Initial Education and Training of Pharmacists: Prescribing Training Indicative Curriculum

Version 1.5, Feb 2025

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Introduction

This joint curriculum for prescribing training has been developed by NHS England Workforce Training and Education (formerly Health Education England) and the Pharmacy Schools Council. It is intended to provide an indicative curriculum to support the effective training of undergraduate pharmacy students and trainee pharmacists in England so that they can successfully demonstrate the learning outcomes of the Initial Education and Training standards that link to becoming a prescriber.

The revised General Pharmaceutical Council (GPhC) standards for the Initial Education and Training of Pharmacists (IETP) integrate learning outcomes that demonstrate competency as an Independent Prescriber at the point of registration. Independent prescribing will not be incorporated into foundation training until the 2025/26 training year. The learning outcomes for training years 2021/22 – 2024/25 have been modified by the GPhC to reflect this.

At the point when independent prescribing is incorporated into the foundation training year, the full learning outcomes will be used, and the foundation training year assessment strategy will be updated.

To support this, universities are currently redesigning their MPharm courses to incorporate the full learning outcomes, so that graduates that enter the 2025/26 Pharmacy Foundation Training Programme will be prepared for the inclusion of prescribing training and assessment in their foundation training.

This joint curriculum is therefore designed to guide the teaching content in both the MPharm and the Pharmacy Foundation Training Programme (2025/26) in the interest of an effective continuum of learning and training in practice.

A glossary of terms is provided after this introduction, describing the definitions used in this curriculum document.

Glossary

Designated Prescribing Practitioner

A healthcare professional with an annotation or automatic right to prescribe – for example a medical practitioner, pharmacist, nurse, physiotherapist, or paramedic – who will mentor and supervise the pharmacist **during their foundation training**. The designated prescribing practitioner will provide a formal confirmation once they are satisfied of the trainee's competence in prescribing.

Designated Supervisor

The designated supervisor is responsible for having oversight of the trainee's training and for signing off the trainee's competence at the end of the foundation training. They should be a source of advice and guidance and will work with practice partners to support the trainee in meeting the learning outcomes in these standards.

Student pharmacist

An individual who is studying on an MPharm degree.

Trainee pharmacist

An individual who is undertaking their foundation training.

Background

In 2021, the General Pharmaceutical Council approved revised Standards for the Initial Education and Training of Pharmacists (IETP). The Standards for IETP and associated learning outcomes span the entire initial five years of training. There will therefore need to be a process of implementation over the following five years, during which both the MPharm degree provision and the foundation training year in England will be modified and developed.

These new standards will provide newly qualified pharmacists with the necessary clinical consultation skills and confidence to provide the clinical services expected by patients and the NHS, working across health systems.

The NHS has an urgent demand for increased clinical skills for clinical care, prevention of ill-health and optimal outcomes from medicines. Pharmacists are key to meeting the ambitions of the NHS for primary, community, mental health and hospital care.

To successfully complete foundation training, trainee pharmacists must demonstrate all the GPhC learning outcomes to their designated supervisor to secure the necessary sign-off. When independent prescribing is incorporated into foundation training in 2025/26, the designated prescribing practitioner (DPP) will be required to contribute to this assessment of competence. The trainee must also receive confirmation from the designated supervisor that they have completed the required number of weeks in training, and successfully pass the GPhC registration assessment.

The curriculum presented in this document does not cover the requirements for assessment and sign-off within foundation training – please refer to the NHS England Foundation Trainee Pharmacist Assessment Strategy document, accessible via the Trainee Pharmacist Foundation Year webpage.

The five years of pharmacist training remains a '4 plus 1' model, that is:

- A 4-year MPharm (Master of Pharmacy) degree accredited by the GPhC[1]

- A 1-year practice-based training period; previously called the 'pre-registration' year, now called the foundation training year.

The revised standards incorporate a new common set of learning outcomes that cover both the 4-year MPharm and the foundation training year (5th year).

There are 55 learning outcomes, which are organised into four domains:
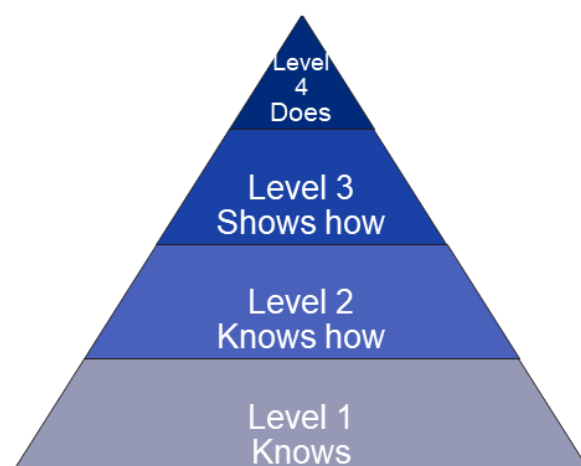
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[1] Please note: some universities are accredited to provide an integrated model MPharm, or 'sandwich' MPharm, which does not use the 4 + 1 model.

- Person-centred care and collaboration

- Professional practice

- Leadership and management

- Education and research

The attainment of these learning outcomes is differentiated between the MPharm and foundation training by the level at which the learning outcome must be demonstrated by the student/trainee, and the context in which the learning outcomes are demonstrated.

These levels are described by a competence and assessment hierarchy known as 'Miller's Triangle' (see Figure 1). For foundation training, most learning outcomes must be demonstrated at the 'Does' level of Miller's Triangle – that is, in an everyday situation, repeatedly and reliably.

Figure 1. Miller's Triangle

Level 4 – Does	Can act independently and consistently in a complex but defined situation. Evidence for this level is provided when a trainee pharmacist demonstrates the learning outcomes in a complex, familiar, or everyday situation repeatedly and reliably. Assessments may require observed structured clinical examinations (OSCEs) or other observed assessments.
Level 3 – Shows how	Can demonstrate that they can perform in a simulated environment or in real life. Assessments may include objective structured clinical examination (OSCEs) and other observed assessments; simulated patient assessments; designing, carrying out and reporting an experiment; dispensing tests and taking a patient history.
Level 2 – Knows how	Knows how to use knowledge and skills. Assessments may include essays, oral examinations, multiple-choice question examinations (MCQs) and laboratory books.
Level 1 – Knows	Has knowledge that may be applied in the future to demonstrate competence. Assessments may include essays, oral examinations, and multiple-choice question examinations (MCQs).

Indicative Curriculum

Below is an Indicative Curriculum for Prescribing Training. It can be used to guide the design and delivery of teaching and training within the MPharm and Foundation Training. This curriculum is underpinned by the RPS Competency Framework for All Prescribers. The RPS Competency Framework is a generic framework for any prescriber, regardless of their professional background or setting. It reflects the key competencies needed by all prescribers and is intended to be the basis on which a curriculum can be built.

This Indicative Curriculum is divided into two sections, to reflect the organisation of the RPS Competency Framework. Section 1 relates to the prescribing consultation specifically, and section 2 to prescribing governance; the broader knowledge and skills that a prescriber needs.

Table 1 lists the learning outcomes from the GPhC standards for the Initial Education and Training of Pharmacists. Table 2 lists the competencies from the RPS Competency Framework for All Prescribers that are covered by this Indicative Curriculum for Prescribing Training.

Please note: Some of these resources may require a login to access which may only be available to pharmacy professionals. Where this is applicable, we have tried to indicate within the curriculum.

Table 1. GPhC Learning Outcomes

GPhC Learning Outcomes:	MPharm degree	Foundation training year
Domain: Person-centred care and collaboration		
2. Work in partnership with people to support and empower them in shared decision-making about their health and wellbeing	Shows How	Does
3. Demonstrate effective communication at all times and adapt their approach and communication style to meet the needs of the person	Does	Does
4. Understand the variety of settings and adapt their communication accordingly	Shows How	Does
5. Proactively support people to make safe and effective use of their medicines and devices	Shows How	Does
6. Treat people as equals, with dignity and respect, and meet their own legal responsibilities under equality and human rights legislation, while respecting diversity and cultural differences	Does	Does
7. Obtain informed consent before providing care and pharmacy services	Does	Does
8. Assess and respond to the person's particular health risks, taking account of individuals' protected characteristics and background	Shows How	Does
9. Take responsibility for ensuring that personal values and beliefs do not compromise person-centred care	Does	Does
10. Demonstrate effective consultation skills, and in partnership with the person, decide the most appropriate course of action	Does	Does
12. Take an all-inclusive approach to ensure the most appropriate course of action based on clinical, legal and professional considerations	Shows How	Does
13. Recognise the psychological, physiological and physical impact of prescribing decisions on people	Shows How	Does
14. Work collaboratively and effectively with other members of the multi-disciplinary team to ensure high-quality, person-centred care, including continuity of care	Shows How	Does
Domain: Professional Practice		
16. Apply professional judgement in all circumstances, taking legal and ethical reasoning into account	Does	Does
17. Recognise and work within the limits of their knowledge and skills, and get support and refer to others when they need to	Does	Does
26. Consider the quality, safety and risks associated with medicines and products and take appropriate action when producing, supplying and prescribing them	Knows How	Shows How
27. Take responsibility for the legal, safe and efficient supply, prescribing and administration of medicines and devices	Shows How	Does

28. Demonstrate effective diagnostic skills, including physical examination, to decide the most appropriate course of action for the person	Shows How	Does
29. Apply the principles of clinical therapeutics, pharmacology and genomics to make effective use of medicines for people, including in their prescribing practice	Shows How	Does
30. Appraise the evidence base and apply clinical reasoning and professional judgement to make safe and logical decisions which minimise risk and optimise outcomes for the person	Shows How	Does
31. Critically evaluate and use national guidelines and clinical evidence to support safe, rational and cost-effective procurement for the use, and prescribing of, medicines, devices and services	Shows How	Does
32. Accurately perform calculations		
34. Apply the principles of effective monitoring and management to improve health outcomes	Shows How	Does
35. Anticipate and recognise adverse drug reactions, and recognise the need to apply the principles of pharmacovigilance	Does	Does
36. Apply relevant legislation and ethical decision-making related to prescribing, including remote prescribing	Shows How	Does
38. Understand clinical governance in relation to prescribing, while also considering that the prescriber may be in a position to supply the prescribed medicines to people	Shows How	Does
39. Take responsibility for people's health records, including the legality, appropriateness, accuracy, security and confidentiality of personal data	Shows How	Does
43. Identify misuse of medicines and implement effective strategies to deal with this	Shows How	Does
Domain: Leadership and management		
45. Demonstrate effective leadership and management skills as part of the multi-disciplinary team	Shows How	Does
46. Make use of the skills and knowledge of other members of the multi-disciplinary team to manage resources and priorities	Shows How	Does
48. Actively take part in the management of risks and consider the impacts on people	Shows How	Does
49. Use tools and techniques to avoid medication errors associated with prescribing, supply and administration	Shows How	Does
50. Take appropriate actions to respond to complaints, incidents or errors in a timely manner and to prevent them happening again	Shows How	Does
51. Recognise when and how their performance or that of others could put people at risk and take appropriate actions	Shows How	Does
Domain: Education and Research		
53. Reflect upon, identify, and proactively address their learning needs	Does	Does

Table 2 RPS Prescribing Competencies

RPS Prescribing Competencies:
1.1 Undertakes the consultation in an appropriate setting.
1.2 Considers patient dignity, capacity, consent and confidentiality.
1.3 Introduces self and prescribing role to the patient/carer and confirms patient/carer identity.
1.4 Assesses the communication needs of the patient/carer and adapts consultation appropriately.
1.5. Demonstrates good consultation skills and builds rapport with the patient/carer
1.6 Takes and documents an appropriate medical, psychosocial and medication history including allergies and intolerances.
1.7 Undertakes and documents an appropriate clinical assessment.
1.8 Identifies and addresses potential vulnerabilities that may be causing the patient/carer to seek treatment
1.9 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.
1.10 Requests and interprets relevant investigations necessary to inform treatment options.
1.11 Makes, confirms or understands, and documents the working or final diagnosis by systematically considering the various possibilities (differential diagnosis)
1.12 Understands the condition(s) being treated, their natural progression, and how to assess their severity, deterioration and anticipated response to treatment.
1.13 Reviews adherence (and non-adherence) to, and effectiveness of, current medicines
1.14 Refers to or seeks guidance from another member of the team, a specialist or appropriate information source when necessary.
2.1 Considers both non-pharmacological and pharmacological treatment approaches
2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy and deprescribing).
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 pharmacokinetics and pharmacodynamics of medicines, and how these may be altered by individual patient factors.
2.5 Assesses how co-morbidities, existing medicines, allergies, intolerances, contraindications and quality of life impact on management options.
2.6 Considers any relevant patient factors and their potential impact on the choice and formulation of medicines, and the route of administration.
2.7 Accesses, critically evaluates, and uses reliable and validated sources of information.
2.8 Stays up to date in own area of practice and applies the principles of evidence-based practice.
2.9 Considers 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.
3.1 Actively involves and works with the patient/carer to make informed choices and agree a plan that respects the patient's/carer's preferences.

3.2 Considers and respects patient diversity, background, personal values and beliefs about their health, treatment and medicines, supporting the values of equality and inclusivity, and developing cultural competence.

3.3 Explains the material risks and benefits, and rationale behind management options in a way the patient/carer understands, so that they can make an informed choice

3.4 Assesses adherence in a non-judgmental way; understands the reasons for non-adherence and how best to support the patient/carer

3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.

3.6 Explores the patient's/carer's understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.

4.1 Prescribes a medicine or device with up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions and adverse effects.

4.2 Understands the potential for adverse effects and takes steps to recognise, and manage them, whilst minimising risk.

4.3 Understands and uses relevant national, regional and local frameworks for the use of medicines.

4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.

4.5 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.

4.6 Prescribes appropriate quantities and at appropriate intervals necessary to reduce the risk of unnecessary waste.

4.7 Recognises potential misuse of medicines; minimises risk and manages using appropriate processes.

4.8 Uses up-to-date information about the availability, pack sizes, storage conditions, excipients and costs of prescribed medicines.

4.9 Electronically generates and/or writes legible, unambiguous and complete prescriptions which meet legal requirements.

4.10 Effectively uses the systems necessary to prescribe medicines.

4.11 Prescribes unlicensed and off- label medicines where legally permitted, and unlicensed medicines only if satisfied that an alternative licensed medicine would not meet the patient's clinical needs

4.12 Follows appropriate safeguards if prescribing medicines that are unlicensed, off-label, or outside standard practice.

4.13 Documents accurate, legible and contemporaneous clinical records.

4.14 Effectively and securely communicates information to other healthcare professionals involved in the patient's care, when sharing or transferring care and prescribing responsibilities, within and across all care settings.

5.1 Assesses health literacy of the patient/carer and adapts appropriately to provide clear, understandable and accessible information.

5.2 Checks the patient's/carer's understanding of the discussions had, actions needed, and their commitment to the management plan.

5.3 Guides the patient/carer on how to identify reliable sources of information about their condition, medicines and treatment.

5.4 Ensures 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 timeframe

5.5. Encourages and supports the patient/carer to take responsibility for their medicines and self-manage their condition.

6.1 Establishes and maintains a plan for reviewing the patient's treatment

6.2 Establishes and maintains a plan to monitor the effectiveness of treatment and potential unwanted effects.

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

6.4 Recognises and reports suspected adverse events to medicines and medical devices using appropriate reporting systems.

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 and prescribing errors and knows how to minimise their risk.
7.3. Identifies and minimises potential risks associated with prescribing via remote methods
8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice.
8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal views.
8.5 Recognises and responds to factors that might influence prescribing.
8.6. Works within the NHS, organisational, regulatory and other codes of conduct when interacting with the pharmaceutical industry
9.1. Improves by reflecting on own and others' prescribing practice, and by acting upon feedback and discussion.
9.3. Understands and uses available tools to improve prescribing practice
9.4. Takes responsibility for own learning and continuing professional development relevant to the prescribing role
9.7. Considers the impact of prescribing on sustainability, as well as methods of reducing the carbon footprint and environmental impact of any medicine
10.1. Works collaboratively as part of a multidisciplinary team to ensure that the transfer and continuity of care (within and across all 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 the patient's care
10.3. Agrees the appropriate level of support and supervision for their role as a prescriber
10.4. Provides support and advice to other prescribers or those involved in administration of medicines where appropriate

Section 1: The Prescribing Consultation

In this curriculum, the prescribing consultation is broken down into 'elements' which represent essential steps for an effective consultation. The key skills that a student/trainee needs to develop are described. Indicative learning resources/references are provided (these should not be viewed as an exhaustive list) and each element is mapped to the relevant IETP learning outcome and also the competencies within section 1 of the RPS Competency Framework for All Prescribers.

It should be noted that, in places, resources that are published by the regulator or professional body of other healthcare professions are included, where these are useful additional references.

For the purposes of this curriculum, the different elements of the prescribing consultation have been described in the table below in a simplified linear approach. It should be noted that this simplified representation must be taken in the context of understanding that a consultation structure may be more complex than this, with the prescriber moving fluidly between steps as they progress through cycles of gathering information, generating hypotheses and confirming/refuting these through the gathering of further information.

Critical to this whole process is the need for the prescriber to take a person-centred approach, focussing on contextualising the consultation, placing the patient at the centre of the process and managing the complexity/ uncertainty of clinical care. This must include a structured but flexible approach that adapts to the patient's perspective and health beliefs, considering social, educational and cultural differences.

Element of the prescribing consultation	Suggested resources	GPhC LOs	RPS
Managing a structured consultation *Plan and manage the consultation within the constraints of time available to achieve the best outcomes for patients.* *Overarching the elements of the consultation process are the essential knowledge and skills relating to managing the structure of a consultation and communicating effectively with it.* *There are a number of consultation structure models, most of which incorporate communication skills, how to manage a structured interaction with a patient and signpost how the key elements (outlined in this table) are incorporated.*	**Calgary Cambridge Guide to the consultation** A framework which offers a person-centred approach by paying particular attention to the patient's perspective. • **Calgary Cambridge Guide to the Medical Interview: Initiating the Session** • **Calgary Cambridge Guide to the Medical Interview: Gathering Information on the Patient's Perspective** • **Calgary Cambridge Guide to the Medical Interview: Gathering Information on the Biomedical History** • **Calgary Cambridge Guide to the Medical Interview: Physical Examination** • **Calgary Cambridge Guide to the Medical Interview: Explanation and Planning** • **Calgary Cambridge Guide to the Medical Interview: Closing the Session** **Damian Kenny: Consultation Navigation Tool** A tool for helping clinicians to consult in a structured way. It shows a navigation path for the consultation, emphasising the importance of gathering	10	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14

Element of the prescribing consultation	Suggested resources	GPhC LOs	RPS
	all relevant information first, before 'crossing the bridge' and discussing management. **COGConnect** A visual resource for teaching and learning 21st Century consultation skills. With its tag line of "Connection. Cognition. Care", it reminds learners and teachers that consulting is a whole-person commitment of head, heart and hand. **Other models** that may be useful for reference: • Neighbour's Consultation Model • Pendleton's Consultation Model **Distance/virtual consultation** Where an element of distance/virtual consultation is incorporated within the consultation (including telephone consultation or online consultation), there are a range of resources available that can support with the development of appropriate skills. CPPE have developed the e-learning programme '**remote consultation skills'** to support the development of consultation skills supporting consultations via video and over the phone (*login required*). The GPhC have developed a document entitled **'guidance for registered pharmacies providing pharmacy services at a distance, including on the internet'.**		

Element of the prescribing consultation	Suggested resources	GPhC LOs	RPS
	The General Medical Council (GMC) have produced a **resource on remote consultations** on their ethical hub.		
Begins the consultation *This includes:* • *Introducing self* • *Identifying patient* • *Gaining consent / assesses capacity if needed* • *Determining/agreeing the purpose of the consultation*	**Introducing self** The #hellomynameis campaign for more compassionate, patient-centred care includes resources to explain the importance of introducing self. **Patient identification** The **Patient Safety Solutions (2007)** are standardized tools for health care professionals to prevent potential errors from reaching the patient. These interventions have demonstrated the ability to prevent or mitigate patient harm. For each topic, the Solutions include background information on the problem and impact, suggested actions, applicability, opportunities for patient and family involvement, strength of the evidence, potential barriers to implementation and risks for certain unintended consequences. **Mental capacity and consent** This **NHS Overview of Consent** to treatment defines what consent is, how it can be given, consent from children and young people, when consent is not needed and consent and life support. **GPhC In practice: Guidance on consent** This guidance explains to pharmacy professionals the important of consent and their relevant responsibilities.	3, 7	1.1, 1.2, 1.3, 1.4

Element of the prescribing consultation	Suggested resources	GPhC LOs	RPS
	Mental Capacity Act 2005 This provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. **Social Care Institute for Excellence** Information, guidance, and accredited training for care and health staff to support, protect and empower people who may lack capacity.		
Identifies and makes adjustments/adaptations to meet the needs of the patient *For example, where the patient has sensory impairment, learning disabilities, requires translation services*	**Sensory Impairment** The Royal National Institute for Deaf People produce **support for health and social care professionals** on how to make services more accessible and how to meet legal requirements as well as how they can help with support, training and equipment. The Royal National Institute for Blind People produce **guidance and resources for health professionals** on how to support blind and partially sighted patients. Specialist Pharmacy Service have published an article on **Supporting people with sight loss in managing their medicines**. **People with learning disabilities, autism or both (PWLDA)** As part of their pharmacy project, MENCAP have produced a **resource booklet** for pharmacists, people with disabilities, family members and carers.	3	1.4

Element of the prescribing consultation	Suggested resources	GPhC LOs	RPS
	This is a useful resource, but please note that it contains outdated reference to MURs. MENCAP also have a useful general resource on **communicating with people with learning disability**. A multiprofessional group of prescribing educators have **published a paper** describing a collaboration between a university and 'the Adventurers', a group of people with learning disabilities, autism or both (PWLDA), to co-produce communication training as part of a prescribing training programme. **CPPE's Learning Disabilities hub** *(login required for some resources)* The CPPE Learning Disabilities hub contains a range of useful resources from e-learning, quizzes to factsheets and podcasts.		
Takes structured history *Identifying and exploring the presenting complaint* *Taking a full medical, family and social / psycho-social history* *"Systems review" – systematic screening of symptoms from major body systems*	**Structured approach to gathering a full medical history** **Oxford Medical Education** have a free medical revision on history taking skills for medical student exams, finals, OCSEs and MRCP PACES. This **professional article** by Patient discusses history taking. **CPPE Clinical history-taking: what a good consultation looks like** *(login required)* This e-learning considers the key skills you can use to take an effective clinical history. The program uses the Calgary-Cambridge guide to take you	3, 8	1.4, 1.5, 1.6, 1.8, 1.13

Element of the prescribing consultation	Suggested resources	GPhC LOs	RPS
	through the clinical history-taking process and introduces you to tools and resources to help you demonstrate a patient-centred approach to the consultation.		
Conducts physical/clinical examination as necessary	See Appendix 1.	28	1.7
Gathers information from other sources *Is able to identify, access and interpret information from a variety of electronic and physical records*	A range of appropriate resources are available on the interpretation of medical notes, language and commonly used acronyms. The NHS have produced the resource **abbreviations you may find in your health records**.	8	1.9, 1.10

Clinical reasoning / decision making
 	
Makes a clinical decision, having gathered all of the relevant information required (e.g. makes or confirms a diagnosis / differential diagnosis, generates therapeutic options).
 	
Identifies when additional diagnostic information is needed (e.g. laboratory investigations, imaging,
	Please also refer to the separate Initial Education and Training of Pharmacists: Clinical Reasoning Indicative Curriculum for greater detail on this theme
	
	Reasoning models
	
	• Rutter and Harrison discuss differential diagnosis in pharmacy practice in **this article**.
	• Other models which may be useful include:
	   o Hypothetico-deductive reasoning
	   o Intuitive-humanist reasoning
	
	Heuristics and cognitive biases
		12, 26, 29, 30, 31, 34, 35, 48	1.10, 1.11, 1.12, 1.14, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 4.1, 4.2, 4.3

Element of the prescribing consultation	Suggested resources	GPhC LOs	RPS
etc.) and arranges as appropriate for this to be completed. *Understand the complexity of clinical care including acknowledging uncertainty, managing risk, the importance of multi-professional management of co-morbidity and recognition of polypharmacy.*	O'Sullivan and Schofield discuss cognitive bias in clinical medicine in **this article**. **Complex Clinical Decision making for Foundation/ Early Career pharmacists** This resource is to support pre-registration and early career pharmacists in clinical decision-making. It was produced jointly by the Chartered Institute of Ergonomics and Human Factors, Health Education England and NHS Education for Scotland.		
Shared decision making *Having generated therapeutic and/or management options, shares these with the patient and supports them to make an informed decision on what to do*	NICE have published **guidelines on Shared decision making** which includes an **online learning package** in partnership with Keele University and **patient decision aids**. An **e-learning package** is available on e-learning for healthcare about shared decision making *(login required)*. **Medicines Adherence and Shared Decision Making** NICE guidance **NG76 (Medicines Adherence**) focusses on shared decision making relating to medicines. *Medicines adherence should also be considered in relation to the 'Takes Structured History' section above, and also the 'Monitoring, safety netting, follow up and transfer of care' section below.*	2, 5, 6, 9, 10, 13	3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 5.1, 5.2, 5.5

Element of the prescribing consultation	Suggested resources	GPhC LOs	RPS
Generates prescription or medicines order *The technical skill of generating a prescription or medicines order.* *Ensure continuity of care with regards prescriptions.* *Manages the conflicting roles of prescriber and medicines supply within the ethical and operational context of practice.*	The Royal Pharmaceutical Society's **Medicines, Ethics and Practice (MEP)** is a professional guide for pharmacists and aspires to support pharmacists to practise confidently and professionally, to use professional judgement and to develop as a professional. It provides specific guidance on general prescription requirements *(login required)*. The British National Formulary contains **guidance on prescription writing**. This **professional article** by Patient discusses general prescribing guidance. The Health Education England London team have produced guidance on **Medicines Management – Legal Aspects of Prescription Writing**. The General Medical Council have produced guidance on **Good practice in prescribing and managing medicines and devices**. The General Pharmaceutical Council have published **In practice: Guidance for pharmacist prescribers** which gives guidance to pharmacist prescribers in applying the standards when prescribing. All professional healthcare regulators and other organisations have co-authored **High-level principles for good practice in remote consultations and prescribing**.	27, 32, 36, 43, 49	2.6, 4.1, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11, 4.12,
Documents consultation	The Royal College of Physicians publish **Generic Medical Record Keeping Standards** which sets the standards for general medical record keeping by physicians in hospital practice.	4, 39	1.6, 1.7, 4.13

Element of the prescribing consultation	Suggested resources	GPhC LOs	RPS
Using the appropriate record system(s) *Provides appropriate communication to ensure health records are up to date and accurate.*	The General Medical Council publish guidance on **Keeping records** within their Protecting children and young people guidance This article details the **Subjective, Objective, Assessment, Plan (SOAP**) approach to documenting a consultation/patient assessment.		
Monitoring, safety netting, follow up and transfer of care	**Situation Background Assessment Recommendation (SBAR) for Transfer of Care** NHS Institute for Innovation and Improvement published an **implementation and training guide** to support the introduction and implementation of SBAR. NHS England then published an **SBAR communication tool** to help staff to communicate assertively and effectively. **Specialist Pharmacy Service Drug Monitoring Tool** The Specialist Pharmacy Service drug monitoring tool details what tests and the frequency should be conducting before starting, after started or dose changed, continued until stable, ongoing once stable and for abnormal results.	14, 46	4.7, 4.14, 5.3, 5.4, 5.5, 6.1, 6.2, 6.3, 6.4

Section 2: Prescribing Governance

Section 2 relates to prescribing governance: the broader knowledge and skills that a prescriber needs. This section maps to section 2 of the RPS competency framework for all prescribers.

It should be noted that not all competencies within the RPS competency framework for all prescribers are covered/mapped in the identified elements below. This is because some of the RPS competencies relate more broadly to pharmacy practice, and it is expected that they will be covered more broadly within the IETP.

Element of prescribing governance	Suggested resources	LOs	RPS
Defining own scope of prescribing practice *An independent pharmacist prescriber is able to prescribe any medicine within their competence (with the exceptions of medicines/indications prohibited by specific legislation or marketing authorisation).** **The exceptions / exclusions include, but are not necessarily limited to:* o *cocaine, dipipanone and diamorphine for the treatment of addiction* o *unlicensed cannabis based medicinal products (CBMPs)*	It is critical that students and trainees develop a thorough understanding of: • The importance of working within the scope of their expertise and job description • How to identify and define their own scope of practice • How to identify the boundaries of their expertise How to develop their expertise into new areas of practice The GPhC **In practice: guidance for pharmacist prescribers** gives guidance on keeping up to date and prescribing within your level of competence. The Health & Care Professions Council produce resources on **scope of practice**.	17, 53	7.1

o *Medicines for Early Medical Abortion (EMA) - precluded by The Abortion Act 1967*			
Legal basis for prescribing	The legal basis for prescribing is underpinned by 3 main pieces of UK legislation: • **The Human Medicines Regulations 2012** • **Misuse of Drugs Act 1971** • **Mental Capacity Act 2005**	27	8.3
Responsibility and accountability *Relating to all aspects of being a prescriber (e.g. assessment, diagnosis, prescribing)*	The GPhC **Guidance to support the standards for pharmacy professionals** includes (but is not limited to): • Consent • Confidentiality • Duty of candour	27, 38	7.2, 7.3
Recognising influences on prescribing practice *Formulary/Cost/ peers/ pharmaceutical industry/ patients/ biases/clinical context/ environmental sustainability*	**Health belief models** The **impact of human factors on decision making** is discussed in this Concordat from the National Quality Board The GPhC **In practice: guidance for pharmacist prescribers** gives guidance on prescribing considerations and clinical judgement. **Sustainability**	9, 16, 30, 36	8.4, 8.5, 8.6, 9.7

	This **report from NHS England** provides a detailed account of the NHS' modelling and analytics underpinning the latest NHS carbon footprint, trajectories to net zero and the interventions required to achieve that ambition.		
Evaluating your own prescribing practice *Critical evaluation of prescribing practice* *Actively seeks feedback on prescribing practice*	**NICE Audit Tool** NICE have published a library of clinical audit tools which can be used to improve care and monitor own prescribing practice.	50, 53	9.1, 9.3, 9.4
Working within the healthcare team *Educating others with regards prescribing practice, including both pharmacy and the wider multi-disciplinary team*	**NHS Leadership Academy** have a range of resources to support teamworking including bitesize learning and an inspiration library on their learning hub.	45, 46, 51	10.1, 10.2, 10.3, 10.4

Appendix 1: Physical/Clinical Skills

Suggested clinical and diagnostic skills for MPharm students

The General Pharmaceutical Council's Initial Education and Training standards (2021) specifies that MPharm students need to be able to "Demonstrate effective diagnostic skills to decide the most appropriate course of action for the person" (LO28). This is at the 'Shows How' level of Miller's triangle at the end of Year 4, and the 'Does' level at the end of Year 5. This document outlines recommended clinical and diagnostic skills for MPharm students, and the level of competence required by the end of years 4 and 5.

- Learners must also be able to interpret the results from these examinations.
- It should be noted that some of the skills described below may be incorporated in the broader MPharm curriculum outside of a specific 'prescribing context'.
- The physical/clinical skills described in the table below are intended to be contextualised in adult patients, as it is recognised that it will be challenging for education providers to provide sufficient access to paediatric patient population for students and trainee pharmacists during the initial education and training.

Description	Suggested Learning Resources	Level of competence required by the end of year 4 of the MPharm	Level of competence required by the end of year 5 of IETP
General Skills for Physical Examination - Core			
Introduce the procedure: • Introduce themselves and confirm the identity of the patient/service user. • Explain the procedure to the patient, including possible complications and risks Gain informed consent from the patient for the procedure.		Does	Does

Follow appropriate precautions to reduce the risk of infections: • Ensure that own clothing/jewellery/hair etc. is **appropriate for conducting physical examination.** • Wash hands before touching the patient • Clean surfaces and/or equipment appropriately Dispose of all equipment appropriately.		Does	Does
Document all findings appropriately		Shows how	Does
Procedural Skills - Core			
Undertake basic observations including: • Blood pressure (manually and using an electronic device) • Heart rate and rhythm (manually) • Respiratory rate • Body temperature • Peripheral oxygen saturation Level of consciousness (AVPU) / new confusion (supports assessment of 'early warning scoring' e.g. NEWS 2).	NEWS 2: www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2	Does	Does
Measure height, weight to determine BMI and BSA		Does	Does
Undertake peak flow measurement		Does	Does
Undertake urinalysis		Shows how	Does
Undertake capillary blood glucose measurement		Shows how	Does
Undertake a basic pain score		Shows how	Does
Basic skin examination		Shows how	Does

Examine the ear and throat: • Ear examination (includes examination of ear canal and tympanic membrane with otoscope) • Throat examination (includes inspection of oropharynx and tonsils) Head and neck lymph node assessment		Shows how	Does
Administration of injectable medication (e.g. vaccination)		Shows how	Does
Additional Procedural Skills to Consider – May Be Beneficial			
Perform a respiratory examination to include inspection, palpation, percussion and auscultation		Shows how	Does
Basic musculoskeletal examination		Shows how	Does
Undertake an assessment of cognitive function using a validated questionnaire, e.g. six-item cognitive impairment test (6-CIT)	**The Alzheimer's Association Cognitive Assessment Toolkit** NICE CKS **'How do I assess a person with suspected dementia?**	Shows how	Does
Screening for/assessment of depression and anxiety using a validated questionnaire (e.g. Patient Health Questionnaire-9 [PHQ-9] scoring)		Shows how	Does

References:

GMC (2019) Practical Skills and Procedures. Available at www.gmc-uk.org/-/media/documents/practical-skills-and-procedures-a4_pdf-78058950.pdf

Appendix 2: Version history and editorial review process

This Prescribing Training Joint Indicative Curriculum was first published in July 2022.

We encourage education colleagues to share in the development of this guidance and welcome your comments and suggestions via this link.

A joint editorial team consisting of NHS England – Workforce, Education and Training Directorate and Pharmacy Schools Council representatives will review these submissions on a 6-monthly basis and an updated version will be posted on our website.

Version	Change
1.0	Pre-publication version
1.1	Pre-publication version. Incorporation of comments from wider Pharmacy Schools Council members
1.2	Addition of learning resource references after final pre-publication joint editorial team review
1.3	Amendment of Appendix 1 to incorporate output of consensus study on clinical diagnostic skills
1.4	Addition of: Resources on prescribing for people with learning disabilities and autism, reference to six-item cognitive impairment (6-CIT) tool for assessing cognitive function, and associated resource links.
1.5	Additional reference to the Initial Education and Training of Pharmacists: Clinical Reasoning Indicative Curriculum added. Table numbers amended.

Next review date: August 2025

Next publication date: September 2025

In the meantime, please contact england.pharmacyteam@nhs.net to report any broken links or errors.

Acknowledgements