



**University of
Nottingham**
UK | CHINA | MALAYSIA

School of Health Sciences

Student Practice Handbook

Non-Medical Prescribing: Independent and Supplementary

Campus Code:

a) Nurses and Midwives

**Degree NURS 3099 Masters
NURS 4192**

b) Allied Health Professions:

**Degree NURS 3025 Masters
NURS 4114**

c) Dietitians:

**Degree NURS 3082
Masters NURS 4164**

Credits: 40

Last updated: May 2022



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1. Introduction and team contact details

a) Allied Health Profession students

Physiotherapists, podiatrists, chiropractors, and paramedics completing the course will be eligible to work as independent and supplementary prescribers. At the time of writing, dietitians will only be permitted to supplementary prescribe. All the applicants must have an agreement from a medical or non-medical prescriber to take the role of practice **educator**.

The practice educator will act as both practice supervisor and practice assessor. The student must complete 12 days (defined as **90 hours**) of practice under the supervision and assessment of the practice educator.

b) Nursing and Midwifery students:

A requirement of nurses and midwives when applying for the independent and supplementary prescribing course (V300) is that the student prescriber has agreement from a medical or non-medical prescriber to take the role of practice **supervisor**. They must also have an agreement from a medical or non-medical prescriber to take the role of practice **assessor**. The nurse or midwife must have a different person for each role.

There may be exceptional occasions where it is not possible for the supervisor and assessor to be different people. Arrangements in such situations are subject to scrutiny and agreement from the teaching team. Where there is no opportunity for different people to act as supervisor and assessor in the clinical area the student must identify a prescriber who meets the requirements to be a practice assessor. This person will act as both supervisor and assessor.

The academic team will identify an appropriate clinical non-medical prescriber who is able to act as the practice supervisor in a 'long arm' style supervision arrangement to support both student and assessor.



c) Team contact details: Who are we?

The prescribing team comprises of three core members: Alison Mostyn, Dianne Bowskill, and Daniel Shipley. Please do not hesitate to contact us with any queries, questions, or comments you may have before or during the course. We seek to support students, supervisors, and assessors / educators throughout the programme. Whilst the duration of the course is normally 6 months; not all students pass the five assessments at first attempt so the course can be longer for some.

Name: Daniel Shipley (Course Lead)

Title: Assistant Professor of Pharmacology and Therapeutics

MS Teams: [Call Me on MS Teams](#)

Email: daniel.shipley@nottingham.ac.uk

Name: Dr Alison Mostyn

Title: Associate Professor for Pharmacology Education for Health

MS Teams: [Call Me on MS Teams](#)

Email: alison.mostyn@nottingham.ac.uk

Name: Dr Dianne Bowskill

Title: Associate Professor for Prescribing Education

MS Teams: [Call Me on MS Teams](#)

Email: dianne.bowskill@nottingham.ac.uk



2. Practice supervisor / assessor / educator roles and responsibilities

a) Practice supervisor - The role:

To supervise the prescribing student for a minimum of:

- 78 hours of supervised prescribing practice if a nurse / midwife* or,
- 90 hours of supervised prescribing practice if an allied health professional*

***N.B.** These hours take place alongside academic prescribing studies provided by the University of Nottingham.

- To provide support and oversee the development and integration of prescribing knowledge and skills in practice
- Facilitate and support independent student learning
- Provide the student with feedback and 'feedforward' on progress to achieving the Royal Pharmaceutical Council (RPS) competencies
- Contribute to student assessment and the student record of achievement in a way that informs decisions about progression to completing the award
- Share observations on the conduct, proficiency, and achievement of the student
- Appropriately raise and respond to concerns regarding student conduct and competency, working in partnership with the academic team and practice learning partners

b) Practice supervisor - Activities timeline:

Practice supervisors will receive an invitation to a briefing session that takes place before the course begins. Attendance at a briefing session is recommended for non-medical prescribers taking the role of practice supervisor.

Work in partnership with the student and the practice assessor / educator to agree a learning contract based on the learning needs of the student

Work with the practice assessor / educator to grade student progress, performance, and achievement of RPS competencies during the programme. The practice supervisor is required to provide regular feedback to the practice assessor / educator. The aforementioned information is captured using the following documents:

- Half-way report
- Final interview report (and review of learning logs)



c) Practice assessor / educator - The role:

- Gather and coordinate feedback from practice supervisors and relevant people to be assured about their decisions for assessment of prescribing in practice competencies
- Make objective, evidenced-based assessments on conduct, proficiency, and achievement, drawing on student records, direct observations, student self-reflection and other resources
- Practice assessor / educator must maintain current knowledge and expertise relevant for the proficiencies and programme outcomes of independent and supplementary prescribing
- Practice assessor / educator must work in partnership with the academic assessor to evaluate and direct student progression for each part of the programme, in line with programme standards and local and national policies
- The practice assessor / educator must periodically observe the student to inform decisions for assessment and progression
- Appropriately raise and respond to student conduct and competence concerns, working in partnership with the academic team and practice learning partners

All prescribing students should spend further supervised practice time with pharmacists, other non-medical prescribers, and clinical specialists. The form of supervision will reflect the individual learning needs of the student and is likely to involve clinical skill development and case discussion. The practice assessor / educator undertakes an objective assessment of the student at both a half-way and final point of the course.

It is the responsibility of the student to provide the supervisor with the necessary course documents and to submit the completed assessment documentation for the academic assessor to view.

Practice assessors / educators will receive an invitation to a briefing session that takes place before the course begins. Attendance at a briefing session is mandatory for non-medical prescribers taking the role of practice assessor / educator. Doctors supporting students will find the briefing session useful and are encouraged to attend. We recognise however that this is not always possible.

d) Practice assessor / educator - Activities timeline:

- Work in partnership with the student and the practice supervisor to agree a learning contract based on the learning needs of the student
- Collate evidence from the student and practice supervisor to inform grading of achievement of RPS competencies in the 'half-way assessment of practice' report
- Assess the student undertaking a prescribing consultation in practice
- Collate evidence from the student and practice supervisor to inform the 'final assessment of achievement' of the RPS prescribing competencies



The practice assessor / educator has an important role in the final assessment of non-medical prescribing students. Demonstrating prescribing competence in clinical practice however is just one of five assessments that the student will undertake during the course. The trainee must achieve a pass mark for each assessment to qualify as a prescriber.

It is important during supervision and / or assessment of the student that patients are aware that the clinician is a trainee prescriber. The patient must be informed they have the right to cease participation in the learning or clinical activity at any time without prejudice.

The remainder of this handbook provides information about the supervision and assessment process. The assessment of prescribing competence in practice uses the Royal Pharmaceutical Society (RPS) competency framework. This competency framework is employed for all non-medical prescribers regardless of their clinical background:

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

e) Raising and escalating concerns:

Practice assessors / educators, supervisors and students engaging with the non-medical prescribing course have a clear responsibility to escalate any concerns that they have relating to practice learning environments.

The following guidelines will enable you to alert the relevant staff and practice environments to ensure that all issues of concern relating to practice learning are dealt with promptly and effectively:

Raising and escalation concerns with practice learning environments:

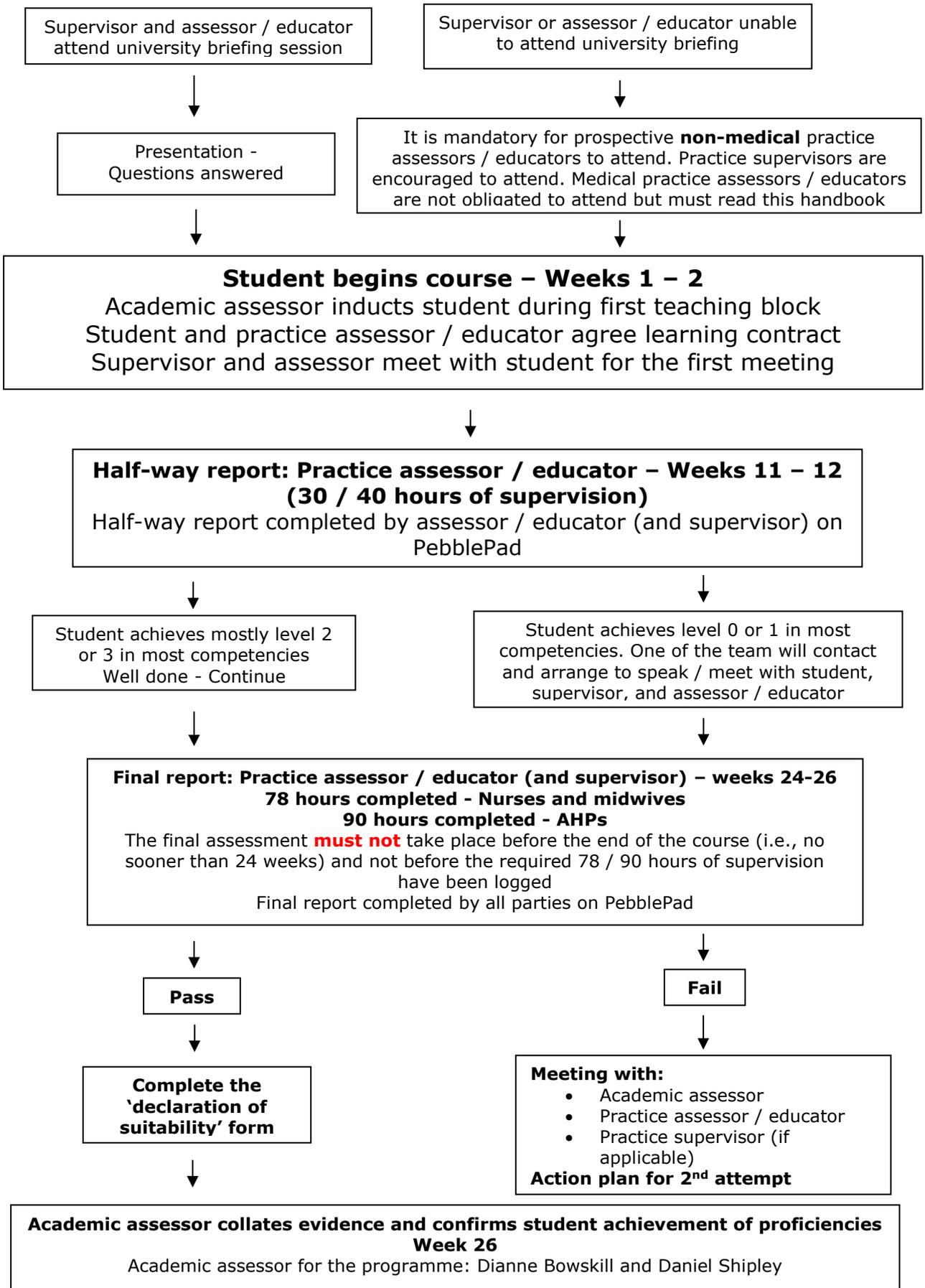
<https://www.nottingham.ac.uk/healthsciences/documents/practice-nursing/practice-esc-policy-issue4.pdf>

School of Health Sciences - Safeguarding:

<https://www.nottingham.ac.uk/healthsciences/practice/safeguarding/index.asp>

3. Process of practice supervision and assessment flow chart

Continual communication and academic assessor is required between practice supervisor / educator, practice assessor for the duration of the course



The assessment of prescribing practice occurs at two time points during the programme. The practice assessor / educator will complete a **formative assessment** of progression to achieve the RPS practice competencies at the 'half-way point.'

The half-way report provides an opportunity to review the progress of the student. The course team will follow up any concerns raised in the report and liaise with the supervisor / assessor / educator accordingly (see below).

The practice assessor / educator then completes a **summative assessment** of progression to achievement of practice competencies at the end of the programme. The components to record these assessments are on PebblePad.

4. Supervision and assessment of prescribing

The prescribing student must not write a prescription for a patient or client, nor indicate that they will, even under supervision or during assessment. Prescriptions can however be written for education purposes using fictitious patient details and clearly marked for assessment purposes. These prescriptions must not be used in practice.

Students have access to prescription templates in our education resources on Moodle or with employer permission; students can use a blank chart from the clinical area marked for assessment. We recognise that the RPS competency statements are for all prescribers and are written in the tense of already being qualified. We ask therefore that the context for supervision and assessment of practice competencies is one of 'future prescribing practice'.

Arrangements for supervision and assessment of practice time are negotiated between student, assessor/educator, and supervisor. We strongly recommend that supervision time is spread across the course. This allows university directed theory to inform the development of prescribing practice skills. The table below gives an example distribution of supervision and assessment of practice:

| Course Week Number | | | | | | |
|---|-------------|--|--|-----------------------------------|---|----------------------------------|
| 1-2 | 3-9 | 10-11 | 11 - 12 | 13 - 20 | 21-23 | 24 - 26 |
| Meet supervisor and / or assessor educator Complete the learning | Supervision | Supervision If applicable: supervisor reports to assessor / educator | Supervision Assessor / educator completes half way report | Supervision Review of learning | Supervision If supervisor reports to assessor / educator | Assessor / educator final report |
| Recommended Supervised / Assessed Days in Practice | | | | | | |
| 1 | 3 | 2 | 1 | 3 | 1 | 1 |

a) Learning contract:

Students, supervisors, assessor / educators, and educators should consider the learning outcomes and competencies for practice assessment in relation to the area of practice and future prescribing practice. The student should begin to identify individual learning



needs: looking at the RPS prescribing competencies and think about how their needs might be met. AHP students should meet with their educator to complete the learning contract. Nurses and midwives should meet with both supervisor and assessor / educator; ideally together but separately if this is not possible.

5. Forms of supervision and evidence

a) Forms of supervision:

It is important that forms of supervision are discussed, and agreement reached between student, supervisor, and assessor / educator. It is useful to point out that there is no expectation for the student to 'sit with' the supervisor or educator for every hour of supervision. The role of the supervisor or educator is to oversee and to guide practice learning. The student should gain experience of prescribing consultation and associated activities in the prescribing practice area by first observing prescribers. This should then proceed to being observed themselves. Some examples have been provided below:

Observation:

Shadowing opportunities in which the student will observe how a medical or non-medical prescriber conducts consultations with patients and / or carers in clinical situations.

Direct supervision:

Roles will be reversed. The student will carry out the consultation, discussing clinical management and prescribing options. Supervisors are expected to observe the student undertaking consultations involving medicines and prescribing decisions.

Indirect supervision:

Student is supervised by a different healthcare professional who has useful expertise or an alternative insight into prescribing practice.

Developing prescribing practice:

This may involve the student electing to spend some supervision time with a variety of professionals to broaden the individual's perspective on prescribing practice. We advise all nursing and allied health profession prescribing students to spend some supervision time with a pharmacist.

Independent practice:

The student will work semi - independently. For example, the students will conduct an independent consultation with a patient followed by a critical discussion with the supervisor or other appropriate prescriber.

Please note that the following are not accepted prescribing practice activities:

- Revision time or time spent preparing for the exam or poster presentation
- Group work with other prescribing students that is not led by a supervisor, educator, or assessor

- Complete days or shifts of independent working

Students often ask to include other course or training days in their prescribing practice hours. This must be agreed with the course lead and must not exceed 10% of the total practice learning hours.

Forms of evidence:

The practice assessor / educator is responsible for completing both the half-way and final assessment of prescribing practice and must sign the declaration of achievement of prescribing practice competencies.

It is the responsibility of the student to provide the supervisor and assessor / educator with evidence of competency achievement. Useful examples are case discussions, case presentations, question and answer exercises and reflective essays. The choice of acceptable evidence should be agreed between supervisor and student.

Students are required to gain feedback from a service user at least once during supervision and this must be submitted with the final assessment of practice competencies.



6. The competency statements

The prescribing competencies published by the Royal Pharmaceutical Society can be found in their entirety by clicking on the link shown below:

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

There are split into two domains:

Domain 1: The consultation

Domain 2: Prescribing governance

The two domains are subdivided into 10 competency statements. Each statement has a set of indicative descriptors intended to guide student, supervisor, and assessor / educator to the sort of activity and knowledge expected to reach the level of competence required to demonstrate achievement. An example is shown below:

The Consultation [Domain]

Competency 1: ASSESS THE PATIENT [Competency statement]

- 1.1 Undertakes the consultation in an appropriate setting [Indicative achievement]
- 1.2 Considers patient dignity, capacity, consent, and confidentiality

7. Assessment of competence

The practice assessor / educator is required to undertake an assessment of student progression at two points of the course:

- Half-way through the supervision hours (i.e., weeks 11-12)
- Upon completion of the course – 78 / 90 hours of supervised practice (i.e., weeks 24-26)

a) Half-way report - Guidance for completion:

The half-way report provides the opportunity for student, supervisor, and assessor / educator to discuss progress. The report is designed to help identify student strengths and weaknesses. Once completed it serves as an effective visual prompt from which action plans are developed. A score of '0 or 1' in several competency statements is a cause for concern. The prescribing team will contact the student, supervisor, and assessor / educator to discuss the problem area before the final assessment takes place. All students must be awarded a score in all ten competency statements.



The statement below appears on the half-way report after each competency statement. Supervisors must select the level reached by the student. For example, this student has achieved 'level 2' indicating that some weakness is identified, and further supervision is required.

| | | | | |
|--|---|---|--------|---|
| The student has demonstrated this level of | 0 | 1 | 2 ✓ | 3 |
|--|---|---|--------|---|

| Score | Half-way Report Key Indicator Statements |
|-------|--|
| 0 | No opportunity or unacceptable performance |
| 1 | Student requires close supervision / Significant weakness identified |
| 2 | Some supervision required / Some weakness identified |
| 3 | Some supervision but can work alone at times / Sound prescribing performance |

At the end of the half-way report the supervisor is encouraged to provide an evaluative comment on progress to achievement of competencies.

b) Final interview report – Guidance for completion:

In the final report the statement below appears after each competency statement. The final assessment is either PASS or FAIL. Practice assessors / educators must indicate this by ticking or encircling. An example is given below:

| | |
|---|-----------------|
| The student has demonstrated achievement of the competency statements above | Pass ✓ / (Fail) |
|---|-----------------|

You will notice that the final competency statement in the report relates to prescribing for children (see below):

| Competency: Prescribing for Children |
|--|
| This competency should be assessed where the student prescriber is already responsible (or is likely to be prescribing) for children in the future. If not applicable tick N/A at the final assessment |
| Can take an appropriate history undertake a clinical assessment and make an appropriate diagnosis, having considered the legal, cognitive, and physical differences between children and adults and where appropriate between neonates, children, and young people |

Once the student has completed a minimum of 78 / 90 hours supervised practice, taken over a minimum of 24 weeks and has achieved the necessary level of competence; practice assessors / educators are asked to sign a declaration of suitability for registration / recording.

The student must also get manager approval and signature before submitting the final report. Final submission must include the OSCE consultation, learning log, the final report and service user feedback. All these components are submitted via PebblePad. This task must be completed before specified deadline date.

At the end of the final report student, supervisor and assessor / educator must provide an evaluative comment on progress to achievement of competencies



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Thank You

We hope you have found this information useful. Should you have any questions or comments please do not hesitate to contact any member of the course team.

Alison, Dianne, and Daniel