DE MONTFORT UNIVERSITY LEICESTER

Faculty of Health and Life Sciences
School of Pharmacy

Practice Certificate in Independent Prescribing

Designated Prescribing Practitioner Handbook
2020-2021

Table of Contents

Introduction

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 Designated Prescribing Practitioner (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 currently work within a number of settings and utilise their skills and knowledge in prescribing in various ways. In all settings and roles, pharmacists must provide safe and effective care and further information about this can be found from the General Pharmaceutical Council at https://www.pharmacyregulation.org/sites/default/files/document/in-practice-guidance-for-pharmacist-prescribers-november-2019.pdf.

Further information about independent prescribing is available from: The General Pharmaceutical Council 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 General Pharmaceutical Council 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 General Pharmaceutical Council (GPhC). 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-january-19.pdf.

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.

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

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

Zeenat Hassam Senior Lecturer in Clinical Pharmacy Tel: 0116 257 7129	**Trisha Roshni Patel** Senior Lecturer in Clinical Pharmacy Tel: 0116 366 4517

The course is delivered over a 4-month or 6-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. The course requires approximately 450 hours of study, comprised of the following:

- 40 hours workshops/seminars at the university
- 13 hours of practice study at the university
- 30 hours of online learning
- 180 hours of structured independent learning
- 90 hours (12 days) supervised learning in practice
- 47 hours of self-directed learning
- 50 hours completing assessments

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 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:

Course Start September 2020	
Assessments	
Date here once confirmed	Formative OSCE Day
Date here once confirmed	Summative OSCE Day
Date here once confirmed	Structured Case Report Deadline
Date here once confirmed	Portfolio Deadline
Student's Study Days	
Date here once confirmed	Induction
Date here once confirmed	Communication and Consultation Skills 1, Assessment tutorial, Clinical Skills 1
Date here once confirmed	Clinical Reasoning and Influences on prescribing, Communication and Consultation Skills 2, Clinical Skills 2
Date here once confirmed	Psychology of Prescribing, Assessment Tutorial, Clinical Skills 3
Date here once confirmed	Difficult Conversations and Safeguarding, Understanding Clinical Risk, Mock OSCE
Date here once confirmed	Interprofessional Education Event, Clinical Decision Making in Chronic Disease Management 1
Date here once confirmed	OSCE Feedback and Consultation Skills, Legal Aspects of Prescribing, Clinical Decision Making in Chronic Disease Management 2, Learning and Assessment Tutorial

About the DPP

Selection Criteria for a DPP

Historically, pharmacist prescribers in training were supervised and certified as competent by designated medical practitioners, registered with the GMC. This supervisory role has now been extended, such that non-medical prescribers may now also act as designated prescribing practitioners for pharmacist independent prescribers in training, as well as doctors.

It is expected that DPPs supervising pharmacist independent prescribers in training will satisfy the following criteria:

- DPPs must be a registered healthcare professional in Great Britain or Northern Ireland and in good standing with their professional regulator
- DPPs must be registered with their regulator as a legally independent prescriber for at least the last three years, with no significant gaps in practice which would affect this three-year requirement.
- DPPs must have at least three years' active and recent prescribing practice, patient-facing clinical and diagnostic skill within the student's chosen therapeutic area/scope of practice, with no significant gaps in practice which would affect this three-year requirement.
- Have the support of the employing organisation(s) or learning in practice setting(s) to act as a DPP who will provide supervision, support and opportunities to develop competence in prescribing practice for the pharmacist prescriber in training.
- Have experience of teaching, supervising and assessing other health care professionals in clinical practice.
- Have adequate indemnity insurance in place for their own professional and supervisory role as a DPP and ensure that all learning in practice settings have adequate indemnity insurance in place.
- DPPs must meets all competencies defined within the Royal Pharmaceutical Society's Competency Framework for Designated Prescribing Practitioners. This can be found using the link below:

  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.

The Role of the DPP

Pharmacist independent prescribers in training will have identified an area of clinical practice in which to develop their independent prescribing practice. The role of the DPP is key to this and to the development of the student's prescribing practice. DPPs will be 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 DPP is 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.

Successful completion of the course requires collaboration between the DPP, pharmacist prescriber in training, University and learning in practice setting(s). The ethos of the course is that of mutual respect, constructive feedback and open and honest understanding of responsibilities of all partners for successful collaboration. **As such a learning agreement should be signed by all partners, including the DPP, and can be found in Appendix 3.**

The GPhC Guidance on Supervising Pharmacy Professionals in Training should be read by the DPP, any healthcare professionals who may be supervising the pharmacist prescriber in training and the pharmacist prescriber in training and its principles applied during supervision. It can be found at the following link: https://www.pharmacyregulation.org/content/guidance-supervising-pharmacy-professionals-training.

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 others members of the MDT in order to develop the behaviours, skills and competencies required of a prescriber. The student's Learning in Practice shadowing is expected to be related to their future prescribing role, for patient groups and circumstances within the student's scope of practice and for which the student is likely to prescribe and should facilitate the development of the required skills and competencies. However, there is also an expectation that the students will undertake shadowing in wider areas of practice to gain broader experience. Learning in practice must take place in clinical settings, with direct access to patients and should equate to a minimum of 90 hours. Students may wish to spend more than 90 hours learning in practice.

Although the DPP should be willing and able to devote enough of his/her time to give the student sufficient support and guidance, it is not expected that the DPP will need to spend all 90 hours with the student. The student may spend some of their time with wider members of the multidisciplinary team during Learning in Practice and it is a stipulation of the University that at least 20 hours of the student's Learning in Practice time should be spent with a doctor(s), registered with the GMC, with active prescribing experience within the student's chosen scope of practice. We recommend that at least 45 hours of the student's learning in practice is spent with their DPP.

The DPP is responsible for overall supervision of the student and for assessing and certifying the student's competence in prescribing practice. As such, it is the DPP's 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. The DPP 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 DPP is 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, the DPP can take advice from wider members of the MDT.

Supervision

Pharmacist independent prescribers in training must be supervised by a qualified healthcare professional at all times during their Learning in Practice time. Supervision is defined 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.
- The student's supervisor be suitably trained and qualified to undertake the supervision role and to conduct consultations with patients.
- The pharmacist independent prescriber in training cannot prescribe until they are annotated as an independent prescriber on the GPhC register.

Support with Learning in Practice

The DPP should also provide support, teaching and supervision for Learning in Practice in the following ways:

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 and **sign the learning agreement in Appendix 5.**
2. Co-ordinate and plan opportunities for learning, for facilitation of learning in practice and for feedback to the student, considering the commitments of the student, DPP, the most appropriate opportunities 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), found in 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 both the DPP and student consider this together 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 which will be uploaded onto the student's portfolio. 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 medical practitioner 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**

Competency and clinical development during Learning in Practice

1. **The DPP 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, the DPP is 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. **The DPP should also make arrangements for the support of the student during any periods of DPP absence or leave.**

3. **Consider feedback from other members of the MDT whom the student is shadowing:**
   - Consider and check the suitability of the doctor with whom the student is carrying out 20 hours learning in practice.

   - 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 the DPP to verify the student's prescribing competency.** This should be submitted prior to the end of the course at 6 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 which should be submitted to the University, with a joint action plan which encourage the student's development and progression.

To the university
The DPP should provide the module team with information regarding the student's progress on the learning needs analysis and more often if they 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 without delay

Support 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 DPP is requested to provide support, teaching and feedback for assessments in the following ways:

OSCE
Provide opportunities for the student to develop and refine their knowledge and skills with taking basic observations, history taking and communication with patients. 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 clinical assessment skills which are specific to their scope of practice during Learning in Practice.

Structured Case Report ***Please note deadlines for submitting summative assessments are listed within the 'Key Dates' Section of this handbook.***	
Development of a Prescribing Algorithm (Activity 1)	1. Provide formative feedback to the student on the development of their prescribing algorithm. 2. Provide formal feedback on the student's prescribing algorithm to the University using the DPP Comments for SCR Form at **Appendix 7.** This includes checking for clinical accuracy and any omissions and should be emailed directly to the module team at pharmacyIP@dmu.ac.uk prior to the submission deadline.
Management of a typical patient (Activity 2)	1. Provide formative feedback to the student on their synopsis. 2. Provide formal feedback on the student's synopsis using the DPP Comments for SCR Form at **Appendix 7**. This includes checking for clinical accuracy and should be emailed directly to the module team at pharmacyIP@dmu.ac.uk prior to the submission deadline.
Developing a therapeutic framework (Activity 3)	1. Provide formative feedback to the student on their therapeutic framework. Provide formal feedback on the student's therapeutic framework using the DPP Comments for SCR Form at **Appendix 7**. This includes checking for appropriateness of resources used and accuracy and should be emailed directly to the module team at pharmacyIP@dmu.ac.uk prior to the submission deadline.
The student's work will be marked at the University using the marking rubric **(Appendix 7**) and the appropriate grade applied.	

Portfolio ***Please note summative submission deadlines are listed within the 'Key Dates' Section of this handbook. Please provide feedback to the student prior to deadlines.*** ***All forms should be printed, signed by hand, scanned and emailed to the module team at pharmacyIP@dmu.ac.uk***	
Form A **Learning Needs Analysis (Appendix 4)**	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. This should be completed by the DPP and Student at: - The start of the course - Twice during the course - At the end of the course
Form B **Log of Hours (Appendix 8)**	This form provides a detailed overview of the accumulated 90 hours of learning in practice. The DPP should check and if ok, sign, this form prior to the end of the course.
Form C **Signature Log (Appendix 9)**	This form provides evidence of the practitioners that have been shadowed during learning in practice hours. The DPP should check and if ok, sign, this form prior to the end of the course.
Form D **Competency Sign Off (Appendix 5)**	This form is a declaration, signed by the DPP to verify prescribing competency. The DPP should check and if ok, sign, this form prior to the end of the course.

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. As per the requirements of the course, the University will provide feedback to DPPs about their performance as supervisors and arrange extra support if necessary. Feedback will be provided via the Learning Needs Analysis at the end of the course.

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. Please raise any reasonable adjustment requirements with the University team.

DPP To-Do List

At the start of the course	**Tick**
Learning in Practice	
Complete **Learning Needs Analysis (Appendix 6**) 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	
Sign Learning Agreement (Appendix 4)	
Assessments	
Set dates for providing formative feedback to student on the three components of their Structured Case Report	
During the course	**Tick**
Learning in Practice	
Learning Needs Analysis Review 2 **(Appendix 4)** - during the course	
Learning Needs Analysis Review 3 **(Appendix 4)** - during the course	
Learning Needs Analysis Review 4 **(Appendix 4**) - 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 **Structured Case Report Comment Form (Appendix 7).** This should be emailed directly to the University.	
Towards the end of the course	**Tick**
Check and sign **Form B, Log of Hours (Appendix 8)**	
Check and sign **Form C, Log of Signatures (Appendix 9)**	
Check and sign **Form D, Competency Sign Off (Appendix 5)**	

Appendices

1. GPhC Learning Outcomes Mapped to DMU Learning outcomes
2. RPS Single Competency Framework for Prescribers
3. Learning Agreement
4. Form A Learning Needs Analysis
5. Form D Competency Sign off
6. Course Assessments
7. DPP comments for the structured case report
8. Form B Log of Hours
9. 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.

THE CONSULTATION (COMPETENCIES 1-6)

Competency 1: ASSESS THE PATIENT

Indicator	Notes
1.1 Takes an appropriate medical, social and medication history, including allergies and intolerances.	
1.2 Undertakes an appropriate clinical assessment.	
1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.	
1.4 Requests and interprets relevant investigations necessary to inform treatment options.	
1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities	
1.6 Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment.	
1.7 Reviews adherence to and effectiveness of current medicines.	
1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.	

Competency 2: CONSIDER THE OPTIONS

Indicator	Notes
2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.	
2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).	
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 mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy).	
2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.	
2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines.	
2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.	
2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.	
2.9 Takes into account the wider perspective including the public health issues related to medicines and their use and promoting health.	
2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.	

Competency 3: REACH A SHARED DECISION

Indicator	Notes
3.1 Works with the patient/carer in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment.	
3.2 Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines.	
3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands.	
3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers.	
3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.	
3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.	

Competency 4: PRESCRIBE

Indicator	Notes
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 avoid/minimise, recognise and manage them.	
4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).	
4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.	
4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own prescribing practice.	
4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.	
4.7 Considers the potential for misuse of medicines.	
4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).	
4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements.	
4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).	
4.11 Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs.	
4.12 Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions.	
4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.	

ROYAL PHARMACEUTICAL SOCIETY

Competency 5: PROVIDE INFORMATION

Indicator	Notes
5.1 Checks the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up.	
5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment).	
5.3 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments.	
5.4 Ensures that 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 time frame.	
5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.	

Competency 6: MONITOR AND REVIEW

Indicator	Notes
6.1 Establishes and maintains a plan for reviewing the patient's treatment.	
6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.	
6.3 Detects and reports suspected adverse drug reactions using appropriate reporting systems.	
6.4 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.	

ROYAL PHARMACEUTICAL SOCIETY

PRESCRIBING GOVERNANCE

Competency 7: PRESCRIBE SAFELY

Indicator	Notes
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 errors and how to prevent, avoid and detect them.	
7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.	
7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).	
7.5 Keeps up to date with emerging safety concerns related to prescribing.	
7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.	

ROYAL PHARMACEUTICAL SOCIETY

Competency 8: PRESCRIBE PROFESSIONALLY

Indicator	Notes
8.1 Ensures confidence and competence to prescribe are maintained.	
8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications.	
8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).	
8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.	
8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).	
8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.	

Competency 9: IMPROVE PRESCRIBING PRACTICE

Indicator	Notes
9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion.	
9.2 Acts upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms.	
9.3 Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).	

Competency 10: PRESCRIBE AS PART OF A TEAM

Indicator	Notes
10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across 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 prescribing.	
10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.	
10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.	

Appendix 3 – Learning Agreement

This document sets out the broad nature of the agreement between the Designated Prescribing Practitioner (DPP), the Pharmacist Independent Prescriber in Training, 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 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 RETURNED**

The Programme Provider, De Montfort University

The Practice Certificate in Independent Prescribing for Pharmacists at De Montfort University is a 45-credit masters level course which is delivered either as a stand-alone professional development course or as a module as part of wider postgraduate study. The course is accredited by the General Pharmaceutical Council (GPhC) and following on from successful completion of the course, pharmacists may apply to the Registrar for annotation as a pharmacist independent prescriber on the GPhC Register.

The University understands and accepts its responsibilities to the pharmacist independent prescriber in training, 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.

1. **Support for DPPs – The University will:**
    - Provide support, feedback and guidance to the DPP in relation to pharmacist independent prescribing role, the course at DMU, the DPP's supervisory, mentoring and assessor role for the pharmacist prescriber in training and raising concerns.

2. **Support for the Pharmacist Independent Prescriber in Training - The University will:**
    - Support the pharmacist independent prescriber in training on all aspects of the teaching for the course, including providing all learning materials required, information about the course and feedback for prescribers in training in a timely, constructive and appropriately presented manner.
    - Set dedicated helpline times every week to support the pharmacist independent prescriber in training whilst on the course and will ensure the course is inclusive for them.

3. **Support for the Learning in Practice Setting(s) - The University will:**
    - Ensure the learning in practice setting(s) have all required information about the course and its learning outcomes and study day dates.

4. **Monitoring and Review – The University will:**
    - Monitor and review feedback about the course, teaching, learning and assessment at regular intervals and will make appropriate changes, if required, in a timely manner.

- Ensure that the module team are available for support for all partners, with clear lines of accountability and communication.
- Take responsibility for acting upon any concerns raised about the learning in practice setting, the DPP or the pharmacist independent prescriber in training in a fair and prompt manner.

The Designated Prescribing Practitioner (DPP)

30

The role of the DPP is crucial in the education and training of the pharmacist independent prescriber in training. Other health care professionals may offer the pharmacist prescriber in training support and supervision whilst they are enrolled onto the course, however, it is expected that the DPP will take responsibility for overall assessment and judgement of the pharmacist's competence to practise as an independent prescriber.

The DPP understands and accepts their responsibilities to the University, to the pharmacist independent prescriber in training 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 pharmacist prescriber in training, helping them to plan their hours of learning in practice, co-ordinate and facilitate learning in practice opportunities and attendance, which will be in clinical settings with direct access to patients. We recommend that at least 45 hours of the pharmacist in training's learning in practice is spent with their DPP**.**
    - Take responsibility for assessing the pharmacist independent prescriber in training's development throughout the course, providing regular and constructive feedback to them about this at least four times throughout the duration of the course, as detailed in the DPP Handbook.
    - 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 Designated Medical Practitioner and other healthcare professionals with whom the pharmacist independent prescriber in training will be spending time with, as per the requirements in the DPP Handbook.
    - Consider and check the suitability of the Learning in Practice Setting(s) in which the pharmacist independent prescriber in training will be learning and undertaking Learning in Practice.
    - Liaise and work with others whom the pharmacist is shadowing and undertaking learning opportunities with to gain an understanding of their development.
    - Ensure that in all settings, with all supervisors/mentors, the pharmacist prescriber in training 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, as described in the DPP Handbook.
    - Provide formative feedback to the pharmacist independent prescriber in training and formal feedback to the University regarding their University assessments, as detailed in the DPP Handbook.
    - Demonstrate the personal characteristics, skills and knowledge as outlined in the RPS Competency Framework for DPPs.

2. **Responsibilities to the University – The DPP will:**
    - Make the University aware of any demonstration of outstanding competence or development or concerns about the pharmacist prescriber in raining's performance,

development and ability to undertake the role of a non-medical prescriber at the earliest opportunity
- 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 Trainee 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 and to support the pharmacist prescriber in training to undertake learning in practice.

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 pharmacist prescriber in training.
    - 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 pharmacist independent prescriber in training in a fair and prompt manner.

<u>The Pharmacist Independent Prescriber in Training</u>

The pharmacist independent prescriber in training may, on successful completion of the course, apply to the Registrar for annotation as a pharmacist independent prescriber on the GPhC Register. The role of pharmacist independent prescriber carries much responsibility and as such, independent prescribers in training must demonstrate the competencies expected of an independent prescriber prior to successful completion of the course.

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 Pharmacist Prescriber in Training will:**
    - Plan hours of Learning in Practice, co-ordinate learning in practice opportunities and attendance, which will be in clinical settings with direct access to patients. We recommend that at least 45 hours of the pharmacist prescriber in training's learning in practice is spent with their DPP**.**
    - 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 Pharmacist Prescriber in Training 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.

3. **Responsibilities to the Learning in Practice Setting(s) – the Pharmacist Prescriber in Training 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.

4. **Monitoring and Review – The pharmacist prescriber in training will:**
    - Ensure that they have appropriate indemnity insurance in place to undertake the course and Learning in Practice.
    - 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.

<u>The Learning in Practice (LIP) Setting</u>

All Pharmacist Independent Prescribers in training must undertake at least 90 hours of 'Learning in Practice' in order to fulfil the requirements of the course and achieve the learning outcomes of the GPhC. This may be in one or more Learning in Practice Setting(s), all of which will be clinical settings approved by the DPP with direct access to patients. The LIP Setting(s) provide important opportunities for pharmacist independent prescribers in training to develop their prescribing competencies and understands and accepts their responsibilities to the University, to the pharmacist prescriber in training and to the DPP. These are summarised below:

1. **Responsibilities to the Pharmacist Prescriber in Training – The LIP Setting will:**
    - Ensure appropriate and sufficient time is provided to the pharmacist prescriber in training to undertake 90 hours of 'Learning in Practice' and study for the course.
    - Ensure patient safety is not compromised through allowing pharmacist independent prescribers in training to undertake Learning in Practice under the direct supervision of an appropriately qualified healthcare professional only.

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 Pharmacist Independent Prescriber in Training 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 in place to enable the Pharmacist Independent Prescriber in Training to partake in the course and to facilitate their Learning in Practice.
    - Take responsibility for acting upon any concerns raised about the Pharmacist Prescriber in Training, the DPP or the University in a fair and prompt manner.

SIGNED:

University Representative:
Name (BLOCK CAPITALS)_____
Signature_____
Date_____

Designated Prescribing Practitioner:
I have read and understood the DPP Handbook and Learning Agreement
Name (BLOCK CAPITALS)_____
Signature_____
Date_____

Pharmacist Prescriber in Training (the Student)
I have read and understood the Module Handbook and Learning Agreement
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 _____
Named Representative of LIP Setting (BLOCK CAPITALS) _____
Signature_____
Date _____

Learning in Practice Setting 2
Name of Setting _____
Address of Setting _____
Named Representative of LIP Setting (BLOCK CAPITALS) _____
Signature_____
Date _____

Learning in Practice Setting 3
Name of Setting _____
Address of Setting _____
Named Representative of LIP Setting (BLOCK CAPITALS) _____
Signature_____
Date _____

Appendix 4 – 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.
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 shpyg' 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. This will include face-to-face support, if necessary.

Written feedback will be provided to DPPs at the end of the period of study.

Comment from the module team to the DPP:

39

Appendix 5 - 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.

THE CONSULTATION		
Competency 1: ASSESS THE PATIENT		
	Competence Verified by (Name and Signature)	**Date Competence Verified:**
1.1 Takes an appropriate medical, social and medication history, including allergies and intolerances.		
1.2 Undertakes an appropriate clinical assessment.		
1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.		
1.4 Requests and interprets relevant investigations necessary to inform treatment options.		
1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities		
1.6 Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment.		

1.7 Reviews adherence to and effectiveness of current medicines.		
1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.		41

Competency 2: CONSIDER THE OPTIONS		
	Competence Verified by (Name and Signature)	**Date Competence Verified**
2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.		
2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).		
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 mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy).		
2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.		
2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines.		
2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.		
2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.		
2.9 Takes into account the wider perspective including the public health issues related to medicines and their use and promoting health.		
2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.		

Competency 3: REACH A SHARED DECISION		
	Competence Verified by (Name and Signature)	**Date Competence Verified**
3.1 Works with the patient/carer in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment.		
3.2 Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines.		
3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands.		
3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers.		
3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.		
3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.		

Competency 4: PRESCRIBE		
	Competence Verified by (Name and Signature)	**Date Competence Verified**
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 avoid/minimise, recognise and manage them.		
4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).		
4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.		
4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own prescribing practice.		
4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.		
4.7 Considers the potential for misuse of medicines.		
4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).		
4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements.		
4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).		

4.11 Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs.		
4.12 Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions.		45
4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.		

Competency 5: PROVIDE INFORMATION		
	Competence Verified by (Name and Signature)	**Date Competence Verified**
5.1 Checks the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up.		
5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment).		
5.3 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments.		
5.4 Ensures that 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 time frame.		
5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.		

Competency 6: MONITOR AND REVIEW		
	Competence Verified by (Name and Signature)	**Date Competence Verified** 47
6.1 Establishes and maintains a plan for reviewing the patient's treatment.		
6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.		
6.3 Detects and reports suspected adverse drug reactions using appropriate reporting systems.		
6.4 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.		

PRESCRIBING GOVERNANCE		
Competency 7: PRESCRIBE SAFELY		
	Competence Verified by (Name and Signature)	**Date Competence Verified**
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 errors and how to prevent, avoid and detect them.		
7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.		
7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).		
7.5 Keeps up to date with emerging safety concerns related to prescribing.		
7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.		

Competency 8: PRESCRIBE PROFESSIONALLY		
	Competence Verified by (Name and Signature)	**Date Competence Verified**
8.1 Ensures confidence and competence to prescribe are maintained.		
8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications.		
8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).		
8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.		
8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).		
8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.		

Competency 9: IMPROVE PRESCRIBING PRACTICE		
	Competence Verified by (Name and Signature)	**Date Competence Verified**
9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion.		
9.2 Acts upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms.		
9.3 Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).		

Competency 10: PRESCRIBE AS PART OF A TEAM		
	Competence Verified by (Name and Signature)	**Date Competence Verified**
10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across 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 prescribing.		
10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.		
10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.		

Overall Comments by the DPP:

51

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)……

Appendix 6: 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' 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.eforms.nrls.nhs.uk/staffreport/help/AC/Dataset_Question_References/Patient_details/Individual_patient/Impact_on_patient/PD09.htm

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.	

59

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:

60

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	
Management of a typical single patient	
Therapeutic framework	

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

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……..

Name (Please Print)	Designation and qualifications	Learning in practice setting address & Tel. No.	Signature