFESSION

INDEPENDENT/SUPPLEMENTARY PRESCRIBING LEVEL 7 – STANDARD

COMMUNITY PHARMACIST ☐

Now go to "C. START DATE" and select from "PREFERRED START DATE STANDARD PROGRAMME"

INDEPENDENT/SUPPLEMENTARY PRESCRIBING LEVEL 7 – CLINICALLY ENHANCED (HEE LaSE only)

HOSPITAL PHARMACIST ☐ MENTAL HEALTH PHARMACIST ☐ COMMUNITY TRUST PHARMACIST ☐

CCG PHARMACIST ☐

Now go to "C. START DATE" and select from "PREFERRED START DATE CLINICALLY ENHANCED PROGRAMME"

C. START DATE

PREFERRED START DATE STANDARD PROGRAMME:

January ☐ June ☐ October ☐

PREFERRED START DATE CLINICALLY ENHANCED PROGRAMME:

April ☐ September ☐

D. QUALIFICATIONS:

The level 7 60 credit programme leads to the attainment of a Postgraduate Certificate. Pharmacist applicants must provide their degree certificate.

Professional Healthcare Qualification: *(your registration will be checked on your professional regulator website)*

Qualification	Date Obtained

Academic qualifications e.g. Diploma, Degree or Masters (Levels 5, 6 or 7):
(You will be asked to submit copies of your certificates for registration)

Name of Course/Module	Academic Level	Date obtained	Awarding Body

E. PERSONAL STATEMENT

On the next page please write a personal statement in support of your application. This should be an academic, referenced and reflective piece of around 300-500 words detailing:

- The therapeutic area you will be prescribing in (your 'Scope of Practice') i.e. respiratory conditions within the community setting.
  - Please indicate the length of time you have been working in this area, and the number of hours per week that you work.
- Your competence and experience which will enable you to meet the requirement of the prescribing programme.
- The skills you will bring to the role including clinical/health assessment, diagnostics/care management and planning and evaluation of care.
- Clarify the medicines and clinical governance arrangements in place to support safe and effective independent prescribing
- The benefits for the patient and (where applicable) the NHS.
- Realistic details of how Non-Medical Prescribing will fit into your practice and how it will be funded if self-employed or a community pharmacist
- How you reflect on your own performance currently?
- Identified support networks accessible to you whilst undertaking the programme, including confirmation that you will have appropriate supervised practice in the clinical area in which you are expected to prescribe.

Reflective Personal Statement – Student Name:
Academic References – i.e. supportive literature cited in your Personal Statement.[4]

[4] NB This is not the same as an academic referee (i.e. a named person).

SECTION 2: DECLARATIONS OF ELIGABILITY/SUPPORT/AND ACCESS TO PRESCRIBING BUDGET

STUDENT NAME: .....

TO BE COMPLETED BY MANAGER OF EMPLOYING ORGANISATION[5]

Please indicate yes or no on all the following statements to confirm:	YES	NO
The applicant is an employee with a minimum of two years' post-registration clinical experience (or part-time equivalent) in the UK	☐	☐
The applicant has at least one year's experience in the clinical area in which they intend to prescribe	☐	☐
The applicant will be given **9 study days** to attend the university programme, **12 days' supervised practice** overseen by their DMP and **18 days' additional protected study time** to enable the distance learning requirements of the Medway School of Pharmacy programme.	☐	☐
The applicant has sufficient therapeutic knowledge and skills in their chosen clinical area to enable them to become a competent prescriber.	☐	☐
There is clinical need for the applicant to prescribe within their current role.	☐	☐
The applicant demonstrates appropriate numeracy skills. **We strongly recommend that all students undertake a numeracy assessment before attending the programme.**	☐	☐
The applicant will be supported with appropriate Continuing Professional Development once they are qualified including access to appropriate supervised practice in the clinical area in which they are expected to prescribe	☐	☐
The suitability of this application has been discussed with the NMP lead for the organisation.	☐	☐
The applicant has access to a computer and the internet.	☐	☐
On registration as a prescriber do you intend to be issuing NHS FP10 prescriptions?	☐	☐
Community Pharmacists: If you intend to issue NHS FP10 prescriptions in your future prescribing practice, please include evidence that the local CCG has agreed access to a prescribing budget once you have qualified.	☐	☐
Hospital, Mental Health, and Community Trust pharmacists (clinically enhanced programme): Please indicate that you have found a CLINICAL SUPERVISOR that has agreed to support you.	☐	☐

[5] This section must be completed by an appropriate other if you are self-employed.

AGREEMENTS

I agree that the information on page 8 (DECLARATION OF SUPPORT) is accurate and that I support the applicant for this programme of study (to be completed by manager).[5]

NAME OF MANAGER: .....

CURRENT JOB TITLE: .....

ORGANISATION .....

EMAIL ADDRESS: ..... TELEPHONE: .....

SIGNATURE: ..... DATE: .....

I agree that that the information on page 7 (DECLARATION OF SUPPORT / ACCESS TO PRESCRIBING BUDGET) is accurate, that this application is appropriate for patient services and that this practitioner will have access to the prescribing budget associated with the role identified (to be completed by NMP Lead or other budget holder who should also complete section 4). You may leave this blank if the prescribing service you will be offering will not use an NHS budget.

NAME OF NMP LEAD: .....

EMAIL ADDRESS: ..... TELEPHONE: .....

SIGNATURE: ..... DATE: .....

SECTION 3: DECLARATION OF SUPPORT FROM A REGISTERED DESIGNATED MEDICAL PRACTITIONER[6,7]

FULL NAME OF MEDICAL PRACTITONER: .....

CONTACT ADDRESS: .....

POSTCODE: .....

EMAIL ADDRESS: ..... TELEPHONE: .....

QUALIFICATIONS: .....

GMC NUMBER: .....

Please supply the following information to ensure the Department of Health criteria is met for the supervision in practice for prescribers by medical assessors.

STUDENT NAME: .....

DoH (Nov.2001) Criteria:

Are you a registered medical practitioner who:

		YES	NO
1.	Has normally had at least three years' medical, treatment and prescribing responsibility for a group of patients/clients in the field of practice that the applicant will prescribe?	☐	☐
2.	**And** are you **either**: within a GP practice and either vocationally trained or in possession of a certificate of equivalent experience from the Joint or Post Graduate Training in General Practice?	☐	☐
	OR: A specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer?	☐	☐
3.	**And** have you: The support of the employing organisation or GP practice to act as the Designated Medical Practitioner who will provide supervision, support and opportunities to develop competence in prescribing practice?	☐	☐
4.	**And** have you: Some experience or training in teaching and / or supervision in practice?	☐	☐

If not an Approved Training Practice / Institution, then please briefly outline your experience of teaching, supervision and assessment of students.

.....

.....

I confirm that I have agreed to oversee learning, supervise and support the applicant for a minimum of TWELVE DAYS in the development of their prescribing role during clinical placement

SIGNATURE: ..... DATE: .....

CLINICALLY ENHANCED PHARMACIST APPLICANTS ONLY:

Name of CLINICAL SUPERVISOR:	
EMAIL ADDRESS:	

[6] NB: the DMP must disclose if they are currently under investigation by the GMC or have been referred to a fitness to practice panel hearing.

[7] In order to assure professional impartiality the DMP must NOT be related to the applicant or have any personal connection.

SECTION 4: FUNDING STATEMENT

Please state how your place on this programme will be funded.

Complete one of the four options listed:

Please ensure your name is filled in on the sheet that includes the option you have selected, and if you are employed within general practice please indicate the name of the CCG in which the practice is located, or indicate the name of the commissioning CCG.

STUDENT NAME: .....

CCG: .....

Option 1. HEALTH EDUCATION ENGLAND: Clinically Enhanced Programme (HEE LaSE contract)

Available to staff employed to provide services to NHS patients in Health Education England London and the South East (HEE LaSE) region who are applying for a place on the **CLINICALLY ENHANCED PROGRAMME**.

PLEASE NOTE: If you have taken up a HEE LaSE funded place on the programme and then withdraw your organisation may become liable for the entire cost. They may expect you to bear some of that financial burden.

I SUPPORT THIS APPLICATION FOR A HEE LaSE FUNDED PLACE FOR THE APPLICANT NAMED ABOVE:

NAME: ..... DATE: .....

EMAIL: .....

I AUTHORISE HEE KSS FUNDING FOR THIS APPLICANT:

SIGNATURE: ..... DATE: .....

Option 2. CPD Commissioning

Available to staff employed to provide services to NHS patients in South East London and the South East Coast. It is coordinated by the University of Greenwich who hold information on eligible organisations.

Please specify which organisation you are employed by:

Employing Organisation: .....

I SUPPORT THIS APPLICATION

MANAGER: ..... DATE: .....

EMAIL: .....

I authorise funding via personal training days for this applicant:

SIGNATURE: ..... DATE: .....

FUNDING STATEMENT continued.

Please ensure your name is filled in on the sheet that includes the option you have selected, and if you are employed within general practice please indicate the name of the CCG in which the practice is located, or indicate the name of the Commissioning CCG.

STUDENT NAME: .....

CCG: .....

Option 3. STUDENTS BEING FUNDED BY EMPLOYERS (NHS OR PRIVATE)

Please include a statement on *headed paper* from your organisation indicating support for the above named student and details of who the university is to invoice for the programme fee (amount available from programme administrator).

NAME OF SUPPORTING ORGANISATION: .....

ADDRESS: .....

.....

..... POSTCODE: .....

Option 4. SELF-FUNDING

I will self-fund the programme and pay via the University of Greenwich online portal during registration should I be offered a place. Non-payment of fees for self-funders will prohibit registration automatically. For more payment information please contact the programme administrator.

SIGNATURE: ..... DATE: .....

SECTION 5: PERSONAL INTENTION FORM

APPLICATION DECLARATION:

If successful in my application, I agree to complete the Independent/Supplementary Prescribing Programme. I further agree to utilise my prescribing skills to benefit patients and/or the NHS.

I confirm I have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to my intended area of prescribing practice.

STUDENT NAME: .....

SIGNATURE: ..... DATE: .....

APPLICANT CHECKLIST – ALL SECTIONS MUST BE COMPLETED IN FULL

Have you:

- Completed all FIVE sections of the application form?
- Included the name of your Clinical Supervisor (clinically enhanced programme only)
- Obtained the signature of
  - Your organisational line manager if appropriate?
  - The Non-Medical Prescribing Lead for your organisation if appropriate?
  - Your DMP?
- Indicated how the programme will be funded and included a statement from your employer if invoicing is required?

Send this application form BY POST OR BY EMAIL to the contact details below.

Postgraduate Administration Team : pgtpharmadmin@kent.ac.uk

Medway School of Pharmacy
Anson Building
Central Avenue
Chatham Maritime
Kent
ME4 4TB

Tel: 01634 202945

How did you hear about us?

Word of mouth ☐ Paper flyer ☐ Social media ☐ Website ☐ Workplace ☐

PRIVACY NOTICE

Student Applicant Privacy Notice[8]

The Medway School of Pharmacy as part of both the University of Kent and the University of Greenwich is committed to protecting the privacy and security of your personal information.

In relation to your application to the School, we process the data that you provide to us via this application form and any additional documentation which you provide to us. We may also process information relating to your application which is provided to us by third parties at your behest.

The information which we process would typically include:

- Name, title, contact details, date of birth
- Application data, including your qualifications, your previous education, employment details and funding information
- Correspondence

We process personal data about you for the following reasons:

- To determine the suitability of your application for the programme / course
- To administer your application throughout the application and admissions process
- To create a record of your application
- To provide you with information relevant to becoming a University of Greenwich student
- To compile statistics about applicants to the School of Pharmacy[9].
- Successful applicants will go on to make an application to the University of Greenwich which has its own student applicant privacy notice [10]

We rely on the following legal bases for processing the data: public task (core or key tasks of universities), a contract with you the individual (including steps before entering into a contract), and compliance with legal obligations.

Relevant Medway School of Pharmacy employees will have access to the application data on this form. We may also share data about you or your application, in some instances, with third parties. Examples of this include:

- If we need to ascertain the authenticity or accuracy of your application (e.g. from examining or awarding bodies, regulatory bodies, NHS organisations);
- Where you have given us consent to discuss your application with a third party on your behalf;
- Where we are required by law or otherwise authorised under Data Protection legislation to share data on your application with official agencies or regulatory bodies (e.g. UK Visas and Immigration and other bodies with statutory powers or authority, and investigating authorities including the police and local authorities);

Data for applicants who do not become fully registered students at the University of Greenwich will be held for two years after the end of the current academic year when the application was made. Exceptions will be where there is an over-riding requirement in law to keep certain data, or for public task reasons. Retention periods are based on our retention schedules, and you can request a copy of the relevant schedule. If you become a registered student, your data will be used to form the basis of your student record, at which point the Student Privacy Notice[11] will apply.

You have rights as a Data Subject. You can see more information about those rights on the University of Greenwich website. Contact University of Greenwich's Data Protection Officer / University Secretary. email: compliance@gre.ac.uk.

---

[8] All Health Education England applicants (KSS and LaSE) can read the HEE privacy notice here: https://www.hee.nhs.uk/about/privacy-notice

[9] Anonymised to improve the programme as part of audit, or service evaluation or research.

[10] University of Greenwich applicant privacy notice: https://docs.gre.ac.uk/__data/assets/pdf_file/0007/1582441/Student-Applicant-Privacy-Notice.pdf

[11] https://docs.gre.ac.uk/__data/assets/pdf_file/0006/1577031/Student-Privacy-Notice.pdf