

Declaration from proposed Designated Prescribing Practitioner (DPP)

(for HCPC practice educators, GPhC DPPs and NMC practice assessors)

Applicant: you need to upload a signed copy of this form with your online application.

Proposed DPP: please complete this declaration which is aligned to [The Competency Framework for Designated Prescribing Practitioners](#)

| I declare the following in connection with my proposed role for the following applicant: | | Yes | No |
|--|--|---|--------------------------|
| Knowledge/skills | I am an experienced prescriber in a patient-facing role with at least three years recent prescribing experience | <input type="checkbox"/> | <input type="checkbox"/> |
| | I am an active prescriber in a patient-facing role, consulting with patients and making prescribing decisions based on clinical assessment, in the applicant's scope of practice | <input type="checkbox"/> | <input type="checkbox"/> |
| | I have up-to-date patient-facing, clinical and diagnostic skills in the applicant's scope of practice | <input type="checkbox"/> | <input type="checkbox"/> |
| | I regularly reflect and audit my prescribing practice to identify my developmental needs, including recording continuing professional development (CPD) on the knowledge and skills for this role as a DPP | <input type="checkbox"/> | <input type="checkbox"/> |
| | I confirm I meet all the competencies in The Competency Framework for all Prescribers | <input type="checkbox"/> | <input type="checkbox"/> |
| Partnerships | I agree to support and supervise the applicant in the workplace, providing feedback on their progress towards, and achievement of, knowledge, skills and behaviours | <input type="checkbox"/> | <input type="checkbox"/> |
| | I agree to work in partnership with the applicant, other practitioners and supervisors, and the programme team to confirm the competence of the applicant | <input type="checkbox"/> | <input type="checkbox"/> |
| | I agree to facilitate multidisciplinary team approaches to training | <input type="checkbox"/> | <input type="checkbox"/> |
| | I agree to supervise the applicant for 33% to 50% of their hours of learning in practice | <input type="checkbox"/> | <input type="checkbox"/> |
| | I will ensure that the period of supervised learning in practice is normally completed within a six to ten-month period from commencement of the programme | <input type="checkbox"/> | <input type="checkbox"/> |
| Governance | I have been provided with information previously, or by the applicant, about the role | <input type="checkbox"/> | <input type="checkbox"/> |
| | I have the support of my employing organisation to act in this role | <input type="checkbox"/> | <input type="checkbox"/> |
| | Whilst supporting this applicant, how many other prescribing students will you be supporting as a DPP/ practice supervisor | | |
| | I work within the same organisation and clinical area as the applicant | <input type="checkbox"/> | <input type="checkbox"/> |
| | In line with University regulations I confirm I am not in an intimate relationship with, or closely related to, the applicant | <input type="checkbox"/> | <input type="checkbox"/> |
| | In line with my professional code of conduct I agree to be honest and objective in assessing performance and writing references | <input type="checkbox"/> | <input type="checkbox"/> |
| | In line with my professional code of conduct I agree to raise concerns about the conduct and competence of others | <input type="checkbox"/> | <input type="checkbox"/> |
| | I am aware that if at any time I feel I do not have the competence or confidence to continue in this role I should discuss this urgently with the programme team | <input type="checkbox"/> | <input type="checkbox"/> |
| | I agree to undertake a University induction for this programme | <input type="checkbox"/> | <input type="checkbox"/> |
| Experience | I have previously undertaken the role of practice supervisor for a nurse prescribing trainee | <input type="checkbox"/> | <input type="checkbox"/> |
| | I have previously undertaken the role of Designated Medical Practitioner (DMP), Designated Prescribing Practitioner (DPP), HCPC Practice Educator or NMC Practice Assessor for a prescribing trainee | <input type="checkbox"/> | <input type="checkbox"/> |
| | I have experience of teaching and/or supervising workplace-based learning | <input type="checkbox"/> | <input type="checkbox"/> |
| | I have experience of conducting assessment of trainees in clinical practice | <input type="checkbox"/> | <input type="checkbox"/> |
| | Please choose one of these options (see overleaf for details) | 1. I have annotation as a GMC trainer or 2. I will provide evidence of previous training or 3. I will provide evidence of my relevant experience or 4. I agree to complete workplace-based learning training during induction | Choose an option |
| Contact details | Name | | |
| | Healthcare profession | | Registration number |
| | Work email address | | Work phone number |
| | Work address | | |
| | Signature | | Date |

