PRACTICE ASSESSMENT DOCUMENT (PAD)

Independent Prescribing Practice Assessment Document (PAD)

NB:

Please note that this document is for information only as the PAD will be hosted on the PebblePad platform for portfolios

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INDEPENDENT PRESCRIBING

PRACTICE ASSESSMENT DOCUMENTATION

Student name………………………………………………………………………………….

Student number………………………………………………………………………………

Date of commencement of programme………………………………………………….

Module code ………………………………………………………………………………….

Module lead ………………………………………………………………………………….

Academic assessor: ………………………..

Designated Prescribing Practitioner (DPP) Name: ……………….............................
(for NMC registrants this is equivalent to the Practice Assessor role and the DPP must confirm that they can meet the RPS (2019) Competencies for DPPs which includes having a recordable prescribing qualification.

DPP signature…………………………………………………………………………………

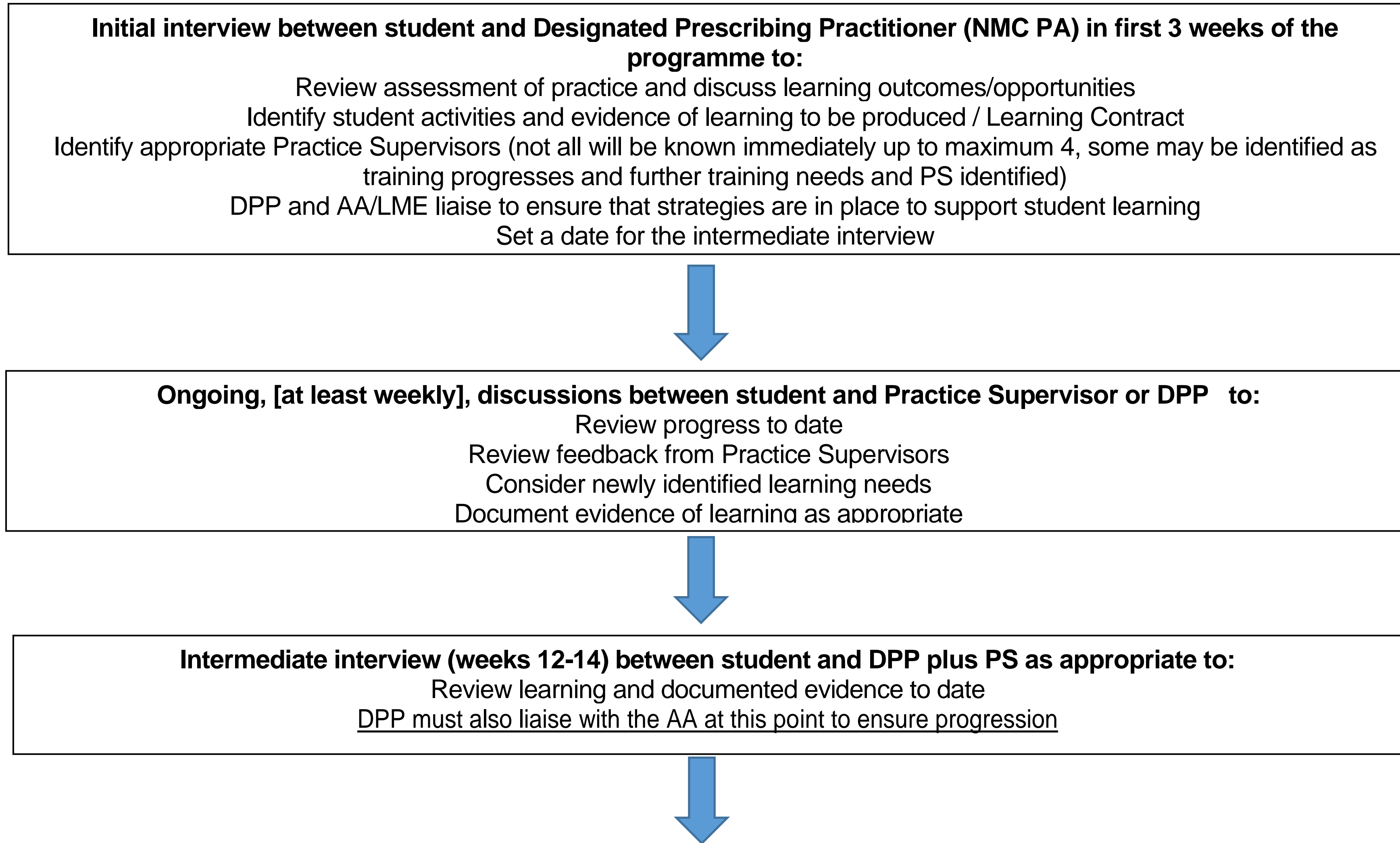
Practice supervisor/s (add more lines as appropriate) …………………......................

Personal Adviser name………………………………………………………………………

Nominated person: ………………………………………………………………………….

Failure to submit the practice assessment documentation will result in a fail grade being awarded.

FLOWCHART OF ASSESSMENT PROCESS



Ongoing, [at least weekly], discussions between student and DPP/PS to:
Review progress to date
Document evidence of learning as appropriate

Final interview (week 21 -22) between student and DPP with PS as appropriate to:
Assess evidence of learning and achievement of practice competencies
If any competencies have not been achieved, a Learning Contract will be drawn up between the student, the DPP, PS and AA/LME. The module lead should be informed as well as the student's Personal Advisor, detailing the remedial action and support needed to achieve the required aspects.
It is a requirement that the line manager or NMP lead will also sign the statement on the Assessment of Practice Document to confirm that supervision has taken place and that the competencies have been met

[Second final interview (week 25) – only required if there are outstanding competencies]
Week 25-27: Summative assessment by the DPP in liaison with the Academic Assessor: To confirm achievement of the RPS competency framework

What the portfolio must contain on completion

The Portfolio must be complete with:

1. All three interviews and competencies signed with final declaration from the line manager/NMP lead, DPP and AA for a Pass mark to be awarded (Appendix 1) *(self-employed students may discuss this with the programme lead to ensure that alternative arrangements can be made).*
2. An introductory statement from the student
3. A range of evidence that you have met the competencies, to be agreed with your DPP and PS e.g. reflections/case note analysis.
4. A critical incident analysis (750 words) (Appendix 4)
5. A Clinical Management Plan (CMP) with 300-500 words of narrative demonstrating your understanding of supplementary prescribing (Appendix 6)
6. An assessment of consultation skills using the form provided will also take place during the period of supervision, ensuring that any local requirements for service user consent are adhered to (Appendix 3)
7. Service user feedback should also be included in the portfolio using the form/s provided (Appendix 2)
8. Log of supervision hours (Appendix 5)
9. An example of an accurate prescription must also be included
10. **A personal formulary for HCPC registrants only**
11. All supervisors and assessors must complete and sign the signature page of the document

The DPP and AA will liaise throughout the programme to ensure progression and achievement of the RPS competencies (NMC 2018; RPS 2016).

Appendix 1

LEARNING CONTRACT (example only)

Area of competence: Consultation skills

Agreed Activities [How it will be achieved]:

1.

2.

3.

4.

Time Frame [By what time will it be achieved]:

Agreed Evidence [How will learning be demonstrated]:

1.

2.

3.

4.

Learning Outcomes to be Demonstrated

Signature of DPP... ……… Date...........................

Signature of Student ....Date.............................

Initial Interview:

Signature of DPP ....Date…………………..

Student..Date………………….

Intermediate Interview:

Signature of DPP………. ....Date…………………

Student..Date…………………

Final Interview:

I confirm that this student has received 78 hours supervised practice. The student has met all of the competencies. I recommend that their record be updated / annotated as an Independent Prescriber.

Designated Prescribing Practitioner (Name)...Date…………………

Signature……………………………………….   GMC/PIN number …………………

(for the line manager or NMP lead to complete)

I confirm that the supervision conditions have been met and the competencies have been achieved.

Name …………………………………. ………………………Signature:………………….

Designation:…………………………………………………………………………………...

Date…………………

Academic Assessor Name:……………………………………………………………………

Academic Assessor signature: ……………………………………. Date:……………………….

Student signature.. Date………………………

APPENDIX 1 - PRESCRIBING COMPETENCY FRAMEWORK (Royal Pharmaceutical Society 2016)

THE CONSULTATION (COMPETENCIES 1-6)

NB: All competencies must be achieved for a pass in this assessment.

Competency 1: ASSESS THE PATIENT

Indicator	Practice supervisor/DPP feedback	Name & signature	DPP confirmation of competence	Date
1.1 Takes an appropriate medical, social and medication history, including allergies and intolerances.				
1.2 Undertakes an appropriate clinical assessment.				
1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.				
1.4 Requests and interprets relevant investigations necessary to inform treatment options.				
1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities				
1.6 Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment.				

1.7 Reviews adherence to and effectiveness of current medicines.				
1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.				

Competency 2: CONSIDER THE OPTIONS

Indicator	Practice supervisor/DPP feedback	Name & signature	DPP confirmation of competence	Date
2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.				
2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).				
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 mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy).				
2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.				

2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines.				
2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.				
2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.				
2.9 Takes into account 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.				

Competency 3: REACH A SHARED DECISION

Indicator	Practice supervisor/DPP feedback	Name & signature	DPP confirmation of competence	Date
3.1 Works with the patient/carer in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment.				
3.2 Identifies and respects the patient in relation to diversity, values, beliefs and				

expectations about their health and treatment with medicines.				
3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands.				
3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers.				
3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.				
3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.				

Competency 4: PRESCRIBE

Indicator	Practice supervisor/DPP feedback	Name & signature	DPP confirmation of competence	Date

4.1 Prescribes a medicine only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and side effects.				
4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.				
4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).				
4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.				
4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG and medicines management/optimisation) to own prescribing practice.				
4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.				
4.7 Considers the potential for misuse of medicines.				
4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).				
4.9 Electronically generates or writes legible unambiguous and complete				

prescriptions which meet legal requirements.				
4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).				
4.11 Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs.				
4.12 Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions.				
4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.				

Competency 5: PROVIDE INFORMATION

Indicator	Practice supervisor/DPP feedback	Name & signature	DPP confirmation of competence	Date

5.1 Checks the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up.				
5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment).				
5.3 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments.				
5.4 Ensures that 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 time frame.				
5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.				

Competency 6: MONITOR AND REVIEW

Indicator	Practice supervisor/DPP feedback	Name & signature	DPP confirmation of competence	Date

6.1 Establishes and maintains a plan for reviewing the patient's treatment.				
6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.				
6.3 Detects and reports suspected adverse drug reactions using appropriate reporting systems.				
6.4 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.				

PRESCRIBING GOVERNANCE

Competency 7: PRESCRIBE SAFELY

Indicator	Practice supervisor/DPP feedback	Name & signature	DPP confirmation	Date

			of competence	
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 errors and how to prevent, avoid and detect them.				
7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.				
7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).				
7.5 Keeps up to date with emerging safety concerns related to prescribing.				
7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.				

Competency 8: PRESCRIBE PROFESSIONALLY

Indicator	Practice supervisor/DPP feedback	Name & signature	DPP confirmation of competence	Date

8.1 Ensures confidence and competence to prescribe are maintained.				
8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications.				
8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).				
8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.				
8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).				
8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.				

Competency 9: IMPROVE PRESCRIBING PRACTICE

Indicator	Practice supervisor/DPP feedback	Name & signature	DPP confirmation of competence	Date
9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion.				
9.2 Acts upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms.				
9.3 Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).				

Competency 10: PRESCRIBE AS PART OF A TEAM

Indicator	Practice supervisor/DPP feedback	Name & signature	DPP confirmation of competence	Date
10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across 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 prescribing.				
10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.				
10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.				

APPENDIX 2 - Independent Prescribing: Feedback form for service user to give an impression of their consultation with Student Prescriber

Date:

Student name: ……………………………………………………………………….

Designated Prescribing Practitioner:………………………………………………

Service user/carer initials (optional) ………………………………………………………..

Consultation Assessment

The consent of the service user should be sought prior to a consultation with the Prescribing student and the DPP.

We have not provided a consent form because we expect that the healthcare organisation will have its own authorised consent form.

Academic Assessors (AA) need to moderate a proportion of candidates to satisfy regulatory authority regulations. So the service user may need to accept three health care professionals in the room.

If advised that UEA wish to moderate your assessment of practice please contact the AA with any honorary contract documentation or other documentation to be completed to satisfy the clinical governance of your organisation.

To ensure confidentiality, a service user is not expected to sign the document. The signature of the DPP will be taken as verification that the document is genuine

Independent Prescribing: Service User Feedback form

Learner Prescriber	Name in BLOCK CAPITALS	SIGNATURE AND DATE
Designated Prescribing Practitioner	Name in BLOCK CAPITALS	SIGNATURE AND DATE

Competencies	Yes	No	Feedback
Did the student introduce themselves and ask you what you would like to be called?			
Did the student actively listen to you?			
Did the student give you time to ask any questions?			
Did the student explore your worries, expectations and concerns?			
Do you feel that you were included in the decision made about your care?			
Did the student provide a verbal summary of the interview?			
Did the student ensure that you understood the plan of care and any medications that had been prescribed?			
Any other comments			

APPENDIX 3 - Mark sheet for Independent Prescribing: assessment of consultation skills in practice

Date:

Candidate: **Assessor:**

Activity: The consultation	**Safe & effective**	**Safe & effective with prompt)**	**Assessor's comments**
Approach to patient	Yes / No	Yes /No	
Introduce self to patient Confirms patient identity by checking DOB and/or address			
Listen to opening statement & Clarifies agenda			
Enquires about current medical conditions and presenting complaint			
Enquires about onset & duration			
Any associated symptoms			
What have they tried so far?			
Use of appropriate questions, open and closed			
Enquires about patient understanding of condition and/or expectations			

Outcome for section	**Pass/fail**		
History taking	Yes/No	Yes/No	
Takes a Previous Medical History May use structured mnemonic e.g. JAMTHREADS			
Excludes relevant ‘red flags’ • E.g. chest pain			
Takes a medication history			
Enquires about medication adherence			
Enquires about allergies			
Enquires about drug allergies			
Enquires about risk of pregnancy and breastfeeding or intention to father a child			
Enquires about lifestyle			
Lifestyle			
Outcome	**Pass/fail**		

Establishing an agreed plan of care	Yes/No	Yes/No	Comments
Decisions made in partnership			
Non- prescription advice			
Health promotion advice			
Safety netting			
Close consultation			
Outcome	**Pass/fail**		
Overall outcome	Pass / fail		

- Essential elements are in bold, failure to enquire about these should result in a fail based on unsafe practice.

NB: Students must demonstrate safe practice in all sections for a PASS mark to be awarded, there should be a Yes in one box of the first 2 columns for each section.

EVIDENCE OF UNSAFE PRACTICE WILL RESULT IN AUTOMATIC FAIL: this might include poor history taking, not making decisions in partnership. Hesitance with knowledge or identification of ‘red flags’ or poor safety netting and poor advice to patients including lifestyle information.

DPP/ PS: Please add any comments related to the assessment:

DPP name		Student Number	
DPP Signature		Student Signature	
Date		Date	

APPENDIX 4 - Critical Incident Analysis (750 words)

A critical incident is any situation or intervention that you regard as significant which occurred whilst undertaking this programme. It must relate to an aspect of this programme. It could be something that went well or did not go according to plan, or a situation that you found difficult. A suggested model to use is:

- What? - describe what happened
- So what? - analyse what this means
- Now what? **-** analyse what you have learned from this situation.

(Rolfe et al, 2001)

APPENDIX 6 - Log of supervision hours

Date	Hours	Supervisor name	Area and reason for supervision	Supervisor signature

Add lines as required

Please check that any supervisor meets the requirements for the role and that they have signed the log at the beginning of your portfolio.

APPENDIX 6 - TEMPLATE CMP 1 (Blank): for teams that have full co-terminus access to patient records

Name of Patient	Patient medication sensitivities/allergies
Patient identification e.g. ID number, date of birth:	
Independent Prescriber(s):	**Supplementary Prescriber(s)**
Condition(s) to be treated	**Aim of treatment**
Treatment plan	

Indication	Preparation	Dose schedule	Referral back to the IP

Review and monitoring	
Supplementary prescriber	**Supplementary and independent prescriber**
Process for reporting ADRs	
Documentation and record keeping	
Guidelines supporting SP treatment plan	

Name and agreement of independent prescriber(s)	Date	Name and agreement of supplementary prescriber(s)	Date	Date agreed with patient/carer

TEMPLATE CMP 2 (Blank): for teams where the SP does not have co-terminus access to the medical record

Name of Patient	**Patient medication sensitivities/allergies**
Patient identification e.g. ID number, date of birth	
Current medication	**Medical history**
Independent Prescriber(s): **Contact details: tel/email/address**	**Supplementary prescriber(s)** **Contact details: tel/email/address**
Condition(s) to be treated	**Aim of treatment**

Treatment plan

Indication	Preparation	Dose schedule	When and who to refer to

Guidelines supporting SP treatment plan
Review and monitoring requirements

Independent prescriber	**Supplementary and independent prescriber**

Process for reporting ADRs
Documentation and record keeping

Name and agreement of independent prescriber(s)	Date	Name and agreement of supplementary prescriber(s)	Date	Date agreed with patient/carer