



# Independent prescribing

## CONFIRMATION OF ELIGIBILITY Application Guidance

### Guidance for completion of Confirmation of Eligibility (COE) form

Acceptance onto the programme is dependent upon satisfactory completion of a number of forms, including the Confirmation of Eligibility (COE) form and so the following guidance has been produced to assist you.

#### **Section 1: Applicant details:**

**Applicant name:** You must state your full name as it appears on the professional register.

**Registration details:** You must provide the name of the professional body with whom you are registered, either the Pharmaceutical Society of Northern Ireland (PSNI) or the General Pharmaceutical Council (GPhC) and your registration number. We are required to carry out a check with the PSNI to verify your good-standing and confirm absence of any restrictions on practice as part of the application verification process.

**Registration with other Healthcare Regulator:** You must declare registration with any other Healthcare Regulator by providing the name of the regulator and your registration number.

**Previous enrolment on an Independent Prescribing Course:** You must declare if you have previously been enrolled on an Independent Prescribing course. If so, state the course provider and your enrolment date.

#### **Section 2: Details of patient-oriented experience**

**Work history:** You must demonstrate that you have at least 2 years UK-based patient-orientated practice experience (*not ROI/elsewhere*). Within the table, you should record your work history detailing dates, places of employment, job titles and providing examples of your patient-oriented experience in each role. *Specific examples of patient-orientated experience are listed in Appendix 1.*

### **Section 3: Proposed prescribing practice**

**Name of Designated Prescribing Practitioner (DPP):** The DPP is a medical practitioner with active relevant prescribing competence in the area(s) you intend to practice. You must state the name of your DPP as it appears on their professional register.

**Intended area(s) of practice:** You must indicate the identified clinical area(s) or therapeutic practice in which you will develop your independent prescribing practice. It must be an area in which you can demonstrate the relevant knowledge-base and experience. Please note that this intended area(s) of practice must match the area(s) listed in your DPP agreement.

**Evidence of clinical and therapeutic knowledge-base in intended area(s) of practice:** You must demonstrate that you have the relevant clinical and therapeutic knowledge relating to your intended area(s) of practice. Please provide evidence that your clinical and/or therapeutic knowledge-base is up-to-date in this/these intended area(s) of practice. *Examples of suitable evidence are listed in Appendix 2.*

**Evidence of clinical and/or therapeutic experience and skills in intended area(s) of practice:** You must demonstrate that you have relevant clinical and/or therapeutic experience and skills in your intended area(s) of practice. Within this section, you should record your current scope of practice if relevant. *Other evidence may include that listed in Appendix 3.*

Please note that successful completion of a NICPLD Foundation programme provides sufficient evidence of clinical and/or therapeutic experience and skills in the areas of cardiovascular, diabetes, respiratory and older people and no further evidence is required in this section. Applicants need only attach their Foundation programme certificate to their application.

**Details of experience of prescribing by others.** You should also detail your experience of prescribing by others, some examples of which are given in *Appendix 4.*

### **Section 4: Details of multidisciplinary support network**

**Evidence of multi-disciplinary support network:** Prescribing typically involves working alongside other health or care professionals as part of a multidisciplinary team. You should document how you have developed a multidisciplinary support network for your intended prescribing practice. *Examples are suggested in Appendix 5.*

### **Section 5: Applicant declaration**

**Applicant signature:** You must sign the application form in indelible ink, using your usual signature.

**Date:** You must annotate the application form with the relevant date.

**Email address:** You must provide a current email address. This address must match that held for you on record by NICPLD.

**Daytime telephone no:** You must provide a daytime telephone number on which you can be contacted during normal working hours.

### **Section 6: Employer/Sponsor declaration**

**Name:** The name of the Employer/Sponsoring organisation representative supporting the application to the IP programme should be stated. For hospital practice this is the Trust Pharmacy Manager. For community/primary care the Sponsoring Organisation can be the Employer/ Federation Lead/ GP practice manager.

**Job title:** The job title of the Employer or Sponsoring organisation representative should be stated.

**Signature:** The form must be signed by the Employer or Sponsoring organisation representative.

**Date:** The application must be annotated with the relevant date.

**Email address:** The Employer or Sponsoring organisation representative should provide a current email address.

**Daytime telephone no:** The Employer or Sponsoring organisation representative should provide a current daytime telephone number on which they can be contacted during normal working hours, if required.

## Appendices:

Please note that within the relevant sections, you are **not** expected to have experience of all of the listed examples, nor are the lists exhaustive.

### Appendix 1: Examples of patient-orientated experience

Specific examples of patient-orientated experience may include *evidence of undertaking patient counselling; observation/involvement in specialist clinics; care for specific patient groups; screening services; core pharmacy services; drug history taking; medicines reconciliation; medication review.*

### Appendix 2: Examples of up-to-date clinical and therapeutic knowledge

Evidence that your clinical and therapeutic knowledge is up-to-date include *the current scope of your professional practice, formal live or open learning undertaken, self-directed learning completed (study of guidelines, BNF chapters, COMPASS notes, MHRA updates), any group learning, conferences attended, qualifications achieved or underway, feedback from past employers or other healthcare professionals relating to your knowledge-base.*

### Appendix 3: Examples of activity evidencing clinical and/or therapeutic experience and skills

Evidence of clinical and/or therapeutic experience and skills may include *participation in medication review/MUR, medicines reconciliation upon admission/discharge, drug history taking, kardex review, interfacing between primary and secondary care, clinical audit, provision of services to care homes, writing discharge or outpatient letters, supplying medicines in accordance with PGDs.*

### Appendix 4: Examples of experience of prescribing by others

Evidence of experience of clinical prescribing by others may include *clinical screening of prescriptions, resolution of prescribing queries, observation of/involvement in clinics, provision of services and/or training, prescribing audits, resolution of medication queries, in-patient Kardex review.*

### Appendix 5: Examples of multidisciplinary working

Evidence of development of a multidisciplinary support network may include *work as a ward-based team member; medicines information/poisons centre queries; interface pharmacist; kardex review; resolution of prescriber-initiated medication queries; palliative care services; observation of/involvement in clinics queries; provision of services to care homes.*