

## Module specification

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|                      |   |
|----------------------|---|
| Module Code          | NHS7D8                                  |
| Module Title         | Independent Prescribing for Pharmacists |
| Level                | 7                                       |
| Credit value         | 40                                      |
| Faculty              | Faculty of Social and Life Sciences     |
| HECoS Code           | 100290                                  |
| Cost Code            | GANG                                    |
| Pre-requisite module | N/A                                     |

### Programmes in which module to be offered

| Programme title  | Core/Optional/Standalone |
|--|--------------------------|
| MSc Advanced Clinical Practice   | Option                   |
| Standalone module aligned to MSc Advanced Clinical Practice for QA and assessment purposes only. | Standalone               |

### Breakdown of module hours

|   |                |
|---|----------------|
| Learning and teaching hours                                 | 132 hrs        |
| Placement tutor support hours                               | 3 hrs          |
| Supervised learning hours e.g. practical classes, workshops | 24 hrs         |
| Project supervision hours                                   | 0 hrs          |
| <b>Active learning and teaching hours total</b>             | <b>159 hrs</b> |
| Placement hours   | 90 hrs         |
| Guided independent study hours                              | 151 hrs        |
| <b>Module duration (Total hours)</b>                        | <b>400 hrs</b> |

### Module aims

To facilitate the development of knowledge, application of knowledge, competence and skills to develop a systematic, evidence based, critically evaluative and critically reflective approach to clinical decision making skills, advancing own scholarship in relation to the development of independent prescribing practice

To enable pharmacists to develop the competence to practice safely, appropriately and cost-effectively as Independent prescribers in relation to professional standards set by General Pharmaceutical Council (GPhC).

## Module Learning Outcomes

At the end of this module, students will be able to:

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|---|---|
| 1 | <p>Deploy and systematically critique the effectiveness of the relationship and communication with patient/clients, carers, other prescribers and members of the health care team within a prescribing scenario, articulating problem solutions and improvements where relevant.</p> <p>(RPS Competency Framework for all prescribers (2021) 1.1, 1.4; 3.1, 3.3, 3.4, 3.5, 3.6; 4.13, 4.14; 5.1, 5.2, 5.3, 5.4, 5.5; 7.4, 7.6; 8.1, 8.4, 8.5; 10.1.10.2, 10.3, 10.4).<br/>(GPhC 2022, 19 Standards for the education and training of pharmacists independent prescribers 1, 2, 3, 5, 27, 30, 31, 32)</p>  |
| 2 | <p>Within the limits of professional competence, demonstrate the ability to undertake an accurate history and clinical assessment which includes an understanding of relevant patho-physiology, recognition of signs and symptoms of illness, and medication history including the use of unlicensed medication in order to inform a working diagnosis, within their intended scope of practice.</p> <p>(RPS Competency Framework for all prescribers (2021) 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14; 2.1, 2.3, 2.4, 2.5, 2.6, 2.10; 3.1, 3.3, 3.5, 3.6; 4.1, 4.7, 4.8, 4.10, 4.11, 4.12, 4.13; 5.2, 5.3, 5.4, 5.5; 6.1, 6.2, 6.3, 6.4; 7.1, 7.4, 7.5, 7.6; 8.1, 8.4).<br/>(GPhC 2022 Standards for the education and training of pharmacists independent prescribers 4, 5, 31)</p> |
| 3 | <p>Critically reflect upon the formulation of a treatment plan for the prescribing of one or more medicines if appropriate within their role having considered the legal, cognitive, emotional and physical differences, detailing the working differential diagnosis; how patient safety was ensured; how responses to therapy were monitored; any modifications to treatment and any consultation or referrals if made.</p> <p>(RPS Competency Framework for all prescribers (2021) 1.1,1.2, 1.3, 1.4, 1.5,1.6,1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14; 2.1, 2.2, 2.5, 2.10; 4.6, 4.10; 5.1, 5.2, 5.3, 5.4, 5.5, 6.1, 6.2, 6.3, 6.4; 7.4, 7.5, 7.6; 8.1, 8.4)<br/>(GPhC 2022 Standards for the education and training of pharmacists independent prescribers 1, 6, 8, 17, 28, 29, 31, 32)</p>                   |
| 4 | <p>Competently requests and interprets relevant investigations necessary to inform treatment options such as effective use of common diagnostic aids e.g. stethoscope, sphygmomanometer, which are relevant to the condition(s) for which the pharmacist intends to prescribe, including monitoring response to therapy.</p> <p>(RPS Competency Framework for all prescribers (2021) 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.10, 1.11, 1.13, 4.9, 4.10, 4.11; 6.1; 7.4, 7.5, 7.6; 8.1, 8.4) (GPhC 2022 Standards for the education and training of pharmacists independent prescribers 16, 19, 21, 22, 24)</p>  |
| 5 | <p>Systematically evaluate and apply the relevant legislation to the practice of non-medical prescribing within a clinical governance framework including information, communication and record keeping and the use of unlicensed medicines and suggest improvements to quality which are drawn from contemporary, cutting edge evidence to the practice of prescribing.</p> <p>(RPS Competency Framework for all prescribers (2021) 1.3, 1.6, 1.8; 2.7; 4.3, 4.5, 4.8, 4.11, 4.12; 5.3, 5.4, 5.5; 7.4, 7.5, 7.6; 8.1, 8.3, 8.4, 8.5, 8.6; 10.1, 10.2, 10.3, 10.4),<br/>(GPhC 2022 Standards for the education and training of pharmacists independent prescribers 9, 14, 20, 22,)</p>  |

|    |  |
|----|--|
| 6  | <p>Systematically research and critique the level and sources of information/evidence provided by current information systems for effective decision making in prescribing practice, identifying and proposing further areas of enquiry or practice development.<br/>(RPS Competency Framework for all prescribers (2021) 2.2, 2.6, 2.7, 2.8; 3.1, 3.2, 3.3, 3.4, 3.5, 3.6; 4.7, 5.3, 5.4, 5.5; 7.4, 7.5, 7.6; 8.1, 8.2, 8.3, 8.4, 8.5; 10.3). (GPhC 2022 Standards for the education and training of pharmacists independent prescribers 16, 24, 26)</p>  |
| 7  | <p>Integrate and evaluate multiple perspectives in a shared evidence based model of decision making by assessing patients' needs for medicines and the integration of the patients and carers wishes, values, influences and ethical management of one's own prescribing,<br/>(RPS Competency Framework for all prescribers (2021) 1.7; 2.1, 2.2, 2.3, 2.4, 2.6, 2.7; 3.1, 3.2, 3.3, 3.6; 4.1, 4.2, 4.3, 4.4, 4.7; 5.1, 5.2, 5.3, 5.4; 7.5, 7.6; 8.1, 8.2, 8.3, 8.4, 8.5; 9.7; 10.1, 10.2, 10.3, 10.4).<br/>(GPhC 2022 Standards for the education and training of pharmacists independent prescribers 1, 2, 3, 4, 5, 6, 8, 9, 10,16, 28, 30)</p>  |
| 8  | <p>Systematically research and apply knowledge of pharmacological, non-pharmacological approaches to disease, considering drug actions, adherence, effectiveness, interactions, medication errors in prescribing practice, and how these may be altered, including the misuse of medicines.<br/>(RPS Competency Framework for all prescribers (2021) 1.6, 1.8; 2.1, 2.2, 2.3, 2.4; 4.1, 4.8, 4.9, 4.13; 6.1, 6.2, 6.3, 6.4; 7.2, 7.3, 7.4, 7.5, 7.6; 8.1, 8.2, 8.3, 8.4, 8.5, 9.7).<br/>(GPhC 2022 Standards for the education and training of pharmacists independent prescribers 12, 18, 24, 25)</p>   |
| 9  | <p>Critically reflect upon own role and the roles of others involved in prescribing, supplying and administering medicines and synthesizing key issues into personal prescribing development, remote prescribing and raising concerns related to inappropriate and unsafe prescribing by other prescribers.<br/>(RPS Competency Framework for all prescribers (2021) 1.14, 2.8; 4.2, 4.3, 4.4, 4.5, 4.9, 4.14; 7.3, 7.5, 7.6; 8.1, 8.2, 8.4, 8.5; 9.1, 9.2, 9.3, 9.7; 10.1, 10.2, 10.3, 10.4).<br/>(GPhC 2022 Standards for the education and training of pharmacists independent prescribers 7, 8, 9, 15,23, 24, 27, 28, 32)</p>  |
| 10 | <p>Demonstrate the critical thinking and clinical decision-making skills required to prescribe safety, appropriately and cost-effectively, including numeracy calculations; contributing an original, coherently argued response to managing influences on prescribing practice at individual, local and national levels.<br/>(RPS Competency Framework for all prescribers (2021) 1.1,1.2,1.3,1.5,1.6,1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14; 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.8; 3.1, 3.5, 3.6; 4.1, 4.2, 4.3, 4.5, 4.6, 4.8, 4.9, 4.10; 6.1, 6.2, 6.3, 6.4; 7.1, 7.2, 7.3, 7.4, 7.5, 7.6; 8.1, 8.2, 8.4, 8.5; 9.1, 9.2, 9.3; 10.1, 10.2,10.3, 10.4). (GPhC 2022 Standards for the education and training of pharmacists independent prescribers 10, 11, 13, 16)</p> |
| 11 | <p>Systematically evaluate the role of independent prescribing for pharmacists and practice competently within a framework of professional accountability and responsibility that includes audit of prescribing practice and the management and recording of own regular continuing personal and professional development activity.<br/>(RPS Competency Framework for all prescribers (2021) 1.7, 1.14; 2.8, 2.9, 2.10; 3.5; 4.5; 7.1, 7.2, 7.3, 7.4, 7.6; 8.1, 8.2, 8.3, 8.4, 8.5, 8.6; 9.1, 9.2, 9.3, 9.4, 9.5, 9.6; 10.1, 10.2, 10.3, 10.4).<br/>(GPhC 2022 Standards for the education and training of pharmacists independent prescribers 8, 11, 12, 32)</p>  |
| 12 | <p>Demonstrate and synthesize public health issues relating to medicines use into clinical decision-making and practice development.<br/>(RPS Competency Framework for all prescribers (2021) 1.1, 1.2; 2.1, 2.3, 2.8, 2.10; 3.5; 4.1, 4.7, 4.10; 7.1, 7.2, 7.3, 7.4, 7.6; 8.4, 8.6; 9.2, 9.3; 10.1, 10.2, 10.3, 10.4). (GPhC</p>  |

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|  | 2022 Standards for the education and training of pharmacists independent prescribers 16, 26) |
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## Assessment

Indicative Assessment Tasks:

This section outlines the type of assessment task the student will be expected to complete as part of the module. More details will be made available in the relevant academic year module handbook.

### Formative Assessment

1. Situational analysis 500 words
2. Critical Reflective Log – provide feedback on Plan and 2 pages of work 500 words
3. Unseen formative examination, 20 multiple-choice questions and short answer questions
4. PAD – OSCE 4 phases

### Summative Assessment

1. Reflective log. Weighting is 75 %. 4,000 words. Students must include reflection on a clinical management/treatment plan as outlined in LO3 and on their own development as outlined in LO9 Pass mark is 40% or above.
2. OSCE Pass/Refer. 1 formative and 1 summative OSCE to be undertaken in the clinical simulation suite
3. PAD - Achievement of RPS Competency framework for all Prescribers including service-user/carer feedback.
4. PAD - Personal formulary from within the individual practitioner's scope of practice.
5. PAD - Designated Prescribing Practitioner to confirm that the pharmacist has satisfactorily completed at least 90 hours of supervised practice including sign-off by the Designated Prescribing Practitioner of competence as an independent prescriber.
6. Unseen Prescribing examination consists of 20 MCQs and short answer questions Duration of 2 hours.(25%) Pass Mark is 40% or above

| Assessment number | Learning Outcomes to be met | Type of assessment | Duration/Word Count | Weighting (%) | Alternative assessment, if applicable |
|-------------------|-----------------------------|--------------------|---------------------|---------------|---------------------------------------|
| 1                 | 1-12                        | Written Assignment | 4000 words          | 75%           | N/A                                   |
| 2                 | 1-12                        | OSCE               |                     | Pass/Refer    | N/A                                   |
| 3                 | 1-12                        | Portfolio          |                     | Pass/Refer    | N/A                                   |
| 4                 | 2, 3, 4, 5, 7, 8, 9,10      | Portfolio          |                     | Pass/Refer    | N/A                                   |
| 5                 | 1-12                        | Portfolio          |                     | Pass/Refer    | N/A                                   |
| 6                 | 3, 5, 6, 7, 8, 10, 12       | Examination        | 2 hours             | 25%           | N/A                                   |

## Derogations

1. Derogations have been applied to ensure that if a student in any assessment fails to identify a serious problem or an answer which would cause the patient harm, this will result in the overall failure of the programme. All elements of the assessment must be passed individually in order to pass this module. There is a maximum of two attempts at any one element. Furthermore, the university has regulations in respect of other assessment regulations such as student conduct, withdrawal from programmes, and suitability for practice.
2. All elements of assessment need to be passed with a minimum mark of 40%.
3. A derogation for the timing of feedback to a four week turnaround for all summative assessments.
4. No compensation is allowed within programmes or modules – all elements of assessment must be passed.

## Learning and Teaching Strategies

A variety of learning and teaching methods will be used and are designed to stimulate student enquiry and self-directed learning around the curriculum content. These include classroom based strategies such as blended learning approach to interactive lectures and discussions, seminars and workshops, tutorial sessions and problem-based / case-based learning, synchronous and asynchronous sessions, panopto supported by internet-based resources and use of the virtual learning environment (VLE) - 'Moodle' and MS Teams. The Active Learning Framework (ALF) is grounded in the University's values of being accessible, supportive, innovative and ambitious, and will support flexible learning that makes best use of spaces on Campus together with digitally-enabled learning opportunities designed to be accessed anytime, anywhere as appropriate. In addition, ALF will embody ways of teaching and learning that create and support a sense of belonging for students. In clinical practice an experiential strategy, including observation, simulation, guided practice and observed independent practice, will be used to meet the module outcomes. Service user and carer form is available in Welsh. Programme Handbook, PAD document and session content can be translated to support the use of the Welsh language. Guidelines are provided in the Programme Handbook

Students will undertake sessions dedicated to clinical assessment skills including formative OSCE assessment in a simulated environment to help identify areas of strength and weakness. Summative OSCE assessment will be conducted on campus and assessed and moderated by WU staff.

Designated Prescribing Practitioners will also support students by offering them a minimum of 90 hours supervised practice and the opportunities to allow them to observe and have 'hands-on' experiences in the clinical area where they will prescribe on qualification. Designated Prescribing Practitioners will also assess that the student is competent to practice and achieved the learning outcomes of the programme of study. If more than one person is involved in supervising a pharmacist independent prescriber in training, one independent prescriber must assume primary responsibility for their supervision. That person will be the Designated Prescribing Practitioner for the pharmacist independent prescriber in training. Students will also be allocated a Personal Tutor.

## Welsh Elements



## Indicative Syllabus Outline

The indicative content will include the general and professional content and prescribing specific content reflecting the RPS (2021) Competency Framework for all Prescribers and its application to the independent and supplementary prescribers practice

### **The Consultation – competency 1 – 6**

Assessment of patient, history taking, consultation skills, assessment skills, diagnosis, provisional diagnosis, communication and decision making including referral, special groups, equality, diversity and inclusion.

Pharmacology, pharmacokinetics, pharmacodynamics and therapeutics of medicines and its physiological effect on the body.

Prescribing across the age continuum, considering genetics, age, renal impairment, and pregnancy, deprescribing, polypharmacy and options special groups.

Shared decision making, providing information to patient/clients, influences and psychology of prescribing, adherence and non-adherence, monitoring and review, multi professional prescribing practice.

Numeracy and drug calculations, prescribe safely, up-to-date awareness of drug actions, indications, dose, contraindications, interactions, cautions, and side effects.

### **Prescribing Governance - competency 7 – 10**

Equality, Diversity, Inclusion, Ethical, Legal – mental capacity, best interest, consent, deprivation of liberty, professional and safety issues applied to prescribing – special groups

Policy context of prescribing and evidence based practice, including supplementary prescribing

Clinical governance and auditing/improving prescribing practice, Remote consulting and influences on prescribing practices

Record keeping and information governance

Prescribe as part of a multidisciplinary team

## **RPS (2021) Competency framework for all Prescribers.**

### **The Consultation**

#### **1. Assess the patient**

##### **Statements supporting the competency**

- 1.1 Undertakes the consultation in an appropriate setting (a).
- 1.2 Considers patient dignity, capacity, consent and confidentiality (b).
- 1.3 Introduces self and prescribing role to the patient/carer and confirms patient/carer identity.
- 1.4 Assesses the communication needs of the patient/carer and adapts (c) consultation appropriately.
- 1.5 Demonstrates good consultation skills (d) and builds rapport with the patient/carer.
- 1.6 Takes and documents an appropriate medical, psychosocial and medication history \*(e) including allergies and intolerances.
- 1.7 Undertakes and documents an appropriate clinical assessment (f).
- 1.8 Identifies and addresses potential vulnerabilities (g) that may be causing the patient/carer to seek treatment.
- 1.9 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.
- 1.10 Requests and interprets relevant investigations necessary to inform treatment options.
- 1.11 Makes, confirms or understands, and documents the working or final diagnosis by systematically considering the various possibilities (differential diagnosis).
- 1.12 Understands the condition(s) being treated, their natural progression, and how to assess their severity, deterioration and anticipated response to treatment.
- 1.13 Reviews adherence (and non-adherence (h)) to, and effectiveness of, current medicines.

1.14 Refers to or seeks guidance from another member of the team, a specialist or appropriate information source when necessary.

### **Further information on the supporting statements for competency 1**

- (a) Appropriate setting includes location, environment and medium.
- (b) In line with legislation, best practice, regulatory standards and contractual requirements.
- (c) Adapts for language, age, capacity, learning disability and physical or sensory impairments.
- (d) Good consultation skills include actively listening, using positive body language, asking open questions, remaining non-judgemental, and exploring the patient's/carer's ideas, concerns and expectations.
- (e) Medication history includes current and previously prescribed (and non-prescribed) medicines, vaccines, on-line medicines, over-the-counter medicines, vitamins, dietary supplements, herbal products, complementary remedies, recreational/illicit drugs, alcohol and tobacco.
- (f) Clinical assessment includes observations, psychosocial assessments and physical examinations.
- (g) Safeguarding children and vulnerable adults (possible signs of abuse, neglect, or exploitation), and focusing on both the patient's physical and mental health, particularly if vulnerabilities may lead them to seek treatment unnecessarily or for the wrong reasons.
- (h) Non-adherence may be intentional or non-intentional.

## **2. Identify evidence-based treatment options available for clinical decision making** **Statements supporting the competency**

- 2.1 Considers both non-pharmacological (a) and pharmacological treatment approaches.
- 2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy and deprescribing).
- 2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.
- 2.4 Applies understanding of the pharmacokinetics and pharmacodynamics of medicines, and how these may be altered by individual patient factors (b).
- 2.5 Assesses how co-morbidities, existing medicines, allergies, intolerances, contraindications and quality of life impact on management options.
- 2.6 Considers any relevant patient factors (c) 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 (d).
- 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.

### **Further information on the supporting statements for competency 2**

- (a) Non-pharmacological treatment approaches include no treatment, social prescribing and wellbeing/lifestyle changes.
- (b) Individual patient factors include genetics, age, renal impairment and pregnancy.
- (c) Relevant patient factors include ability to swallow, disability, visual impairment, frailty, dexterity, religion, beliefs and intolerances.
- (d) Evidence-based practice includes clinical and cost-effectiveness.

## **3. Present options and reach a shared decision** **Statements supporting the competency**

- 3.1 Actively involves and works with the patient/carer to make informed choices and agree a plan that respects the patient's/carer's preferences (a).
- 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.(b)
- 3.3 Explains the material risks and benefits, and rationale behind management options in a way the patient/carer understands, so that they can make an informed choice.
- 3.4 Assesses adherence in a non-judgemental way; understands the reasons for non-adherence © and how best to support the patient/carer.
- 3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.
- 3.6 Explores the patient's/carer's understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.

#### **Further information on the supporting statements for competency 3**

- (a) Preferences include patient's/carer's right to decline or limit treatment.
- (b) In line with legislation requirements which apply to equality, diversity and inclusion.
- (c) Non-adherence may be intentional or non-intentional.

#### **4. Prescribe**

##### **Statements supporting the competency**

- 4.1 Prescribes a medicine or device (a) 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 (b) 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 (c) to reduce the risk of unnecessary waste.
- 4.7 Recognises potential misuse of medicines; minimises risk (d) 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 (e) 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 (f).
- 4.14 Effectively and securely communicates information (g) to other healthcare professionals involved in the patient's care, when sharing or transferring care and prescribing responsibilities, within and across all care settings.

#### **Further information on the supporting statements for competency 4**

- (a) 'Medicine' or 'device' includes all products (including necessary co-prescribing of infusion sets, devices, diluents and mediums) that can be prescribed, supplied or recommended for purchase.

- (b) Frameworks include local formularies, care pathways, protocols and professional guidelines, as well as evidence-based guidelines from relevant national, regional and local committees.
- (c) Amount necessary for a complete course, until next review or prescription supply.
- (d) Minimises risk by ensuring appropriate safeguards are in place.
- (e) Systems include medicine charts, decision support tools and electronic prescribing systems. Also, awareness and avoidance of potential system errors.
- (f) Records include prescribing decisions, history, diagnosis, clinical indications, discussions, advice given, examinations, findings, interventions, action plans, safety-netting, referrals, monitoring and follow ups.
- (g) Information about clinical conditions, medicines and their current use (where necessary and with valid consent). Ensuring that private and personal data is protected and communicated securely in line with relevant legislation/regulations.

## **5. Provide information**

### **Statements supporting the competency**

- 5.1 Assesses health literacy of the patient/carer and adapts appropriately to provide clear, understandable and accessible information (a).
- 5.2 Checks the patient's/carer's understanding of the discussions had, actions needed, and their commitment to the management plan (b).
- 5.3 Guides the patient/carer on how to identify reliable sources (c) of information about their condition, medicines and treatment.
- 5.4 Ensures the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific timeframe.(d)
- 5.5 Encourages and supports the patient/carer to take responsibility for their medicines and self-manage their condition.

### **Further information on the supporting statements for competency 5**

- (a) Information about their management, treatment, medicines (what they are for, how to use them, safe storage, disposal, expected duration of treatment, possible unwanted effects and what to do if they arise) monitoring and follow-up—in written and/or verbal form.
- (b) Management plan includes treatment, medicines, monitoring and follow-up.
- (c) Reliable sources include the medicine's patient information leaflet.
- (d) Includes safety-netting advice on when and how to seek help through appropriate signposting and referral.

## **6. Monitor and review**

### **Statements supporting the competency**

- 6.1 Establishes and maintains a plan for reviewing (a) the patient's treatment.
- 6.2 Establishes and maintains a plan to monitor (b) 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 (c).

### **Further information on the supporting statements for competency 6**

- (a) Plan for reviewing includes safety-netting appropriate follow-up or referral.
- (b) Plan for monitoring includes safety-netting monitoring requirements and responsibilities, for example, by the prescriber, patient/carer or other healthcare professional.
- (c) Reporting systems include following established clinical governance procedures and the Medicines and Healthcare products Regulatory Agency (MHRA) Yellow Card scheme.

## **Prescribing Governance**

### **7. Prescribe safely**

#### **Statements supporting the competency**

- 7.1 Prescribes within own scope of practice, and recognises the limits of own knowledge and skill.
- 7.2 Knows about common types and causes of medication and prescribing errors, and knows how to minimise their risk.
- 7.3 Identifies and minimises potential risks associated with prescribing via remote methods (a).
- 7.4 Recognises when safe prescribing processes are not in place and acts to minimise risks (b).
- 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 (c) to prevent recurrence.

#### **Further information on the supporting statements for competency 7**

- (a) Remote methods include telephone, email, video or communication via a third party.
- (b) Minimising risks include using or developing governance processes that support safe prescribing, particularly in areas of high risk such as transfer of information about medicines and prescribing of repeat medicines.
- (c) Reviewing practice include clinical audits.

### **8. Prescribe professionally**

#### **Statements supporting the competency**

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

#### **Further information on the supporting statements for competency 8**

- (a) Prescribing decisions include when prescribing under a shared care protocol/agreement.
- (b) Frameworks for prescribing controlled drugs, unlicensed and off-label medicines, supplementary prescribing, and prescribing for self, close family and friends.
- (c) Factors include interactions with pharmaceutical industry, media, patients/carers, colleagues, cognitive bias, financial gain, prescribing incentive schemes, switches and targets.

### **9. Improve prescribing practice**

#### **Statements supporting the competency**

- 9.1 Improves by reflecting on own and others' prescribing practice, and by acting upon feedback and discussion.
- 9.2 Acts upon inappropriate or unsafe prescribing practice using appropriate processes (a).
- 9.3 Understands and uses available tools (b) to improve prescribing practice.
- 9.4 Takes responsibility for own learning and continuing professional development relevant to the prescribing role.(c)
- 9.5 Makes use of networks for support and learning.

9.6 Encourages and supports others with their prescribing practice and continuing professional development.(d)

9.7 Considers the impact of prescribing on sustainability, as well as methods of reducing the carbon footprint and environmental impact of any medicine.(e)

### **Further information on the supporting statements for competency 9**

(a) Processes include whistleblowing, regulatory and professional guidance, and employer procedures.

(b) Tools include supervision, observation of practice and clinical assessment skills, portfolios, workplace competency-based assessments, questionnaires, prescribing data analysis, audits, case-based discussions, personal formularies and actively seeking regular patient and peer feedback.

(c) By continuously reviewing, reflecting, identifying gaps, planning, acting, applying and evidencing learning or competencies.

(d) By considering mentoring, leadership and workforce development (for example, becoming a Designated Prescribing Practitioner).

(e) Methods of reducing a medicine's carbon footprint and environmental impact include proper disposal of medicine/device/equipment waste, recycling schemes, avoiding overprescribing and waste through regular reviews, deprescribing, dose and device optimisation.

## **10. Prescribe as part of a team**

### **Statements supporting the competency**

10.1 Works collaboratively (a) as part of a multidisciplinary team to ensure that the transfer and continuity of care (within and across all care settings) is developed and not compromised.

10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to the patient's care.

10.3 Agrees the appropriate level of support and supervision for their role as a prescriber.

10.4 Provides support and advice(b) to other prescribers or those involved in administration of medicines where appropriate.

### **Further information on the supporting statements for competency 10**

(a) Working collaboratively may also include keeping the patient/carer informed or prescribing under a shared care protocol/agreement.

(b) Advice may include any specific instructions for administration, advice to be given to the patient/carer and monitoring required immediately after administration.

## **Indicative Bibliography**

Please note the essential reads and other indicative reading are subject to annual review and update.

Essential Reads:

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Barber, P and Roberston, D. (2020) *Essentials of Pharmacology for Nurses*. 4th edn. Maidenhead: Open University Press.

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Courtney, M and Griffiths, M (2010) *Independent and supplementary prescribing – an essential guide (2<sup>ND</sup> Edition)*. Cambridge. Cambridge University Press

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General Pharmaceutical Council (2019) *Standards for the education and training of pharmacists independent prescribers*.  
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McFadden, R. (2019) *Introducing Pharmacology for Nursing and Healthcare* 3rd edition. London: Routledge.

Neil, M.J. (2020) *Medical pharmacology - at a glance. (9<sup>th</sup> edition)*. Chichester. Wiley-Blackwell

Nuttall, D and Rutt-Howard, J (2020) *The textbook of non-medical prescribing. (Third edition)*. Chichester. Wiley-Blackwell

Royal Pharmaceutical Society(RPS) (2019) *Designated Prescribing Practitioner Competency Framework* London. RPS <https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework> (Accessed September 1 2021)

Royal Pharmaceutical Society (RPS) (2021) *A Competency Framework for all Prescribers*. London. RPS <https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/competency-framework> (Accessed September 18 2021)

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Ross, S (2014) *Prescribing at a glance*. Chichester. Wiley-Blackwell

Rutter, P (2020) *Community Pharmacy* 5<sup>th</sup> Edition. Missouri: Elsevier

Other indicative reading:

Baker, E. Burrage, D. Lonsdale, D. Hitchings, A. (2014) *Prescribing scenarios at a glance*. Chichester. Wiley-Blackwell

Barker, C. Turner, M. Sharland, M (2019) *Prescribing medicines for children*. London. Pharmpress.

Bickley, L.S. (2016) *Bates' guide to physical examination and history taking (12<sup>th</sup> Edition)* Lippincott William and Wilkins. Philadelphia



Blaber, A. Ingram, H and Gorman, J. (2000) (Ed) *Independent prescribing for district nurses*. Somerset. Class Professional Publishing

Franklin, P (Ed) (2017) *Non-medical prescribing in the United Kingdom*. Switzerland. Springer

General Pharmaceutical Council (2017) Standards for pharmacy professionals.  
[https://www.pharmacyregulation.org/sites/default/files/standards\\_for\\_pharmacy\\_professionals\\_may\\_2017\\_0.pdf](https://www.pharmacyregulation.org/sites/default/files/standards_for_pharmacy_professionals_may_2017_0.pdf) (Accessed September 1st 2021)

Golan, D. E., Armstrong, E.J. and Armstrong, A.W. (2017) *Principles of Pharmacology* 4th edition. Philadelphia: Wolters Kluwer.

Harris, N Shearer, D. (2020) *Nurses! Test yourself in non-medical prescribing*. Maidenhead. Open University Press

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Marshall, P., Gallacher, B., Jolly, J. and Rinomhota, S. (2017) *Anatomy and Physiology in Healthcare* Banbury: Scion Publishing Ltd.

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### Administrative Information

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| Initial approval date        | 08/11/2021  |
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