



Institute of Health and Society

**V300 Independent and  
Supplementary Prescribing for  
Nurses:  
MSAP 4021  
And HESC 3020**

**Guidance for Designated Medical  
Practitioners**

**2016 - 17**

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## Introduction

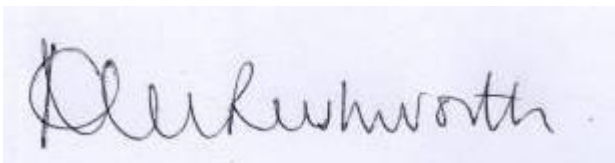
Dear Colleague,

Thank you very much for agreeing to be a Designated Medical Practitioner (DMP). We hope the information provided here will inform you of the structure, content and assessment process of the Non-Medical Independent Prescribing course. The DMP has a very important role in the assessment of Non-Medical Prescribing (NMP) students. The assessment of prescribing practice competency is one of four (or five for Masters Students) assessments the prescribing student must complete. The student must achieve a pass for each part of the assessment to qualify as a prescriber and have their name entered on the professional register by the Nursing and Midwifery Council (NMC) or the Health and Care Professionals Council (HCPC).

The process of supervision can be of mutual benefit to all those involved and we hope therefore that both the student and the medical practitioner enjoy the course, and learn from each other.

The prescribing team work closely together and we are happy to discuss queries or comments with DMPs (DMP) during the course.

We would encourage you to contact us with any concerns or queries you may have.

A handwritten signature in black ink on a light blue background. The signature is cursive and reads 'Alison Rushworth'.

Alison Rushworth  
Course Leader

## Course Contacts

### Module Lead

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Claire Eccleshall( [c.eccleshall@worc.ac.uk](mailto:c.eccleshall@worc.ac.uk). 01905 542729) Details of the permanent administrator will be confirmed on appointment.

### Other Team Members

Amanda Evans: Senior Lecturer in Medicines Management/Pharmacology

## Summary of DMP Responsibilities

- Agree days / times for medical supervision to take place. This must be outside the taught or University days. There are 78 hours spread throughout the five months of the course.
- The student does not have to stay with the DMP for every hour of supervision. Students are encouraged to work with or observe other specialists, prescribing practitioners and pharmacists and where appropriate work alone. The student will need to spend 50% of their 78 hours in practice with their DMP – that is: 6 days (39 hours) of supervision prior to the completion of practice placement
- The student must complete a total of 12 days (78 hours) of supervised practice before the competencies are finally signed off by the DMP.
- It is expected that these indirect forms of supervision will reflect the individual learning needs of the student and is likely to stimulate extra case discussion. It is therefore not essential that the DMP directly observes all competencies. It is however the students' responsibility to provide the supervisor with appropriate evidence of achievement any competencies indirectly completed in this way. The DMP must satisfy him or herself that this evidence is sufficient to sign an individual competency as verified.

### Will this impact on the clinical time?

Training new prescribers will undoubtedly take up some time. As the approach to teaching and learning should be developed on an individual basis, it is difficult to predict how much time this will involve but it is likely that consultation time will be reduced. It is unlikely that the trainee will need to spend all of the period of learning in practice with the DMP, as other clinicians may be better placed to provide some of the learning opportunities.

However, the DMP remains responsible for assessing whether the learning outcomes have been met.

## About the Course

Students on the programme are released from practice for 26 days to attend university and complete the self directed learning days. They are also required to spend 78 hours of medically supervised practice overseen by you as their mentor. The course team will, wherever possible, meet with both you and the student during the first three months to ensure that there are no problems with progression through the programme.

The course runs across a maximum of six months.

The programme of prescribing education will prepare practitioners to prescribe safely within current legal frameworks of independent prescribing.

**Students are not allowed to write prescriptions for patients until they have completed the course, established their employers consent and had their qualification registered with the relevant professional body.**

As indicated above, at least 50% of the students' 78 hours of clinical practice MUST be spent directly with their DMP. Other healthcare professionals such as other prescribers, advanced clinical practitioners, consultants, doctors, pharmacists and other specialists may be nominated by you, as the DMP to validate particular competencies, however the overall decision about whether a student has achieved a specific competency MUST remain with the DMP- and it is your responsibility to verify that each of the competencies within the framework have been achieved

The team will visit DMPs to discuss their role, the requirements of the NMC, and in addition there is this handbook. This contains detailed information about your role and responsibilities and includes the contact details for the course leader. Any queries by DMPs will be addressed on a one to one basis by a member of the course team.

The DMP is responsible for signing and agreeing the clinical competency document within the scope of practice identified.

The student is also required to critically reflect on their learning through a 4000 word portfolio that is discussed with their DMP and through the opportunity to observe prescribing in action. There is a guide to writing the portfolio, which can be accessed through the University's virtual learning environment (VLE) - known as "Blackboard". All of the course documents - including this module guide can be found in the Blackboard.

To complete the programme the students will be assessed against the learning outcomes listed below.

### **Intended Learning Outcomes**

Learning outcomes for the Independent nurse prescribers have been written at FHEQ level 7 for the Masters level students, and FHEQ level 6 for the undergraduate students and these have been further matched to the current NMC learning outcomes for prescribers

By the end of the course, the students should be able to demonstrate the following learning outcomes:

### **Intended Learning Outcomes for Level 7 (Masters level) Prescribers**

By the end of the course, the students should be able to:

1. Critically review and evaluate the ability to effectively assess and consult with patients/clients, parents and carers.
2. Demonstrate Advanced skills in holistic health assessment to inform diagnosis, including medication history, current medication; over the counter, alternative and complimentary therapies.
3. Critically evaluate the relevant legislation in relation to the practice of non-medical prescribing.
4. Critically review the management of information, advice and decision support systems to support evidence based prescribing
5. Synthesise and disseminate your knowledge on the influences that can affect prescribing practice and evaluate how your prescribing practice will be managed in an ethical way.
6. Demonstrate advanced knowledge of drug actions in prescribing practice.

7. Critically explore the roles and relationships of others involved in prescribing, supplying and administering medicines and demonstrate how you will contribute and lead in the context of a team approach.
8. Critically evaluate the importance of safe, efficient and cost effective practice.
9. Demonstrate comprehensive understanding of the framework for Professional accountability and responsibility
10. Demonstrate that you understand the legislative requirements for Supplementary Prescribing and the application of this to complex medical conditions.
11. Critically explore the differences between adults and children in relation to prescribing for children in history taking, clinical assessment and diagnosis, relating this to your scope and area of practice
12. Evaluate and synthesis how you will maintain your and other practitioner's continuous professional development in relation to scope of practice and legislative changes that are relevant to prescribing practice.

### **Intending Learning Outcomes for Level 6 (Degree)Prescribers:**

1. Demonstrate the ability to effectively assess and consult with patients/clients, parents and carers.
2. Demonstrate the skills of thorough history taking to inform diagnosis, including medication history, current medication; over the counter, alternative and complimentary therapies
3. Critically analyse the relevant legislation in relation to the practice of non-medical prescribing.
4. Critically appraise and use sources of information, advice and decision support systems to support evidence based prescribing.
5. Reflect on the influences that can affect prescribing practice and evaluate how your prescribing practice will be managed in an ethical way.
6. Demonstrate knowledge of drug actions in prescribing practice.
7. Critically explore the roles and relationships of others involved in prescribing, supplying and administering medicines and how this will be managed in the context of a team approach.
8. Prescribe safely, appropriately and cost effectively.
9. Practice within a framework of Professional accountability and responsibility
10. Demonstrate that you understand the legislative requirements for Supplementary Prescribing and the application of this to Clinical practice.

11. Differentiate between adults and children in relation to prescribing for children in history taking, clinical assessment and diagnosis, relating this to your scope and area of practice.

12. Critically evaluate how you will maintain your continuous professional development in relation to your scope of practice and legislative changes that are relevant to prescribing practice.

The Department of Health Outcomes as matched to the NMC principles, knowledge and competence have been utilised to inform the learning outcomes for this course.

## Course Assessment

OSCE	<p>There is one OSCE which is assessed against the following 4 marking criterias:</p> <ol style="list-style-type: none"> <li>1. Consultation</li> <li>2. Investigations and Evidence Based Decision Making</li> <li>3. Negotiating a contract</li> <li>4. Prescription Writing</li> </ol> <p><b>*The course team will seek your advice in the selection of two suitable OSCEs for the student*</b></p>
Unseen Examination - Pharmacology	<p>The students are assessed with a 2 hour examination which comprises extended matching item questions and single best answer (multiple choice) questions and short answer pharmacology questions.</p> <p>There are examples of all exam questions for practice on the Blackboard and a formative paper is given to the students to undertake at a negotiated time within protected learning time</p>
Unseen Examination - Drug Calculations	<p>Having had access to an online learning environment, Authentic World, for development and practice, the students are assessed with an hour examination comprising all aspects of drug calculation and administration.</p> <p>In addition to the students being able to undertake practice sessions at their own convenience, a formative assessment is undertaken at a</p>

	negotiated time within protected learning time.
Assessment of practice competencies	<p>Completion of Clinical Competency booklet – signed off by DMP</p> <p>The practice competencies are drawn from the National Prescribing Centre Multi-Profession Competency statements for all health professionals' prescribing practice.</p> <p>The Clinical competency document is submitted at the same time as the 4000 word portfolio of practice. A student cannot pass without verification from their DMP that they have achieved each and every single competency listed within the competency document</p>
Reflective Portfolio 4,000 word	An introduction, 2 reflective case histories, with a prescribing focus, and a conclusion that underpin the clinical competencies and critically analyse and reflect on prescribing practice. In addition the student is expected to show how their learning journey has evolved through out the period of supervision and whilst on the course.
Seminar presentation <i>Note : for MSAP4021 students ONLY</i>	Students must take a single aspect of their prescribing practice and produce a 15 minute seminar for discussion with the rest of the student group. They are expected to produce a critical discussion of this particular prescribing issue, the evidence that supports this area of practice (or disproves it) and show how they have synthesised their experience into the development of improvements in clinical practice.
<b>Students must achieve a Pass in each assessment to successfully complete the course. The separate assessments are non-compensatory.</b>	

### Competencies for DMPs

Before taking on the role of DMP the doctor, and the organisation, should consider the competencies needed to effectively undertake this role.

The NPC (2005) in a document specifically created to support the role of the DMP, identified the following broad, core competency areas for medical trainers:

- The ability to create an environment for learning
- Personal characteristics
- Teaching knowledge
- Teaching skills

## **What is a DMP expected to do?**

The DMP has a crucial role in educating and assessing the NMP. This involves:

- Establishing a learning contract with the trainee
- Planning a learning programme which will provide the opportunity for the trainee to meet their learning objectives and gain competency in prescribing
- Facilitating learning by encouraging critical thinking and reflection
- Providing dedicated time and opportunities for the trainee to observe how the DMP conducts a consultation / interview with patients and / or carers and the development of a management plan
- Allowing opportunities for the trainee to carry out consultations and suggest clinical management and prescribing options, which are then discussed with the DMP
- Helping ensure that the trainees integrate theory with practice
- Taking opportunities to allow in-depth discussion and analysis of clinical management using a random case analysis approach, when patient care and prescribing behaviour can be examined further
- Assessing and verifying that, by the end of the course, the trainee is competent to assume the prescribing role

## **Supervision Guidance for students and DMPs**

### **Forms of Supervision**

The form of supervision should be discussed and agreed between yourself and the student. The student is not expected to 'sit with' the supervisor for every hour of supervision but should be gaining experience of prescribing consultation and associated activities in the prescribing practice area. Some examples might be:

### **Observation**

This will essentially involve providing the learner with shadowing opportunities in which the nurse will observe how you, as a medical practitioner, conduct consultations with patients and / or their carers in clinical situations.

### **Direct Supervision**

Roles may be reversed, the student will carry out the consultation discussing clinical management and prescribing options.

### Indirect Supervision

At times you might consider a colleague to have special expertise in a particular area of the nurse's practice. In such cases it would be quite appropriate for you to delegate supervision and teaching to the colleague in question.

### 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 professional prescribing students to spend some supervision time with a pharmacist.

### Independent Practice

Here the student will conduct independent consultations with patients and critically reflect afterwards at a prearranged time on these episodes with the supervisor.

The form of supervision is dependent upon the nature of clinical practice and the role of the practitioner. However, only the DMP is able to sign off the competencies in the student's documentation.

Credible assessment should have the following five attributes:

- **Reliability** — what is the variation in results due to the differences in trainee's performance and different assessors rating of the same performance?
- **Validity** — does the assessment really measure what it is intended to measure?
- **Acceptability** — is the method of assessment acceptable to all stakeholders?
- **Feasibility** — can the assessment be delivered to all those who require it within available resources?
- **Educational impact** — will the assessment, through appropriate feedback, help the trainee improve?

In reality, assessment processes are a compromise between these five attributes, with the emphasis on each attribute being dependent on the purpose of the assessment.

## Forms of Evidence

The DMP is responsible for the assessment and signing off practice competencies. It is the student's responsibility to provide the supervisor with evidence that the competency has been achieved to the level required in a framework of non-medical independent prescribing and supplementary prescribing. The choice of acceptable evidence should be agreed between supervisor and student but here are some examples.

- **Direct observation** – observed by the supervisor
- **Observer report / statement** – Activity is observed by another professional, the witnessing professional could inform the supervisor, verbally, by a short statement or by signing a statement completed by the student identifying the activity or competency achieved
- **Discussion** – this is probably the most common form of evidence, the student will complete a period of unsupervised practice, this can be a normal day at work, at the end of the session supervisor and student will meet for a discussion or debriefing session about prescribing decisions. Diagnosis, consultation, Choice of medication, patient monitoring, polypharmacy, case management or any other part of the prescribing role can be the focus of discussion
- **Question and Answer** – the supervisor may choose to ask the student questions. These may be general prescribing questions, related to individual patients, medications, conditions or on a previously agreed topic
- **Reflections**- The student can bring reflections on practice to the supervisor. These should however include reference to the appropriate evidence or theoretical bases in the analysis section

These are just our ideas, be as innovative as you wish in order to meet the learning needs of the student.

## Teaching and Learning: How do adults learn?

The mechanisms of adult learning are both complex and relatively unknown.

According to Brookfield (cited on the GP Trainer website), adult learners display the following characteristics:

- They are not beginners, but are in a continuing process of growth
- They bring a unique package of experiences and values with them
- They come to education with intentions

- They bring expectations about the learning process
- They have competing interests — the realities of their lives
- They already have their own set patterns of learning

So, adults learn best when:

- They are engaged in planning their learning programme
- They are encouraged to be self-directed
- Their past experiences are taken into account and used within the learning process
- They can recognise how the learning can be applied in a practical way
- Their individual learning needs and learning styles are taken into account
- The trainer / educator takes a facilitative approach to teaching, rather than a didactic one
- The climate / environment is conducive to learning

## The Learning Cycle

Lewin's cycle of adult learning is based on ***experiential learning*** and consists of four stages, which follow on from each other. These are:

Concrete experience

Observation and reflection (on that experience on a personal basis)

Forming abstract concepts, whereby the learner can describe the experience or apply the theories which apply to it

Active experimentation or testing in new situations, whereby the learner constructs ways of modifying the next occurrence of a particular experience

**Once complete, this process, in turn, leads to the next 'concrete experience'**

## The Competency Document

The competency statements included in this assessment of practice competency document are taken from the NPC prescribing competency framework:

National Prescribing Centre (2012) A single competency framework for all prescribers

[http://www.npc.nhs.uk/improving\\_safety/improving\\_quality/resources/single\\_comp\\_framework.pdf](http://www.npc.nhs.uk/improving_safety/improving_quality/resources/single_comp_framework.pdf)

Each competency statement is a small part of a wider prescribing picture and are grouped into three areas of competence.

- **The Consultation**
- **Prescribing Effectively**
- **Prescribing in Context**

These in turn have three subheadings each (see below)

Within each of the nine competency dimensions there are statements which describe the activity or outcomes prescribers should be able to demonstrate.

These competency statements have been developed to reflect the legal framework of non-medical prescribing. It is important that when the practitioner is assessed the competency statements are considered within the appropriate context of non-medical prescribing. The practice assessment of the prescriber should take place reflecting the context of independent and supplementary prescribing.

When considering the statements, be aware that some are more complex than others.

Expect to spend more time on the more complex statements.

The competency framework includes a tool to start the prescriber reflecting on their areas for development. Before using the competency framework it may be helpful to take some time to think about the following questions with your student:

**Use the competency framework to identify strengths and development areas**

- In your view, what are the most important behaviours and skills that prescribers use, and need to maintain, to be good prescribers? Why?
- Reflect on a recent 'prescribing' encounter that you had with a patient that you felt did not go well, or resulted in an error - what happened? How might it have been prevented?
- Reflect on a recent 'prescribing' encounter that you had with a patient that you felt went well - what happened?

Approach the framework one competency at a time to keep it manageable. There should be overlap between the different sections.

All competencies will be relevant to all prescribers however some of the supporting statements may be more relevant to some prescribers than others. Spend some time thinking about how the statements apply to your individual prescribing context.

Further guidance on forms of supervision can be found in the document 'Training non-medical prescribers in practice', National Prescribing Centre Feb 2005, available from the NPC archive, on line at:

[http://www.npc.nhs.uk/non\\_medical/resources/designated\\_medical\\_practitioners\\_guide.pdf](http://www.npc.nhs.uk/non_medical/resources/designated_medical_practitioners_guide.pdf)

(This document can also be accessed via the university website in the course materials page- under "DMPs information")

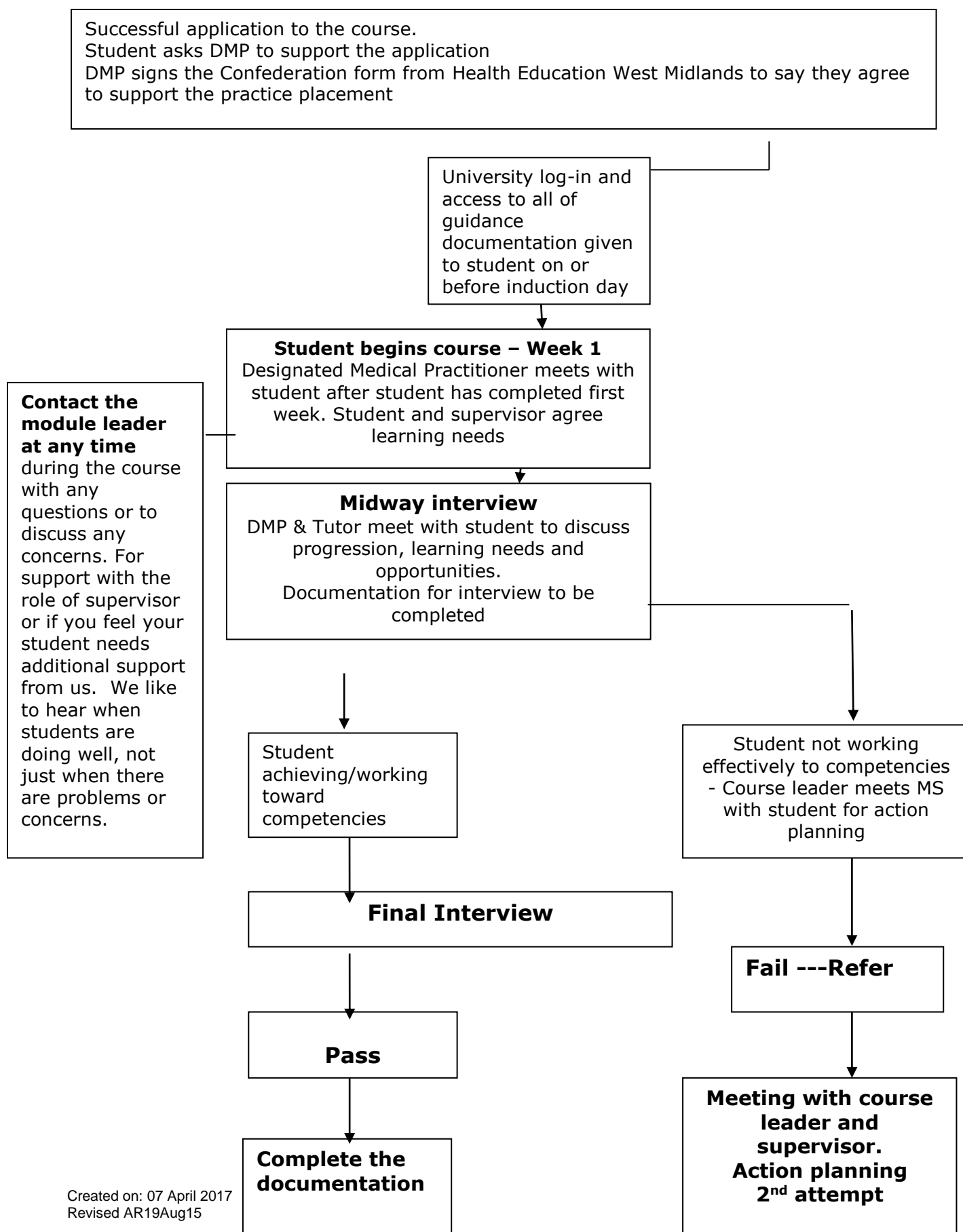
### **Raising Concerns in Practice: Unsafe practice**

If any evidence of unsafe practice is recognised in any of the assessments above, the student will automatically fail.

DMPs are responsible for the Clinical Competency Document and therefore we ask that if a DMP has concerns with regard to the student's ability to achieve the competencies at any point in the course the University is informed as soon as possible.

As stated above, there will be an interview with you (the DMP), the course leader, and the student within the first few months of commencing the course. This interview offers a formal opportunity to reiterate the NMC's requirements for the practice of non-medical independent prescribing, review the progress of the student through the competency framework, and discuss any concerns or queries about the course. Following this interview, the course team will follow up any concerns raised and students will be supported but referred if necessary and the relevant Trust Lead informed.

## Medical Supervision Flow Chart



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