UNIVERSITY OF LEICESTER

School of Healthcare

# Certificate in Pharmacist Independent Prescribing

## Guide for Designated Prescribing Practitioners

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# Welcome

Dear Designated Prescribing Practitioner

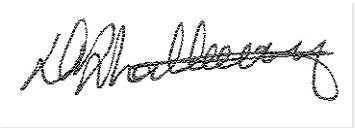
Welcome to the School of Healthcare and in particular to the Practice Certificate in Independent Prescribing for pharmacists. We are delighted that you have chosen to support one of our trainees through to becoming a prescriber themselves.

This Course Guide contains all of the information that you require to support you in fulfilling your role as a DPP on our programme. The guide is supported by a short online induction for you to complete prior to commencing your role as a DPP. Your trainee will also be allocated a personal tutor so if you have any further questions or concerns, please do not hesitate to contact your trainee's personal tutor or myself. Alternatively you can contact the course administrator at pharmacy@leicester.ac.uk.

In recognition that you are committing a significant amount of time to support the trainee, we have designed the training to minimise this as much as possible.

It is important that your trainee receives 90 hours of learning in practice. Whilst not all of this time needs to be directly under your supervision, you need to spend sufficient time with them to be able to assess their performance, provide feedback and ultimately judge whether they have fulfilled the programme learning outcomes and are deemed in your professional opinion as competent.

Thanks once again for your support



*Professor Debi Bhattacharya*

*Programme director*

# Introduction

The Practice Certificate in Independent Prescribing for pharmacists is a short, but intense, learning experience designed to develop pharmacists' core knowledge and skills so that they are able to prescribe effectively, efficiently and safely. Your trainee will have chosen a specific clinical area in which to develop their prescribing practice and will have agreed this with you before applying to join the programme. The training focusses on understanding the role and responsibilities of a prescriber and developing the skills and behaviours needed to become a safe and effective prescriber. You can view the short video induction to the course here (14 minutes).

There are elements in the training to update pathophysiology and pharmacology knowledge in relation to the trainee's selected area of practice but the main focus is developing and embedding robust patient-centred consultation and clinical examination skills; efficient shared clinical decision making and management planning; strong team working ethos and a good grounding in the governance, ethics and legislation applicable to being a prescriber.

The Learning in Clinical Practice sessions, summarised on the next page, are key to embedding the development of skills in practice and assessing performance in the workplace ('Does' level). The pharmacist, referred to as the trainee prescriber throughout this course guide, will need to create a portfolio of evidence generated from their learning and assessments in practice and this will include 2 competency sign offs / declarations from yourself: *(Appendix 7: Diagnostic, Examination & Monitoring Designated Prescribing Practitioner Declaration)* and *(Appendix 17: Designated Prescribing Practitioner Assessment of Practice Statement of competency)*

Details are provided below relating to the learning and assessments and copies of the forms that the trainee prescriber will be using included in the Appendices.

Your role as the Designated Prescribing Practitioner is central to ensuring that the trainee is a safe prescriber, able to practice effectively as part of a team and confident of their abilities and will work within their boundaries. The material in this guide is designed to help your to support the trainee on their prescribing journey it includes key information about assessments and contacts at the University of Leicester if you need help or support.

# The Learning in Practice components of the training

**Observing**

- The trainee prescriber will directly observe an experienced prescriber or agreed other suitable health care professional.
- The training will focus on particular aspects of the prescribing process e.g. history taking through observing an Advanced Nurse Practitoner in GP practice, physical such as BP, pulse, respiratory rate through observing a Healthcare Assistant.

**Supervision**

- The training will again focus on particular aspects of the prescribing process, however the trainee prescriber will undertake the task under direct supervision by the experienced practitoner.
- The supervising practitoner will be able to support or intervene if necessary.

**Supervision**

- The trainee prescriber may undertake the task under indirect supervision i.e. discussing the patient case with the experienced prescriber before and after the consultation before an agreed plan is finalised.
- At this stage, the trainee prescriber must also start conducting prescribing consultations from history taking through to clinical management planning under the supervision of an experienced prescriber.

**Supervision**

- The trainee prescriber undertakes prescribing consultations with patients that are agreed with the supervising prescriber. The supervising prescriber will be able to intervene or support if necessary and takes responsibility for the prescribing.

# The role and responsibilities of a Designated Prescribing Practitioner

Your role as a DPP is an important one in terms of learning, assessment and supervision. The trainee prescriber who you are responsible for is registered with the General Pharmaceutical Council (or the Pharmaceutical Society of Northern Ireland); will have had relevant experience in terms of clinical care and therapeutics and will be attending a series of 7 study days with the University Course Team and 19 days of directed learning. However, the learning in practice, which is carried out under your supervision, is pivotal to supporting their development and assessing their key skills and behaviours.

In broad terms you are responsible for creating the right environment in which the trainee will learn, gain in confidence and develop as a safe and effective prescriber; providing supervision so that patient safety is assured during the learning in practice sessions; assessing the practice of the trainee's and providing two important competence sign-offs/declarations.

Your detailed responsibilities are as follows:

- Support trainee prescriber with identifying learning needs through the Learning Needs Assessment, developing a Personal Development Plan and planning their learning in practice hours to meet the identified learning needs.
- Provide opportunities for trainee prescriber to gain direct access to patients to enable them to practice and develop their skills in consultations, clinical examination and clinical management planning.
- Take responsibility to ensure suitability of appropriate activities and qualified healthcare professionals whom the trainee prescriber is shadowing.
- Obtain feedback from the wider healthcare team that the trainee is spending time with regarding the trainees' progress and development.
- Ensure that the trainee prescriber is practicing within the framework of their current role and registration status and any extensions of this role for the purpose of the training is under the direct supervision of the Designated Prescribing Practitioner or an agreed qualified healthcare professional.
- Provide regular review and verbal and written feedback on progress and clinical development of the trainee prescriber progress throughout the Learning in clinical practice days with reference to the Learning Needs Assessment and Personal Development Plan.
- Provide regular and timely feedback to the Course Team regarding the trainee prescriber development and progress during the learning in clinical practice hours.
- Assess clinical examination skills in line with Learning Needs Assessment and clinical examination skills sign off.
- Assess competency in line with the Royal Pharmaceutical Society's Competency Framework for Prescribers (RPS, 2021) for completion of final competency sign off.
- Raise any concerns regarding the trainee prescriber in relation to competence or progression or any changes in their own circumstances or the work place to the Course Team in a timely manner.
- Report any concerns or questions relating to fitness to practice to the Course Team promptly to ensure patient safety in cases of serious concerns.
- Provide feedback to the Course Team regarding the programme and DPP support.

All activities that the trainee prescriber undertakes must be agreed with you as their DPP and related to their Personal Development Plan *(Appendix 4: Personal Development Plan (PDP))* and Learning Needs Assessment *(Appendix 5: Learning Needs Assessment (LNA)).*

The trainee prescriber does not have to spend all 90 learning in clinical practice hours with you; it is recommended that the trainee prescriber spend an agreed amount of time with a range of prescribers to learn from their differing experiences and expertise. You are responsible for the final assessment of the trainee

prescriber's competence in practice. You must therefore have observed sufficient activities of the trainee prescriber to ensure that you are satisfied the trainee prescriber meets the required standard of competency.

Please note, the types of non patient facing activities that count toward the 90 hours of learning in practice include activities such as attending MDT meetings, team training sessions and carrying out workplace assessment tools listed in the sections below:

- Direct Observation of Clinical Examination, Diagnostics and monitoring skills sign off (DOP) *(Appendix 6: Direct Observation of Clinical Diagnostic, Examination & Monitoring Practical skills tool (DOP))*
- Three Pathophysiology and pharmacology reasoning for choice of prescribed medication (PP Reasoning) *(Appendix 11: Pathophysiology and Pharmacology Reasoning (PP reasoning))*
- Two Case Based Discussion (CBD) *(Appendix 12: Case Based Discussion (CBD))*
- Two Consultation Observation Tool (COT) *(Appendix 15: Consultation Observation Tool (COT))*

The 90 hours does not include any bespoke group learning for trainee prescribers or time spent reviewing the following pieces of work:

- Three Personal Development Plans (PDP) at start, end and looking forward *(Appendix 4: Personal Development Plan (PDP))*
- One Learning Needs Assessment (LNA) *(Appendix 5: Learning Needs Assessment (LNA))*

# Assessment summary

The assessments for the trainee are summarised below. As the DPP you are responsible for completing the work-based observations and case-based discussions, the trainee is responsible for planning the assessments and compiling the outputs into their portfolio for final assessment by the University. The other assessments, detailed below, are conducted as part of the University learning but included here so that you are aware of the full breadth of the assessments and the trainee's workload.

For each set of assessments, the trainee will submit the first one to the University for marking and for formative feedback from the academic staff for you and the trainee. If your mark is not congruent with the University mark i.e. you do not identify that the quality of work is insufficient to be considered a pass, the trainee will need to submit another attempt for that assessment that is marked by you and the Course Team after you have had an opportunity to review the initial feedback from the Course Team.

The trainee is expected to complete the learning and assessments in 4-6 months. The final assessment is marked as pass/fail. If a trainee fails an individual assessment they can re-sit it and re-submit at the next exam board. If they fail more than once then the trainee will be deemed to be a fail and the training will need to be repeated.

If when assessing the portfolio the University staff identify:

- An example of unsafe or dangerous practice or
- A patient (or carer) can be identified from the assessment material submitted

The trainee will be failed.

Whilst we promise to provide formative feedback to the trainee within 20 working days through Blackboard the Virtual Learning Environment (VLE), due to the relatively short nature of the program we will endeavour to deliver sooner than this.

Details of all the assessments are given below in the assessment summary table and copies of the forms at the end of the document in the appendices.

## Assessment summary

| Task/Activity | | No. to be submitted | Task Complete |
|---|---|---|---|
| **At the start of the course** | | | |
| Complete Educational agreement | | 1 | |
| Plagiarism statement | | 1 | |
| Learning needs assessment (submit a copy for feedback) | | 1 | |
| Baseline Personal Development plan (submit a copy for feedback) | | 1 | |
| **Throughout course duration** | | | |
| Regular DPP and trainee meetings to discuss progress and learning needs | | - | |
| Learning in clinical practice hours (submit a minimum of 9 hours for feedback) | | 90 hours | |
| Learning in clinical practice reflections (each full or half day of their 90 hours) (submit 1 reflection for feedback) | | Variable | |
| Send out and complete self-assessment of Team assessment of behaviour 360-degree feedback form (Min 1 DPP, 1 self and 2 others), | | n/a | |
| Submit Team assessment of behaviour 360-degree feedback form | | 1 | |
| **Work based assessments** | To be completed with DPP | | |
| | Consultation Observation Tool | 2 | |
| | Pathophysiology and Pharmacology discussions (1 to be audio recorded with completed feedback form and submitted to course team for review) | 3 | |
| | Cased based discussions (1 to be audio recorded with completed feedback form and submitted to course team for review) | 2 | |
| | Clinical Case Studies and DPP feedback form (1 to be submitted for formative' feedback) *must request extension if unable to submit on time* | 2 | |
| | To be completed by DPP or an appropriate practitioner approved by the DPP | | |
| | Direct observation of Clinical Diagnostics, Examination & Monitoring Practical Skills Tool (1 for each clinical skill identified within the agreed Learning needs assessment) | variable | |
| **Towards the end of the course** | | | |
| Diagnostic, Examination & Monitoring DPP declaration | | 1 | |
| DPP Assessment of Practice Statement of Competency | | 1 | |
| Personal development plan end demonstrating objectives have been met | | 1 | |
| Personal development plan looking forward to the future as an IP | | 1 | |

# Staff List and Key Contacts

## Academic and Teaching Staff

| Role | Title | Name | E-mail |
|---|---|---|---|
| Head of School | Professor of Health Services Research | David Wright | hos-healthcare@leicester.ac.uk |
| Course Director | Professor of Behavioural Medicine | Debi Bhattacharya | D.bhattacharya@leicester.ac.uk |
| Hospital pharmacy prescribing lead | Associate Professor | Amy Benterman | Amy.benterman@leicester.ac.uk |
| Community pharmacy prescribing lead | Associate Professor | Rina Matala | Rina.matala@leicester.ac.uk |
| Primary care pharmacy prescribing lead | Associate Professor | Beth Phillips | Beth.phillips@leicester.ac.uk |

## Administrative Staff

| Role | Name | E-mail |
|---|---|---|
| Course Administrator | Safina Bukhari | pharmacy@leicester.ac.uk |

## Personal tutor

Each trainee on the programme will have been assigned a personal Tutor who is a pharmacist independent prescriber and is part of the University Course Team with responsibilities that include providing academic and personal support to the trainee. You will be given the name of their personal Tutor at the start of the training.

The trainee will be offered two meetings with their Personal Tutor during the training; one at the beginning and one towards the end of the trainee to review progress and completion of assessments for their portfolio. *However, if during the time in their practice you have concerns about the trainee's progress or their practice the Tutor is their first point of contact.*

## Raising concerns

The University has in place a formal committee for considering instances where there are concerns about a trainee's conduct and/or health – the College of Life Sciences Health and Conduct Committee.

If during their time as a DPP they have serious misgivings about the pharmacist's conduct and/or health their should complete this form (https://forms.office.com/r/vnFWc6BeiW). The Programme Lead will then advise on what happens next and take responsibility for ensuring that the case is considered by the Committee and if necessary notify the GPhC.

## Please keep in touch

Your progress, and that of the trainee prescriber is important to us at the University, please contact any of the Team if you have any questions, you can e-mail or contact us through the VLE. If you are concerned about, or want to discuss the trainee's progress, please contact the Personal Tutor. The trainee's Personal Tutor will contact you at least once during the training.

Good luck with your role as a Designated Prescribing Practitioner, it is an important role in the Programme and the University will support you throughout the programme.

# Trainee details

## Trainee and Module Overview

The Practice Certificate in Independent Prescribing programme comprises one 30 credit module. The programme is designed to provide pharmacists with the knowledge and skills to prescribe within their selected scope of practice. Upon successful completion, students will be awarded a Practice Certificate in Independent Prescribing and be eligible for annotation on the General Pharmaceutical Society (GPhC) register as an independent prescriber.

## Structure of the Programme

The programme is part time and undertaken over a minimum of 16 weeks and must be completed with 2 years of the last attended study session. The trainee supports trainee prescribers to demonstrate competence in the 32 learning outcomes set by the GPhC *(Appendix 1: Learning outcomes of GPhC and UoL)*. This is achieved using the following learning and teaching approaches:

- Seven facilitated study days (including two face to face days)
- Nineteen days of e learning/directed learning
- Ninety hours of learning in clinical practice under the supervision of a Designated Prescribing Practitioner (DPP)

### Study days

Study days are highly interactive sessions supported by facilitators with the skills tailored to the study topic. Attendance and engagement throughout all study days is a prerequisite for successful completion of the Practice Certificate in Independent Prescribing. If a study day is missed due to unforeseeable circumstances, it is the trainee's responsibility to contact the programme administrator to identify whether they may be accommodated at the study day delivered on an alternative date. If this cannot be accommodated, the programme director will decide if the trainee will be required to interrupt their studies and undertake the study day with the next cohort, or if they are able to continue with their current studies. If the programme director decides that the trainee is able to continue, then the programme director will organise learning activities that will demonstrate that the trainee has met the missed study day's learning outcomes and satisfactory completion of these materials will need to be demonstrated prior to continuation on the programme.

No alternative learning activities will be organised if clinical examination study days are missed and the trainee will not be permitted to submit for assessment until these study days have been completed.

### E-learning and directed learning

Completion of the required e-learning and directed learning is essential prior to study day attendance. The e-learning and directed learning hours contribute to the minimum directed learning hours required by the GPhC and thus must be completed to permit the trainee to progress to final assessment.

### Learning hours in practice

The 90 hours of learning in clinical practice should be patient facing to enable trainees to develop and demonstrate their competence in the GPhC learning outcomes at 'Does' level. Each trainee prescriber will have their unique combination of knowledge and experiences related to their intended scope practice. The UoL programme is designed to support trainees to understand what is expected of a competent prescriber. Working with the Course Team and their Designated Prescribing Practitioner (DPP), the trainee prescriber is expected to identify their learning needs and formulate a strategy for addressing these needs.

# Training summary

The UoL course is delivered in the following five clusters:

- **Developing and maintaining your role as a prescriber**
- **Information gathering and clinical assessment**
- **Clinical management planning**
- **Influences on prescribing**
- **Prescribing challenges**

These clusters are mapped to the GPhC learning outcomes *(Appendix 1: Learning outcomes of GPhC and UoL)*.

| Cluster | Study session | Pre-study day e-learning and directed learning activities (days of learning) | Study day content | Study format |
|---|---|---|---|---|
| **Developing and maintaining your role as a prescriber** | Na | E-learning task: Developing & Maintaining Your Role as an Independent Prescriber<br>CPPE: Biochemistry, Renal, Liver gateways (4.5 days) | Self directed - Time to suit you (but by the study day indicated in the study day overview document on Blackboard) | Na |
| **Developing and maintaining your role as a prescriber** | 1 a | Directed learning to familiarise oneself with the RPS competency framework and course guide<br>(0.5 days) | **Preparing to train as a prescriber 1:**<br>Introduction to the Course Team, learning and assessment ethos and processes, and the digital learning environment (DLE)<br>Facilitated discussion regarding ones current and planned role and competency relative to the competency framework (0.5 days) | Live webinar |
| **Developing and maintaining your role as a prescriber** | 1 b | E-learning regarding how to prepare a Personal Development Plan (PDP) and Learning Needs Assessment (LNA)<br>Complete a draft PDP and LNA (0.5 days) | **Preparing to train as a prescriber 2:**<br>Refining learning needs assessments (LNA) and Professional Development Plans (PDP)<br>Establishing what competence looks like in terms of applying knowledge of pathophysiology and pharmacology to reach a reasoned decision regarding choice of medication (0.5 days) | |
| **Information gathering and clinical assessment 2** | 2 a | E-learning to introduce and calculate NEWS2<br>E-learning to introduce the skills of taking a temperature, pulse, respiratory rate and blood pressure<br>E-learning to introduce the skills of ear, nose, throat and respiratory examination<br>For all of the above, e-learning includes recognising when and where to refer people (2 days) | **Introduction to Clinical examination skills**<br>Practical session supporting trainee to apply the knowledge and skills obtained from their e-learning and observations in practice (0.5 days) | Face to face |

| Cluster | Study session | Pre-study day e-learning and directed learning activities (days of learning) | Study day content | Study format |
|---|---|---|---|---|
| **Information gathering and clinical assessment 2** | 2 b | E-learning to regarding the structure and content of history taking (0.5 days) | **Introduction to history taking**<br>Guided session of learner triads undertaking a history taking and then relevant clinical examination tailored for the information arising from history taking (0.5 days) | Face to face |
| **Information gathering and clinical assessment 1** | 3 a | Directed learning to review the GMC remote prescribing principles.<br>Training in consultation observation tool completed by trainee and DPP<br>E-learning regarding building rapport and information gathering (2 days) | **Consultation skills: Rapport building and information gathering**<br>Facilitated discussion to critique consultation behaviours observed in carefully crafted video recordings of consultations<br>Focussed discussion on consultation behaviours related to building rapport and information gathering (0.5 days) | Live webinar |
| **Clinical management planning** | 3b | For three self-selected medications relevant to scope of practice, undertake the required study to complete a pathophysiology and pharmacology summary for each medicine<br>Work based assessment: pathophysiology and pharmacology reasoning for choice of prescribed medicine (2.5 days) | **Developing a clinical management plan**<br>Facilitated discussion regarding making a differential diagnosis, record keeping, monitoring, follow up and safety netting (0.5 days) | |
| **Information gathering and clinical assessment 3** | 4a | E-learning regarding information giving and shared decision making<br>Work based assessment: consultation observation tool completed with DPP (post study session) (0.5 days) | **Consultation skills: Information giving and shared decision making**<br>Facilitated discussion to critique consultation behaviours observed in carefully crafted video recordings of consultations<br>Focussed discussion on consultation behaviours related to information giving and shared decision making. (0.5 days) | Live webinar |
| **Clinical management planning** | 4b | E-learning for completing a Case Based Discussion<br>Audio record Case Based Discussion with DPP<br>E-learning for public health implications of prescribing decisions (1 day) | **Implementing and refining a clinical management plan**<br>Facilitated discussion regarding implementing a clinical management plan and refining it in response to changing patient circumstances (0.5 day) | |

| Cluster | Study session | Pre-study day e-learning and directed learning activities (days of learning) | Study day content | Study format |
|---|---|---|---|---|
| **Developing and maintaining your role as a prescriber** | 5a | E-learning regarding: legislation and ethical frameworks relevant to prescribing, clinical governance of the prescriber and raising concerns related to the prescribing of others<br><br>Review record keeping standards and processes within training organisation including handling and sharing of confidential information, systems and technologies in place to support safe prescribing<br><br>Work based learning: discussion with colleagues to be able to describe their roles in the prescribing process<br><br>Post study day activity – complete a PDP looking forward (1 day) | **Preparing to become a prescriber:**<br><br>Facilitated discussion regarding the e-learning contextualised for the scopes of practice and experiences of the trainees.<br><br>Facilitated discussion of the records Learning in Practice records completed by trainees to support development of a Personal Development Plan (PDP) looking forward beyond completion of the prescribing course. (0.5 day) | Live webinar |
| **Influences on prescribing** | 5b | E-learning regarding the principles of health economics and their relationship with guidelines for informing prescribing decisions; the influences of patients, peers and industry on prescribing decisions; patient behaviour and influencing positive behaviour change by recognising the psychological and physical impact of prescribing decisions<br><br>Directed learning to identify and describe the local, national and international guidelines and policies relevant to prescribing decisions for the selected scope of practice<br><br>Provide a contemporary record of completing mandatory training regarding equality and diversity for organisation where learning in practice is undertaken (1 day) | **Influences on prescribing**<br><br>Facilitated discussion of case studies; influences on prescribing at a patient level including managing patient pressure to prescribe. (0.5 day) | |

| Cluster | Study session | Pre-study day e-learning and directed learning activities (days of learning) | Study day content | Study format |
|---|---|---|---|---|
| **Information gathering and clinical assessment 2** | 6 a | Work based learning in preparation for clinical examination skills sign off (1 day) | **Revisiting clinical examination skills**<br>Clinical examination skills certification of competence (0.5 day) | Face to face |
| **Prescribing challenges** | 6 b | Work based assessment: consultation observation tool completed with DPP<br>Work based learning: reflective discussion with DPP regarding identifying own limitations and seeking guidance from others.<br>Directed learning: Identify and summarise local and national safeguarding policies and procedures.<br>Directed learning: Identify and summarise organisational and NHS equality and diversity principles and policies related to prescribing practice (1 day) | **Prescribing challenges**<br>Facilitated discussion to critique consultation behaviours observed in carefully crafted video recordings of consultations involving managing challenging situations and opportunity to practice a remote consultation with feedback from Course Team<br>Review of clinical case studies and facilitated discussion of pre-study session materials plus recognising and managing prescribing and medication errors (0.5 day) | Face to face |
| **Assessment** | 7 | Revise your work from consultation skills sessions (1 day) | Remote consultation assessed by Course Team (1 day) | Live webinar |
| | **Total** | **19 days of e-learning and directed learning activities** | **7 days of synchronous study day learning** | |

# Assessment

The course is assessed entirely by portfolio and the trainee will be guided to submit the required components throughout the programme rather than one large submission at the end. They will receive formative feedback on each component, for some components multiple submissions are required for example they will be required to submit two clinical case studies and three observed consultations; trainees will receive feedback from the course team on their first submission for each component and not subsequent submissions. They are expected to implement changes arising from the formative feedback, these will not be reviewed by the course team for further feedback.

To be eligible for attending the final assessment components, trainees must have engaged with all study days and satisfactorily completed all pre-study day activities plus submitted on blackboard all of the following components:

- One signed Educational Agreement *(Appendix 3: Educational Agreement)*
- Three Personal Development Plans (PDP) at start, end and looking forward *(Appendix 4: Personal Development Plan (PDP))*
- One Learning Needs Assessment (LNA) *(Appendix 5: Learning Needs Assessment (LNA))*
- (Varied number) Direct Observation of Clinical Examination, Diagnostics and monitoring skills sign off (DOP) *(Appendix 6: Direct Observation of Clinical Diagnostic, Examination & Monitoring Practical skills tool (DOP))*
- One Examination, diagnosis and monitoring competence Designated Prescribing Practitioner declaration *(Appendix 7: Diagnostic, Examination & Monitoring Designated Prescribing Practitioner Declaration)*
- One 90 hours of learning in clinical practice log (90hr Log) *(Appendix 8: 90 Hours Learning in Clinical Practice Log (90hr Log))*
- (Varied number) Learning in clinical practice reflections (90hr Reflections) *(Appendix 9: Learning in Clinical Practice Reflection (90hr Reflection))*
- One Pathophysiology and pharmacology summary of three medicines (PP Summary) *(Appendix 10: Pathophysiology and Pharmacology Summary (PP summary)).* Please note the PP Summary is not assessed as part of the final portfolio.
- Three Pathophysiology and pharmacology reasoning for choice of prescribed medication (PP Reasoning) *(Appendix 11: Pathophysiology and Pharmacology Reasoning (PP reasoning))*
- Two Case Based Discussion (CBD) *(Appendix 12: Case Based Discussion (CBD))*
- Two Clinical Case Studies (CCS) *(Appendix 13: Clinical Case Study (CCS))* incorporating a work based assessment (DOP, COT or PP reasoning) and the DPP feedback form *(Appendix 14: Clinical Case Study (CCS) DPP feedback form)*
- Two Consultation Observation Tool (COT) *(Appendix 15: Consultation Observation Tool (COT))*
- One Self and Team assessment of Behaviour feedback (TAB) *(Appendix 16: Team Assessment of Behaviour (TAB) letter)*
- Designated Prescribing Practitioner Statement of Competence *(Appendix 17: Designated Prescribing Practitioner Assessment of Practice Statement of competency)*
- One Plagiarism statement *(Appendix 18: Plagiarism & Data Protection Statements)*

If the trainee fails to meet one or more of the learning outcomes for the programme (GPhC), the course team will identify the portfolio components mapped to the learning outcome(s) for which they need to provide additional evidence in order to satisfy that they have met the learning outcomes for the trainee.

An automatic fail can be given for dangerous practice that is highly likely to result in serious patient harm or any breach of patient confidentiality (including NHS or hospital numbers).

# Personal Development Plan (PDP) and Learning Needs Assessment (LNA)

Pharmacist independent prescribers specialise in a range of practice areas and as a result, have diverse needs in terms of the skills required to qualify as a prescriber. To enable trainees to individualise their learning they will be expected to complete a Personal Development Plan and conduct a Learning Needs Assessment with yourself as their Designated Prescribing Practitioner.

Your **first responsibility** in the trainee will be to work with the pharmacist to identify their learning needs and to support them in producing a Personal Development Plan that sets out how the learning needs will be addressed through learning with you and their team. Details of the Personal Development Plan are provided Plan *(Appendix 4: Personal Development Plan (PDP))* and Learning Needs Assessment in *(Appendix 5: Learning Needs Assessment (LNA))* (see below for more information on LNA).

The Learning Needs Assessment and Personal Development Plan will need to be submitted to the University Team in the **first few weeks of the training**. It is their responsibility to ensure that the plans are updated and that completion of learning is confirmed. The University Team will review these documents regularly to monitor progress so it is important that they are kept up to date.

The trainee will use the Royal Pharmaceutical Society's 'A Competency Framework for all Prescribers' to guide identification of their development needs throughout the trainee. Their progress and Personal Development Plan should be reviewed throughout the trainee and revised as necessary to ensure the competencies are met. They should include in their portfolio an initial Personal Development Plan plus an updated Personal Development Plan showing that they have met all of their competencies. They should also complete a Personal Development Plan looking forward and how they will continue their learning as a prescriber.

## Who may do the assessment?

The Personal Development Plan must be agreed with yourself only

## Does the assessment need to observe practice specific to the trainee's scope of practice?

No, the Personal Development Plan is about their holistic development as a prescriber and not just their clinical skills and knowledge related to their scope of practice.

# Learning Needs Assessment (LNA)

Within the **first few weeks of the trainee**, the trainee will work with your to complete a Learning Needs Assessment *(Appendix 5: Learning Needs Assessment (LNA))*.This is a list of clinical examination, diagnostic and monitoring skills that they need to master in order to prescribe autonomously in their selected area of practice. By the end of the programme their will need to be satisfied that their trainee is competent in undertaking all of the items listed in their Learning Needs Assessment. When developing their Learning Needs Assessment, their will need to agree for each clinical examination, diagnostic and monitoring parameter whether they will need to be able to conduct it or whether it is satisfactory for them to solely focus on being able to interpret the results. Their will need to agree how they will develop the required skills. Skills development can be supported by any suitably trained member of the healthcare team as agreed with yourself. For example, a health care assistant may be entirely suitable to support their trainee in developing their skills of taking a temperature, pulse, blood pressure and respiratory rate.

## Who may do the assessment?

The Learning Needs Assessment must be agreed with yourself only

## Does the assessment need to relate to their scope of practice?

Yes, the Learning Needs Assessment is focussed on developing their clinical skills and knowledge to be a competent prescriber in their scope of practice.

## Direct Observation of clinical examination, diagnosis and monitoring practical skills (DOP)

This is used to demonstrate their competence of examination, diagnosis and monitoring that are core requirements of the programme plus any that are specific to their scope of practice as stated in their Learning Needs Assessment.

The confirmation of competence in core examination, diagnosis and monitoring skills will be undertaken by the course team and therefore during a face to face study day, they will be assessed in these skills and if they are successful, their examination, diagnosis and monitoring competency form will be signed off. For any examination, diagnosis and monitoring skills included in their Learning Needs Assessment and not assessed by the course team, their will need to be observed by an appropriately skilled practitioner (this could be yourself). The person who observes them will then need to sign the examination, diagnosis and monitoring competency form *(Appendix 6: Direct Observation of Clinical Diagnostic, Examination & Monitoring Practical skills tool (DOP))*. Finally, as it is ultimately you who confirms that they are competent in undertaking the clinical examination, diagnostic and monitoring skills detailed in their Learning Needs Assessment and are able to select and apply them to individual patients to inform safe prescribing within their scope of practice. You will need to sign the examination, diagnosis and monitoring competence Designated Prescribing Practitioner declaration *(Appendix 7: Diagnostic, Examination & Monitoring Designated Prescribing Practitioner Declaration)*.

## Pathophysiology and Pharmacology summary and reasoning of choice (PP)

Trainees are required to demonstrate their knowledge and understanding of the pathophysiology and pharmacology of the conditions that they will be managing and medications that they will be prescribing within their scope of practice. They will need to identify a minimum of 5 medication carefully selected after discussion with yourself that are pivotal to prescribing within their scope of practice. For each of these medicines, they will work with yourself to plan the learning that they will need to complete in order to be able to provide a rationale for why they have selected one medication over another when considering the specific patient for whom they are planning to prescribe.

After completing their planned learning, they will need to summarise their understanding in the Pathophysiology and Pharmacology Summary *(Appendix 10: Pathophysiology and Pharmacology Summary (PP summary)*. This completed summary must be submitted on blackboard. The summary will not be assessed; it is a tool to guide them in acquiring the information that they need to undertake the work based assessment: Pathophysiology and Pharmacology reasoning for choice of prescribed medication *(Appendix 11: Pathophysiology and Pharmacology Reasoning (PP reasoning)*. They will need to submit three Pathophysiology and Pharmacology reasoning for choice of prescribed medication discussions that will be assessed by you (the first to be audio recorded and submitted to Course Team for formative feedback).

## 90 hours learning in clinical practice Log

The learning in clinical practice log *(Appendix 8: 90 Hours Learning in Clinical Practice Log)* is a record of their 12 days (90 hours) of Learning in clinical practice under the supervision of yourself or a suitable practitioner approved in advance by yourself. The log is a record of the activities that they have undertaken related to their development as a prescriber. The expectation is that in the early days of their training as a prescriber, the activities are observational and as their progress through the programme, they are undertaking the prescribing activities under the supervision of a suitably trained person. They will be asked at regular intervals to submit their learning in clinical practice log on blackboard so that the course team are able to monitor their progress with accruing hours and ensure that the hours are being appropriately spent. You, as their DPP, will need to verify that the learning in clinical practice log is a true reflection of the activities undertaken by them during their 90 hours of learning in clinical practice.

## Learning in Clinical Practice Reflection

For each half or full day of learning in clinical practice the trainee should provide a brief reflection *(Appendix 9: Learning in Clinical Practice Reflection (90hr Reflections))* on the experience in which they will define how the experience has shaped their prescribing practice, and how it relates to their Personal Development Plan and Learning Needs Assessment. These experiences should be mapped to the trainee learning outcomes that require they perform at the 'Does' level.

| UoL | There are 22 'Does' level GPhC Learning Outcomes: |
|---|---|
| **Influences on prescribing** | 2.Understand and meet their legal responsibilities under equality and human rights legislation and respect diversity and cultural differences |
| | 3.Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs |
| | 10.Recognise and manage factors that may influence prescribing decisions |
| | 11.Apply local, regional and national guidelines, policies and legislation related to healthcare |
| **Clinical management planning** | 16.Apply evidence-based decision-making in all aspects of prescribing |
| | 17.Manage the risks and benefits associated with prescribing decisions |
| | 18.Demonstrate the application of pharmacology in relation to their own prescribing practice |
| | 21.Identify relevant investigations and interpret results and data in their prescribing practice |
| | 24.Apply the principles of effective monitoring and management to improve patient outcomes |
| | 26.Recognise the public health issues in promoting health as part of their prescribing practice |
| **Developing and maintaining your role as a prescriber** | 7.Demonstrate a critical understanding of their own role and the role of others in multi-professional teams |
| | 8.Recognise their own role as a responsible and accountable prescriber who understands legal and ethical implications |
| | 12.Reflect on and develop their own prescribing practice to ensure it represents current best practice |
| | 20.Create and maintain appropriate records which ensure safe and effective care and align with relevant legislation |
| | 22.Utilise current and emerging systems and technologies in safe prescribing |
| | 27.Work collaboratively with others to optimise individuals' care, understanding their roles in the prescribing process |
| **Information gathering and clinical assessment** | 4.Demonstrate appropriate history-taking techniques through effective consultation skills |
| | 6. Support individuals to make informed choices that respect people's preferences |
| | 19.Demonstrate clinical and diagnostic skills in clinical settings appropriate to their scope of practice |
| | 30.Collaborate with people to encourage them to take responsibility for managing care |
| **Prescribing challenges** | 31.Demonstrate appropriate consultation skills to get information from individuals who are either unaware of or guarded about their health needs, to inform safe prescribing |

| | |
|---|---|
| | 32.Recognise when to seek guidance from another member of the healthcare team or an appropriate authority |

Across the learning in clinical practice reflections, the trainee must demonstrate that they have fulfilled the above learning outcomes.

## Clinical Case Study (CCS)

The clinical case study is specific to the trainee's scope of practice. *(Appendix 13: Clinical Case Study (CCS).* They will need to submit one clinical case study during the early stages of the programme. This clinical case study will be formatively marked by yourself first and then a member of the course team *(Appendix 14: Clinical Case Study (CCS) DPP feedback form)*. They will receive feedback from both yourself and the course team. Your will see this feedback and your trainee will be permitted to implement recommended changes. If the feedback from yourself and the Course team are congruent (i.e. they both agree on whether the clinical case study is of a standard to pass or fail), then the trainee will need to prepare one further clinical case study that will be formatively marked by yourself and thus they will be permitted to implement changes in response to the feedback. Both clinical case studies will be marked by the course team at the end of the programme.

If for the first clinical case study, the formative feedback from yourself is not congruent with feedback from the course team i.e. they incorrectly mark it as a pass or fail, then their will need to submit a second clinical case study that will be formatively marked by both the course team and yourself. If the marking of yourself is in accordance with the course team, their will then prepare a third clinical case study.

The learning outcomes that should be demonstrated by the clinical case study are provided in the assessment mapping document on blackboard – please consult this before providing formative feedback. Please note a formulation change or other intervention that is commensurate with practice undertaken by a non-prescribing pharmacist is inappropriate for a Clinical Case Study.

**All sections of the Clinical Case Study must be completed**.

**All references to patients (including NHS and Hospital numbers) or other health care professionals involved in the patient's care must be anonymised.**

## Consultation Observation Tool (COT)

The trainee and yourself will need to complete the training on Blackboard regarding how to use the Consultation Observation Tool *(Appendix 15: Consultation Observation Tool (COT))*. This training must be completed within the first few weeks of starting the programme. Once the training is complete, the trainee will need to undertake a minimum of two prescribing consultations observed by yourself in order that they may assess their consultation skills using the Consultation Observation Tool.

At the end of the programme they will have one remote consultation using a patient actor, assessed by a member of the course team using the Consultation Observation tool.

### Who may do the assessment?

Only yourself

### Does the assessment need to observe practice specific to my scope of practice?

No, the Consultation Observation Tool is an assessment of their consultation behaviours, not their clinical knowledge in their area of practice, it must be an observation of a consultation with a patient involving decision making about prescribing and include the stages of information gathering, giving and shared decision making.

## Case Based Discussion (CBD)

The trainee will need to submit two Case Based Discussions in total. The Case Based Discussion *(Appendix 12: Case Based Discussion (CBD))* is a structured interview that they will have with you. It is designed to explore the professional judgements they have made that have led to a prescribing decision. A patient case should be chosen in agreement that they want to discuss with you and the case prepared with a view to demonstrating the learning outcomes that are mapped to this assessment.

The learning outcomes that should be demonstrated by the clinical case study are provided in the assessment mapping document on blackboard – trainees must consult this before identifying a prescribing encounter that is prepared as a Case Based Discussion to ensure that they have selected a prescribing encounter that will maximise their ability to fulfil the required learning outcomes.

### Who may do the assessment?

You must submit 2 Case Based Discussions that are marked by your Designated Prescribing Practitioner as 'meets expectations' or 'above expectations'. Your first Case Based Discussion must be audio recorded and marked by your DPP and Course Team, formative feedback will be provided to you and your Designated Prescribing Practitioner.

Please note - if your mark (DPP) is discrepant to the Course Team i.e. does not identify a fail, then the Course Team will mark a second audio recorded Case Based Discussion.

### Does the assessment need to be related to practice specific to my scope of practice?

Yes, the assessment needs to be regarding prescribing practice related to their intended scope of practice

## Team Assessment Behaviour (TAB) assessment tool

The trainee will be required to seek feedback from a range of practitioners working with them during their learning in clinical practice, this includes medical and nursing colleagues, and managers. The tool for receiving feedback is the Team Assessment of Behaviour tool *(Appendix 17: Designated Prescribing Practitioner Assessment of Practice Statement of competency)*. This tool will allow their co-workers to provide them with feedback on their performance in practice. The people to whom they send the Team Assessment of Behaviour tool must be agreed with yourself. One of the assessors **must be you and one must be a self-assessment.** They will need a minimum of four completed TABs (DPP, self and at least two others). The course team will collate the feedback from the completed TABs and send a report to the trainee and you.

## Designated Prescribing Practitioner Assessment of Practice

The Designated Prescribing Practitioner must supervise and assess the trainee's learning in clinical practice and at the end of the programme, confirm if the trainee has demonstrated competence as a prescriber by signing the Statement of Competence form *(Appendix 17: Designated Prescribing Practitioner Assessment of Practice Statement of competency).* This signed confirmation must be submitted on Blackboard. By signing the Statement of Competence form, the Designated Prescribing Practitioner is confirming that they have completed the required period of Learning in clinical practice, have developed according to their Personal Development Plan and Learning Needs Assessment and have achieved the required level of competence to be suitable for annotation as an Independent Prescriber.

If the trainee is unable to complete the required 90 hours Learning in clinical practice and/or do not achieve the level of competence required, your will contact the Trainee Director to agree additional Learning in clinical practice days required to achieve the requirements. If the trainee fails to complete the Learning in clinical practice requirements and / or the required level of competence after the agreed additional practice days, their will fail this component of the portfolio and will not pass the trainee.

# Appendices

All assessment forms are available in word version on Blackboard under the 'Assessment info and forms' section. We recommend you use electronic typed forms or transcribe onto the word version for submission to the portfolio.

## *Appendix 1: Learning Outcomes of GPhC and UoL*

| | | |
|---|---|---|
| **Influences on prescribing** | 1.Recognise the psychological and physical impact of prescribing decisions on people | Knows how |
| | 2.Understand and meet their legal responsibilities under equality and human rights legislation and respect diversity and cultural differences | Does |
| | 3.Take responsibility for ensuring that person-centred care is not compromised because of personal values and beliefs | Does |
| | 10.Recognise and manage factors that may influence prescribing decisions | Does |
| | 11.Apply local, regional and national guidelines, policies and legislation related to healthcare | Does |
| | 13.Apply an understanding of health economics when making prescribing decisions | Shows how |
| **Clinical management planning** | 16.Apply evidence-based decision-making in all aspects of prescribing | Does |
| | 17.Manage the risks and benefits associated with prescribing decisions | Does |
| | 18.Demonstrate the application of pharmacology in relation to their own prescribing practice | Does |
| | 21.Identify relevant investigations and interpret results and data in their prescribing practice | Does |
| | 24.Apply the principles of effective monitoring and management to improve patient outcomes | Does |
| | 26.Recognise the public health issues in promoting health as part of their prescribing practice | Does |
| **Developing and maintaining your role as a prescriber** | 7.Demonstrate a critical understanding of their own role and the role of others in multi-professional teams | Does |
| | 8.Recognise their own role as a responsible and accountable prescriber who understands legal and ethical implications | Does |
| | 9.Apply relevant legislation and ethical frameworks related to prescribing, including remote prescribing and the handling and sharing of confidential information | Shows how |
| | 12.Reflect on and develop their own prescribing practice to ensure it represents current best practice | Does |
| | 14.Understand the clinical governance of the prescriber, who may also be in a position to supply medicines to people | Knows how |
| | 15.Recognise other professionals' practice and raise concerns related to inappropriate or unsafe prescribing by other prescribers | Shows how |

| | | |
|---|---|---|
| | 20.Create and maintain appropriate records which ensure safe and effective care and align with relevant legislation | Does |
| | 22.Utilise current and emerging systems and technologies in safe prescribing | Does |
| | 27.Work collaboratively with others to optimise individuals' care, understanding their roles in the prescribing process | Does |
| **Information gathering and clinical assessment** | 4.Demonstrate appropriate history-taking techniques through effective consultation skills | Does |
| | 6. Support individuals to make informed choices that respect people's preferences | Does |
| | 19.Demonstrate clinical and diagnostic skills in clinical settings appropriate to their scope of practice | Does |
| | 23.Identify and respond to people's need when prescribing remotely | Shows how |
| | 29.Recognise when and where to refer people appropriately | Shows how |
| | 30.Collaborate with people to encourage them to take responsibility for managing care | Does |
| **Prescribing challenges** | 5.Demonstrate an understanding of the role of the prescriber in working in partnership with people who may not be able to make fully informed decisions about their health needs | Shows how |
| | 25.Recognise and manage prescribing and medication errors | Shows how |
| | 28.Recognise their own role and responsibilities, and those of others, in safeguarding children and vulnerable adults | Knows how |
| | 31.Demonstrate appropriate consultation skills to get information from individuals who are either unaware of or guarded about their health needs, to inform safe prescribing | Does |
| | 32.Recognise when to seek guidance from another member of the healthcare team or an appropriate authority | Does |

# *Appendix 2: Designated Prescribing Practitioner (DPP) FAQs*

## What is a Designated Prescribing Practitioner (DPP)?

A DPP is a work-based supervisor who supports the trainee pharmacist prescriber in undertaking learning in practice requirement of the course. Each trainee prescriber will need one named DPP. The DPP will take primary responsibility for supervising the trainee prescriber. This is a requirement of the General Pharmaceutical Council (GPhC).

## How can I find a DPP?

It is the responsibility of prospective trainee to identify a suitably skilled DPP who has confirmed their commitment to delivering the role. This must be confirmed before applying for a place on a pharmacist independent prescribing course. We suggested that you discuss this with your employer if you are struggling to identify a suitable DPP.

## Who can undertake the role of DPP?

The DPP must:

- Be an experienced* and active** prescriber in a patient facing role, with appropriate knowledge and experience relevant to the trainee area of practice
- Have experience or had training in teaching and/or supervision in practice
- Meet all competencies within the competency framework for prescribers Royal Pharmaceutical Society's Competency Framework for Prescribers (RPS, 2021)

**Normally a minimum of 3 years recent prescriber experience*

***Consults with patients and makes prescribing decisions based on clinical assessment with sufficient frequency*

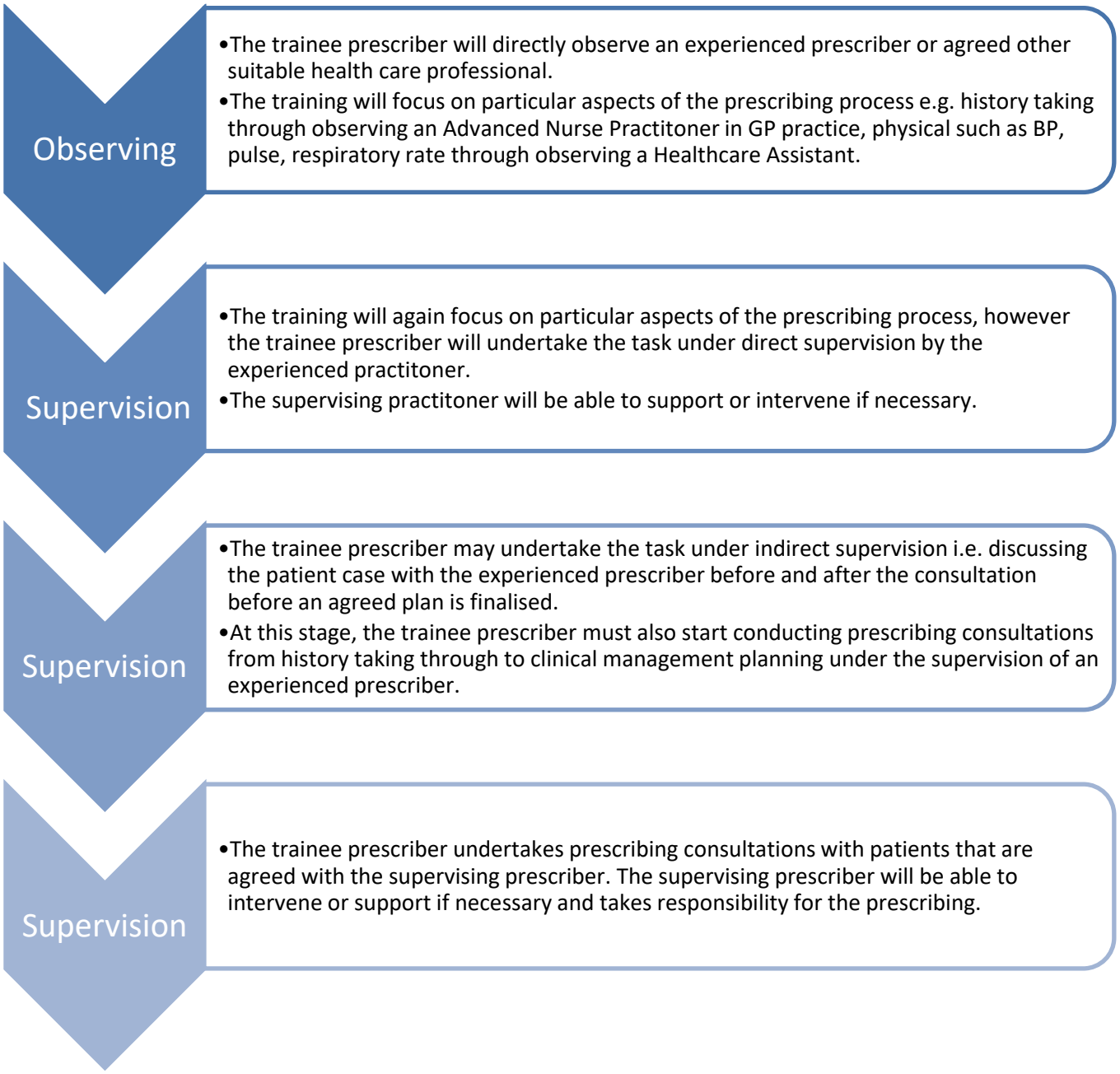
## What are the roles and responsibilities of a DPP?

A DPP role involves:

- Establishing a Personal Development Plan (PDP) and Learning Needs Assessment (LNA) with the trainee prescriber
- Supporting the trainee prescriber with planning a learning course that will provide sufficient opportunity to fulfil their learning objectives and achieve competence in prescribing
- Facilitating learning and providing dedicated opportunities for the trainee prescriber to observe and also undertake patient consultations and provide feedback
- Engaging with evaluation of their performance by the Course Team as required by the GPhC and actioning any feedback
- Assess whether the trainee is competent to qualify as an independent prescriber

## What is the learning in practice component of the course?

Trainee prescribers are required to spend a minimum of 90 hours learning in practice after commencing the course. There is an expectation that as the trainee prescriber develops in their prescribing knowledge and skills, that they will undertake activities of incrementally greater involvement during their learning in practice.




All activities that the trainee prescriber undertakes must be agreed with their DPP and related to the trainee prescriber's Personal Development Plan (PDP) and Learning Needs Assessment (LNA). The trainee prescriber does not have to spend all 90 learning in practice hours with the DPP; it is recommended that the trainee prescriber spend an agreed amount of time with a range of prescribers to learn from their differing experiences. The DPP is responsible for the final assessment of the trainee prescriber's competence in practice. They must therefore have observed sufficient activities of the trainee prescriber to ensure that they are satisfied the trainee prescriber meets the required standard of competency.

## What are the benefits of undertaking the role of DPP?

The role of the DPP requires a commitment in terms of time to support the trainee prescriber during their learning in practice and responsibility for their actions. Undertaking this role can also be beneficial for the DPP by encouraging opportunity to reflect on one's own practice, facilitating access to course materials and receiving bespoke feedback from the Course Team whilst supporting someone else's development.

## What support is available to the DPP?

The Course Team provide a range of resources for the DPP including:

- Course induction video
- Designated Prescribing Practitioner (DPP) Course Guide
- Feedback and support from the Course Team on their feedback to the trainee prescriber for work-based assessments
- Peer support/mentoring from the Course Team

The course induction will provide training to support the DPP with managing any difficulties during the learning in practice hours, for example dealing with an underperforming trainee or how to manage any concerns about a trainee's competence. The DPP will also be provided with a named contact for any specific queries or difficulties experienced by the DPP or trainee (this is the same as the personal tutor of the trainee).

## What if the DPP has concerns about a trainee prescriber's development?

If the DPP has any concerns about the trainee's development, these should be discussed with the named contact within the Course Team at the earliest opportunity. The Course Team will be able to support the DPP with developing an action plan for the trainee including any agreed areas for development and how these will be addressed. If required, ongoing progress meetings will be organised between the DPP, trainee and a member of the Course Team.

If the trainee fails to demonstrate acceptable development of knowledge and skills despite the ongoing supportive measures, the Course Team will discuss potential options with the trainee and if appropriate, the trainee's employer.

## What if I need to change my DPP partway through the course?

In the event that the DPP is no longer able to supervise the trainee prescriber e.g. due to sickness or change of employment, it is the responsibility of the trainee prescriber to inform the Course Team as soon as this in known and to identify a replacement. There is an expectation that the DPP will help the trainee prescriber in identifying a suitable replacement

The current DPP will need to provide an assessment of the trainee's progress to date for both the Course Team and the new DPP. The trainee may need to complete additional hours of learning in practice with the new DPP to enable them to have observed sufficient activities to be able to complete the final assessment of competence. Any new DPP who has not previously been a DPP for the University of Leicester Certificate in Independent Prescribing course, will be required to complete a course induction and will be given a named contact within the Course Team for any additional support and guidance.

## Further Information on the role and standards for the education and training of pharmacist independent prescribers

A Competency Framework for Designated Prescribing Practitioners (RPS, 2019)

Standards for the Education and Training of Pharmacist Independent Prescribers (GPhC, 2019)

Royal Pharmaceutical Society's Competency Framework for Prescribers (RPS, 2021)

General Pharmaceutical Council (2018) Guidelines on tutoring and supervising Pharmacy professionals in training

# *Appendix 3: Educational Agreement*

This agreement is between the trainee prescriber and the Designated Prescribing Practitioner. This agreement clarifies what is expected from the pharmacist and the Designated Prescribing Practitioner. All parties must read, discuss and sign this agreement at the outset of the course.

## The Trainee Prescriber will:

Take an active part in the review process, including implementing agreed action plans & endeavour to achieve the learning objectives by:

- utilising the opportunities for learning provided in everyday practice
- attending all formal teaching sessions
- undertaking personal study
- utilising locally-provided educational resources

Act on the principles of adult learning through:

- reflecting and building upon their own learning experiences
- identifying their learning needs
- being involved in planning their education and training
- evaluating the effectiveness of their learning experiences

## The Designated Prescribing Practitioner will:

- Complete all required training in assessment tools in a timely manner
- Ensure that help and advice are available within reasonable promptness
- Establish a Personal Development Plan (PDP) and Learning Needs Assessment (LNA) with the trainee prescriber.
- Support the trainee prescriber with planning a learning course that will provide sufficient opportunity to fulfil their learning objectives and achieve competence in prescribing
- Facilitate learning and provide dedicated opportunities for the trainee prescriber to observe and also undertake patient consultations and provide feedback.
- Engage with evaluation of their performance by the Course Team as required by the GPhC and action any feedback.
- Impartially assess whether the trainee is competent to qualify as an independent prescriber.
- Be available for, and take an active part in the appraisal process including providing direction for the practitioner and setting objectives as required.

I have read and understand the requirements of my role as set out above. I declare that there is no conflict of interest in this relationship between trainee prescriber and designated prescribing practitioner. I also understand that from time to time it may be necessary for the university to contact the practitioner's employer or Designated Prescribing Practitioner directly, for example to discuss progress or to identify and assist trainees experiencing difficulty or needing additional support.

| **Trainee prescriber name:** | **Signature** | **Date:** |
|---|---|---|
| **DPP name:** | **Signature** | **Date:** |

## *Appendix 4: Personal Development Plan (PDP)*

| **Personal Development Plan**<br>**Baseline /End/ Looking Forward** *(Delete as appropriate)* | | | | | |
|---|---|---|---|---|---|
| **Objective derived from the RPS Competency framework for Prescribers**<br>Specific, Measurable, Agreed, Realistic, Time bound | **Activities undertaken to address the objective**<br>(Training, accreditation, observations and work based assessments etc.) | **Activity demonstrating that objective has been fulfilled** | **Target date** | **Course learning outcome that will be met (if appropriate)** | **Achieved**<br>Yes /in part/No<br>*Comments if appropriate* |
| Objective 1: | | | | | |
| Objective 2: | | | | | |
| Objective 3: | | | | | |
| Objective 4: | | | | | |
| Objective 5: | | | | | |
| **Consider remedial action if individual consistently fails to meet objectives by target date without good cause.** | | | | | |

**Trainee prescriber name:** **Signature** **Date:**

**DPP name:** **Signature** **Date:**

## *Appendix 5: Learning Needs Assessment (LNA)*

This Learning Needs Assessment details the clinical examination skills, diagnostic tests and monitoring parameters in which you must be competent to prescribe safely and effectively within your scope of practice. See relevant section in the course guide for more details.

| | |
|---|---|
| Trainee prescriber name: | |
| Trainee scope of practice: | |

| Setting: |
|---|
| *E.g. Teenage sexual health outpatient clinic, Paediatric inpatient oncology, community pharmacy based asthma optimisation clinic etc. Include proposed patient population and clinical setting* |
| Clinical Examination Skills relevant to scope of prescribing practice: |
| *E.g. CV systems, eye examination, chest auscultation, cranial nerve examination, laryngoscopy, otoscopy* |
| Diagnostics and monitoring parameters relevant to scope of prescribing practice: |
| *E.g. Blood glucose testing, therapeutic drug monitoring, imaging, exercise tolerance testing, spirometry*<br>*For each diagnostic/monitoring parameter, state whether you will need to conduct the test and interpret the result or solely interpret the result.* |

We understand and agree that the above will be demonstrated and assessed by the Designated Prescribing Practitioner or other competent person as appropriate. We further understand and agree that the DPP is ultimately responsible for signing the practitioner off as COMPETENT in undertaking the skills above and that the practitioner cannot be awarded the annotation of Independent Prescriber unless this sign off is achieved.

| **Trainee prescriber name:** | **Signature** | **Date:** |
|---|---|---|
| **DPP name:** | **Signature** | **Date:** |

# *Appendix 6: Direct Observation of Clinical Diagnostic, Examination & Monitoring Practical skills tool (DOP)*

You should complete a DOP for each of the Diagnostic, Examination and Monitoring Practical skills that you have identified in your learning needs assessment that's is not being assessed by the course team. (See relevant section in the course guide for more details)

| | |
|---|---|
| Trainee Prescriber name: | |
| Assessor name: | |
| Assessor role: | |
| Reference no. (**This correlates to Appendix 7 declaration ref)* | |

| | |
|---|---|
| Name of diagnostic/examination/monitoring skill: | |

| Knowledge, Skill, Experience or Behaviour | Below expectations | Meets expectations | Above expectations |
|---|---|---|---|
| Demonstrates understanding of potential risk(s) associated with task | ☐ | ☐ | ☐ |
| Demonstrates appropriate preparation pre-task | ☐ | ☐ | ☐ |
| Completes task in timely manner | ☐ | ☐ | ☐ |
| Demonstrates use of process and resources | ☐ | ☐ | ☐ |
| Seeks help where appropriate | ☐ | ☐ | ☐ |
| Post-task management | ☐ | ☐ | ☐ |
| Communicates effectively | ☐ | ☐ | ☐ |
| Documentation completed accurately and appropriately | ☐ | ☐ | ☐ |
| Consideration of patient / professionalism | ☐ | ☐ | ☐ |
| Adopts a logical and structured approach to work | ☐ | ☐ | ☐ |
| **Overall ability to perform task** | ☐ | ☐ | ☐ |

**Assessor name:** **Signature** **Date:**

# *Appendix 7: Diagnostic, Examination & Monitoring Designated Prescribing Practitioner Declaration*

| | |
|---|---|
| Trainee prescriber name: | |
| Trainee scope of practice: | |

You should complete a DOP for each of the Diagnostic, Examination and Monitoring Practical skills that you have identified in your learning needs assessment (See relevant section in the course guide for more details). Please list them below:

| Name of diagnostic/examination/monitoring skill: | Reference no. |
|---|---|
| *Add or delete rows as appropriate* | |
| | |
| | |
| | |

**Declaration**

I confirm that this trainee is competent in undertaking the clinical examination, diagnostic and monitoring skills detailed in the learning needs assessment, as demonstrated by this log, and is able to select and apply them to individual patients to inform safe prescribing within their scope of practice

| | | |
|---|---|---|
| **Trainee prescriber name:** | **Signature** | **Date:** |
| **DPP name:** | **Signature** | **Date:** |

## *Appendix 8: 90 Hours Learning in Clinical Practice Log (90hr Log)*

| Trainee prescriber name: | | | | |
|---|---|---|---|---|
| Trainee scope of practice: | | | | |
| ***Ref No.** | **Date** | **Time (hrs)** | **Activities** | **Only DPP signature** |
| **1** | | | | |
| **2** | | | | |
| **3** | | | | |
| **4** | | | | |
| **5** | | | | |
| **6** | | | | |
| **7** | | | | |
| **8** | | | | |
| **9** | | | | |
| **10** | | | | |
| **11** | | | | |
| **12** | | | | |
| **13** | | | | |
| **14** | | | | |
| **15** | | | | |
| **16** | | | | |
| **17** | | | | |
| **18** | | | | |
| **19** | | | | |
| **20** | | | | |
| **21** | | | | |
| **22** | | | | |
| **23** | | | | |
| **24** | | | | |
| **25** | | | | |
| **Total hours** | | | | |

*Add or delete rows as appropriate*

**This is the reference number that you will include in your related 90hr reflections*

**NO PATIENT OR STAFF IDENTIFYABLE INFORMATION TO BE INCLUDED**

# *Appendix 9: Learning in clinical Practice Reflection (90hr Reflection)*

| | |
|---|---|
| Trainee prescriber name: | |
| Trainee scope of practice: | |

| Section 1: Description of Clinical Practice Session |
|---|
| *For each type of activity please indicate if this was patient facing and whether this was observation of a practitioner, partial supervision, lead by you under supervision or independent practice. Please indicate whether this was a face to face interaction, teleclinic or telephone assessment.* |
| Section 2: What was your involvement in patient care during the session? |
| *Detail the specific interactions activities contributing to their care.* |

| | | | |
|---|---|---|---|
| 90hr log reference No. | | No. of hours evidenced | |

| Numbered learning outcomes demonstrated (at DOES level) |
|---|
| *Only list the ones you have achieved a 'Does' level in this box for the log entries you are reflecting on. There are 22 'Does' level LO to map to across all reflections.* |

| | |
|---|---|
| Supervising Practitioner Name | Supervising Practitioner Signature |
| *Only fill in if feedback is provided below* | |
| Supervising Practitioners feedback | |
| | |

| **Please grade each area below using the scale on the right.** | **Below expectations** | **Meets expectations** | **Above expectations** | **Unable to comment (not observed)** |
|---|---|---|---|---|
| | **1** | **2** | **3** | |
| Delivery of Patient Care | | | | |
| Knowledge and skills | | | | |
| Judgement and reasoning | | | | |
| Professional autonomy | | | | |

| Section 3: Reflection of learning experience(s) |
|---|
| *Remember to reflect against the 'Does' learning outcomes only. (See Learning in Clinical Practice Reflection section of the course guide for the list of 22 'Does' level GPhC learning outcomes).*<br><br>*How have you demonstrated competence? This could include how you are working toward this competence. Think about the following points to help you reflect on this:*<br><br>• *What were your thoughts and feelings before, during and after the encounter?*<br>• *Reflect on your (and others) contributions to the case*<br>• *Did things go well/ could have gone better and why? Could you have done anything differently?*<br>• *What were your key learning points from this experience and how will you implement this in future?* |
| Section 4: Learning needs - What learning needs have you identified and how do you plan to address these? |
| *What is your action plan to address any gaps in your competence against the learning outcomes that your have not yet achieved at 'Does' level? You MUST use SMART objectives.* |

## *Appendix 10: Pathophysiology and Pharmacology Summary (PP summary)*

| | |
|---|---|
| Trainee prescriber name: | |
| Trainee scope of practice: | |

The summary will not be assessed; it is a tool to guide you in acquiring the information that you need to understand the PP of your scope of practice and to support your successful completion of the work-based assessment: Pathophysiology and Pharmacology reasoning for choice of prescribed medicine discussion (Appendix 11). Please include at least 5 medications.

| List the resources you will need to access in order to complete the planned learning: | | | | |
|---|---|---|---|---|
| Pathophysiology, physiology of your scope of practice and consider how this relates to the signs and symptoms:<br>*For ENT scope, please focus on two therapeutic areas for all assessments e.g. Ears and Throat* | | | | |
| Name of medication | Mode of action and how this relates to pathophysiology of the condition being treated<br>(300 words for each medication) | Side effects, cautions and contraindications (300 words) | Monitoring parameters | Patient specific considerations. E.g. dexterity, swallow, immunocompromised patient etc.<br>(100 words) |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. *Add more rows as necessary* | | | | |

# *Appendix 11: Pathophysiology and Pharmacology Reasoning (PP reasoning)*

**The following tool is designed for designated prescribing practitioners to complete and assess the reasoning for choice of prescribed medication made by trainee prescribers.** (See relevant section in the course guide for more details)

Assessor: What training have you had in the use of this tool? Face to face ☐ Online ☐

| | |
|---|---|
| Trainee prescriber name: | |
| Trainee scope of practice: | |

| | |
|---|---|
| Diagnosis: | |
| Prescribed medication: | |

***DPP, to ask the student the following three questions:***

1. Describe how the pathophysiology of the condition relates to the signs and symptoms with which your patient presented

| | | |
|---|---|---|
| *DPP feedback:* | | |
| *(Delete as appropriate:)* | | |
| BELOW EXPECTATIONS | MEETS EXPECTATIONS | ABOVE EXPECTATIONS |

2. Describe how the pharmacology of the treatment options that you considered relate to the pathophysiology of the condition

| | | |
|---|---|---|
| *DPP feedback:* | | |
| *(Delete as appropriate:)* | | |
| BELOW EXPECTATIONS | MEETS EXPECTATIONS | ABOVE EXPECTATIONS |

3. Describe the patient circumstances that are your rationale for your choice of medication prescribed

| | | |
|---|---|---|
| *DPP feedback:* | | |
| *(Delete as appropriate:)* | | |
| BELOW EXPECTATIONS | MEETS EXPECTATIONS | ABOVE EXPECTATIONS |

**DPP name:** **Signature:** **Date:**

## *Appendix 12: Case Based Discussion (CBD)*

**This form should be completed by the DPP (not the trainee prescriber) with the exception of the case summary section.** (See relevant section in the course guide for more details)

Assessor: What training have you had in the use of this tool? Face to face ☐ Online ☐

**This form should be completed by the DPP – the trainee may complete the Case summary only**

| | |
|---|---|
| Trainee prescriber name: | |
| Trainee scope of practice: | |

| Case summary (including clinical setting, focus of clinical encounter, brief medical history and interventions made) |
|---|
| |

| **Complexity of case** | Low ☐ | Average ☐ | High ☐ | |
|---|---|---|---|---|
| **Please grade each area below using the scale on the right.** | **Below expectations** | **Meets expectations** | **Above expectations** | **(not observed)** |
| | **1** | **2** | **3** | |
| History taking and clinical examination assessment | | | | |
| Treatment recommendations | | | | |
| Follow up/monitoring | | | | |
| Professionalism | | | | |
| Overall clinical judgement | | | | |

| Anything especially good? | Suggestions for development |
|---|---|
| | |

| Agreed action (please use SMART objective setting)<br><br>Date by which action should be taken ..... |
|---|

| Time taken for assessment (mins): | |
|---|---|

**DPP name:** **Signature:** **Date:**

# *Appendix 13: Clinical Case Study (CCS)*

All sections of the Clinical Case Study MUST be completed – do not leave any blank sections. You should include a work based assessment with each case study to evidence that you had direct involvement in the prescribing decision making. This can be a DOP, COT or PP reasoning relating to this case. You must also submit a DPP feedback form (Appendix 14: Clinical Case Study (CCS) DPP feedback form) alongside this form. (See relevant section in the course guide for more details)

| | |
|---|---|
| Trainee prescriber name: | |
| Trainee scope of practice: | |

## Case summary

| | |
|---|---|
| Presenting complaint / reason for the encounter | |
| Differential diagnoses considered | |
| Diagnosis | |
| Prescribing decision | |
| Key guidelines, policies and legislation applied | |

## Section 1: Clinical Assessment

1.1 Patient details (max 100 words)

| |
|---|
| *Provide information regarding the diagnosis and management of the patient e.g. sex, age, weight. Also comment on the consent status.*<br>*Were there any issues around supervision or a chaperone? Please comment on this. (Delete as appropriate)* |

1.2 Presenting Complaint (max 60 words)

| |
|---|
| |

1.3 History of presenting complaint (max 200 words)

| |
|---|
| |

1.4 Relevant family and social history (max 200 words)

| |
|---|
| |

1.5 Relevant medical and medication history

| Diagnosis (date of diagnosis) | Medications (list name, strength and dose)* |
|---|---|
| | |
| | |

**Where a medication has more than one indication, please repeat the medication for the diagnosis. (Add extra rows as necessary) (Delete as appropriate)*

1.6 Relevant allergies, intolerances and patient circumstances influencing prescribing options (max 100 words

| |
|---|
| |

1.7 Diagnostic modalities used

*Which diagnostic modalities e.g. Pain score, CT, MMSE, gait speed, QRISK did you decide to undertake in your assessment of the patient? (Add extra rows as necessary) (Delete as appropriate)*

| Diagnostic modality | Result | Interpretation | Rationale for the test (include references) |
|---|---|---|---|
| *e.g. Blood pressure,* | *120/80* | *Blood pressure within range* | *To exclude acutely unwell patient as per NEWS2 guidance. Ref xxx)* |
| *Liver function test* | *xxx* | *LFT tests within range (Rang-xxx-xxx)*<br>*No liver impairment* | *To ensure no derangements as DOACs are contraindicated in severe liver impairment (ref xxx)* |
| | | | |

1.8 Formulating a differential diagnosis

*Include the diagnosis for this case as the first entry then outline the possible differential diagnoses, including conditions with similar features, rank from most to least likely include brief pathophysiology and relevant signs and symptoms.*

*The most probable working diagnosis from the list of the differential diagnosis on which further investigations and provisional treatment is based. Any other clinical management issues, detail how you would prioritise these. Any reasons for referral? Beyond scope of practice/safeguarding/ethical principles*

*(Add extra rows as necessary) (Delete as appropriate)*

| Differential diagnosis | Patient specific signs, symptoms, risk factors and results of investigations supportive of differential diagnosis |
|---|---|
| *Add main diagnosis here* | |
| *e.g. DVT* | Throbbing/cramping pain in 1 calf/thigh, swelling, warm skin around painful area, no red/darkened skin, and swollen veins that are hard/sore. Recent long haul flight. *(Delete as appropriate)* |
| | |

## Section 2: Clinical management plan, treatment recommendations, follow up and review

Initial management plan and treatment recommendations

| Medication dose and formulation | Rationale for choice (Include references)<br>*Critically discuss dose, frequency, formulation, common side effects, cautions, contraindications, interactions, adherence and access to medication in the context of your patient (Delete as appropriate)* |
|---|---|
| | |
| | |

| Non-pharmaceutical recommendation | Rationale for choice (Include references)<br>*Consider signposting to other services and promotion of self-care (Delete as appropriate)* |
|---|---|
| | |
| | |

2.1 Follow up and review (max 200 words)

| |
|---|
| *Outline the follow up plan including the frequency of monitoring parameters (efficacy and toxicity) were appropriate? (Delete as appropriate)* |

2.2 Safety netting (max 100 words)

| |
|---|
| *Outline the information provided to the patient to empower them to respond appropriately to problems related to the prescribing encounter should they arise. (Delete as appropriate)* |

2.3 Involving relevant others in the health and care team (max 100 words)

| |
|---|
| *Outline who else needs to know about this patient encounter and how will you communicate the information with reference to information governance. (Delete as appropriate)* |

2.4 Medico-legal records (max 200 words)

| |
|---|
| *Insert an anonymised copy of the records that you have made of your input into this patient's records. All patient and professional details MUST be obscured. Or transcribe the information into this document. Outline the measures in place to ensure data security.* |

**I have included a DOP/COT/PP reasoning (delete as appropriate) for this case**

**I have included the DPP feedback form (Appendix 14)**

**Trainee prescriber name:** **Signature** **Date:**

## References:

*See guidance on referencing on Blackboard.*

# *Appendix 14: Clinical Case Study (CCS) DPP feedback form*

**The following tool is designed for designated prescribing practitioners to assess the clinical case study conducted by trainee prescribers.** (See relevant section in the course guide for more details)

Assessor: What training have you had in the use of this tool? Face to face ☐ Online ☐

| | |
|---|---|
| Trainee name: | |
| Trainee scope of practice: | |
| Diagnosis: | |
| Prescribed medication: | |

Please note a formulation change or other intervention that is commensurate with practice undertaken by a non-prescribing pharmacist is inappropriate for a Clinical Case Study.

**Essential Checklist;**

- ☐ Student has included a DOP / COT / PP reasoning (delete as appropriate) with the Clinical Case Study
- ☐ Student has included a Case Summary overview at the start
- ☐ Appropriately anonymised
- ☐ Consent documented
- ☐ No unsafe practice noted

## Section 1: Clinical Assessment

| | **Feedback** |
|---|---|
| 1.1 Patient details | |
| 1.2 Presenting complaint | |
| 1.3 History of presenting complaint | |
| 1.4 Relevant family and social history | |
| 1.5 Relevant medical and medication history | |
| 1.6 Relevant allergies, intolerances and patient circumstances influencing prescribing options | |
| 1.7 Diagnostic modalities used | |
| 1.8 Formulating a differential diagnosis | |

## Section 2: Clinical management plan, treatment recommendations, follow up and review

| | Feedback |
|---|---|
| 2.1 Medication dose and formulation (involving critical discussion) | |
| 2.2 Safety netting | |
| 2.3 Involving relevant others in the health and care team | |
| 2.4 Medico-legal records | |

## Section 3: Academic scoring – circle accordingly

| | | | |
|---|---|---|---|
| **Referencing** | **Below Expectation** | **Meets Expectation** | **Above Expectation** |
| | Student has not supported clinical case study with appropriate references | Student has supported clinical case study with some appropriate references | Student has supported clinical case study with appropriate references |
| **Organisation and Structure** | **Below Expectation** | **Meets Expectation** | **Above Expectation** |
| | Disorganised, major lapses in structure & organisation | Well Structured. Logical organisation | Excellent & Organised structure |
| **Spelling and grammar** | **Below Expectation** | **Meets Expectation** | **Above Expectation** |
| | Major deficiencies in spelling/grammatical errors | Some Spelling/Grammatical errors | No/Minor Spelling/Grammatical errors |
| **Coherence & Expression** | **Below Expectation** | **Meets Expectation** | **Above Expectation** |
| | Vague, oversimplistic expression | Coherent. Clearly expresses | Expression concise, accurate and well-articulated |

**DPP name:** **Signature** **Date:**

# *Appendix 15: Consultation Observation Tool (COT)*

**The following tool is designed for practitioners and patients to assess and provide structured feedback on a healthcare consultation.**

**If you are not the patient, please complete the tool based on observing the patient's behaviour and if feasible following discussion with the patient**

Assessor: What training have you had in the use of this tool? Face to face ☐ Online ☐

| | |
|---|---|
| Trainee name: | |
| DPP name: | |
| Date: | |
| Topic of discussion: | |
| Patient Outcome: | |

| Opening | Yes | Partially | No |
|---|---|---|---|
| The patient knows the name and understands the role of the practitioner | ☐ | ☐ | ☐ |
| The patient feels like an equal partner in the consultation | ☐ | ☐ | ☐ |
| *Comments* | | | |
| **Information gathering and giving** | **Yes** | **Partially** | **No** |
| The patient has been able to share their ideas, concerns and expectations | ☐ | ☐ | ☐ |
| The patient is appropriately guided to provide the relevant information | ☐ | ☐ | ☐ |
| The patient is supported to participate in decision making | ☐ | ☐ | ☐ |
| The patient is able to demonstrate that they have understood the information provided | ☐ | ☐ | ☐ |
| *Comments* | | | |
| **Closing** | **Yes** | **Partially** | **No** |
| The patient understands the outcome of the consultation | ☐ | ☐ | ☐ |
| The patient understands the next steps of their care | ☐ | ☐ | ☐ |
| The patient is appropriately equipped to seek further help or information | ☐ | ☐ | ☐ |
| The patient knows that the consultation has come to an end | ☐ | ☐ | ☐ |
| *Comments* | | | |
| **Overall** | **Yes** | **Partially** | **No** |
| The patient is appropriately guided through the consultation | ☐ | ☐ | ☐ |
| The patient's questions/concerns have been appropriately addressed | ☐ | ☐ | ☐ |
| The patient has confidence in the partitionner | ☐ | ☐ | ☐ |

| | | | |
|---|---|---|---|
| The patient feels that the practitioner is caring | ☐ | ☐ | ☐ |
| The patient feels listened to | ☐ | ☐ | ☐ |
| The patient feels comfortable to give considered and honest responses | ☐ | ☐ | ☐ |
| The patient feels that the practitioner has used appropriate language | ☐ | ☐ | ☐ |
| *Comments* | | | |

| Overall impression of consultation: *(Delete as appropriate:)* | | |
|---|---|---|
| Below expectations | Meets expectations | Above expectations |

**DANGEROUS PRACTICE**

**If dangerous practice that is highly likely to cause patient harm is observed please write details and comments in this box**

**DPP name:** **Signature** **Date:**

# *Appendix 16: Team Assessment of Behaviour (TAB) letter*

Dear Colleague

You are in receipt of this information because a pharmacist undertaking the Practice Certificate in Independent Prescribing with the University of Leicester has nominated you as a person able to complete a Team Behaviour Assessment (TAB) on their behalf.

The purpose of the TAB is to gather the opinions of people who work closely with the pharmacist and are therefore able to rate their performance. The pharmacist simultaneously completes a self-assessment. In this way, they gain an insight into how co-workers perceive their performance compared to their personal perception.

The TAB has been linked to a capability framework designed to guide pharmacist progress throughout the course. Guidance on completing the TAB can be found below.

Please grade the pharmacist's performance against the areas listed on the TAB questionnaire. If there is an area which you have not observed and feel unable to comment on, please mark this 'U/C' (unable to comment).

Please comment on any areas where you feel the pharmacist performed particularly well, as well as areas where you feel they need to focus attention for development. All comments remain anonymous, but are reproduced verbatim in the collated report from all assessors. We would therefore ask you to ensure that your feedback is objective and constructive. We anticipate that this assessment should take only a few minutes to complete.

To complete the assessment, please type the following link *(Link to be provided during course start)* into your internet browser and simply follow the instructions on the screen.

With thanks,

Debi Bhattacharya (Course director)

**How do I complete the form?**

Complete the sections on the form where you have had a chance to observe the trainee prescribing pharmacist enough to make a judgement. Let your scoring and comments reflect the typical behaviour over time, not necessarily just a single incident. Bear in mind that this is not so much about whether you like the trainee prescribing pharmacist but rather about how they perform.

If you score any part of the form as "some concern" or "major concern" you must say why you have a concern in the comments box describing the behaviour which concerned you.

**How do I rate the trainee prescribing pharmacist?**

| | |
|---|---|
| No concern | This will be the right mark for the great majority of trainees, and the purpose of the comments box here is to congratulate and praise good behaviour. Your comments will be fed back to the trainee to encourage them, along with all the comments made by the other assessors. It is valuable to write supportive remarks, describing what you find impressive. You can write as much as you wish. |
| Some concern | Tick this box if you have a concern, if a few incidents or behaviours have worried you. This is about helping them to address blind spots. You must describe the behaviours which have caused you concern in the free text box. |
| Major concern | This is serious. An occasional trainee needs to be given insight into shortcomings so that they can be addressed. You must describe the behaviour(s) which have caused you concern in the free text box. Please give specific examples. If you do record a concern the trainee's educational supervisor (consultant) may ask you, privately, to give some more information to help decide how to proceed. Normally your personal scoring is not disclosed to the trainee, and certainly not before you have given your permission. |

# *Appendix 17: Designated Prescribing Practitioner Assessment of Practice Statement of competency*

The Designated Prescribing Practitioner must complete the following report and this will be submitted as part of the portfolio

**Please tick appropriate box below.**

| | |
|---|---|
| The trainee has demonstrated in practice all of the skills outlined in the learning needs assessment: | Yes ¨ ☐ No ☐ |
| The trainee has satisfactorily completed at least 12x7.5h days supervised practice (90 hours): | Yes ¨ ☐ No ☐ |

In my opinion as the Designated Prescribing Practitioner, the skills demonstrated in practice confirm the pharmacist below as being suitable for annotation as an Independent Prescriber.

| **Trainee prescriber name:** | **Signature** | **Date:** |
|---|---|---|
| **DPP name:** | **Signature** | **Date:** |

In the event of the learning outcomes not being met please, complete a summary of explanation and areas for development.

| |
|---|
| |

# *Appendix 18: Plagiarism & Data Protection Statements*

## Plagiarism Statement by trainee prescriber

I hereby confirm that the work submitted is my own.

I have not violated the University of Leicester's policy on plagiarism.

I have not colluded with another trainee.

I have not knowingly let another trainee have sight of my work.

I understand that my work may be scrutinised by plagiarism detection software.

## Data protection Statement by trainee prescriber

I hereby confirm that I have followed data protection procedures in line with my workplace policies and the Data Protection Act 2018.

I have not violated the data protection principles.

I have obtained consent where appropriate and ensured patient and staff confidentiality is maintained.

I have followed record keeping procedures.

I have not included any patient identifiable data in any submissions to the University of Leicester.

**Trainee prescriber name:** **Signature** **Date:**