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*Welcome to this guidance document for Designated Medical Practitioners (DMP),  
Designated Practice Assessors (DPP) and Designated Practice Supervisors (DPS)*

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# A prescribing competency framework for all prescribers

**Adapted for use by the University of the West of England**

**Original Prescribing Framework Document published by the Royal  
Pharmaceutical Society July 2016**

\*Please note that the Prescribing Competency Framework template and figure 1 from page 8 of A Competency Framework for all Prescribers has been reproduced with the permission of the Royal Pharmaceutical Society.\*

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# Introduction

This document reflects the competency framework completed by students with annotated guidance of your role in the supervision, assessment and confirmation of learning in practice. Students are required to complete 90 hours of supervised practice that will be recorded within their practice log aligned to the Royal Pharmaceutical Society (RPS) Prescribing Competency Framework (2016a).

## Who is who?

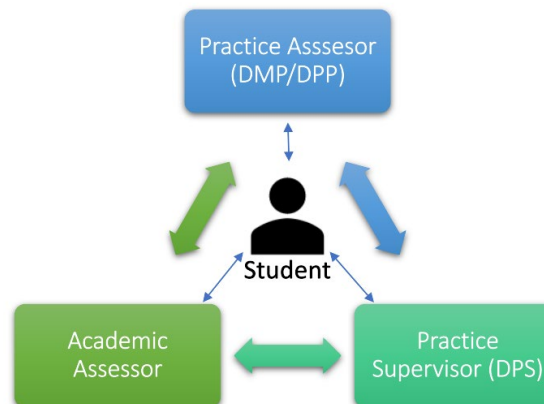
**Designated Medical Practitioners (DMP)** or **Designated Practice Assessors (DPP)** are **prescribing assessors** who assess competency of the student aligned with the RPS prescribing competency framework (2016a).

The role of the DMP/DPP is:

To oversee, support and assess the competence of independent prescribing trainees, in collaboration with academic and workplace partners, during the period of learning in practice (RPS, 2019).

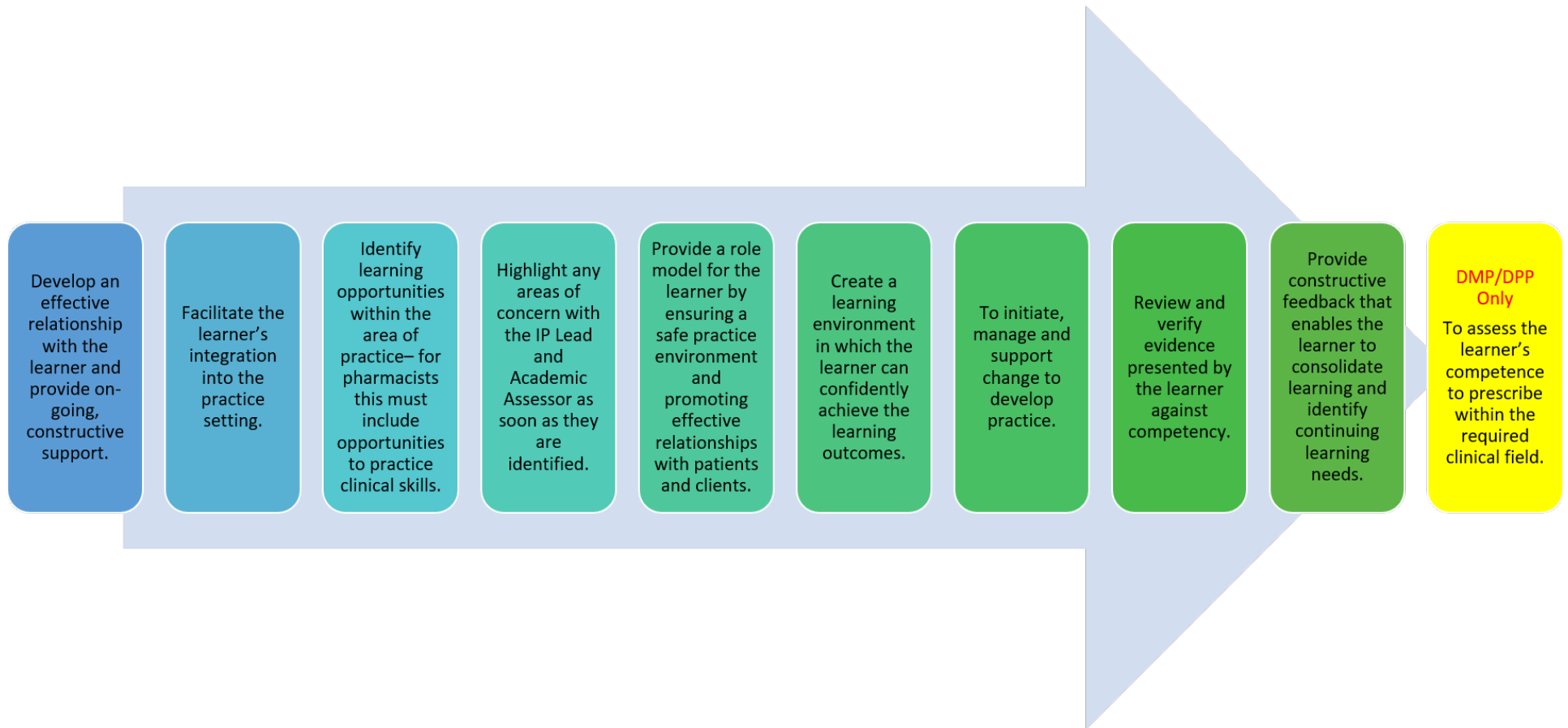
**Designated Practice Supervisors (DPS)** are **prescribing supervisors** who work alongside the student, academic assessor, DMP/DPP to provide direct supervision within practice tailored to meet the learning outcomes and provide feedback to the student and the DMP/DPP.

Each student will be allocated one of the Independent Prescribing core programme team at the University of the West of England who are registered healthcare professional with the appropriate skills to act in the role as **academic assessor (AA)**. The AA will work in partnership with the DMP/DPP, DPS, student and independent prescribing (IP) lead throughout the programme.

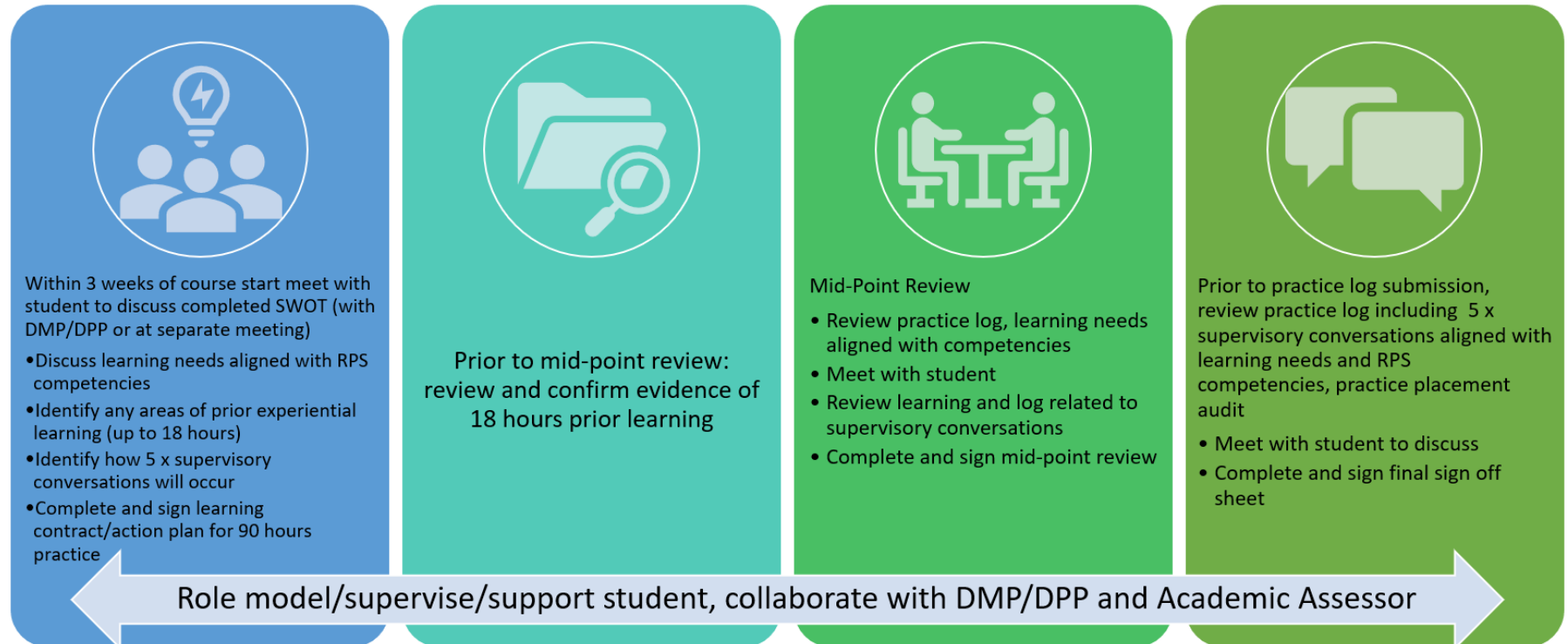


# Summary Roles and Responsibilities

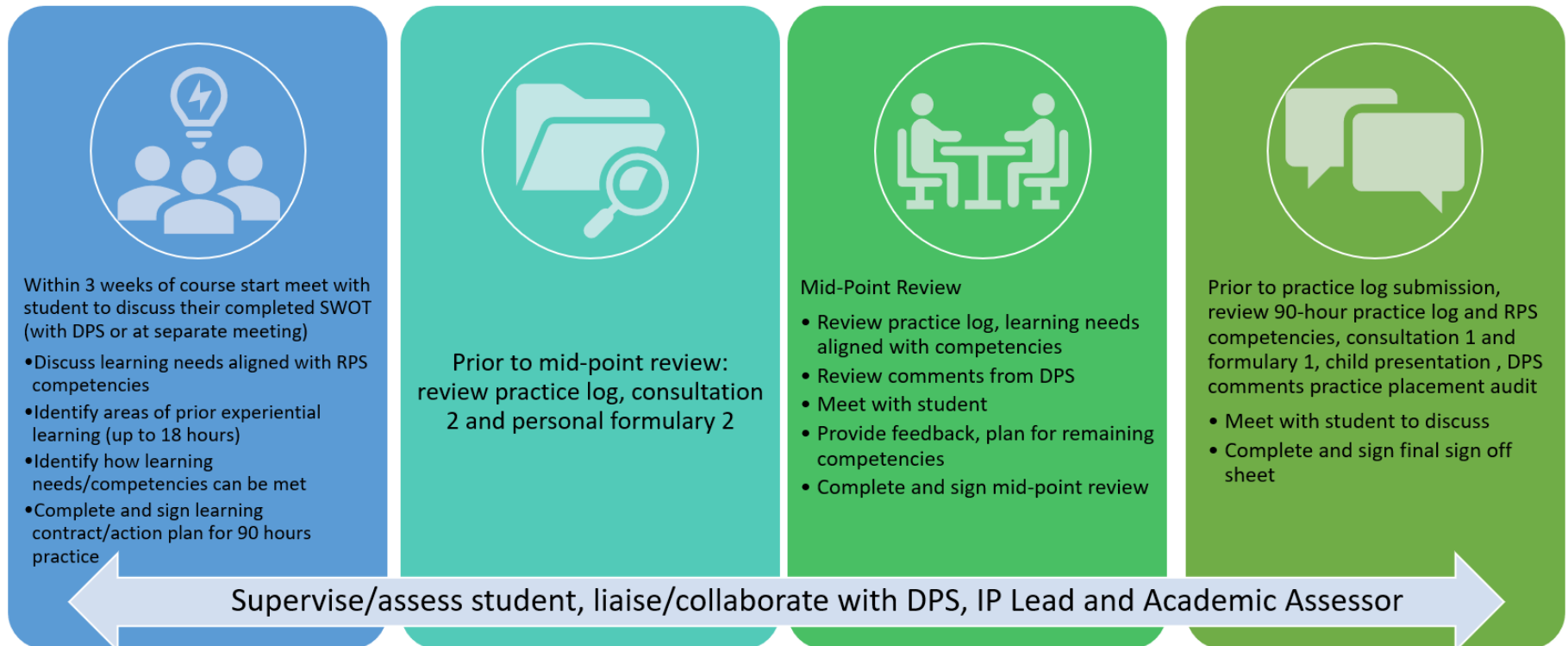
## DMP/DPP and DPS Roles



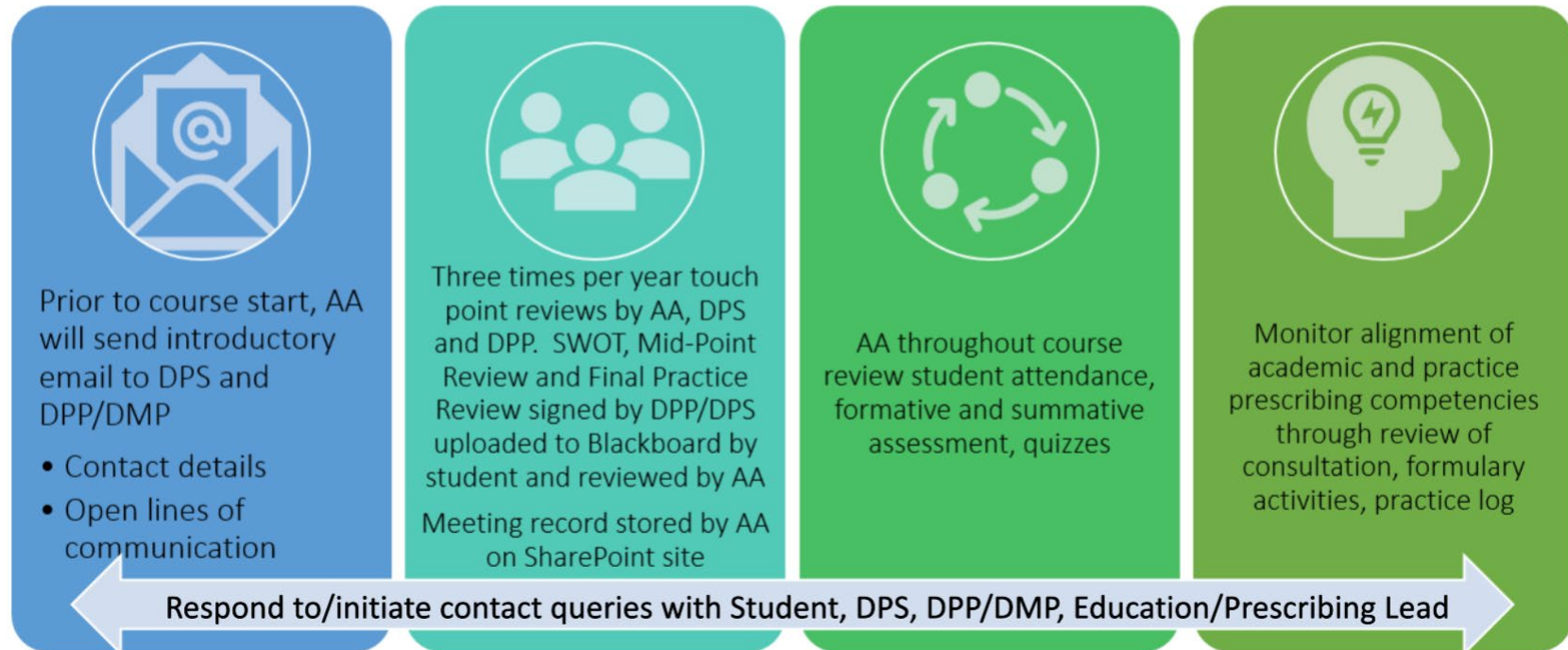
# DPS Responsibilities



# DMP/DPP Responsibilities



# Academic Assessor (AA) Responsibilities



# Student Responsibilities

The prescribing competency framework is available as a working document throughout the programme.

Opportunities are identified against the programme learning outcomes and competencies and are negotiated with the DPS/DPP/DMP.

Opportunities to meet are negotiated for the presentation of evidence.

Portfolio evidence is collated prior to the midpoint review and the final summative meeting (s) with the DMP/DPP and DPS.

The DMP/DPP and DPS feedback informs the development of future learning needs.

The framework is available at tutorials with academic staff.



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### *DMP/DPP/DPS Guidance*

*At the end of the programme the DMP/DPP must be able to confirm that the student has achieved, discussed, or shown evidence for the domains within the prescribing competency framework in relation to their own field of practice. Students must clearly evidence where they have achieved each competency:*

- either in the log of supervised practice (to demonstrate their practice learning) or*
  - directly witnessed by you, the DPS or nominated other or*
  - within direct learning activities (set by UWE) or cross referenced to final assessments*
- 

## Framework Design

The prescribing competency framework published by the Royal Pharmaceutical Society (RPS) for all prescribers (RPS, 2016a) sets out what good prescribing looks like. There are two domains, divided into ten competencies. Within each competency, there are statements, which describe the activity, or outcomes prescribers should be able to demonstrate.

Figure 1. The prescribing competency framework (RPS, 2016b)



### **Domain 1: The Consultation**

1. Assess the Patient
2. Consider the options
3. Reach a shared decision
4. Prescribe
5. Provide information
6. Monitor and Review

### **Domain 2: Prescribing Governance**

7. Prescribe safely
8. Prescribe professionally
9. Improve prescribing practice
10. Prescribe as part of a team

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### *DMP/DPP/DPS Guidance*

*Students should complete this before their initial meeting with you. This will inform your discussion to set out the required learning for meeting the competencies within the RPS Prescribing Competency Framework and complete the 90 hours supervised practice time*

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## **Baseline SWOT Analysis**

**To assist you in the identification of your learning needs in relation to prescribing.  
This should be completed before your first meeting with your Designated Medical Practitioner (DMP)/Designated Practice Assessor (DPP) and Designated Practice Supervisor (DPS) to inform your discussions.**

|  |  |
|--|--|
| <b>Strengths</b><br>Within your current role which aspects do you consider your greatest strengths and expertise and which contribute to your future role as a prescriber? |  |
| <b>Weaknesses</b><br>Which aspects /areas require further development in relation to your future role as a safe and effective prescriber?                                  |  |
| <b>Opportunities</b><br>Identify these from your own practice area and/or from elsewhere where you may gain additional valuable learning opportunities                     |  |
| <b>Threats</b><br>What might prevent you from progressing as a prescriber and how could you overcome this?   |  |

# Learning Contract

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## *DMP/DPP Guidance*

*The learning contract should:*

*Identify how time for supervision will be facilitated to enable meeting learning needs/prescribing competencies*

*DPS Through discussion identify if student has up to 18 hours that can be evidenced aligned with the prescribing competency framework using prior experiential learning. Discuss plan for 5 x supervisory conversations (details below)*

*This needs to be uploaded by the student with their SWOT and action plan*

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The purpose of this initial discussion with your DMP/DPP and DPS is for you to identify your individual learning needs based on the baseline SWOT analysis. These should be matched to the competencies you are required to achieve and to the learning opportunities within your clinical area. You should also discuss how you will manage/achieve the **90 supervised learning hours** required by the GPhC / NMC / HCPC to register as a prescriber. The meetings with your DMP/DPP and DPS can occur separately.

**NB:** 1) *It is only after successful completion of the programme and after the qualification has been recorded on your professional body register that you may prescribe and*

2) *Your qualification must be recorded within the timeframes set by your regulatory body.*

## **Using Prior Experiential Learning**

Up to 18 hours prior experiential learning can be **discussed and identified within SWOT discussion** that maps to specific competencies within the RPS competency framework. Process required:

**Student:** Robust evidence of 18 hours prior learning mapped to competency framework to be compiled within practice log, submit to DPS before Mid-Point review

**DPS:** Review and assess evidence of hours mapped to competency framework prior to Mid-Point Review

**DMP/DPP:** Confirm acceptance of 18 prior practice hours at Mid-Point Review

## **5 Supervisory practice conversations with DPS during course**

You are required to document 5 conversations with your DPS relating to areas arising from practice that demonstrate learning for your future prescribing practice within your practice log. These will need to be reviewed and signed off by your DPS prior to the final DMP/DPP sign off.

## **Summary of discussion:**

# Action Plan to enable the attainment of Supervised Practice Time

## DMP

*You are required to have oversight to supervise the practice learning of the student. They must have undertaken 90 hours. This need not constitute direct personal supervision of all of the hours.*

*When a student is not directly supervised by you this should be agreed beforehand. There are many ways you may supervise the practice learning of your student, some suggestions below:*

*Opportunities for student to observe how to conduct a consultation with patient/their carer and development of a subsequent management plan*

*Allow student opportunities to carry out consultations and suggest clinical management and prescribing options, with are then discussed with you*

*Opportunities to allow in-depth discussions and analysis of clinical management using a random case approach. This allows student's patient care and prescribing behaviour to be explored further*

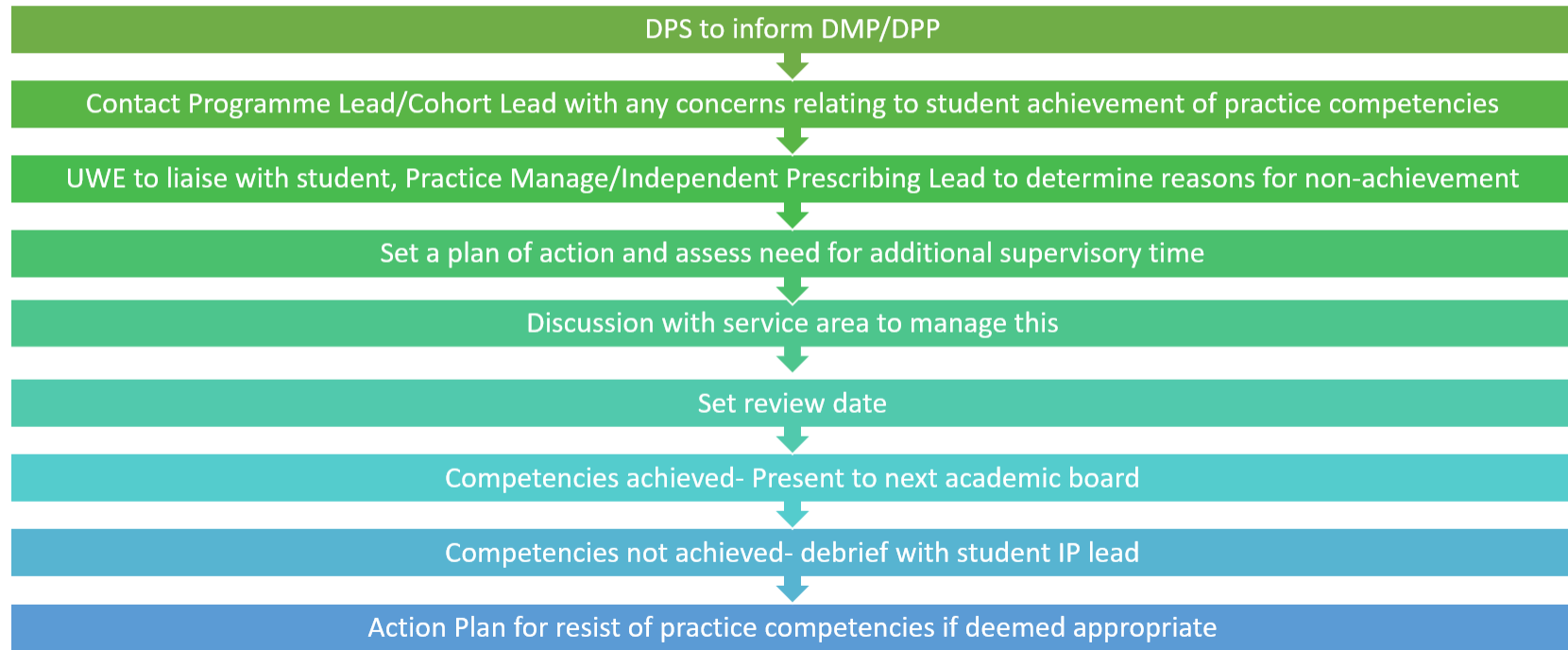
*To facilitate student's learning process by encouraging critical thinking and reflection with the use of the student's log of supervised learning*

*Some students will require opportunities to develop clinical skills of B/P, TPR. It is expected that they will be supported formatively in practice and then assessed summative within the university OSCE assessment marking criteria to which the student has access*

The action plan must reflect how the 90 hours of supervised practice will be achieved based on identified learning needs including supervisory conversations with DPS.

| Individual learning needs as identified by the student and DMP/DPP/DPS during the initial discussion | Actions       |                   |
|--|---------------|-------------------|
|  |               |                   |
| Student Signature  | DPS Signature | DPP/DMP Signature |
| Date   | Date          | Date              |

# Flow chart for raising concerns



# Mid-Point Review

## *DMP/DPP/DPS Guidance*

*Discuss and review supervised learning time accrued so far, construct plan to ensure required time will be undertaken*

*If required discuss ongoing opportunities for practice of clinical skill*

*Determine if students are struggling to provide evidence in relation to particular competencies and devise plan to address these*

*Student is required to upload the mid-point review which will be reviewed by the academic assessor.*

*DPS -Review evidence for 18 hours prior learning if submitted against prescribing competencies + supervisory conversations*

*DMP/DPP- Review consultation 2 and formulary 2 submitted by student*

|  |                               |
|--|-------------------------------|
| <b>Review the supervised practice time to date with DMP/DPP</b>  |                               |
| <b>Review the evidence for the supervised practice log including conversations with DPS</b>  |                               |
| I confirm that robust evidence has been provided and reviewed of 18 hours prior practice learning within practice log mapped to prescribing competency framework | <b>DPS Signature and Date</b> |
| <b>Student Signature</b>   | <b>DMP/DPP Signature</b>      |
| <b>Date</b>  | <b>Date</b>                   |

# PRESCRIBING COMPETENCY FRAMEWORK

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## *DMP/DPP Guidance*

*At the end of the programme you must be able to confirm that the student has achieved, discussed or shown evidence for each of the domains within the Prescribing Competency Framework in relation to their own field of practice. It is the student's responsibility to clearly evidence where they have achieved each competency either in the log of supervised practice, directly witnessed by you, within directed learning activities or cross referenced to assessments. You will see that the competencies are closely interlinked so the same evidence may be used for several competencies. The statements within this document should be appropriated to the student's own field of practice. You do not need to sign off each competency separately but will need to declare within the Final Assessment that you confirm that the student has achieved, discussed or shown evidence for the domains within the prescribing competency framework within their own field of practice.*

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## *DMP/DPP/DPS Guidance*

*As well as your confirmation that the student has achieved, discussed or shown evidence for each of the domains within the Prescribing Competency Framework, students must also pass the following assessments*

| <b>Component A</b> (controlled conditions)<br><b>Description of each element</b>  | <b>Element weighting</b> |
|---|--------------------------|
| A1. Mentor confirmation of successful completion of professional practice element   | Pass/Fail                |
| A2. OSCE  | Pass/Fail                |
| A3. A 2 ½ hr unseen Applied Pharmacology Exam (80% must be attained to pass)  | Pass/Fail                |
| A4. Numeracy assessment (100% must be attained to pass)   | Pass/Fail                |
| <b>Component B</b><br><b>Description of each element</b>  | <b>Element weighting</b> |
| B1. A portfolio of evidence in relation to students own area of practice<br>(a mark of 50% or above must be attained to pass)                               | 50%                      |
| B2. Clinical Practice Algorithm (LM) or a Case Study (L3) in relation to students own area of practice<br>(a mark of 50% or above must be attained to pass) | 50%                      |

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Please note that all the statements in this framework should be interpreted in the context in which individuals are prescribing, taking into account their scope of practice. Evidence of where achieved; either in the log of supervised practice, within directed learning activities or cross referenced to assessments should be recorded as notes.

The framework template below is the Prescribing Competency Framework produced by the RPS (RPS, 2016c). The Prescribing Competency Framework template has been reproduced with the permission of the Royal Pharmaceutical Society

## THE CONSULTATION (COMPETENCIES 1-6)

### Competency 1: Assess the Patient

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



## Competency 2: Consider the Options

| Indicator   | Notes |
|---|-------|
| 2.1 Considers both pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.                                     |       |
| 2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).                  |       |
| 2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.   |       |
| 2.4 Applies understanding of the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy).      |       |
| 2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.                                      |       |
| 2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines. |       |
| 2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.  |       |
| 2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.                            |       |
| 2.9 Takes into account the wider perspective including the public health issues related to medicines and their use and promoting health.                                  |       |
| 2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures   |       |

### Competency 3: Reach a Shared Decision

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

### Competency 4: Prescribe

| Indicator  | Notes |
|--|-------|
| 4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects. |       |

|   |  |
|---|--|
| 4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.   |  |
| 4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).   |  |
| 4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.   |  |
| 4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own prescribing practice.                         |  |
| 4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.  |  |
| 4.7 Considers the potential for misuse of medicines.  |  |
| 4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).  |  |
| 4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements.  |  |
| 4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).  |  |
| 4.11 Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs. |  |
| 4.12 Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions.  |  |
| 4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.  |  |

### Competency 5: Provide information

| Indicator  | Notes |
|--|-------|
| 5.1 Checks the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up.  |       |
| 5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment). |       |
| 5.3 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments.  |       |
| 5.4 Ensures that the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific time frame.               |       |
| 5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.  |       |

### Competency 6: Monitor and Review

| Indicator   | Notes |
|---|-------|
| 6.1 Establishes and maintains a plan for reviewing the patient's treatment.                   |       |
| 6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored. |       |
| 6.3 Detects and reports suspected adverse drug reactions using appropriate reporting systems. |       |

|  |  |
|--|--|
| 6.4 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences. |  |
|--|--|

## **PRESCRIBING GOVERNANCE (COMPETENCIES 7-10)**

### **Competency 7: Prescribe Safely**

| <b>Indicator</b>   | <b>Notes</b> |
|--|--------------|
| 7.1 Prescribes within own scope of practice and recognises the limits of own knowledge and skill.  |              |
| 7.2 Knows about common types and causes of medication errors and how to prevent, avoid and detect them.  |              |
| 7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.  |              |
| 7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines). |              |
| 7.5 Keeps up to date with emerging safety concerns related to prescribing.   |              |
| 7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.  |              |

### **Competency 8: Prescribe Professionally**

| <b>Indicator</b> | <b>Notes</b> |
|------------------|--------------|
|------------------|--------------|

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

### Competency 9: Improve Prescribing Practice

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

### Competency 10: Prescribe as Part of a Team

| Indicator  | Notes |
|--|-------|
| 10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.               |       |
| 10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing. |       |
| 10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.   |       |
| 10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.                            |       |

## For Midwives Only

**Supervision 1 - Review the supervised practice time and the evidence for the supervised practice log**

**Supervision 2 - Review the supervised practice time and the evidence for the supervised practice log**

**Student Signature:**

**Student Signature:**

**Lead Midwife Signature:**

**Lead Midwife Signature:**

**Date of first meeting:**

**Date of second meeting:**



# Practice Placement Audit

*Students to complete this in advance of the final DMP/DPP sign off and encouraged to discuss with DMP/DPP and DPS.*

**Reflecting on your experience of the practice based element of this independent prescribing course.....**

**Please identify 2 aspects of your practice placement that has enabled your development to support your future prescribing practice?**

**1.**

**2.**

**Please identify 2 areas relating to your practice placement that could be improved to support your future prescribing practice?**

**1.**

**2.**

# INDEPENDENT PRESCRIBING - ASSESSMENT OF PRACTICE: FINAL REPORT

Name of Student.....Student Number..... NMC/GPhC/HCPC number..... Cohort .....

**Supervisor (DPS) Comments**

|  |                             |             |
|--|-----------------------------|-------------|
| I can confirm that 5 conversations have taken place with the student relating to areas arising from practice and that learning has been demonstrated by the student for their future prescribing practice within the practice log. |                             | Yes / No    |
| <b>DPS Signature</b>   | <b>NMC/GPhC/HCPC Number</b> | <b>Date</b> |

**Assessor (DPP/DMP) Comments**

|  |                                 |             |
|--|---------------------------------|-------------|
| I confirm that the pharmacist / nurse / midwife / podiatrist / radiographer / physiotherapist / dietician / therapeutic radiographer / paramedic (please circle) has satisfactorily completed at least 12 x 7.5 days (90 hrs) supervised practice.   |                                 | Yes / No    |
| In my opinion as the DMP/DPP, the skills demonstrated in practice confirm the pharmacist / paramedic / nurse / midwife / podiatrist / therapeutic radiographer / physiotherapist (please circle) as being suitable for annotation as an Independent Prescriber (diagnostic radiographer / dietician – Supplementary Prescriber only) in accordance with the learning outcomes for their particular professional group. |                                 | Yes / No    |
| I can confirm that the student has achieved, discussed or shown evidence for all domains within the “Prescribing Competency Framework for all Prescribers” (July 2016) in relation to their own field of practice.   |                                 | Yes / No    |
| <b>DMP/DPP Mentor Signature</b>  | <b>GMC/NMC/GPhC/HCPC Number</b> | <b>Date</b> |

# Year 1: SWOT analysis and on-going assessment of prescribing practice

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## *DMP/DPP/DPS Guidance*

*Students are encouraged to use SWOT analysis on a yearly basis and the RPS Competency Framework to determine their development needs for the coming year. This must be discussed at appraisal.*

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## References

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