



Practice Supervisor, Practice Assessor & Practice Educator Handbook

Non-Medical Prescribing: Independent & 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

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1. Introduction and team contact details

Dear Colleague,

This document has been written for non-medical prescribers and doctors undertaking the role of practice supervisor and practice assessor / educator. These two roles are integral when supporting a student enrolled on the non-medical prescribing course at the University of Nottingham.

We hope the information provided in this handbook will help to explain your role along with course structure, content, and assessment processes.

Currently the Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC) have different requirements for the assessment of competence in prescribing practice. We ask you to read this handbook carefully to ensure you have the correct information for the professional role of the student.

HCPC requirements apply to the prescribing Allied Health Professions (AHPs), physiotherapy, podiatry, chiropody, paramedic, and dietetics. NMC requirements apply to nurses and midwives.

a) HCPC:

Physiotherapists, podiatrists, chiropodists, 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 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) NMC:

A requirement of nurses and midwives when applying for the independent and supplementary prescribing course 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, educators, and assessors 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.

If you would like one of the team to visit you (and the student where appropriate) in practice, please contact us to arrange this:

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) The practice supervisor must be:

A registered nurse, midwife, doctor, or registered health professional who:

- Is an active prescriber
- Works in the same clinical area as the nurse prescribing student
- Is a role model for safe and effective practice
- Has up to date knowledge of prescribing skills in the clinical area
- Can commit time to supervise and support the student

Physiotherapist, podiatrist, chiroprapist, paramedic, and dietitian prescribing students are also encouraged to have a named practice supervisor to support their practice learning. This however is not mandatory.

b) Practice supervisor - The role:

- 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

c) 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. Please note that reading of the handbook is essential before commencing the role
- 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 report (and review of learning logs)

d) The practice assessor / practice educator – Criteria:

The practice assessor / educator can be a medical or non-medical prescriber but must not be the same person as the practice supervisor. **Medical** prescribers taking on the role of practice assessor / educator must meet the Department of Health criteria to take on the role:

Department of Health eligibility criteria to act as the practice assessor for the assessment of non-medical prescribers by medical prescribers:

- Has normally at least 3 years recent clinical experience for a group of patients/clients in the relevant field of practice
 - Is within a GP practice and is either vocationally trained or is in possession of a certificate of equivalent experience from the joint committee for Post-graduate Training in General Practice (JCPTGP)
- OR**
- Is a specialist registrar, clinical assistant or a consultant within an NHS Trust or other NHS employer
 - Has the support of the employing organisation or GP practice to act as the practice assessor who will provide supervision, support, and opportunities to develop competence in prescribing practice
 - Has some experience or training in teaching and / or supervising in practice

Non-medical prescribers taking the role of practice assessors / educators must meet the School of Health Sciences eligibility criteria outlined below. These criteria have been developed in partnership with NHS Trusts:

School of Health Sciences eligibility criteria to act as the practice assessor for a nurse prescribing student:

- Registrant on a health professions register
- To assess a V300 nurse prescribing student the assessor must be a V300 prescriber
- To assess a V150 nurse prescribing student the assessor must be a V100, V150 or V300 prescriber
- An active prescriber with a minimum of one year post prescribing qualification experience
- Has some experience or training in teaching and / or supervising in practice
- Has agreement from the line manager for time to support the nurse prescribing student

e) Practice assessor / practice 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 assessors / educators 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.

f) Practice assessor / practice 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 not unusual to see students struggling with the pressure of these requirements.

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.

We ask you to read this document carefully and to talk to your student about the role. Students have an information session on practice supervision and assessment in the first week of the course. If you have any questions or would like a member of the team to visit or contact, you to discuss the process of supervision / assessment please do not hesitate to contact us.

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>

g) Raising and escalating concerns:

Practice assessors, supervisors, educators, 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.

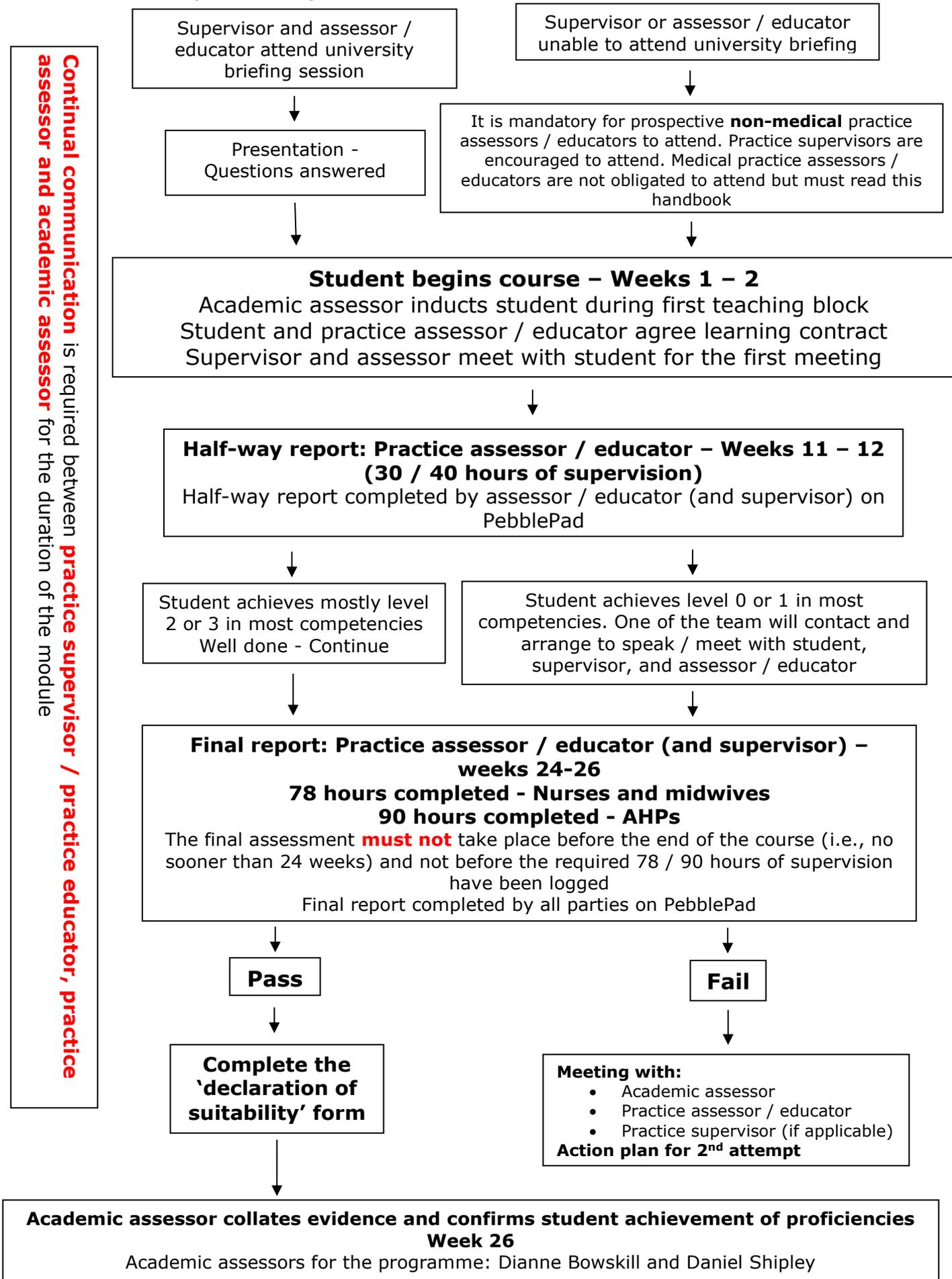
The following guidelines will enable you to alert the relevant staff and practice environments to ensure that all issues of concern relating to practice learning are dealt with promptly and effectively:

- 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.aspx>

We respectfully ask that if a practice supervisor, practice assessor or practice educator has any concerns about the current or potential ability of the student to achieve the practice competencies that the prescribing team are informed immediately.

Should a practice supervisor, practice assessor or practice educator see behaviour considered unsafe or actions which may potentially cause harm to a patient; a fail should be awarded and the prescribing team informed immediately.

3. Process of practice supervision and assessment flow chart



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 / educator / assessor 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 documents to record these assessments are on PebblePad.

4. About the course

The course will deliver digitally using a diverse range of resources and packages including screencasts, online quizzes, and Microsoft Teams seminars.

The multidisciplinary programme of prescribing education will prepare practitioners to prescribe within current legal frameworks of independent and supplementary prescribing. Once qualified non-medical prescribers will be entitled to prescribe within the following frameworks:

a) Nurse / midwife:

Independent prescribing - all licensed medicines in the BNF / cBNF; both within and outside their product license. Also unlicensed medicines and controlled drugs.

Supplementary prescribing - all licensed medicines in the BNF, cBNF; both within and outside license. Also unlicensed medicines and controlled drugs within the boundaries of a patient specific clinical management plan.

b) Allied Health Professions (AHPs):

Independent prescribing - all licensed medicines in the BNF / cBNF; both within and outside their product license. Physiotherapist independent prescribers have authority to prescribe from a limited list of seven controlled drugs. Podiatrist / chiropodist independent prescribers meanwhile may prescribe from a limited list of four controlled drugs for treatment of ankle and foot disorders. Paramedic prescribers have authority to prescribe from a limited list of five controlled drugs. Dietitians are limited to supplementary prescribing at the point of writing.

Supplementary prescribing - all licensed medicines in the BNF, cBNF; both within and outside license. Also unlicensed medicines and controlled drugs within the boundaries of a patient specific clinical management plan.

Whilst all prescribers are expected to prescribe only within their scope of practice and appropriate to their profession; podiatrist and chiropodist prescribers are specifically restricted to prescribing medicines relevant to the treatment of disorders affecting the foot, ankle, and associated structures.

This program of prescribing education has been approved by the Nursing and Midwifery Council and the Health and Care Professions Council. Each will record the qualification on their respective professional register.

5. Indicative content

The programme of prescribing education includes content under the following topic headings:

- Consultation, decision making, assessment and review
- Influences and psychology of prescribing
- Prescribing in a team context
- Pharmacology and therapeutics
- Evidence based practice and clinical governance
- Legal, policy and ethical aspects
- Patient monitoring
- Prescribing in a public health context

If you would like to see the timetable of sessions and / or session learning outcomes, please ask your student or contact one of the prescribing team.

6. Programme learning outcomes

a) Degree level (NURS3099, NURS3025 and NURS3082)

Discuss the legal, ethical, and professional framework for accountability and responsibility in relation to the legal parameters of independent and supplementary non-medical prescribing. Reflects, is aware of own limitations and works within professional competence.

Outline the pharmacodynamics and pharmacokinetics of drug groups which they intend to prescribe.

Understand the conditions being treated and the impact of co-morbidities, altered physiology and drug-drug interactions as well as social and environmental factors on drug response.

Critically analyse information obtained from the various dimensions of clinical assessment. Formulate a differential diagnosis and discuss how the findings of clinical assessments support clinical decision making in prescribing situations applying relevant national frameworks.

Take and present a systematic clinical history to include medical history and detailed medication history which includes allergy status, prescribed and over the counter medicines, complementary and herbal remedies.

Critically consider the options when prescribing including non-pharmacological and pharmacological treatments, de-prescribing, patient factors, clinical evidence, cost effectiveness and public health including antimicrobial stewardship.

b) Masters level (NURS4192, NURS4114 and NURS4164)

Critically discuss the legal, ethical, and professional framework for accountability and responsibility in relation to the legal parameters of independent and supplementary non-medical prescribing at individual, client group, team, and organisational level. Reflects, is aware of own limitations and works within professional competence.

Describe the pharmacodynamics and pharmacokinetics of drug groups which they intend to prescribe. Demonstrate a contextual understanding of the pharmacology and therapeutics of drug groups in varied populations.

Understand the conditions being treated and the impact of co-morbidities, altered physiology and drug-drug interactions as well as social and environmental factors on drug response.

Critically appraise and synthesize information obtained from the various dimensions of clinical assessment. Formulate a differential diagnosis and critically discuss how the findings of clinical assessments inform clinical decision making in prescribing situations applying relevant national frameworks.

Take and present a systematic clinical history to include medical history and detailed medication history which includes allergy status, prescribed and over the counter medicines, complementary and herbal remedies.

Critically evaluate the options when prescribing on individuals, groups and the wider population including non-pharmacological and pharmacological treatments, de-prescribing, patient factors, clinical evidence, cost effectiveness and public health including antimicrobial

7. Course assessment

The course has five elements of assessment. No compensation between assessments is allowed. A pass mark must be achieved at each assessment to achieve the award.

Assessment	Time (minutes if exam)	Detail	Pass mark (%)	Overall weighting (%)
Numeracy exam	30	Assessment of numeracy skills relating to prescribing	100 (pass/fail)	0
Portfolio		Element 1: 1500 word (degree level) / 2,000 word (master's level) critical application of the principles of law, accountability and ethics to a patient prescribing scenario from supervised practice Element 2: Prescription and clinical management plan (pass/fail)	Degree 40, Masters 50	30
Pharmacology exam	70	Unseen exam comprising single best response and short answer questions	80	20
Poster	8 – 10 mins presentation 5 – 6 mins viva	Presentation of the evidence base, pharmacology, therapeutics, and related continuing professional development of the prescription of a single drug within a specified client group (degree level) or three drugs in a patient case (master's level)	Degree 40, Masters 50	30
Practice assessment		Assessment of prescribing competency standards (RPS) by practice assessor / educator (i.e., final report). Evidence of 78 / 90 hours recorded within a learning log OSCE consultation mark sheet and service user feedback	100 (pass/fail) OSCE consultation (pass/fail) Service user feedback (pass/fail)	20 0 0

8. Supervision and assessment of prescribing

The student prescriber 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 contract	Supervision	Supervision If applicable: supervisor reports progress to assessor / educator	Supervision Assessor / educator completes half-way report	Supervision Review of learning contract	Supervision If applicable: supervisor reports to assessor	Assessor / educator final report
Recommended Supervised / Assessed Days in Practice						
1	3	2	1	3	1	1

a) Learning contract:

Students, supervisors, assessors, 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; ideally together but separately if this is not possible.

9. Forms of supervision & 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:

This will essentially involve providing the student with shadowing opportunities in which the student will observe how you, as a medical or non-medical prescriber, conduct 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:

You might consider a colleague to have special expertise in a particular area of practice. In such cases it would be appropriate for you to delegate supervision to that colleague.

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% or 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.

10. 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

11. 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. Assessors must tick 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 achievement	0	1	2 ✓	3
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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. An example is given below:

The student has demonstrated achievement of the competency statements above	Pass ✓ / Fail
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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

If the student has completed a minimum of 78 / 90 hours medically supervised practice, taken over a minimum of 24 weeks and has achieved the necessary level of competence; you 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.

12. Competencies with indicative statements

The Royal Pharmaceutical Society prescribing competencies are provided in full below.

Final assessment EXAMPLE - Award a PASS or FAIL for each of the 10 competency statements:

1. Assess the Patient

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

The student has demonstrated achievement of the competency statements above	Pass / Fail
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2. Identify Evidence-Based Treatment Options Available for Clinical Decision Making

- 2.1. Considers both non-pharmacological and pharmacological treatment approaches
- 2.2. Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy and deprescribing)
- 2.3. Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment
- 2.4. Applies understanding of the pharmacokinetics and pharmacodynamics of medicines, and how these may be altered by individual patient factors
- 2.5. Assesses how co-morbidities, existing medicines, allergies, intolerances, contraindications, and quality of life impact on management options
- 2.6. Considers any relevant patient factors and their potential impact on the choice and formulation of medicines, and the route of administration
- 2.7. Accesses, critically evaluates, and uses reliable and validated sources of information
- 2.8. Stays up to date in own area of practice and applies the principles of evidence-based practice
- 2.9. Considers the wider perspective including the public health issues related to medicines and their use, and promoting health
- 2.10. Understands antimicrobial resistance and the roles of infection prevention, control, and antimicrobial stewardship measures

The student has demonstrated achievement of the competency statements above	Pass / Fail
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3. Present Options and Reach a Shared Decision

- 3.1. Actively involves and works with the patient/carer to make informed choices and agree a plan that respects the patient's/carer's preferences
- 3.2. Considers and respects patient diversity, background, personal values, and beliefs about their health, treatment, and medicines, supporting the values of equality and inclusivity, and developing cultural competence
- 3.3. Explains the material risks and benefits, and rationale behind management options in a way the patient/carer understands, so that they can make an informed choice
- 3.4. Assesses adherence in a non-judgemental way; understands the reasons for non-adherence and how best to support the patient/carer
- 3.5. Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied
- 3.6. Explores the patient's/carer's understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber

The student has demonstrated achievement of the competency statements above	Pass / Fail
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4. Prescribe

- 4.1. Prescribes a medicine or device with up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions and adverse effects
- 4.2. Understands the potential for adverse effects and takes steps to recognise, and manage them, whilst minimising risk
- 4.3. Understands and uses relevant national, regional, and local frameworks for the use of medicines
- 4.4. Prescribes generic medicines where practical and safe for the patient, and knows when medicines should be prescribed by branded product
- 4.5. Accurately completes and routinely checks calculations relevant to prescribing and practical dosing
- 4.6. Prescribes appropriate quantities and at appropriate intervals necessary to reduce the risk of unnecessary waste
- 4.7. Recognises potential misuse of medicines; minimises risk and manages using appropriate processes
- 4.8. Uses up-to-date information about the availability, pack sizes, storage conditions, excipients, and costs of prescribed medicines
- 4.9. Electronically generates and/or writes legible, unambiguous, and complete prescriptions which meet legal requirements
- 4.10. Effectively uses the systems necessary to prescribe medicines
- 4.11. Prescribes unlicensed and off-label medicines where legally permitted, and unlicensed medicines only if satisfied that an alternative licensed medicine would not meet the patient's clinical needs
- 4.12. Follows appropriate safeguards if prescribing medicines that are unlicensed, off-label, or outside standard practice
- 4.13. Documents accurate, legible, and contemporaneous clinical records
- 4.14. Effectively and securely communicates information to other healthcare professionals involved in the patient's care, when sharing or transferring care and prescribing responsibilities, within and across all care settings

The student has demonstrated achievement of the competency statements above	Pass / Fail
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5. Provide Information

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

The student has demonstrated achievement of the competency statements above	Pass / Fail
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6. Monitor and Review

- 6.1. Establishes and maintains a plan for reviewing the patient's treatment
- 6.2. Establishes and maintains a plan to monitor the effectiveness of treatment and potential unwanted effects
- 6.3. Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences
- 6.4. Recognises and reports suspected adverse events to medicines and medical devices using appropriate reporting systems

The student has demonstrated achievement of the competency statements above	Pass / Fail
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7. Prescribe Safely

- 7.1. Prescribes within own scope of practice, and recognises the limits of own knowledge and skill
- 7.2. Knows about common types and causes of medication and prescribing errors and knows how to minimise their risk
- 7.3. Identifies and minimises potential risks associated with prescribing via remote methods
- 7.4. Recognises when safe prescribing processes are not in place and acts to minimise risks
- 7.5. Keeps up to date with emerging safety concerns related to prescribing
- 7.6. Reports near misses and critical incidents, as well as medication and prescribing errors using appropriate reporting systems, whilst regularly reviewing practice to prevent recurrence

The student has demonstrated achievement of the competency statements above	Pass / Fail
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8. Prescribe Professionally

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

The student has demonstrated achievement of the competency statements above	Pass / Fail
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9. Improve Prescribing Practice

- 9.1. Improves by reflecting on own and others' prescribing practice, and by acting upon feedback and discussion
- 9.2. Acts upon inappropriate or unsafe prescribing practice using appropriate processes
- 9.3. Understands and uses available tools to improve prescribing practice
- 9.4. Takes responsibility for own learning and continuing professional development relevant to the prescribing role
- 9.5. Makes use of networks for support and learning
- 9.6. Encourages and supports others with their prescribing practice and continuing professional development
- 9.7. Considers the impact of prescribing on sustainability, as well as methods of reducing the carbon footprint and environmental impact of any medicine

The student has demonstrated achievement of the competency statements above	Pass / Fail
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10. Prescribe as Part of a Team

- 10.1. Works collaboratively as part of a multidisciplinary team to ensure that the transfer and continuity of care (within and across all care settings) is developed and not compromised
- 10.2. Establishes relationships with other professionals based on understanding, trust, and respect for each other's roles in relation to the patient's care
- 10.3. Agrees the appropriate level of support and supervision for their role as a prescriber
- 10.4. Provides support and advice to other prescribers or those involved in administration of medicines where appropriate

The student has demonstrated achievement of the competency statements above	Pass / Fail
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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. We hope you find the experience of supervision / assessment enjoyable.

Alison, Dianne, and Daniel.