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*Welcome to this guidance document for Designated Prescribing Practitioners (DPP)  
and Designated Prescribing 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 2021**

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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 (2021a). Pharmacists are also required to demonstrate fulfilment of the General Pharmaceutical Council (GPhC) (2019) learning outcomes.

## Who is who?

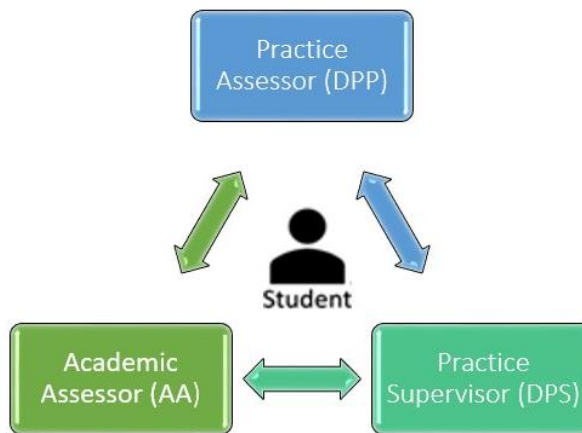
**Designated Prescribing Practitioners (DPP)** are practice based **prescribing practitioners** who assess competency of the student aligned with the RPS prescribing competency framework (2021a).

The role of the 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 Prescribing Supervisors (DPS)** are **prescribing supervisors** who work alongside the student, academic assessor, DPP to provide direct supervision within practice tailored to meet the learning outcomes and provide feedback to the student and the DPP.

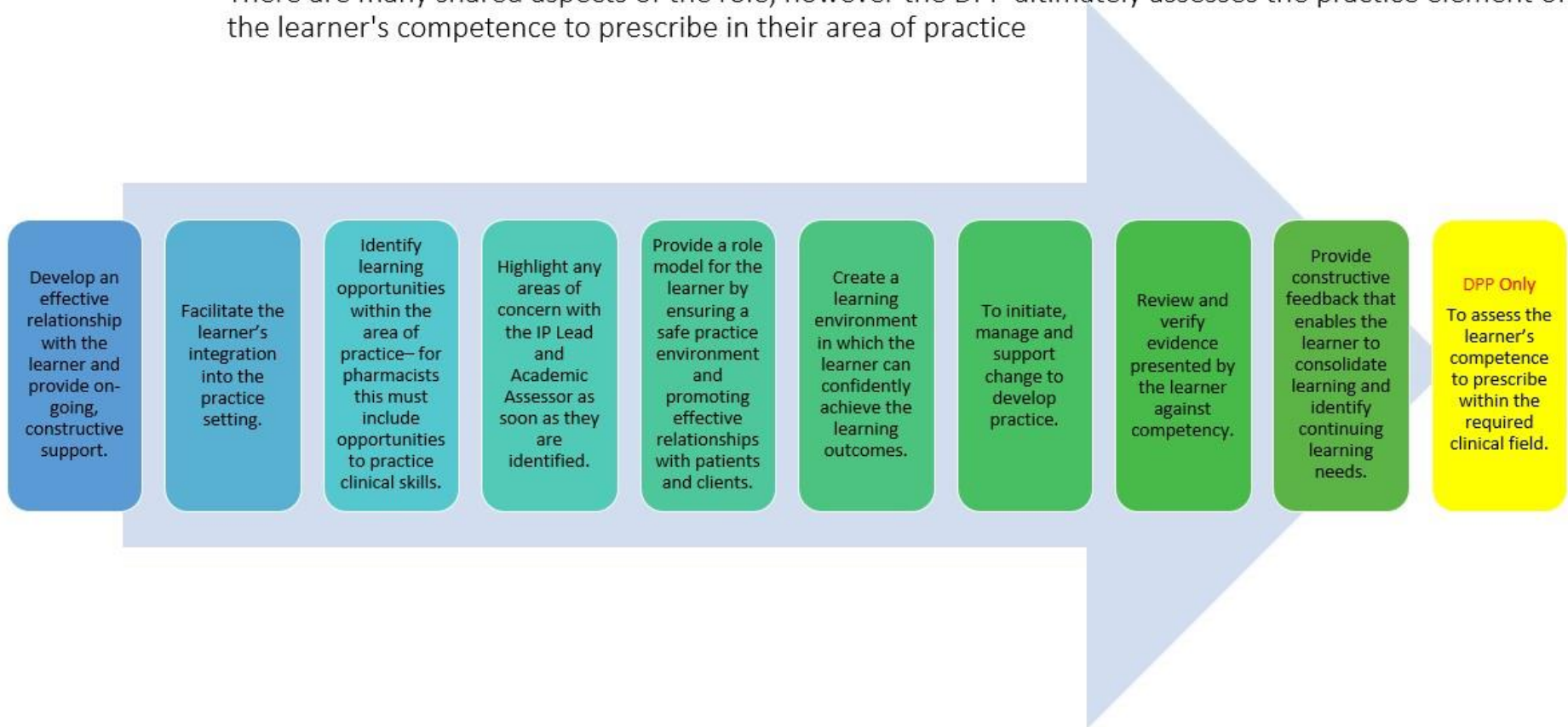
Each student will be allocated one of the Independent Prescribing core programme team at the University of the West of England who are registered healthcare professional with the appropriate skills to act in the role as **academic assessor (AA)**. The AA will work in partnership with the DPP, DPS, student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



# Summary Roles and Responsibilities

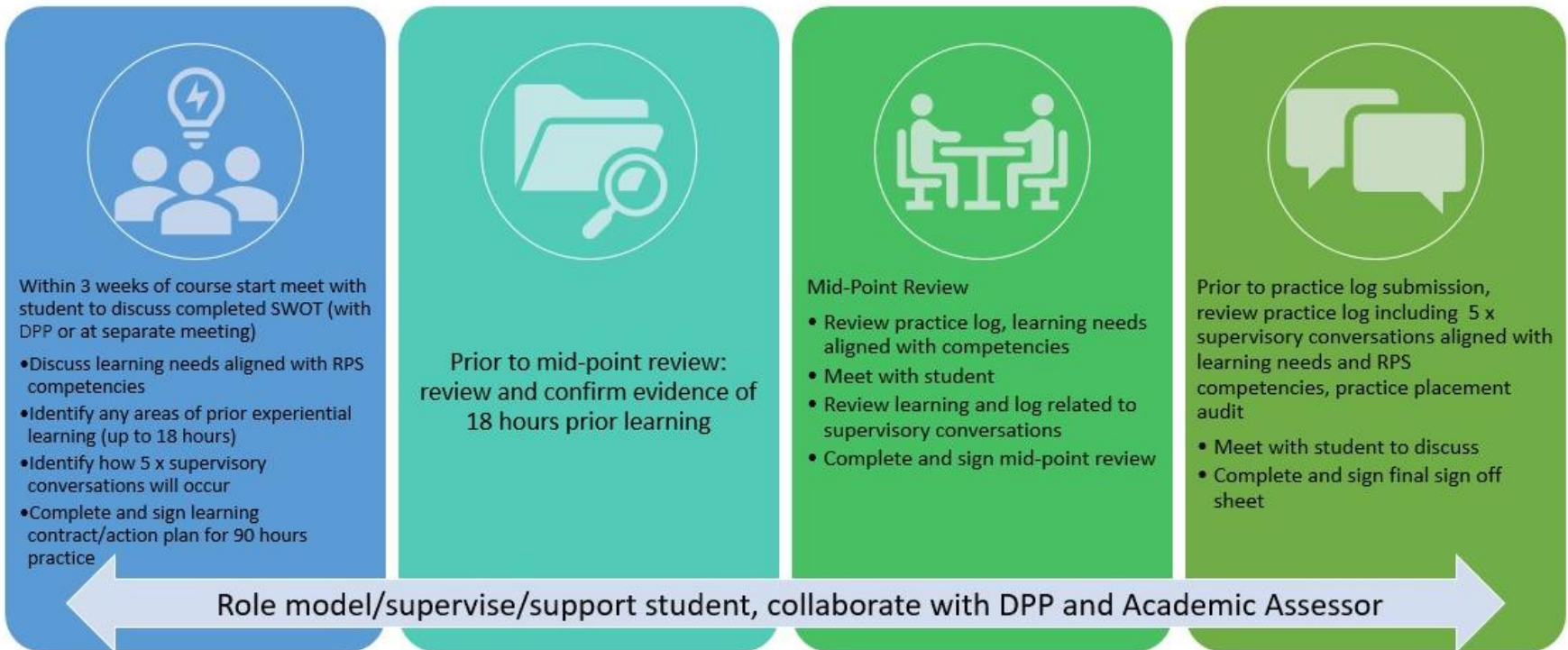
## DPP and DPS Role

There are many shared aspects of the role, however the DPP ultimately assesses the practice element of the learner's competence to prescribe in their area of practice



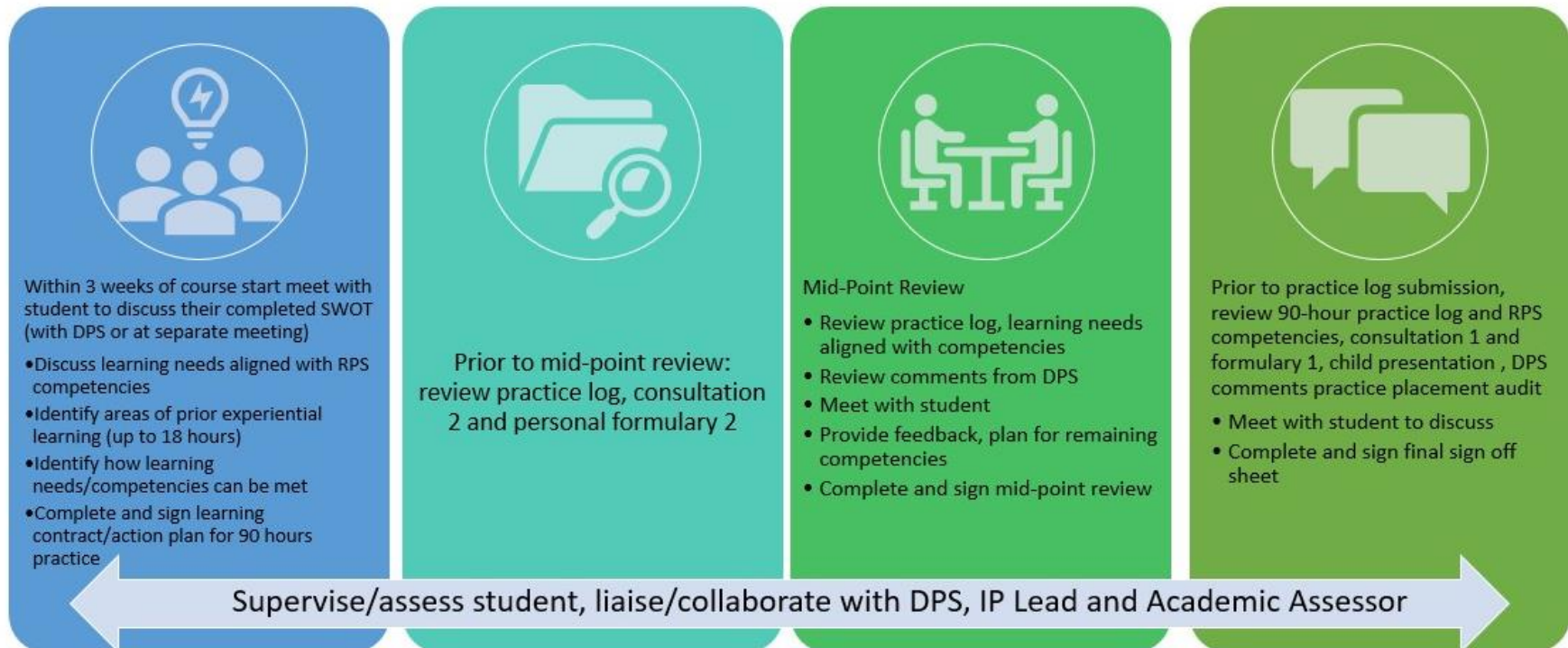
\*Please note, regulator standards for Pharmacists do not permit submission of 18 hours prior learning, all 90 hours of practice learning must be completed from the start of the Independent Prescribing Programme

# DPS Responsibilities



\*Please note, regulator standards for Pharmacists do not permit submission of 18 hours prior learning, all 90 hours of practice learning must be completed from the start of the Independent Prescribing Programme

# DPP Responsibilities



# Academic Assessor (AA) Responsibilities



Prior to course start, AA will send introductory email to DPS and DPP

- Contact details
- Open lines of communication



Three times per year touch point reviews by AA, DPS and DPP. SWOT, Mid-Point Review and Final Practice Review signed by DPP/DPS uploaded to Blackboard by student and reviewed by AA Meeting record stored by AA on SharePoint site



AA throughout course review student attendance, formative and summative assessment, quizzes



Monitor alignment of academic and practice prescribing competencies through review of consultation, formulary activities, practice log

Respond to/initiate contact queries with Student, DPS, DPP, Education/Prescribing Lead

# 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.

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 DPP and DPS.

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

The framework is available at tutorials with academic staff.



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### *DPP/DPS Guidance*

*At the end of the programme the 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*
  - within direct learning activities (set by UWE) or cross referenced to final assessments*
- 

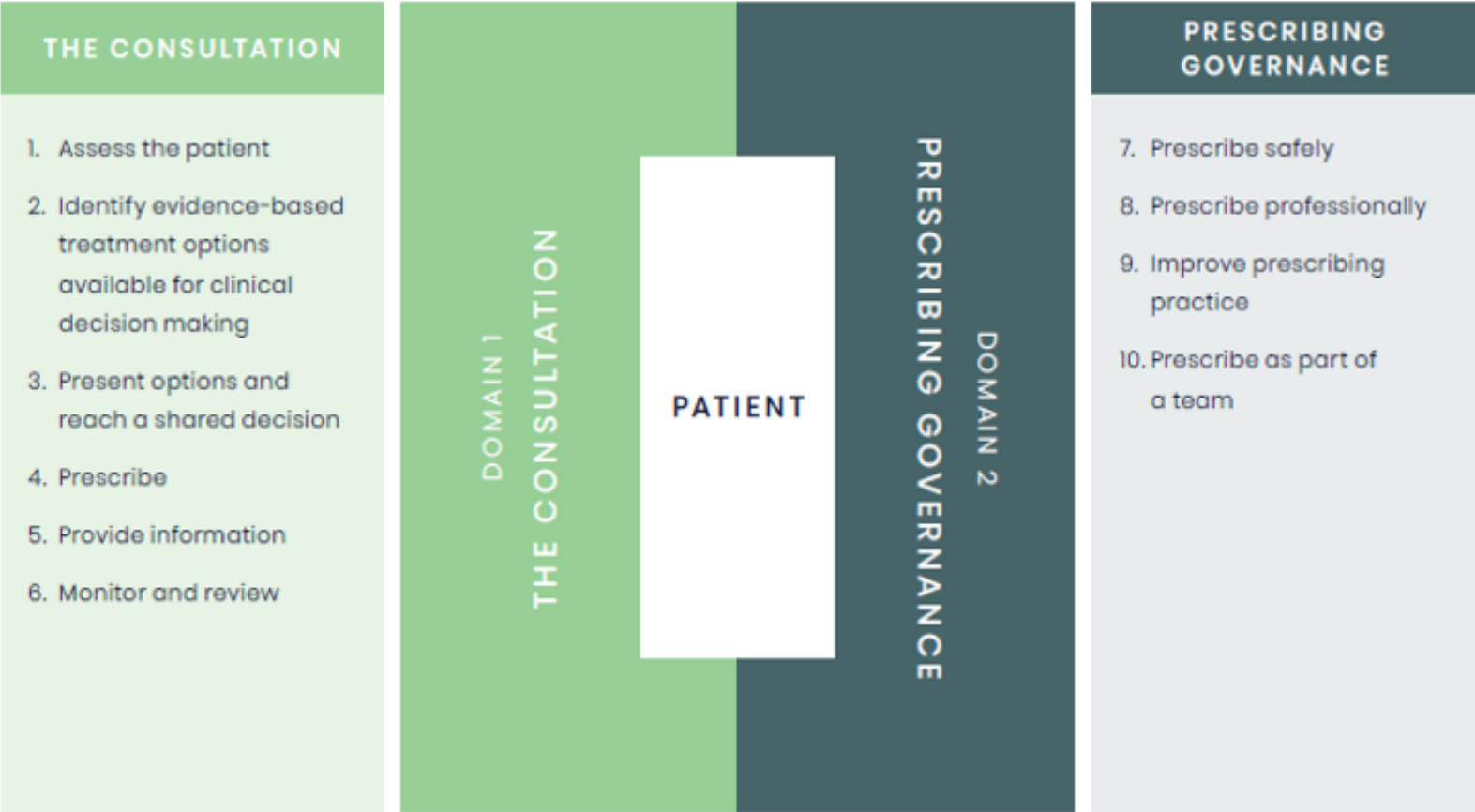
## **Framework Design**

The prescribing competency framework published by the Royal Pharmaceutical Society (RPS) for all prescribers (RPS, 2021a) sets out what good prescribing looks like and must be contextualised within specific practice settings and professional regulatory standards. 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. The patient remains at the centre with the following two domains around them.

- Domain 1 - the consultation: competencies that the prescriber should demonstrate during the consultation
- Domain 2 - prescribing governance: competencies that the prescriber should demonstrate with respect to prescribing governance

**Figure 1:**  
**The Competency Framework for all Prescribers**



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*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. Students should consider their strengths/weaknesses aligned with themes from the RPS competencies. Pharmacists are also required to align their learning to the GPhC learning outcomes, p25*

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## Baseline SWOT Analysis

**To assist the student in the identification of their learning needs in relation to prescribing. This should be completed by the student before the first meeting with the Designated Prescribing Practitioner (DPP) and Designated Prescribing Supervisor (DPS) to inform the discussions.**

<b>Strengths</b> 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>Please consider your strengths aligned with themes from the RPS competencies, p 17-23. <i>*Pharmacists please also align to the GPhC learning outcomes see p 26-27.*</i></b>
<b>Weaknesses</b> Which aspects /areas require further development in relation to your future role as a safe and effective prescriber?	<b>Please consider your weaknesses aligned with themes from the RPS competencies.</b>
<b>Opportunities</b> Identify these from your own practice area and/or from elsewhere where you may gain additional valuable learning opportunities	
<b>Threats</b> What might prevent you from progressing as a prescriber and how could you overcome this?	

# Learning Contract

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## *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 (not pharmacists)*

*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 the student, DPP and DPS is to identify the student's individual learning needs based on the baseline SWOT analysis. The meetings with the student and the DPP and the student and the DPS can occur separately or together. Within your discussion, please consider:

1. How the **learning needs** align with the competencies set by the Royal Pharmaceutical Society (RPS) prescribing competency framework (2021a) and in addition for pharmacists the learning outcomes set by the GPhC, see p31- alongside the learning opportunities within your clinical area.
2. How **five Supervisory prescribing practice conversations** will be incorporated with the DPS during the 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 DPP sign off.
3. If any **prior experiential learning will be submitted** to the DPS. 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.

\*Please note, regulator standards for Pharmacists do not permit submission of 18 hours prior learning, all 90 hours of practice learning must be completed from the start of the Independent Prescribing Programme

Process required for 18 hours prior learning submission:

**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

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

***It is only after successful completion of the programme and after the qualification has been recorded on their regulatory body register that a practitioner may prescribe, and their qualification must be recorded within the timeframes set by their regulatory body.***

*Pharmacists in training must only undertake tasks in which they are competent or are learning under supervision to be competent so that patient safety is not compromised.*

## **Summary of discussion:**

# Action Plan to enable the attainment of Supervised Practice Time

## DPP

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 assessed in practice on two separate occasions by two registered and competent practitioners. Students have access to the UME assessment criteria and marking sheet.

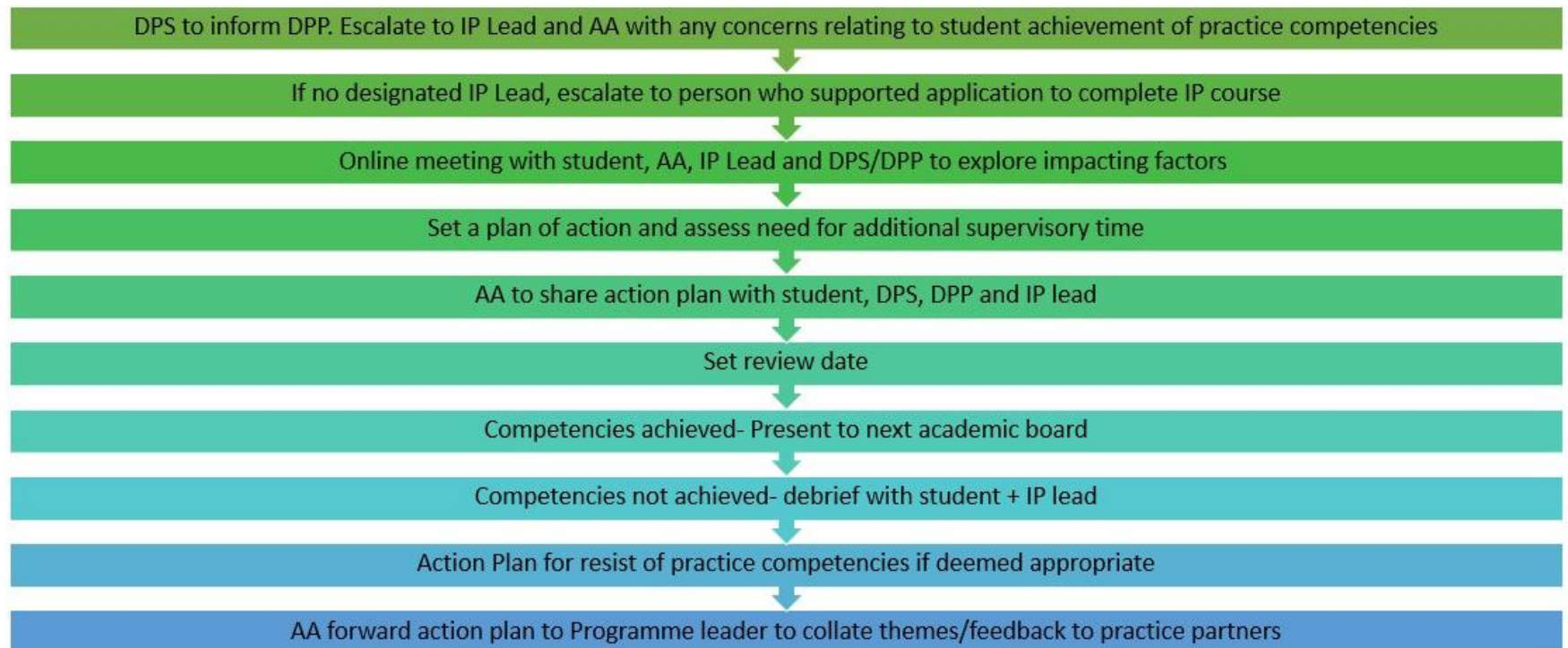
The action plan must reflect how the 90 hours of supervised practice will be achieved based on identified learning needs including supervisory conversations with DPS.

Individual learning needs as identified by the student and DPP/DPS during the initial discussion	Actions: how 90 hours practice learning including 5 supervisory prescribing conversations will be achieved to reflect learning needs, competencies and learning outcomes	
Student Print Name:	DPS Print Name:	DPP Print Name:
Student Signature:	DPS Signature (wet signature):	DPP Signature (wet signature):
Date:	Date:	Date:

# Raising Concerns relating to Practice Learning

## DPP/DPS Guidance

*The flow chart below outlines the process for raising concerns if you have any concerns relating to the student fulfilling the practice learning outcomes and competencies within the required timelines set within the programme. This process will also be initiated at the midpoint review if the student has not evidenced at least 40 hours of practice learning.*



## Mid-Point Review

### *DPP/DPS Guidance*

*Discuss and review supervised learning time accrued so far, (40+hours), 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 follow raising concerns process above 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 (not pharmacists) if submitted against prescribing competencies + supervisory conversations DPP- Review consultation 2 and formulary 2 submitted by student*

<p><b><u>Review the supervised practice time to date with DPP. <i>At this stage there is an expectation of at least 40 hours practice learning to be evidenced and reviewed within the practice log. If this is not achieved the flow chart for raising concerns above will be initiated.</i></u></b></p>	
<p><b>Review the evidence for the supervised practice log including conversations with DPS</b></p>	
<p>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>(Pharmacists are not permitted to submit 18 hours prior learning)</b></p>	<p><b>DPS Print Name:</b></p> <p><b>DPS Signature (wet signature required):</b></p>
<p><b>Student Print Name:</b></p>	<p><b>DPP Print Name:</b></p>
<p><b>Student Signature:</b></p>	<p><b>DPP Signature (wet signature required)</b></p>
<p><b>Date</b></p>	<p><b>Date</b></p>



# PRESCRIBING COMPETENCY FRAMEWORK

## 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, taking into account both the legal and individual competency/scope of practice.

## 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> <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. 2-hour 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> <b>Description of each element</b>	<b>Level 3 Pass</b>	<b>Level M Pass</b>	<b>Element weighting</b>
B1. Health beliefs/inequalities in relation to student's own area of practice	40%	50%	50%
B2. Clinical Practice Algorithm (Level M) or a Case Study (Level 3) in relation to student's own area of practice	40%	50%	50%

**Please note that all the statements in this framework should be interpreted in the context in which individuals are prescribing, profession specific standards, taking into account both the legal and individual competency/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 original framework published by the RPS (2021a) which provides guidance and explanatory notes which you can be used to assist with the application and contextualising in practice and can be access via this link:**

**[Prescribing Competency Framework \(rpharms.com\)](http://rpharms.com)**

*The Prescribing Competency Framework below © Royal Pharmaceutical Society (RPS) (2021a) copyrighted material owned by the Royal Pharmaceutical Society that it is used under licence.*

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

### **Competency 1: Assess the Patient**

<b>Statements supporting the competency</b>	<b>Notes</b>
1.1 Undertakes the consultation in an appropriate setting.	
1.2 Considers patient dignity, capacity, consent and confidentiality.	
1.3 Introduces self and prescribing role to the patient/carer and confirms patient/carer identity.	
1.4 Assesses the communication needs of the patient/career 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 appropriate clinical assessment.	
1.8 Identifies and addresses potential vulnerabilities that may be causing the patient/carer to seek treatment.	
1.9 Access and interests 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 or 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 approaches.	
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 pharmacokinetics and pharmacodynamics of medicines, and how these may be altered by individual patient factors.	
2.5 Assesses how co-morbidities, existing medication, 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 in partnership 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 that the patient/carer understands, so that they can make an informed choice.	
3.4 Assesses adherence in a non-judgmental 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 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 Encourages and supports the patient/carer to take responsibility for their medicines and self-manage their conditions.	

### 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.	

## 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 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 risk.	
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.	
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 up on 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.	
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

Statements supporting the competency	Notes
10.1 Works collaboratively as part of a multidisciplinary team to ensure that the transfer and continuity of care (within and 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 the patient's care.	
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

<b>Supervision 1 - Review the supervised practice time and the evidence for the supervised practice log</b>	
<b>Supervision 2 - Review the supervised practice time and the evidence for the supervised practice log</b>	
<b>Student Signature:</b>	<b>Student Signature:</b>
<b>Lead Midwife Signature:</b>	<b>Lead Midwife Signature:</b>
<b>Date of first meeting:</b>	<b>Date of second meeting:</b>

# For Pharmacists Only

Pharmacists are required to demonstrate fulfilment of the 32 GPhC learning outcomes within their practice log, the competencies are listed below or accessible via this link:

[Standards for the education and training of pharmacist independent prescribers \(pharmacyregulation.org\)](#). The student's practice log will require an additional column entitled GPhC learning outcomes to enable cross referencing each practice log entry to the relevant number of the GPhC learning outcome/s below. These learning outcomes need to be integrated within the student's practice learning from the initial SWOT analysis, learning contract and action plan, through to the mid-point review and final DPP sign off.

## Learning Outcomes: Standards for the education and training of pharmacist independent prescribers

The material below on pages, 26-27 is reproduced accurately and acknowledged as copyright © General Pharmaceutical Council (GPhC) 2019 Standards for the education and training of pharmacist independent prescribers.

Further information on the four levels of outcome: does, shows how, knows how and knows used within the learning outcomes can be accessed via this link: [Standards for the education and training of pharmacist independent prescribers \(pharmacyregulation.org\)](#)

### Person-Centred Care

Pharmacist independent prescribers at the point of annotation will be able to:

1. Recognise the psychological and physical impact of prescribing decisions on people	Knows how
2. Understand and meet their legal responsibilities under equality and human rights legislation and respect diversity and cultural differences	Does
3. Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs	Does
4. Demonstrate appropriate history-taking techniques through effective consultation skills	Does
5. Demonstrate an understanding of the role of the prescriber in working in partnership with people who may not be able to make fully informed decisions about their health needs	Shows how
6. Support individuals to make informed choices that respect people's preferences	Does

### Professionalism

Pharmacist independent prescribers at the point of annotation will be able to:

7. Demonstrate a critical understanding of their own role and the role of others in multi-professional teams	Does
8. Recognise their own role as a responsible and accountable prescriber who understands legal and ethical implications	Does

9. Apply relevant legislation and ethical frameworks related to prescribing including remote prescribing and the handling and sharing of confidential information	Shows how
10. Recognise and manage factors that may influence prescribing decisions	Does
11. Apply local, regional and national guidelines, policies and legislation related to health care	Does
12. Reflect on and develop their own prescribing practice to ensure it represents current best practice	Does
13. Apply an understanding of health economics when making prescribing decisions	Shows how
14. Understand the clinical governance of the prescriber, who may also be in a position to supply medicines to people	Knows how
15. Recognised other professionals' practice and raise concerns related to inappropriate or unsafe prescribing by other prescribers	Shows how

## Professional knowledge and skills

Pharmacist independent prescribers at the point of annotation will be able to:

16. Apply evidence-based decision-making in all aspects of prescribing	Does
17. Manage the risks and benefits associated with prescribing decisions	Does
18. Demonstrate the application of pharmacology in relation to their own prescribing practice	Does
19. Demonstrate clinical and diagnostic skills in clinical settings appropriate to their scope of practice	Does
20. Create and maintain appropriate records which ensure safe and effective care and align with relevant legislations	Does
21. Identify relevant investigations and interpret results and data in their prescribing practice	Does
22. Utilise current and emerging systems and technologies in safe prescribing	Does
23. Identify and respond to people's need when prescribing remotely	Shows how
24. Apply the principles of effective monitoring and management to improve patient outcomes	Does
25. Recognised and manage prescribing and medication errors	Shows how
26. Recognise the public health issues in promoting health as part of their prescribing practice	Does

## Collaboration

Pharmacist independent prescribers at the point of annotation will be able to:

27. Work collaboratively with others to optimise individual's care, understanding their roles in the prescribing process	Does
28. Recognise their own role and responsibilities, and those of others, in safeguarding children and vulnerable adults	Knows how
29. Recognise when and where to refer people appropriately	Shows how
30. Collaborate with people to encourage them to take responsibility for managing care	Does
31. Demonstrate appropriate consultation skills to get information from individuals who are either unaware of or guarded about their health needs, to inform safe prescribing	Does
32. Recognise when to seek guidance from another member of the healthcare team or an appropriate authority	Does

# Practice Placement Audit

*Students to complete this in advance of the final DPP sign off and encouraged to discuss with 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>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.</i>		Yes / No
<b>DPS Print Name:</b>	<b>NMC/GPhC/PSNI/HCPC/GMC Number</b>	<b>Date</b>
<b>DPS Signature (wet):</b>		

**Assessor (DPP) Comments**

I confirm that the pharmacist / nurse / midwife / podiatrist / radiographer / physiotherapist / dietician / therapeutic radiographer / paramedic (please circle) has satisfactorily completed at least 90 hours supervised practice.		Yes / No
In my opinion as the 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
<b>**Pharmacist students only. I confirm the practice log entries fulfil all 32 GPhC learning outcomes <a href="https://www.pharmacyregulation.org/standards">Standards for the education and training of pharmacist independent prescribers (pharmacyregulation.org)</a> **</b>		Yes/No/NA
I can confirm that the student has achieved, discussed or shown evidence for all domains within the “Prescribing Competency Framework for all Prescribers” (2021) in relation to their own field of practice.		Yes / No
<b>DPP Print Name:</b>	<b>GMC/NMC/GPhC/PSNI/HCPC Number</b>	<b>Date</b>
<b>DPP Signature (wet signature required)</b>		

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

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### *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

Figure 1 of the Prescribing Competency Framework

The Royal Pharmaceutical Society. (2021b) Figure 1 of the *Prescribing Competency Framework* – page 10. At: London: Royal Pharmaceutical Society [online].

Available from: <https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>

General Pharmaceutical Council (GPhC) (2019) *Standard for the education and training of pharmacist independent prescribers*. [online].

Available from: [Standards for the education and training of pharmacist independent prescribers \(pharmacyregulation.org\)](https://www.pharmacyregulation.org/standards-for-the-education-and-training-of-pharmacist-independent-prescribers)

Royal Pharmaceutical Society (RPS) (2021a) *A Competency Framework for all Prescribers* [online].

London: Royal Pharmaceutical Society.

Available from: <https://www.rpharms.com/resources/frameworks/prescribers-competency-framework>

Royal Pharmaceutical Society (RPS) (2019) *A Competency Framework for Designated Prescribing Practitioners*. [online]. Available from: [DPP competency framework Dec 2019.pdf \(rpharms.com\)](https://www.rpharms.com/resources/frameworks/prescribers-competency-framework)