Non-medical DPP independent prescribing application template

# Submission template for the 2020-21 academic year

This template should be read in conjunction with the[GPhC Standards for the education and training of pharmacist independent prescribers](https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-january-19.pdf), the associated[Evidence Framework](https://www.pharmacyregulation.org/sites/default/files/document/ip_evidence_framework_-_final_draft.pdf) and the RPS [Competency Framework for Designated Prescribing Practitioners (DPP).](https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework)

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| **Academic year:** 2020-21 |
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| **Name of course provider:** |
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| **Contact name:** |
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| **Job title:** |
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| **Address:** |
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| **Telephone/mobile:** |
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| **Email:** |

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| **This template should be used to demonstrate how your course will meet the criteria cited below in order to support non-medical DPPs.**  **Please complete the template should you wish to use non-medical Designated Medical Practitioners (DPPs) as part of your GPhC approved course.** This submission template is intended to be used by providers who are accredited to the pre-2019 standards and who wish to use non-medical DPPs. Course providers who have already been accredited to the 2019 standards, but who were asked to resubmit their non-medical DPP application to the GPhC, should also complete this submission template.  **Please note, course providers who have a planned GPhC reaccreditation event scheduled for 2020/21 should not use this template and should complete the independent prescribing re/accreditation submission template, 2020-21 (**[found here](https://www.pharmacyregulation.org/sites/default/files/document/ip_re_accreditation_template_ip_course_new_standards_final_2019_20_-_final_0.docx)**), as part of their reaccreditation process.**  Your submission document should be a single document which includes this template complete in full.  You should provide documentary evidence to support the information that you have provided within the template. No additional documents should be provided. Please refer to the [Evidence Framework](https://www.pharmacyregulation.org/sites/default/files/document/ip_evidence_framework_-_final_draft.pdf) for guidance on the type of evidence and supporting information you could provide to demonstrate how you meet each criterion. Following review of your submission document and associated evidence, you may be required to submit additional items of evidence or further information.  Please ensure that you provide your submission in the correct format with the required level of detail and clarity. Information on how to submit your documentation can be found on the last page of this document.  Important: when completing your submission template, please do not alter the formatting or orientation of the submission template.  **If you have any questions regarding your accreditation submission, please contact the GPhC’s Education (Quality Assurance) team at** [education@pharmacyregulation.org](mailto:education@pharmacyregulation.org)  The GPhC is committed to compliance with the General Data Protection Regulation (GDPR), details for our **privacy policy** can be found on our website - <https://www.pharmacyregulation.org/privacy-policy> |

**Important – please read the guidance below before completing the template**

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| **Guidance on completion of this template**   * Next to each criterion, please provide a narrative to explain how each criterion is (or will be) met. Except where single piece information or lists are asked for, this narrative must be written in prose. Reference to links, file names, or module titles on their own are not acceptable. * Full reference must be made within the narrative to the documents that you are providing as supporting evidence. * Any diagrams or images should be submitted separately as documentary evidence and not embedded within the template. * Hyperlinks may be used within your commentary to signpost to evidence, but please check that the links are not broken, and that external access is permitted. * Please ensure that all documentary evidence provided is referred to within your commentary. * Supporting documents should be included as appendices and should be provided separately from the submission template. * Each module must be referred to by its full title and not by module code. * Should your commentary relate to more than one criterion, it does not need to be repeated. Simply include a note referencing to the relevant commentary, e.g. ‘please refer to commentary under criterion 1.2’.   **Referencing documentary evidence**   * Please give each piece of evidence a clear and meaningful title. For ease of reference, supporting documents should be numbered accordingly, eg **Appendix 1 -** **Course application form** * The document title referred to in your commentary should be identical to the name of the relevant .PDF file you have provided. * When referencing supporting documents within the submission, please indicate the document clearly (for example, in **bold**) and use the full name and appendix number throughout. Eg **Course Application form (Appendix 1)** * Please ensure that all file names are concise and do not contain any special characters including: **/ \ : \* ? ” < > | # { } % ~ &** * Please ensure that file names are no more than 100 characters. * You do not need to duplicate evidence - you may find that you need to refer to one piece of documentary evidence multiple times across more than one section. |

**Background course information:**

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| **Course name (used on university advertising):** |
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| **Current number of cohorts per academic year:** |
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| **Current maximum total number of students per cohort:** |
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| **Current number of course-led face-to-face (contact) days:**  **Total duration of the course (in months):** |
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| **Is the course taught jointly with any other professional group?**  **Yes**  **No**  **If yes, please state the profession(s):** |
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| **Is the course led by a pharmacist?**  **Yes**  **No**  **If no, please state the profession(s) of the course lead e.g. Nurse:** |
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| **Location / campus from which the course will be taught (please list):** |
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**Standards for pharmacist independent prescribing course providers in relation to use of non-medical DPPs**

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| **Accreditation criteria** | |  |
| [Please refer to the Evidence Framework for detailed guidance](https://www.pharmacyregulation.org/sites/default/files/document/ip_evidence_framework_-_final_draft.pdf) and RPS [Competency Framework for Designated Prescribing Practitioners (DPP).](https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework) | | |
| **3.6** | **Each pharmacist independent prescriber in training must be supported as a learner in learning and practice environments. There must be mechanisms in place for designated prescribing practitioners to liaise with course providers regularly about the progress of a pharmacist independent prescriber in training in learning and practice environments.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **5.10** | **Causes for concern about a pharmacist independent prescriber in training, designated prescribing practitioners or the learning environment must be addressed as soon as possible and in such a way that the cause for concern is dealt with.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **6.1** | **Part of the course for pharmacist independent prescribers in training must take place in clinical settings with direct access to patients – these are ‘learning in practice’ settings.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **6.2** | **In the learning in practice settings identified in 6.1, pharmacist independent prescribers in training will prescribe under the supervision of a designated prescribing practitioner.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **6.3** | **If more than one person is involved in supervising a pharmacist independent prescriber in training, one independent prescriber must assume primary responsibility for their supervision. That person will be the designated prescribing practitioner for the pharmacist independent prescriber in training.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **6.4** | **Course providers must approve the designated prescribing practitioner and agree that they have the core competencies to carry out the role effectively.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **6.5** | **The designated prescribing practitioner is responsible for signing off a pharmacist independent prescriber in training as being competent as a pharmacist independent prescriber.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **7.4** | **Monitoring systems must be in place in all learning environments. The systems must assess the progress of a pharmacist independent prescriber in training toward meeting the learning outcomes in Part 1 of these standards. They must ensure that the practice of a pharmacist independent prescriber in training is safe at all times.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **7.5** | **Agreements must be in place between course providers and designated prescribing practitioners that describe the roles and responsibilities in the assessment of pharmacist independent prescribers in training.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **7.6** | **Assessments must be carried out by appropriately trained and qualified people who are competent to assess the performance of pharmacist independent prescribers in training.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **7.7** | **Irrespective of their location, all assessments must be quality assured by course providers.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **8.2** | **There must be mechanisms in place for pharmacist independent prescribers in training to meet regularly with their designated prescribing practitioner and others to discuss and document their progress as learners.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **8.3** | **There must be clear procedures for pharmacist independent prescribers in training to raise concerns. Any concerns must be dealt with promptly, with documented action taken where appropriate.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **8.4** | **Everyone supporting pharmacist independent prescribers in training must take into account the GPhC’s guidance on tutoring for pharmacists and pharmacy technicians in their work as appropriate.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **9.1** | **Course providers must have appropriate mechanisms for ensuring that designated prescribing practitioners are fit to be the supervisors of pharmacist independent prescribers in training.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **9.2** | **Prospective designated prescribing practitioners must have:**   * **active prescribing competence applicable to the areas in which they will be supervising** * **appropriate patient-facing clinical and diagnostic skills** * **supported or supervised other healthcare professionals, and** * **the ability to assess patient-facing clinical and diagnostic skills** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **9.3** | **Course providers must provide training for designated prescribing practitioners on:**   * **the pharmacist independent prescribing role** * **the course for pharmacist independent prescribers in training on which they will be working, including its learning outcomes** * **the role of designated prescribing practitioners in the course** * **assessing the performance of pharmacist independent prescribers in training** * **giving feedback to pharmacist independent prescribers in training** * **supporting pharmacist independent prescribers in training, and** * **raising concerns** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **9.4** | **Course providers must support designated prescribing practitioners when they are acting in that role.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |
| **9.5** | **Course providers must provide designated prescribing practitioners with feedback about their performance as prescribing supervisors and arrange extra training, support and development as necessary.** | |
| **Provider’s commentary** | | |
| Please type your commentary here  X  X | | |
| **Accreditation team’s commentary.**  **Criterion met? Yes  No** | | |
| For accreditation use only | | |

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| **Documentary evidence** |  | |
| **List below the documentary evidence that you are providing** Please refer to the guidance notes on referencing documentary evidence provided on page 3 | |
| **(expand table as necessary)** | |

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| **Submitting your accreditation documentation to the GPhC**  You must email the submission and supporting documentation to: following by email:   * **GPhC’s Education (Quality Assurance) team at** [education@pharmacyregulation.org](mailto:education@pharmacyregulation.org) |