



**Faculty of Health and Social Sciences**

**Practice Assessor/Practice Supervisor Handbook**

**Independent and Supplementary Prescribing / Supplementary Prescribing**

## **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 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. HCPC and 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

Email: [mhartwell@bournemouth.ac.uk](mailto:mhartwell@bournemouth.ac.uk)

Phone: 01202 967286

**Dawn Dann** – Lecturer Practitioner, based at Bournemouth Gateway Building at the Lansdowne Campus (Part Time).

Dawn also works as an ANP at a General Practice in Poole

Email: [ddann@bournemouth.ac.uk](mailto:ddann@bournemouth.ac.uk)

Phone: 01202 961762

**Mr Rob Harvey** – Lecturer Practitioner (Part Time).

Rob is a prescribing pharmacist who works in an NHS Trust locally

Email: [rharvey@bournemouth.ac.uk](mailto:rharvey@bournemouth.ac.uk)

**Dr Ursula Rolfe** – Deputy Head of Department of Midwifery And Health Science

Ursula is a prescribing Paramedic working at a local Urgent Treatment Centre

Email: [urolfe@bournemouth.ac.uk](mailto:urolfe@bournemouth.ac.uk)

### **Other Useful Contacts**

**Programme Administration** – BG309, Bournemouth Gateway Building, Lansdowne Campus

Email: [hss-cpdadmin@bournemouth.ac.uk](mailto:hss-cpdadmin@bournemouth.ac.uk)

Phone: 01202 962742

## **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.

Practice assessors and supervisors will receive an invitation to a briefing session that takes place before the students course begins.

### **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 (DH2000), 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 (DH2001, 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 SP’s may treat.

## Programme Structure

There are two programmes (Degree and Masters Level) available to nurses and midwives, and 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

UNIT SPECIFICATION				
<b>Unit title</b>				
<b>INDEPENDENT AND SUPPLEMENTARY PRESCRIBING</b>				
<b>Level</b>	Level 6	<b>Credit value</b>	40 (20 ECTS)	
<b>Is this a common unit?</b>		Yes	<b>Expected contact hours for unit</b>	48
<b>Pre and co-requisites</b>				
Applicants must have a current NMC registration and be practicing clinically within their area of practice for a minimum of one year.				
<b>Aims</b>				
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.				
<b>Intended learning outcomes (ILOs)</b>				
Having completed this unit the student is expected to:				
1. Assess the patients including medical, social and medication history to formulate a diagnosis utilising their physical examination skills				
2. Consider the pathophysiological implications of both pharmacological and non-pharmacological approaches across the lifespan				
3. Demonstrate the ability to reach a shared decision with the service user/carers about the treatment options available				
4. Understand and apply knowledge of drug actions in prescribing practice utilising national frameworks and guidance				

5. Provide information and understand the relevant legislation to the practice of prescribing  
maintaining accurate and current records
6. Prescribe safely, appropriately and cost effectively, and discuss justification for treatment,  
monitoring and  
review responses to therapy and modify as required
7. 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**

Coursework 1: A numerical assessment within the context of prescribing practice.  
Pass mark 100% (Pass/Fail) (500 words equivalent)

Coursework 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)

	<p>Coursework 3: A portfolio of evidence, which must include evidence for all 96 RPS competencies demonstrated via a mapping document. The portfolio must include an observation of a clinical consultation by a practice assessor and a 3,000 word case study. (Portfolio evidence equivalent to 4,000 words)</p>
<p><b>Indicative unit content Relating</b></p> <p>Royal Pharmaceutical Society Competency Framework (RPS 2017)</p> <p>Competency 1: Assess the Patient  Competency 2: Consider the Options  Competency 3: 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</p>	
<p><b>Indicative learning resources</b></p> <p><a href="#">Click here to enter text..</a></p> <p><b>Books</b></p> <p>British National Formulary (BNF) 2018. Pharmaceutical Press: London  British National Formulary Children's (BNFC) 2018-2019 Pharmaceutical Press :London</p> <p>Courtney, M. and Griffiths, M., 2010. <i>Independent and Supplementary Prescribing; Essential Guide</i>. London: Greenwich Medical Media</p> <p>Dimond, B., 2015 <i>Legal Aspects of Nursing</i>. 7<sup>th</sup> edition. London: Pearson</p> <p>Harris,N and Shearer,D., 2013. <i>Nurses! Test yourself in non-medical prescribing</i>. Milton Keynes: Open University press</p> <p>McGavock, H., 2015. <i>How Drugs Work</i>. 4<sup>th</sup> edition. Oxford: CRC press</p> <p>McGavock, H., 2009. <i>Pitfalls in Prescribing and How to Avoid Them</i>. Oxford: Radcliffe Medical Press</p> <p>Neal, J., 2015. <i>Medical Pharmacology at a Glance</i>. 8th edition. Oxford: Blackwell Science</p> <p>Nuttall, D., 2015 <i>The textbook of Non-Medical Prescribing</i>. 2<sup>nd</sup> edition Oxford: Wiley-Blackwell</p> <p>Trounce, J., 2008. <i>Clinical Pharmacology for Nurses</i>. 10th edition. Edinburgh: Churchill Livingstone</p>	

### Useful Websites

[www.rpharms.com](http://www.rpharms.com)

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

[www.npc.co.uk](http://www.npc.co.uk)

National Prescribing Centre web site, provides a range of information to support non-medical prescribers, including a competency framework and access to Merck updates, patient group directions

[www.dh.gov.uk](http://www.dh.gov.uk)

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

[www.mhra.gov.uk](http://www.mhra.gov.uk)

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

[www.nmc-uk.org](http://www.nmc-uk.org)

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

[www.nelh.org](http://www.nelh.org)

National Electronic Library for Health, latest information on medicines and clinical conditions, as well as useful resource on complementary therapies

[www.the-shipman-inquiry.org.uk](http://www.the-shipman-inquiry.org.uk)

Information on the recommendations from the Shipman Inquiry

[www.nelm.nhs.uk](http://www.nelm.nhs.uk)

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

[www.druginfozone.nhs.uk](http://www.druginfozone.nhs.uk)

Information on medicines, licensed usage, possible interactions

[www.emc.medicines.org.uk](http://www.emc.medicines.org.uk)

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

<b>Unit number</b>	Click here to enter text.	<b>Version number</b>	V2.0
--------------------	---------------------------	-----------------------	------

## Level 7

UNIT SPECIFICATION				
<b>Unit title</b>				
<b>INDEPENDENT AND SUPPLEMENTARY PRESCRIBING</b>				
<b>Level</b>	Level 7	<b>Credit value</b>	40 (20 ECTS)	
<b>Is this a common unit?</b>		Yes	<b>Expected contact hours for unit</b>	48
<b>Pre and co-requisites</b>				
<p>Applicants will be either:</p> <ul style="list-style-type: none"><li>• registered with the NMC (as a nurse or midwife) for a minimum of one year</li><li>• or registered with the HCPC as a healthcare professional that can be annotated as a prescriber</li><li>• or registered with the GPhC as a pharmacist</li></ul> <p>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.</p>				
<b>Aims</b>				
<p>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.</p>				
<b>Intended learning outcomes (ILOs)</b>				
<p>Having completed this unit the student is expected to:</p> <p>Having completed this unit the student is expected to:</p> <ol style="list-style-type: none"><li>1. Critically Assess and contextualise the patient's medical, social and medication history, utilising physical examination skills to identify differential diagnoses</li><li>2. Appraise the pathophysiological implications of both pharmacological and non-pharmacological approaches across the lifespan</li><li>3. Evaluate the ability to reach a shared decision with the service user/carer about the treatment options available</li><li>4. Synthesise knowledge of drug actions in prescribing practice utilising national frameworks and</li></ol>				



guidance

5. Provide a critical analysis of the relevant legislation to the practice of prescribing maintaining accurate and current records

6. Prescribe safely, appropriately and cost effectively, and appraise justification for treatment, monitoring and

review responses to therapy and modify as required

7. Practise within a multidisciplinary team and a framework of professional accountability and responsibility critically reflecting on 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** [Click here to enter text.](#)

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**

[Click here to enter text.](#)

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**

Coursework 1: A numerical assessment within the context of prescribing practice.  
Pass mark 100% (Pass/Fail) (500 words equivalent)

Coursework 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)

	<p>Coursework 3: A portfolio of evidence, which must include evidence for all 96 RPS competencies demonstrated via a mapping document. The portfolio must include an observation of a clinical consultation by a practice assessor and a 3,000 word case study. (Portfolio evidence equivalent to 4,000 words)</p>
<p><b>Indicative unit content Relating</b></p> <p>Royal Pharmaceutical Society Competency Framework (RSP 2016)</p> <p>Competency 1: Assess the Patient  Competency 2: Consider the Options  Competency 3: 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</p>	
<p><b>Indicative learning resources</b></p> <p><a href="#">Click here to enter text..</a></p> <p><b>Books</b></p> <p>British National Formulary (BNF) 2018. Pharmaceutical Press: London  British National Formulary Children's (BNFC) 2018-2019 Pharmaceutical Press :London</p> <p>Courtney, M. and Griffiths, M., 2010. <i>Independent and Supplementary Prescribing; Essential Guide</i>. London: Greenwich Medical Media</p> <p>Dimond, B., 2015 <i>Legal Aspects of Nursing</i>. 7<sup>th</sup> edition. London: Pearson</p> <p>Harris,N and Shearer,D., 2013. <i>Nurses! Test yourself in non-medical prescribing</i>. Milton Keynes: Open University press</p> <p>McGavock, H., 2015. <i>How Drugs Work</i>. 4<sup>th</sup> edition. Oxford: CRC press</p> <p>McGavock, H., 2009. <i>Pitfalls in Prescribing and How to Avoid Them</i>. Oxford: Radcliffe Medical Press</p> <p>Neal, J., 2015. <i>Medical Pharmacology at a Glance</i>. 8th edition. Oxford: Blackwell Science</p> <p>Nuttall, D., 2015 The textbook of Non-Medical Prescribing. 2<sup>nd</sup> edition Oxford: Wiley-Blackwell</p> <p>Trounce, J., 2008. <i>Clinical Pharmacology for Nurses</i>. 10th edition. Edinburgh: Churchill Livingstone</p>	

### Useful Websites

[www.rpharms.com](http://www.rpharms.com)

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

[www.npc.co.uk](http://www.npc.co.uk)

National Prescribing Centre web site, provides a range of information to support non-medical prescribers, including a competency framework and access to Merck updates, patient group directions

[www.dh.gov.uk](http://www.dh.gov.uk)

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

[www.mhra.gov.uk](http://www.mhra.gov.uk)

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

[www.nmc-uk.org](http://www.nmc-uk.org)

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

[www.nelh.org](http://www.nelh.org)

National Electronic Library for Health, latest information on medicines and clinical conditions, as well as useful resource on complementary therapies

[www.the-shipman-inquiry.org.uk](http://www.the-shipman-inquiry.org.uk)

Information on the recommendations from the Shipman Inquiry

[www.nelm.nhs.uk](http://www.nelm.nhs.uk)

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

[www.druginfozone.nhs.uk](http://www.druginfozone.nhs.uk)

Information on medicines, licensed usage, possible interactions

[www.emc.medicines.org.uk](http://www.emc.medicines.org.uk)

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

<b>Unit number</b>	Click here to enter text.	<b>Version number</b>	2.0
--------------------	---------------------------	-----------------------	-----

## 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:

### Your portfolio

- A Professional profile – this will provide information from which to identify areas in which you will require greater teaching or support. This allows you to identify early on areas of special interest to you and recognize particular knowledge and skills you bring with you. It will assist you and your practice assessor in assessing and planning to meet your learning needs.
- B Signature of Practice Assessor and Supervisors – this must be completed for anyone that contributes to your portfolio and assessment
- C SCOT analysis can be completed in the first week.
- D Personal Development Plan – this should be discussed and completed with your practice assessor and should contain details of your personal and professional development in prescribing.
- E Personal Formulary – this is a list that forms the basis of your groups of drugs that you will be prescribing.
- F Clinical Hours form – this section contains details of the 65 hours of clinical practice you must complete to meet the requirements of the programme.
- G Clinical Consultation Observation Form – this is the form that your practice assessor and supervisor will assess you with. You may utilize this form for formative assessment (to help with your development) but must submit one summative version of this form which confirms your competence against the criteria.
- H Patient Feedback on Consultation – this should be obtained from the patient that

you undertake your observation (above) with. If that patient does not agree to complete the form, please gain feedback from an alternative patient at a formative assessment.

- I Clinical Management Plan – this section demonstrates you know how to generate a CMP as part of supplementary prescribing, you are also asked to produce an example prescription to accompany the CMP.
- J Case study (3,000 words) - The purpose of the case study is for the student to illustrate their safe prescribing practice. They 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. It may be helpful to write the case study using the Royal Pharmaceutical Society : A competency framework for all prescribers . The case study should include reference to best practice, and the rationale for treatment choice. The case study should include the explicit details of how the patients' medication works (pharmacodynamics/kinetics). The case study may be written in first person, as it is reflective in nature, but remember it is an academic piece of work and should be referenced accordingly. The case study should include a prescription linked to the client and evidence of any drug calculations undertaken.
- K RPS mapping document – this is used to cross reference your portfolio evidence to the RPS competencies. Please note that you **MUST** show evidence for each of the competencies to pass the programme. One piece of evidence may be utilized across multiple RPS competencies.

### **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 you are unable to submit your assignment on time due to medical or other mitigating circumstances you must complete an Exceptional Circumstances form PRIOR to the deadline and submit it for approval. Exceptional Circumstances forms are 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 you need additional Learning Support, please 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 learners the portfolio that 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, policies and PACT data. Learners 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 learners can achieve their learning outcomes. This may be by teaching and observing the learners' progress, supervising their work, guiding the learner 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 learner 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 learner 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 learner to carry out consultations and suggest clinical management and prescribing options which are then discussed with the practice assessor
- Helping ensure that the learner 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 learner is competent to assume the prescribing role.
- Identifying and highlighting any areas of concern to the programme leader
- If learners practice does not normally bring them into contact with children and young people they will be expected to seek out learning opportunities.

Learners will require specific help in acquiring prescribing skills. Dedicated time and opportunities for the learner 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. Learners 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 students' 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 students consultation and prescribing decision and complete and sign the clinical observation record (form G)
- 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 (sign form K with named practice supervisor).
- Identifying and highlighting any 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 interview (in the competency mapping document (form K) and again for the final interview.
- 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 signed .

### **A Practice supervisor 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
- Is able to commit time to supervise and support the student

### **Practice supervisor - The role:**

- 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 sign the competency mapping document (K)

### **The Academic Assessor is :-**

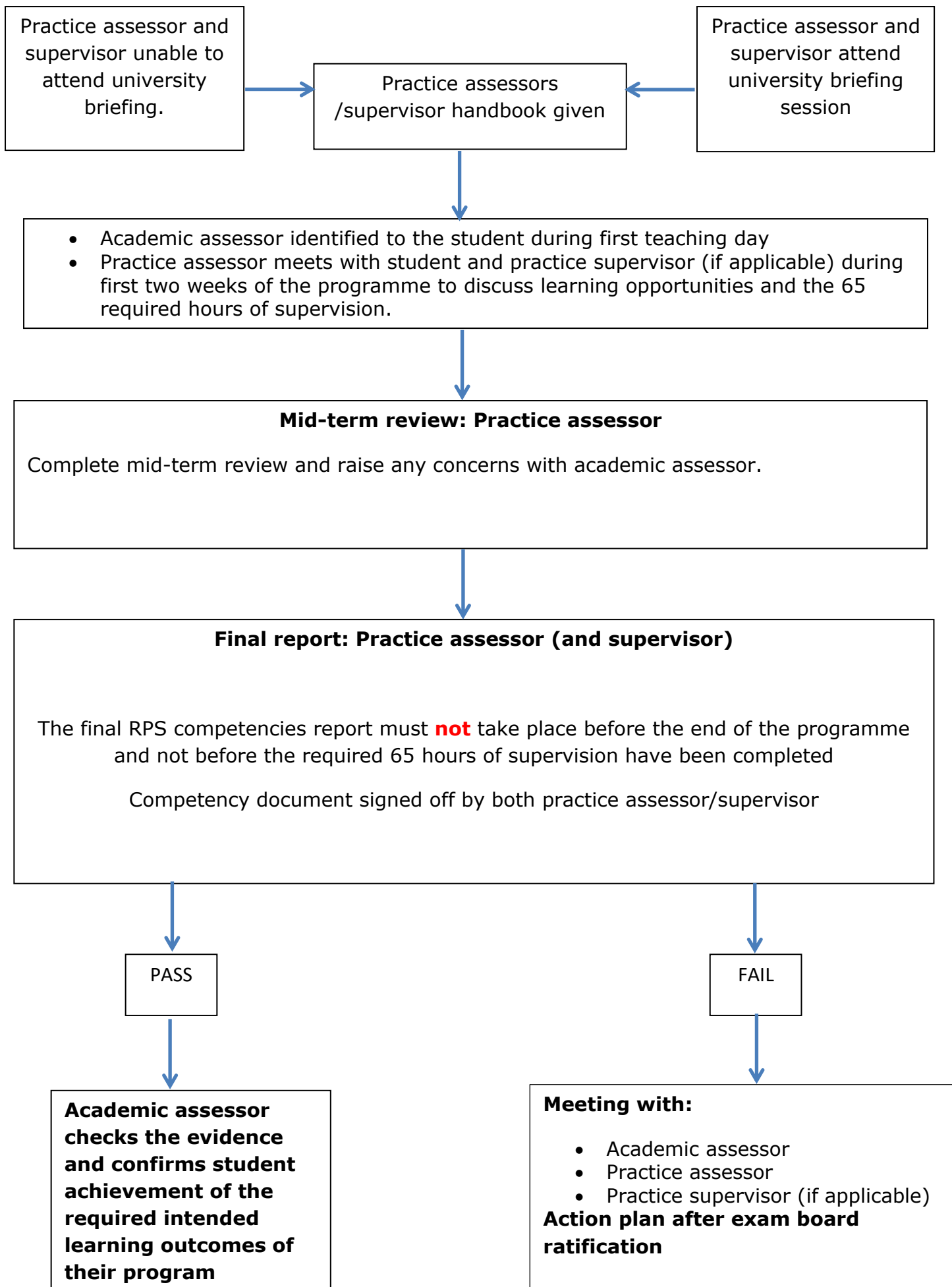
An academic who is a registered healthcare professional with suitable equivalent qualifications for the programme the student is undertaking. The academic assessor will contact the academic assessor three times during the programme.

### **Academic Assessor - The role:**

- Provide feedback to students 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. This includes all students:
- 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 included in the portfolio. On completion of the summative assessment, the practice assessor should offer the enclosed feedback sheet to the patient to complete, which should also be submitted with the portfolio. If the patient declines, then please find an alternative opportunity for patient feedback in a formative assessment capacity.

### **GUIDANCE ON THE ASSESSMENT PROCESS.**

- The Learner 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 Learner 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.

## 6.0 THE PRESCRIBING COMPETENCY FRAMEWORK

The competency framework (6.0) summarising how such other good prescribing practices that there are ten competencies split into two domains: 'The Consultation' and 'Prescribing Governance'.

At the top, competency domains, maps and statements which describe the activity or subdomain prescribers should be able to demonstrate.



### THE CONSULTATION

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

### PRESCRIBING GOVERNANCE

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

Figure 1 The prescribing competency framework

### Assessment criteria

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

<b>Pass</b>	Proficient. Demonstrates a systematic approach, safe skill demonstrated
<b>Fail</b>	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.

<b>What problem did you attend with?</b>					
<b>Please rate the healthcare professional on the following criteria</b>	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

### THE CONSULTATION

#### Competency 1: ASSESS THE PATIENT

Indicator	Evidence			
	Please tick a minimum of one box per indicator			
	Case study	Personal formulary	Observation	Other Portfolio evidence if applicable (please state location)
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	Evidence			
	Please tick a minimum of one box per indicator			
	Case study	Personal formulary	Observation	Other Portfolio evidence if applicable (please state location)
2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.				
2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).				
2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.				
2.4 Applies understanding of the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy).				
2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.				
2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines.				
2.7 Identifies, accesses, and uses reliable and validated sources of information and critically				

evaluates other information.				
2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.				
2.9 Takes into account the wider perspective including the public health issues related to medicines and their use and promoting health.				
2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.				

### Competency 3: REACH A SHARED DECISION

Indicator	Evidence			
	Please tick a minimum of one box per indicator			
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.	Case study	Personal formulary	Observation	Other Portfolio evidence if applicable (please state location)
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	Evidence			
	Please tick a minimum of one box per indicator			
4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects.	Case study	Personal formulary	Observation	Other Portfolio evidence if applicable (please state location)
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	Evidence			
	Please tick a minimum of one box per indicator			
5.1 Checks the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up.	Case study	Personal formulary	Observation	Other Portfolio evidence if applicable (please state location)
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	Evidence			
	Please tick a minimum of one box per indicator			
6.1 Establishes and maintains a plan for reviewing the patient's treatment.	Case study	Personal formulary	Observation	Other Portfolio evidence if applicable (please state location)
6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.				
6.3 Detects and reports suspected adverse drug reactions using appropriate reporting systems.				
6.4 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.				

## PREScribing GOVERNANCE

### Competency 7: PRESCRIBE SAFELY

Indicator	Evidence			
	Please tick a minimum of one box per indicator			
7.1 Prescribes within own scope of practice and recognises the limits of own knowledge and skill.	Case study	Personal formulary	Observation	Other Portfolio evidence if applicable (please state location)
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

Indicator	Evidence			
	Please tick a minimum of one box per indicator			
8.1 Ensures confidence and competence to prescribe are maintained.	Case study	Personal formulary	Observation	Other Portfolio evidence if applicable (please state location)
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	Evidence			
	Please tick a minimum of one box per indicator			
9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion.	Case study	Personal formulary	Observation	Other Portfolio evidence if applicable (please state location)
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	Evidence			
	Please tick a minimum of one box per indicator			
10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.	Case study	Personal formulary	Observation	Other Portfolio evidence if applicable (please state location)
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.				

Progress Review 1 (Mid-term review )	
Areas of Student Achievement	
Areas for Further Development	
Practice Assessor	Date
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 and / or is unsafe the Academic Assessor **MUST** be informed.  
 For areas of practice concern the BU 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>

Practice Assessor		Date:
Practice Supervisor		Date:
Student		Date:

**Statement of achievement of the RPS competencies**

**I certify that.....has met the required practice standards of the independent and Supplementary prescribing programme**

**Signed..... Practice Assessor                      Date.....**

**Signed..... Practice Supervisor                      Date.....**