



## **INDEPENDENT PRESCRIBING**

**Handbook 2022-23**

**For the**

**Designated Prescribing Practitioner & Practice Supervisor/s**



## TABLE OF CONTENTS

INTRODUCTION FROM THE PROGRAMME LEAD .....	4
1. PROGRAMME TEAM .....	5
3. PROGRAMME PRE-REQUISITES .....	6
4. THE DESIGNATED PRESCRIBING PRACTITIONER (DPP) .....	6
The role of the Practice Supervisor(s) .....	7
The role of the Academic Assessor .....	7
5. PLACEMENTS .....	9
6. ACCESS TO MEDICINES .....	9
Independent Prescribing .....	9
Supplementary Prescribing .....	9
The Clinical Management Plan .....	10
7. LEARNING STRATEGY .....	11
Learning Outcomes .....	11
Learning Content Overview .....	12
8. ASSESSMENT STRATEGY .....	12
8.1 Formative Assessment .....	13
Formative Assessment 1: Numeracy Assessment .....	13
Formative Assessment 2: Clinical Management Plan (CMP) / Supplementary Prescribing .....	13
Formative Assessment 3: Analyse a Critical Incident .....	13
8.2 Summative Assessment .....	13
Summative Assessment 1: Numeracy Assessment .....	13
Summative Assessment 2: Pharmacology examination .....	14
Summative Assessment 3: Case study (4,000 words +/-10%) .....	14
Summative Assessment 4: Professional portfolio incorporating the practice assessment document (PAD) .....	14

<b>9.</b>	<b>FLOWCHART OF PRACTICE ASSESSMENT PROCESS.....</b>	<b>17</b>
9.1	How to get colleagues involved .....	19
9.2	Expectations for students .....	19
9.3	Ways of supervising a student .....	19
9.4	Professional Standards .....	20
	Raising concerns .....	20
<b>10.</b>	<b>APPENDIX 1 PRESCRIBING COMPETENCY FRAMEWORK.....</b>	<b>21</b>

## INTRODUCTION FROM THE PROGRAMME LEAD



Dear Designated Prescribing Practitioner & Practice Supervisor/s,

Welcome to the University of East Anglia's Independent Prescribing programme and thank you for agreeing to support a student on this programme.

This programme is designed to prepare the student to meet the standards for independent prescribing as laid out by the [Nursing and Midwifery Council \(NMC\)](#) and the [Health and Care Professions Council \(HCPC\)](#).

Changes to the regulations have enabled supervision and assessment of Independent Prescribers by some registered healthcare professionals who are experienced prescribers. They should work in the same scope of practice as the student and be suitably prepared to assess and supervise students. The major benefit of these regulatory changes is that students may have improved access to training thereby increasing the numbers of non-medical prescribers. However, it is essential that supervision in the practice learning area can facilitate the student in meeting the learning outcomes to be a safe prescriber.

To help train safe and effective independent prescribers, the Royal Pharmaceutical Society has published a competency framework for Designated Medical Practitioners (DPP) to ensure that the period of learning in practice (PLP) is satisfactory [Designated prescribing practitioner competency framework](#). This role has traditionally been undertaken by Medical Doctors known as the Designated Medical Practitioner (DMP).

You should already have received introductory information about the role and a link to the HSC practice education website so that you can complete the training and declaration form as you are asked to self-assess your competency and confirm this to the Programme Lead.

The aim of this handbook is to provide further detail to support you and your student through the practice learning element of the programme.

We look forward to working with you over the next few months.

Dr Louise Grisedale

Programme Lead / Director (UEA / HSC)

[l.grisedale@uea.ac.uk](mailto:l.grisedale@uea.ac.uk)

## 1. PROGRAMME TEAM

This programme draws on the knowledge and expertise of a number of multiprofessional academics and practitioners to provide the students with a diverse range of perspectives through which they can deepen their knowledge and insight and evaluate their own clinical role and setting. Those who have contributed to this programme are:

Dr Louise Grisedale – Programme Director (UEA/HSC)	Email : <a href="mailto:l.grisedale@uea.ac.uk">l.grisedale@uea.ac.uk</a>
Ann Owen – Lecturer and Independent Prescriber (UEA/HSC)	Email : <a href="mailto:a.owen@uea.ac.uk">a.owen@uea.ac.uk</a>
Dr Mike Cumberbatch – Lecturer and Independent Prescriber (UEA/HSC)	Email : <a href="mailto:m.cumberbatch@uea.ac.uk">m.cumberbatch@uea.ac.uk</a>
Cristina Martin Jimenez – Lecturer and Independent Prescriber (UEA/HSC)	Email: <a href="mailto:cristina.martin@uea.ac.uk">cristina.martin@uea.ac.uk</a>
Martin Galligan: Lecturer Practitioner / Programme Lead MSc Advanced Practice (RMS)	Tel No: 0207 808 2463 Email: <a href="mailto:Martin.galligan2@rmh.nhs.uk">Martin.galligan2@rmh.nhs.uk</a>
Gustavo Pendred: Lecturer Practitioner (RMS)	Tel No: 0207 808 2905 Email: <a href="mailto:gustavo.pendred@rmh.nhs.uk">gustavo.pendred@rmh.nhs.uk</a>
Louisa Jones: Lecturer Practitioner (RMS)	Tel No: 0207 808 2905 Email: <a href="mailto:louisa.jones@rmh.nhs.uk">louisa.jones@rmh.nhs.uk</a>
Jayne Needham: Lead Midwife for Education (UEA/HSC)	Email: <a href="mailto:j.needham@uea.ac.uk">j.needham@uea.ac.uk</a>
Dr Mike Cumberbatch – Programme Personal Adviser (UEA/ HSC)	Email : <a href="mailto:m.cumberbatch@uea.ac.uk">m.cumberbatch@uea.ac.uk</a>

You are also part of the programme team. We recognise the invaluable contribution of Designated Prescribing Practitioners (DPP) and Practice Supervisors and extend our gratitude and respect for your continued support of students studying on this programme.

### 3. PROGRAMME PRE-REQUISITES

This programme is suitable for registered healthcare professionals who have been qualified for more than one year. The 40-credit module can be taken at level 7 as a standalone CPD module or as part of the following programmes:

- MSc Advanced Professional Practice programme at UEA;
- MSc Advanced Clinical Practitioner Degree Apprenticeship at UEA;
- PG Cert / PG Dip /MSc Cancer Care at RMS;
- PG Cert / PG Dip / MSc Advanced Clinical Practice Cancer Care RMS

Independent prescribers are practitioners responsible and accountable for the assessment of patients with previously undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing.

**YOUR STUDENT MUST NOT PRESCRIBE UNTIL YOU HAVE SUCCESSFULLY COMPLETED THE PROGRAMME AND THEIR QUALIFICATION HAS BEEN RECORDED ON THE NMC or HCPC REGISTER.**

They must also ensure that they have fulfilled any Trust or employer requirements before prescribing.

NMC registrants may only prescribe from the formulary and within their scope of practice; this independent prescribing programme will prepare you to be a V300 independent prescriber.

For HCPC registrants, there are some profession specific restrictions relating to prescribing controlled drugs which you will learn about during the programme.

Further information is available regarding all professions and specific prescribing rights from the pharmaceutical services negotiating committee (see Reading list for link).

### 4. THE DESIGNATED PRESCRIBING PRACTITIONER (DPP)

The Royal Pharmaceutical Society (2019) describes the DPP title as an umbrella term that brings together a number of titles used by the professional regulators and supersedes the role of the Designated Medical Practitioner (DMP) which has been in place for supervisors and assessors of prescribing students since 2003.

Both the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) have made provision for use of the DPP title to apply to the role of the individual responsible for student learning in the practice area; we have taken the decision to use this term for all supervisors of independent prescribing students. The DPP will therefore take the role of Practice Assessor (PA) for NMC registrants and Practice Educator (PE) for HCPC registrants. The aim of the DPP role is:

*“To oversee, support and assess the competence of non-medical prescribing trainees, in collaboration with academic and workplace partners, during the period of learning in practice.” (RPS 2019)*

To be eligible for the role of DPP, the prescriber:

- Must be registered with their professional regulator
- Should have the necessary annotation for a prescriber as required by their regulator
- Be able to demonstrate that they meet all competencies within the Competency Framework for all Prescribers

- Should normally work in the same clinical area as the student
- Normally will have been prescribing in the same clinical area for three years
- Will have up to date knowledge of prescribing skills in the clinical area
- Currently meets all competencies within the RPS (2016) prescribing Framework
- Meets the competencies for the DPP role in the RPS competency framework (2019)
- Must be able to negotiate the time to supervise, support and assess the student
- If a non-medical prescriber, they have completed the online supervisor and assessor course at Anglia Ruskin University.

The DPP must be able to confirm the above criteria to the Programme Lead prior to commencing supervision of a student.

In addition to the DPP, NMC registrants will also have a practice supervisor/s (PS) who can be any registered healthcare professional with a recordable or annotated prescribing qualification e.g. Doctor, Nurse, Midwife, Paramedic, Pharmacist, Physiotherapist, Podiatrist or Therapeutic Radiographer. Your student may also benefit from some supervision time with other specialist practitioners who may not have a prescribing qualification but who can contribute to meeting the learning outcomes e.g. pharmacists.

### The role of the Practice Supervisor(s)

- Provide support for student learning towards achievement of the RPS prescribing competencies
- Engage with the student to identify and facilitate learning opportunities
- Contribute to formative learning of the student through regular supervision, observation and written feedback on progress towards competence
- Contribute to student assessment through regular feedback
- Share observations on student progress, performance and achievement of the RPS competencies with the DPP
- Work in partnership with student and DPP in developing/reviewing the learning needs/contract
- Conduct aspects of specific formative assessment as required in liaison with the DPP
- The PS will normally have completed relevant local training to fulfil this role.

### The role of the Academic Assessor

Students will be allocated an academic assessor (AA) who will be a registered healthcare professional with a prescribing qualification recorded with the appropriate professional organisation e.g. NMC or HCPC.

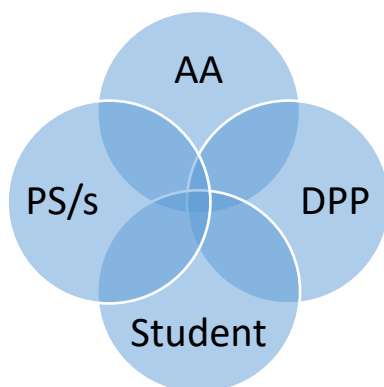
Academic assessors have current knowledge and expertise relevant to this module. In addition, they will be skilled in conducting objective, evidence-based assessments and providing constructive feedback to facilitate professional development. This will normally be a member of the UEA or RMS prescribing team or an associate tutor with appropriate qualifications and experience. The AA is responsible for:

- Ensuring they have up to date knowledge of the standards and legislation relevant to prescribing education preparation and clinical practice

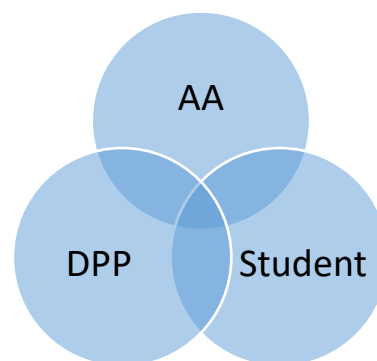
- Ensuring marking and moderation and quality assurance monitoring processes are in place for the programme
- Ensuring students understand they cannot prescribe until they have successfully completed all assignments, annotated/recorded on register and local governance arrangements have been met
- Providing a friendly, supportive learning environment, timely feedback and feedforward, advice, student academic and pastoral support, and motivation throughout the programme
- Working in partnership with the DPP to assess progression and completion of RPS competencies and other assignment components of the programme through review of evidence and conduct, and objective evidence-based assessment of students' work
- Discussing progress with the student/DPP/PS at regular intervals throughout the programme.
- Responding to and providing support of student and/or Practice Assessor/Practice Supervisor(s) requests for updates or meetings
- Collaborating with the Lead Midwife for Education (LME) to support midwife students.

In this collaborative approach, the AA will work in partnership with the DPP to evaluate and agree the student progression and will facilitate communication and collaboration with the student and the DPP. The DPP for NMC registrants will liaise regularly with the PS who may be working more closely with the student on a regular basis. **The DPP and PS will not normally be the same person for NMC students unless there are exceptional circumstances.**

NMC Registrants



HCPC Registrants





## 5. PLACEMENTS

**Practice:** Students are required to have a minimum of 78 hours of supervision overseen by the DPP usually in their own area of practice, although you may agree that visits to other areas may support learning. It may be possible in exceptional circumstances for supervision to take place in another appropriate/similar placement where the learning outcomes must be met.

All practice supervisors should be able to demonstrate that they are suitably experienced and prepared for the role as set out in the [Standards for student supervision and assessment](#) (NMC, 2018). The Practice Assessor (PA) will be referred to as the Designated Prescribing Practitioner (DPP) for the Independent Prescribing programme as specified by the [Royal Pharmaceutical Society](#) (2019).

### **Self-Employed / Non-NHS Students**

We welcome students from a wide variety of clinical practice areas including NHS, non-NHS and self-employed, so they will have the opportunity to share learning and networking with a diverse interprofessional group. Your student may have accessed this programme as part of a programme of study or as a 'standalone' programme as they wish to be able to improve the way in which access to medicines is facilitated. Whatever route students are taking and whatever the practice area, we are keen to support you and your student to ensure success so please feel free to contact us if you have any specific queries or concerns.

Any student who is self-employed or working in a non-NHS clinical environment is expected to meet the same standard as the students employed in NHS settings. As with all other applicants, these students will have identified an appropriate DPP prior to application. The appropriateness of the DPP will be verified on receipt of the application by the programme lead and training arranged.

## 6. ACCESS TO MEDICINES

### **Independent Prescribing**

The Department of Health defines Independent Prescribing as "prescribing by a practitioner, responsible and accountable for the assessment of patients with diagnosed or undiagnosed conditions, and for decisions about the clinical management required, including prescribing" (DH 2006). However, in practice the range of prescribing by an Independent Prescriber will be guided by the employer, who may carry vicarious liability and hold the budget. Prescribing practice may also be limited by the practitioner's own competence. Trust or Practice Clinical Governance Frameworks may restrict what drugs can be prescribed by Independent Prescribers to what is appropriate to the service to be provided safely; if you are unsure about this the local Prescribing lead will be able to help.

### **Supplementary Prescribing**

Supplementary prescribing is defined as a voluntary partnership between an Independent prescriber (IP) (which for the purpose of supplementary prescribing must be a doctor or dentist) and a Supplementary Prescriber (SP), to implement an agreed patient-specific Clinical Management Plan with the patient's agreement ([DH 2003](#)).

## The Clinical Management Plan

Supplementary prescribing is guided by an agreement between a Doctor and a supplementary prescriber. Clinical Management Plans (CMPs) are relatively simple and quick to complete. They should not duplicate a lot of information that is already recorded in the shared record. They are a document defined within the Human Medicines regulations 2012.

- CMPs could refer to appropriate evidence-based treatment guidelines or agreed protocols for treatment of a specific condition as long as the guideline/protocol contains details of the medicines, their doses and dose frequency. Reference to a guideline may avoid the need to include lists of medicines. Treatment guidelines must be agreed by the IP and SP and should be readily accessible. The CMP should state precise details of the guideline (including date of publication) so that it is absolutely clear which version is being used within the plan.
- The IP and the SP must share access to the same patient record. This requirement means that the IP and SP must give thought to how their prescribing partnership will work in practice. There will be different arrangements where prescribers work in close contact, to those in place when prescribers operate at a distance from each other.
- Supplementary prescribing can be set up to include prescribing teams, as well as one-to-one prescribing partnerships, when service delivery is organised in this way, as long as all members of the team are qualified prescribers.
- Supplementary prescribing is a voluntary arrangement. The IP, SP and the patient must all agree to enter into this partnership and any one of them can refuse if they are uncomfortable with the proposal. Supplementary prescribing must be individualised to the needs of the patient and to the personal competence and/or limitations of the supplementary prescriber.
- At any time, the SP can withdraw from the arrangement and request that the independent prescriber resume caring for the patient.

The Clinical Management Plan must:

- Be patient specific;
- Be agreed by both the independent (medical) and supplementary prescriber before supplementary prescribing begins, and the arrangement endorsed by the patient;
- Specify the medical condition(s) to be treated and the aim(s) of treatment;
- Specify the range and circumstances within which the supplementary prescriber can vary the dosage, frequency and formulation of the medicines identified. Medicines may be listed by class, formulation or specific product, at the independent prescriber's discretion, or be identified by reference to an evidence-based treatment guideline or protocol for a specific condition (as long as the guideline contains sufficient information about drug, dosage and dose frequency);
- Specify when and why the patient should be referred back from the supplementary prescriber to the independent prescriber;
- Contain relevant warnings about known sensitivities of the patient to particular medicines, and include arrangements for notification of adverse drug reactions;
- Contain the date of commencement of the arrangement and date for review (not normally longer than one year, and much shorter than this if clinically appropriate).

The legality of the CMP is the responsibility of the Independent Prescriber, the Trust, AND the Supplementary Prescriber and should be informed by the medication guidelines/protocols for the drug(s) concerned.

## 7. LEARNING STRATEGY

The learning on this programme is a blend of predominantly online asynchronous learning with a weekly live webinar (synchronous) and some face-to-face teaching. The programme will be taught over a 26-week period (approx.) and is released in 12 'blocks' of learning with an additional 78 hours (minimum) of supervised practice.

Students are expected to spend 78 hours of supervision in practice. This supervision will be managed by the Designated Prescribing Practitioner (DPP) but not necessarily provided by them directly.

### Learning Outcomes

Learning outcomes are statements about the skills and knowledge that students are expected to demonstrate by the end of the programme and are used as marking criteria for assessment(s). The learning outcomes can help to give you an understanding about what you are aiming to achieve as you work through the programme resources and activities.

The learning outcomes for this programme are:

1. Critically considers and applies effective communication and clinical reasoning skills in the systematic and comprehensive assessment of an individual through the age ranges using a person-centred approach (Dimension 1).
2. Critically reflects on the use of a holistic approach and current knowledge to design an appropriate evidence-based treatment plan utilising pharmacological and non-pharmacological approaches (Dimension 2).
3. Demonstrate the ability to critically evaluate relevant data, information and personal factors in order to enable an individual to make an informed choice about their treatment and support adherence (Dimensions 3 & 5).
4. Plans implementation, recording and monitoring of safe, evidence-based, clinically appropriate & effective prescribing practice adapting the management plan appropriately in complex situations (Dimensions 4 & 6).
5. Critically appraises own practice through a reflective approach to evaluate own knowledge & skills and develop a plan for own learning needs in order to minimise risk and ensure safe practice (Dimensions 7 & 9).
6. Able to critically appraise and apply current legal, regulatory, and professional frameworks to prescribing practice demonstrating an awareness of ethical issues and influences on prescribing decisions (Dimension 8).
7. Critically analyses the contribution of teamwork to safe prescribing practice and appraises the importance of reviewing own and others prescribing practice through appropriate measures (Dimensions 9 & 10).

Learning outcomes map to: Royal Pharmaceutical Society (2016) *A Competency Framework for all Prescribers*

## Learning Content Overview

Please note that the block content may be subject to minor changes.

Block 1	An introduction to independent Prescribing
Block 2	Background Physiology
Block 3	Pharmacokinetics
Block 4	Pharmacodynamics
Block 5	Vulnerable groups: Older adults and mental health
Block 6	Vulnerable groups: Children, pregnancy, and breastfeeding
Block 7	Mock exam and revision
Block 8	Pharmacology exam, evidence-based practice
Block 9	Consultation and patient safety
Block 10	Legal and ethical issues, and Prescribing Governance
Block 11	Specialist prescribing: long term conditions and oncology
Block 12	Continuing professional development

## 8. ASSESSMENT STRATEGY

Assessment for the programme involves formative and summative assessment tasks. Assessment for the programme involves formative and summative assessment tasks. Formative assessment, in which the student submits or present short pieces of work for evaluation and feedback, does not count towards the overall programme grade, but helps you to learn about their own academic strengths and limitations and gain feedback which can be used to inform about their summative assessment. Summative assessment is work that is formally submitted by the student and assessed against the achievement of the programme learning outcomes and the academic level and quality of your work. The level 7 (postgraduate) [UEA Senate Scale](#) for the type of assessment (coursework/dissertation or extended project/presentations) will be used as part of the marking process.

Students are permitted two attempts at all summative assessments, and you must pass all parts of the summative assessment to pass this programme. Resubmissions of written assignments or resits of examinations will take place following confirmation of marks by the Board of Examiners so there will be a delay between these attempts to allow for moderation and review by the External Examiner for the programme. There is a fee for resubmission. Students will be able to view the submission schedules on the '[I♥Health](#)' Blackboard site at UEA.

At RMS the student's submission dates will be made available to you by their programme leads.

## 8.1 Formative Assessment

### Formative Assessment 1: Numeracy Assessment

**Purpose:** To support recognition of your current standard of numeracy, to identify learning support needs and seek help as appropriate.

**Activity:** 10 numeracy questions in the context of drug calculations

**Submission:** Blackboard / Moodle

**Feedback:** Blackboard / Moodle

### Formative Assessment 2: Clinical Management Plan (CMP) / Supplementary Prescribing

**Purpose:** To develop an understanding of this mechanism of access to medicines and supplementary prescribing.

**Activity:** You should develop a Clinical Management Plan (CMP) for a patient and write a brief account showing an appreciation of supplementary prescribing discussing the indications, benefits, and legal use of a CMP (300-500 words).

**Submission:** Blackboard / Moodle

**Feedback:** Blackboard / Moodle

### Formative Assessment 3: Analyse a Critical Incident

**Purpose:** To give formative feedback to support academic writing, including academic referencing analysis and critical thinking skills.

**Activity:** Identify a medication related incident (or near miss) in your area of practice. Analyse the impact this has had and what changes may have been introduced (500 – 750 words).

**Submission:** Blackboard / Moodle

**Feedback:** Blackboard / Moodle

## 8.2 Summative Assessment

### Summative Assessment 1: Numeracy Assessment

**Activity:** Five numeracy questions in the context of drug calculations. You will have 30 minutes to complete the assessment. Calculators from the UEA approved list are permitted in this examination.

**Marking criteria & weighting:** Pass / Fail. All questions must be passed 100%

**Submission:** Blackboard / Moodle

**Feedback:** Blackboard / Moodle

### Summative Assessment 2: Pharmacology examination

**Activity:** This is a timed online open book exam. You will have 2 hours to complete the examination.

**Marking criteria & weighting:** Pass / Fail. You must achieve an 80% pass mark

**Submission:** Blackboard / Moodle

**Feedback:** Blackboard / Moodle

### Summative Assessment 3: Case study (4,000 words +/-10%)

**Purpose:** The integrated case study is a valuable method of documenting learning to provide evidence that the learning outcomes for the prescribing programme have been met.

**Activity:** Write a case study that must contain a critical appraisal of a complete episode of prescribing care and cover all ten dimensions of the RPS (2021) *A Competency Framework for All Prescribers*.

**Marking criteria & weighting:** The case study will be graded against the Senate Marking Criteria. A grade of more than 50% must be achieved to pass at Level 7.

**Submission:** Blackboard / Moodle

**Feedback:** Blackboard / Moodle

### Summative Assessment 4: Professional portfolio incorporating the practice assessment document (PAD)

**Purpose:** The Portfolio is a valuable method of documenting evidence that the learning outcomes for the prescribing programme have been met. The learning outcomes are mapped to the competency framework for all prescribers (RPS 2021; NMC 2018; HCPC 2019).

**Activity:** The Portfolio will be maintained / developed in electronic format utilising PebblePad software which will enable all assessors to access the evidence of supervision and assessment collated during the programme. The Pebble Pad portfolio will incorporate the Practice Assessment component which is based on the Royal Pharmaceutical Society (2021) *A Competency Framework for all Prescribers*; the competency template should be accompanied by a range of evidence demonstrating that the competencies have been met. The portfolio will provide a basis for discussion of progress with the Practice Supervisor (PS) and Designated Prescribing Practitioner (DPP) and will be available to the Academic Assessor (AA) to ensure that the competencies have been met.

Supervision should start as early as possible in the programme. The student should arrange to meet with your Practice Supervisor (PS) and Designated Prescribing Practitioner (DPP) as early as possible to plan their supervision. The better planned the process is, the more likely it is to be successful. An example of the practice assessment documentation is in Appendix 1 of this handbook although the actual document will be hosted on PebblePad. Your student should make the PebblePad portfolio available at each supervision session so that the competencies can be signed off as achieved.

### **The Initial Interview**

This must be a tripartite meeting between student, DPP and Academic Assessor. Within the **first two weeks** of programme commencement, an **initial interview** (first planned discussion) should be arranged to agree the Learning Contract with your DPP and PS. This initial interview is also the opportunity to negotiate how the supervision will meet your learning needs, when it will happen, where this will take place, who is involved and how the competencies will be met. This depends to a great extent on the practice area as well as your individual learning needs. The student may also have access to supervision from a range of Practice Supervisors who are able to support your learning needs.

### **The Intermediate Interview**

This must be a tripartite meeting between student, DPP and Academic Assessor. This is an opportunity to review learning progress. This is carried out informally through discussions about patients, review of notes, direct observation and questioning. As before, the student and DPP should ensure there is enough time allocated for a full discussion. If either the student or the DPP or PS has any concerns, then please contact either the Programme Lead or your Academic Assessor (AA) so that we can develop an action plan.

### **The Final Interview**

This must be a tripartite meeting between student, DPP and Academic Assessor. The student and the DPP will meet towards the end of the programme to review learning and agree achievement of competencies and discuss progression. This meeting should normally take place 4 weeks before the end of the programme. If the DPP in liaison with the PS is happy with all aspects of practice and considers the student to be safe and effective, then the DPP must sign that they have facilitated the required 78 hours of supervision and that the student is competent to prescribe in their area of practice. However, there may be aspects of your practice that they feel need further work before they consider you to be safe; if this is the case then you will have the remaining 4 weeks of the programme to achieve the remaining RPS (2021) competencies.

In this **final interview**, the student, PS and DPP will together agree progress and sign off the practice competencies. Many of these competencies may already have been signed off as the programme progresses.

The Portfolio must be complete with competencies signed and final declaration from the students line manager, PS and DPP for a Pass mark to be awarded.

1. An introductory statement from the student
2. A range of evidence that the student has met the competencies, to be agreed with the DPP and PS e.g. reflections/case note analysis.
3. A critical incident (750 words).
4. A Clinical Management Plan (CMP) with 300-500 words of narrative demonstrating your understanding of supplementary prescribing.
5. An assessment of consultation skills using the form provided in Pebble Pad will also take place during the period of supervision and assessment ensuring that any local requirements for service user consent are adhered to.

6. Service User feedback should be included in the portfolio using the form/s provided in PebblePad.
7. An example of an accurate prescription must be included.
8. A personal formulary for HCPC registrants only.
9. All supervisors and the DPP must complete and sign the Verification of Practice document using the form provided in Pebble Pad.

The DPP and AA will liaise throughout the programme to ensure progression and achievement of the RPS competencies (NMC 2018; HCPC 2014; RPS 2021).

**Marking criteria & weighting:** Pass / Fail

**Submission:** PebblePad

**Feedback:** Blackboard / Moodle

Further detailed assessment guidance is available on Blackboard / Moodle.

The student only has two attempts at any assessment. If they fail at the second attempt, then they are deemed to have failed the programme. **You can fail the student if you do not consider that they are competent. There is no pressure from the School to pass the student.** Patient safety is paramount and is critical to this assessment. Just to reiterate - if at any time you have concerns, please contact the programme lead and we can help and support.



## 9. FLOWCHART OF PRACTICE ASSESSMENT PROCESS

**Initial interview between student and Designated Prescribing Practitioner (NMC PA) in first 3 weeks of the programme to:**

Review assessment of practice and discuss learning outcomes/opportunities  
Identify student activities and evidence of learning to be produced / Learning Contract  
Identify appropriate Practice Supervisors (not all will be known immediately up to maximum four, some may be identified as training progresses and further training needs and PS identified)  
DPP and AA/LME liaise to ensure that strategies are in place to support student learning  
Set a date for the intermediate interview



**Ongoing, [at least weekly], discussions between student and Practice Supervisor or DPP to:**

Review progress to date  
Review feedback from Practice Supervisors  
Consider newly identified learning needs  
Document evidence of learning as appropriate



**Intermediate interview (weeks 12-14) between student and DPP plus PS as appropriate to:**

Review learning and documented evidence to date  
DPP must also liaise with the AA at this point to ensure progression



**Ongoing, [at least weekly], discussions between student and DPP/PS to:**

Review progress to date  
Document evidence of learning as appropriate



**Final interview (week 21 -22) between student and DPP with PS as appropriate to:**

Assess evidence of learning and achievement of practice competencies  
If any competencies have not been achieved, a Learning Contract will be drawn up between the student, the DPP, PS and AA/LME. The programme lead should be informed as well as the student's Personal Advisor, detailing the remedial action and support needed to achieve the required aspects. It is a requirement that the line manager or NMP lead will also sign the statement on the Assessment of Practice Document to confirm that supervision has taken place and that the competencies have been met



**[Second final interview (week 25) – only required if there are outstanding competencies]  
Week 25-27: Summative assessment by the DPP in liaison with the Academic Assessor:**

To confirm achievement of the RPS competency framework

## 9.1 How to get colleagues involved

It is important to get everyone in the practice area involved and to share programme information with them so that their support and expertise can be used to best effect. You can draw on colleagues and if you would like them to be involved in some teaching and learning activities, then you and your student will discuss and agree ways of achieving this. It is enormously helpful to have other people's perspectives on the student's ability and progress; their feedback will help you in gauging your student's progress and development. Where they are happy to do so, written comments may be made and incorporated into the student's portfolio. Colleagues in other practice areas may well be happy to agree to support visits from your student (these should have some clearly identified objective(s) that link to aspects of the student's competencies). Wherever appropriate, encourage your student to be assertive and proactive in arranging educationally led visits and experiences; these may be recorded in the portfolio to provide evidence of learning.

## 9.2 Expectations for students

We expect students to be proactive in taking charge of their own learning, although this does not mean they are expected to do it all themselves. We do have set requirements for aspects of supervision, but the student will negotiate additional help if they feel they need it. It is their responsibility to agree a learning contract with you identifying their agreed learning needs and to document their learning activities and select evidence that meets the learning outcomes for the programme for their portfolio. They must also keep their PebblePad portfolio up to date and available for review and comments by you and any colleagues that they involve in the teaching/learning experience. They are also responsible for ensuring that interview dates and venues are booked in advance, but this will require your full co-operation too.

## 9.3 Ways of supervising a student

We do not ask that you spend all of your time shadowing them or for them to shadow you. At the start of the programme, they will want to observe you, and perhaps your experienced colleagues, undertaking consultations, examinations etc. If the student can gain a fairly broad perspective of consultation styles and consultation cases, they will be more likely to find a method that is comfortable for them. This can be in short bursts, not necessarily for full sessions. The student will log their time to ensure they meet the requirements of the programme.

**During the programme the student will not be expected, or allowed, to prescribe in their own right.**

Once this is under way, you can spend time observing them or they may observe you and other colleagues and discuss their observations. It is important that they know just where they are doing well and how to progress. As you both become more confident in the student's improvement, they will call you, or a colleague, in for advice and opinion on specific cases.

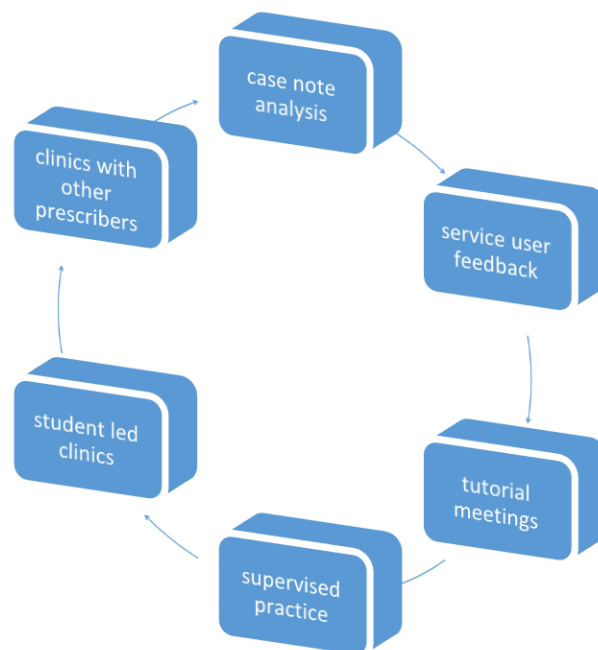
Allow for opportunistic learning and call the student in when you have a patient with a relevant presenting problem. It can be useful to demonstrate cases outside the student's future remit so that they can see the difference and define the limits of their competence.

*The definition of competence for this programme is the 'skill and ability to practice safely and effectively without the need for direct supervision'*

(Fitness for Practice 1999:35).

Competence incorporates capability including the integration of underpinning knowledge, cognitive abilities and understanding to apply this knowledge to practice and the acquisition and use of prescribing skills (adapted from Erault and Cole, 1993). One attribute of competence is that students will acknowledge their own personal limitations.

Random case note analysis is a useful tool for learning. Compare thoughts with any colleagues that have been involved. As soon as you feel that the student has achieved competence in aspects of practice, make notes for the interview to assist the discussions. It sounds a lot of work, and it does take commitment, but the benefits should soon outweigh the work it takes over the six months.



## 9.4 Professional Standards

Students are always expected to behave professionally and as registered professionals, they should adhere to the HCPC Standards of conduct performance and ethics (HCPC 2018) or the NMC code (NMC 2018). Students should also be aware of any local policy if not in their usual workplace e.g. uniform, lone-working, infection control and act appropriately.

### Raising concerns

If at any time there are concerns about a student, whether this is specific to the programme, fitness to practise or the placement, this can be raised with the programme lead or other member of the team. There are relevant forms available on the HSC Practice Education website

<http://www.uea.ac.uk/foh/mpe/home>

## 10. APPENDIX 1 PRESCRIBING COMPETENCY FRAMEWORK



### PRESCRIBING COMPETENCY FRAMEWORK (Royal Pharmaceutical Society 2021)

NB: All competencies must be achieved for a pass in this assessment.

#### 1. THE CONSULTATION (COMPETENCIES 1-6)

##### Competency 1: Assess the patient

Statements supporting the competency	Notes
1.1 Undertakes the consultation in an appropriate setting.	
1.2 Considers patient dignity, capacity, consent and confidentiality.	
1.3 Introduces self and prescribing role to the patient/carer and confirms patient/carer identity.	
1.4 Assesses the communication needs of the patient/carer and adapts consultation appropriately.	

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

**Competency 2: Identify evidence-based treatment options available for clinical decision making**

Statements supporting the competency	Notes
2.1 Considers both non-pharmacological and pharmacological treatment approaches.	
2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy and deprescribing).	
2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.	
2.4 Applies understanding of the pharmacokinetics and pharmacodynamics of medicines, and how these may be altered by individual patient factors.	
2.5 Assesses how co-morbidities, existing medicines, allergies, intolerances, contraindications and quality of life impact on management options.	
2.6 Considers any relevant patient factors and their potential impact on the choice and formulation of medicines, and the route of administration.	
2.7 Accesses, critically evaluates, and uses reliable and validated sources of information.	
2.8 Stays up to date in own area of practice and applies the principles of evidence-based practice.	
2.9 Considers the wider perspective including the public health issues related to medicines and their use, and promoting health.	

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

**Competency 3: Present options and reach a shared decision**

<b>Statements supporting the competency</b>	<b>Notes</b>
3.1 Actively involves and works with the patient/carer to make informed choices and agree a plan that respects the patient's/carer's preferences.	
3.2 Considers and respects patient diversity, background, personal values and beliefs about their health, treatment and medicines, supporting the values of equality and inclusivity, and developing cultural competence.	
3.3 Explains the material risks and benefits, and rationale behind management options in a way the patient/carer understands, so that they can make an informed choice.	
3.4 Assesses adherence in a non-judgemental way; understands the reasons for non-adherence and how best to support the patient/carer.	
3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.	
3.6 Explores the patient's/carer's understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.	



#### Competency 4: Prescribe

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

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

#### Competency 5: Provide information

Statements supporting the competency	Notes
5.1 Assesses health literacy of the patient/carer and adapts appropriately to provide clear, understandable and accessible information.	
5.2 Checks the patient's/carer's understanding of the discussions had, actions needed and their commitment to the management plan.	
5.3 Guides the patient/carer on how to identify reliable sources of information about their condition, medicines and treatment.	

5.4 Ensures the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific timeframe.	
5.5 Encourages and supports the patient/carer to take responsibility for their medicines and self-manage their condition.	

**Competency 6: Monitor and review**

Statements supporting the competency	Notes
6.1 Establishes and maintains a plan for reviewing the patient's treatment.	
6.2 Establishes and maintains a plan to monitor the effectiveness of treatment and potential unwanted effects.	
6.3 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.	
6.4 Recognises and reports suspected adverse events to medicines and medical devices using appropriate reporting systems.	

## 2. PRESCRIBING GOVERNANCE (COMPETENCIES 7-10)

### Competency 7: Prescribe safely

Statements supporting the competency	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 and prescribing errors, and knows how to minimise their risk.	
7.3 Identifies and minimises potential risks associated with prescribing via remote methods.	
7.4 Recognises when safe prescribing processes are not in place and acts to minimise risks.	
7.5 Keeps up to date with emerging safety concerns related to prescribing.	
7.6 Reports near misses and critical incidents, as well as medication and prescribing errors using appropriate reporting systems, whilst regularly reviewing practice to prevent recurrence.	

### Competency 8: Prescribe professionally

Statements supporting the competency	Notes
8.1 Ensures confidence and competence to prescribe are maintained.	
8.2 Accepts personal responsibility and accountability for prescribing and clinical decisions, and understands the legal and ethical implications.	
8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice.	
8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal views.	
8.5 Recognises and responds to factors that might influence prescribing.	
8.6 Works within the NHS, organisational, regulatory and other codes of conduct when interacting with the pharmaceutical industry.	

### Competency 9: Improve prescribing practice

Statements supporting the competency	Notes
9.1 Improves by reflecting on own and others' prescribing practice, and by acting upon feedback and discussion.	

9.2 Acts upon inappropriate or unsafe prescribing practice using appropriate processes.	
9.3 Understands and uses available tools to improve prescribing practice.	
9.4 Takes responsibility for own learning and continuing professional development relevant to the prescribing role.	
9.5 Makes use of networks for support and learning.	
9.6 Encourages and supports others with their prescribing practice and continuing professional development.	
9.7 Considers the impact of prescribing on sustainability, as well as methods of reducing the carbon footprint and environmental impact of any medicine.	

**Competency 10: Prescribe as part of a team**

<b>Statements supporting the competency</b>	<b>Notes</b>
10.1 Works collaboratively as part of a multidisciplinary team to ensure that the transfer and continuity of care (within and across all care settings) is developed and not compromised.	
10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to the patient's care.	

10.3 Agrees the appropriate level of support and supervision for their role as a prescriber.	
10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.	