

MODULE SPECIFICATION PROFORMA

Module Title:	Independent Prescribing for Pharmacists	Level:	7	Credit Value:	40
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Module code:	NHS7A6	New <input type="checkbox"/> Existing <input checked="" type="checkbox"/>	Code of module being replaced:	NA
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Cost Centre:	GANG	<u>JACS3</u> code:	B700
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Trimester(s) in which to be offered:	2, 3	With effect from:	January 19
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School:	Social & Life Sciences	Module Leader:	Eleri Mills
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Scheduled learning and teaching hours	156 hrs
Guided independent study	154 hrs
Placement	90 hrs
Module duration (total hours)	400 hrs

Programme(s) in which to be offered	Core	Option
MSc Advanced Clinical Practice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MSc Advanced Clinical Practice (Therapies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Glyndwr University Professional Certificate (Practice Certificate in Independent Prescribing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Pre-requisites

Office use only

Initial approval January 13

APSC approval of modification August 18

(module was previously NHS770/NHS799)

Have any derogations received SQC approval?

Version 3

Yes No

Module Aims

The aims of this education programme are

- to enable pharmacists to develop the competence to practice safely, appropriately and cost-effectively as Independent prescribers in relation to professional standards set by the General Pharmaceutical Council (2014 -15).
- to facilitate the development of knowledge 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

Intended Learning Outcomes

Key skills for employability

- KS1 Written, oral and media communication skills
- KS2 Leadership, team working and networking skills
- KS3 Opportunity, creativity and problem solving skills
- KS4 Information technology skills and digital literacy
- KS5 Information management skills
- KS6 Research skills
- KS7 Intercultural and sustainability skills
- KS8 Career management skills
- KS9 Learning to learn (managing personal and professional development, self-management)
- KS10 Numeracy

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

Key Skills

At the end of this module, students will be able to		Key Skills	
1	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.	KS1	KS2
		KS3	KS5
		KS7	KS9
2	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 in order to inform a working diagnosis.	KS1	KS2
		KS4	KS5
		KS7	
3	Critically reflect upon the formulation of a treatment plan for the prescribing of one or more medicines ,if appropriate, detailing i) the working differential diagnosis , ii) how patient safety was ensured, iii) how responses to therapy were monitored ,iv) any modifications to treatment) any consultation or referrals if made	KS1	KS3
		KS9	
4	Use common diagnostic aids e.g. stethoscope, sphygmomanometer, which are relevant to the condition(s)	KS1	KS3
		KS4	KS5

	for which the pharmacist intends to prescribe, including monitoring response to therapy.	KS6	KS8
5	Systematically evaluate non-medical prescribing practice within the clinical governance framework, including information, communication and record keeping and suggest improvements to quality which are drawn from contemporary, cutting edge evidence	KS1	KS3
		KS4	KS5
		KS8	KS9
6	Systematically research and critique the level of evidence provided by current information systems for effective decision making in prescribing practice, identifying and proposing further areas of enquiry or practice development	KS1	KS2
		KS3	KS5
		KS7	
7	Integrate and evaluate multiple perspectives in a shared evidence based model of decision making by assessing patients' needs for medicines and the integration the patients and carers wishes and values,	KS1	KS4
		KS5	KS6
		KS8	
8	Critically reflect upon own role and the roles of others involved in prescribing, supplying and administering medicines and synthesising key issues into personal prescribing development	KS1	KS2
		KS3	KS4
		KS5	KS10
9	Demonstrate the clinical decision making skills required to prescribe safely, appropriately and cost-effectively, contributing an original, coherently argued response to managing influences on prescribing practice at individual, local and national levels.	KS1	KS2
		KS3	KS4
		KS5	KS6
10	Systematically evaluate the role of independent prescribing for pharmacists and practise competently within, incorporating the legal ethical and professional framework of accountability and responsibility that includes audit of prescribing practice and the management and recording of own regular continuing personal and professional development activity.	KS1	KS2
		KS3	KS4
		KS8	KS9
11	Demonstrate and synthesise public health issues relating to medicines use into clinical decision making and practice development.	KS1	KS3
		KS5	KS6
		KS7	KS9
12	Demonstrate competence to take an appropriate history of a child, undertake a clinical assessment and make an appropriate decision based on the assessment to either diagnose or refer, having considered the legal, cognitive, emotional and physical differences between children and adults.	KS1	KS3
		KS4	KS5
		KS9	KS10
<p>These learning outcomes have been developed with reference to the following documents</p> <p>GPhC (2014 – 2015) Accreditation of Independent Prescribing programmes</p> <p>GPhC (2014 – 2015) Accreditation of an independent prescribing programme</p>			

Submission template (parts 1 & 2)

GPhC (2012) Standards of conduct, ethics and performance

QAA (2008) Framework for Higher Education Qualifications in England, Wales and Ireland. London, QAA

Transferable/key skills and other attributes

- Exercise initiative and personal responsibility
- Make decisions in complex and unpredictable situations
- Demonstrate effective verbal and written communication skills;
- Exercise initiative and personal responsibility, demonstrating independent learning ability;
- Demonstrate competency in word processing and the presentation of data;
- Demonstrate competency in the use of libraries, databases and the internet as sources of information;
- Assess and manage risk

Derogations

All elements of the assessment must be passed in order to pass the module. If a practitioner fails to correctly answer any questions that may result in direct harm to a patient/client the student will be 'referred' on the whole programme. There is a maximum of two attempts at any element. In addition all students must complete the OSCE Summary Sheet to declare that they have completed all the taught clinical skill sessions at University prior to the summative OSCE assessment by DSMP.

Assessment: Please give details of indicative assessment tasks below.

There are several assessment tasks, all of which must be completed and passed as per the derogations above.

Assessment number	Learning Outcomes to be met	Type of assessment	Weighting (%)	Duration (if exam)	Word count (or equivalent if appropriate)
1	1,2,3,4,5,6,7,8,9,10,11,12.	Portfolio - Reflective log	100%		5,000 words
2	1,2,3,4,5,6,7,8,9,10,11,12	Portfolio - Clinical Management Plan with narrative	Pass/refer		1000 words
3	1,2,3,4,5,6,7,8,9,10,11,12	Portfolio - OSCE	Pass/refer		

4	1,2,3,4,5,6,7,8,9,10,11,12	Portfolio – Achievement of learning outcomes including service-user feedback	Pass/refer		
5	2,3,4,5,6,7,8,9,10,11,12	Portfolio - P formulary from within the individual practitioner's scope of practice	Pass/refer		
6	1,2,3,4,5,6,7,8,9,10,11,12,	Portfolio – DSMP to confirm that the pharmacist has satisfactorily completed at least 12x7.5h days (90 hours) of supervised practice including sign-off by the DSMP of competence as an Independent Prescriber.	Pass/refer		
7	5,7,9,	Unseen Examination Part 1) Drug calculation/Numeracy test	Pass/refer	1 hour	100% pass mark
8	2,3,5,6,7,9,11,12	Unseen Examination Part 2) 20 MCQ/short answer questions	Pass/refer	2 hour	80% pass mark

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. This includes class room based strategies such as interactive lectures and discussions, seminars and workshops, tutorial sessions and problem-based / case-based learning supported by internet-based resources and use of the virtual learning environment - 'Moodle'. In clinical practice an experiential strategy, including observation, guided practice and observed independent practice, will be used to meet the module outcomes.

It is recognised that the learning needs of pharmacists may be different to other non-medical prescribing professionals as they have an in-depth knowledge of pharmacology and related topics whilst others such as nurses may have a higher level of clinical assessment skills. Therefore individual, negotiated learning is included in the learning and teaching strategy. Students will agree an individual/group contract at the beginning of the module with a member of the module teaching team, identifying specific learning needs. Students will also undertake two formative OSCE assessment in a simulated environment in order to help

identify areas of strengths and weakness. All students will be visited in practice and 100% of the summative OSCE's undertaken in practice by Pharmacists are moderated by the programme team to ensure consistency of decisions on competence. Specific negotiated learning sessions (e.g. clinical assessment skills sessions) will be timetabled in order to support specific practitioner learning in relation to relevant knowledge and skills development.

Designated Supervising Medical Practitioners will also support students by offering them a minimum of 12 days (90 hours for pharmacists) 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. They will also assess that the student is competent to practice and achieved the learning outcomes of the programme of study.

Syllabus outline:

Consultation, decision-making, assessment and review

- Autonomous working and decision making within professional competence.
- Understanding own limitations
- Accurate assessment, history taking, and effective communication and consultation with patients and their parents/carers
- Patient compliance and shared decision making
- Building and maintaining an effective relationship with patients, parents and carers taking into account their values and beliefs
- Effective communication and team working with other prescribers and members of the health care team
- A knowledge of the range of models of consultation and appropriate selection for the patient
- Formulating a working diagnosis
- Development of a treatment plan or clinical management plan, including lifestyle and public health advice
- Confirmation of diagnosis/differential diagnosis – further examination, investigation, referral for diagnosis
- Principles and methods of patient monitoring
- Chemical and biochemical methods for monitoring the treatment of the condition(s) for which the pharmacist intends to prescribe on qualification and responses to results.
- Clinical examination skills relevant to the condition(s) for which the pharmacist intends to prescribe.
- Recognition and responding to common signs and symptoms that are indicative of clinical problems. Use of common diagnostic aids for assessment of the patient's general health status; e.g. stethoscope, sphygmomanometer, tendon hammer, examination of the cranial nerves.
- Assessing responses to treatment against the objectives of the treatment plan/clinical management plan
- Working knowledge of any monitoring equipment used within the context of the treatment/clinical management plan
- Identifying and reporting adverse drug reactions
- Management options including non-drug treatment and referral

Influences on and psychology of prescribing

- Patient demand versus patient need including partnership in medicine taking, awareness of cultural and ethnic needs
- External influences, at individual, local and national levels.
- Awareness of own personal attitude and its influence on prescribing practice.

Prescribing in a team context

- The role and functions of other team members
- Communicating prescribing decisions to other members of the team.
- The responsibility of a supplementary prescriber in developing and delivering a clinical management plan.
- The professional relationship between pharmacist prescribers and those responsible for dispensing.
- Interface between medical and non-medical prescribers and the management of potential conflict
- Documentation, and the purpose of records
- Structure, content and interpretation of health care records/clinical notes including electronic health records
- The framework for prescribing budgets and cost effective prescribing

Applied therapeutics

- Pharmacodynamics and pharmacokinetics
- Changes in physiology and drug response, for example the elderly, young, pregnant or breast feeding women and ethnicity
- Adverse drug reactions and interactions, to include common causes of drug-related morbidity
- Pathophysiology of defined condition(s) for which the pharmacist intends to prescribe.
- Selection and optimisation of a drug regimen for the patient's condition
- Natural history and progression of condition(s) for which the pharmacist intends to prescribe.
- Impact of co-morbidities on prescribing and patient management

Evidence-based practice and clinical governance

- Local and professional clinical governance policies and procedures
- Development and maintenance of professional knowledge and competence in relation to the condition(s) for which the pharmacist intends to prescribe.
- The rationale for national and local guidelines, protocols, policies, decision support systems and formularies – understanding the implications of adherence to and deviation from such guidance
- Prescribing in the context of the local health economy
- Principles of evidence-based practice and critical appraisal skills
- Reflective practice and continuing professional development, support networks, role of self, other prescribers and organisation
- Auditing, monitoring and evaluating prescribing practice
- Risk assessment and risk management • Audit and systems monitoring
- Analysis, reporting and learning from adverse events and near misses

Legal, policy, professional and ethical aspects

- Policy context for prescribing
- Professional competence, autonomy and accountability of independent and supplementary prescribing practice
- GPhC's Standards of Conduct, Ethics and Performance
- Legal frameworks for prescribing, supply and administration of medicines e.g. patient group directions, supply in hospitals.
- Medicines regulatory framework including Marketing Authorisation, the use of medicines outside their product licence.
- The law applied to the prescribing, dispensing and administration of controlled drugs and appropriate counselling of patients
- Compliance with guidance arising from the Shipman enquiry
- Ethical considerations of the supply and administration of medicines

- Application of the law in practice, professional judgment, liability and indemnity
- Accountability and responsibility to the employer or commissioning organisation, awareness of local complaints procedures
- Consent
- Prescription pad administration, procedures when pads are lost or stolen
- Writing prescriptions
- Record keeping, documentation and professional responsibility
- Confidentiality, Caldicott and Data Protection, Freedom of Information
- Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of reporting and 'whistle blowing' procedures

Prescribing in the public health context

- Patient access to health care and medicines
- Duty to patients and society
- Use of medicines in populations and in the context of health priorities
- Public health policies, for example the use of antibiotics, antivirals and vaccines
- Inappropriate use of medicines including misuse, under and over-use
- Inappropriate prescribing, over and under-prescribing

Bibliography:

Essential reading

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

Beckwith, S. and Franklin, P. (2011) *Oxford Handbook of Prescribing for Nurses and Allied Health Professionals*, London. Oxford University Press.

British Medical Association, Royal Pharmaceutical Society of Great Britain (Current edition) *British National Formulary*. London BMA/RPSGB

British Medical Association, Royal Pharmaceutical Society of Great Britain (Current edition) *British National Formulary for Children*. London BMA/RPSGB

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

Neil, M.J. (2012) *Medical pharmacology - at a glance. (7th edition)*. Chichester. Wiley-Blackwell

Nuttall, D and Rutt-Howard, J (2011) *The textbook of non-medical prescribing*. Chichester. Wiley-Blackwell

Rang, H.P. Dale, M.N. (2011) *Pharmacology (7th edition)* London. Churchill Livingstone.

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

Rutter, P (2013) *Community Pharmacy. Symptoms, diagnosis and treatment. (Third edition)* London. Churchill Livingstone.

Other indicative reading

Bickley, L.S. (2012) *Bates' guide to physical examination and history taking (11th Edition)* Lippincott William and Wilkins. Philadelphia

Dimond B (2011) *Legal aspects of medicines*. London. Quay Books

General Pharmaceutical Council (2014 - 2015) *Accreditation of independent prescribing programmes* London. General Pharmaceutical Council

General Pharmaceutical Council (2012) *Standards of conduct, ethics and performance*. London. General Pharmaceutical Council

Harris, N Shearer, D. (2013) *Nurses! Test yourself in non-medical prescribing*. Maidenhead. Open University Press

Lymn, J., Bowskill, D., Bath-Hextall, F., Knaggs, R. (2010) *The new prescriber – an integrated approach to medical and non-medical prescribing*. Chichester. Wiley- Blackwell

McKinnon, J (2007) *Towards prescribing practice*. Chichester. John Wiley and Sons

National Prescribing Centre. *Prescribing competency frameworks*.
www.npc.nhs.uk/guidance_nmp.php (accessed 13 February 2015).

Thorp, C (2008) *Pharmacology for the health care professions*. Chichester. Wiley-Blackwell

Welsh Government (2013) *Non-medical prescribing in Wales: A guide for implementation*. Cardiff. Welsh Government

Waite, M and Keenan, J (2010) *CPD for non-medical prescribers*. Chichester. Wiley-Blackwell