#### Postgraduate Programmes in Medicines Management

**School of Pharmacy, Keele University**

# Independent Prescribing Preparatory Course for Pharmacists

# Designated Supervising Prescribing Practitioner (DPP)

# Nomination and Endorsement Form

Before agreeing to act as a DPP the pharmacist should ensure that their supervisor is fully aware of the role requirements and that they have seen the Learning Agreement that outlines the responsibilities of the trainee, DPP and programme provider. Keele can provide a variety of resources to support the DPP –please ask.

Parts 1 and 2 of this form should be completed by the DPP in block print. The declaration should be signed and dated.

**NB As part of completing the university’s application form the pharmacist applicant should scan in the completed, signed document and upload it as per the instructions they have received from the University.**

## Part 1

DPP Name:

Surname:

First name:

Professional Qualifications and Registration Number:

Contact Address: (including department, if relevant)

Contact Telephone Number(s):

E-mail Address:

**PTO**

**Part 2**

We would be grateful if you could supply the following information. This will ensure that the GPhC Standards and the Royal Pharmaceutical Society’s guidelines for supervision of the twelve-day learning in practice period for this Independent Prescribing Preparatory Course are met. Please circle YES or NO as appropriate.

1. Are you a registered healthcare professional in Great Britain or Northern Ireland with legal prescribing rights and experience in the management of patients/clients in relation to the clinical condition(s) for which the trainee independent prescriber (TIP) is going to use their independent prescribing skills? [Normally we would expect at least 3 years post registration experience]

YES NO

Please outline below how you meet the requirements for the DPP including the ability to assess patient-facing clinical and diagnostic skills and appropriate patient-facing clinical and diagnostic skills.

### AND

1. Have you some experience of training in teaching and/or supervising other healthcare professionals? Please give details below.

YES NO

Please outline in the box below your experience of teaching, supervision and assessment of healthcare professionals, including details of any formal qualifications you may have in this area.

### AND

1. Have you the support of the employing organisation or GP practice to act as the DPP who will provide supervision, support and opportunities to develop the TIP’s competence in prescribing practice?

 YES NO

### AND

1. Are you able to demonstrate recent CPD or revalidation relevant to this role? [This is a GPhC requirement]

 YES NO

Please provide details in the box below.

**PTO**

Declaration

I confirm that I have agreed to supervise the applicant in the 'learning in practice' element of the Course, in the clinical area in which the pharmacist intends to prescribe independently immediately on qualification, for a period of learning in practice of at least twelve days (90 hours):

Signature: Date: