

Designated Prescribing Practitioner Guidance

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Pharmacist Prescribing

What is the aim of pharmacists independent prescribing?

To provide patients with quicker and more efficient access to medicines through making the best use of the skills of trained pharmacist prescribers allowing medical prescribers to focus patients with more complicated conditions and complex treatments

What are the roles and responsibilities of the pharmacist independent prescriber?

To be the pharmacist prescriber responsible for the patient's care including diagnosis and assessment. In addition, to prescribe within the limits determined by their own clinical competence and professional code of conduct while accepting professional accountability and clinical responsibility for their prescribing practice within a clinical governance framework. They will refer patients when the patient's condition or treatment no longer falls within their competence.

What conditions can be undertaken by pharmacist independent prescribers?

There are no legal restrictions on the clinical conditions that may be dealt with by pharmacist independent prescribers. Pharmacists are generally required to choose a scope of practice in which to train as an independent prescriber, but once qualified, can extend their scope provided that they are prescribing within their competence.

Can a pharmacist Independent prescriber prescribe, unlicensed medicines, off-label medicines

Pharmacists independent prescribers can prescribe unlicensed and off – label medicines, subject to accepted clinical good practice for medical conditions within their competence. They can prescribe controlled drugs (Schedule 2-5) on a prescription (but not cocaine, dipipanone or diamorphine for treating addiction) for any medical condition within their competence.

How can a pharmacist become a pharmacist Independent prescriber?

To become a pharmacist Independent prescriber a registered Pharmacist must complete an additional GPhC-accredited post-graduate qualification, which will then allow them to be annotated on the GPhC register as an

Independent Prescriber. There are a number of pre-requisites for undertaking this prescribing training, including having been in a patient facing role for a minimum of 2 years following registration as a Pharmacist, and demonstrating relevant clinical or therapeutic experience in their chosen area of practice, which is suitable to act as the foundation of their prescribing practice training.

The UCL Clinically Enhanced Pharmacist Independent Prescribing Course

What is the Clinically Enhanced Pharmacist Independent Prescribing Course (CEPIP)?

This means that the physical examination skills included in the course go beyond those required by the GPhC for pharmacist independent prescribing programmes. In relation to physical examination skills, the GPhC indicative content includes:

- Clinical examination skills relevant to the condition(s) for which the pharmacist intends to prescribe
- Recognition and responding to common signs and symptoms that are indicative of clinical problems. Use of common diagnostic aids for assessment of the patient's general health status; e.g. stethoscope, sphygmomanometer, tendon hammer, examination of the cranial nerves.
- Working knowledge of any monitoring equipment used within the context of the treatment/clinical management plan

The aim of the physical examination skills teaching in this CEPIP course is to enable the Trainee Independent Prescriber (TIP) to clinically assess patients using focused medical history taking and physical examination skills whilst having an awareness of additional tests and referral pathways to aid in diagnosis. The course will also enable the TIP to safety net patients and manage risk. The course will cover the major body systems described below. In addition, TIPs will need to develop competence in any particular physical examination skills required for their scope of practice that they will have identified with their DPP.

The following body systems will be taught on the course:

1. Cardiovascular
2. Respiratory
3. Abdomen
4. Ear, nose and throat
5. Musculoskeletal
6. Neurological assessment
7. Peripheral vascular and lymphatic system
8. Visual acuity and ophthalmoscopy
9. Mental health

Designated Prescribing Practitioner

What is a Designated Prescribing Practitioner (DPP)?

A Designated Prescribing Practitioner (DPP) is a workplace-based supervisor who supports the pharmacist in the experiential part of the prescribing course (called Learning in Practice). This role is required by the General Pharmaceutical Council (GPhC). This role was previously only allowable for designated medical practitioners (DMPs) but regulatory changes in 2019 have enabled a range of healthcare professionals to take on the role. The term DPP encompasses this range of healthcare professionals and includes medical practitioners.

Each student must have one named DPP to support them in their learning in practice time and who takes the primary responsibility for supervision.

What is the role of the Designated Prescribing Practitioner?

The important aspects of the DPP's role are to support the trainee pharmacist prescriber by providing access to a patient-centred environment where they can safely develop and practise the skills of a prescriber under supervision. The DPP also provides training, support and feedback to the pharmacist so they can develop their prescribing skills. This includes consultation, clinical assessment and monitoring linked to their planned scope of prescribing practice. The DPP also assesses the pharmacist against the competencies required to become an independent prescriber and is required to sign that the pharmacist has achieved these competencies at the end of the course. In summary, the DPP must be able to carry out the following functions:

- To have oversight and accountability for the safety and educational development of the pharmacist in their learning in practice.
- The ability to confirm to the provider that the pharmacist is fit to become an independent prescriber through review of assessment and performance.

It is a GPhC requirement that the TIP must have one designated prescribing practitioner who assumes primary responsibility for their supervision. If you are proposing to share the supervisory role, please contact the Course Team to discuss.

What are the criteria for acting as a DPP?

The core criteria for DPPs include the following:

- Be a registered healthcare professional with prescribing rights (this includes medical prescribers working as a general practitioner, specialist registrar or consultant, and annotated independent prescribers)
- Be in good standing with their regulatory body
- An experienced prescriber with a minimum of 3 years prescribing experience
- Be able to demonstrate they meet all competencies within The Competency Framework for all Prescribers (<https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework>)
- Be able to demonstrate they meet all the competencies within The Competency Framework for Designated Prescribing Practitioners. (<https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework>) This ensures they are suitably experienced and qualified to carry out the role, and can commit to the required time to support the student.
- Ability to assess patient-facing clinical and diagnostic skills

How can I prepare for the DPP Role?

Figure 1 provides an overview of the evidence that we require to ensure that you can demonstrate the competencies for Designated Prescribing Practitioners. If you do not have any formal training in workplace-based learning we would recommend undertaking one of the following:

- e-LFH Education Training Resources modules 1-7 (<https://www.e-lfh.org.uk/programmes/educator-hub/>)
- UCL Statement of Teaching Proficiency (Please contact the Course Team for further information)

We also recommend that you familiarise yourself with the following document:

- General Pharmaceutical Council (2018). Guidance on tutoring and supervising pharmacy professionals in training. Available at: https://www.pharmacyregulation.org/sites/default/files/document/guidance_on_supervising_pharmacy_professionals_in_training_august_2018.pdf [Last accessed 12th March 2021]

Supervised Learning in Practice

What is the Learning in Practice time?

This is a period of supervised learning spent in a clinical setting under the supervision of the DPP and other supervisors, putting academic theoretical learning into practice. This learning in practice time must include interaction with patients.

Learning in practice will be related to the area of practice that the pharmacist has chosen to focus on for the course. At the start of the process, pharmacists will agree a learning contract with the supervisor setting out their learning needs and how the learning experiences that will be undertaken to meet these needs. This will be different for each pharmacist, reflecting their differing skills and experiences and areas of practice. UCL tutors will support this process. The DPP should ensure that, over time, the pharmacist progresses from observing, to participating and then actively leading in patient care.

How long is the period of supervised learning in practice?

The GPhC stipulate that the pharmacist must spend a minimum of 90 hours in their period of supervised learning in practice. It is not unusual, however, for the pharmacist to spend a significantly greater amount of time in supervised learning in practice. How much time the pharmacist needs to spend in their period of supervised learning in practice will depend on their prior experience. At the end of the period of supervised learning in practice, the DPP needs to be able to confirm to UCL that the pharmacist is fit to become an independent prescriber through review of assessment and performance.

The University based elements of the course take place over six months, but the supervised learning in practice can be studied up to 12 months, depending on the pharmacist's individual learning needs in the workplace.

As a DPP how much time do I need to spend with my trainee pharmacist prescriber?

The trainee pharmacist prescriber is required to undertake a minimum of 90 hours of "supervised practice" time. This time must be planned and consist of activities relevant to the development of the prescribing competencies, linked to the pharmacist's learning contract and scope of prescribing practice. Of the 90 hours, no more than 30 hours can be spent passively observing others practice. The trainee pharmacist prescriber must actively be involved in patient care for at least 60 hours.

The Learning in Practice time will not require 90 hours of direct supervision by the DPP, but the DPP must have responsibility for the time the pharmacist spends in practice because at the end of the course the DPP is required to confirm that the pharmacist has completed these hours. We highly recommend that the learning in practice time includes support and experience with other members of the multidisciplinary team and other prescribers. This must be planned and agreed between the DPP and the pharmacist and recorded in the log of learning in practice time. The course is a Clinically Enhanced Course. Pharmacists may need to spend time with other practitioners to develop their skills in this area. We recommend that at least half of the total learning in practice time is in direct contact with the DPP.

What constitutes supervision during the learning in practice time?

Exactly what the pharmacist does in their learning in practice time will depend on the setting, their area of practice, their prior experience, and what is feasible to do. The following provide some examples of supervised learning activities:

- Dedicated time for the student to observe, participate in and, when ready, actively lead, patient consultations, and the development of the management plan
- Active participation in clinical/practice meetings where patients are discussed
- Opportunities to allow in-depth discussion and analysis of clinical management using a focused approach where patient care, and decision making can be examined further
- Opportunities to encourage critical thinking and clinical reasoning

- Observation of the pharmacist's abilities to consult, communicate, physically examine, monitor, and make prescribing decisions

Can my trainee pharmacist prescriber have access to patients and medical records?

Definitely, because trainee pharmacist prescribers will need to develop their communication, consultation and clinical assessment and diagnostic skills through practice and direct contact with patients. They will need to access relevant patient records to support these activities.

Will my practice/clinic/department need to identify patients relevant to the clinical condition(s) for which the trainee pharmacist prescriber intends to prescribe when qualified?

It is helpful if you identify that systems are in place for the practice/clinic/department to identify suitable patients for trainee pharmacist prescriber to work with at the surgery/clinic/ward. IT systems and patient consultations are useful ways for you and your trainee pharmacist prescriber to identify suitable patients.

What indemnity insurance does a trainee independent prescriber require?

Pharmacists are advised to check with their employer and/or their personal insurer before they begin that they are fully covered in their role as a TIP and a future role as a qualified independent and supplementary prescriber.

We recommend that you confirm with your employing organisation that they have indemnity insurance that allows trainee independent prescribers.

Paperwork

What paperwork do I need to complete for the pharmacist during the course?

By the end of the learning in practice time, the DPP should have:

- Signed a tripartite agreement between the pharmacist, the DPP and course provider
- Signed the form to confirm that the TIP has undertaken a minimum of 90 hours in practice.
- Undertaken at least one mini-CEX and one CbD with the pharmacist
- Undertaken three observations of the pharmacist's physical examination skills. One observation should include basic observations, and the other two should relate to the physical examinations required for their scope of practice.
- Reviewed and signed the prescribing competencies framework
- Signed the final statement that indicates you believe that the TIP has demonstrated the skills in practice to be suitable for registration as an Independent Prescriber

DPP Support

What support is available for DPPs?

Depending on your previous experience of supervising workplace-based learning, you may be required to complete some training. This will be discussed and agreed with you when the pharmacist's application is being considered.

Required training might include:

- The UCL Statement of Proficiency in Training
- E-Learning for Health Educator Training Resources modules 1-7
- UCL Advanced Skills for Clinical Supervisors

Before you start your role as a DPP we will provide some training about the specific requirements of the UCL course. This will be in the form of a video and a DPP handbook.

During the course, three reviews will take place between the DPP, the pharmacist and a UCL tutor. The focus of the meeting is to review the pharmacist's progress, and to provide the DPP with any support that might be needed.

The course team will keep in touch with you throughout the course through regular newsletters highlighting up and coming course requirements, and feedback from the progress reviews and course evaluations.

You can contact the course team at any time if you have questions or concerns about the course or the pharmacist.

You will also be given access a DPP Teams area using Microsoft Teams where you will be able to access key information about the course, and take part in discussions with other DPPs.

Application Process and the DPP

When the pharmacist applies to the course, they will ask you to complete section 4 of the application pack. This is the DPP declaration. The information that you provide in this section allows us to determine if the DPP criteria are met, or if there are any further training needs for the role. You are specifically asked to provide evidence that you demonstrate the competencies in both the Competency Framework for All Prescribers (<https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework>) AND the within The Competency Framework for Designated Prescribing Practitioners. (<https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework>).

Evidence can be provided in a number of ways:

- Competency Framework for All Prescribers (<https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework>).

In section 4, you are asked to provide evidence that you have:

- Active prescribing competence applicable to the area of practice in which you will be supervising the student
- Appropriate patient facing clinical and diagnostic skills
- The ability to assess patient-facing clinical and diagnostic skills

Evidence could include:

- Job description with a list of current duties mapped to the Framework for All Prescribers
 - A current CV mapped to the Competency Framework for All Prescribers
 - Professional Portfolio
 - Evidence of contributing to clinical care, such as development of policies, guidelines etc.
 - Revalidation entries including reflection and CPD
 - Certificates from appropriate courses
 - Anonymised patient cases
 - Peer review of practice
- The Competency Framework for Designated Prescribing Practitioners. (<https://www.rpharms.com/resources/frameworks/designated-prescribing-practitioner-competency-framework>).

Figure 1 shows the evidence that you could submit to demonstrate the competencies within the Competency Framework for Designated Prescribing Practitioners.

The following will be accepted as evidence of the DPP competencies (on provision of Course Certificates):

- Annotated as a GMC trainer (Checked by the Admission Team on the GMC website)
- Completed Statement of Teaching Proficiency (STP) for King's Health Partners or UCL
- Completed DPP training with another University
- Completed e-LFH Education Training Resources modules 1-7 (<https://www.e-lfh.org.uk/programmes/educator-hub/>)
- Completed Health Education London and the South East Educational Supervisor training (<https://www.lasepharmacy.hee.nhs.uk/training-1/supervisor-training/>)

If you have not completed any formal training in workplace-based learning, but have relevant experience, evidence you could provide includes:

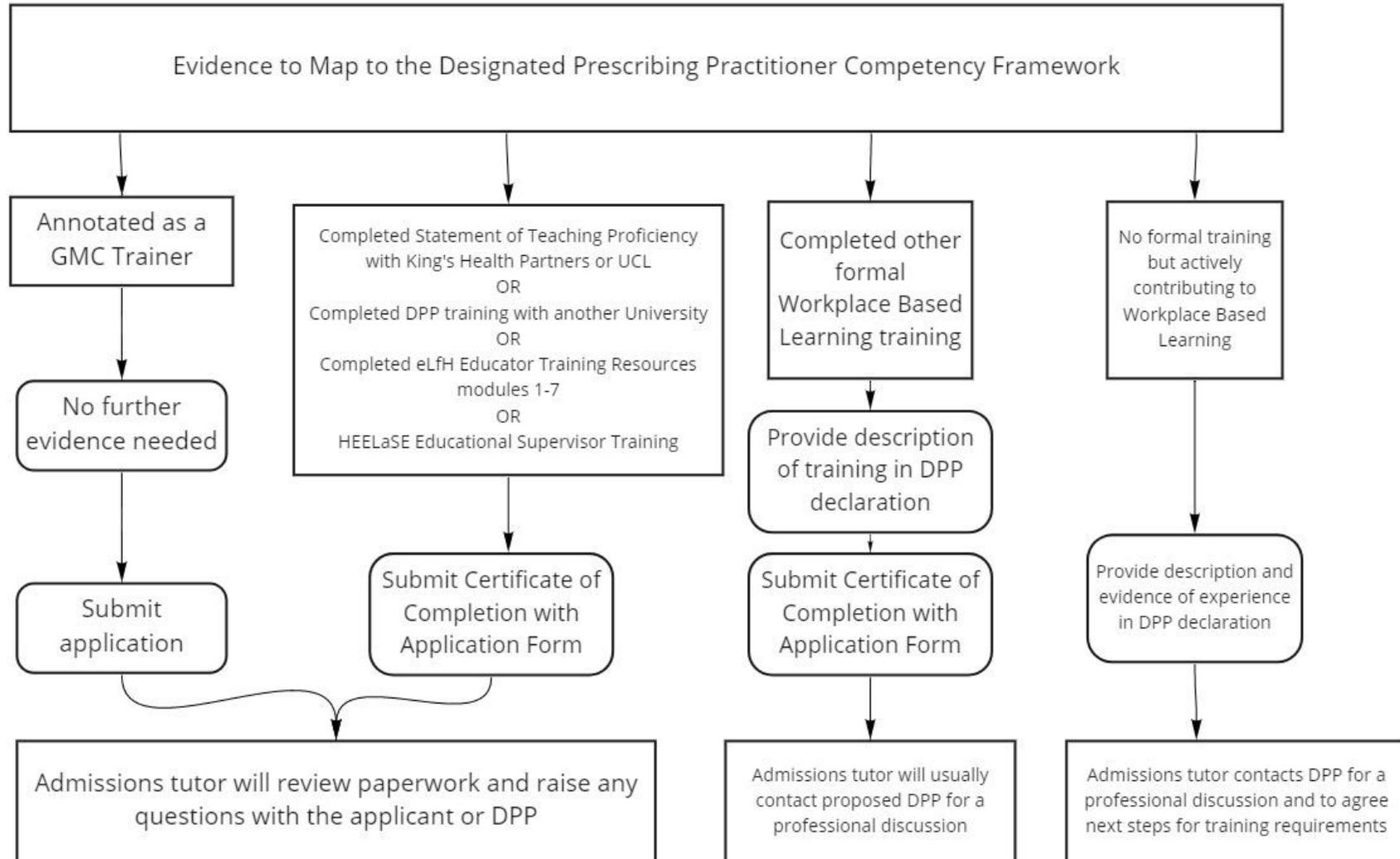
- Evidence of work submitted for an educational qualification (e.g. PGCert healthcare/clinical education) or credentialing (e.g. HEA fellowship), mapped to The Competency Framework for Designated Prescribing Practitioners to show its relevance to the workplace-based learning element of this programme
- Professional development portfolio mapped to The Competency Framework for Designated Prescribing Practitioners
- Revalidation entries including reflection and CPD
- Feedback from others e.g. peers or students
- Certificates of attendance or completion
- Peer review of practice or teaching
- Evidence of successful support of students through programmes of study

The Course Team will review the information provided and may contact you for a professional discussion to explore the information provided and agree next steps for training requirements.

If you have any questions about the role of the DPP, or the application process, please contact:

sop.cepip@ucl.ac.uk

Figure 1 Evidence that the DPP can demonstrate they meet all the competencies within The Competency Framework for Designated Prescribing Practitioners



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