

**Pharmacist Independent Prescribing
Robert Gordon University
Designated Prescribing Practitioner handbook
2020**

COVID-19 amendments: please note that this handbook has been prepared for use during the COVID-19 pandemic and amendments related to this have been highlighted. We will keep the situation and our response under review and will update the handbook as required.

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

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Course overview

1.0 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](#)

2.0 Robert Gordon University 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 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 (eight topics offered), polypharmacy, pharmaceutical care planning, clinical skills, consultation skills and public health. Pharmacists have access to all the therapeutics material and select one topic from the eight 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 are shown overleaf.

<p>Cardiovascular Hypertension, heart failure, IHD and dyslipidaemia</p>	<p>Gastrointestinal Peptic ulcer disease, GORD, IBD</p>
<p>Endocrinology Thyroid dysfunction, diabetes mellitus</p>	<p>Neurology Alzheimer’s Disease, epilepsy, Parkinson’s Disease</p>
<p>Respiratory Asthma, COPD</p>	<p>Oncology General aspects, breast, colorectal and lung cancer</p>
<p>Musculoskeletal Osteoarthritis, rheumatoid arthritis, pain</p>	<p>Psychiatry Affective disorders, anxiety and sleep, schizophrenia</p>

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 on-line distance learning, (normally) a period of teaching and training on-campus, and a period of learning in practice. Note that the on-campus week will be delivered

on-line.

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

COVID-19 amendment: there is a mandatory university-based week which is being delivered on-line, where pharmacists study aspects which are more effectively taught and assessed 'face-to-face' such as communication and history-taking, consultation and basic clinical assessment skills and the development and synthesis of treatment plans for individual patients. The week includes highly relevant presentations from a number of external experts, and a formative and a summative Objective Structured Clinical Examination (OSCE). Due to the COVID-19 pandemic this week will be delivered on-line with preparatory pre-course activities to be completed in advance. Participation in all sessions is mandatory.

Pharmacists must also undertake a minimum period of 80 hours learning in practice, supervised by a Designated Prescribing Practitioner (DPP). Again this has been amended and agreed with the General Pharmaceutical Council to reflect the current situation; previously a minimum of 90 hours was required.

Activities must be patient facing (this includes remotely) and prescribing-related and will focus on the patient group for which the pharmacist expects to prescribe. Note that of the minimum of 80 hours, no more than 15 hours may be accounted for by completely non-patient facing activities such as participation in prescribing-related courses or conferences.

The course takes nine or ten 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 prescriber, particularly in those in community pharmacy and primary care, are experiencing great difficulty in accessing patients, even remotely. This is impacting on their ability to complete the course within the usual time frame and extensions and defers are available as required. **Please make every effort to facilitate your pharmacist's patient facing prescribing-related learning in practice; again web-based opportunities and activities are suitable.**

2.4 Indicative pharmacist workload

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

- On-line distance learning 185 hours
- Residential period 35 hours
- Period of learning in practice 80 hours (minimum).

2.5 Assessment

The pharmacist's progress is assessed by:

- A written therapeutic case study assessed by university staff;
- An objective structured clinical examination assessed by university staff;
- **COVID-19 amendment:** assessment of the pharmacist's history taking and physical assessment skills by the DPP or a nominee. Full information and assessment grids will be supplied and the DPP. This approach has been agreed with the General Pharmaceutical Council, given current restrictions;
- A portfolio of evidence from the period of learning in practice assessed by university staff;
- Assessment by the DPP of the pharmacist's performance during the period of learning in practice. Note that the DPP is responsible for sign-off of all practice elements. If the DPP is satisfied that the pharmacist has achieved the learning outcomes and is suitable for annotation by the GPhC as an independent prescriber, he or she will sign a declaration:

I confirm that the above named pharmacist has satisfactorily completed at least 80 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.

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:

- Demonstrate competence in the generation of treatment options for patients;
- Demonstrate competence in the relevant physical examination of patients with those conditions for which the pharmacist may prescribe;
- Demonstrate competence in the monitoring and assessment of a patient's response to treatment against the objectives in the treatment or clinical management plan;
- Demonstrate effective communication with patients, carers, other prescribers and members of the healthcare team;

- 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 record of learning outcomes achievement (Appendix 1) in which the pharmacist must record and map their activities during their period of learning in practice against the required learning outcomes. At the end of the period of learning in practice the DPP and pharmacist must meet to discuss the pharmacist's progress and review this document. If satisfied that the pharmacist has demonstrated achievement of the learning outcomes then the DPP signs the declaration.

3.0 The Designated Prescribing Practitioner

To be eligible for the role DPPs must:

- be registered with their 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 they 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

The [Designated Prescribing Practitioner Competency Framework](#) sets out the competences required for the DPP under three headings. A summary is provided below.

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.

- The DPP must 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.
- The DPP must 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.

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 multi-disciplinary 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.

The DPP must familiarise themselves with the competency framework and as part of the application process must submit a CV which evidences that they meet all the competencies.

3.1 Roles and responsibilities of the DPP

The DPP plays a key role during the pharmacist's period of learning in practice. He or she is 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. He or she 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.

The DPP and pharmacist should meet monthly. A record of these meetings will be included in the three- and six-monthly progress reports pharmacists will submit to the university. The DPP will be emailed by the Course Leader twice during the PLP, approximately three and six months after the start of the course, and asked to submit a brief report on the pharmacist's progress during the PLP.

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 there are any concerns about the pharmacist's fitness to practise these should be raised immediately with the Course Leader so that they may be addressed as soon as possible. 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*. Additional advice on providing feedback is given in Appendix 3.

The DPP is 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;
- assessing the pharmacist's history taking and physical assessment skills using university scenarios and assessment grids, or arranging for this to be done by a suitably qualified nominee;
- 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;
- confirming this by signing the record of learning outcome achievement document;

- completing a professional declaration that confirms that in their opinion the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an independent prescriber.

3.2 Physical assessment skills training and assessment

At the end of the PLP the pharmacist must be proficient in basic physical assessment skills i.e. monitoring blood pressure using a sphygmomanometer, pulse, respiratory rate and tympanic temperature. The pharmacist must carry out at least three sets of these assessments as part of a consultation and complete the physical assessment template (Appendix 4). At least one set must be carried out under the supervision of the DPP; the other two other sets may be carried out with another suitably qualified healthcare professional. These assessments must be completed along with other activities (the 'pre-residential checklist') according to the specified schedule before the on-line residential week. Once this has been done and the pharmacist has submitted the pre-residential checklist he or she is eligible to attend the on-line residential week.

COVID-19 amendment: as above, in response to the COVID-19 pandemic the DPP or a suitably qualified nominee will also assess the pharmacist's physical assessment and history taking skills summatively, using an assessment grid provided by RGU (Appendix 5). Should the pharmacist not be successful at this first attempt, the DPP, the pharmacist and the Course Leader will identify appropriate actions and the pharmacist will have a second and final attempt at this assessment.

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. The pharmacist and DPP must meet to develop a detailed outline plan: dates, times and activities mapped to learning outcomes. The plan should focus on areas relevant to the patient group/s and therapeutic area/s for which the pharmacist will prescribe on successful completion of the course and should be cross-referenced to whichever of the five learning outcomes is/are applicable. The pharmacist and DPP should meet monthly thereafter to review progress; it is important that the pharmacist receives regular, appropriate and timely feedback on their performance to support their development. The pharmacist must complete a record of these meetings and submit these records as part of their progress report again as scheduled, after three and six months.

The specified 80 hours is a minimum. The DPP and pharmacist may agree that additional learning in practice is required to ensure that the learning outcomes have been met and that all the competencies in the Competency Framework have been achieved.

3.4 Equality, diversity and inclusion

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

Frequently asked questions about the PLP – see over

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 our 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 secondary care and with other relevant individuals and organisations.

What type of activities are acceptable?

Any hands-on, patient-facing activity (remotely or face to face) considered relevant to prescribing and the learning outcomes for independent prescribing is acceptable. A maximum of 15 hours is allowed for activities such as course or conference participation which while relevant are not completely patient-facing. If the pharmacist's daily work is involved in prescribing-related activities then these may be counted as part of the period of learning in practice but the activities must be recorded in the record of learning outcomes achievement with a prescribing focus. This means that the pharmacist should discuss the activity including their decision making with the supervising healthcare professional. In the record of learning outcomes achievement, in addition to the usual information required the pharmacist must reflect on the activity and the discussions with the healthcare professional and on how the activity has contributed to their development as a prescriber.

Are remote consultations (by phone or video) acceptable?

Yes, remote consultations whether by phone or video-conferencing facilities are acceptable, as is participation in virtual rehabilitation classes, patient support groups and other such activities.

Does the period of learning in practice need to be exactly 80 hours?

No, the 80 hours is a minimum and can be extended until the pharmacist is suitable for annotation as an independent prescriber. Note that this must be within the specified time frame for completion of the course.

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

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

- The pharmacist should submit a detailed outline plan for the PLP to the university as soon as possible after the start of the course;
- 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 pre-residential checklist including three supervised sets of physical assessments, at least one carried out with the DPP, according to the specified schedule. The pharmacist will not be eligible to attend the residential week until this checklist is submitted;
- **COVID-19 amendment:** as in Section 3.2 the pharmacist must submit a summative assessment of their history taking and physical assessment skills carried out by their DPP or a suitably qualified nominee.
- On completion of the PLP the pharmacist will submit a portfolio with supporting evidence which demonstrates achievement of the learning outcomes. This will include the DPP declaration (Section 3.2).

What is the time period for completion?

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

What kind of support is available for the pharmacist?

In addition to their DPP and their line manager pharmacists on the course will benefit from extensive support from staff teaching on the course including experienced pharmacist prescribers and e-learning support staff. We have a great deal of experience supporting pharmacists studying by on-line distance learning including provision of discussion forums, some of which are moderated by pharmacist prescribers. The Course team may be contacted by email as we are all working from home. The Course Leader is Dr Trudi McIntosh t.mcintosh@rgu.ac.uk

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

Again the Course Leader Dr Trudi McIntosh is the first point of contact and will be able to provide advice.

What do I do if I can no longer carry on in the role of DPP?

Please let the pharmacist and the Course Leader know as soon as you can, and please help the pharmacist to identify another suitable person to take on the role.

Appendices – see over

Appendix 1

Record of learning outcomes achievement

Record the date and time spent on each activity in the left hand column and the cumulative hours in the next one. In the centre column provide a **detailed** description of the activity undertaken i.e. **what you did**, indicating how this demonstrates achievement of the five learning outcome(s) for the period of learning in practice. In the final column please indicate which of the learning outcome(s) the activity supports.

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 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.

Note that you must record each PLP session separately and must provide sufficient detail each time of the context, the issue/s and what you did to demonstrate that you have spent a minimum of 80 hours learning in practice and achieved the learning outcomes. You should include evidence of making prescribing decisions/recommendations.

To get more rows put your cursor in the last box and press TAB

Date/ hours	Cumulative hours	Detailed description of activities undertaken	Learning outcome(s)

Appendix 2

Competency framework excerpt from DPP application form

Please provide information on how you will facilitate the pharmacist in developing each of the following competencies, taken from the [RPS Competency Framework for all Prescribers](#). An example has been provided for you.

Competency	How will you facilitate the pharmacist to develop this?
<p>Example: Refers to or seeks guidance from another member of the team, a specialist or prescribing information source when necessary.</p>	<p><i>I will introduce the pharmacist to members of the multi-disciplinary team and facilitate their participation in relevant MDT meetings.</i></p> <p><i>I will introduce the pharmacist to [relevant experts (roles but no names please)].</i></p> <p><i>I will introduce the pharmacist to our local Medicines Information service.</i></p>
<p>1. Makes, confirms or understands the working or final diagnosis by systematically considering the various possibilities (differential diagnosis).</p>	
<p>2. Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.</p>	
<p>3. Explains the rationale behind and the potential risks and benefits of management options in a way the patient/ carer understands.</p>	
<p>4. 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.</p>	
<p>5. Checks the patient's/ carer's understanding of and commitment to the patient's management, monitoring and follow-up.</p>	
<p>6. Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.</p>	

Competency	How will you facilitate the pharmacist to develop this?
7. Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.	
8. Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).	
9. Understands and uses available tools to improve prescribing (e.g. patient and peer review feedback, prescribing data analysis and audit).	
10. Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.	

Appendix 3

Communication skills: giving constructive feedback

In addition to the guidance provided in the General Pharmaceutical Council's [Guidance of tutoring and supervising pharmacy professionals in training](#), you may find the following helpful. This is the approach used during residential week training on communication skills.

Summary

Feedback should be positive and supportive
Feedback is non-judgmental and clear
Own your thoughts, feelings and opinions
Limit to the amount the learner can use, not the amount you want to give
Comment on the behaviour, not the person
Be specific and descriptive
Suggest constructive ways to improve behaviour if you must; it is better to let the learner come up with their own ideas for improvement

Pendleton's (1984) feedback rules

1. Subject gives positive aspects
2. Observer gives positive aspects
3. Subject gives areas for improvement
4. Observer gives areas for improvement
5. Subject speaks first giving the person being evaluated a feeling of control
6. Positive comments first lessens anxiety
7. Subject often identifies the exact same issues!
8. Conversely, if subject has no insight, outside help might be in order.

Pendleton D., Schofield T., Tate P., Havelock P., 1984. *The Consultation: An Approach to Learning and Teaching*. Oxford: Oxford University Press.

Appendix 4

Physical assessment template – ensures eligibility to attend residential week

Assessment of physical examination skills

Patient introduction (to be completed by the pharmacist independent prescribing student)

Do not include patient identifiers.

<u>Presenting complaint</u>
<u>History of presenting complaint</u>
<u>Drug history</u>

Physical examination

Under supervision of DPP (at least one) or other healthcare professional (HCP) (maximum of two). *Template to be completed by the IP student.*

<u>Equipment used</u>	
<u>Findings: must record ALL</u> Blood pressure (recorded using a sphygmomanometer)	Pulse
Respiratory rate	Temperature

Any other observations:

Findings agreed by DPP/ HCP

YES/NO

DPP/ HCP to comment *(to be completed by the DPP/HCP)*

<u>If findings not agreed, state differences</u>
<u>Good points (competent performance)</u>
<u>Points for improvement</u>

Date:

Signature (DPP/ HCP):

Signature (Pharmacist):

You must complete fully THREE of these assessment templates and submit these as part of the pre-residential checklist to become eligible to participate in the virtual residential week. These should show a progression in your skill level. Please ensure they are an accurate reflection of your findings/measurements on the day. We DO NOT require the pharmacist's values always to be in agreement with the DPP's or HCP's as long as the submissions show a clear progression in the pharmacist's physical assessment skill level over the period.

One assessment must be completed with your DPP, two may be completed with another suitably qualified health care professional. If you do not do this you will not be eligible to participate in the residential week.

Appendix 5

**PHM028 Pharmacist Independent Prescribing Performance Criteria
Summative assessment: History taking and physical assessment**

Expected outcomes: Demonstrate the ability to take a thorough history of patient and presenting symptoms.

Demonstrate the ability to accurately measure and record vital signs.

For each performance criterion tick whether the criterion was not demonstrated or fully demonstrated.

Please make a brief comment on any criterion that was not demonstrated.

Note that essential criteria which must be achieved fully are in bold.

Student name:	Assessor name:		Date:
Patient details (efficiency and structure)	Not Demonstrated	Fully Demonstrated	Comment
Clearly identifies self and role			
Establishes patient's identity clearly			
Clarifies the purpose of the consultation with the patient and gains consent			
Appropriate use of verbal/ non-verbal communication			
Acts in a professional, friendly and open manner			
Well-structured approach to the history taking and physical assessment elements			
All elements of history-taking and physical assessment completed within an appropriate time frame			
Presenting complaint			
Asks appropriate questions to identify the history of the presenting complaint			
Medical history			
Asks appropriate questions to identify the current medical history accurately			
Asks appropriate questions to identify the past medical history accurately			
Drug history			
Asks appropriate questions to identify current drug use accurately			
Asks appropriate questions to identify past drug history accurately			
Identifies allergies & sensitivities			
<i>Females only (if relevant): last known menstrual period, pregnancy, menopause</i>			
Social and family history			

Asks appropriate questions to identify social history			
Asks appropriate questions to identify family history (parents / siblings)			
Asks appropriate questions to ascertain lifestyle information			

Physical assessment	Not Demonstrated	Fully Demonstrated	Comment
Hand hygiene performed before and after exam			
Pulse			
Locates radial pulse, places two fingertips along artery and counts for 30sec or 1 min			
Records the rhythm and rate accurately in beats per minute			
Respiratory rate			
Continues to take patient's respiratory rate without advising them of this			
Records respiratory rate accurately in breaths per minute			
Blood pressure			
Correctly positions the cuff on upper arm			
Estimates systolic pressure palpating radial or brachial artery until pulsating disappears			
Places stethoscope over brachial artery and inflates the cuff to 30mmHg over estimated systolic pressure			
Reduces the pressure 2-3mmHg/sec			
Records BP accurately as systolic/ diastolic			
Temperature			
Takes temperature with a tympanic thermometer in one ear			
Records temperature accurately in °C			
Skilfulness			
Performs tasks in a calm and confident manner			
Explains all procedures clearly			
Supportiveness			
Displays empathy, care and/or concern			
Explores any concerns the patient may have			
Safety			
Ensures the patient understands the findings of the procedure			
Acts within professional boundaries and competence			

Ensures appropriate use of recognised abbreviations in the documentation			
Documents information accurately and legibly			

Overall comments:

Signature of Designed Prescribing Practitioner:

Failure to identify a serious problem or action taken in any station that cause the patient harm or any medicine supply that would be deemed illegal in accordance with the Human Medicines Regulations (2012) or the Misuse of Drugs Act would mean an automatic fail.