PHARMACIST INDEPENDENT PRESCRIBING

MEDICAL PRACTITIONER’S HANDBOOK
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COURSE DESCRIPTION

The course aims to prepare pharmacists to practise as independent prescribers and to meet the standards set by the General Pharmaceutical Council. The course consists of pre-course activity, distance learning material, a five-day residential period and a follow up day followed by a period of learning in practice. The course is at Scottish Masters level throughout (SHE level 5), is equivalent to 300 hours (38 days) of study and is delivered over a period of 3-6 months. The University based element will require 200 hours of study and the period of learning in practice element will be sufficiently long to ensure that the student is competent in the required skills as an independent prescriber, with a minimum period equivalent to 12 days (90 hours).

The aims of the course are to:

- develop professional competencies in a chosen therapeutic area with emphasis on evidence-based medicine and rational prescribing
- consider the non-clinical factors influencing prescribing decisions and outcomes
- integrate aspects of public health into prescribing practice
- systematically synthesise, implement and evaluate management plans for individual patients

The four classes covered during the taught element of the course are as follows:

<table>
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<tr>
<th>Class MP 904 Therapeutics</th>
<th>Class MP 905 Prescribing and public health</th>
<th>Class MP 906 Care planning</th>
<th>Class MP 908 Communicating with patients and colleagues</th>
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<td>Aim of Class</td>
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<td>To develop professional competence in a specific area of therapeutics chosen for demonstrative purposes with the emphasis on an understanding of rational prescribing.</td>
<td>To enable the students to integrate a sound knowledge of evidence-based public health practice with prescribing policy and management.</td>
<td>To provide the student with the ability to systematically synthesise, implement and evaluate management plans for individual patients.</td>
<td>To consider the non-clinical factors influencing prescribing decisions and outcomes.</td>
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THE PERIOD OF LEARNING IN PRACTICE

What is the aim of the PLP?
The aim of the PLP is to develop clinical skills including accurate assessment, history taking, recognition and response to common signs and symptoms and formulation of a working diagnosis. Ultimately, the pharmacist will demonstrate their ability to conduct the clinical assessment of patients, to use basic diagnostic aids and to make an assessment of the patient’s general health. In addition, the pharmacist must demonstrate that they are competent to prescribe safely, appropriately and cost-effectively.

What are the learning outcomes?
The learning outcomes for the period of learning in practice are to demonstrate competency as described in A single competency framework for all prescribers, a copy of which is available on the VLE. In particular to:

• Demonstrate competency in the relevant physical examination of the patients with those conditions for which you may prescribe.
• Demonstrate competency in the monitoring and assessment of patients, using common diagnostic aids, to treatment against the objectives in the clinical / treatment management plan.
• Demonstrate effective communication with the patient, the medical practitioner and the wider care team.
• Demonstrate and document professional development and competence as a prescriber including knowing when and how to refer / consult / seek guidance from another member of the health care team.

How long is the PLP?
The PLP begins after the residential week and lasts a minimum of 12 days (90 hours) but can be extended if you or the pharmacist feels they need more time to demonstrate competence. The PLP can comprise either full and/or half-day sessions. The pharmacist will normally complete the PLP within 12 months.
What is my role?
As the designated medical practitioner you are asked to:

- help the pharmacist identify how the learning outcomes and competencies can be achieved in the PLP
- identify other members of the health care team who can support the pharmacist in achieving the learning outcomes and competencies
- provide supervision, support and shadowing opportunities for the pharmacist to enable them to achieve the relevant learning outcomes, in particular, clinical assessment of patients with the condition(s) for which the pharmacist intends to prescribe
- monitor the progress of the pharmacist and confirm the completion of the equivalent of a minimum of 12 days (90 hours) learning in practice
- assess the achievement of the learning outcomes by the pharmacist, including confirmation of their ability to use common diagnostic aids for the physical examination of patients for the condition(s) for which the pharmacist intends to prescribe and their ability to monitor response to therapy

When assessing the pharmacist you should consider that, in line with the course regulations, they will fail the course if, in any written assessment or OSCE, their response results in failure to identify a serious problem or would cause harm to a patient.

What support is there for the DMP?
If at any time you have any questions or require support the first point of contact should be the course organiser (Derna Campbell – derna.campbell@strath.ac.uk (0141 548 2450). In addition to this handbook, you have been provided with personal access to the University intranet, Myplace. All documents in the handbook can be found on Myplace along with a number of frequently asked questions. There is on-going opportunity through the discussion board for discussion with the course management team, the medical practitioner supporting the course and with other DMPs who are, or have, supervised pharmacists.

The course organiser can also be contacted by email, telephone to arrange a meeting.

The course organiser will provide regular updates throughout the PLP, including
information on PLP activities and answers to queries from students and DMPs.

**What are the competencies?**

The list of competencies the pharmacist must achieve are contained in the document *A Competency Framework for all Prescribers*, published by the Royal Pharmaceutical Society in July 2016 and is detailed below. The competencies are grouped into 2 main areas:

- the consultation
- prescribing governance

The pharmacist has been provided with a document for recording all the competencies as they are achieved.

**How often should I meet with the pharmacist?**

At the beginning of the PLP you should have an initial meeting with the pharmacist to jointly identify activities and evidence that will contribute to the final assessment.

A second meeting should take place approximately half way through the PLP to review progress, sign off any competencies achieved and, if necessary, revise the plan to achieve the outstanding competencies.

At the end of the PLP you will be asked to sign off the remaining competencies achieved and make the overall assessment of competency of the pharmacist as a prescriber. You must decide if, in your opinion, the pharmacist has demonstrated the skills in practice that will make them a safe and effective prescriber and suitable for annotation as an Independent Prescriber.

**How much time do I need to spend with the pharmacist?**

It is not a requirement for the pharmacist to shadow you for the full duration of the PLP. Initially, they may want to observe you or other experienced colleagues undertaking consultations, examinations and prescribing. During the PLP the pharmacist should be in contact with the DMP for the majority of the time.

**Who else can be involved in the training?**

A range of health professionals can be involved in the training and assessment depending on the setting, target patient group and activities. Time can be spent in both the primary and secondary care setting.
What are suitable PLP activities?
All PLP activities should have a prescribing focus. Examples of suitable activities include:

- attendance/participation on ward rounds
- attendance/participation in clinic sessions
- sessions with other professionals relevant to the therapeutic area
- relevant clinical meetings
- peer review sessions
- multidisciplinary meetings in the relevant therapeutic area
- appropriate training courses e.g. NES Clinical Skills Course, NES Consultations Skills Course or other UK equivalents

The pharmacist may initially spend time purely observing before going on to actively participate in the consultation / clinical assessment. As the PLP progresses the pharmacist should be carrying out the complete consultation / clinical assessment while being observed and assessed for competence. The pharmacist must demonstrate that they are competent to prescribe safely, appropriately and cost-effectively.

The pharmacist can include activities carried out in their day-to-day job, if they can demonstrate a prescribing-focus.

How do I assess competence?
A document explaining what the pharmacist must do to achieve certain competencies is available as part of the handbook (p19) and on the VLE. This gives examples of acceptable entries and, in some instances, the minimum number of patients that the pharmacist must have consulted with. You can also use the Skills Assessment declaration from other health professionals as evidence of competence.

When can I sign off the competencies?
Assessment of competence during the PLP should be on-going and discussions about progress should occur regularly. Final assessments of the individual competencies can be carried out in any order and at any time. It is important to remember that assessment of a competency cannot take place until the pharmacist has had enough time and opportunity to develop competence. It is important to review the pharmacist’s progress regularly. This should be done through discussion about patients, review of
notes and evidence gathered, direct observation and questioning.

**Can anyone else sign off the competencies?**
Other health professionals can sign off individual competencies but you are responsible for the overall declaration of competence. If other health professionals sign off a competency they must also complete a *Skills Assessment* form.

**What is in the PLP portfolio?**
The pharmacist must submit a portfolio of evidence from the PLP to support the claim of competence. In addition to the signed competencies and accompanying evidence they must provide:

- A diary record detailing the activities carried out during the PLP. This should illustrate prescribing-related practice and activities designed to meet the course learning outcomes, competencies and/or individual learning needs in relation to becoming a prescriber. It will detail the activity, why the activity was chosen and the learning outcome in relation to prescribing.

- *Skills Assessment* forms from any health professionals who have been involved in training the pharmacist during the PLP.

- Six cases studies discussing patients seen during the PLP. Each case study must illustrate clinical issues and practice, ethical issues and considerations, communication and team working with other prescribers and members of the health care team, and reflection on performance in relation to prescribing.

- Twelve reflection sheets illustrating separate episodes of performance during the PLP that are all prescribing-focused. The cycle of reflect, plan, implement and evaluate will be detailed for each episode and the resulting action will have an impact on the practice of the pharmacist as a prescriber.

- Evidence to support **ALL** of the competencies as they relate to their practice

The portfolio is assessed by members of the course team and is used as evidence that the pharmacist has attained all competencies. If there is any perceived discrepancy between the portfolio and the sign off as competent by the DMP then the course organiser may contact the DMP.

**Where can I find examples of good portfolio evidence?**
Examples of good and unacceptable portfolio evidence can be found on the University VLE, Myplace, for which you have been given login information.
What do I do if I am concerned about the progress of the pharmacist?
If at any time you have doubts or concerns please contact the course organiser (Dema Campbell – derna.campbell@strath.ac.uk 0141 548 2450). Please do not wait until the end of the PLP before raising any concerns.

What if I can no longer support the pharmacist?
If you are no longer able to carry out the role of the DMP, please contact the course organiser (Dema Campbell – derna.campbell@strath.ac.uk 0141 548 2450).
Example plan for a period of learning in practice

<table>
<thead>
<tr>
<th>Key points</th>
<th>Comment</th>
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<tbody>
<tr>
<td>• Identification of patients and arranging appointments</td>
<td>Identify most appropriate method for identification of suitable patients. Advice on suitability of each patient and whether they are able to attend the practice should also be sought from the medical practitioner.</td>
</tr>
<tr>
<td>• Patient work up from clinical notes/computer records</td>
<td>Pharmacist works up profiles of patients from appropriate records in preparation for the planned consultations and assessment of medicines needs. Typical sources of information include medical notes, computer databases and pharmacy-held medication records.</td>
</tr>
<tr>
<td>• Patient consultation with assessment</td>
<td>Pharmacist consults with the patient to assess their pharmaceutical needs. It is expected that this is carried out under observation by medical practitioner to allow assessment of competence and to provide feedback on performance.</td>
</tr>
<tr>
<td>• Design of management plan</td>
<td>Pharmacist works up a proposed management plan for each patient consulted. Each plan should be discussed and agreed with the medical practitioner as suitable for implementation.</td>
</tr>
<tr>
<td>• Accessing resources</td>
<td>This will include accessing clinical guidelines, local drug formularies and other resources associated with prescribing practice or experience.</td>
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This outline is for guidance only, since each clinical setting and circumstances will offer its own opportunities for co-operation and direct supervision.
SUMMARY OF COMPETENCIES

THE CONSULTATION (Competencies 1 – 6)

1: ASSESS THE PATIENT

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.

2: CONSIDER THE OPTIONS

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.
3: REACH A SHARED DECISION

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.

4: PRESCRIBE

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.

4.13. Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/information.

5: PROVIDE INFORMATION

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.

6: MONITOR AND REVIEW


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 ongoing monitoring and review of the patient's condition and preferences.

PRESCRIBING GOVERNANCE (Competencies 7 – 10)

7: PRESCRIBE SAFELY

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.
8: PRESCRIBE PROFESSIONALLY

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.

9: IMPROVE PRESCRIBING PRACTICE

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).

10: PRESCRIBE AS PART OF A TEAM

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.
GUIDE TO ASSESSING THE COMPETENCIES

For the selected competencies below, guidance has been provided on what a student would be expected to undertake in order to demonstrate competence. Examples are given but these are not exclusive or exhaustive. There are also examples of the evidence that a student could provide in their portfolio to support the demonstration of competence. Again, these examples are not exclusive or exhaustive.

THE CONSULTATION

Competence

1.1. Takes an appropriate medical, social and medication history, including allergies and intolerances.

The student must have been observed undertaking a full medical history, as described above, for a minimum of ten different patients (these can be the same patients included to provide evidence for other competencies). The consultations can take place in any practice setting.

Evidence to demonstrate competence:
- direct observation and sign-off by the DMP
- completed Skills Assessment forms from other health professionals who have assessed this competency
- pharmacist’s records of history taken (e.g. with other health professionals)

Example portfolio entry for competency 1.1

Diary entry 3 - attended asthma clinic with nurse prescriber Susan Smith. Took a full medical and medication history, under observation, for 3 patients. Skills assessment form completed (SA1)

Diary entry 16 - attended spirometry clinic with respiratory nurse Derek Jones. Took a full medical and medication history, under observation, for 4 patients. Skills assessment form completed (SA9) and details for one patient included in case study 5 (C5)

Diary entry 25 – routine clinic with DMP. Took a full medical and medication history, observed, for 1 patient.

Diary entry 40 - attended respiratory clinic with pharmacist prescriber. Took a full medical and medication history, under observation, for 4 patients. Skills assessment form completed (SA15)

Reflection 1 (R1) – reflection on a new inhaler started for patient that I was unfamiliar with

1.2 Undertakes an appropriate clinical assessment.

The student must have been observed undertaking an appropriate clinical assessment for a minimum of ten different patients (these can be the same patients included to provide evidence for other competencies). The assessments can take place in any practice setting.

Evidence to demonstrate competence:
- direct observation and sign-off by the DMP
- completed Skills Assessment forms from other health professionals who have assessed this competency
- pharmacist’s records of assessments undertaken (e.g. with other health professionals)
Example portfolio entry for competency 1.2

Diary entry 16 - attended spirometry clinic with respiratory nurse Derek Jones. Carried out spirometry tests under observation for 4 patients. Skills Assessment form completed (SA9) and details for one patient in case study 5 (C6)

Diary entry 27 – routine surgery with DMP. Checked peak flow under supervision for 2 patients.

Diary entry 40 - attended substance misuse clinic with pharmacist independent prescriber. Carried out urine testing under observation, for 4 patients. Skills Assessment form completed (SA28)

Evidence 1 (E1) – photocopy of cover of spirometry manual

E6 – photocopy of cover of OMROM M5 handbook

1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient’s management to date.

The student must be able to demonstrate that they have accessed and interpreted information from the records of a minimum of six different patients (these can be the same patients included to provide evidence for other competencies). The record reviews can take place in any practice setting.

Evidence to demonstrate competence:
- direct observation and sign-off by the DMP
- completed Skills Assessment forms from other health professionals who have assessed this competency
- written evidence provided by pharmacist detailing the process of accessing patient records and subsequent utilisation of the information

Example portfolio entry for competency 1.3

Diary entry 9 – shadowing hospital pharmacist independent prescriber. Accessed records for 4 patients and prepared a profile and care plan for each – see E10

Diary entry 27 – routine surgery with DMP. Patient records for 4 patients reviewed and summarised then discussed with DMP prior to patient appointment. Summaries included in E12

1.4 Requests and interprets relevant investigations necessary to inform treatment options.

The student must be able to demonstrate that they understand the process for making requests for relevant investigations. They must be able to demonstrate that they can interpret the results of relevant investigations for a minimum of six patients (these can be the same patients included to provide evidence for other competencies).

Evidence to demonstrate competence:
- direct observation and sign-off by the DMP
- completed Skills Assessment forms from other health professionals who have assessed this competency
- documented case descriptions detailing lab data obtained and description of the interpretation made
1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities (differential diagnosis)

The student must be able to demonstrate that they can make, or understand, a working or final diagnosis as above. They must also be able to demonstrate that they can decide on different management plans where there is a differential diagnosis. This must be undertaken for a minimum of ten different patients (these can be the same patients included to provide evidence for other competencies). The consultations can take place in any practice setting.

Evidence to demonstrate competence:
- direct observation and sign-off by the DMP
- completed Skills Assessment forms from other health professionals who have assessed this competency
- documented case descriptions detailing the assessments undertaken, the findings and the interpretation leading to the working or final diagnosis
- documented case descriptions detailing the process and rationale for decision-making where there is a differential diagnosis

2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.

The student must be able to demonstrate that they have advised non-drug management (as above) for at least three patients (these can be the same patients included to provide evidence for other competencies).

Evidence to demonstrate competence:
- direct observation and sign-off by the DMP
- completed Skills Assessment forms from other health professionals who have assessed this competency
- documented case descriptions detailing episodes of patient interactions that have resulted in no drug medication being prescribed in favour of a non-pharmacological alternative

2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).

The following are examples of factors the student will have considered when advising on medication: use of appropriate local and national guidelines; patient wishes and values; medical and drug history;

Evidence to demonstrate competence:
- direct observation and sign-off by the DMP
- completed Skills Assessment forms from other health professionals who have assessed this competency
- documented case descriptions detailing any of the above examples, or similar
2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.

Examples of assessing the risks and benefits include: effects of patient non-compliance; consideration of drug suitability before initiating treatment; benefits of stopping treatment, where applicable. Students must be able to demonstrate this in a minimum of three patients (these can be the same patients included to provide evidence for other competencies).

Evidence to demonstrate competence:
- direct observation and sign-off by the DMP
- completed Skills Assessment forms from other health professionals who have assessed this competency
- documented case descriptions detailing any of the above examples, or similar

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).

The student must be able to demonstrate where they have taken into account the above factors when considering therapy for a minimum of three patients.

Evidence to demonstrate competence:
- direct observation and sign-off by the DMP
- completed Skills Assessment forms from other health professionals who have assessed this competency
- documented case descriptions detailing episodes of patient interactions where management decisions have been influenced by one or more of the above

2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options

The student must be able to demonstrate that they have assessed a minimum of three complex patients and considered the above when making management options (these can be the same patients included to provide evidence for other competencies).

Evidence to demonstrate competence:
- direct observation and sign-off by the DMP
- completed Skills Assessment forms from other health professionals who have assessed this competency
- documented case descriptions detailing episodes of patient interactions where management decisions have been influenced by one or more of the above
3.3. Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands.

The student should demonstrate that they have discussed management options as described above to a minimum of six patients and/or carers (these can be the same patients included to provide evidence for other competencies).

Evidence to demonstrate competence:
- direct observation and sign-off by the DMP
- completed Skills Assessment forms from other health professionals who have assessed this competency
- documented case descriptions detailing any appropriate counselling/information sessions


The student should demonstrate that they have maintained management plans for a minimum of three patients that document arrangements for review of the patient’s status and subsequent treatment (these can be the same patients included to provide evidence for other competencies).

Evidence to demonstrate competence:
- direct observation and sign-off by the DMP
- completed Skills Assessment forms from other health professionals who have assessed this competency
- documented case descriptions detailing any appropriate review/follow up including date/time

6.2. Ensures that the effectiveness of treatment and potential unwanted effects are monitored.

The student should demonstrate that they have monitored for treatment effectiveness and unwanted effects in a minimum of three patients (these can be the same patients included to provide evidence for other competencies). Examples may include discussion around regular monitoring of lab data for drugs with known side effects; checks in place to monitor response to treatment; monitoring of actual/potential adverse effects;

Evidence to demonstrate competence:
- direct observation and sign-off by the DMP
- completed Skills Assessment forms from other health professionals who have assessed this competency
- documented case descriptions detailing any of the above examples, or similar

6.4. Adapts the management plan in response to on-going monitoring and review of the patient’s condition and preferences.

The student should discuss a minimum of three patients where they have made recommendations for a change in the treatment based on a change in the patient’s condition and/or discussion with the patient about their treatment preferences (these can be the same patients included to provide evidence for other competencies).

Evidence to demonstrate competence:
- direct observation and sign-off by the DMP
- completed Skills Assessment forms from other health professionals who have assessed this competency
- documented case descriptions detailing any of the above examples, or similar