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## Nursing, Midwifery and Allied Health Professionals

## NON-MEDICAL PRESCRIBING

## Application Form

#### SECTION 1 – TO BE COMPLETED BY THE APPLICANT

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| --- | --- | --- | --- |
| **PERSONAL DETAILS (Please complete using BLOCK CAPITALS)** | | | |
| Surname/Family Name: | Previous Surname/Family Name (if applicable) | Other Names (in full) | Title: |

|  |  |
| --- | --- |
| Home Address:  ………………………………………………………  ………………………………………………………  ………………………………….………………….  Postcode: ……………….  Telephone No. (including area code):  ……………………………………………………  Mobile No: ……………………………………………………  Email address: …………………………………………………… | Work Address:  ………………………………………………………  ………………………………………………………  ………………………………………………………  Postcode: …………………  Telephone No. (including area code):  ……………………………………………………....  Email address: ………………………………………………..……. |

## This application form covers application for the following professional academic awards:

* **Postgraduate Certificate Non-Medical Prescribing for Nurses and Midwives** (Nursing and Midwifery Council approved)
* **Postgraduate Certificate Non-Medical Prescribing for Allied Health Professionals** (Health and Care Professions Council approved)
* The professional award may also be completed as part 2 of the MScAdvanced Practice in Health Care or MSc Enhanced Professional Practice.

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| --- | --- | --- | --- |
| **NMC**  **Options** | Please tick | **HCPC**  **Options** | Please tick |
| Postgraduate certificate |  | Postgraduate certificate |  |
| Part 2 of MSc |  | Part 2 of MSc |  |
|  |  |  |  |

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| **PROFESSIONAL BODY REGISTRATION** | |
| PIN NUMBER: **Print carefully** | Registration Expiry Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| Nationality | Country of Birth | Date of Birth  Date month year  / / | Gender |

(In order to comply with the latest guidance from the UKBA if your nationality is non-UK/non-EU please provide your passport, and UK ID card or visa stating you have indefinite leave to remain/permanent residency. Without this evidence you cannot be enrolled with Swansea University)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Welsh Speaking:  YES / NO | | Have you previously studied at Swansea University? YES / NO  If yes, please provide your student number: …………………… | | | | |
| **QUALIFICATIONS / TRAINING** | | | | | | | |
| **Date** | | **Name of Qualification** | | **Awarding Board** | **Level** | **Subject** | **CATS Points** |
|  | |  | |  |  |  |  |
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***Copies of previous qualification certificates must be attached for candidates applying for the PGCert. award***

|  |
| --- |
| **FUNDING FOR YOUR PROGRAMME**  *Please tick one of the following:* |
| £ **Self-funding** |
| £ **HEIW funding**  **This must be confirmed by your health board NMP lead**  **NMP lead signature ……………………………………………………………………………………..**  Details: …………………………………………………………………………………………………………………  **Please provide a letter from your sponsor confirming their commitment to fund you each academic year. If this is not provided at that time you will be responsible for payment of the fees and we cannot enrol you until payment has been received.**  **Charges will be made for non-attendance if we have no prior notification.** |
| £ **Contract funding**  Name of Health Board: .............................………………… Fee Code ………………………………………..  Signature of designated Health Board signatory……………………………………………………………………  Print name of signatory: ……………………………………………………………………………………………….  **Please note that failure to provide the correct signature will result in you being booked as a self-funding student.** |

**Professional Registration / Part of the Register**: (Delete as appropriate)

Health and Care Professions Council (HCPC)

Nursing and Midwifery Council (NMC)

Date of first registration: …………..…………………………………………………………………………….

**Please note:**

The **NMC** requires that applicants undertaking an independent prescribing programme must:

* be a registered nurse (level 1), a registered midwife or a SCPHN
* have a practice area with the necessary governance structures in place (including clinical support, access to protected learning time - compulsory and employer support where appropriate) to enable learners to undertake, and be adequately supported throughout, the programme
* must have the competence, experience and academic ability to study at level 7.
* be capable of safe and effective practice at a level of proficiency appropriate to the programme to be undertaken and their intended area of prescribing practice in the following areas:
  + Clinical/health assessment
  + Diagnostics/care management
  + Planning and evaluation of care
* be registered with the NMC for a **minimum of one year prior** to application for entry onto the V300 supplementary / independent prescribing programmes

Applicants working in the independent sector (non-NHS or self-employed) must comply with the above, agree to an education practice audit being undertaking by the programme director and provide evidence of personal liability as appropriate. Adherence to and evidence of protected learning time is requisite. Non-compliance may result in withdrawal from the course.

For nurses working in the cosmetic sector, you must comply with the University of West of England, Independent and Supplementary Prescribing Framework for Cosmetic Nurses document.

The **HCPC** does not have a time criterion for application but Swansea University requires that AHPs applying to undertake an independent prescribing programme must:

* Be suitably experienced and established in the role in which they wish to prescribe.
* For paramedic applicants they will be required to evidence that they are working at an Advanced Paramedic practitioner level (as defined by the College of Paramedics)

**Present Employment**

Post Held (include name & organisation) ………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

How long you have worked in this area?:………………………………………………………………………..

Contact telephone number: ……………………………………………………………………………………..

E-mail ……………………………………………………………………………………………………………..

Job band: ………………..………………………………………………………………………………………..

**Have you undertaken a prescribing course before?** (If yes, please provide details of the University and reasons for not completing the module/course)

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

**Please describe the patient groups you are planning to prescribe for and in what setting**, e.g. which group(s) of patients or disease states, outpatient clinics, ward based etc.?

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

**Please list drugs most likely to prescribe in your first year of prescribing:**

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

**Explain why there is a clinical need for NMP in your current role & how this will benefit patient ca****re** (add more lines if needed)

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**With reference to your professional competency framework, please outline your diagnostic skills and specific continuing professional development (CPD) to prepare you for the role of safe Non-Medical prescribing.** The course is taught & assessed at postgraduate level (Level 7), therefore previous study, good clinical knowledge and skills (relevant to your area/scope of practice) are essential on entry to the programme (or must demonstrate that they can be achieved) (add more lines if needed)

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**NOTE:** Applicants will need to undertake a group interview (collectively working through a pre-set scenario), drug calculation activity\* and individual interview.

Applicants are scored and offered a place if they achieve a score threshold.

\*The ability to calculate drugs is a pre-requisite of the course. The outcome of drug calculation activity does not form part of the selection criteria but is undertaken for student reflection of their learning needs.

## SECTION 2 – TO BE COMPLETED BY SENIOR or LINE MANAGER OF THE APPLICANT

## If the applicant is self-employed or part of a smaller organisation, this can be completed by the Practice Assessor and the Academic assessor who will be heavily involved in these applications. Please ensure that the following applicable professional criteria have been met before signing this application:

* **NMC applicant** must have at least one years’ experience as a practising nurse, midwife or specialist community public health nurse and be deemed competent by your employer to undertake the programme.
* **HCPC applicant** is suitably experienced and established in the role in which they wish to prescribe. (Paramedic applicants must be working as an Advanced paramedic as defined by the College of Paramedics)

**Please complete the following questions to assist us in assessing suitability for the course:**

Is there a clinical need for the applicant to prescribe within their current role YES / NO

If ‘YES’, is this stated in the applicants Personal Development Plan? YES / NO

Has the applicant demonstrated evidence of reflection on performance? YES / NO

Does the applicant possess the necessary clinical diagnostic skills in their current area of practice?

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

Has the suitability of the applicant been discussed with their Non-Medical Prescribing Lead and Education Lead for the organisation / Primary Care Trust? …………………………………………………

………………………………………………………………………………………………………………………

Has a prescribing budget been identified? …………………………………………………………………

Has a practice assessor (DPP) & practice supervisor been identified, who meet the required competencies? ……………………………………………………………………………………………………………………..

Has an education audit been completed within the applicant’s area of work? **YES / NO**

Date audit undertaken?………………………………………………………………………………………….

Name of person who performed the audit? …………………………………………………………………..

Please proceed to next page

Please **tick** against the following to confirm and sign theDeclaration of Institutional / Employer Support

|  |  |
| --- | --- |
| **Declaration of Institutional / Employer Support** | |
| A service has been identified where Non-Medical Prescribing will benefit the patient and the NHS/employer in terms of quicker and more efficient access to medicine for patients |  |
| The relevant clinical lead(s) have agreed to support the introduction of Non-Medical Prescribing for this group of patients |  |
| Arrangements have been made that allow the applicant to be released for training - The applicants will be given 26 days of study and least 12 days for supervised practice with their practice assessor and supervisor. It is acknowledged that these are obligatory |  |
| A practice assessor and supervisor have been identified and suitably meets the competencies within the RPS competency framework for Designated Prescribing Practitioners. |  |
| The applicant will be in a position to prescribe on completion of training |  |
| The applicant will have access to a budget to meet the costs of their prescriptions on completion of training |  |
| The applicant will continue in service after qualification as a prescriber |  |
| The applicant has sufficient therapeutic knowledge and skills in their chosen clinical area to enable them to prescribe safely |  |
| The applicant will be supported to maintain their professional development |  |

## Declaration of Institutional / employer support

Employing Organisation Name: ………………………………………………………….………………….

Applicants name:……………………………………..…………………………………………………………

The above employer has identified an area of clinical practice and need to develop prescribing and the applicant has up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice.

Authorised person on behalf of the Employer:

Name ………………………………………… Signature ……………………………………………………...

Date……………………Practitioner / manager job title: …..……….…………………………….

**For self-employed practitioners, liaise with the programme director in regards the above.**

## SECTION 3 – PRACTICE LEARNING

## Practice Assessor and Practice Supervisor (Designated Prescribing Practitioner DPP)

In addition to your study days, your supervised learning in practice will be at least 12 days of protected learning (obligatory) from your normal workload, although it is expected that much of this will take place in your current place of work.

Traditionally, NMP practice placement supervision was undertaken by a designated medical practitioner – DMP (doctor). Following changes to professional standards, this role can now also be undertaken by independent Non-Medical prescribers who meet the specified criteria – see below.

The responsibility for NMP education in practice should ideally be undertaken by two different people – practice assessor (DPP) and practice supervisor although, in exceptional circumstances, such as the lack of availability of appropriately qualified staff, both roles can be assumed by the same individual. The need for ‘exceptional arrangements’ will need to be supported by the prescribing / education lead within the practice organisation and agreed by the programme director within the University.

A Practice assessor (DPP) and supervisor will need to be identified and approved by the appropriate NMP lead or other employer, working in collaboration with the University during the application process.

The next section is to be completed by your Practice Assessor (DPP) and Supervisor (if further information is required, please contact your Health Board link who is listed on the website, the NMP team [NMPlearning@swansea.ac.uk](mailto:NMPlearning@swansea.ac.uk) or Programme Director, Beth Griffiths, [E.D.Griffiths@swansea.ac.uk](mailto:E.D.Griffiths@swansea.ac.uk).

## Practice Assessor (DPP) – following section to be completed by the practice assessor

**Requirements for Practice Assessor**

 The practice assessor must:

* Be a registered medical practitioner or registered Non-Medical Prescriber
* Be qualified as a prescriber within the student’s intended field of prescribing practice usually for a minimum period of 3 years
* Provide evidence of current experience of the student’s intended field of prescribing practice
* Understand the student’s learning and achievement in theory, the competencies and programme outcomes
* Undertake preparation or provide evidence of prior learning and experience that enables them to demonstrate achievement of the following minimum outcomes:
* interpersonal communication skills, relevant to student learning and assessment
* the conduct of objective, evidence-based assessments of students
* the provision of constructive feedback to facilitate professional development in others
* knowledge of the assessment process and their role within it
* Receive ongoing support and training to reflect and develop their role
* Demonstrate the proactive development of their professional practice and knowledge to fulfil their role
* Appropriately raise and respond to any concerns regarding student conduct, competence and achievement, and be supported in doing so.

Please outline your experience of teaching, supervision and assessment of students:

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

Professional qualifications(please include dates): ……………………………………………………………

………………………………………………………………………………………………………………………

Teaching qualification(s) (please include dates):………………………………………………………………

If you are not an experienced practice educator, you may need to undertake training for this role

**Do you agree to this? Yes / No**

You and the applicant are required to attend a virtual meeting prior to the start of the course. This ensures you both have a full understanding of what is required.

**Do you agree to this? YES / NO**

**Agreement of Practice Assessor - DPP:**

I declare that I am eligible to take on the DPP role and have met all of the criteria described by the Royal Pharmaceutical Society DPP Competency Framework (2019) (page 12) to provide consistent support and shadowing opportunities for …………………………….…………………… (Applicant name).

I am familiar with the requirements of the programme/module which include at least 12 days of learning in a practice environment. The practice placement will be planned in conjunction with the learner using the support and guidance of an academic assessor to achieve professional body requirements.

I understand that as part of this commitment I need to undertake training and I agree to meet with the academic team, practice supervisors and student during the supervised practice.

Signature …………………………………………………………………………………………………………

Practice Assessor – DPP name (Print): ………………………………………………………………………………

Professional registration body, please circle – NMC, HCPC,

Professional registration number………………………………………(Registration status will be checked)

Place of work:…………………………………………………………………………………………………….

E-mail address:…………………………………………………………………………………………………..

Contact telephone no:….………………………………………………………………………………………..

## **Practice Supervisor -** following to be completed by the practice supervisor

**Requirements for Practice supervisor**

The practice supervisor must:

* Be registered with the NMC as a nurse or midwife or be a registered health care professional in another discipline
* Be a qualified prescriber usually for a minimum period of 2 years
* Prescribe on a regular basis
* Provide evidence of current knowledge and experience of the student’s intended field of prescribing practice
* Understand the competencies and programme outcomes they are supporting students to achieve
* Receive ongoing support to prepare, reflect and develop for effective supervision and contribution to, student learning and assessment
* Appropriately raise and respond to any concerns about student conduct and competence and be supported in doing so.

**Please outline your experience of teaching, supervision and assessment of students:**

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

Professional qualifications(please include dates): ……………………………………………………………

………………………………………………………………………………………………………………………

Teaching qualification(s) (please include dates):………………………………………………………………

If you are not an experienced practice educator, you may need to undertake training for this role

**Do you agree to this? Yes / No**

You and the applicant are required to attend a virtual meeting prior to the start of the course. This ensures you both have a full understanding of what is required.

**Do you agree to this? YES / NO**

**Agreement of Practice Supervisor:**

I declare that I am eligible to take on the DPP role and have met all of the criteria described by the Royal Pharmaceutical Society DPP Competency Framework (2019) (page 12) to provide consistent support and shadowing opportunities for …………………………….…………………… (Applicant name).

I am familiar with the requirements of the programme/module which include at least 12 days of learning in a practice environment. The practice placement will be planned in conjunction with the learner using the support and guidance of an academic assessor to achieve professional body requirements.

I understand that as part of this commitment I need to undertake training and I agree to meet with the academic team, practice assessor and student during the supervised practice.

Signature …………………………………………………………………………………………………………

Practice Supervisor name (Print): ………………………………………………………………………………

Professional registration body, please circle – NMC, HCPC

Professional registration number………………………………………(Registration status will be checked)

Place of work:…………………………………………………………………………………………………….

E-mail address:…………………………………………………………………………………………………..

Contact telephone no:….………………………………………………………………………………………..

## **SECTION 4 – Disclosure and Barring Service Check (previously known as CRB**)

Any offer of a place is subject to a satisfactory police check and successful candidates will be required to apply for an enhanced Disclosure and Barring Service (DBS) check. However, candidates in receipt of a current enhanced DBS certificate, who have subscribed to the update service, may give the College of Human and Health Sciences their consent to carry out a status check.

Further details will be sent to applicants upon receipt of a formal offer.

## SECTION 5 – Disability/special needs

**The University is very willing to help students with disabilities. In order to provide the best support for you we need to know about the nature of your disability. The information you provide is treated confidentially.**

**Please circle the appropriate number:**

1. No disabilities or not aware of any additional support/requirements in study or accommodation.
2. Special Learning Needs – if yes please supply a report from an Educational Psychologist
3. Blind/partially sighted
4. Deaf/hearing impaired

4 Wheelchair user/have mobility difficulties

5 Personal care support needed

6 Mental health difficulties

7 Unseen disability e.g. diabetes, epilepsy, asthma

8 Multiple disabilities/special needs

9 Disability not listed above

## SECTION 6 – Declaration & Statement of Commitment to Undertake the Preparation for Non-Medical Prescribing

**DECLARATION**: I confirm that to the best of my knowledge the information on this form is correct. I agree to pay all fees associated with this study in the event of non-payment by the stipulated sponsor. I agree to abide by the Rules and Regulations of the University. I acknowledge that any work submitted electronically during the period of my enrolment at Swansea University may also be submitted via electronic plagiarism detection software. I understand the University is required to supply personal data to certain regulatory and statutory bodies concerned with the Higher Education sector and also supplies personal data to transact its normal business activities and to enable students to make use of services and facilities. (All information on University forms are covered by the provisions of the Data Protection Act 1998 and further details are published on the University’s web pages).

**Statement of commitment:** I confirm that, to the best of my knowledge, the information given on this form is correct and complete. If I am successful in my application, I agree to complete the Non-Medical Prescribing module and to practice as an Independent or Supplementary Prescriber in accordance with my professional code of conduct and local and national Prescribing Policy for the benefit of my service users.

Applicants Name: …………………………………………………………………………………………………

Applicants Signature…………………..………………………………….……Date: …………………………

Checklist (below) to be completed by applicant once sections 1- 4 are complete.

|  |  |
| --- | --- |
|  | Tick |
| I am working in a service where NMP will benefit the patient & the NHS / employer |  |
| My supporting organisation has agreed that there is an identified need for the NMP role |  |
| The relevant Independent Prescribing leads have agreed to support the introduction of NMP for this group of patients |  |
| Senior member of my organisation has completed section 2 in support of my application |  |
| Senior colleague in the NHS/Employer with which my supporting organisation is associated, has completed section 3 (if different from section 2) |  |
| Confirmed the Practice Assessor has completed section 4 |  |
| Confirmed the Practice Supervisor has completed section 4 |  |
| I am registered with the NMC, or HCPC  If applying as a;  **Nurse** – I have at least 1 years’ post-registration experience. I confirm that I am capable of safe & effective practice at a level of proficiency appropriate to the programme to be undertaken and their intended area of prescribing practice in the following areas: Clinical/health assessment, Diagnostics/care management, Planning/evaluation of care.  **Physiotherapist/ Podiatrist/ Chiropodist/ Therapeutic Radiographer/ Paramedic** – I am suitably experienced and established in the role in which I wish to prescribe as an independent prescriber.  **Diagnostic Radiographer/Dietitian** – I am suitably experienced and established in the role in which I wish to prescribe as a supplementary prescriber. |  |
| I am in a position to prescribe on completion of training and have access to a budget |  |
| Arrangements have been made that allow me to be released for training (this includes release for taught days and clinical hours) |  |

Please **email the** completed application form to: CPD - Faculty of Medicine, Health and Life Science [cpd-medicinehealthlifescience@swansea.ac.uk](mailto:cpd-medicinehealthlifescience@swansea.ac.uk)

## SECTION 9 – Office use only

**TO BE COMPLETED BY THE PROGRAMME DIRECTOR:**

Application approved by Programme Director

**YES / NO**

Signature:

Date: ……………………………………………………………

Reason for rejection:

ROYAL PHARMACEUTICAL SOCIETY

Practice Assessor/Designated Prescribing Practitioner (DPP) self-assessment against the framework competencies

Eligibility for people taking on the Practice Assessor - DPP role

|  |  |  |
| --- | --- | --- |
| 1 | Personal Characteristics | Can you provide evidence to demonstrate this competency if required |
| The Practice Assessor/ DPP must be able to demonstrate the competencies of **Prescribing Competency Framework** and: | | |
| 1.1 | Recognise the value and responsibility of the DPP role |  |
| 1.2 | Demonstrates clinical leadership  through their practice |  |
| 1.3 | Demonstrates a commitment to support trainees |  |
| 1.4 | Displays professional integrity,  is objective in supervision and/or assessment |  |
| 1.5 | Is open, approachable and empathetic |  |
| 1.6 | Creates a positive learning culture  through their practice |  |

|  |  |  |
| --- | --- | --- |
| 2 | Professional skills & knowledge | Can you provide evidence to demonstrate this competency if required |
| THE PRACTITIONER TAKING ON THE PRACTICE ASSESSOR/DPP ROLE: | | |
| 2.1 | Works in line with legal, regulatory, professional and organisational standards |  |
| 2.2 | Is an experienced prescriber\* in a patient-facing role |  |
| 2.3 | Is an active prescriber\*\* in a patient­ facing role, with appropriate knowledge and experience relevant to the trainee's area of clinical practice |  |
| 2.4 | Has up to date patient-facing, clinical and diagnostic skills and evidence of demonstrating competence in an area of practice relevant to the trainee |  |
| 2.5 | Has knowledge of the scope and legal remit of Non-Medical prescribing for the **NMP** trainee's profession |  |

\*An experienced prescriber is defined as an active prescriber who would normally have at least 3 years' recent prescribing experience

\*\* An active prescriber consults with patients and makes prescribing decisions based on clinical assessment with sufficient frequency to maintain competence. Reflects and audits prescribing practice to identify developmental needs.

|  |  |  |
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| 3 | Teaching and training skills | Can you provide evidence to demonstrate this competency if required |
| THE PRACTITIONER TAKING ON THE PRACTICE ASSESSOR/DPP ROLE: | | |
| 3.1 | Has experience or had training in teaching and/or supervising in practice |  |
| 3.2 | Has knowledge, either experiential or through formal training, of different teaching methods to facilitate learning in practice and adapt to individual student needs |  |
| 3.4 | Articulates decision making processes and  justifies the rationale for decisions when teaching or training others |  |
| 3.5 | Has knowledge of a range of methods of assessment and experience of conducting  assessment of trainees in clinical practice |  |
| 3.6 | Delivers timely and regular constructive feedback |  |
| 3.7 | Facilitates learning by encouraging critical thinking and reflection |  |

|  |  |  |
| --- | --- | --- |
| 4 | Working in partnership | Can you provide evidence to demonstrate this competency if required |
| IN DELIVERING THE ROLE, THE PRACTICE ASSESSOR/ DPP IS ABLE TO: | | |
| 4.1 | Work with the trainee to establish their baseline knowledge and skills, and jointly create a development plan for meeting  learning outcomes |  |
| 4.2 | Regularly assess the trainee at appropriate intervals to guide gradual handover of elements of the process that lead to a prescribing decision |  |
| 4.3 | Work in partnership with the trainee, other practitioners and the programme provider to confirm the competence of the trainee |  |
| 4.4 | Recognise own limits in capacity, knowledge and skills and areas of practice where other practitioners may be better placed to support learning |  |
| 4.5 | Advocate and facilitate a multidisciplinary team (MDT) approach to training by encouraging the trainee to learn from other appropriate practitioners |  |

|  |  |  |
| --- | --- | --- |
| 5 | Prioritise patient care | Can you provide evidence to demonstrate this competency if required |
| IN DELIVERING THE ROLE, THE PRACTICE ASSESSOR/ DPP IS ABLE TO: | | |
| 5.1 | Ensure that safe and effective patient care remains central to practice through effective clinical supervision |  |
| 5.2 | Ensure patients are informed of and consent to trainee presence at consultations |  |
| 5.3 | Identify and respond appropriately to concerns regarding the trainee's practice or behaviour |  |
| 5.4 | Act in the interest of patient and public safety when making decisions on trainee competence |  |

|  |  |  |
| --- | --- | --- |
| 6 | Develop within the role | Can you provide evidence to demonstrate this competency if required |
| IN DELIVERING THE ROLE, THE PRACTICE ASSESSOR/ DPP IS ABLE TO: | | |
| 6.1 | Is open to learn and be challenged and uses feedback from trainee and others, to improve their clinical and supervisory practice |  |
| 6.2 | Regularly reflects on their role as a DPP and the potential for improvement |  |
| 6.3 | Identifies when help is required in DPP role and when, and where, to seek support |  |
| 6.4 | Undertakes and records continuing professional development (CPD) encompassing knowledge and skills that are applicable to the DPP role |  |

|  |  |  |
| --- | --- | --- |
| 7 | Learning environment | Can you provide evidence to demonstrate this competency if required |
| TO ENSURE AN APPROPRIATE ENVIRONMENT FOR LEARNING THE PRACTICE ASSESSOR/ DPP IS ABLE TO: | | |
| 7.1 | Negotiate sufficient time to supporting the trainee throughout their period of learning in practice |  |
| 7.2 | Encourage an environment that promotes equality, inclusivity and diversity |  |
| 7.3 | Create a safe learning culture that encourages participation and open discussion to support learning |  |

|  |  |  |
| --- | --- | --- |
| 8 | Governance | Can you provide evidence to demonstrate this competency if required |
| THE PRACTICE ASSESSOR/DPP: | | |
| 8.1 | Acknowledges their role and responsibilities within the wider governance structure, including the programme provider, employing organisation, professional regulator and others |  |
| 8.2 | Ensures familiarity with the process of escalating concerns about a trainee, and, where appropriate, engages with this process |  |
| 8.3 | Engages with the employing organisation (or equivalent) to ensure support and resources are available to undertake DPP role |  |