



Faculty of Health and Social Sciences

Practice Assessor/Practice Supervisor Handbook

Independent and Supplementary Prescribing/Supplementary Prescribing

September 2023

Welcome to Independent and Supplementary Prescribing Programme.

The course team are pleased to welcome you to the prescribing programme; we have been running this very successful programme since 2002. As with most practice development programmes the content, teaching methodology and assessments are regularly reviewed in partnership with the Department of Health and the Nursing and Midwifery Council. The programme was reviewed and revalidated in the summer of 2019 to incorporate changes required by the professional bodies. This is an exciting and innovative programme which aims to equip the student to become a competent and safe prescriber. The programme is intensive and challenging but previous students have all commented that it is enjoyable. Unlike some areas of continuing professional development, this programme is regulated by the Nursing and Midwifery Council, the HCPC and the GPhC and therefore has some specific requirements regarding attendance, programme content (including clinical experience), practice and academic assessment. It might be helpful if we start by introducing ourselves:

Matthew Hartwell – Programme Leader, based at Bournemouth Gateway building at the Lansdowne Campus (Full time)

Matt is a Registered Nurse and practicing ANP

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Ursula Rolfe – Principal academic, based at Bournemouth Gateway Building at the Lansdowne Campus (Full Time)

Ursula is a prescribing Paramedic working at a local UTC

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Other Useful Contacts

Programme Administration – BG309, Bournemouth Gateway Building, Lansdowne Campus

Email: hss-cpdadmin@bournemouth.ac.uk

External Examiner The external examiner for this programme is Moortooza Puttaroo, Aston University. The External Examiner's name is listed for transparency only, and students should **NOT** contact him directly.

Independent and Supplementary Prescribing for health professionals.

Thank you for agreeing to act as a practice assessor or practice supervisor, a role that is highly valued by learners and vital to their future development. Experience has shown that learner progress is directly linked to the amount of time invested in their clinical supervision by their practice assessor and practice supervisor.

The purpose of this handbook is to provide you with the information you will need to undertake this role.

Development of Independent and Supplementary Prescribing

The Crown Report 1999 reviewed the Prescribing, Supply and Administration of Medicines and recommended that prescribing powers should be extended to certain non-medical professional groups. The NHS plan (DH 2000) endorsed this recommendation as making better use of the skills of health professionals. Subsequently the Department of Health is currently pursuing a policy which promotes non-medical prescribing.

The Bournemouth University prescribing programmes meet the requirements of the Government legislation (DH 2001, DH 2004, DH 2005) to prepare nurses and midwives registered with the NMC for Independent and supplementary Prescribing; and Allied Health Professionals registered with the HCPC. These two types of prescribers are defined as follows:

Independent and supplementary prescribers

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. They are recommended to prescribe generically, except where this would not be clinically appropriate or where there is no approved non-proprietary name. Prescribers should never prescribe outside of their sphere of competency and in line with their registering body.

Supplementary prescribers (SP)

Supplementary Prescribing was introduced in 2002 (previously known as dependent prescribing) and is defined as a “voluntary prescribing partnership between an independent prescriber and a supplementary prescriber to implement an agreed patient- specific Clinical Management Plan with the patient’s agreement”. The independent prescriber in this instance must be a medical practitioner (or dentist) who will undertake the initial assessment and diagnosis and who, with the agreement of the patient, and in partnership with the SP will initiate an agreed Clinical Management Plan for the continued care and therapy of the patient.

There are no legal restrictions on the clinical conditions that SPs may treat.

Programme Structure

There are two programmes (Degree and Master's Level) available to nurses and midwives, Masters Level is only available to HCPC/GPhC registrants. Both levels have slightly different learning outcomes, but the assessment tasks are essentially the same, apart from the case study aspect of the portfolio.

Level 6 Degree level

UNIT SPECIFICATION				
Unit title				
INDEPENDENT AND SUPPLEMENTARY PRESCRIBING				
Level	Level 6	Credit value	40 (20 ECTS)	
Is this a common unit?		Yes	Expected contact hours for unit	48
Pre and co-requisites				
Applicants must have a current NMC registration and be practicing clinically within their area of practice for a minimum of one year.				
Aims				
To prepare Registered nurses, and midwives to prescribe safely, appropriately and competently. In doing so students will be required to evaluate the evidence underlining the practice of prescribing, critically reflect on their competency in respect of prescribing and evidence knowledge of the products they will prescribe.				
Intended learning outcomes (ILOs)				
Having completed this unit, the student is expected to:				
<ol style="list-style-type: none">1. Assess the patients including medical, social and medication history to formulate a diagnosis utilising their physical examination skills2. Consider the pathophysiological implications of both pharmacological and non-pharmacological approaches across the lifespan3. Demonstrate the ability to reach a shared decision with the service user/carers about the treatment options available4. Understand and apply knowledge of drug actions in prescribing practice utilising national frameworks and guidance5. Provide information and understand the relevant legislation to the practice of prescribing maintaining accurate and current records6. Prescribe safely, appropriately and cost effectively, and discuss justification for treatment, monitoring and review responses to therapy and modify as required7. Practise within a multidisciplinary team and a framework of professional accountability and responsibility recognising their own limitations and seeking guidance as appropriate				

8. Demonstrate the ability to calculate drug doses and prescribing regimes within own area of practice

Learning and teaching methods

The programme will normally consist of 8 taught days and the equivalent of 15 days open learning utilising open learning materials, along with additional material provided/signposted on Brightspace. The taught days will focus on key lectures and discussion and feedback from open learning activity. In addition, students are expected to bring case studies/examples from practice. Attendance at the taught days is mandatory.

A Prescribing Practice Assessor and a Practice Supervisor will carry out supervision and assessment of prescribing competence as per the learning agreement. Students will be expected to shadow their Prescribing Practice Assessor and critically reflect upon patient care scenarios, demonstrating in-depth analysis of prescribing behaviour. To facilitate learning the student will be required to maintain a portfolio that will be structured around the Royal Pharmaceutical Society (RPS) competencies. Support for the student and Prescribing Practice Assessor will be provided through the Academic Assessor.

Assessment

Formative assessment/feedback

Students complete open learning materials (workbooks) and deliver a presentation to peers regarding prescribing in their area of clinical practice. Feedback will be provided from peers and the academic team.

Summative assessment

ILO 1, 2, 3, 5, 6, 7, and 8 will be assessed via a portfolio.
ILO4 will be assessed via a pharmacology exam Pass/Fail
ILO 8 will be assessed by a numeracy test Pass/Fail

All elements must be passed.

Indicative assessment

Exam 1

A numerical assessment within the context of prescribing practice. Pass mark 100% (Pass/Fail) (500 words equivalent).

Exam 2

Examination: A written examination consisting of 20 short answer/multi-choice questions. The examination tests pharmacological knowledge and its application to practice. The pass mark for the examination is 80% (Pass/Fail) (1500-word equivalent).

Coursework 1

A portfolio of evidence, which must include evidence for all RPS competencies demonstrated via a mapping document. The portfolio must include an observation of a clinical consultation by the Practice Assessor and the Practice Supervisor, and a 3,000-word case study. (Portfolio evidence equivalent to 4,000 words).

Indicative unit content

Royal Pharmaceutical Society Competency Framework (RSP 2021)

Competency 1: Assess the Patient

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

Competency 3: Present options and reach a shared decision

Competency 4: Prescribe

Competency 5: Provide Information

Competency 6: Monitor and Review

Competency 7: Prescribe Safely

Competency 8: Prescribe Professionally
Competency 9: Improve Prescribing Practice
Competency 10: Prescribe as part of a team

Books

British National Formulary (BNF) 2022. Pharmaceutical Press: London

British National Formulary Children's (BNFC) 2021-2022 Pharmaceutical Press: London

Courtney, M. and Griffiths, M., 2022. Independent and Supplementary Prescribing; Essential Guide. London: Greenwich Medical Media

Dimond, B., 2019 Legal Aspects of Nursing. 8th edition. London: Pearson

Harris, N and Shearer, D., 2013. Nurses! Test yourself in non-medical prescribing. Milton Keynes: Open University press

McGavock, H., 2015. How Drugs Work. 4th edition. Oxford: CRC press

McGavock, H., 2017. Pitfalls in Prescribing and How to Avoid Them. Oxford: Radcliffe Medical Press

Neal, J., 2020. Medical Pharmacology at a Glance. 9th edition. Oxford: Blackwell Science

Nuttall, D., 2019 The textbook of Non-Medical Prescribing. 3rd edition Oxford: Wiley-Blackwell

Trounce, J., 2021. Clinical Pharmacology for Nurses and Allied Health Professionals
ED. Elsevier

Useful Websites

www.rpharms.com

Royal Pharmaceutical society A competency Framework for all prescribers provides a prescribing framework, including a competency framework

www.gov.uk/government/organisations/department-of-health-and-social-care

The Department of Health website provides information on non-medical prescribing

<https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>

The Medicines and Healthcare Products Regulatory Agency website contains information about the legal framework governing prescribing, supply and administration of medicines

www.nmc.org.uk

The Nursing and Midwifery Council website, publications on standards of professional practice, etc.

www.hcpc-uk.org

The Health and Care | Professions Council

www.nlm.nih.gov

National electronic library for medicines – good links to research, NICE guidance, and latest news page

www.medicines.org.uk

Approved information sheets (including details of product licenses) for UK prescription medicines

www.guidelinesinpractice.co.uk

This website has information for practice and guidelines for practice.

Level 7 Masters level

UNIT SPECIFICATION				
Unit title				
INDEPENDENT AND SUPPLEMENTARY PRESCRIBING				
Level	Level 7	Credit value	40 (20 ECTS)	
Is this a common unit?		Yes	Expected contact hours for unit	48
Pre and co-requisites				
Applicants will be either: <ul style="list-style-type: none">• registered with the NMC (as a nurse or midwife) for a minimum of one year• or registered with the HCPC as a healthcare professional that can be annotated as a prescriber• or registered the GPhC as a Pharmacist All applicants must meet the entry requirements from their regulatory body. Applicants must have identified an area of clinical practice in which to develop their prescribing skills.				
Aims				
To prepare registered healthcare professionals to prescribe safely, appropriately and competently. In doing so students will be required to evaluate the evidence underlining the practice of prescribing, critically reflect on their competency in respect of prescribing and evidence knowledge of the products they will prescribe.				
Intended learning outcomes (ILOs)				
Having completed this unit, the student is expected to:				
<div><div>1.</div><div>Critically Assess and contextualise the patient’s medical, social and medication history, utilising physical examination skills to identify differential diagnoses</div></div> <div><div>2.</div><div>Appraise the pathophysiological implications of both pharmacological and non-pharmacological approaches across the lifespan</div></div> <div><div>3.</div><div>Evaluate the ability to reach a shared decision with the service user/carer about the treatment options available</div></div> <div><div>4.</div><div>Synthesise knowledge of drug actions in prescribing practice utilising national frameworks and guidance</div></div> <div><div>5.</div><div>Provide a critical analysis of the relevant legislation to the practice of prescribing maintaining accurate and current records</div></div> <div><div>6.</div><div>Prescribe safely, appropriately and cost effectively, and appraise justification for treatment, monitoring and review responses to therapy and modify as required</div></div> <div><div>7.</div><div>Practise within a multidisciplinary team and a framework of professional accountability and responsibility critically reflecting on their own limitations and seeking guidance as appropriate</div></div> <div><div>8.</div><div>Demonstrate the ability to calculate drug doses and prescribing regimes within own area of practice</div></div>				

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Indicative unit content Relating

Royal Pharmaceutical Society Competency Framework (RSP 2021)

Competency 1: Assess the Patient

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The Medicines and Healthcare Products Regulatory Agency website contains information about the legal framework governing prescribing, supply and administration of medicines

www.nmc.org.uk

The Nursing and Midwifery Council website, publications on standards of professional practice, etc.

www.hcpc-uk.org

The Health and Care | Professions Council

www.nlm.nih.gov

National electronic library for medicines – good links to research, NICE guidance, and latest news page

www.medicines.org.uk

Approved information sheets (including details of product licenses) for UK prescription medicines

<https://www.guidelinesinpractice.co.uk/>

This website has information for practice and guidelines for practice.

Assessment Strategy

This programme is assessed by three methods, which are considered appropriate to ensure that students meet the overall aim of the programme and the intended learning outcomes.

The learning outcomes of the programme will be assessed as follows:

1. A numerical assessment within the context of prescribing practice. The pass mark for the numeracy assessment is 100%
2. A written examination consisting of 20 short answer/ multi-choice questions. The examination tests pharmacological knowledge and its application to practice. The pass mark for the examination is 80%
3. A portfolio that demonstrates application of theory to practice and provides rationale for prescribing decisions and reflective practice. The portfolio provides the evidence of attainment of the practice-based standards. Included in the portfolio should be the following evidence:

Student Portfolio - Online Practice Assessment (OPAL)

- A Personal profile – this will provide information from which to identify areas in which the student will require greater teaching or support. This allows you and the student to identify early on areas of knowledge and skills required to complete the programme. It will assist you and your student in assessing and planning to meet the student learning needs.
- B You as a Practice Assessor/Supervisor have enrolled onto OPAL
- C SCOT analysis template - can be completed in the first week.
- D Personal Development Plan template – this should be discussed with the student and should contain details of the student's structure for personal and professional development in prescribing.
- E Personal Formulary template – this is a list that forms the basis of the student's groups of drugs that they will be prescribing. E1 is a reference list relating to the personal formulary.
- F Clinical Hours template – this section contains details of the hours of clinical practice the student must complete to meet the requirements of the programme (65). This form is evidenced on OPAL and agreed with yourself.
- G Clinical Consultation Observation template – this is the template that you will use to assess the student on OPAL. The student and you may utilize a paper copy of the form for formative assessments (to help with the student's development) but must submit one summative version on OPAL which confirms the competencies against the criteria.
- H Patient Feedback on Consultation template– You should ask the patient for their perception on their involvement and engagement in the process and the patient should be requested to complete the assessment feedback sheet, and upload as attachment to OPAL. If patient feedback is not appropriate, please do not request it, please gain feedback from an alternative patient at one of the formative assessments.

- I Clinical Management Plan – this section demonstrates that the students know how to generate a CMP as part of their supplementary prescribing, the students are asked to produce an example prescription to accompany the CMP. The CMP and prescription are uploaded as attachments to OPAL
- J Case study (3,000 words)- The purpose of the case study is to illustrate the students future safe prescribing practice. The student should focus on a 'typical' patient. The case study should include a brief background to the initial consultation or for continuing care patients a brief overview of their history. The case study should include reference to best practice, and the rationale for your treatment choice. Within the case study the student should include the explicit details of how the patients' medication works (pharmacodynamics/kinetics. The Royal Pharmaceutical Society: A competency framework for all prescribers should be referenced throughout. The case study may be written in first person, as it is reflective in nature, but the student should remember that it is an academic piece of work and should be referenced accordingly. The case study should include a prescription linked to the client/patient and evidence of any drug calculations undertaken and then uploaded to Turnitin.
- K RPS mapping template – this is used to cross reference the student's portfolio evidence to the RPS competencies. Please note that the student **MUST** show evidence for each of the competencies to pass the programme. One piece of evidence may be utilised across multiple RPS competencies. For example, the case study may be evidenced to 40 criteria.

Additional Guidance

Please note that in accordance with the current University regulations any coursework assignments submitted after the due deadline will be regarded as 'late' and awarded a mark of 0%. Please see the BU student agreement for information on all BU policies, procedures and important information: <https://www.bournemouth.ac.uk/students/help-advice/important-information>

Therefore, if the student is unable to submit their assignment on time due to medical or other mitigating circumstances, they must complete an Exceptional Circumstances form PRIOR to the deadline and submit it for approval. Further Exceptional Circumstances information is available from:

<https://www.bournemouth.ac.uk/students/help-advice/looking-support/exceptional-circumstances>

Penalty for breaches of confidentiality

If an assignment is received which breaches confidentiality it will be returned without giving a mark to the student and the amended version will, when re-submitted be regarded as a late submission. It will consequently attract a maximum mark of 50%. Breaches of confidentiality in the resubmitted work will be awarded 0% and considered by the Board of Examiners. The library offers lots of guidance on academic offences and how to avoid plagiarism here

<https://www.bournemouth.ac.uk/students/library/using-library/how-guides/how-avoid-academic-offences>

If the student needs additional Learning Support, they are to contact the ALS team as soon as possible, for them to discuss your requirements and inform the academic team of any adjustments. All details can be found here:

<https://www.bournemouth.ac.uk/students/learning/disability-additional-learning-support>

Practice Assessment and Supervision

It is important during supervision and/or assessment of the student that patients are aware that the clinician is a trainee prescriber. The patient must be informed they have the right to cease participation in the learning or clinical activity at any time without prejudice.

Drawing on sources of evidence the portfolio will act as an integrative assessment to provide evidence that all the competencies have been achieved. Evidence might include reflective accounts of critical incidents, discussion with their supervisor or case study analysis and policies and PACT data. Students have the equivalent of twelve days to spend on clinical placement. Practice assessors will support learners to fulfil the requirements of the clinical placement and to assess their prescribing knowledge against the RPS competencies.

One of the roles of the practice assessor is to ensure that relevant experience is provided so that students can achieve their learning outcomes. This may be by teaching and observing the student's progress, supervising their work, guiding the student towards educational opportunities, being a resource for information and advice.

Support should be given by:

- Planning a learning programme which will provide the opportunity for the student to meet their learning needs and gain competency in prescribing
- Facilitating learning by encouraging critical thinking and reflection
- Providing dedicated time and opportunity for the student to observe the how the practice assessor conducts a consultation/interview with patients/clients and/or parents/carers and the development of a management plan
- Allowing opportunities for the student to carry out consultations and suggest clinical management and prescribing options which are then discussed with the practice assessor
- Helping ensure that the student integrates theory with practice
- Taking opportunities to allow in depth discussion and analysis of clinical management
- Assessing and verifying that, by the end of the course, the student is competent to assume the prescribing role
- Identifying and highlighting any areas of areas of concern to the programme leader
- If the student's practice does not normally bring them into contact with children and young people, they will be expected to seek out learning opportunities.

Students will require specific help in acquiring prescribing skills. Dedicated time and opportunities for the student to observe how the practice assessor conducts a "consultation" with patients and/or their carers and the development of a subsequent management plan should be made. Students may also find benefit from spending some of their supervised clinical time with other professionals, for example pharmacists, and other prescribers. These professionals will be known as the practice supervisors within the portfolio.

A Practice Assessor can be:

A registered nurse, midwife, doctor or registered health professional who:

- Works in the same clinical area as the nurse prescribing student
- Is a role model for safe and effective practice
- Has up to date knowledge of prescribing skills in the clinical area
- Is able to commit time to supervise and support the student

- Medical prescribers taking on the role of practice assessor must meet the Department of Health criteria to take on the role.
- A medical or non-medical prescriber but cannot be the same person as the practice supervisor
- Normally the practice assessor will have been prescribing in the same clinical area for 3 years

The role of the Practice Assessor:

- Collect feedback from practice supervisors in order to confirm and sign the RPS competency mapping document
- Make assessments on the student's abilities by direct observations, student self-reflection and other resources
- Practice assessors must maintain current knowledge and expertise relevant for the proficiencies and programme outcomes of independent and supplementary prescribing
- The practice assessor must periodically observe the student in order to ascertain the student is progressing during the programme
- The practice assessor and the named practice supervisor will be present to assess the student's consultation and prescribing decision and sign off on OPAL
- Appropriately raise and respond to student conduct and competence concerns, working in partnership with the academic team and practice learning partners
<https://www.bournemouth.ac.uk/sites/default/files/asset/document/concerns-protocol.pdf>
- Planning a learning programme which will provide the opportunity for the student to meet their learning needs and gain competency in prescribing
- Facilitating learning by encouraging critical thinking and reflection
- Providing dedicated time and opportunity for the student to observe the how the practice assessor conducts a consultation/interview with patients/clients and/or parents/carers and the development of a management plan
- Allowing opportunities for the student to carry out consultations and suggest clinical management and prescribing options which are then discussed with the practice assessor
- Helping ensure that the student integrates theory with practice
- Assessing and verifying that, by the end of the course, the student is competent to assume the prescribing role and confirming the competency framework has been met
- Identifying and highlighting any areas of areas of concern to the academic assessor
- Offer dedicated time and opportunities for the student to observe how the practitioner conducts a consultation with patients and/or their carers and the development of a subsequent management plan should be made. Students may also find benefit from spending some of their supervised clinical time with other professionals, for example pharmacists, and other prescribers

Assessing Competency

- The practice assessor must be satisfied that the student can perform consistently and in line with the identified standards and competencies. It is therefore essential that assessment of competency (both initially and throughout the programme) is based on evidence presented by the student

- The practice assessor and supervisor should meet with the student halfway through the programme and complete the mid-point review, and again for the final interview on OPAL
- It is the responsibility of the student to provide the practice assessor/supervisor with the necessary evidence in order for the competency mapping document to be agreed

A Practice Supervisor can be:

A registered nurse, midwife, doctor or registered health professional who:

- Works in the same clinical area as the prescribing student
- Is a role model for safe and effective practice
- Is able to commit time to supervise and support the student

The role of the Practice Supervisor:

- To provide support and oversee the development and integration of prescribing knowledge and skills in practice
- Facilitate and support student learning
- Provide the student with feedback on progress to achieving the Royal Pharmaceutical Council (RPS) competencies
- Share observations on the conduct, proficiency and achievement of the student with the assessor
- Work in partnership with the student and the practice assessor to agree a learning contract based on the learning needs of the student
- Work with the practice assessor to ascertain student progress, performance and achievement of RPS competencies during the programme and, in conjunction with the practice assessor, undertake an observation a clinical consultation with a student and a patient and complete the clinical observation form (G)
- In discussion with the assessor collaboratively agree the competency mapping document

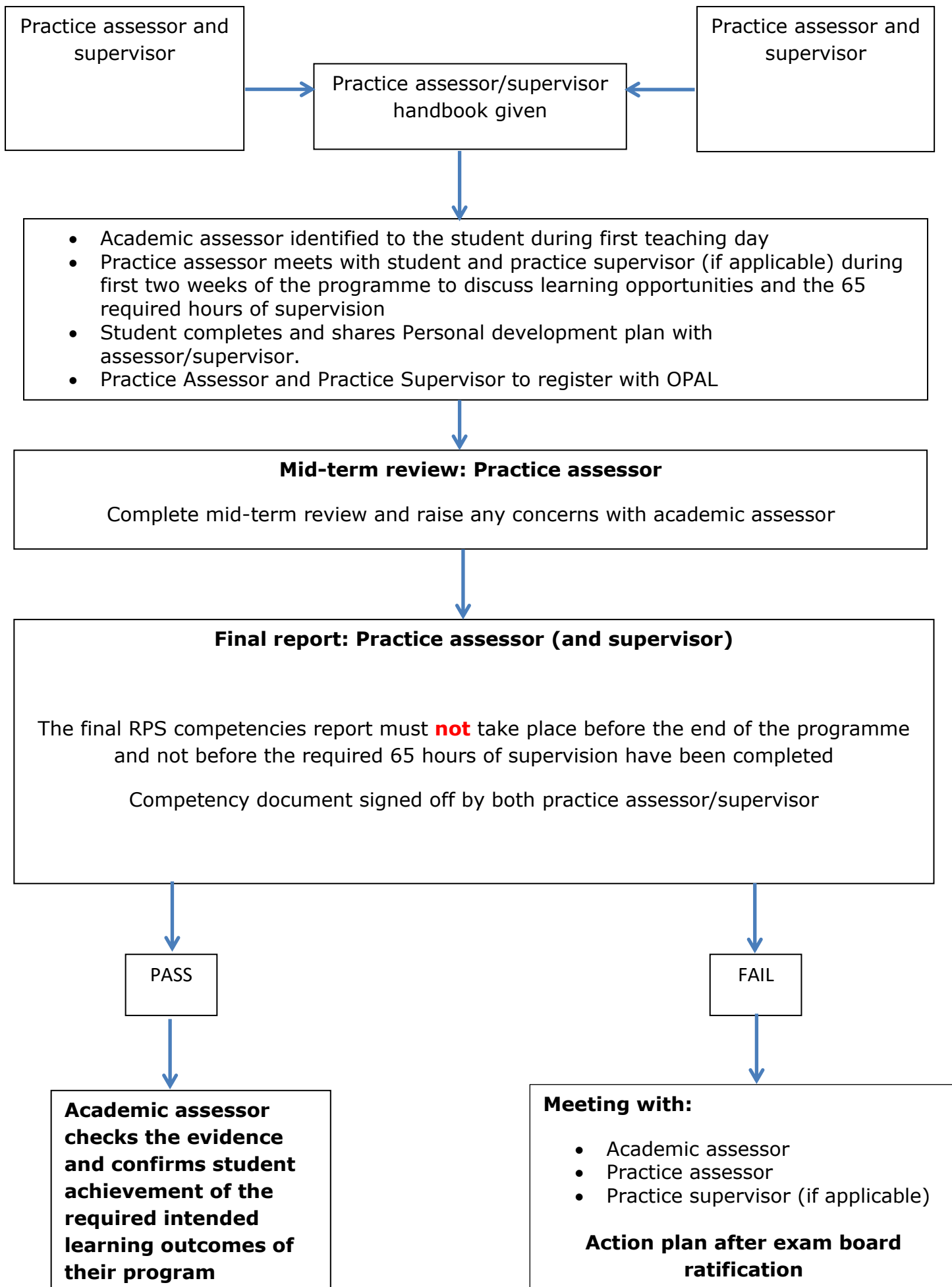
The Academic Assessor is:

An academic who is a registered healthcare professional with suitable equivalent qualifications for the programme the student is undertaking. The academic assessor will contact the academic assessor three times during the programme.

The role of the Academic Assessor:

- Provide feedback to the student throughout the programme to support their development as necessary for meeting the RPS competencies and programme outcomes
- Assess the student's suitability for award based on the successful completion of a period of practice-based learning relevant to their field of prescribing practice
- Ensure that all programme learning outcomes are met, addressing all areas necessary to meet the RPS competencies.
- Successfully passing a pharmacology exam (the pharmacology exam must be passed with a minimum score of 80%), and successfully passing a numeracy assessment related to prescribing and calculation of medicines (the numeracy assessment must be passed with a score of 100%).

The Academic Assessor role is similar to the practice assessor role in many ways; but given that learning and assessment is structured differently in the academic environment, the academic assessor role is expressed to reflect this difference. Students course work and assessments are conducted by those delivering the academic learning, such as lecturers. The academic assessor is expected to 'collate' and 'confirm' the student's academic outcomes for the programme. They will liaise with the practice assessor to confirm on-going satisfactory student progression and offer support throughout the program.



Assessment: Observation of a Clinical Consultation

This assessment is undertaken by the Practice Assessor and Practice Supervisor in the clinical area. The observation must take place on a patient consultation. The aim of the assessment is to ensure that the prescribing learner can demonstrate competence against the ten competency dimensions of the Royal Pharmaceutical Society framework for prescribers.

https://www.rpharms.com/Portals/0/RPS_document_library/Open_access/Professional_standards/Prescribing_competency_framework/prescribing-competency-framework.pdf

Please use the template provided below for the assessment. You can utilise this template for formative assessments during the course to check competence, however you must complete a summative assessment which the learner must pass before completion of the course. Only the summative copy should be completed on OPAL. On completion of the summative assessment, the practice assessor should offer the patient feedback sheet to the patient to complete. The student can then upload the feedback as an attachment on OPAL. If the patient declines, please find an alternative opportunity for patient feedback in a formative assessment capacity.

Guidance on the assessment process

- The student is expected to carry out the consultation as normal.
- Access to day-to-day resources should be available.
- The patient should be informed that the student is being assessed prior to entering the consultation area and verbal consent gained
- Subsequent discussion regarding the consultation should not take place in front of the patient
- The practice assessor and practice supervisor should ask the patient for their perception on their involvement and engagement in the process and the patient should be requested to complete the assessment feedback sheet. If patient feedback is not appropriate, please do not request it and document this in your assessment feedback.

Figure 1:
The Competency Framework for all Prescribers



Clinical Practice Assessment Criteria

Personal and professional behaviour

- Personal and group communication skills are consistently highly effective and adapted to the appropriate setting
- Establishes rapport with patients easily and without discrimination
- Accurate written communication
- Uses appropriate language with patients and professional colleagues
- Speaks clearly, is aware of body language and listens attentively

Professional practice

- Demonstrates a sense of honesty integrity in the workplace
- Displays a well-developed sense of responsibility for self and others
- Is quick to recognize person limitations and always seeks guidance
- Reasons for decisions are backed by accurate records
- Demonstrates an awareness of national and local policy
- Shows enthusiasm for own profession and makes appropriate judgement when to seek advice of other professionals

Clinical reasoning

- Is consistently able to implement competent and appropriate intervention, advice or other appropriate strategies
- Makes ongoing evaluation of effectiveness
- Is able to respond to change
- Shows application of the principles/evidence
- Consistently contributes ideas from the literature
- Can apply evidence-based rationale for treatment

Learning behaviour

- Consistently owns responsibility for own learning and exploits the opportunities for experiential learning within clinical setting
- Keen to negotiate learning opportunities
- Is able to reflect on clinical practice, invites and values appraisal and guidance

Assessment criteria

Please rate the Learner for each aspect of assessment according to the following scale:

Pass	Proficient. Demonstrates a systematic approach, safe skill demonstrated
Fail	Poor technique. No evidence of a systematic approach. Would require supervision most of the time. Please include a rationale for your judgement within the assessment document and summarise how you have offered the Learner feedback and an action plan.

Date of Assessment:

Location:

Overall Result of assessment (please tick)

Pass	
Fail	

Comments on assessment / feedback to Learner:

Patient feedback obtained

YES

NO

Signature of Practice Assessor:

Signature of Practice Supervisor:

Signature of Learner:

The Prescribing Competency Framework

Assessment Criteria

Criteria	Pass	Fail	Comments/feedback
Introduces patient to those present and gains consent to continue			
Establishes a suitable environment to receive patients			
Gives verbal greeting to patient and call patient by name			
States own name and status			
Ensures patient comfortable			
Uses appropriate open and closed questions throughout consultation			
Takes an appropriate medical, social and medication history including allergies and intolerances			
Undertakes an appropriate clinical assessment and orders/requests investigations as required			
Identifies any current treatment (if any)			
Identifies any factors that precipitate, intensify or alleviate presenting problem			
Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities (differential diagnosis).			
Uses good clinical reasoning and assessment skills and justifies diagnosis			
Discusses treatment options with patient and gives all options available (referring to the relevant evidence base)			
Checks allergy history			

Reaches a shared decision of prescribing ensures there are no contraindications or medication conflicts			
Prescribe safely, appropriately, and effectively			
Provides information and ensures that the patient understands what is being prescribed and why and reflects on the decision made			
Advises patient of all relevant side effects of the medication.			
Advises patient of how long they need to take medication(s), with or without food, what to do if they forget to take one, finishing the course etc.			
Shows contemporaneous record keeping skills, which are concise and give an accurate record of the consultation.			
Provides an opportunity for the patient to ask questions.			
Demonstrates an ability to aid partnership in treatment and provide appropriate patient education.			
Develops a mutually agreed plan of action for review referral or discharge.			
Closes the consultation in an appropriate manner			
Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.			

Patient Feedback on Consultation

As you will have been made aware, the healthcare professional that has undertaken your consultation today is a learner on a Prescribing Course at Bournemouth University. The observation of your consultation today forms a vital part of the assessment of their competence to undertake independent prescribing. We ask you to spend a couple of minutes completing this form on your experiences today as a key part of the assessment.

Please do not add your name to this form. Your answers are completely confidential, so please be as open and as honest as you can. Thank you very much for your help and co-operation.

What problem did you attend with?					
Please rate the healthcare professional on the following criteria:	Poor	Fair	Good	Very Good	Excellent
Greeted me in a way that made me feel comfortable	1	2	3	4	5
Introduced themselves and their role	1	2	3	4	5
Asked me questions about my complaint and listened to my answers with interest	1	2	3	4	5
Understood my main health concerns	1	2	3	4	5
Discussed the treatment options thoroughly with me explaining risks and benefits	1	2	3	4	5
Gave as much information as I wanted	1	2	3	4	5
Talked in terms I could understand	1	2	3	4	5
Checked to make sure I understood everything	1	2	3	4	5
Encouraged me to ask questions	1	2	3	4	5
Involved me in decisions as much as I wanted	1	2	3	4	5
If no prescription was needed, they explained to me why and what the alternatives were (complete if applicable).	1	2	3	4	5
Gave me advice I found helpful and could understand	1	2	3	4	5
Discussed next steps including any follow up plans	1	2	3	4	5

Comments:

Validated by Practice assessor:

Competency Mapping Document

Introduction

A competency Framework for all prescribers is an essential part of the non-medical prescribing programme. There are 10 competences set in 2 domains. Within each of the ten competency dimensions there are statements which describe the activity or outcomes prescribers should be able to demonstrate. These 10 competencies are intended to ensure that evidence-based practice is developed and established and that each prescriber has an authority basis on which to maintain safe and effective prescribing, demonstrating proficiency upon completion of the programme. You are required to document evidence to demonstrate that, by the end of the programme, you have achieved the level of competences required. You may use a range of evidence to support the achievement of each competency. Some examples are detailed below:

- Evidence of mapping competencies to 65 clinical hours
- Observation of your prescribing practice under supervision
- Use of case study demonstrating the principle and practice of prescribing
- Evidence of critical reflection, incident analysis and evaluation of prescribing performance
- Written evidence to demonstrate the application of theory to prescribing practice
- Development and submission of a clinical management plan relevant to your area of practice

This document needs to be signed and agreed by your named practice assessor and countersigned by your named practice supervisor.

PRESCRIBING COMPETENCY FRAMEWORK

Competency 1: ASSESS THE PATIENT

Indicator	Evidence			
	Please tick a minimum of one box per indicator			
	Case study	Personal formulary	Observation	Other Portfolio evidence (please state location)
1.1 Undertakes the consultation in an appropriate setting (Footnote: Appropriate setting includes location, environment and medium)				
1.2 Considers patient dignity, capacity, consent and confidentiality. (Footnote: In line with legislation, best practice, regulatory standards, and contractual requirements.)				
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. (Footnote: Adapts for language, age, capacity, learning disability and physical or sensory impairments.)				
1.5 Demonstrates good consultation skills and builds rapport with the patient/carer (Footnote: Good consultation skills include actively listening, using positive body language, asking open questions, remaining non-judgemental, and exploring the patient's/carer's ideas, concerns, and expectations.)				

1.6 Takes and documents an appropriate medical, psychosocial and medication history including allergies and intolerances. (Footnote: Medication history includes current and previously prescribed (and non-prescribed) medicines, vaccines, on-line medicines, over-the-counter medicines, vitamins, dietary supplements, herbal products, complementary remedies, recreational/illicit drugs, alcohol, and tobacco.)				
1.7 Undertakes and documents an appropriate clinical assessment. (Footnote: Clinical assessment includes observations, psychosocial assessments, and physical examinations)				
1.8 Identifies and addresses potential vulnerabilities that may be causing the patient/carer to seek treatment. (Footnote: Safeguarding children and vulnerable adults (possible signs of abuse, neglect, or exploitation), and focusing on both the patient's physical and mental health, particularly if vulnerabilities may lead them to seek treatment unnecessarily or for the wrong reasons.)				
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. (Footnote: Non-adherence may be intentional or non-intentional)				
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

Indicator	Evidence			
	Please tick a minimum of one box per indicator			
	Case study	Personal formulary	Observation	Other Portfolio evidence (please state location)
2.1 Considers both non-pharmacological and pharmacological treatment approaches. (Footnote: Non-pharmacological treatment approaches include no treatment, social prescribing, and wellbeing/ lifestyle changes).				
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 individual patient factors. (Footnote: Individual patient factors include genetics, age, renal impairment, and pregnancy).				
2.5 Assesses how co-morbidities, existing medication, allergies, 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. (Footnote: Relevant patient factors include ability to swallow, disability, visual impairment, frailty, dexterity, religion, beliefs, and intolerances.)				

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 (Footnote: Evidence-based practice includes clinical and cost-effectiveness.)				
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

Indicator	Evidence			
	Please tick a minimum of one box per indicator			
	Case study	Personal formulary	Observation	Other Portfolio evidence (please state location)
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. (Footnote: Preferences include patient's/carer's right to decline or limit treatment.)				
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. (Footnote: In line with legislation requirements which apply to equality, diversity, and inclusion.)				
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. (Footnote: Non-adherence may be intentional or non-intentional.)				
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	Evidence Please tick a minimum of one box per indicator			
	Case study	Personal formulary	Observation	Other Portfolio evidence (please state location)
4.1 Prescribes a medicine or device with up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions and adverse effects (Footnote: Medicine' or 'device' includes all products (including necessary co-prescribing of infusion sets, devices, diluents and mediums) that can be prescribed, supplied or recommended for purchase.)				
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 (Footnote: Frameworks include local formularies, care pathways, protocols, and professional guidelines, as well as evidence-based guidelines from relevant national, regional and local committees.)				
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. (Footnote: Amount necessary for a complete course, until next review or prescription supply.)				
4.6 Prescribes appropriate quantities and at appropriate intervals necessary to reduce the risk of unnecessary waste. (Footnote: Amount necessary for a complete course, until next review or prescription supply)				

4.7 Recognises potential misuse of medicines; minimises risk and manages using appropriate processes (Footnote: Minimises risk by ensuring appropriate safeguards are in place.)				
4.8 Uses up-to-date information about the availability, pack sizes, storage conditions, excipients, and costs of prescribed medicines.				
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 (Footnote: Systems include medicine charts, decision support tools and electronic prescribing systems. Also, awareness and avoidance of potential system errors).				
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. (Footnote: Records include prescribing decisions, history, diagnosis, clinical indications, discussions, advice given, examinations, findings, interventions, action plans, safety-netting, referrals, monitoring and follow ups.)				
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. (Footnote: Information about clinical conditions, medicines, and their current use (where necessary and with valid consent). Ensuring that private and personal				

Competency 5: PROVIDE INFORMATION

Indicator	Evidence			
	Please tick a minimum of one box per indicator			
	Case study	Personal formulary	Observation	Other Portfolio evidence (please state location)
5.1 Assesses health literacy of the patient/carer and adapts appropriately to provide clear, understandable, and accessible information. (Footnote: Information about their management, treatment, medicines (what they are for, how to use them, safe storage, disposal, expected duration of treatment, possible unwanted effects and what to do if they arise) monitoring and follow-up—in written and/or verbal form).				
5.2 Checks the patient's/carer's understanding of the discussions had, actions needed and their commitment to the management plan. (Footnote: Management plan includes treatment, medicines, monitoring, and follow-up)				
5.3 Guides patients/carers on how to identify reliable sources of information about their condition medicines and treatments. (Footnote: Reliable sources include the medicine's patient information leaflet.)				
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. (Footnote: Includes safety-netting advice on when and how to seek help through appropriate signposting and referral.)				
5.5 Encourages and supports the patient/carer to take responsibility for their medicines and self-manage their condition.				

Competency 6: MONITOR AND REVIEW

Indicator	Evidence			
	Please tick a minimum of one box per indicator			
	Case study	Personal formulary	Observation	Other Portfolio evidence (please state location)
6.1 Establishes and maintains a plan for reviewing the patient's treatment. (Footnote: Plan for reviewing includes safety-netting appropriate follow-up or referral)				
6.2 Establishes and maintains a plan to monitor the effectiveness of treatment and potential unwanted effects. (Footnote: Plan for monitoring includes safety-netting monitoring requirements and responsibilities, for example, by the prescriber, patient/carer or other healthcare professional)				
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. (Footnote: systems include following established clinical governance procedures and the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card scheme).				

PRESCRIBING GOVERNANCE

Competency 7: PRESCRIBE SAFELY

Indicator	Evidence			
	Please tick a minimum of one box per indicator			
	Case study	Personal formulary	Observation	Other Portfolio evidence (please state location)
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. (Footnote: Remote methods include telephone, email, video or communication via a third party.)				
7.4 Recognises when safe prescribing processes are not in place and acts to minimise risks. (Footnote: Minimising risks include using or developing governance processes that support safe prescribing, particularly in areas of high risk such as transfer of information about medicines and prescribing of repeat medicines.)				
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. (Footnote: Reviewing practice include clinical audits)				

Competency 8: PRESCRIBE PROFESSIONALLY

Indicator	Evidence			
	Please tick a minimum of one box per indicator			
	Case study	Personal formulary	Observation	Other Portfolio evidence (please state location)
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 (Footnote: Prescribing decisions include when prescribing under a shared care protocol/agreement.)				
8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (Footnote: Frameworks for prescribing controlled drugs, unlicensed and off-label medicines, supplementary prescribing, and prescribing for self, close family, and friends).				
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. (Footnote: Factors include interactions with pharmaceutical industry, media, patients/carers, colleagues, cognitive bias, financial gain, prescribing incentive schemes, switches and targets.)				
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	Evidence			
	Please tick a minimum of one box per indicator			
	Case study	Personal formulary	Observation	Other Portfolio evidence (please state location)
9.1 Improves by Reflecting on own and others prescribing practice, and acts upon feedback and discussion.				
9.2 Acts upon inappropriate or unsafe prescribing practice using appropriate processes (Footnote: Processes include whistleblowing, regulatory and professional guidance, and employer procedures.)				
9.3 Understands and uses available tools to improve prescribing practice. (Footnote: Tools include supervision, observation of practice and clinical assessment skills, portfolios, workplace competency-based assessments, questionnaires, prescribing data analysis, audits, case-based discussions, personal formularies and actively seeking regular patient and peer feedback.)				
9.4 Takes responsibility for own learning and continuing professional development relevant to the prescribing role. (Footnote: By continuously reviewing, reflecting, identifying gaps, planning reflecting, identifying gaps, planning, acting, applying, and evidencing learning or competencies.)				
9.5 Makes use of networks for support and learning.				
9.6 Encourages and supports others with their prescribing practice and continuing professional development. (Footnote: By considering mentoring, leadership, and workforce development (for example, becoming a Designated Prescribing Practitioner)).				
9.7 Considers the impact of prescribing on sustainability, as well as methods of reducing the carbon footprint and environmental impact of any medicine. (Footnote: Methods of reducing a medicine's carbon footprint and environmental impact include proper disposal of medicine/device/equipment waste, recycling schemes, avoiding overprescribing and waste through regular reviews, de-prescribing, dose, and device optimisation.				

Competency 10: PRESCRIBE AS PART OF A TEAM

Indicator	Evidence			
	Please tick a minimum of one box per indicator			
	Case study	Personal formulary	Observation	Other Portfolio evidence (please state location)
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 (Footnote: Working collaboratively may also include keeping the patient/carer informed or prescribing under a shared care protocol/agreement.)				
10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to the <u>patient's</u> 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. (Footnote: Advice may include any specific instructions for administration, advice to be given to the patient/carer and monitoring required immediately after administration).				

Progress Review 1 (Halfway through the programme) Complete on OPAL	
Areas of Student Achievement	
Areas for Further Development	
Practice Assessor:	
Student:	
Date:	

Record of final interview and summary of experience (if the student has **not** met the competencies, please identify the reasons for this)
If the student fails any of the competency or is unsafe the Concerns Protocol for Raising & Managing Concerns in Practice Placements can be found here:

<https://www.bournemouth.ac.uk/sites/default/files/asset/document/concerns-protocol.pdf>

I certify that the student has met the required RPS practice standards of the independent and Supplementary prescribing.

Practice Assessor		Date:
Practice Supervisor		Date:
Student		Date: