



Faculty of Health and Life Sciences  
School of Pharmacy

# Practice Certificate in Independent Prescribing

Designated Prescribing Practitioner Handbook  
2023-2026 v.2

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## Executive summary

Thank you for agreeing to fulfil the role of Designated Prescribing Practitioner (DPP) for a pharmacist independent prescribing in training (PIPiT) at De Montfort University (DMU). The course is regulated by the General Pharmaceutical Council (GPhC) and further information about this can be found at:

- [https://www.pharmacyregulation.org/sites/default/files/standards\\_for\\_pharmacy\\_professionals\\_may\\_2017\\_0.pdf](https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf)
- <https://www.pharmacyregulation.org/sites/default/files/document/in-practice-guidance-for-pharmacist-prescribers-february-2020.pdf>
- <https://www.pharmacyregulation.org/education/pharmacist-independent-prescriber>
- <https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-october-2022.pdf>
- <https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>

Contact details for the team can be found on page 6 – please do contact us if you have any questions about your role. Key dates for the September 2023 cohort can be found on page 7. Detailed guidance about your role can be found on page 10 and a “to do” list on page 16.

PIPiTs will have identified an area of clinical practice in which to develop their independent prescribing practice. Your DPP role is key to the development of the student’s prescribing practice in this clinical area. You are responsible for supervising, teaching and assessing the PiPiT’s achievement of the behaviours, skills, knowledge and understanding to meet the learning outcomes above and the RPS prescribing competencies throughout the course and during their minimum 90 hours of learning in practice.

These 90 hours of learning in practice are where the PiPiT develops the behaviours, skills and competencies required of a prescriber. This Learning in Practice time is expected to be related to their future prescribing role. About half the time (45 hours) should be with patient groups and circumstances within the student’s scope of practice and for which the student is likely to prescribe. The remaining time should be spent shadowing in wider areas of practice to gain broader experience of the prescribing role, with a wider group of patients and clinical conditions. The student should spend about half of their time with you, and the remaining time with wider members of the multidisciplinary team during Learning in Practice, with your overall supervision.

It is your responsibility to consider and check the suitability of the wider members of the MDT, whom the student is shadowing, are appropriately qualified and experienced. The PiPiT cannot prescribe until they are annotated as an independent prescriber on the GPhC register. You alone are responsible for making a final competency declaration for the PiPiT.

At DMU we use a virtual learning environment (VLE) called LearningZone for most of our teaching, communication and assessment submission. We use a tool called PebblePad to capture and record all activities related to the student’s learning in practice period, and so we will require you to complete and sign forms on PebblePad as part of your regular reviews of the student’s progress and final sign-off of competency. We will create a PebblePad login for you, as a DPP, and send you these details. We use PebblePad to capture and record all activities related to the student’s learning in practice period, and so we will require you to complete and sign forms on PebblePad as part of your regular reviews of the student’s progress and final sign-off of competency.

## Introduction

Firstly, thank you for agreeing to fulfil the role of Designated Prescribing Practitioner (DPP) for a pharmacist independent prescribing in training (PIPiT). We hope that you will enjoy supporting the pharmacist in their training, and that the working relationship you establish will be beneficial to both of you and your patients. Welcome to the team at De Montfort University, supporting the trainee pharmacist independent prescriber.

This guidance document provides a summary of the Practice Certificate in Independent Prescribing for Pharmacists course at De Montfort University (DMU) and is intended to provide background information for a DPP about their role, responsibilities and support. Please do not hesitate to contact the postgraduate team for further information at any time during the course.

### Pharmacist Independent Prescribers

Pharmacist independent prescribers are, like all pharmacists, regulated by the General Pharmaceutical Council (GPhC), and the GPhC standards for pharmacy professionals apply to ensure pharmacists provide safe and effective care for patients. Further information about this can be found from the GPhC

at: [https://www.pharmacyregulation.org/sites/default/files/standards\\_for\\_pharmacy\\_professionals\\_may\\_2017\\_0.pdf](https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf)

Further information about pharmacist independent prescribing is available from the GPhC: <https://www.pharmacyregulation.org/sites/default/files/document/in-practice-guidance-for-pharmacist-prescribers-february-2020.pdf>

and <https://www.pharmacyregulation.org/education/pharmacist-independent-prescriber>.

## About the Course

The Practice Certificate in Independent Prescribing for Pharmacists at De Montfort University is a 45-credit Masters level course which may be delivered as a stand-alone professional development course or as one module of the MSc in Clinical Pharmacy or the Advanced Clinical Practice MSc. It is accredited by the GPhC and leads to a professional award that permits recipients to apply to the Registrar to have their entry on the register annotated as an Independent Prescriber.

The course has been developed in accordance with the learning outcomes and standards set by the GPhC. The GPhC Learning Outcomes are structured within four domains; person-centred care, professionalism, professional knowledge and skills and collaboration. Pharmacists must achieve all outcomes for successful completion of their independent prescribing education. You can find the mapping of the GPhC learning outcomes onto the DMU module learning outcomes in Appendix 1. Further information on the learning outcomes and standards can be found at:

<https://www.pharmacyregulation.org/sites/default/files/document/standards-for-the-education-and-training-of-pharmacist-independent-prescribers-october-2022.pdf>

The course is delivered by a number of experienced professionals who are committed to excellent teaching and a collaborative and collegial partnership with students, DPPs and learning in practice settings.

## DMU team contact details

Contact details of the Postgraduate Team for the Practice Certificate in Independent Prescribing can be found below.

|  |  |  |
|--|--|--|
| Any member of the team<br>E: <a href="mailto:pharmacyIP@dmu.ac.uk">pharmacyIP@dmu.ac.uk</a>  | <b>Tim Harrison</b><br>Associate Professor<br>in Postgraduate<br>Pharmacy Education<br>Tel: 0116 250 6540<br>E: <a href="mailto:tharrison@dmu.ac.uk">tharrison@dmu.ac.uk</a> | <b>Margaret Stone</b><br>Pharmacist Independent Prescribing<br>Lead<br>Tel: 0116 250 6248<br>E: <a href="mailto:margaret.a.stone@dmu.ac.uk">margaret.a.stone@dmu.ac.uk</a> |
| <b>Meera Naran</b><br>Senior Lecturer<br>in Clinical Pharmacy<br>Tel: 0116 207 8116<br>E: <a href="mailto:meera.naran@dmu.ac.uk">meera.naran@dmu.ac.uk</a> | <b>Tahir Khalifa</b><br>Senior Lecturer<br>in Clinical Pharmacy<br>E:<br><a href="mailto:tahir.khalifa@dmu.ac.uk">tahir.khalifa@dmu.ac.uk</a>                                | <b>Hemali Vather</b><br>Senior Lecturer<br>in Clinical Pharmacy<br>E: <a href="mailto:hemali.vather@dmu.ac.uk">hemali.vather@dmu.ac.uk</a>                                 |

## Timeframe of the course

The course teaching is delivered over a 4-month period of time and is taught by a combination of attendance at the university on 8 compulsory study days, self-directed learning and learning in practice. Some assessment is completed within the 1<sup>st</sup> 4 months, with a final portfolio of evidence which can be submitted 4, 6 or 12 months after the course starts. Your student will choose their how long they wish to take to complete the portfolio, and they should discuss this with you.

The course requires approximately 450 hours of study, comprised of the following:

| Activity   | Hours     |
|--|-----------|
| Workshop   | 40 hours  |
| Practical  | 13 hours  |
| Online Learning  | 38 hours  |
| Structured independent learning  | 180 hours |
| Collaborative Activity (including 90 hours of learning in practice)      | 100 hours |
| Self-directed learning (e.g. additional learning in practice or reading) | 39 hours  |
| Assessments  | 50 hours  |

## DMU Learning Outcomes

**Upon successful completion of the course, pharmacists will be able to:**

1. Critically evaluate a person-centred and partnership approach to care, through self-awareness of own values and beliefs, and understanding of legal and ethical responsibilities, in order to support individuals to make risk assessed and autonomous informed decisions.
2. Demonstrate a critical understanding of, and reflection on, the prescribing role within a multi-disciplinary team, to ensure accountability and acknowledging influences on prescribing practice, including raising concerns or reporting of inappropriate or unsafe practice.
3. Apply evidence-based decision making to all prescribing decisions through a systematic understanding and critical awareness of pharmacology, therapeutics, public health and health promotion, to manage the risks and benefits of holistic patient management.
4. Ensure safe prescribing practice, and improved patient outcomes, through systematic understanding and utilisation of emerging systems, technologies and practice, and application

of the principles of effective monitoring and ongoing management underpinned by appropriate governance processes and documentation that aligns with relevant legislation.

5. Apply effective history-taking, consultation, diagnostic and clinical skills to critically evaluate complex information to optimise patient care, recognising the limits of own practice and appropriate referral and support processes.
6. Demonstrate appropriate skills to uncover information from individuals who are guarded about, or unaware of their health needs, with critical reflection on their own role, and those of others, with regards to safeguarding children and vulnerable adults.
7. Demonstrate all of learning outcomes within the current GPhC Standards for the Education and Training of Pharmacist Independent Prescribers.

**Students must demonstrate all learning outcomes of the programme and those of the GPhC in order to pass.** The GPhC learning outcomes have been mapped to the university's learning outcomes for this course and this can be found in **Appendix 1**.

Students must also demonstrate the prescribing competencies as defined within the Royal Pharmaceutical Society (RPS) Prescribing Competency Framework for all Prescribers for successful completion of the course. The RPS Prescribing Competency Framework was published by the RPS in collaboration with all prescribing professions in the UK and defines the 'competencies expected of all prescribers to support safe prescribing'. It can be found in **Appendix 2** and at: <https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>.

It is comprised of 10 overall competencies, split into two domains – the consultation (competencies 1-6) and prescribing governance (competencies 7-10).

### Key Dates

Key Dates for the course can be found below:

| <b>Course Start 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> January 2024</b> |  |
|--|--|
| <b>Assessments</b>   |  |
| 27 <sup>th</sup> – 29 <sup>th</sup> Feb 2024   | Formative OSCE Day   |
| 11 <sup>th</sup> & 16 <sup>th</sup> April 2024                                       | Summative OSCE Day   |
| 10 <sup>th</sup> May 2024  | Structured Case Report Deadline  |
| Varies – 10 <sup>th</sup> May, 12 <sup>th</sup> July 24 or 10 <sup>th</sup> Jan 25   | Portfolio Deadline   |
| <b>Student's Study Days</b>  |  |
| 09 <sup>th</sup> – 11 <sup>th</sup> Jan 2024   | Induction  |
| 16 <sup>th</sup> -18 <sup>th</sup> Jan 2024  | Communication and Consultation Skills, Assessment tutorials, Influences on prescribing                   |
| 30 <sup>th</sup> , 31 <sup>st</sup> Jan, 1 <sup>st</sup> Feb 24                      | Clinical Skills  |
| 06 <sup>th</sup> - 08 <sup>th</sup> Feb 2024   | Clinical Skills  |
| 27 <sup>th</sup> – 29 <sup>th</sup> Feb 2024   | Safeguarding, Mock OSCE, Psychology of Prescribing   |
| 06 <sup>th</sup> March 2024  | Interprofessional Education Event, Clinical Decision Making in Chronic Disease Management, OSCE Feedback |
| 19 <sup>th</sup> – 21 <sup>st</sup> March 2024                                       | Legal Aspects of Prescribing, Learning and Assessment Tutorial, Clinical and Communication skills        |

## The Role of the DPP

Successful completion of the pharmacist independent prescribing course requires collaboration between the DPP, pharmacist prescriber in training, the university and learning in practice setting(s). Your role as the DPP is integral to this collaboration, and, as such, we recognise your importance to the student's training and assessment. You are responsible for contributing to the formal assessment processes used on the course and for assessing and certifying the student's competence to practise as an independent prescriber.

Pharmacist independent prescribers in training will have identified an area of clinical practice in which to develop their independent prescribing practice. Your DPP role is key to the development of the student's prescribing practice in this clinical area. You are responsible for supervising, teaching and assessing the pharmacist's achievement of the behaviours, skills, knowledge and understanding to meet the learning outcomes above and the RPS prescribing competencies throughout the course and during their minimum 12 days of learning in practice.

The GPhC, in recognition of the importance of your role, have provided Guidance on Supervising Pharmacy Professionals in Training. We recommend you access and read it, and follow its principles during your DPP role. Other healthcare professionals who work with the trainee pharmacist prescriber will also find it useful to support their interactions with the pharmacist. It can be found at the following link: <https://www.pharmacyregulation.org/content/guidance-supervising-pharmacy-professionals-training>.

The RPS have also provided a competency framework for DPPs, which can be found at: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/DPP%20Framework/DPP%20competency%20framework%20Dec%202019.pdf?ver=2019-12-18-150746-160>. You will find this useful as you develop your DPP role and identity, and it could be used as part of your professional re-validation process, as a way to demonstrate your competence as a DPP.

## Learning in Practice

### Time spent learning in practice

It is a requirement of the GPhC that the student spends the equivalent of 12 days (90 hours) 'Learning in Practice' during which they should work alongside the DPP and other members of the MDT in order to develop the behaviours, skills and competencies required of a prescriber. Students may spend more than 90 hours learning in practice, if they wish to. This Learning in Practice time is expected to be related to their future prescribing role and should facilitate the development of the required skills and competencies. About half the time (45 hours) should be with patient groups and circumstances within the student's scope of practice and for which the student is likely to prescribe. The remaining time should be spent shadowing in wider areas of practice to gain broader experience of the prescribing role, with a wider group of patients and clinical conditions. All learning in practice must take place in clinical settings, with direct access to patients.

It is not expected that you will need to spend all 90 hours with the student directly shadowing you. The student should spend about half of their time with wider members of the multidisciplinary team during Learning in Practice, with your overall supervision. We recommend that at least 45 hours of the student's learning in practice is spent directly with their DPP. Where this is not feasible, or where you wish to delegate supervisory arrangements, this is permissible after discussion with the module team. Such arrangements must be clearly outlined in the learning needs analysis. Feedback from

individuals to whom supervision has been delegated must be documented within the periodic review of the learning needs analysis and captured on Form D when the final competency declaration is made. You, as the DPP are responsible for overall supervision of the student and for assessing and certifying the student's competence in prescribing practice. As such, it is your responsibility to consider and check the suitability of the wider members of the MDT, whom the student is shadowing, are appropriately qualified and experienced. This includes ensuring these persons have adequate indemnity insurance to carry out this role. You should also liaise with and ask for comment from all whom the student is shadowing in order to gain an understanding of the student's progress. The PIPiT cannot prescribe until they are annotated as an independent prescriber on the GPhC register.

You alone are responsible for making a final competency declaration for the student, using the prescribing competencies as per the RPS Competency Framework as the basis for this declaration. In reaching that decision, you can take advice from wider members of the MDT, but this responsibility cannot be delegated.

### Information to the Learning in Practice setting

It is your responsibility as the DPP to ensure the PIPiT's learning in practice setting is prepared for their training. You can do this by identifying suitable members of the team for them to spend time with, ensuring all staff are aware of the PIPiT's role as a trainee prescriber, requesting access to the relevant information and IT systems and ensuring the PIPiT is invited to any relevant governance meetings. There will be other, sector specific ways that you can assist the practice setting to prepare for and accommodate the PIPiT.

### Supervision

Pharmacist independent prescribers in training must be supervised by a qualified healthcare professional at all times during their Learning in Practice time. We define supervision as:

- The supervising practitioner being in a position to oversee the actions of the student at all times to ensure decision-making is not flawed or compromised and that patient safety is the paramount concern. This needs to consider the potential 'unconscious incompetence' of the student with regards to prescribing practice.

### Student e-portfolio

At De Montfort University we use a virtual learning environment (VLE) called LearningZone for most of our teaching, communication and assessment submission. We have set up e-portfolios within this for each student, using a tool called PebblePad. You may be used to using this with other universities. We will create a login for you, as a DPP, and send you these details. We use PebblePad to capture and record all activities related to the student's learning in practice period, and so we will require you to complete and sign forms on PebblePad as part of your regular reviews of the student's progress and final sign-off of competency. We will email you further information about how to use PebblePad nearer the student's induction day.

## Guidance for Learning in Practice

As you can see, you have an important role in ensuring the trainee pharmacist prescriber's learning in practice time prepares them for their qualification as a prescriber. We have the following guidance for you in fulfilling your role in providing support, teaching and supervision for Learning in Practice. We will require you to complete all the forms on PebblePad, but have included them in the appendices for you to view before accessing PebblePad.

### Planning Learning in Practice

1. Establish how the mentoring role and supervision will be carried out at the start of the course, in line with the requirements of the GPhC and University, **review and sign the learning agreement on PebblePad (Appendix 5)**.
2. Co-ordinate and plan opportunities for learning, facilitation of learning in practice and feedback to the student, considering the commitments of the student, DPP, the most appropriate opportunities, the student's preferred learning style and other relevant considerations.
3. Meaningfully plan hours of learning in practice within the first two weeks of the course, through **completion of a Learning Needs Analysis (Form A), on PebblePad (Appendix 4)**. This is a working document which identifies the breadth and depth of the student's current experiences within their chosen scope of practice and competence, their learning needs for the course in order to develop competence as a prescriber as per the competencies within the RPS Single Competency Framework for Prescribers and when, where and how learning in practice will take place. This will be very individual to the student and we suggest that you consider this, together with the student, at an early stage.
4. Learning in practice should be reviewed and the Learning Needs Analysis re-examined periodically throughout the duration of the course. **The Learning Needs Analysis (Form A) must be completed 1-2 weeks into the course and reviewed again, a minimum of 3 times**, with the joint action plan being reviewed regularly for achieving competencies and for professional and clinical development and clinical examination and assessment skills. Discussions taking place and plans made must be documented on the Learning Needs Analysis, completed on PebblePad. The deadlines for these to be periodically uploaded are indicated in the key dates below. Please note that the Learning Needs Analysis must be reviewed at least four times throughout the duration of the course, but may be reviewed more often, if so wished.

### **Facilitating supervision in Learning in Practice**

1. Dedicated time and opportunities for the pharmacist to observe how a healthcare professional conducts a "consultation/interview" with patients and/or their carers, and the development of a subsequent management plan.
2. Opportunities to allow in-depth discussion and analysis of clinical management using a random case analysis approach, when patient care and prescribing behaviour can be examined further.
3. Facilitation of student learning by encouraging critical thinking and reflection with the use of the student's portfolio or learning plan.
4. Opportunities for the student to carry out observed consultations and suggest clinical management and prescribing options, which are then discussed with the supervisor.

### **Teaching support during Learning in Practice**

1. Teaching and support should focus on the student's scope of practice, patient groups and circumstances for which the student is likely to prescribe. It should help the student to develop critical thinking skills and reflection as a prescriber and encourage the student to develop knowledge and skills as a prescriber as per the RPS Single Competency Framework for Prescribers.
2. Teaching should include information about safeguarding and governance processes within your workplace. The factual aspects of this can be delivered by e-learning or someone from your organisation, with a follow-up discussion with yourself about how it can be applied to prescribing practice.

## Competency and clinical development during Learning in Practice

### 1. You should fairly assess the student's development of prescribing competence and clinical development throughout the duration of the course.

- Make a judgement about the student's competence, ability to practise as an independent prescriber and ability to demonstrate/actual demonstration of the competencies within the RPS Single Competency Framework for Prescribers. Assessment can take place during Learning in Practice.

#### Note that:

Where a student cannot demonstrate a competency within the framework in an autonomous manner until they are entitled to prescribe, you are being asked to confirm that the student has demonstrated the potential to demonstrate the competency.

Whilst the competency framework applies to all prescribers, professional context is important. As such, the student is being asked to demonstrate the competency within the context of their professional role.

- Monitor the student's clinical development throughout the duration of the course.
- Provide written and constructive feedback to the student about their progress periodically, as indicated on the Learning Needs Analysis (Form A), creating a joint action plan for the student to achieve competencies and the student's professional development.

### 2. You should make arrangements for the support of the student during any periods of DPP absence or leave. If this is for longer than a 2 week period, please discuss the arrangements with the university module team. It may be that an alternative DPP needs to be formally considered and approved.

### 3. Consider feedback from other members of the MDT whom the student is shadowing:

- Consider and check the suitability of the MDT members whom the student will shadow
- Liaise with the other members of the MDT with whom the student is undertaking shadowing and learning opportunities to gain an understanding of the student's skills and competency development.

### 4. Consider the student's competency and complete Form D, Competency Sign Off, a declaration which signed by you to verify the student's prescribing competency. This should be completed via PebblePad prior to the end of the course at 4, 6 or 12 months. (See Appendix 5)

## Feedback during Learning in Practice

### **To the student:**

Feedback to the student is an important part of their development in competence as a prescriber. It should be constructive, fair, timely and based upon evidence. Feedback should be provided on a regular basis verbally as well as formally through the learning needs analysis.

### **To the university**

You can provide the module team with information regarding the student's progress on the learning needs analysis and more often if you feel necessary. This includes any exceptional demonstration of competence and any concerns relating to their competence/motivation/attitude. The university has fitness to practice procedures in place which apply to students on the Postgraduate Certificate in Independent Prescribing and any questions relating to fitness to practice must be reported to the module team without delay.

## Support for DPPs

The module team will be the primary source of support from the University, with regards to guidance about the course and any aspect of the supervisory role. Contact details for the module team can be found on page 3 of this document. The module team will provide feedback to you via the student feedback on their portfolio about your performance as supervisors. If you require more feedback than this, for example for your ACP portfolio, please contact the module team. We can also arrange extra support for your DPP role if you request it.

The module team will also provide support in dealing with any concerns regarding the student's development, attitude or motivation or any circumstances in which the student may require further support. This includes any reasonable adjustments for the student or yourself. Please raise any reasonable adjustment requirements with the module team.

## Your role with Assessments

There are three main assessments for students during the course, each of which have various components. An outline of each assessment is provided as Appendix 6. The university module team will prepare the students for the assessments, and provide opportunities for academic review of formative (draft) assessments. You are requested to provide support, teaching and feedback for assessments in the following ways:

| OSCE  |
|---|
| <p>Provide opportunities for the student to develop and refine their knowledge and skills with taking basic observations, history taking and communication with patients.</p> <p>Please note that basic clinical assessment and examination skills are taught briefly on the course, however, students should develop these under direct supervision during Learning in Practice and should learn the clinical assessment skills which are specific to their scope of practice during their Learning in Practice.</p> |

| Structured Case Report  |  |
|---|--|
| <i>Please note deadlines for submitting summative assessments are listed within the 'Key Dates' Section of this handbook.</i> |  |
| <p><b>Development of a Prescribing Algorithm (Activity 1)</b></p>   | <ol style="list-style-type: none"> <li>1. Provide formative feedback to the student on the development of their prescribing algorithm.</li> <li>2. Provide formal feedback on the student's prescribing algorithm to the University using the DPP Comments for SCR Form at <b>Appendix 7</b>. This includes checking for clinical accuracy and any omissions and the form should be emailed, by yourself, directly to the module team at <a href="mailto:pharmacyIP@dmu.ac.uk">pharmacyIP@dmu.ac.uk</a> prior to the submission deadline.</li> </ol> |
| <p><b>Management of a typical patient (Activity 2)</b></p>  | <ol style="list-style-type: none"> <li>1. Provide formative feedback to the student on their synopsis.</li> <li>2. Provide formal feedback on the student's synopsis using the DPP Comments for SCR Form at <b>Appendix 7</b>. This includes checking for clinical accuracy and should be emailed, by yourself, directly to the module team at <a href="mailto:pharmacyIP@dmu.ac.uk">pharmacyIP@dmu.ac.uk</a> prior to the submission deadline.</li> </ol>   |
| <p><b>Developing a therapeutic framework (Activity 3)</b></p>   | <ol style="list-style-type: none"> <li>1. Provide formative feedback to the student on their therapeutic framework.</li> </ol> <p>Provide formal feedback on the student's therapeutic framework using the DPP Comments for SCR Form at <b>Appendix 7</b>. This includes checking for appropriateness of resources used and accuracy and</p>   |

|   |   |
|---|---|
|   | should be emailed, by yourself, directly to the module team at <a href="mailto:pharmacyIP@dmu.ac.uk">pharmacyIP@dmu.ac.uk</a> prior to the submission deadline. |
| The student's work will be marked at the University using the marking rubric ( <b>Appendix 7</b> ) and the appropriate grade applied. You are not required to grade the student's work. |   |

| <b>Portfolio</b>   |  |
|--|--|
| <i>Please note summative submission deadlines are listed within the 'Key Dates' Section of this handbook.<br/>Please provide feedback to the student prior to deadlines.</i> |  |
| <i>All forms for the portfolio should be completed online via PebblePad</i>  |  |
| <b>Form A</b><br><br><b>Learning Needs Analysis (Appendix 4)</b>   | <p>This form should be completed to provide written and constructive feedback to the student about their progress periodically, as indicated on the Learning Needs Analysis Form, creating a joint action plan for demonstrating professional development and the competencies within the RPS Single Competency Framework for Prescribers.</p> <p>This should be completed by the DPP and Student at:</p> <ul style="list-style-type: none"> <li>- The start of the course</li> <li>- Twice during the course</li> <li>- At the end of the course</li> </ul> |
| <b>Form B</b><br><br><b>Log of Hours (Appendix 8)</b>  | <p>This form provides a detailed overview of the accumulated 90 hours of learning in practice.</p> <p>You should check and if ok, sign, this form prior to the end of the course.</p>  |
| <b>Form C</b><br><br><b>Signature Log (Appendix 9)</b>   | <p>This form provides evidence of the practitioners that have been shadowed during learning in practice hours.</p> <p>You should check and if ok, sign, this form prior to the end of the course.</p>  |
| <b>Form D</b><br><br><b>Competency Sign Off (Appendix 5)</b>   | <p>This form is a declaration, signed by the DPP to verify prescribing competency.</p> <p>You should check and if ok, sign, this form prior to the end of the course.</p>  |

## DPP To-Do List

|   |             |
|---|-------------|
| <b>At the start of the course</b>   | <b>Tick</b> |
| Learning in Practice  |             |
| Complete <b>Learning Needs Analysis (Appendix 6)</b> Initial Review- approx. 1-2 weeks into the course  |             |
| Plan Learning in Practice Hours   |             |
| Put process into place to obtain feedback from other clinicians about student progression and competency  |             |
| <b>Sign Learning Agreement (Appendix 4)</b>   |             |
| Assessments   |             |
| Set dates for providing formative feedback to student on the three components of their Structured Case Report   |             |
| <b>During the course</b>  | <b>Tick</b> |
| Learning in Practice  |             |
| Learning Needs Analysis Review 2 ( <b>Appendix 4</b> ) - during the course  |             |
| Learning Needs Analysis Review 3 ( <b>Appendix 4</b> ) - during the course  |             |
| Learning Needs Analysis Review 4 ( <b>Appendix 4</b> ) - at the end of the course   |             |
| Assessments   |             |
| Provide formative feedback to the student about the three components of their Structured Case Report  |             |
| Provide formal feedback to the University on the student's 1) Prescribing Algorithm 2) Synopsis and 3) Therapeutic Framework using the <b>Structured Case Report Comment Form (Appendix 7)</b> . This should be emailed directly to the University. |             |
| <b>Towards the end of the course</b>  | <b>Tick</b> |
| Check and sign <b>Form B, Log of Hours (Appendix 8)</b>   |             |
| Check and sign <b>Form C, Log of Signatures (Appendix 9)</b>  |             |
| Check and sign <b>Form D, Competency Sign Off (Appendix 5)</b>  |             |

## Appendices

1. GPhC Learning Outcomes Mapped to DMU Learning outcomes
2. Learning Agreement
3. Form A Learning Needs Analysis
4. Form D Competency Sign off
5. Course Assessments
6. DPP comments for the structured case report
7. Form B Log of Hours
8. Form C Signature Log

## Appendix 1 - Mapping of DMU Level 7 Learning Outcomes to the GPhC Learning Outcomes

| DMU Learning Outcome  | GPhC Learning Outcome  |
|---|--|
| 1. Critically evaluate a person-centred and partnership approach to care, through self-awareness of own values and beliefs, and understanding of legal and ethical responsibilities, in order to support individuals to make risk assessed and autonomous informed decisions.     | 1. Recognise the psychological and physical impact of prescribing decisions on people.   |
|   | 2. Understand and meet their legal responsibilities under equality and human rights legislation and respect diversity and cultural differences.                                    |
|   | 3. Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs.  |
|   | 5. Demonstrate an understanding of the role of the prescriber in working in partnership with people who may not be able to make fully informed decisions about their health needs. |
|   | 6. Support individuals to make informed choices that respect people's preferences.   |
| 2. Demonstrate a critical understanding of, and reflection on, the prescribing role within a multi-disciplinary team, to ensure accountability and acknowledging influences on prescribing practice, including raising concerns or reporting of inappropriate or unsafe practice. | 7. Demonstrate a critical understanding of their own role and the role of others in multi-professional teams.  |
|   | 8. Recognise their own role as a responsible and accountable prescriber who understands legal and ethical implications.  |
|   | 9. Apply relevant legislation and ethical frameworks related to prescribing, including remote prescribing and the handling and sharing of confidential information.                |
|   | 10. Recognise and manage factors that may influence prescribing decisions.   |
|   | 11. Apply local, regional and national guidelines, policies and legislation related to healthcare  |
|   | 12. Reflect on and develop their own prescribing practice to ensure it represents current best practice  |
|   | 13. Apply an understanding of health economics when making prescribing decisions   |
|   | 14. Understand the clinical governance of the prescriber, who may also be in a position to supply medicines to people  |

|  |  |
|--|--|
|  | 15. Recognise other professionals' practice and raise concerns related to inappropriate or unsafe prescribing by other prescribers |
| 3. Apply evidence-based decision making to all prescribing decisions through a systematic understanding and critical awareness of pharmacology, therapeutics, public health and health promotion, to manage the risks and benefits of holistic patient management.   | 16. Apply evidence-based decision-making in all aspects of prescribing.  |
|  | 17. Manage the risks and benefits associated with prescribing decisions.   |
|  | 18. Demonstrate the application of pharmacology in relation to their own prescribing practice                                      |
|  | 24. Apply the principles of effective monitoring and management to improve patient outcomes.                                       |
|  | 26. Recognise the public health issues in promoting health as part of their prescribing practice.                                  |
| 4. Ensure safe prescribing practice, and improved patient outcomes, through systematic understanding and utilisation of emerging systems, technologies and practice, and application of the principles of effective monitoring and ongoing management underpinned by appropriate governance processes and documentation that aligns with relevant legislation. | 20. Create and maintain appropriate records which ensure safe and effective care and align with relevant legislation               |
|  | 22. Utilise current and emerging systems and technologies in safe prescribing.   |
|  | 23. Identify and respond to people's need when prescribing remotely.   |
|  | 25. Recognise and manage prescribing and medication errors.  |
| 5. Apply effective history-taking, consultation, diagnostic and clinical skills to critically evaluate complex information to optimise patient care, recognising the limits of own practice and appropriate referral and support processes.  | 4. Demonstrate appropriate history-taking techniques through effective consultation skills.  |
|  | 19. Demonstrate clinical and diagnostic skills in clinical settings appropriate to their scope of practice.                        |
|  | 21. Identify relevant investigations and interpret results and data in their prescribing practice.                                 |

|  |  |
|--|--|
|  | 27. Work collaboratively with others to optimise individuals' care, understanding their roles in the prescribing process.  |
|  | 29. Recognise when and where to refer people appropriately.  |
|  | 32. Recognise when to seek guidance from another member of the healthcare team or an appropriate authority   |
| 6. Demonstrate appropriate skills to uncover information from individuals who are guarded about, or unaware of their health needs, with critical reflection on their own role, and those of others, with regards to safeguarding children and vulnerable adults. | 28. Recognise their own role and responsibilities, and those of others, in safeguarding children and vulnerable adults   |
|  | 30. Collaborate with people to encourage them to take responsibility for managing care.  |
|  | 31. Demonstrate appropriate consultation skills to get information from individuals who are either unaware of or guarded about their health needs, to inform safe prescribing. |
| 7. Demonstrate all of learning outcomes within the current GPhC Standards for the Education and Training of Pharmacist Independent Prescribers.  | Note: this learning outcome ensures that the specific legislation and practice outlined by the GPhC is covered.  |

## Appendix 2 – Practice Commitment

This document sets out the agreement between the Designated Prescribing Practitioner (DPP), the Pharmacist Independent Prescriber in Training (PIPiT), the Module Team of the Practice Certificate in Independent Prescribing at De Montfort University (DMU) and the Learning in Practice Setting(s). The ethos of the course at DMU is such that all stakeholders are committed to professional and collaborative partnership with a mutual respect of the responsibilities of all, in order to ensure that pharmacist prescribers of the future are equipped to provide safe, optimal and effective care to patients.

This is not a legally binding document. **NO LEARNING IN PRACTICE MAY TAKE PLACE UNTIL THIS AGREEMENT HAS BEEN SIGNED AND UPLOADED ON TO THE PORTFOLIO.**

### **The Programme Provider, De Montfort University**

The University understands and accepts its responsibilities to the PiPiT, the DPP and to the Learning in Practice setting and will ensure adherence to the GPhC standards for education and training of pharmacist independent prescribers.

The responsibilities of the University are summarised below.

- **Support for Designated Prescribing Practitioners – The University will:**
  - Provide support, feedback and guidance to the DPP in relation to the course at DMU, and the DPP’s supervisory, mentoring and assessor role for the PiPiT.
- **Support for the Pharmacist Independent Prescriber in Training - The University will:**
  - Support the PiPiT in all aspects of university-based learning and assessment for the course, including providing learning materials required, information about the course and feedback for PiPiTs in a timely, constructive and appropriately presented manner.
  - Hold dedicated helpline times with the module team every week to support the PiPiT whilst on the course.
  - Provide opportunities for the PiPiT to receive formative feedback on all assessments in a timely manner.
  - Follow the DMU student regulations and policies when designing and delivering learning and assessment opportunities for the PiPiT.
  - Inform the GPhC registrar of the passlist within 1 month of academic award.
- **Support for the Learning in Practice Setting(s) - The University will:**
  - Provide the DPP with information about the course to share with the learning in practice setting.
- **Monitoring and Review – The University will:**
  - Monitor and review feedback about the course, teaching, learning and assessment at regular intervals and make appropriate changes, if required, in a timely manner.
  - Participate in the university quality assurance processes to their deadlines.

- Take responsibility for acting upon any concerns raised about the learning in practice setting, the DPP or the PIPiT in a fair and prompt manner, according to the School of Pharmacy fitness to practice procedure.

### **The Designated Prescribing Practitioner (DPP)**

The DPP understands and accepts their responsibilities to the University, to the PIPiT and to the learning in practice setting as described in the DPP Handbook. These are summarised further below:

#### **1. Responsibilities to the Pharmacist Independent Prescriber in Training – The DPP will:**

- Provide sufficient and appropriate supervision and support to the PIPiT helping them to plan their hours of learning in practice, co- ordinate and facilitate learning in practice opportunities and attendance.
- Take responsibility for assessing aspects of the PIPiT's development throughout the course, providing regular and constructive feedback to them about this.
- Be responsible for judging the pharmacist's competence to practise as an independent prescriber at the end of the course.
- Consider and check the suitability of the healthcare professionals and the setting(s) where the PIPiT will undertake their learning in practice.
- Liaise and work with others whom the PIPiT is shadowing and undertaking learning opportunities with to gain an understanding of their development.
- Ensure that in all settings, with all supervisors/mentors, the PIPiT is working under direct supervision of an appropriately qualified professional for the duration of Learning in Practice, only carrying out tasks in which they are competent.
- Provide formative feedback to the PIPiT and formal feedback to the University regarding the relevant University assessments.

#### **2. Responsibilities to the University – The DPP will:**

- Make the University aware at the earliest opportunity of any demonstration of outstanding competence or development or concerns about the PIPiT's performance, development and ability to undertake the role of a non-medical prescriber.
- Make the university aware of any concerns about the learning in practice setting at the earliest opportunity.
- Make the university aware of any changes to their circumstances or ability to supervise the PIPiT as a DPP at the earliest opportunity.
- Provide feedback to the university about the course.
- Demonstrate the personal characteristics, skills and knowledge as outlined in the RPS Competency Framework for DPPs.

#### **3. Responsibilities to the Learning in Practice Setting – the DPP will:**

- Liaise with the learning in practice setting to ensure there is sufficient time to undertake the role of a DPP.
- Support the learning in practice setting to enable the PIPiT to undertake learning in practice.
- Ensure the learning in practice setting(s) have all required information about the course, its learning outcomes and key dates.

#### **4. Monitoring and Review – The DPP will:**

- Carry out continuing professional development to enhance their skills and knowledge clinically and as a supervisor and educator to a PIPiT.
- Ensure that they have appropriate indemnity insurance in place to undertake the role of a DPP.
- Take responsibility for acting upon any concerns raised about the learning in practice setting, the DPP or the PIPiT in a fair and prompt manner.

### **The Pharmacist Independent Prescriber in Training**

The Pharmacist Independent Prescriber in Training understands and accepts their responsibilities to the University, to the DPP and to the learning in practice setting(s) as described in the Module Handbook. These are summarised further below:

#### **1. Responsibilities to the DPP – The PIPiT will:**

- Plan hours of Learning in Practice and co-ordinate learning in practice opportunities and attendance, which will be in clinical settings with direct access to patients.
- Ensure that in all settings, with all supervisors/mentors, they are working under direct supervision of an appropriately qualified professional for the duration of Learning in Practice, only carrying out tasks in which they are competent, as described in the Module Handbook.
- Provide feedback to the DPP as detailed in the Learning Needs Analysis.

#### **2. Responsibilities to the University – The PIPiT will:**

- Provide feedback to the University about the course.
- Ensure timely submission of assessments and regular communication with the module team in order to receive feedback on progress.
- Follow the DMU student regulations and policies.

#### **3. Responsibilities to the Learning in Practice Setting(s) – the PIPiT will:**

- Plan a minimum of 90 hours learning in practice time with sufficient notice for the Learning in Practice Setting(s), ensuring they are aware of specific activities being undertaken and when.
- Inform Learning in Practice Setting(s) of University study days in advance.
- Ensure they have appropriate governance arrangements in place for the learning in practice carried out at each learning in practice setting. This may include indemnity insurance.
- Negotiate the appropriate learning in practice opportunities for their learning with the multi-disciplinary team.

#### **4. Monitoring and Review – The PIPiT will:**

- Take responsibility for acting upon any concerns raised about the learning in practice setting, the DPP or the University in a fair and prompt manner.

### **The Learning in Practice (LIP) Setting**

A representative of the LIP Setting(s) understands and accepts their responsibilities to the University, to the PIPiT and to the DPP. These are summarised below:

#### **1. Responsibilities to the PIPiT – The LIP Setting will:**

- Ensure appropriate and sufficient time is provided to the PIPiT to undertake 90 hours of 'Learning in Practice' and study for the course.
- Ensure patient safety is not compromised through allowing the PIPiT to undertake Learning in Practice under the direct supervision of an appropriately qualified healthcare professional only.
- Provide learning in practice opportunities with the wider multidisciplinary team to enable the PIPiT to have a broad range of learning with colleagues.

**2. Responsibilities to the University – The LIP Setting will:**

- Liaise with the University to acquire all required information about the course, learning outcomes and study dates.

**3. Responsibilities to the DPP – the LIP Setting will:**

- Liaise with the DPP to ensure the PIPiT has sufficient time and appropriate opportunities to undertake Learning in Practice.

**4. Monitoring and Review – The LIP Setting will:**

- Ensure that they have appropriate indemnity insurance and governance arrangements in place to enable the PIPiT to partake in the course and to facilitate their Learning in Practice.
- Take responsibility for acting upon any concerns raised about the PIPiT, the DPP or the University in a fair and prompt manner.

## **Signatures**

### **De Montfort University:**

I have read and understood the Practice commitment

Name (BLOCK CAPITALS) MARGARET STONE (module leader)

Signature

Date

### **Designated Prescribing Practitioner:**

I have read and understood the DPP Handbook and Practice commitment

Name (BLOCK CAPITALS)\_

Signature

Date

### **Pharmacist Independent Prescriber in Training (the Student)**

I have read and understood the Module Handbook and Practice commitment

Name (BLOCK CAPITALS

Signature

Date

### **Learning in Practice Setting(s):**

*Please note that this should be signed by a representative of each Learning in Practice Setting in which the student carries out Learning in Practice*

#### **Learning in Practice Setting 1**

Name of Setting \_

Address of Setting

I have read and understood the Practice commitment

Named Representative of LIP Setting (BLOCK CAPITALS

Signature

Date

#### **Learning in Practice Setting 2**

Name of Setting

Address of Setting

I have read and understood the Practice commitment

Named Representative of LIP Setting (BLOCK CAPITALS

Signature

Date

#### **Learning in Practice Setting 3**

Name of Setting

Address of Setting

I have read and understood the Practice commitment

Named Representative of LIP Setting (BLOCK CAPITALS) \_

Signature

Date

## Appendix 3 – Form A: Learning Needs Analysis

### About this Form

This Learning Needs Analysis Form will help to identify the student’s learning needs, existing skills and competencies and gaps in knowledge and to create a plan to meet these learning needs. **This form is no longer presented as a word document, but will be completed in the student’s electronic portfolio. This section shows indicative content.**

All sections of the Learning Needs Analysis should be completed in the first 1-2 weeks of the course. This is an iterative document that should then be modified throughout the course, in response to developmental needs. We suggest that the form is then reviewed periodically. Note that the exact timings of each review will be individual to each student, depending on factors such as number of Learning in Practice hours completed. **It is a requirement of the course that the student and Designated Prescribing Practitioner (DPP) review the student’s progress formally using the Learning Needs Analysis at least four times throughout their training, including the initial completion of the form and final completion.**

Section 6 of the Form should be used by the student and DPP to record the date of each review, progress with action plans and any changes/additions/deletions made to the Form since the last review.

### Section 1: to be completed by the student

Identify the practice-based activities that you need to undertake to complete the prescribing course. Consider:

- the role that you will be undertaking as a prescriber
- the range of tasks that you will need to undertake to cover the learning outcomes of the course and the competencies in the RPS Competency Framework for all Prescribers
- the range of patients for whom you will be prescribing within your area of practice.

Section 2: to be completed by the Designated Prescribing Practitioner (DPP)

Identify skills and knowledge that the student will require relevant to their defined area of practice.

This should include as a minimum:

- use of diagnostic aids relevant to the condition(s) for which the pharmacist intends to prescribe, including response to therapy
- undertaking clinical assessment to inform a working diagnosis
- review the working diagnosis
- monitoring response to therapy
- the range of tasks that they will need to undertake to cover the learning outcomes of the course and GPhC and the competencies in the RPS Competency Framework for all Prescribers

**It may be appropriate to seek guidance from an experienced medical practitioner in completing this part of the Learning Needs Analysis.**

Section 3: to be completed by the student and DPP

Discuss any existing skills or knowledge that the student may have that already contributes to, or covers, learning outlined in Sections 1 & 2. Consider the breadth and depth of the student and DPP's skills and knowledge and areas in which input from additional experts may be required in order to achieve this learning.

#### Section 4: to be completed by the student and DPP

Discuss with your DPP the learning opportunities you wish to access, within practice settings, with other medical practitioners or healthcare professionals and why.

#### Section 5: Action Plan – to be completed by DPP and student

Identify the specific plan for meeting the student’s learning needs: this included activities, resources, people, materials, visits, etc. This is split into three sections:

- general actions and activities to achieve identified learning
- specific learning on the use of diagnostic aids relevant to the student’s intended area of practice
- specific learning on clinical assessment skills, clinical and professional knowledge, relevant to your intended area of practice

The action plan must be formulated by both the DPP and student together

#### General Actions and Activities

Include specific details of people the student will work with, or shadow, to achieve the learning points outlined in section 4. Examples:

- shadowing HCAs to learning initial patient assessment
- shadowing DPP to gain proficiency in running hypertension clinics (10 hours)
- shadowing an ANP to gain proficiency in chronic disease management review (6 hours)
- participating in ward rounds (3 hours)

Add one action per line of the table.

| General Actions and activities | Date Achieved |
|--------------------------------|---------------|
|                                |               |
|                                |               |

### Competent use of relevant diagnostic aids and equipment

Include details of diagnostic aids and equipment that the student needs to be competent in using, as outlined in Section 2. Examples:

- Urinalysis using Multistix
- Use of stethoscope and sphygmomanometer for manual BP measurement

Add one action per line of the table.

| Competent use of relevant diagnostic aids and equipment | Date Achieved |
|---|---------------|
|   |               |
|   |               |

### Clinical Assessment Skills

Include details of clinical assessment that the student must be able to undertake, as outlined in Section 2. Examples:

- Diagnosis and review of patients with hypertension
- Interpretation of ECGs

Add one action per line of the table.

| Clinical assessment skills relevant to the area of practice | Date Achieved |
|---|---------------|
|   |               |
|   |               |

### Section 5 – Comments and Feedback

The DPP and student must meet periodically to review progress against the LNA and provide each other with constructive and developmental feedback. This must be, as a minimum, on four occasions, including the initial development of the LNA and the final review. Please record comments and feedback below:

| Date | Comments and feedback from the DPP to the student |
|------|---|
|      |   |
|      |   |
|      |   |
|      |   |

Any other comments from student, including any feedback to the DPP.

| Date | Comments and feedback from the student to the DPP |
|------|---|
|      |   |
|      |   |
|      |   |
|      |   |

### Section 6 – Confirmation and Updates to Learning Needs Analysis

Record the date of each review below. Every time the Learning Needs Analysis is agreed/changed, the date of the change must be recorded and the DPP’s name and email address added as verification.

| Date Agreed by DPP / Revised by DPP | Brief Details of the amendments/updates made to the Learning Needs Analysis and Plan | DPP Name and Email Address |
|-------------------------------------|--|----------------------------|
|                                     |  |                            |
|                                     |  |                            |

### Section 7 - Feedback from the Module Team to the DPP

Undertaking the role of a DPP contributes towards the DPP’s continuing professional development in the following ways:

- Supporting a pharmacist prescriber in training to develop prescribing competencies, skills and knowledge.
- Assessing a pharmacist prescriber in training’s competency against the RPS Competency Framework for Prescribers and making decisions about their competency.
- Providing feedback to a pharmacist prescriber in training as a mentor and for various level 7 academic assessments, including the development of a prescribing algorithm, therapeutic framework and clinical management of a typical patient.

The module team will provide feedback to DPPs about their performance as prescribing supervisors and will support the DPP to undertake this role, including face-to-face support, if necessary.

## Appendix 4: Course Assessments

### Observed Structure Clinical Evaluation (OSCE)

An OSCE is a type of assessment commonly used in clinical education to assess a student's ability to undertake clinical examination, consultations and assess the ability to interact with patients.

The exam involves three 15 minutes stations, described below:

#### Station 1: Basic Observations

Each student will be asked to undertake basic patient observations, e.g. a NEWS2 assessment, or similar, for a patient and correctly and accurately record the observations

In order to pass, students must meet the minimum score threshold(s) for the station.

#### Station 2: History Taking

Each student will be asked to undertake a consultation with a patient. Students will be required to take a full history from the patient. Relevant test results (e.g. blood pressure, peak flow reading, etc) will be provided to the student.

The student will be required to formulate a safe and appropriate treatment and monitoring plan for the ongoing care of this patient, which may include referral to another health professional. The student will not be required to write a prescription in this station.

In order to pass, students must achieve all MUST DO criteria and meet the minimum score threshold(s) for the station.

#### Station 3: Complex Communication

Each student will be asked to undertake a consultation with a patient. Students will be given relevant information regarding the patient's medical, social and drug history. Relevant test results (e.g. blood pressure, peak flow reading etc.) will be provided to the student. Students will be required to assess the patient's clinical condition and formulate a treatment and monitoring plan for the ongoing care of this patient. Students will be required to come to a shared agreement with the patient regarding their ongoing treatment and follow up, and will be required to explain this appropriately to the patient.

In order to pass, students must come to a shared agreement with the patient on a safe and clinically appropriate treatment and monitoring plan and achieve all the minimum score threshold(s) for the station.

#### Assessment of the OSCE

Marking of the each OSCE station will include an analytical checklist, which will detail the actions expected from the student and a global assessment checklist that will assess the student's communication. If an OSCE station is failed, students have one re-sit opportunity, where they will be required to re-sit the station(s) that they have failed.

## Structured Case Report Guidance.

This assessment, linked to the student's stated scope of practice, is designed to enable them to consider the whole care pathway, from when a patient enters care, through to discharge or long-term follow-up. The student will initially consider the management of a patient who enters their care, and then will then critically evaluate that care. This will be based upon a typical, single patient encountered during the learning in practice hours. The assessment overlaps with structured learning tasks, as some learning elements are presented as appendices.

The assessment involves five activities:

- Activity 1 – Development of a prescribing algorithm
- Activity 2 – Describing the management of a typical, single patient
- Activity 3 - Developing a therapeutic framework
- Activity 4 - Critical evaluation of care.
- Activity 5 – Write a prescription

The student will work through these activities in order, as that is the logical flow of the work.

To demonstrate how the student has developed the report, they will present the algorithm, therapeutic framework and prescription as appendices to the report.

When the student presents the final piece of work it will be ordered as follows:

- Part 1 - The management of a typical, single patient (1000 words)
- Part 2 - Critical evaluation of the care provided (2000 words)
- Appendix 1 – The prescribing algorithm
- Appendix 2 - The therapeutic framework
- Appendix 3 – A prescription for a drug in your area of practice

The report must be fully referenced using the DMU Harvard convention.

### Activity 1 – Development of a prescribing Algorithm

The student will produce an Algorithm that demonstrates a step-wise approach to the management of a stated group of patients for whom they will be providing care. The algorithm must describe:

- how patients arrive into care
- how the student will differentially assure the diagnosis, including any tests and investigations they would perform
- the treatment decision pathways
- exactly what would be prescribed
- identification and monitoring of common ADRs
- where in the pathway the student would refer to another healthcare professional
- any on-going monitoring requirements to ensure efficacy of treatment, including frequency of monitoring
- any changes in therapy the student would undertake, including the rationale
- how the patient is discharged from the student's care

The algorithm must be presented on a single side of A4 paper and clearly linked to the evidence base developed during Activity 3. If the student's scope of practice is broad, the algorithm can focus on one

aspect of patient management, as long as wider management is acknowledged through referral to processes outside of the algorithm. **Please note: this algorithm represents the student's initial thoughts on patient management and is presented for academic assessment purposes. As such, it may be incomplete, or contain inaccuracies that will need addressing before it is used in clinical practice.**

#### Activity 2 - Management of a typical, single patient

The student will provide a synopsis of a typical patient encountered during the learning in practice hours. This does not need to be modelled on an actual patient, but can be indicative of typical patients encountered. This will include:

- A summary of their diagnosis, including diagnostic features and differential diagnosis
- Relevant medical, social and medication history, including allergies and intolerances and how these impact on care.
- Relevant results from tests and examinations and how these inform decisions
- How decisions about management were made in partnership with the patient
- Short term management, including monitoring, review and rationale
- Long term management, including monitoring, review and rationale
- Appropriate safety netting

#### Activity 3 – Developing a therapeutic framework

The therapeutic framework demonstrates thorough knowledge and understanding of the therapeutic choices that the student will make as a prescriber, and must cover the drugs / classes of drugs included in their personal formulary. It will cover:

- **Therapeutic use of medicines.** This covers resources that are used to understand the therapeutics of managing the condition(s) in the student's clinical area. This will include standard textbooks and evidence-based reviews in recent educational and peer reviewed journals.
- **Evidence based research and guidelines.** This describes the evidence-base behind the medicines the student will prescribe. It will include primary research, which should mostly be the most important studies that have informed the guidelines, and also the guidelines themselves, including local and national guidelines.
- **Adverse effects and pharmaceutical public health.** The student will focus on the adverse effects of the prescribed medicines, as the beneficial effects are covered in the evidence-based research guidelines. Consider what the common and rare adverse effects are, and whether the patient in question has any factors which may affect their risk of adverse effects. Pharmaceutical public health involves gathering the generic 'public health' information relevant to your prescribing area. How much is included will depend on the student's prescribing area, for instance, if they are involved in prescribing in an area that has direct impact on public health, e.g. primary prevention of cardiovascular disease, then that would warrant more information.
- **Pharmacoeconomics.** This will describe factors such as the cost/benefit, cost/ effectiveness, cost/utility and risk/benefit analysis
- **Clinical Monitoring and Medicines Management.** This will include evidence relating to the clinical monitoring of patients being treated with a drug, looking for both effectiveness and adverse effects.

#### Activity 4 – Critical evaluation of care.

The student will critically evaluate the management of the patient from Activity 2, comparing their care to the evidence base developed in Activity 3, plus any legal and ethical considerations. The student's critical evaluation must cover the following areas:

- Critical evaluation of the evidence-base to show how an individualised approach to patient management has been achieved, accounting for disease progression and patient factors.
- The pharmacological and non-pharmacological choices made and their appropriateness.
- Legal and ethical considerations, for example, obtaining consent or the prescribing of unlicensed medicines.
- Critique the involvement of the patient in the management of their condition and care.

#### Activity 5 – Write a Prescription.

Using the FP10 template provided, the student will write a legally and clinically correct prescription for a drug in their area of practice. For the purposes of writing the prescription, the details below must be used:

- Name: A Smith
- Address: 16 The Gateway, Leicester. LE1 9BH
- Age: State the patient's actual age on the prescription.
- Gender: Use the patient's actual gender.
- Prescriber Address: The Clinic, De Montfort University. LE1 9BH

#### Marking

The student's work will be marked academically by the module team, however, the student's DPP must comment on all aspects of the work using the DPP comment form (Appendix 7). This must be sent directly to the module team before the submission deadline.

#### Portfolio

The portfolio allows the student to log their experiences and reflection on the Learning in Practice Hours and wider learning, to demonstrate the learning outcomes listed in the Standards for the Education and Training of Pharmacist Independent, as published by the General Pharmaceutical Council in January 2019. It has the following sections:

##### Section 1: Scope of Practice

This is where the student defines their scope of prescribing practice and details the area of therapeutics they will prescribe within, including the population of patients, stating any exclusions. When defining the scope of practice, the student can identify inclusion and exclusion criteria e.g. by age or renal function. The student must ensure that any work produced for the prescribing course is consistent with this scope. This scope can define patients the student would manage autonomously, along with those that would be managed as part of a wider MDT.

##### Section 2: Learning Needs Analysis.

The Learning Needs Analysis (LNA) will help the student to plan the 90 hours of learning in practice. It will help the student identify learning needs, existing skills and competencies and gaps in knowledge and performance.

The student will complete an initial LNA, however, this is an iterative document that can be modified throughout the course, in response to developmental needs and at the end of the course the student will need to upload a finalised signed version, which should reflect the activities undertaken during learning in practice hours.

#### [Section 3: Learning Outcome Overview.](#)

This page lists all of the learning outcomes which will need to be demonstrated across the portfolio.

#### [Section 4: Feedback Review Requests.](#)

This is where the student can request formative feedback on work from the University

#### [Section 5: Patient Case Logs.](#)

Here, the student will create a series of logs (minimum of 3) which describe the journey of a patient encountered within the learning in practice hours. This should include the prescribing of drugs within the scope of practice with sufficient rationalisation and critiquing to demonstrate how the student is meeting the learning outcomes set by the GPhC.

#### [Section 6: Professional Case Logs.](#)

Here the student will create a series of logs (minimum of 3) which describe involvement within the professional domains and competencies related to prescribing to demonstrate how the student is meeting the learning outcomes set by the GPhC. Examples of these can include descriptions of audits, error reports completed, Yellow Card forms completed etc.

#### [Section 7: Learning Outcome Logs.](#)

This section is not mandatory but is provided as a final opportunity for the student to snapshot aspects of their learning to demonstrate the learning outcomes that have not been previously demonstrated in earlier parts of the portfolio.

#### [Section 8: Reflective Accounts.](#)

A series of four short reflective accounts which evidence reflection and learning from the student's learning in practice hours and self-directed learning. Each account will cover one of the four domains defined by the GPhC: Person-centred Care; Professionalism; Professional Knowledge and Skills; Collaboration.

#### [Section 9: Supporting Documentation.](#)

The student will upload all the relevant documentation to this page, including a digital signature, prior to final submission. The forms that needs to be uploaded are:

- Form B: Log of hours. This form provides a detailed overview of the accumulated 90 hours of learning in practice.
- Form C: Signature list. This provides evidence of the practitioners that have been shadowed during learning in practice hours.
- Form D: Competency Sign Off. This is a declaration, signed by the DPP to verify prescribing competency.

#### [Assessment of the Portfolio](#)

The portfolio will be marked academically by the module team, however, the DPP must complete and countersign Forms A to D.

The clinical fails process applies to this piece of work.

## Clinical Fails Process

For the Independent Prescribing Module any error or action in a summative assessment which may potentially cause patient harm will be reviewed in light of current clinical practice descriptors of harm stratification. This review will take place by a panel which will, at a minimum consist of the marker, the internal moderator, the module leader and the external examiner, as well as a currently practising non-medical prescriber.

Any incident or omission that causes the death, or would have the potential (for example in theoretical work) to cause the death, of one or more persons, will result in failure of the whole course, with no re-assessment opportunity.

Any incident or omission that would cause permanent or long-term harm, or would have the potential (for example in theoretical work) to cause permanent or long-term harm, to one or more persons will result in an overall failure of the Independent Prescribing module and will require resubmission of all of the assessments, not just the one failed. All original submissions will be given a mark of 0%. The student will be required to provide additional reflection to demonstrate learning from the event.

Any incident that would result in, or would have the potential (for example in theoretical work) to result in, further treatment, possible surgical intervention, cancelling of treatment, or transfer to another area, will result in failure of the relevant assessment with a mark of 0%. Only the failed assessment must be re-submitted. The student will be required to provide additional reflection to demonstrate learning from the event.

Any incident that required, or would have the potential (for example in theoretical work) to require extra observation or minor treatment which caused minimal harm to one or more persons, will result in appropriate advice, but not a failure of the assessment. The student may be requested to provide additional reflection to demonstrate learning from the event.

The current descriptors being used for harm stratification are those developed by the National Reporting and Learning System (NRLS). They can be accessed via the link below:

[https://www.england.nhs.uk/wp-content/uploads/2019/10/NRLS\\_Degree\\_of\\_harm\\_FAQs\\_-\\_final\\_v1.1.pdf](https://www.england.nhs.uk/wp-content/uploads/2019/10/NRLS_Degree_of_harm_FAQs_-_final_v1.1.pdf)

## Appendix 7 - DPP comments for the structured case report

Using your specialist clinical knowledge, please comment on the student's algorithm and the management of a typical patient as described within the structured case report. You should indicate if there are any significant omissions or inaccuracies, and provide comment on the information provided. This information will be taken in to consideration in the final marking process for this assessment.

Student Name.....

| Activity 1: Algorithm   |         |
|---|---------|
| (Competence number) Criteria  | Comment |
| (1.5) The algorithm systematically covers making, confirming or understanding a final diagnosis, considering the various possibilities (differential diagnoses)   |         |
| (2.2) The algorithm considers all pharmacological treatment options including optimising doses as well as stopping treatment.   |         |
| (2.5) The algorithm assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.  |         |
| (4.3) The algorithm demonstrates understanding and application of relevant national frameworks for medicines use to own prescribing practice  |         |
| Activity 2: Management of a typical patient   |         |
| (1.1) Through the written information the student demonstrates appropriate clinical assessment.   |         |
| (1.4) Through the written information the student demonstrates how to request and interpret relevant investigations necessary to inform treatment options.  |         |
| (4.1) Through the written information the student demonstrates prescribing of a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and unwanted effects. |         |

|  |  |
|--|--|
| (6.1) Through the written information the student demonstrates that they can establish and maintain a plan for reviewing the patient's treatment                 |  |
| (6.2) Through the written information the student demonstrates that they can ensure the effectiveness of treatment and potential unwanted effects are monitored. |  |

Using your specialist clinical knowledge, please comment on each section of the therapeutic framework as detailed below. This framework applies to the typical patient described in the structured case report. Please comment on whether the student has included and interpreted all of the relevant evidence and comment if any key sources are missing. This information will be taken in to consideration in the final marking process for this assessment.

|  |
|--|
| Activity 3: Therapeutic Framework  |
| 1. Therapeutic use in specified clinical conditions                        |
| Comment:   |
| 2. Evidence-based research and guidelines                                  |
| Comment:   |
| 3. Pharmacoepidemiology/Pharmacoeconomics and Pharmaceutical Public Health |
| Comment:   |
| 4. Clinical Monitoring and Medicines Management                            |
| Comment:   |

Overall comments on the work you have looked at:

Declaration:

I have looked at the following aspects of the structured case report and I am satisfied that the information presented is clinically correct and that there are no significant errors or omissions.

|  | Please initial           |
|--|--------------------------|
| Algorithm                              | <input type="checkbox"/> |
| Management of a typical single patient | <input type="checkbox"/> |
| Therapeutic framework                  | <input type="checkbox"/> |

Name of DPP \_\_\_\_\_

Signature of DPP \_\_\_\_\_

Date \_\_\_\_\_

## Appendix 8 – Form B: Log of Hours

It is the student’s responsibility to keep a record of time spent learning in practice.

This form is a simple dated record of each learning in practice session, noting the time, location, type of session, who was observed and the signature of the DPP or other health professional present. This version may be handwritten. Each person must complete Form C: Signature Log the first time they sign this record of learning in practice, including the DPP.

Name and base of Student (please print).....

Name and base of DPP (please print).....

| Date | Description of Session | Total Duration of session (hrs) | Hours related to scope of practice | Name & Signature (colleague or DPP) | Balance of hours |
|------|------------------------|---------------------------------|------------------------------------|-------------------------------------|------------------|
|      |                        |                                 |                                    |                                     |                  |
|      |                        |                                 |                                    |                                     |                  |
|      |                        |                                 |                                    |                                     |                  |
|      |                        |                                 |                                    |                                     |                  |
|      |                        |                                 |                                    |                                     |                  |



| Date        | Description of Session | Total Duration of session (hrs) | Hours related to scope of practice | Name & Signature (colleague or DPP) | Balance of hours |
|-------------|------------------------|---------------------------------|------------------------------------|-------------------------------------|------------------|
|             |                        |                                 |                                    |                                     |                  |
|             |                        |                                 |                                    |                                     |                  |
|             |                        |                                 |                                    |                                     |                  |
|             |                        |                                 |                                    |                                     |                  |
| Total Hours |                        |                                 |                                    |                                     |                  |

I confirm that the pharmacist (insert student's name) ....., has satisfactorily completed at least 90 hours of appropriate learning in practice.

Signature of student.....

Signature of DPP.....

## Appendix 9 – Form C Signature Log

The DPP, and anyone else who has supervised the student during their learning in practice hours, should complete the details on the signature log.

**Student Name**.....

| <b>Name<br/>(Please Print)</b> | <b>Designation and<br/>qualifications</b> | <b>Learning in practice setting address<br/>&amp; Tel. No.</b> | <b>Signature</b> |
|--------------------------------|---|--|------------------|
|                                |   |  |                  |
|                                |   |  |                  |
|                                |   |  |                  |
|                                |   |  |                  |
|                                |   |  |                  |
|                                |   |  |                  |
|                                |   |  |                  |

**Form D: Competency Sign Off**

(Based on the RPS Competency Framework for all Prescribers)

Appendix 10 - Form D: Competency Sign Off

**Guidance to DPP**

This form allows competency verification to take place during the learning in practice sessions. Only medical or non-medical prescribers can make competency assessments on this form. It is the responsibility of the DPP to ensure competency of the student, so whilst competency verification can be delegated, overall responsibility for competency assessment resides with the DPP. All signatories on this form must have supervised the student in practice and subsequently signed forms B and C.

**Competence needs to be achieved in all areas in order to pass the course.**

| <b>THE CONSULTATION</b>  |  |                                      |
|--|--|--------------------------------------|
| <b>Competency 1: ASSESS THE PATIENT</b>  |  |                                      |
|  | <b>Competence Verified by<br/>(Name and Signature)</b> | <b>Date Competence<br/>Verified:</b> |
| 1.1 Undertakes the consultation in an appropriate setting.   |  |                                      |
| 1.2 Considers patient dignity, capacity, consent and confidentiality.                              |  |                                      |
| 1.3 Introduces self and prescribing role to the patient/carer and confirms patient/carer identity. |  |                                      |
| 1.4 Assesses the communication needs of the patient/carer and adapts consultation appropriately.   |  |                                      |
| 1.5 Demonstrates good consultation skills and builds rapport with the patient/carer.               |  |                                      |

**Form D: Competency Sign Off**

(Based on the RPS Competency Framework for all Prescribers)

|   |  |  |
|---|--|--|
| 1.6 Takes and documents an appropriate medical, psychosocial and medication history including allergies and intolerances.   |  |  |
| 1.7 Undertakes and documents an appropriate clinical assessment.  |  |  |
| 1.8 Identifies and addresses potential vulnerabilities that may be causing the patient/carer to seek treatment.   |  |  |
| 1.9 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.                                     |  |  |
| 1.10 Requests and interprets relevant investigations necessary to inform treatment options.   |  |  |
| 1.11 Makes, confirms or understands, and documents the working or final diagnosis by systematically considering the various possibilities (differential diagnosis). |  |  |
| 1.12 Understands the condition(s) being treated, their natural progression, and how to assess their severity, deterioration and anticipated response to treatment.  |  |  |
| 1.13 Reviews adherence (and non-adherence) to, and effectiveness of, current medicines.   |  |  |
| 1.14 Refers to or seeks guidance from another member of the team, a specialist or appropriate information source when necessary.                                    |  |  |

**Form D: Competency Sign Off**

(Based on the RPS Competency Framework for all Prescribers)

| <b>Competency 2: IDENTIFY EVIDENCE-BASED TREATMENT OPTIONS AVAILABLE FOR CLINICAL DECISION MAKING</b>  |  |                                     |
|--|--|-------------------------------------|
|  | <b>Competence Verified by<br/>(Name and Signature)</b> | <b>Date Competence<br/>Verified</b> |
| 2.1 Considers both non-pharmacological and pharmacological treatment approaches.   |  |                                     |
| 2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy and deprescribing). |  |                                     |
| 2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.  |  |                                     |
| 2.4 Applies understanding of the pharmacokinetics and pharmacodynamics of medicines, and how these may be altered by individual patient factors.           |  |                                     |
| 2.5 Assesses how co-morbidities, existing medicines, allergies, intolerances, contraindications and quality of life impact on management options.          |  |                                     |
| 2.6 Considers any relevant patient factors and their potential impact on the choice and formulation of medicines, and the route of administration.         |  |                                     |
| 2.7 Accesses, critically evaluates, and uses reliable and validated sources of information.  |  |                                     |
| 2.8 Stays up to date in own area of practice and applies the principles of evidence-based practice.  |  |                                     |
| 2.9 Considers the wider perspective including the public health issues related to medicines and their use, and promoting health.                           |  |                                     |

**Form D: Competency Sign Off**

(Based on the RPS Competency Framework for all Prescribers)

|  |  |  |
|--|--|--|
| 2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures. |  |  |
|--|--|--|

| <b>Competency 3: PRESENT OPTIONS AND REACH A SHARED DECISION</b>  |  |                                     |
|---|--|-------------------------------------|
|   | <b>Competence Verified by<br/>(Name and Signature)</b> | <b>Date Competence<br/>Verified</b> |
| 3.1 Actively involves and works with the patient/carer to make informed choices and agree a plan that respects the patient's/carer's preference.  |  |                                     |
| 3.2 Considers and respects patient diversity, background, personal values and beliefs about their health, treatment and medicines, supporting the values of equality and inclusivity, and developing cultural competence. |  |                                     |
| 3.3 Explains the material risks and benefits, and rationale behind management options in a way the patient/carer understands, so that they can make an informed choice.   |  |                                     |
| 3.4 Assesses adherence in a non-judgemental way; understands the reasons for non-adherence and how best to support the patient/carer.   |  |                                     |
| 3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.  |  |                                     |
| 3.6 Explores the patient's/carer's understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.  |  |                                     |

**Form D: Competency Sign Off**

(Based on the RPS Competency Framework for all Prescribers)

| <b>Competency 4: PRESCRIBE</b>   |  |                                     |
|--|--|-------------------------------------|
|  | <b>Competence Verified by<br/>(Name and Signature)</b> | <b>Date Competence<br/>Verified</b> |
| 4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects. |  |                                     |
| 4.2 Understands the potential for adverse effects and takes steps to recognise, and manage them, whilst minimising risk.   |  |                                     |
| 4.3 Understands and uses relevant national, regional and local frameworks for the use of medicines.  |  |                                     |
| 4.4 Prescribes generic medicines where practical and safe for the patient, and knows when medicines should be prescribed by branded product.                       |  |                                     |
| 4.5 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.   |  |                                     |
| 4.6 Prescribes appropriate quantities and at appropriate intervals necessary to reduce the risk of unnecessary waste.  |  |                                     |
| 4.7 Recognises potential misuse of medicines; minimises risk and manages using appropriate processes.  |  |                                     |
| 4.8 Uses up-to-date information about the availability, pack sizes, storage conditions, excipients and costs of prescribed medicines.                              |  |                                     |
| 4.9 Electronically generates and/or writes legible, unambiguous and complete prescriptions which meet legal requirements.  |  |                                     |

**Form D: Competency Sign Off**

(Based on the RPS Competency Framework for all Prescribers)

|   | <b>Competence Verified by<br/>(Name and Signature)</b> | <b>Date Competence<br/>Verified</b> |
|---|--|-------------------------------------|
| 4.10 Effectively uses the systems necessary to prescribe medicines.   |  |                                     |
| 4.11 Prescribes unlicensed and off-label medicines where legally permitted, and unlicensed medicines only if satisfied that an alternative licensed medicine would not meet the patient's clinical needs.                         |  |                                     |
| 4.12 Follows appropriate safeguards if prescribing medicines that are unlicensed, off-label, or outside standard practice   |  |                                     |
| 4.13 Documents accurate, legible and contemporaneous clinical records.  |  |                                     |
| 4.14 Effectively and securely communicates information to other healthcare professionals involved in the patient's care, when sharing or transferring care and prescribing responsibilities, within and across all care settings. |  |                                     |

**Form D: Competency Sign Off**

(Based on the RPS Competency Framework for all Prescribers)

| <b>Competency 5: PROVIDE INFORMATION</b>   |  |                                     |
|--|--|-------------------------------------|
|  | <b>Competence Verified by<br/>(Name and Signature)</b> | <b>Date Competence<br/>Verified</b> |
| 5.1 Assesses health literacy of the patient/carer and adapts appropriately to provide clear, understandable and accessible information.  |  |                                     |
| 5.2 Checks the patient's/carer's understanding of the discussions had, actions needed and their commitment to the management plan.   |  |                                     |
| 5.3 Guides the patient/carer on how to identify reliable sources of information about their condition, medicines and treatment.  |  |                                     |
| 5.4 Ensures the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific timeframe. |  |                                     |
| 5.5 Encourages and supports the patient/carer to take responsibility for their medicines and self-manage their condition.  |  |                                     |

**Form D: Competency Sign Off**

(Based on the RPS Competency Framework for all Prescribers)

| <b>Competency 6: MONITOR AND REVIEW</b>   |  |                                     |
|---|--|-------------------------------------|
|   | <b>Competence Verified by<br/>(Name and Signature)</b> | <b>Date Competence<br/>Verified</b> |
| 6.1 Establishes and maintains a plan for reviewing the patient's treatment.   |  |                                     |
| 6.2 Establishes and maintains a plan to monitor the effectiveness of treatment and potential unwanted effects             |  |                                     |
| 6.3 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.  |  |                                     |
| 6.4 Recognises and reports suspected adverse events to medicines and medical devices using appropriate reporting systems. |  |                                     |

**Form D: Competency Sign Off**

(Based on the RPS Competency Framework for all Prescribers)

| <b>PRESCRIBING GOVERNANCE</b>  |  |                                     |
|--|--|-------------------------------------|
| <b>Competency 7: PRESCRIBE SAFELY</b>  |  |                                     |
|  | <b>Competence Verified by<br/>(Name and Signature)</b> | <b>Date Competence<br/>Verified</b> |
| 7.1 Prescribes within own scope of practice, and recognises the limits of own knowledge and skill.   |  |                                     |
| 7.2 Knows about common types and causes of medication and prescribing errors, and knows how to minimise their risk.  |  |                                     |
| 7.3 Identifies and minimises potential risks associated with prescribing via remote methods.   |  |                                     |
| 7.4 Recognises when safe prescribing processes are not in place and acts to minimise risks.  |  |                                     |
| 7.5 Keeps up to date with emerging safety concerns related to prescribing.   |  |                                     |
| 7.6 Reports near misses and critical incidents, as well as medication and prescribing errors using appropriate reporting systems, whilst regularly reviewing practice to prevent recurrence. |  |                                     |

**Form D: Competency Sign Off**

(Based on the RPS Competency Framework for all Prescribers)

| <b>Competency 8: PRESCRIBE PROFESSIONALLY</b>  |  |                                     |
|--|--|-------------------------------------|
|  | <b>Competence Verified by<br/>(Name and Signature)</b> | <b>Date Competence<br/>Verified</b> |
| 8.1 Ensures confidence and competence to prescribe are maintained.   |  |                                     |
| 8.2 Accepts personal responsibility and accountability for prescribing and clinical decisions, and understands the legal and ethical implications. |  |                                     |
| 8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice.   |  |                                     |
| 8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal views   |  |                                     |
| 8.5 Recognises and responds to factors that might influence prescribing.   |  |                                     |
| 8.6 Works within the NHS, organisational, regulatory and other codes of conduct when interacting with the pharmaceutical industry.                 |  |                                     |

**Form D: Competency Sign Off**

(Based on the RPS Competency Framework for all Prescribers)

| <b>Competency 9: IMPROVE PRESCRIBING PRACTICE</b>  |  |                                     |
|--|--|-------------------------------------|
|  | <b>Competence Verified by<br/>(Name and Signature)</b> | <b>Date Competence<br/>Verified</b> |
| 9.1 Improves by reflecting on own and others' prescribing practice, and by acting upon feedback and discussion.  |  |                                     |
| 9.2 Acts upon inappropriate or unsafe prescribing practice using appropriate processes.  |  |                                     |
| 9.3 Understands and uses available tools to improve prescribing practice.  |  |                                     |
| 9.4 Takes responsibility for own learning and continuing professional development relevant to the prescribing role.                                      |  |                                     |
| 9.5 Makes use of networks for support and learning.  |  |                                     |
| 9.6 Encourages and supports others with their prescribing practice and continuing professional development.  |  |                                     |
| 9.7 Considers the impact of prescribing on sustainability, as well as methods of reducing the carbon footprint and environmental impact of any medicine. |  |                                     |

**Competency 10: PRESCRIBE AS PART OF A TEAM**

**Form D: Competency Sign Off**

(Based on the RPS Competency Framework for all Prescribers)

|   | <b>Competence Verified by<br/>(Name and Signature)</b> | <b>Date Competence<br/>Verified</b> |
|---|--|-------------------------------------|
| 10.1 Works collaboratively as part of a multidisciplinary team to ensure that the transfer and continuity of care (within and across all care settings) is developed and not compromised. |  |                                     |
| 10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to the patient's care.                               |  |                                     |
| 10.3 Agrees the appropriate level of support and supervision for their role as a prescriber.  |  |                                     |
| 10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.   |  |                                     |



**PRACTICE CERTIFICATE IN INDEPENDENT PRESCRIBING FOR PHARMACISTS**

**Form D: Competency Sign Off**

(Based on the RPS Competency Framework for all Prescribers)

Overall Comments by the DPP:

Details of any other multidisciplinary team members consulted in arriving at this competency decision.

In my opinion as the DPP, the skills demonstrated in practice by (insert student's name) .....  
confirm the pharmacist as being competent prescriber and suitable for annotation as an independent prescriber.

Signature of DPP .....Date.....Name (please print).....