

# Pharmacist Independent Prescribing **Designated Prescribing Practitioner guide**

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School of Pharmacy and Life Sciences  
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## Designated Prescribing Practitioner guide

This guide provides an overview of the Pharmacist Independent Prescribing course and of the role of the Designated Prescribing Practitioner (DPP). It includes information on the DPP application process, a 'Frequently asked questions' section and assessments. The guide will be useful for those taking on the role of DPP and for those considering doing so.

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## Course overview

### 1 Introduction to the role of pharmacist independent prescriber

Suitably qualified pharmacists have had prescribing rights since 2003, first as supplementary prescribers then since 2006 as independent prescribers. Pharmacist independent prescribers in the United Kingdom work in multi- disciplinary teams across all healthcare settings and prescribe for a wide range of clinical conditions and patient groups.

Pharmacist independent prescribers may prescribe any medicine within their area of competence, except diamorphine, dipipanone and cocaine for the treatment of addiction. Some focus on discrete clinical areas while others prescribe more widely, but always within their area of competence.

Wherever they practise, pharmacist independent prescribers are delivering safe, effective and person-centred care.

For more information on the role of pharmacist independent prescribers please see the Royal Pharmaceutical Society's [Pharmacist Independent Prescribers](#).

### 2 RGU Pharmacist Independent Prescribing course

The course prepares a pharmacist independent prescriber in training ('the pharmacist') to meet the [Standards for the education and training of pharmacist independent prescribers](#) set by the General Pharmaceutical Council (GPhC) to be eligible for annotation to the register as a pharmacist independent prescriber.

#### 2.1 Course structure

The course is structured around the GPhC Standards and the Royal Pharmaceutical Society's [Competency Framework for all Prescribers](#) and is delivered at Masters' level (Scottish Credit and Qualifications Framework Level 11). The course covers therapeutics, polypharmacy, pharmaceutical care planning, clinical skills, consultation skills and public health. Pharmacists have access to all the therapeutics material and select one of nine topics to study during their university-based education (see below). All pharmacists will also study the management of hypertension in adults. Pharmacists may plan to prescribe in areas other than their chosen therapeutic topic. In addition to knowledge of therapeutics, pharmacists develop generic approaches and skills and will develop their specialist knowledge in their area for prescribing during the PLP. Therapeutic topics offered include:

<b>Cardiovascular</b> Hypertension, heart failure, IHD and dyslipidaemia	<b>Gastrointestinal</b> Peptic ulcer disease, GORD, IBD
<b>Endocrinology</b> Thyroid dysfunction, diabetes mellitus	<b>Neurology</b> Alzheimer's Disease, epilepsy, Parkinson's Disease
<b>Respiratory</b> Asthma, COPD	<b>Oncology</b> General aspects, breast, colorectal and lung cancer
<b>Musculoskeletal</b> Osteoarthritis, rheumatoid arthritis, pain	<b>Psychiatry</b> Affective disorders, anxiety and sleep, schizophrenia
<b>Common clinical conditions</b> Urinary tract infections, ear, nose and throat, respiratory tract infections, skin	

## 2.2 Learning outcomes for the course

At the end of the course the pharmacist should be able to

1. Demonstrate, through systematic application, professional ability in the development and maintenance of effective interpersonal communication relevant to prescribing, including an understanding of the influences on and psychology of prescribing;
2. Show evidence of professional ability in the systematic and judicious application of knowledge and understanding pathophysiology, clinical pharmacology and evidence-based therapeutics for specified disorders to prescribe safely and effectively for patients taking account of their wishes and values;
3. Interpret and critically appraise a wide variety of sources of information, including medical history, physical examination, physiological monitoring to aid drug selection and monitoring for individual patients;
4. Reflect and critically evaluate on their role as a pharmacist prescriber focusing on the legal, ethical, governance and professional frameworks that underpin pharmacist prescribing;

5. Demonstrate a critical understanding and application of the skills, concepts and knowledge of evidence-based practice in a professional/vocational context at an individual, local and national level.

## 2.3 Course delivery

The course is delivered using a blended approach with a combination of online learning, a virtual residential week, and a period of learning in practice.

Most of the material is delivered by online learning using a range of web-based learning materials. These include self-assessment questions with feedback and discussion forums moderated by subject experts.

There is a mandatory virtual residential week where pharmacists study aspects such as communication and history taking, consultation skills, and development and synthesis of treatment plans for individual patients. External experts, academic staff and pharmacist prescribers in practice contribute to the learning experience. Registration for the residential week requires a number of activities to be completed in advance.

Pharmacists must also undertake a minimum period of 90 hours supervised learning in practice. Activities must be in a clinical setting with access to patients (this includes remote consultations), prescribing-related and should focus on the patient group for which the pharmacist expects to prescribe.

The course takes nine months to complete. There are two intakes each year, in January (virtual residential period in May) and September (virtual residential period in January). Note that many pharmacists training as prescribers, particularly those in community pharmacy and primary care, may experience some difficulty in accessing patients. This is impacting on their ability to complete the course within the usual time frame.

**Please make every effort to facilitate access to patients for your pharmacist's prescribing-related learning in practice.**

## 2.4 Indicative pharmacist workload

The pharmacist's indicative workload on the course is 300 hours, comprising:

• Online learning	175 hours
• Virtual residential period	35 hours
• Period of learning in practice	90 hours (minimum)

## 2.5 Assessment

The pharmacist's progress is assessed by:

- An objective structured clinical examination assessed by university staff;
- A portfolio of evidence from the period of learning in practice assessed by university staff.

## 2.6 The period of learning in practice

### Learning outcomes for the period of learning in practice

At the end of the period of learning in practice the pharmacist should be able to:

1. Demonstrate competence in the generation of treatment options for patients;
2. Demonstrate competence in the relevant physical examination of patients with those conditions for which the pharmacist may prescribe;
3. Demonstrate competence in the monitoring and assessment of a patient's response to treatment against the objectives in the treatment or clinical management plan;
4. Demonstrate effective communication with patients, carers, other prescribers and members of the healthcare team;
5. Demonstrate and document professional development as a pharmacist prescriber.

Please note that pharmacist independent prescribers in training must be supervised, using agreed mechanisms, in all clinical practice environments to ensure safe, person-centred care is delivered at all times.

As part of the portfolio of evidence from the period of learning in practice, pharmacists must prepare a logbook in which the pharmacist must record their activities during their period of learning in practice. The pharmacist will also submit one piece of evidence for each PLP learning outcome 1 – 4 about how they met the learning outcome. Throughout the period of learning in practice you must meet with the pharmacist to discuss their progress. The pharmacist's logbook, Direct Observation of Practical Skills (DOPS) forms and portfolio should be used to support the monthly review discussion. If you are satisfied the pharmacist has achieved the

period of learning in practice learning outcomes and is suitable for annotation by the GPhC as an independent prescriber, you will sign a declaration:

*I confirm that the above-named pharmacist has satisfactorily completed at least 90 hours of supervised practice and in my opinion as the DPP, the skills demonstrated in practice confirm the pharmacist as being eligible to apply for annotation as an Independent Prescriber.*

### 3 The Designated Prescribing Practitioner

To be eligible to be a DPP you must:

- be registered with your professional regulator. All non-medical prescribers (NMPs) undertaking the DPP role should have the necessary annotation for an independent prescriber as required by their regulator.
- be able to demonstrate they meet all competencies within the [Competency Framework for all Prescribers](#).
- have active prescribing competence applicable to the areas in which you will be supervising
- have appropriate patient-facing clinical and diagnostic skills
- have supported or supervised other healthcare professionals
- have the ability to assess patient-facing clinical and diagnostic skills
- be an active prescriber with at least three years' experience in a patient facing role, with appropriate knowledge and experience relevant to the pharmacist's area of clinical practice
- have experience or have had training in teaching and/ or supervising in practice, with knowledge of different methods of teaching to facilitate learning in practice and of assessment, including in clinical practice.

The [Designated Prescribing Practitioner Competency Framework](#) sets out the competences required as a DPP. You must be familiar with the competency framework and, as part of the application process, submit a short CV to provide evidence of how you meet all the competencies.

#### **DPP Competency framework Section 1: the Designated Prescribing Practitioner**

This section sets out the personal characteristics, professional skills and knowledge, and teaching and training skills required of the DPP.

- There is a need for clinical leadership, professional integrity, an open, honest, empathetic, approachable manner and the need to create a positive learning culture through their practice.

### DPP Competency framework Section 2: delivering the role

This section emphasises the need for the DPP to work in partnership with the pharmacist and others, prioritise patient care and to develop themselves in the role.

- The DPP must work with the pharmacist to establish their baseline knowledge and skills, and jointly create a development plan for meeting learning outcomes. *As part of the pharmacist's application, the pharmacist will have self-assessed their competence against ten of the competencies from the competency framework for all prescribers (Appendix 2) and this should be used as part of these initial discussions.*
- There must be regular assessment with gradual handing over of elements of the prescribing decision process. Note that the DPP must work in partnership with the pharmacist, other practitioners and the programme provider to confirm the competence of the pharmacist. The DPP must recognise their own limits in capacity, knowledge and skills and areas of practice where other practitioners may be better placed to support learning, advocating and facilitating a multidisciplinary team (MDT) approach to training. *As part of the DPP application process the DPP is asked to reflect on how they will facilitate the pharmacist to develop 10 of the competencies from the Competency framework (Appendix 2); this process is designed to promote a multidisciplinary approach to training.*
- The DPP must prioritise safe and effective patient care through effective clinical supervision, ensuring that informed patient consent is obtained, identifying and responding appropriately to concerns and acting in the interest of patient and public safety when making decisions on pharmacist competence;
- The DPP role may be new to the healthcare professional, and it is important that the DPP is open to learning and responding to feedback and regularly reflects on their role, identifying when and from whom help is required and carrying out relevant continuing professional development relevant. Should DPPs or pharmacists have any concerns they should raise these with the Course Leader as soon as possible.

### DPP Competency framework Section 3: the learning environment and governance

The relationship between the DPP and their employing organisation is important.

- The DPP must be able to negotiate sufficient time to supporting the pharmacist, encourage an environment that promotes equality, inclusivity and diversity and



create a safe learning culture that encourages participation and open discussion to support learning.

- The DPP must acknowledge their role and responsibilities within the wider governance structure, including the programme provider, employing organisation, professional regulator and others and be familiar with and where necessary engage with the process of escalating concerns about a pharmacist. The DPP must also engage with the employing organisation (or equivalent) to ensure support and resources are available to undertake the DPP role.

### 3.1 Roles and responsibilities of the DPP

You play a key role during the pharmacist's period of learning in practice. You are accountable for the safety, practice-based and educational development of the pharmacist during this time but need not provide all or even most of the direct supervision during this period. You will work with the pharmacist to facilitate learning, liaising with other health and social care professionals and others to enable the pharmacist to achieve the PLP learning objectives. The pharmacist will work as part of a multi-disciplinary team and develop 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.

You should meet with your pharmacist monthly. The pharmacist will submit a record of these meetings in their three- and six-monthly progress reports to the university. The Course Leader will email you twice during the PLP, at around the same time to keep in touch and check on your student's progress.

It is important to note that the pharmacist must only undertake tasks in which they are competent, or are learning under supervision to be competent, so that patient safety is not compromised.

If you have any concerns about the pharmacist's fitness to practise these should be raised immediately with the Course Leader. Any issues of patient harm during the PLP should similarly be communicated to the Course Leader as a matter of urgency.

Please read the General Pharmaceutical Council's [\*Guidance of tutoring and supervising pharmacy professionals in training\*](#) and take particular note of *Section 4: Guidance to help supervisors in their role* and within that *Section 4.4 Giving feedback to a pharmacist*.

You are responsible for:

- helping the pharmacist identify how each of the five PLP learning outcomes can be achieved;
- supporting the pharmacist in transferring the theoretical knowledge from the university-based training element of the programme into person focused prescribing practice;
- ensuring that the pharmacist has full access to any necessary resources during the PLP;
- providing training and support to enable the pharmacist to achieve the PLP learning outcomes, focusing on patients with the condition/s for which the pharmacist intends to prescribe. This may include contributions from other members of the healthcare team;
- confirming that the pharmacist is able to use common diagnostic aids for the physical examination of patients and other relevant clinical assessments – see below;
- Direct observation of practical skills (DOPS) of the pharmacist's history taking and physical examination skills;
- monitoring the progress of the pharmacist and confirming the completion of the required number of hours for the PLP;
- assessing that the pharmacist has achieved the learning outcomes and is suitable for annotation as an independent prescriber;
- completing a professional declaration that confirms that in your opinion the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an independent prescriber.

### **3.2 Physical examination skills training and assessment**

At the end of the PLP the pharmacist must be proficient in basic physical examination skills, i.e., taking blood pressure using a manual sphygmomanometer, pulse, respiratory rate and tympanic temperature. Three DOPS forms must be completed prior to the residential week. You should supervise at least one of

these, the other two may be supervised by another suitably qualified healthcare professional. After the residential week a further two DOPS forms, supervised by you, must be completed. In the portfolio the pharmacist will submit the three DOPS forms supervised by you.

The course leader will email you with information and the relevant DOPS forms. We also offer an evening information session for DPPs early in the course.

### **3.3 Schedule for the period of learning in practice**

The period of learning in practice should start as soon as possible after the start of the course. It is important that the pharmacist receives regular, appropriate and timely feedback on their performance to support their development.

The 90 hours PLP are the minimum hours in which the PLP learning outcomes and all the competencies in the Competency Framework can be achieved. Your pharmacist may require further hours to achieve these.

### **3.4 Equality, diversity and inclusion**

RGU strives towards creating a working, learning and social atmosphere which is inclusive and respectful of diversity. Information on equality and diversity at RGU may be found at <https://www3.rgu.ac.uk/about/equalityand-diversity/equality-and-diversity/>

Principles of equality and diversity are embedded in course design and delivery and training on equality, diversity and human rights legislation is provided as part of the course. These principles must equally be upheld during the period of learning in practice. Reasonable adjustments must be made in all education and training environments to help a pharmacist with specific needs to meet the learning outcomes although the learning outcomes themselves cannot be modified. The pharmacist is responsible for sharing any such needs with yourself and the university. With the pharmacist's permission the university's inclusion team <https://www.rgu.ac.uk/study/choose-rgu/facilities/support-facilities/disability-dyslexia> will be happy to provide advice as required.

## **4 Frequently asked questions about the PLP**

### **Who is the main supervisor?**

The pharmacist must have a main supervisor (termed the 'Designated Prescribing Practitioner' or DPP). This individual must be suitably qualified and meet the GPhC

criteria and will have overall responsibility for the pharmacist throughout the period of learning in practice.

### **How often should the pharmacist and I meet?**

This will depend on your individual circumstances. It is anticipated that as a minimum you will have an initial meeting to develop a plan for the PLP, then meet monthly to review progress and meet again at the end of the PLP. At this final meeting you will review the pharmacist's progress and record of learning outcomes achievement and if appropriate sign the declaration that the pharmacist is suitable for annotation as a pharmacist independent prescriber. The pharmacist must keep a record of these meetings and include it in their three-monthly progress reports.

### **Can other health professionals be involved in the training?**

Yes, a range of different health professionals can be involved in the training depending on the setting, target patient group and activities. For example, if the period of learning in practice is focusing on asthma and chronic obstructive pulmonary disease then the training could involve doctors, nurses, technicians, physiotherapists etc. Time could be spent in primary and/or secondary care and with other relevant individuals and organisations.

### **What type of activities are acceptable?**

Any hands-on activity in a clinical setting with access to patients (remotely or face to face) relevant to prescribing and the learning outcomes for independent prescribing is acceptable. If the pharmacist, as part of their current role, is involved in prescribing-related activities these may count as part of the period of learning in practice only if they are supervised by a healthcare professional and discussed and reflected upon in relation to their development as a prescriber. The pharmacist will keep a logbook of their activities and hours.

### **Are remote consultations (by phone or video) acceptable?**

Yes, remote consultations whether by phone or video-conferencing facilities are acceptable.

### **What needs to be submitted to the University in relation to the PLP and when?**

- The pharmacist must maintain a record of PLP meetings and individual learning objectives; these must be completed and submitted as part of the progress report according to the specified schedule;

- The pharmacist must submit the residential week registration form, including three DOPS forms, at least one supervised by you;
- On completion of the PLP the pharmacist will submit a portfolio with supporting evidence which demonstrates achievement of the learning outcomes. This will include 3 DOPS forms supervised by you and the DPP declaration.

**What is the time period for completion?**

The course should normally be completed within one year; the exact duration depends on the start date.

**Does the period of learning in practice need to be exactly 90 hours?**

No, the 90 hours are a minimum and can be extended until the pharmacist is suitable for annotation as an independent prescriber within the time frame of the course.

Please make every effort to facilitate the pharmacist's access to patients and prescribing-related activities.

**What kind of support is available for the pharmacist?**

In addition to yourself pharmacists have a supporting person, i.e., their line manager. Pharmacists have access to support from university staff including experienced pharmacist prescribers and e-learning support staff. The Course team may be contacted by email [askPALS@rgu.ac.uk](mailto:askPALS@rgu.ac.uk).

**What do I do if I have concerns about the pharmacist, or about my role?**

Please contact the Course Leader who will be able to provide advice.