

# Information and Knowledge Services

## Literature search

<b>Title</b>	Prescribing Competency Framework Update
<b>Client</b>	Royal Pharmaceutical Society
<b>Researcher</b>	Lynsey Hawker
<b>Date</b>	December 2018

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## Databases

### **EMBASE**

Covering journal articles from around 7000 journals in about 70 countries, EMBASE is a major biomedical and pharmaceutical database with a focus on Western European sources. Over 40% of the content is drug related contained within areas such as drug research, pharmacology, pharmacy, Pharmacoeconomics, pharmaceuticals, toxicology, human medicine (both clinical and experimental), basic biological research, health policy and management, public occupational and environmental health, drug dependence and abuse, psychiatry, forensic science, and biomedical engineering. The database contains resources dating back to 1974.

### **The King's Fund Information and Knowledge Services database:**

Also with a UK focus, this database covers health management and services, social care, service development, and NHS organisation and administration. Resources include journal articles, books, reports, and pamphlets and cover the years from 1979 onwards.

### **Medline**

Medline is a general medical database produced by the U.S. National Library of Medicine (hereafter, NLM). The database contains millions of citations, derived from thousands of biomedical and life science journals. Broadly, the subject areas covered are: - Allied health specialties - Dentistry - Nursing - Medicine - Pre-clinical sciences - Some topics within veterinary medicine MEDLINE (TM) is also the primary source of global information from international literature on biomedicine. The database contains a broad range of medical topics relating to research, clinical practice, administration, policy issues, and health care services.

### **NICE Evidence Search**

NHS Evidence Search is unique index of authoritative, evidence-based information from hundreds of trustworthy and accredited sources.

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## Overview

The scope of this literature review was to identify any new competencies or standards covering eligibility to be a 'prescribing supervisor' (also known as 'Designated Medical Practitioner') to train/supervise other medical and non-medical prescribers published since 2015.

The search was to cover

1. Competency Frameworks
2. Eligibility Frameworks
3. Standards
4. Clinical Supervision Frameworks
5. Educational Supervision

Population:

Non-medical prescriber, medical prescriber, Designated Medical Practitioner (DMP), prescribing supervisor, practice assessor, independent prescriber, supplementary prescriber, educational supervisor

Intervention: regulation OR standards OR competency frameworks OR professional development OR continuing professional development OR accreditation

These keywords were used to carry out a grey literature search for standards competencies and competency frameworks published since 2015. This included searches in the King's Fund database and NHS evidence as well as the websites for relevant UK, European, Canadian, USA, Australian and New Zealand bodies a full list of organisations checked are given in a list at the end of the document. An additional Google search was carried out to locate any further material. A literature search was also carried out using Medline and Embase databases, the search strategies are included at the end of this document.

The findings for the UK reflect changes in legislation that came into force in April 2016 (Anon 2016; NHS England 2016) and also highlights ongoing changes that are likely to come into being in 2019 in the UK. (General Pharmaceutical Council 2018; NHS England 2016; Health and Care Professions Council 2018 Nursing Midwifery Council 2018)

In addition to standards and guidance published since 2016, I have also included a section listing previous guidance and frameworks in place relevant to prescribing supervisors prior to covering 2000-2015.

To make it easier to navigate the results I have separated them in to countries and in the case of the UK results I have further grouped the results by organisation.

The final sections lists additional journal articles in case of interest.

## Search Results

Guidance, Standards and Frameworks (2000-2015)

**Department of Health (2006).** *Improving Patients Access to Medicine: A guide to implementing nurse and pharmacist independent prescribing within the NHS in England*, London: Department of Health and Social Care.

[https://webarchive.nationalarchives.gov.uk/20130105033522/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4133747.pdf](https://webarchive.nationalarchives.gov.uk/20130105033522/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4133747.pdf) [Accessed December 5, 2018]

This guide has been produced to help promote safe and effective prescribing by Nurse and Pharmacist Independent Prescribers and to assist implementation in the NHS. It is applicable to both the NHS and the independent sector. It provides information and advice on good practice for Nurse and Pharmacist Independent Prescribers. Informal feedback will be provided from NHS users of the guide.

**General Medical Council, (2013).** *Good practice in prescribing and managing medicines and devices*, London: GMC.

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices>

You are responsible for the prescriptions that you sign. You must only prescribe drugs when you have adequate knowledge of your patient's health. And you must be satisfied that the drugs serve your patient's need. Following this guidance will help make sure that you practise safe prescribing. It reminds you that where possible you must avoid prescribing for yourself or those close to you. And goes through what you need to consider when repeat prescribing or share the responsibility of your patient with a colleague. We also recognise that as technology moves on so does the ways that you prescribe. This is why we have included a section on remote prescribing. And things to consider if prescribing to patients who are overseas or if prescribing unlicensed medicines. This guidance came into effect 25 February 2013.

**General Optical Council and National Prescribing Centre, (2004).** *Competency framework for prescribing optometrists*, NPC.

Since August 2000, a range of health care professionals have been able to supply and administer medicines directly to some patients through the use of patient group directions. Independent prescribing by certain groups of nurses is now established and nurses and pharmacists were identified as the first professional groups to take supplementary prescribing forward.

**Health and Care Professions Council, (2013).** *Standards for prescribing*, London: HCPC.

<https://www.hcpc-uk.org/globalassets/resources/standards/standards-for-prescribing.pdf> [Accessed December 5, 2018]

This also includes the knowledge, understanding and skills we expect a prescriber to demonstrate when they complete their training. The standards of prescribing apply to chiropodists / podiatrists, physiotherapists and therapeutic radiographers who are trained either as supplementary prescribers

or as supplementary and independent prescribers. They also apply to diagnostic radiographers and dietitians who have completed training to become supplementary prescribers. These standards are effective from 20 August 2013.

**NAPRA, N., (2009).** *Model Standards of Practice for Canadian Pharmacists*, Ottawa: National Association of Pharmacy Regulatory Authorities.  
[https://www.cphm.ca/uploaded/web/Legislation/Model Standards of Prac for Cdn Pharm Marc h09.pdf](https://www.cphm.ca/uploaded/web/Legislation/Model_Standards_of_Prac_for_Cdn_Pharm_Marc_h09.pdf) [Accessed December 7, 2018]

The following Model Standards of Practice for Canadian Pharmacists (MSOP) have been developed by NAPRA based on work by their National Advisory Committee on Pharmacy Practice (NACPP) in combination with best practices in defining competencies and standards of practice for health professions.

**National Prescribing Centre, (2012).** *A single competency framework for all prescribers*, London: NICE.

<http://tinyurl.com/o3a2ta8>

This single prescribing competency framework replaces all previous profession specific competency frameworks published by the National Prescribing Centre

**National Prescribing Centre, (2004).** *Maintaining Competency in Prescribing: An Outline Framework to help Allied Health Professional Supplementary Prescribers*, London: NPC.

**National Prescribing Centre, (2001).** *Maintaining Competency in Prescribing: An outline framework to help nurse prescribers*, London: NPC.

**National Prescribing Centre, (2003a).** *Maintaining Competency in Prescribing: An outline framework to help nurse supplementary prescribers*, London: NPC.

**National Prescribing Centre, (2003b).** *Maintaining Competency in Prescribing: An outline framework to help pharmacist supplementary prescribers.*, London: NPC.

**National Prescribing Centre, (2006).** *Maintaining Competency in Prescribing: An outline framework to help pharmacist supplementary prescribers.*, London: NPC.

**Nursing & Midwifery Council, (2006).** *Standards of proficiency for nurse and midwifery prescribers*, London: NMC.

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-proficiency-nurse-and-midwife-prescribers.pdf> [Accessed December 7, 2018]

This booklet provides the standards and proficiencies for the programmes of preparation for nurses, midwives and specialist community public health nurses to prescribe as either a community practitioner nurse prescriber or a nurse independent/supplementary prescriber. It replaces all previous requirements issued by the four National Boards for Nurses, Midwives and Health Visitors for England, Wales, Scotland and Northern Ireland.

**Department of Health. The Human Medicine's (Amendment) Regulations 2016.**

[https://www.legislation.gov.uk/uksi/2016/186/pdfs/uksi\\_20160186\\_en.pdf](https://www.legislation.gov.uk/uksi/2016/186/pdfs/uksi_20160186_en.pdf) [Accessed December 5, 2018]

In recent years, changes in the law have allowed a number of professions other than registered medical practitioners and dental professionals to play an increasing role in prescribing and managing medicines for patients. Increasing access to prescribing and medicines supply mechanisms has the potential to improve quality of patient care. On 01 April 2016, several changes to the Human Medicines Regulations 2012 come into effect which include:

- Permitting registered therapeutic radiographer independent prescribers to mix, prescribe, sell or supply certain types of prescription only medicines.
- Adding registered dietitians to the list of health professionals who are included in the definition of a supplementary prescriber.
- Enabling the general sale, pharmacy and certain prescription only medicines to be supplied by registered orthoptists.
- Enabling the prescription only medicines diamorphine, morphine and pethidine hydrochloride to be supplied by registered midwives. [From PSNC]

British Dietetic Association

**The British Dietetic Association, (2016). *Practice Guidance for Dietetic Supplementary Prescribers*, Birmingham: BDA.**

[https://www.bda.uk.com/professional/practice/prescribing/practice\\_guidance\\_prescribing](https://www.bda.uk.com/professional/practice/prescribing/practice_guidance_prescribing) [Accessed December 5, 2018]

This practice guidance provides information which should underpin the decision-making and actions of dietitians who are annotated with the Health and Care Professions Council (HCPC) as supplementary prescribers.

Department of Health

**Department of Health. The Human Medicine's (Amendment) Regulations 2016.**

[https://www.legislation.gov.uk/uksi/2016/186/pdfs/uksi\\_20160186\\_en.pdf](https://www.legislation.gov.uk/uksi/2016/186/pdfs/uksi_20160186_en.pdf) [Accessed December 5, 2018]

In recent years, changes in the law have allowed a number of professions other than registered medical practitioners and dental professionals to play an increasing role in prescribing and managing medicines for patients. Increasing access to prescribing and medicines supply mechanisms has the potential to improve quality of patient care. On 01 April 2016, a number of changes to the Human Medicines Regulations 2012 come into effect which include: Permitting registered therapeutic radiographer independent prescribers to mix, prescribe, sell or supply certain types of prescription only medicines. Adding registered dietitians to the list of health professionals who are included in the definition of a supplementary prescriber. Enabling the general sale, pharmacy and certain prescription only medicines to be supplied by registered orthoptists. Enabling the prescription only

medicines diamorphine, morphine and pethidine hydrochloride to be supplied by registered midwives. [From PSNC]

Centre for Pharmacy Postgraduate Education

**Centre for Pharmacy Postgraduate Education, (2017). *Prescribing: Maintaining competence and confidence: A CPPE guide for prescribers, CPPE.***

[https://www.gmc-uk.org/-/media/documents/prescribing-guidance\\_pdf-59055247.pdf](https://www.gmc-uk.org/-/media/documents/prescribing-guidance_pdf-59055247.pdf) [Accessed December 5, 2018]

This guide has been developed to support pharmacist prescribers to identify their learning needs and signpost them to resources to help meet these needs. It is linked to the Royal Pharmaceutical Society (RPS) publication A competency framework for all prescribers<sup>1</sup> and can help to address most of the competency outcomes.

College of Paramedics

**College of Paramedics, (2018a). *Improving patients' access to medicines: A guide to implementing paramedic prescribing within the NHS in the UK*, Bridgwater: College of Paramedics.**

<https://www.collegeofparamedics.co.uk/?ACT=199&lv=KHZMn3OmZNsXnvCZE%2FSCFkB1A8PaiEMpSDWfDXUM5MZHWmgTuMEkMWIBPz3%2B%2F%2FxOjO0H2rOVe5TTHuwXpLiqKVt9pfYArYVka5YdOwdH%2Byoroh4suFavRo0BIZDLp6%2Bulu%2FHeTABaYVo3pHPZfeZ6dOw8VS9GyVtPtIAJrFOLZljyrWsA%2Bdw5iUsq6tlybr9HkmuzBIXNiM%2BJUNUBUNn511so1t9c%2FU9O%2FXicBJr%2BsoArgKz1JzQyxPN46YZQoVjIWmP7X2MQZ5aHbbqjgaJ%2FfnGZf2B2IS0%2B8kefIjc%3D>

This guide sets out administrative and procedural steps needed to enable advanced paramedics in the UK to act as independent and supplementary prescribers. It provides information and advice on good practice in the implementation of advanced paramedic and independent and supplementary prescribing. It is adapted from the DOH guidance 2006 to reflect current best practice by other professions in implementing prescribing.

**College of Paramedics, (2018b). *Practice Guidance for Paramedic Independent and Supplementary Prescribers.***

<https://www.collegeofparamedics.co.uk/?ACT=199&lv=pwZvOyBGs9MI97nsL1xEpK51bEVorABHBNHxUiuf4anChKAwc9f%2FPTOFKWlAh1H%2ByHymNSpjG3uTcgcb1UUO3eozmNnaT90%2BKvsqpGjO5uNt4UY0OIWjkzX%2FLkD%2B%2BT9YmS17DnxeMb9g3miU1yqyQWf2o%2FY0uhsfvCi4JxvQZQrG2OzYtP FzZAIWneZVS%2FCsLO8gLc2JzW4Eof87Smw7T8Z0bDbg0Tp433RSbFsGwq5c9agCG0gMZ5PTRTqFuRvsWAusEDMeGxk6IAQJSCW756TZFO49qNRiCq%2BfXMYCdBY%3D>

This practice guidance provides information that underpins the decision-making and actions of paramedics.

**General Optical Council, (2016). Standards of practice for optometrists and dispensing opticians.**

[https://www.optical.org/filemanager/root/site\\_assets/standards/new\\_standards\\_documents/standards\\_of\\_practice\\_web.pdf](https://www.optical.org/filemanager/root/site_assets/standards/new_standards_documents/standards_of_practice_web.pdf) [Accessed December 6, 2018]

We have a statutory duty to set the standards of practice expected of optometrists and dispensing opticians. Our Standards of Practice define the standards of behaviour and performance we expect of all registered optometrists and dispensing opticians. As a healthcare professional you have a responsibility to ensure the care and safety of your patients and the public and to uphold professional standards. The new Standards of Practice for Optometrists and Dispensing Opticians came in to effect on 1 April 2016, replacing the previous Code of Conduct for Individual Registrants. This document sets out the nineteen standards that optical professionals must meet. These standards are not listed in order of priority and include standards relating to behaviour and performance.

**General Pharmaceutical Council, (2015). *Tomorrow's pharmacy team: Future standards for the initial education and training of pharmacists, pharmacy technicians and pharmacy support staff*, London: General Pharmaceutical Council.**

[https://www.pharmacyregulation.org/sites/default/files/tomorrows\\_pharmacy\\_team\\_june\\_2015.pdf](https://www.pharmacyregulation.org/sites/default/files/tomorrows_pharmacy_team_june_2015.pdf) [Accessed December 4, 2018]

It is clear that NHS and healthcare services are changing. Pharmacy professionals' roles and their contributions to healthcare and public health are growing, and so are the public's expectations. There is every sign that this will continue for many years to come. As roles change, education and training must change too so that pharmacy professionals are able to deal with the new challenges they face. This paper is an invitation to stakeholders to give us their views on how the education and training of the pharmacy team should evolve to meet those challenges. [Foreword]

**General Pharmaceutical Council, (2016a). *Prescribers Survey Report*, London: General Pharmaceutical Council.**

[https://www.pharmacyregulation.org/sites/default/files/gphc\\_prescribers\\_survey\\_report.pdf](https://www.pharmacyregulation.org/sites/default/files/gphc_prescribers_survey_report.pdf)

This report presents the analysis of the responses we received to a survey sent to all pharmacist prescribers on our register, which was launched in early July 2015. The main objective of the survey was to gain a more holistic picture of prescribing practice with regard to: • the extent to which pharmacist prescribers are using their prescribing qualification • how prescribers keep their knowledge and skills up to date • the nature of prescribing practice • the barriers and enablers to prescribing, and • the resources that prescribers use.

**General Pharmaceutical Council, (2016b). *Discussion paper on supervising pharmacist independent prescribers in training*, London: General Pharmaceutical Council.**

[https://www.pharmacyregulation.org/sites/default/files/discussion\\_paper\\_on\\_supervising\\_pharmacist\\_independent\\_prescribers\\_in\\_training\\_november\\_2016\\_1.pdf](https://www.pharmacyregulation.org/sites/default/files/discussion_paper_on_supervising_pharmacist_independent_prescribers_in_training_november_2016_1.pdf) [Accessed December 4, 2018]

This discussion document is about the supervision of pharmacist prescribers in training. We will not make or implement a final decision on this important matter until we have completed a full consultation on revised education and training standards for pharmacist independent prescribers in 2017.

**General Pharmaceutical Council, (2017). *GPhC publishes Business plan for 2017-2020*, London: General Pharmaceutical Council.**

<https://www.pharmacyregulation.org/news/gphc-publishes-business-plan-2017-2020> [Accessed December 4, 2018]

This document, our first business plan to cover a three-year period, sets out the six programmes of work we will prioritise to help us to achieve the vision set out in our strategy for 2017-2020. The plan reflects our ambitions for pharmacy regulation at a time of significant change in pharmacy. Our six key programmes of work are: Developing our approach to regulating registered pharmacies to provide assurance and encourage improvement Promoting professionalism through the standards for pharmacy professionals and related guidance Providing further assurance to the public that pharmacy professionals are meeting the standards Setting the standards and quality assuring the initial education and training for pharmacists and pharmacy technicians Developing our data and insight strategy Transforming our services and the way we work.

**General Pharmaceutical Council, (2018a). *Supervising pharmacist independent prescribers in training: Summary of responses to the discussion paper*, London: General Pharmaceutical Council.**

[https://www.pharmacyregulation.org/sites/default/files/document/supervising\\_pips\\_in\\_training\\_discussion\\_paper\\_summary\\_february\\_2018.pdf](https://www.pharmacyregulation.org/sites/default/files/document/supervising_pips_in_training_discussion_paper_summary_february_2018.pdf) [Accessed December 4, 2018]

Two of the General Pharmaceutical Council's core activities are setting standards for the (initial) education and training of pharmacy professionals and quality assuring courses leading to registration or annotation. Currently, we are in the middle of a significant review of all our education standards, as stated in our Strategic Plan 2017-2020. One set of standards due to be reviewed in 2017 is for the education and training of pharmacist independent prescribers and a key part of those standards relates to the practice supervision of pharmacist independent prescribers in training. Currently pharmacist independent prescribers in training are supervised by a medic, a designated medical practitioner, and we want to explore whether that role can be extended to other independent prescribers. This report is the summary of responses to a discussion paper about that issue. [Introduction]

**General Pharmaceutical Council, (2018b). *Consultation on education and training standards for pharmacist independent prescribers*, London: General Pharmaceutical Council.**

[https://www.pharmacyregulation.org/sites/default/files/document/consultation\\_on\\_education\\_and\\_training\\_standards\\_for\\_pharmacist\\_independent\\_prescribers\\_march2018.pdf](https://www.pharmacyregulation.org/sites/default/files/document/consultation_on_education_and_training_standards_for_pharmacist_independent_prescribers_march2018.pdf) [Accessed December 4, 2018]

Pharmacist independent prescribers are already playing a vital role in delivering high-quality care to people using the health services of Great Britain. To become an independent prescriber, pharmacists must complete education and training that gives them the necessary knowledge, attitudes and behaviours to successfully take on the role and provide safe and effective care. Alongside an increase in the number of pharmacist independent prescribers, the prescribing role has developed significantly in recent years – often in direct response to government initiatives. In light of these changes, we are making improvements to the standards for training pharmacist independent prescribers to make sure courses are fit for purpose and that the learning outcomes in them are

clearly focused on the current prescribing role. We want to hear your views on the changes we are proposing to the standards, including introducing learning outcomes for the standards allowing experienced pharmacist independent prescribers (and other independent prescribers, including doctors) to act as practice prescribing supervisors, and improving the selection of trainee independent prescribers by focusing on the knowledge and skills of applicants and their suitability to train as independent prescribers.

**Health and Care Professions Council, (2018). Consultation on Standards for prescribing. HCPC.**  
<https://www.hcpc-uk.org/news-and-events/consultations/2018/consultation-on-standards-for-prescribing/> [Accessed December 5, 2018]

We are consulting on proposed changes to the Standards for prescribing. The Standards for prescribing have two purposes and so are set out in two parts: The standards for education providers set out the processes and procedures that an education provider delivering training in prescribing must have in place in order to deliver the training safely and effectively. The standards for all prescribers set out the knowledge, understanding and skills that a registrant must have when they complete their prescribing training and which they must continue to meet once in practice. These standards therefore set out safe and effective prescribing practice. They are the threshold standards we consider necessary to protect members of the public. They are also the standards we use to assess and approve education and training programmes in prescribing. The HCPC's current Standards for prescribing were published in August 2013. Since this time, we have seen a number of important changes in nonmedical prescribing practice and regulation. We have reviewed our Standards for prescribing and are proposing changes in order to bring them up to date and to ensure they remain effective. This consultation seeks the views of external stakeholders on these changes. This webpage contains links to all consultation documents.

NHS England

**NHS England, (2016a). Allied Health Professions Medicines Project. NHS England.**  
<https://www.england.nhs.uk/ahp/med-project/> [Accessed December 5, 2018]

Homepage giving information on changes in legislation that enabled •Independent prescribing by therapeutic radiographers •Supplementary prescribing by dietitians •The use of exemptions within the Human Medicines Regulations 2012 by orthoptists

**NHS England, (2016b). Independent prescribing by Therapeutic Radiographers. NHS England.**  
<https://www.england.nhs.uk/ahp/med-project/radiographers/> [Accessed December 5, 2018]

Further to an announcement from George Freeman MP (Minister for Life Sciences, Department of Health) on Friday 26 February 2016, eligible therapeutic radiographers are able to independently prescribe medicines, following the successful completion of a Health and Care Professions Council (HCPC) approved prescribing programme.

**NHS England, (2016c). Paramedic prescribing. NHS England.**  
<https://www.england.nhs.uk/ahp/med-project/paramedics/> [Accessed December 5, 2018]

Changes in legislation means advanced paramedics are now able to prescribe, bringing huge benefits to patients and the NHS across the UK. These highly skilled paramedics, after undertaking additional training, will be able to prescribe medicines to patients. This is likely to happen in practice in early 2019.

**NHS England, (2016d). Prescribing training for paramedics. NHS England.**

<https://www.england.nhs.uk/ahp/med-project/paramedics/prescribing-training/> [Accessed December 5, 2018]

This page has information for advanced paramedics requiring access to independent prescribing programmes. It is not possible to give a definitive time frame as to when the first paramedics will qualify as prescribers as this is dependent upon a number of factors; we don't expect to see paramedics prescribing in practice until early 2019.

**NHS England, (2016e). Supplementary prescribing by Dietitians. NHS England.**

<https://www.england.nhs.uk/ahp/med-project/dietitians/> [Accessed December 5, 2018]

Further to an announcement from George Freeman MP (Minister for Life Sciences, Department of Health) on Friday 26 February 2016, eligible dietitians are able to become supplementary prescribers following successful completion of a Health and Care Professions Council (HCPC) approved prescribing programme.

Nursing Midwifery Council

(These standards are being updated in January 2019)

**Nursing & Midwifery Council, (2006).** *Standards of proficiency for nurse and midwifery prescribers*, London: NMC.

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-proficiency-nurse-and-midwife-prescribers.pdf> [Accessed December 7, 2018]

This booklet provides the standards and proficiencies for the programmes of preparation for nurses, midwives and specialist community public health nurses to prescribe as either a community practitioner nurse prescriber or a nurse independent/supplementary prescriber. It replaces all previous requirements issued by the four National Boards for Nurses, Midwives and Health Visitors for England, Wales, Scotland and Northern Ireland.

**Nursing & Midwifery Council, (2018a).** *Standards for prescribing programmes*, London: NMC.

<https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/standards-for-prescribing-programmes/> [Accessed December 7, 2018]

These new Standards for prescribing programmes set out what is required for our approval and consist of the following:

- legal requirements
- entry requirements
- availability of recognition of prior learning
- methods of assessment
- information on the level of award

They contain important information for registered nurses, midwives and education providers.

**Nursing & Midwifery Council, (2018b).** *Standards for student supervision and assessment: Part 2 of Realising professionalism: Standards for education and training*, London: NMC.  
<https://www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/> [Accessed December 7, 2018]

These new Standards for student supervision and assessment set out our expectations for the learning, support and supervision of students in the practice environment. They also set out how students are assessed for theory and practice learning.

**Nursing & Midwifery Council, (2018c).** *Standards framework for nursing and midwifery education: Part 1 of Realising professionalism: Standards for education and training*, London: NMC.  
<https://www.nmc.org.uk/standards-for-education-and-training/standards-framework-for-nursing-and-midwifery-education/> [Accessed December 7, 2018]

These standards apply to all education institutions and their practice learning partners approved to run NMC-approved programmes. The standards aim to provide flexibility for AEs and practice learning partners, to develop innovative approaches to all education for nurses and midwives, while being accountable for the local delivery and management of approved programmes.

Royal College of Physicians

**Royal College of Physicians, (2017).** *Supporting junior doctors in safe prescribing*, London: Royal College of Physicians.  
<https://www.rcplondon.ac.uk/projects/outputs/supporting-junior-doctors-safe-prescribing>  
[Accessed December 6, 2018]

Supporting junior doctors in safe prescribing is a new guide for supporting junior doctors when prescribing in hospitals, built on published evidence and best practice.

Royal Pharmaceutical Society

**Royal Pharmaceutical Society, (2016a).** *Practical guide for pharmacist prescribers.*  
<https://www.rpharms.com/resources/ultimate-guides-and-hubs/independent-prescribers> [Accessed December 6, 2018]

**Royal Pharmaceutical Society, (2016b).** *Prescribing Competency Framework.*  
<https://www.rpharms.com/resources/frameworks/prescribers-competency-framework> [Accessed December 6, 2018]

## Society of Radiographers

**Society of Radiographers, (2016). Practice Guidance for Radiographer Independent and/or Supplementary Prescribers.**

<https://www.sor.org/learning/document-library/practice-guidance-radiographer-independent-andor-supplementary-prescribers> [Accessed December 6, 2018]

SCoR publishes this practice guidance to help radiographers understand the complexities of the law and legislation around prescribing. The information given will underpin the decision-making and actions of radiographer prescribers and enhance their practice. Since 2005 both diagnostic and therapeutic radiographers could train to become supplementary prescribers and recent changes in legislation mean that therapeutic radiographers can now train to undertake independent prescribing.

## Australia

**Medicines, 20 Years of Helping Australians Make Better Decisions About, Tests, M. and Technologies, O.H., (2017). The ASPRINH Project's Prescribing Assessment Toolkit. NPS MedicineWise.**

<https://www.nps.org.au/the-asprinh-project-s-prescribing-assessment-toolkit> [Accessed December 5, 2018]

Free, independent, evidence-based info on medicines, health conditions & medical tests for health professionals & consumers.

## Canada

**Canadian Nurse Association, (2015). Framework for Registered Nurse Prescribing in Canada, Canadian Nurses Association.**

[https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/cna-rn-prescribing-framework\\_e.pdf?la=en](https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/cna-rn-prescribing-framework_e.pdf?la=en)

This document, which is the result of the 2014 motion, seeks to provide such a framework for RN prescribing in Canada.

## New Zealand

**Nursing Council of New Zealand, (2016). Preparing to prescribe in primary health and specialty teams: Guidance for registered nurses and employers, New Zealand: Nursing Council of New Zealand.**

[http://www.nursingcouncil.org.nz/content/download/1626/7371/file/Preparing%20to%20prescribe%20in%20primary%20health%20and%20specialty%20teams%20Guidance%20for%20RNs%20and%20Employers%20August%202016%20\(2\).pdf](http://www.nursingcouncil.org.nz/content/download/1626/7371/file/Preparing%20to%20prescribe%20in%20primary%20health%20and%20specialty%20teams%20Guidance%20for%20RNs%20and%20Employers%20August%202016%20(2).pdf)

This guideline outlines why registered nurse prescribing has been introduced and how it can contribute to primary health and specialty teams. It includes advice on the clinical and employer support that needs to be in place before a registered nurse prescribing role in primary health and specialty teams is introduced. It outlines the educational and clinical preparation required before a registered nurse can be authorised with prescribing rights by the Nursing Council.

**Nursing Council of New Zealand, (2018). *Guidance for registered nurses prescribing in primary health and specialty teams*, New Zealand: Nursing Council of New Zealand.**

<http://www.nursingcouncil.org.nz/content/download/1859/8307/file/Guidelines%20for%20registered%20nurse%20prescribing%20in%20primary%20health%20and%20specialty%20teams%20April%202018.pdf>

This guideline has been developed by the Nursing Council to provide advice to registered nurses prescribing in primary health and specialty teams on maintaining safe prescribing practice within a collaborative healthcare team.

## Journal articles

**Taylor, D., (2006). What does being a designated medical practitioner involve? *Prescriber*.**

<https://onlinelibrary.wiley.com/doi/pdf/10.1002/psb.427> [Accessed December 7, 2018]

Nonmedical prescribers must complete an accredited programme of study, including practice-based learning, under the supervision of a qualified doctor known as a designated medical practitioner (DMP). Here, the author describes the role of the DMP and three case studies illustrate the experiences of some of those involved.

**Jankovic, S., (2015). How trainee pharmacist independent prescribers can work with their supervisors. *Pharmaceutical Journal*, (July).**

<https://www.pharmaceutical-journal.com/careers-and-jobs/careers-and-jobs/career-feature/how-trainee-pharmacist-independent-prescribers-can-work-with-their-supervisors/20068988.article>  
[Accessed December 5, 2018]

In order to qualify as an independent prescriber, pharmacists must be supervised by a designated medical practitioner. Sasa Jankovic explains how aspiring prescribers can help their supervisors understand their role.

**Cope, L.C., Abuzour, A.S. and Tully, M.P., (2016). Nonmedical prescribing: where are we now? *Therapeutic Advances in Drug Safety*, 7(4), pp.165–172.**

Nonmedical prescribing has been allowed in the United Kingdom (UK) since 1992. Its development over the past 24 years has been marked by changes in legislation, enabling the progression towards independent prescribing for nurses, pharmacists and a range of allied health professionals. Although the UK has led the way regarding the introduction of nonmedical prescribing, it is now seen in a number of other Western-European and Anglophone countries although the models of application vary widely between countries. The programme of study to become a nonmedical prescriber (NMP)

within the UK is rigorous and involves a combination of taught curricula and practice-based learning. Prescribing is a complex skill that is high risk and error prone, with many influencing factors. Literature reports regarding the impact of nonmedical prescribing are sparse, with the majority of prescribing research tending to focus instead on prescribing by doctors. The impact of nonmedical prescribing however is important to evaluate and can be carried out from several perspectives. This review takes a brief look back at the history of nonmedical prescribing and compares this with the international situation. It also describes the processes required to qualify as an NMP in the UK, potential influences on nonmedical prescribing and the impact of nonmedical prescribing on patient opinions and outcomes and the opinions of doctors and other healthcare professionals.

**Solano M., Guerin A., Huynh C. and Terry D., (2017). Postgraduate pharmacy independent prescribing course: Overview across the UK. *European Journal of Hospital Pharmacy*, 24.**

Background Prescriber status is a major development for pharmacists. In order to become an independent prescriber in the UK, a pharmacist must complete an accredited course. There are now 42 accredited centres training pharmacists to become independent prescribers. How do these courses compare? Purpose To describe and compare postgraduate pharmacy independent prescribing courses across the UK. Material and methods This was a descriptive study. A list of relevant themes was established after a review of university websites and UK's General Pharmaceutical Council's (GPhC) reports of accreditation. Similarities and differences between providers for each theme were identified and compared. Results 8 themes were described with 2 similarities and 6 differences between universities. All of the 42 universities followed the same GPhC's guidelines concerning entry requirements and learning outcomes. Among the differences identified, 21 universities opened their course for pharmacists, physiotherapists, nurses and midwives, unlike 21 universities who opened them only for pharmacists. Duration of the course varied from 3 months to 1 year part-time with an average of 6 months. For non-medical courses, the average number of places was 35.8 (range 10-90); for pharmacists' courses the average was 36.4 (range 10-100). UK universities offered from 30 to 60 credits at level 6 or 7 for this postgraduate course, depending on optional credits for advanced health assessment. Tuition fees varied from 1000 to 5220. Learning was based on a minimum of 26 days in academic study, divided by face to face study days at university and distance learning, and 12 days in professional practice with a designated medical practitioner (DMP). The average in university study days was 11.9 (range 5-26). The methods of assessment comprised oral case presentations, written examinations and multiple-choice questions with calculation and pharmacology, DMP assessment, objective structured clinical examinations (OSCEs) and reflective portfolios. Conclusion This descriptive study described and compared UK universities' delivery of independent prescribing courses for pharmacists. There were 2 similarities-entry requirements and methods of assessment-as required by GPhC accreditation. Six differences were highlighted, concerning credits, duration, number and type of students, fees and the delivery of learning and assessment methods.

**Stewart, D., Jebara, T., Cunningham, S., Awaisu, A., Pallivalapila, A. and MacLure, K., (2017). Future perspectives on nonmedical prescribing. *Therapeutic Advances in Drug Safety*, 8(6), pp.183–197.**

Many countries have implemented nonmedical prescribing (NMP) and many others are scoping prescribing practices with a view to developing NMP. This paper provides a future perspective on NMP in light of findings of an umbrella review of aspects of NMP. This is followed by coverage of the Scottish Government strategy of pharmacist prescribing and finally, consideration of two key challenges. The review identified seven systematic reviews of influences on prescribing decision-making, processes of prescribing, and barriers and facilitators to implementation. Decision making

was reported as complex with many, and often conflicting, influences. Facilitators of NMP included perceived improved patient care and professional autonomy, while barriers included lack of defined roles and resource pressures. Three systematic reviews explored patient outcomes that were noted to be equivalent or better to physician prescribing. In particular, a Cochrane review of 46 studies of clinical, patient-reported, and resource-use outcomes of NMP compared with medical prescribing showed positive intervention-group effects. Despite positive findings, authors highlighted high bias, poor definition and description of 'prescribing' and the 'prescribing process' and difficulty in separating NMP effects from the contributions of other healthcare team members. While evidence of benefit and safety is essential to inform practice, for NMP to be implemented and sustained on a large scale, there needs to be clear commitment at the highest level. The approach being taken by the Scottish Government to pharmacist prescribing implementation may inform developments in other professions and countries. The vision is that by 2023, all pharmacists providing pharmaceutical care will be pharmacist-independent prescribers. There are, however, challenges to implementing NMP into working practice; two key challenges are the need for sustainable models of care and evaluation research. These challenges could be met by considering the theoretical basis for implementation, and robust and rigorous evaluation.

## List of organisations checked

### **UK**

British Diabetic Association  
Centre for Postgraduate Pharmacy Education  
College of Paramedics  
General Medical Council (GMC)  
General Optical Council  
General Pharmaceutical Council  
Health and Care Professionals Council (HCPC)  
Health Education England (HEE)  
National Guidance Centre (Royal College of Physicians)  
NHS England  
NICE  
Nursing Midwifery Council  
Pharmaceutical Services Negotiating Committee  
Royal Pharmaceutical Society  
Pharmaceutical Society of Northern Ireland,  
Society of Radiographers

### **Europe**

International Pharmaceutical Federation  
Commonwealth Pharmacists Association  
Pharmaceutical Group of the European Union

### **America**

Agency of Healthcare Research and Quality

### **Australia**

Australia Department of Education and Training  
Australian Health Practitioner Regulation Agency (AHPRA)  
Australian Nursing and Midwifery Council  
Department of Education and Training

### **Canada**

Canadian Nurses Association  
Canadian Medical Association  
Canadian Pharmacists Association  
NAPRA (National Association of Pharmacy Regulatory Authorities)

### **New Zealand**

New Zealand Medical Association  
New Zealand Nurses Organisation  
Nursing Council of New Zealand  
Medical Council of New Zealand

## Search strategies

Medline and Embase

“Non-medical prescriber\*” OR “medical prescriber\*” OR “Designated Medical Practitioner\*”), “prescribing supervisor\*” OR “practice assessor\*” OR “independent prescriber\*” OR “supplementary prescriber\*” OR “educational supervisor\*” .ti

AND

regulation OR standards OR “competency framework\*” OR “professional development” OR “continuing professional development” OR accreditation .ti

Limited to 2015-2018