

## Advanced Programmes in Pharmaceutical Practice and Therapeutics (AP3T)

# **Independent Prescribing or Advanced Clinical Assessment Units**

## Professional Context Form

This form must also be completed by applicants to the Advanced Clinical Pharmacy Practice MSc, as both the Independent Prescribing and Advanced Clinical Assessment units are compulsory for this course.

To successfully complete both the Independent Prescribing and Advanced Clinical Assessment units, you must be practicing in an appropriate clinical environment. We recommend that you have a defined, narrow area of practice when commencing your prescribing or assessment training, so that you can clearly evidence your competence. We then teach transferable skills that you can use in other areas, with appropriate support from your work-based mentors.

## **Section 1: Your Details**

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| Your name (as it appears on your professional registration) |  |
| Your profession |  |
| Your professional registration number |  |
| Your email address |  |
| Your telephone number |  |
| Your address |  |

## **Section 2: Fitness to Practice**

You **must** disclose any current or pending formal investigations into your practice **or** any pending issues that may affect your ability to practice. Please use this box to notify us of any such issues. We will then contact you in confidence to request further details. This information will not be communicated to the wider Programme Team unless it is deemed necessary to support your studies.

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| Do you have any restrictions on your clinical practice imposed by your regulator or employer? |
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| Would you like to arrange a discussion with the Programme Lead or Director of Studies to discuss this issue and how it could affect your application? |
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## **Section 3: Description of Clinical Area of Focus**

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| Specialist area of focus during your studies |
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| Please identify your planned specialist area of prescribing or assessment, describing the clinical need that you have identified, and how you have developed clinical knowledge and expertise in this area to date. |
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| Please indicate how you plan to use the skills gained on this programme to fulfil this identified clinical need. To do this you may want to review and discuss with your DPP/mentor the clinical skills you will need to use to support your activity in practice. |
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| Describe how you demonstrate a reflective approach to your continuing professional development. You should make reference to recent CPD entries you have made as part of your revalidation. |
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| Explain how you plan to develop personal multidisciplinary networks for support, reflection and learning. |
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| An entry requirement of the programme is that you must have up-to-date clinical, pharmaceutical and pharmacological knowledge, relevant to your planned area of prescribing/assessment. Please provide a description of how you meet this requirement and make reference to any evidence you have to support this. For example you could include completed CPD record(s) which address these areas, provide examples of feedback from healthcare professionals, give examples of patient-facing experience etc. |
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| **For Independent Prescribing unit only**  A requirement of the Independent Prescribing unit is to have at least two years’ appropriate patient-orientated experience post-registration, in a relevant UK practice setting. Please provide information below as to how you fulfil the requirement(s) relevant to your application. Experience could be in a hospital, community or practice-based setting but must include situations whereby the applicant has had to consult with patients on a regular basis in the clinical area in which they are going to be prescribing. |
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| **For Advanced Clinical Assessment unit only**  A requirement of the Advanced Clinical Assessment unit is that you have already completed your Independent Prescribing qualification. Please provide information below as to how you use your IP qualification in practice. Alternatively, if you have only recently completed your IP training, explain how you will combine skills from your IP and ACA units to enhance your clinical practice. |
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## **Section 4: Declaration**

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| **Please respond to all the following statements by adding Yes (or No) in the column to the right** | |
| I believe have the professional competence to undertake the unit(s) I have applied for |  |
| I do not have any personal relationship with the person nominated as DPP or work-based mentor (e.g. family member, close friend etc.) |  |
| I have sufficient indemnity arrangements to cover the activities I will undertake in my workplace while training. |  |

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| If you I will be seeing patients within an organisation in which you are **not employed,** please outline your agreement with this organisation including naming the person who has agreed to your placements, what arrangements are in place for your supervision and what clinical governance is in place (for example we strongly recommend having an honorary contract with the organisation) |
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I declare all the information provided in the above form is correct to the best of my knowledge and belief.

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| Full name |  |
| Date |  |

**This document forms an important part of the application and if it is incomplete, it may delay the processing of the application, and potentially mean an offer cannot be made during this application round.**