

Prescribing Supervision and Assessment in the Foundation Trainee Pharmacist Programme from 2025/26

Version 1.2

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Contents

1. Introduction.....	2
2. Principles of Prescribing in Foundation Training for Pharmacists.....	4
Nominated Prescribing Area	5
3. Designated Prescribing Practitioners.....	7
The Role of the DPP	7
Supervisor Person Specifications (DPP and DS).....	9
4. Supervision and hours of learning	12
5. Prescribing Assessment Activities	13
6. Overview of Process.....	15
7. Glossary and Definitions.....	17
8. Version History	20
Appendix 1: Scope of Practice.....	21
Describing levels of practice and alignment with scope of practice.....	21

1. Introduction

In 2021, the General Pharmaceutical Council (GPhC) published a new set of learning outcomes and Standards for the Initial Education and Training of Pharmacists (IETPs).

This incorporates independent prescribing into both the MPharm (undergraduate degree) and the foundation trainee pharmacist training year (the new name for the pre-registration year). This means that pharmacists joining the register in 2026 (having been taught and assessed against the new learning outcomes) will be independent prescribers at the point of first registration.

The 2025/26 foundation trainee pharmacist training programme (starting in July 2025) will be the first year that foundation trainee pharmacists will be assessed against the full learning outcomes, including independent prescribing (except for those that graduate against the old learning outcomes, and Overseas Pharmacists' Assessment Programme graduates).

In England, NHS England Workforce Training and Education will be responsible for the quality management of the foundation trainee pharmacist training, including how assessment and supervision relating to prescribing will be incorporated.

This guide sets out the principles that training sites will be required to work to in the 2025/26 training year, which are based on requirements that the GPhC have included in the new standards.

This is intended to help foundation training sites understand how they need to prepare for the 2025/26 training year in more detail.

It includes:

- Information on specific assessments that foundation trainee pharmacists will be required to complete to demonstrate prescribing capabilities
- Requirements for supervision arrangements by a Designated Prescribing Practitioner (DPP) including a person specification (knowledge, skills and experience) that the DPP needs to meet

- Information on the role of the DPP in supervising and assessing the foundation trainee pharmacist, and how their role works in conjunction with the Designated Supervisor (DS) (new name for the pre-reg tutor)
- Information on the requirements for the time in practice relating to prescribing that needs to be accrued during the foundation training year.

All information in this guide is subject to accreditation by the General Pharmaceutical Council, as part of the accreditation of NHS England as the Statutory Education Body in England taking on responsibility for the foundation pharmacist training in 2025/26 onwards.

2. Principles of Prescribing in Foundation Training for Pharmacists

Independent prescribing training and assessment in the Initial Education and Training of Pharmacists (IETPs) is distinct to post-registration independent prescribing courses that are provided by universities for registered pharmacists.

The learning outcomes for the IETP span the whole five years of training, culminating in demonstration of these learning outcomes in a practice setting during the foundation training year (year 5).

Having developed knowledge, skills and behaviours needed by a prescriber during the MPharm degree, the objective for the foundation training year is that the foundation trainee pharmacists are given the context to **demonstrate the capabilities of a pharmacist independent prescriber**. This will be achieved:

- Within specific Prescribing Assessment Activities;
- Under the supervision of a DPP who will assess these activities using Supervised Learning Event Assessment Tools;

Prescribing capabilities are woven into and represented within the Learning Outcomes for the IETPs, and are taught and assessed over a continuum of a 5 year period. This is supported by the [Prescribing Training Indicative Curriculum](#) for years 1-5; jointly developed and maintained by NHSE Workforce Training and Education and Pharmacy Schools Council.

Knowledge assessment relating to prescribing is embedded within the pharmacy degree period of the IETP, and also reflected in the GPhC registration assessment.

This represents a new model of pharmacist prescribing training and is distinct from the traditional experience of prescribing education within often advanced and/or specialist roles.

This cohort will have to demonstrate their prescribing capability, aligned to the level of expectation of a **newly qualified pharmacist prescriber** with a clear understanding of the limits of their competence. Further detail relating to scope of practice can be found in appendix 1.

Nominated Prescribing Area

The foundation trainee pharmacist needs to have a 'nominated prescribing area' in which to complete **some** of the Prescribing Assessment Activities, specifically those that require a prescribing consultation with decision making to be demonstrated.

This is so that the trainee pharmacist has a sufficiently focussed area that isn't too wide or overwhelming.

To put it another way, the nominated prescribing area gives the foundation trainee pharmacist a setting in which to demonstrate the generic skills of a prescriber.

The nominated prescribing area will not limit the future **scope of practice** for the foundation trainee pharmacist; a pharmacist prescriber can develop and widen their scope of practice when registered, supporting this with effective CPD. See appendix 1 for more information on scope of practice.

NHS England do not specify a list of nominated prescribing areas that must be used/chosen from for a foundation trainee pharmacist in the foundation training year, but the nominated prescribing area needs to be:

- Appropriate (in terms of complexity/acuity) to the stage of training of a foundation trainee pharmacist
- A clinical area relating to the provision of healthcare (i.e. it cannot be a non-healthcare area such as aesthetics)
- A nominated prescribing area that the DPP is sufficiently knowledgeable, skilled, and experienced to supervise within
- An area within which the foundation trainee pharmacist is able to access patients (under effective supervision) with whom that they can conduct consultations (and complete the prescribing assessment activities with)

- Agreed by the DPP and Designated Supervisor
- Recorded in the e-portfolio when the foundation trainee pharmacist starts

A training site does NOT need to identify the nominated prescribing area in the description of the training post in their Oriel / National Recruitment Scheme (NRS) submission. However, a training site may choose to indicate the nominated prescribing areas that may be available.

The nominated prescribing area does not need to be one in which the trainee pharmacist is actively diagnosing a 'new' or undifferentiated condition – it could for example be:

- the ongoing management of an existing condition (for example in a chronic condition clinic in general practice)
- medicines optimisation within the provision of clinical services (for example in the admissions setting in secondary care as part of medicines reconciliation)

Both of the examples above will require diagnostic and /or clinical reasoning to be demonstrated and would give plenty of opportunity for the capabilities of a prescriber to be demonstrated.

In conjunction with stakeholders from all sectors, NHS England have developed some examples of what newly qualified prescribing might look like in 2026, in our [Emerging routes to early career prescribing in pharmacy](#) resource.

3. Designated Prescribing Practitioners

The GPhC require that each foundation trainee pharmacist has a Designated Prescribing Practitioner (DPP), in addition to their Designated Supervisor.

The DPP must be a prescriber (see the Person Specification section below for more details).

The DPP and DS can be same person, as long as they meet the person specification requirements for both roles.

The Role of the DPP

The Foundation Trainee Pharmacist Assessment Strategy is designed for all foundation trainee pharmacist training sites in England. It supports foundation trainee pharmacists to develop towards the IETP learning outcomes and provide evidence for sign off by their DS and DPP using a structured approach. A range of assessment activities and tools, mapped to the learning outcomes, are provided for trainees and their supervisors.

The Foundation Trainee Pharmacist Assessment Strategy for 2025/26 will include a new set of **Prescribing Assessment Activities**.

The DPP must oversee the Prescribing Assessment Activities, and (using the provided Assessment Tools) assess whether the foundation trainee pharmacist has demonstrated these to a satisfactory standard. This will require direct observation by the DPP for some, but not all of the Prescribing Assessment Activities.

The DPP may require the trainee pharmacist to repeat Prescribing Assessment Activities if they are not initially demonstrated to a satisfactory standard.

The Prescribing Assessment Activities are mapped to the RPS Competency Framework for All Prescribers, providing assurance to DPPs that the trainee pharmacist is demonstrating the breadth of the competencies required to be a prescriber.

The foundation trainee pharmacist must upload records of the completed Prescribing Assessment Activities in the NHS England Foundation Trainee Pharmacist e-portfolio, identifying which Prescribing Assessment Activity the uploaded evidence represents, and mapping the evidence within these to the Learning Outcomes. The Designated Supervisor will then review the evidence alongside evidence from other Assessment Activities and determine when these can be signed off.

The DPP is responsible for:

- Determining whether the Prescribing Assessment Activities have been satisfactorily completed
- Determining whether the RPS prescribing competencies have been satisfactorily demonstrated
- Determining that at least 90 hours of learning focussed on prescribing capabilities have been completed
- Regularly updating the DS on the trainee's progress
- Escalating any concerns regarding the trainee's progression in practice in relation to prescribing to the DS as soon as issues arise.
- Confirming that all elements of prescribing assessment are completed and the trainee pharmacist is therefore suitable for registration as a prescriber

The DS is responsible for:

- Final sign off of the foundation trainee pharmacist against the learning outcomes, including evidence from the Prescribing Assessment Activities
- Confirming that the DPP has determined satisfactory outcomes for the Prescribing Assessment Activities, prescribing competencies and at least 90 hours of learning focussed on prescribing capabilities.
- Raising issues and concerns about a trainee's ability to prescribe to the DPP as soon as issues arise.
- If there are any concerns about a trainee's ability to prescribe, the DS should raise these with the DPP as soon as they arise.
- The broader role of the Designated Supervisor is described in more detail in the [Foundation Trainee Pharmacist Assessment Strategy](#), which will be updated for 2025/26.

Supervisor Person Specifications (DPP and DS)

The DPP and DS roles can be filled by two separate people or one person, as long as that person meets the requirements for both roles.

Core supervisor person specification

The core person specification applies to both a DS and DPP.

Description	Essential
Knowledge	Has undertaken Foundation Trainee Pharmacist Programme Orientation training required for their role
	Undertakes appropriate Equality, Diversity, and Inclusion (EDI) training according to mandated requirements of the organisation/employers.
	Ensures familiarity with the process of escalating concerns about a trainee, and, where appropriate, engages with this process.
Skills/experience	Demonstrates the ability to effectively communicate, establish and maintain working relationships to collaborate with others including trainee and educational stakeholders (e.g., multi-professionals, other supervisors, educational leads).
	During the supervisory period, can competently assess, monitor and sign-off the trainees' skills, knowledge, understanding and behaviours against the required GPhC learning outcomes and NHSE WTE foundation trainee pharmacist assessment strategy.
	Able to provide effective feedback to trainee.
Behaviours	Is able to set and maintain appropriate boundaries.
	Understands the role of a supervisor as a positive role model and mentor to the trainee in providing professional support and guidance.
Training	The supervisor has undertaken and maintained the currency of relevant training in supervision which includes understanding and applying the following: <ul style="list-style-type: none"> • The role of the supervisor • Educational theories that support effective learning

	<ul style="list-style-type: none"> • Methods to ensure effective learning and adapt these to meet trainee needs • Assessment and monitoring • Approaches that meet the needs of trainees that require additional support • Effective feedback
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Additional DPP person specification

In addition to the above core supervisor person specification this person specification applies to a DPP (someone fulfilling the role of **DS** only does not need to meet these requirements). It is important to note that DPP requirements may vary across Higher Education Institutes (HEIs) for those undertaking non-medical prescribing course **which is not** part of Pharmacist Foundation Training. Please see individual HEI websites for further information.

Description	Essential
Regulator requirement	Registered healthcare professional in Great Britain or Northern Ireland who is an independent prescriber (either through primary or post-registration training).
	Good standing with their professional regulator (have no sanctions or conditions on their registration and no current fitness to practice issues).
Experience	An active prescriber* in a patient-facing role, with appropriate knowledge and experience relevant to the trainee’s nominated prescribing area.
	Practises in line with the Competency Framework for All Prescribers.

* An active prescriber consults with patients and makes prescribing decisions based on clinical assessment with sufficient frequency to maintain competence. Reflects and audits prescribing practice to identify developmental needs.¹

Additional DS person specification

In addition to the above core supervisor person specification this person specification applies to a DS (someone fulfilling the role of **DPP** only does not need to meet these requirements)

Description	Essential
Regulator requirement	Registered as a pharmacist in Great Britain or Northern Ireland for a minimum of 3 years and meet the Standards for Pharmacy Professionals set by the GPhC.
	Satisfies the assessment requirements if under investigation by the GPhC (have no sanctions or conditions on GPhC registration and no current fitness to practice issues).
Knowledge	Understands and is up to date with pharmacist foundation training and GPhC learning outcomes
Experience	Currently practicing and has relevant experience in sector of practice in which they wish to supervise.

4. Supervision and hours of learning

The GPhC requires, the foundation trainee pharmacist to complete at least 90 hours of dedicated learning focussed on developing and demonstrating the skills and capabilities of an independent prescribing pharmacist during the foundation training year. It is anticipated that trainees will spend significantly more time than this developing and demonstrating this skillset.

During this time, the foundation trainee pharmacist must complete the **Prescribing Assessment Activities**, but should complete other relevant activities as agreed between themselves and the DPP to demonstrate the learning outcomes and prescribing competencies.

The DPP is not required to directly supervise the trainee for the entirety of their prescribing development time, but they must ensure that appropriate clinical supervision is in place, from an appropriate supervisor at all times, to protect patient safety, and that the foundation trainee pharmacist is undertaking a suitable range of activities the develop and demonstrate their prescribing capability.

The DPP must conduct sufficient direct supervision and assessment of the trainee, alongside collecting feedback and reviewing evidence from other supervisors to enable them to make an informed assessment decision relating to the trainee's prescribing capability.

Whilst the DPP may agree for the foundation trainee pharmacist to spend some of the prescribing development time outside of a prescribing environment, developing prescribing related skills (such as history taking, physical and clinical examination skills, medicines review) the foundation trainee pharmacist must have sufficient opportunity to demonstrate their prescribing capability repeatedly and reliably.

The prescribing development time does not need to be completed in any specific 'block' of time. The training site should agree as part of the training schedule for the year how and when the time will be completed. Models that could be adopted include:

- 0.5 days each day over a period of a five to six week period
- 1 day per week over a period of 13 weeks (aligning to a 13 week cross sector rotation)
- An dedicated 4-6 week prescribing placement in an appropriate setting

Models should consider how additional training time may be incorporated if needed.

5. Prescribing Assessment Activities

The Prescribing Assessment Activities must be completed by foundation trainee pharmacists as part of their development as an independent prescriber. These activities may also cross map to other assessment activities, to enable foundation trainee pharmacists demonstrate their knowledge, skills and behaviours.

The Prescribing Activities contain five assessment activities:

Activity	Description	Notes
1. History Taking	Takes and documents an appropriate medical, psychosocial and medication history including allergies and intolerances.	These activities do not have to be completed in the nominated prescribing area as long as they do not progress to decision making and prescribing. Examples of where a trainee could undertake these activities are:
2. Physical and clinical examination skills	Performs and documents appropriate physical and clinical examinations to decide the most appropriate course of action for the person. Follows local policies and has undertaken the appropriate training to undertake the role.	<ul style="list-style-type: none"> • Presenting Patient in a community pharmacy • CPCS consultation • Inpatient / admission ward • Outpatient clinics • chronic condition review/management
3. Prescribing consultation	Undertake a prescribing consultation that incorporates: 1. Assess the patient 2. Identify evidence-based treatment options available for clinical decision making 3. Present options and reach a shared decision 4. Enact a prescribing decision (which can include modification or deprescribing) 5. Provide information and safety netting 6. Record, Monitor and review	This activity must be completed within the nominated prescribing area.
4. Prescription writing	Safely prescribes (or deprescribes) medicines for a patient whilst considering: application of relevant legislation and ethical decision-making related to prescribing;	This activity must be completed within the nominated clinical area. It should be noted that the trainee is not permitted to 'sign'

	<p>use of relevant systems and frameworks for medicines use; clinical governance; using tools and techniques to avoid medication errors associated with prescribing</p>	<p>a prescription/ patient specific direction etc. (including electronic prescribing systems). The final signature for any prescription must be made by a registered prescriber who will also take professional responsibility and accountability for the prescription and prescribing decision.</p> <p>Evidence could be presented as a log of prescriptions written in practice.</p>
<p>5. Log of 90 hours</p>	<p>Accurately documents learning hours attributable to development as a prescriber in practice.</p>	<p>This log of hours should include all of the hours spent completing the other Prescribing Assessment Activities above, and any other learning activities that are planned/agreed between the DPP and trainee.</p>

6. Overview of Process

The following section provides an overview of the milestones expected to occur during the training year between a DPP and a foundation trainee pharmacist. NB: Some details are subject to change dependent on Trainee information management and e-portfolio systems in place.

1. DPP registers for programme and access to their foundation trainee pharmacist's e-portfolio
2. Undertake the first Prescribing Development Meeting
 - a) Meeting between foundation trainee pharmacist / DPP – to be documented in the e-portfolio
 - b) Undertake a Prescribing Learning Needs Analysis (LNA),
 - c) Complete a Learning Agreement with the foundation trainee pharmacist
 - d) Create a prescribing development plan.
3. Completion of agreed prescribing practice time (at least 90 hours), during which the Prescribing Assessment Activities are completed and documented in the e-portfolio
 - a) The DPP may delegate the supervision of learning activities to other appropriately experienced individuals. Evidence generated from activities with delegated supervision can be signed by delegated supervisors via e-portfolio, but final sign off these pieces of evidence are the responsibility of the DPP.
4. Regular review of progress and assessments, which are mapped to Learning Outcomes within the e-portfolio.
5. Final Prescribing Development Review (end of prescribing practice time)
 - a) Meeting between foundation trainee pharmacist / DPP and DS – to be documented in the e-portfolio
 - b) Confirmation of satisfactory completion of Prescribing Assessment Activities
 - c) Confirmation of 90 hours learning time completed.

- d) If above complete then sign off RPS Prescribing Competencies
- e) Discuss Learning Outcome sign off
- f) Declare any further development needs
- g) Confirming that all elements of assessment are completed and the trainee pharmacist is therefore suitable for registration as a prescriber

It is expected that all DPP and foundation trainee pharmacist meetings and associated actions arising are documented within e-portfolio.

7. Glossary and Definitions

DPP – 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 the foundation training year. The designated prescribing practitioner will provide a formal confirmation once they are satisfied of the trainee’s competence in prescribing
DS – Designated Supervisor	The designated supervisor is a pharmacist responsible for having oversight of the trainee’s training and for signing off the trainee’s competence at the end of the foundation training year.
GPhC – General Pharmaceutical Council	The regulator for pharmacists, pharmacy technicians and registered pharmacies in Great Britain
NHS England WTE (Workforce Education and Training) Directorate	The directorate of NHS England with responsibility for Workforce, Training and Education, including as the Statutory Education Body for the NHS in England.
Prescribing learning setting	A learning setting where it is planned that the trainee pharmacist undertakes learning relating to prescribing and completes the Prescribing Assessment Activities, under the supervision of the DPP.
Prescribing mandated setting	A healthcare setting where there is a mandate to provide prescribing or deprescribing services.

Active prescriber	An active prescriber consults with patients and makes prescribing decisions based on clinical assessment with sufficient frequency to maintain competence.
Nominated Prescribing Area	<p>An area of prescribing that has been nominated for the trainee pharmacist to complete their Prescribing Assessment Activities within. It must be:</p> <ul style="list-style-type: none"> • Appropriate (in terms of complexity/acuity) to the stage of training of a foundation trainee pharmacist • A clinical area relating to the provision of healthcare (i.e. it cannot be a non-healthcare area such as aesthetics) • A nominated prescribing area that the DPP is sufficiently knowledgeable, skilled, and experienced to supervise within • An area within which the foundation trainee pharmacist is able to access patients (under effective supervision) with whom that they can conduct consultations (and complete the prescribing assessment activities with) • Agreed by the DPP and Designated Supervisor
Scope of (prescribing) practice	The area of prescribing that a registered pharmacist who is a prescriber is competent to work within.

	<p>The GPhC states that:</p> <ul style="list-style-type: none"> • ‘Prescribing Scope of Practice’ is the prescribing activities a healthcare professional carries out within their professional role. The healthcare professional must have the required training, knowledge, skills and experience to deliver these activities lawfully, safely and effectively. • Prescribing scope of practice may be informed by regulatory standards, the professional body’s policy, employer procedures, guidance from other relevant organisations and the individual’s professional judgement.
Foundation Trainee Pharmacist	An individual who is undertaking their foundation training

8. Version History

This guide was first published in January 2024.

Please contact england.traineepharmacist@nhs.net with any editorial suggestions.

Version	Purpose / change
1.0	First publication
1.1	Amend nomenclature in DPP person specification from 'area of clinical practice' to 'nominated prescribing area' for consistency
1.2	Amendment of URL on page 8 for <i>emerging routes to early career prescribing in pharmacy</i> resource

Appendix 1: Scope of Practice

As set out in the [RPS Professional Guidance: Expanding Scope of Prescribing Practice](#). Prescribing Scope of Practice is defined as the prescribing activities a healthcare professional carries out within their professional role. The healthcare professional must have the required training, knowledge, skills and experience to deliver these activities lawfully, safely and effectively. They must also have appropriate indemnity cover for their prescribing role. Prescribing scope of practice may be informed by regulatory standards, the professional body's policy, employer procedures, guidance from other relevant organisations and the individual's professional judgement.

The scope of practice of a pharmacist prescriber is not static, and is not linked only to the area in which they have trained. A pharmacist can develop their scope of practice as a prescriber, supported by effective CPD.

A scope of practice is distinct from the **nominated prescribing area** for the foundation training year, which is intended to provide a context for the demonstration of prescribing skills.

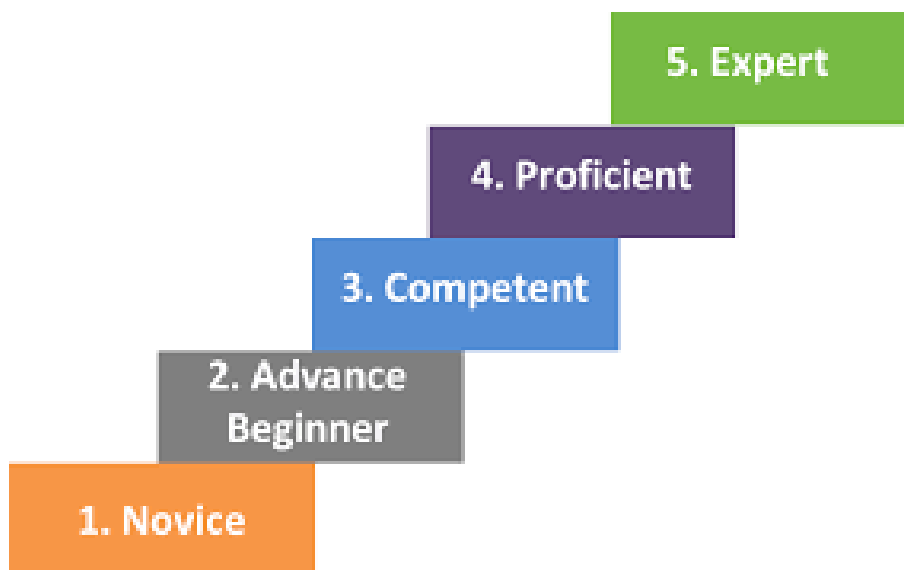
The implementation of prescribing at the point of registration represents a significant change for the profession. For the first time, we will be developing pharmacist independent prescribers, who have not yet consolidated their professional learning and experience in their role as a pharmacist:

- As newly qualified pharmacist independent prescribers in 2026 will be at the early stages of their skills development their scope is likely to be very limited, irrespective of area of clinical or prescribing practice:
- A scope will likely include generalist skills, aligned to processes or types of prescribing, irrespective of the area of clinical practice (e.g. prescribing relating to medicines reconciliation on transition of care).
- Scope is also linked to autonomy and the available support and therefore scope may be determined by the operating model and governance of their employer/system (e.g. ability to run a type of clinic may be dependent on the availability and type of supervision).

Describing levels of practice and alignment with scope of practice.

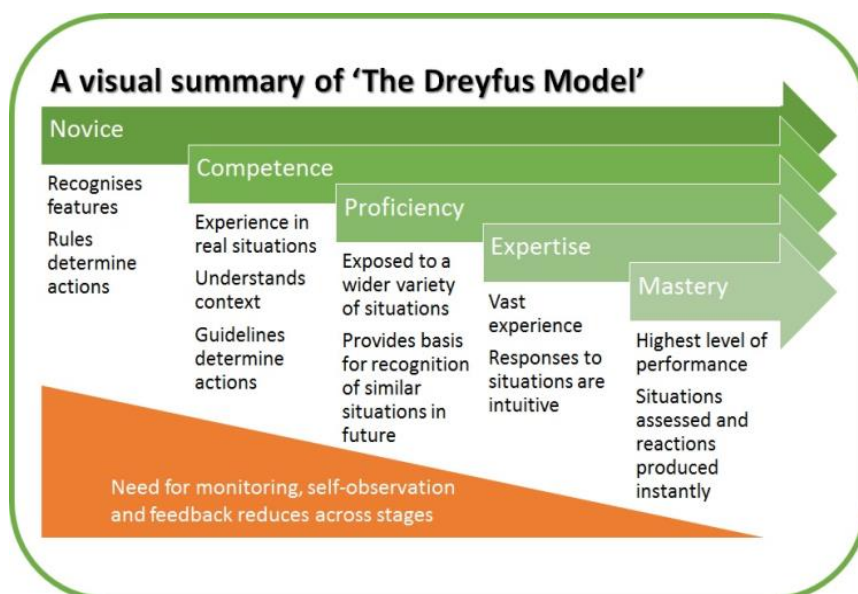
The Dreyfus Model can be useful to understand how the scope of practice of a trainee pharmacist and newly qualified pharmacist will develop in relation to prescribing practice.

The Dreyfus Model describes five stages of skills acquisition¹. This provides a framework to consider the prescribing capability and expectation of independent prescribing pharmacists at different levels of practice and how this might then relate to scope of practice. The stages of the Dreyfus Model are depicted below:



2

A further developed model is also shown below that demonstrates the development continuum associated with the Dreyfus model.



3

¹ Dreyfus, H L and Dreyfus, S E (1986) Mind over Machine: the power of human intuition and expertise in the age of the computer, Oxford, Basil Blackwell

² <https://360pmo.com/the-five-dreyfus-model-stages/>

³ <https://richtesting.com/the-dreyfus-model-a-visual-summary/>

As foundation trainee pharmacists are developing their prescribing practice they will be at the 'novice' level of the Dreyfus model, they will have no autonomy in their prescribing practice (as they will not be able to prescribe) and their approach will be rules based (almost exclusively reliant on the application of guidelines). It will be imperative that they develop means to determine the limits of their scope and when there is a need to diverge from guidelines and rules, recognising that this may require seeking advice from, or referring to, a more experienced clinician.

At the point of registration newly qualified pharmacists will be transitioning towards the 'advanced beginner' level of practice or minimal competence.

At the point of registration pharmacists have always been responsible for the diagnosis and management of low and medium acuity conditions with the responsibility of excluding and identifying high-acuity or serious illness, taking appropriate action. They have also taken responsibility for ensuring the appropriateness of both newly initiated and long-term medicines for people.

Enabling pharmacists to prescribe at the point of registration must be viewed as an extension to this role, broadening the tools available to pharmacists in care delivery but with an accompanying increased level of responsibility and risk.

At the point of registration pharmacist prescribers will have to be operating with a broader skillset, including more well-developed physical assessment and consultation skills. The training and assessment of pharmacists must assure their ability to practice safely as an independent prescriber at this level.

However, this must not be conflated with the expectations of pharmacists working at enhanced, advanced or consultant level who undertook post-graduate prescribing qualifications.

Table A1 below sets out some general considerations for the scope of prescribing practice that might be expected at each level of pharmacist practice. It is offered to help contextualise the different expectations at each level. As stated above, a scope of practice is highly individualised but the indicators below are provided to support the development of appropriate education, development and assessment for pharmacists at each level and in particular trainee and newly qualified pharmacist prescribers.

Table A1: Alignment of scope of prescribing practice with the levels of pharmacist practice

Level of practice	Curriculum	Indicators for prescribing scope of practice at that level
Levels of pharmacist practice	<i>The curriculum used to support development/ assure practice at the next level</i>	<i>These are broad indicators of the expected level of prescribing practice for pharmacists operating at the level of practice. These are non-exhaustive and are individual scopes of practice will vary based on a wide range of factors.</i>
Trainee Pharmacist (Novice)	Mandatory assessment against the GPhC IETS to allow registration as a pharmacist	<p>Trainee pharmacists are not independent prescribers.</p> <p>They will be developing their person-centred prescribing capability in a range of areas, in particular.</p> <ul style="list-style-type: none"> - Developing clinical assessment and consultation skills - Diagnosing and managing low and medium acuity conditions, safely excluding serious illness - Application of clinical assessment to the diagnosis of long-term conditions - Application of clinical reasoning in therapeutic decision making - Establishing the limits of their competence and appropriate routes of onward referral
Newly Qualified Pharmacist (Advanced Beginner)	Working towards RPS Post-Registration Foundation curriculum	<p>At the point of registration a newly qualified pharmacist independent prescriber should be able to apply rules to their prescribing practice and safely undertake person-centred prescribing activity.</p> <p>This would likely include:</p> <ul style="list-style-type: none"> - Diagnosing and managing low and medium acuity conditions, safely excluding serious illness - The appropriate optimisation of medicines for people based on a thorough history and assessment.

		<ul style="list-style-type: none"> - Safe, effective management of medicines for people when they transition sectors of care <p>It may include: Diagnosis and management of a limited range of long-term conditions, safely excluding complex cases (e.g. hypertension diagnosis in the community)</p>
Enhanced/Advancing Pharmacist (Competent)	Working towards RPS Core Advanced Pharmacist Curriculum	<p>Pharmacists who have moved beyond the initial consolidation phase of their prescribing capability will continue to expand their scope. This may be within generalist practice or moving towards specialist practice.</p> <p>Generally enhanced level prescribers will:</p> <ul style="list-style-type: none"> - Apply their prescribing skillset to a more complex caseload, maintaining a person-centred approach - Build on their existing diagnostic capability. - Have a higher degree of autonomy and take more responsibility for their prescribing decisions as part of care delivery. - Move away from rules based approaches to prescribing and care delivery building on their experience to take a more nuanced approach - Require less supervision and support from others <p>It may include: Running their own long-term condition or specialist clinic</p>
Advanced Pharmacist (Proficient)	Having achieved the level of practice described in the Core advanced curriculum they may be working towards RPS Consultant	<p>Advanced pharmacists operate with a high degree of autonomy and are capable of managing episodes of care (within their scope) for people with highly complex needs.</p> <p>This may be in generalist or specialist roles. They will:</p> <ul style="list-style-type: none"> - Have well developed diagnostic skills which they apply to their prescribing and care they provide to people with complex needs

	Pharmacist Curriculum	<ul style="list-style-type: none"> - Regularly make person-centred prescribing decisions in the face of ambiguity, negotiating the challenges of multi-morbidity and clinical complexity - Be capable of supervising and supporting other prescribers to develop their capability. <p>It may include: Autonomously managing episodes of care in specialist or generalist settings</p>
Consultant Pharmacist (Expert)		<p>Consultant pharmacist roles can vary widely and as such their prescribing remit may also vary widely.</p> <p>It may be:</p> <ul style="list-style-type: none"> - Similar to that of an advanced pharmacist with increased responsibility for the oversight, support and development of the service, including across organisational boundaries. - Autonomous care provision for people with highly complex or specialist needs with specific referral into the service provided by the consultant pharmacist from other senior clinicians. <p>Some consultant pharmacist roles have more limited face to face practice with a higher responsibility for system level work.</p>

Across the levels of practice pharmacists will need support with defining, articulating and realising their scope of practice. Employers, commissioners and service leads must work together to ascertain how development is supported, where assurance is required in relation to expansion of scope of practice and how this assurance is achieved. More general information on expanding scope of practice is available in the [RPS Professional Guidance: Expanding Scope of Prescribing Practice](#).