

Pharmacist Independent Prescribing

*Application form for GPhC / PSNI Registrants 2024 /* 2025*.*

Thank you for your interest in studying at the University of Winchester. **To apply for this course**:

1. Please create an account on the university online application system

[http://www.winchester.ac.uk/myapplication](http://www.winchester.ac.uk/myapplication 2)

[2](http://www.winchester.ac.uk/myapplication 2). Ensure you fully complete this application form, with required signatures, scan and upload to your online application. Please also include evidence of relevant qualifications and proof of name change, if this differs from that on your qualification evidence.

3. For help and guidance please contact either the short course administrators [HWBShortCourses@winchester.ac.uk](mailto:HWBShortCourses@winchester.ac.uk) or [admissions@winchester.ac.uk](mailto:admissions@winchester.ac.uk)

# GENERAL INFORMATION

It is essential that you consult your organisation’s Non-Medical Prescribing policy (where available) prior to application and follow the local guidance on applying for a prescribing programme and funding.

Please ensure you have completed and included the following sections:

***Completed by applicant.***

* Section 1 – Applicants Personal Information
* Section 2 - Programme Requirements / Entry Criteria

***Completed by applicant & employing organisation.***

* Section 3 - Designated Prescribing Practitioner confirmation (DPP)
* Section 4 – Designated Medical Practitioner confirmation (DMP) (only if using)
* Section 6 – Practice Audit / Learning Environment
* Section 7 – NMP lead / employer confirmation & funding.

## I understand that:

1. I will not be accepted onto the course until a fully completed application form and any other required information is received by the programme admissions team.
2. Self-employed Practitioners will be contacted if further information is required after appraisal of the submitted application, and an interview with the programme lead may be required.
3. Your data will be used and kept only for the purposes it was obtained in alignment with the privacy notice that is at the end of this form and with the university Privacy Policy: [https://www.winchester.ac.uk/about-us/leadership-and-governance/privacy-and-cookie-](https://www.winchester.ac.uk/about-us/leadership-and-governance/privacy-and-cookie-policy/) [policy/](https://www.winchester.ac.uk/about-us/leadership-and-governance/privacy-and-cookie-policy/)

If you have any queries regarding this application form, please contact the programme lead, Professor David Voegeli, [David.Voegeli@winchester.ac.uk](mailto:David.Voegeli@winchester.ac.uk)

**TO BE COMPLETED BY THE APPLICANT**

**1. APPLICANT PERSONAL DETAILS**

|  |  |
| --- | --- |
| **TITLE** |  |
| **FIRST NAME(S)** |  |
| **PREFERRED NAME** |  |
| **SURNAME** |  |
| **PREVIOUS NAME(s)** *(if applicable)* |  |
| **DATE OF BIRTH** *(DD/MM/YY)* |  |
| **GENDER** |  |
| **GPhC / PSNI Number** |  |
| **DATE QUALIFIED** *(DD/MM/YY)* |  |
| **EXPIRY/ RENEWAL DATE**  *(DD/MM/YY)* |  |

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| --- | --- | --- | --- |
| **CONTACT ADDRESS**  *(all written communication sent to this)* | **HOME ADDRESS**  *(if different from contact address)* | | |
|  |  | | |
| *If possible, both a landline and mobile number should be supplied* | | | |
| **LANDLINE** | **MOBILE** | | |
|  |  | | |
| *Email (please note important information relating to your application will be sent to you by email. Please ensure that your email address can be easily read and that your email account will accept email sent from addresses ending @winchester.ac.uk).* | | | |
| **EMAIL ADDRESS** |  | | |
| **MODULE APPLYING FOR (Please tick)** | **Jan 2025** | **Sept 2025** | **Jan 2026** |
| **FUNDING (please indicate)**  **If employer funding, evidence of agreement must be provided.** | **NHSE WTE** | **Employer** | **Self-funding** |

**EMPLOYER DETAILS**

|  |  |
| --- | --- |
| **EMPLOYER** |  |
| **CURRENT ROLE** |  |
| **DATE STARTED IN ROLE** *(DD/MM/YY)* |  |
| **ADDRESS (if hospital, please include ward/department/unit)** |  |
| **EMPLOYER EMAIL ADDRESS** |  |
| **EMPLOYER TELEPHONE NO.** |  |

# EMPLOYMENT HISTORY

Please provide details of your employment history over the last five years:

|  |  |  |
| --- | --- | --- |
| **Dates (From/To)** | **Workplace & Specialism (if relevant)** | **Brief description of job role** |
|  |  |  |

**Section 2a PROGRAMME REQUIREMENTS/ ENTRY CRITERIA**

|  |  |
| --- | --- |
| **APPLICANT NAME** |  |
| **PROFESSION** | **Pharmacist** |
| **EMPLOYING ORGANISATION NAME** |  |
| **START DATE OF CURRENT ROLE** |  |

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| --- |
| Self-Declaration of competency: Please explain below (no more than 200 words) That you have at least one year’s patient-orientated experience in a UK hospital, community or primary care setting following your pre- registration year (this needs to be verified by your employer/IP lead or if you are self-employed, a professional referee who can corroborate the experience) |
|  |
| Please explain below (no more than 200 words) how the ability to prescribe medications independently will transform practice and inform patient / client care (if you have been required to give this information on an application to your own organisation, you may wish to replicate that here). If you are a self-employed practitioner, please clearly indicate your proposed scope of practice. |
|  |
| Please explain below (no more than 200 words) how you will gain regular access to patients within your area of clinical practice to achieve the required minimum of 90 hours supervised practice. If you are self-employed or accessing a DPP / DMP from another organisation this must also demonstrate how clinical governance will be achieved whilst you are achieving this – e.g. honorary contracts – written agreements. |
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| **SECTION 2b – Do not sign until you have completed ALL parts of the application** | **Yes / No** |
| I have at least one year of appropriate patient-orientated experience post registration in a relevant UK practice setting. |  |
| I am of good standing with the GPhC or PSNI |  |
| I have a current enhanced Disclosure and Baring Service (DBS) that adheres to my employing organisation’s governance policy, and I confirm there are no circumstances that have required reporting to my regulatory body since the DBS was issued.  **Note: You do not need to provide a copy but do include Date of Issue.** | Date of Issue: |
| I have read and understood and will comply with my regulators Professional Code of Conduct: GPhC (2017) Standards for Pharmacy Professionals. |  |
| I have not been found guilty of misconduct under any University Student Disciplinary Regulations or deemed unfit to practice by any regulatory body (if yes please contact the Programme Lead to discuss before completing this form) |  |
| I have a lower second-class honors degree (2:2) or above in a relevant subject from a UK university (or an overseas equivalent) OR equivalent qualifications and experience. **I have uploaded evidence of my degree + qualification (certificates or official transcripts) to my online university application. If relevant, please provide proof of name change if your original qualifications were issued under a different name (e.g. marriage certificate).** |  |
| I can confirm that the protected learning time has been agreed by my employer before entry onto the programme to enable me to attend all online & face-to-face taught days and complete 90 hours of supervised learning in practice. |  |
| I have access to wider clinical areas / other independent prescribers to support learning. |  |

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| I understand that the Independent Prescribing programme is intensive and that there is an expectation that I will need to devote around 300 hours to studying. | |  |
| ***Where relevant***, my organisation has access to a lead pharmacist, a medical director, and a Non- Medical Prescribing Lead (or equivalent) and Clinical Governance policies are in (or being developed) place to support Independent Prescribing. | |  |
| I understand that commencement on this programme initiates a multi-faceted relationship between me as a student, my employer, my DPP (or DMP) and the university, which will require communication between said parties in relation to my clinical and educational progress. | |  |
| Please indicate if you have commenced prescribing practice before: If yes-  Location: Date: Results: | |  |
| I confirm the answers I have provided above are correct and support the duty of candour required from a regulated professional. | | |
| **APPLICANT SIGNATURE** |  | |
| **DATE** *(DD/MM/YY)* |  | |

# TO BE COMPLETED BY PROPOSED DESIGNATED PRESCRIBING PRACTITIONER

**SECTION 3. DESIGNATED PRESCRIBING PRACTITIONER DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **DPP NAME** |  | | |
| **EMPLOYING ORGANISATION** |  | | |
| **DPP PROFESSION** |  | | |
| **NAME OF STUDENT BEING SUPERVISED** |  | | |
| **DPP EMAIL ADDRESS** |  | | |
| **DATE DPP QUALIFIED AS A PRESCRIBER** |  | | |
| **DPP GMC / NMC / HCPC/ GPhC / PSNI No.** |  | **Checked by UOW:** |  |

Please provide the details requested on this page, complete the declaration on the following page and sign in the appropriate place on page 9.

|  |  |  |  |
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| **Evidence that I can demonstrate the Competencies within The Competency Framework for Designated Prescribing Practitioners** | | | |
|  | | **Yes** | **No** |
| I have previously undertaken the role of Designated Medical Practitioner or Designated Prescribing Practitioner for a prescribing trainee | |  |  |
| I have experience of teaching and/or supervising workplace-based learning | |  |  |
| I have experience of conducting assessments of trainees in clinical practice | |  |  |
| Please chose one of these options | I have annotation as a GMC trainer |  |  |
| I have completed DPP training at another University or the eLFH Educator Training Resources and will provide the Certificate of Completion |  |  |
| I will provide evidence of completion of other formal training in Workplace Based Learning |  |  |
| I will provide evidence of my relevant experience in workplace-based training |  |  |
| Please provide details of your previous experience as a Designated Prescribing Practitioner.  *Please include which healthcare professions you have supported* | | | |

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| **Training Plan** |
| Please provide brief details of the mechanisms you have in place to support the trainee in the following categories (around 300 words): 1) Induction  2) Effective supervision  3) An appropriate and realistic workload  4) Personal and academic support 5) Access to resources |

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| **Other trainees** |
| Whilst supporting this applicant, how many other prescribing students will you be supporting as DPP? (Please include all prescribing students you are supporting, including those at other institutions.) |

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|  | | **YES** | **NO** |
| Personal Characteristics | I can demonstrate clinical leadership through my practice |  |  |
| I create a positive learning culture through my practice |  |  |
| I understand my role as a DPP |  |  |
| I regularly reflect on and audit my prescribing practice to identify my development needs, including recording continuing professional development on their knowledge and skills for my role as a DPP |  |  |
| Professional Skills and | I am an experienced prescriber in a patient-facing role with at least three years recent prescribing experience |  |  |
| I am an active prescriber in a patient-facing role relevant to the applicant’s scope of practice |  |  |
| I have up to date patient-facing clinical and diagnostic skills relevant for the applicant’s scope of practice |  |  |
| I confirm I meet all the competencies in the RPS (2021) Competency Framework for All Prescribers |  |  |
| Working in partnership | I agree to supervise, support and assess the applicant during their clinical placement, for a minimum of 90 hours |  |  |
|  | I agree to directly supervise the applicant for 50 % of their Learning in Practice time |  |  |
|  | I will work with the applicant to establish their baseline knowledge and jointly create a development plan for meeting the learning outcomes |  |  |
|  | I agree to provide the applicant with opportunities to develop their competence in prescribing |  |  |
|  | I will advocate and facilitate a multidisciplinary approach to training |  |  |
| Prioritising Patient Care | I will act in the best interest of patient and public safety when making decisions on the applicant’s competence |  |  |
| I will ensure that the applicant is supervised by an appropriately trained supervisor at all times |  |  |
| Learning Environment | I have negotiated sufficient time to support the applicant in their period of Learning in Practice |  |  |
| I encourage an environment that promotes equality, inclusivity and diversity |  |  |
| Governance | I have been provided with information previously, or by the applicant, about this role |  |  |
| I have the support of my employing organisation or GP practice to act as the DPP for this applicant |  |  |
| I do not have a close personal relationship with the applicant.  *A professional relationship must exist between the applicant and the DPP and they should not be a close family member.* |  |  |
| I understand that I will be required to support the applicant to develop clinical assessment skills in addition those requirements stipulated by the GPhC |  |  |
| I agree to complete any workplace-based learning training that may be required before the applicant starts the course |  |  |
| I agree to undertake the University Induction for this Course |  |  |
| I am in good standing with my professional body and do not have any restrictions on my practice |  |  |

**Self-Declaration of competency to fulfil role of DPP for the given student:** Your data will be used and kept only for the purposes it was attained and in alignment with the university policy on GDPR

I confirm the answers I have provided above are correct and support the duty of candour required from a regulated professional.

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| **DPP SIGNATURE** *(Must be*  *handwritten)* |  |
| **DATE** *(DD/MM/YY)* |  |

**Section 4. PRACTICE PLACEMENT AUDIT / LEARNING ENVIRONMENT**

To comply with regulatory requirements all placements must be suitable to support practice learning even if most of your learning will be taking place within your own workplace. Most CQC / HIW / HIS regulated organisations will already have one in place.

We can accept audits that have been undertaken by other universities and if the organisation has been registered as a training pharmacy by the GPhC.

Audits are required to be undertaken every two years and your NHS Trust educational department / Practice Learning Leads will be able to advise you of when they were last undertaken.

It is the student’s responsibility to ensure this is in place for their practice area, and that of the DPP/DMP. Please contact the programme team for advice if unsure.

Any other private practitioners/ self- employed applicants should contact the programme lead [David.voegeli@winchester.ac.uk](mailto:David.voegeli@winchester.ac.uk) to discuss how these would be undertaken.

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| **Student Placement Area** | | | | | | | | | |
| **Employing organisation name** |  | | | | | | | | |
| **Regulated by** *(please tick)* | **CQC** |  |  | **HIW** | |  | **HIS** | |  |
| **GPhC Training Pharmacy** *(please tick)* | **Yes** | **No** | | |  | | |  | |
| **Audit undertaken by whom** |  | | | | | | | | |
| **Date of Current Audit** *(DD/MM/YY)* |  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Designated Prescribing Practitioner (DPP/ DMP) Workplace** | | | | | | | | |
| **Employing organisation name** |  | | | | | | | |
| **Regulated by** *(please tick)* | **CQC** |  | **HIW** | |  | **HIS** | |  |
| **GPhC Training Pharmacy** *(please tick)* | **Yes** | **No** | |  | | |  | |
| **Audit undertaken by whom** |  | | | | | | | |
| **Date of Current Audit** *(DD/MM/YY)* |  | | | | | | | |

# Section 5. TO BE COMPLETED BY NMP LEAD / EMPLOYER / PROFESSIONAL REFEREE

## As the Independent Prescribing Lead (NHS settings) / Employer / Professional Referee I can confirm that:

1. The applicant has sufficient post-registration experience to undertake a prescribing programme.
2. The applicant has sufficient knowledge to apply prescribing principles taught on the course to their own scope of practice.
3. The applicant has discussed with their employer / DPP / DMP how the 90 hours supervised learning will take place.
4. There is a clinical / service need for the applicant to be able to prescribe medications.
5. The applicant has a clearly defined therapeutic area.
6. The organisation has deemed the DPS and DPP/DMP as appropriate to supervise and assess the applicant in practice.

## NMP Lead / Line Manager / Professional Referee Details

|  |  |
| --- | --- |
| **NAME** |  |
| **JOB TITLE / POSITION** |  |
| **NMC / HCPC / GPhC / GMC No.** |  |
| **ORGANISATION** |  |
| **EMAIL ADDRESS** |  |
| **CONTACT TELEPHONE No.** |  |

By signing this I am declaring that I have the authority within the organisation to appraise the suitability of the applicant and to nominate them to undertake the IP Programme.

|  |  |
| --- | --- |
| **SIGNATURE** |  |
| **DATE** *(DD/MM/YY)* |  |

# PRIVACY NOTICE

# Applications Privacy Notice

1. The University of Winchester treats the personal data and the special category data of its students and its potential students very seriously. It complies fully with the UK General Data Protection Regulation (UK GDPR), the Data Protection Act 2018 and any national implementing laws, regulations and secondary legislation, as amended or updated from time to time. As a public authority the University is regulated by the Information Commissioners’ Office (ICO) and more information on that body can be found here: [ico.org.uk](https://ico.org.uk/)
2. The personal data provided is processed under a range of different lawful basis. For the personal data supplied on this application the University is relying on the lawful bases of ‘contract’, as set out under [Article 6(1)(b) ‘](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/contract/)public task’, as set out under [Article 6(1)(e) of the UK GDPR](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/) and where necessary, the lawful basis of ‘legal obligation’ as set out under [Article 6(1)(c)](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/legal-obligation/)
3. Where the University needs to process any special category information that is supplied in the application form it relies upon on [Article 9(2)(g) of the UK GDPR;](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/special-category-data/) “processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and interests of the data subject.”
4. The purposes of the processing for the personal data supplied in the information form include:
   1. To enable entry applications to be considered and to allow Admissions Advisors, where applicable, to support applicants through the process [“Public Task” & “Contract”].
   2. To enable the University to initiate a student record should an applicant be offered a place [“Public Task” & “Contract”]
   3. To enable the University to compile application statistics for reporting to external organisations, including the Office for Students and Higher Education Statistics Agency (HESA) [“Legal Obligation”]
   4. The administration of applications information at the University [“Public Task” & “Contract”]
5. Personal detail information including name, date-of-birth, gender, etc. is processed under “Public Task” & “Contract”.
6. Contact detail information including home and correspondence addresses is processed under “Public Task” & “Contract”.
7. Information relating to any professional work experience including DPS, DPP and DMP, is processed under “Public Task” & “Contract”.
8. Disability and Equality monitoring is processed under “Legal Obligation” and for the special category information, under Article 9(2)(g).
9. Referee information and funding source information is processed under “Public Task” & “Contract”
10. Where the University has to supply statistical information to Office for Students and Higher Education Statistics Agency (HESA) as part of its processing under “Legal Obligation”, the information will be anonymised.
11. As an individual you have rights available to you regarding the use of your data. More information on these rights can be found [here.](https://ico.org.uk/your-data-matters/) To exercise any of these data rights, please contact the Data Protection Officer, whose details are listed at the end of this notice. Should you have concerns about how the information you provide on this application is used, you can raise them with the University’s Data Protection Officer. Alternatively, you have a right to contact the ICO to raise any concerns you may have. Details on how to contact the ICO can be found [here.](https://ico.org.uk/global/contact-us/)
12. The University will review and, where necessary, update this privacy notice in line with any future statutory guidance, requirements, and developments.

The name and contact details of our organisation are:

The University of Winchester,

Sparkford Road,

Winchester,

Hampshire.

SO22 4NR,

Tel: +44 (0) 1962 841515

The University Data Protection Officer is: Stephen Dowell, The University of Winchester, Sparkford Road, Winchester, Hampshire, SO22 4NR,

United Kingdom.

Tel: +44 (0) 1962 841515, Ext. 7217

Email: [stephen.dowell@winchester.ac.uk](mailto:stephen.dowell@winchester.ac.uk)

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