

# **Royal Pharmaceutical Society of Great Britain**

## **Outline curriculum for programmes to prepare pharmacist Supplementary Prescribers to become Independent Prescribers (Conversion Programme)**

### **Introduction and Background**

The first pharmacist supplementary prescribers qualified and began practising in 2004. Following the introduction of pharmacist independent prescribing in 2006, many supplementary prescribers wished to build on their current qualification in order to qualify as an independent prescriber. As such the Society accredits both the full independent prescribing programme as well as a conversion programme to allow pharmacist supplementary prescribers to train as independent prescribing without needing to undertake the full independent prescribing programme.

The curriculum to prepare pharmacist independent prescribers has been developed from the curriculum for supplementary prescribers published by the Society in November 2002. The changes and additions reflect experience with the education and practice of pharmacist supplementary prescribers and also the significant differences associated with practice as an independent prescriber. Individual pharmacist supplementary prescribers will have experienced different degrees of clinical and professional responsibility in their prescribing practice but they will all have shared that responsibility with an independent prescriber. Practice as a pharmacist independent prescriber involves working autonomously to make decisions about patient care and a greater awareness of personal limitations and the scope of professional competence. In particular, an independent prescriber will be responsible for making autonomous prescribing decisions based on the clinical assessment of patients, not only of the clinical needs for which the patient is consulting the pharmacist but also to ascertain if there are any other clinical problems that require attention or referral by the pharmacist.

The increase in professional autonomy, clinical assessment and responsibility and the associated legal and ethical implications form the basis of the curriculum for conversion programmes.

The curriculum for independent prescribing programmes is based on the full curriculum for supplementary prescribing plus the additional learning outcomes required for independent prescribing. Pharmacist supplementary prescribers who wish to qualify as independent prescribers, therefore, need to achieve the additional learning outcomes. These are detailed on the next page.

## Learning outcomes

The learning outcomes shown in **bold font** are additional to those which will already have been demonstrated by pharmacist supplementary prescribers. They should form the basis for a conversion course.

Following qualification, pharmacist independent prescribers will be able to:

1. **understand the responsibility that the role of independent prescriber entails, be aware of their own limitations and work within the limits of their professional competence – knowing when and how to refer / consult / seek guidance from another member of the health care team**
2. develop an effective relationship and communication with patients, carers, other prescribers and members of the health care team
3. **Describe the pathophysiology of the condition being treated and recognise the signs and symptoms of illness, take an accurate history and carry out a relevant clinical assessment where necessary.**
4. **use common diagnostic aids e.g. stethoscope, sphygmomanometer.**
5. **able to use diagnostic aids relevant to the condition(s) for which the pharmacist intends to prescribe, including monitoring response to therapy**
6. **Apply clinical assessment skills to:**
  - **inform a working diagnosis**
  - **formulate a treatment plan**
  - **the prescribing of one or more medicines if appropriate**
  - **carry out a checking process to ensure patient safety.**
  - **monitor response to therapy, review the working/differential diagnosis and modify treatment or refer / consult / seek guidance as appropriate**
7. demonstrate a shared approach to decision making by assessing patients' needs for medicines, taking account of their wishes and values and those of their carers when making prescribing decisions
8. identify and assess sources of information, advice and decision support and demonstrate how they will use them in patient care taking into account evidence based practice and national/local guidelines where they exist.
9. recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels
10. prescribe, safely, appropriately and cost effectively
11. work within a prescribing partnership
12. maintain accurate, effective and timely records and in addition, ensure that other prescribers and health care staff are appropriately informed
13. demonstrate an understanding of the public health issues related to medicines use

14. **demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to independent prescribing**
15. work within clinical governance frameworks that include audit of prescribing practice and personal development
16. participate regularly in CPD and maintain a record of their CPD activity

### **Indicative content**

It is expected that education providers will use the indicative content to develop a detailed programme of study which will enable pharmacists to meet the learning outcomes.

- Autonomous working and decision making within professional competence.
- Understanding own limitations
- Accurate assessment, history taking, and effective communication and consultation with patients and their parents/carers
- Effective communication and team working with other prescribers and members of the health care team
- Formulating a working diagnosis
- Development of a treatment plan, including lifestyle and public health advice
- Confirmation of diagnosis/differential diagnosis – further examination, investigation, referral for diagnosis
- **Clinical examination skills relevant to the condition(s) for which the pharmacist intends to prescribe.**
- Recognition and responding to common signs and symptoms that are indicative of clinical problems. Use of common diagnostic aids for assessment of the patient's general health status; e.g. stethoscope, sphygmomanometer, tendon hammer, examination of the cranial nerves.
- Professional competence, autonomy and accountability of independent and supplementary prescribing practice
- Application of the law in practice, professional judgment and responsibility, liability and indemnity, associated with independent prescribing
- the law applied to the prescribing, dispensing and administration of controlled drugs and appropriate counselling of patients
- compliance with guidance arising from the Shipman enquiry