

# Developing into the role of the Designated Prescribing Practitioner

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# Outline



Background and professional  
/regulatory guidance for role



What potential DPPs need to  
know about the role



Our experience in Suffolk with  
implementing the DPP role



# Professional regulatory standards

General Pharmaceutical Council

Standards for the education and training of pharmacist independent prescribers

January 2019

Practice: Guidance for pharmacist prescribers

November 2019

**General Pharmaceutical Council**

NMC Nursing & Midwifery Council

Realising professional Standards for education and training

Part 3: Standards for prescriber programmes

**NMC Nursing & Midwifery Council**

**All widen  
assessor  
(DMP) role  
out to other  
NMPs**

hcpc health & care professions council

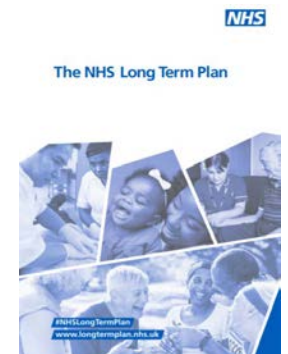
Standards for education providers and registrants

Standards for prescribing

**hcpc** health & care professions council

# Drivers

- NMP is a success story
- The numbers are consistently increasing for HEI places
- Demand v supply of DMPs
- Professional bodies updating regulatory standards including changes to pre-registration training for nurses, pharmacists, scoping exercises
- Legal expansion of NMP to allied health professions; paramedics, physiotherapists, radiographers, podiatrists, dietitians
- Role changes- DNs now undertake v300 not v100
- Government policies/models of care





# Designated Prescribing Practitioner (DPP)

The term **Designated Prescribing Practitioner** (DPP) acts as an **umbrella** term to bring a number of different profession-specific titles together for the role of the assessor in practice for the student NMP

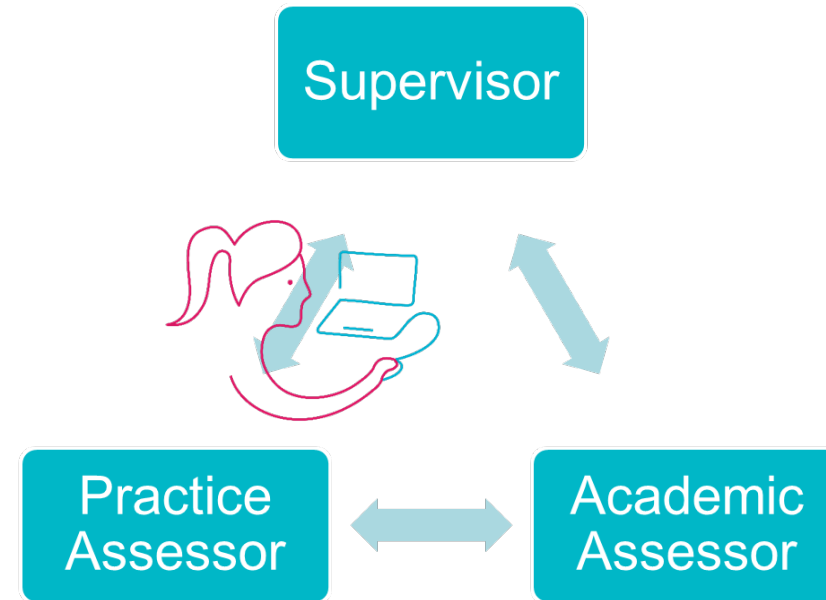
The titles, used by professional regulators, that are covered by the term DPP (when applied in the context of prescribing training) are:



- Designated Medical Practitioner (GMC)**
- Designated Prescribing Practitioner (GPhC)**
- Practice Educator (HCPC)**
- Practice Assessor (NMC)**
- (+practice supervisor, + academic assessor)*



# Reminder: Supervisor and Assessor for NMC





# Professional regulatory standards



- *The GPhC align this role to the Designated Prescribing Practitioner (DPP) with the following requirements:*
- *“Prospective designated prescribing practitioners must have:*
- *active prescribing competence applicable to the areas in which they will be supervising*
- *appropriate patient-facing clinical and diagnostic skills*
- *supported or supervised other healthcare professionals, and*
- *the ability to assess patient-facing clinical and diagnostic skill” (GPhC, 2019)*



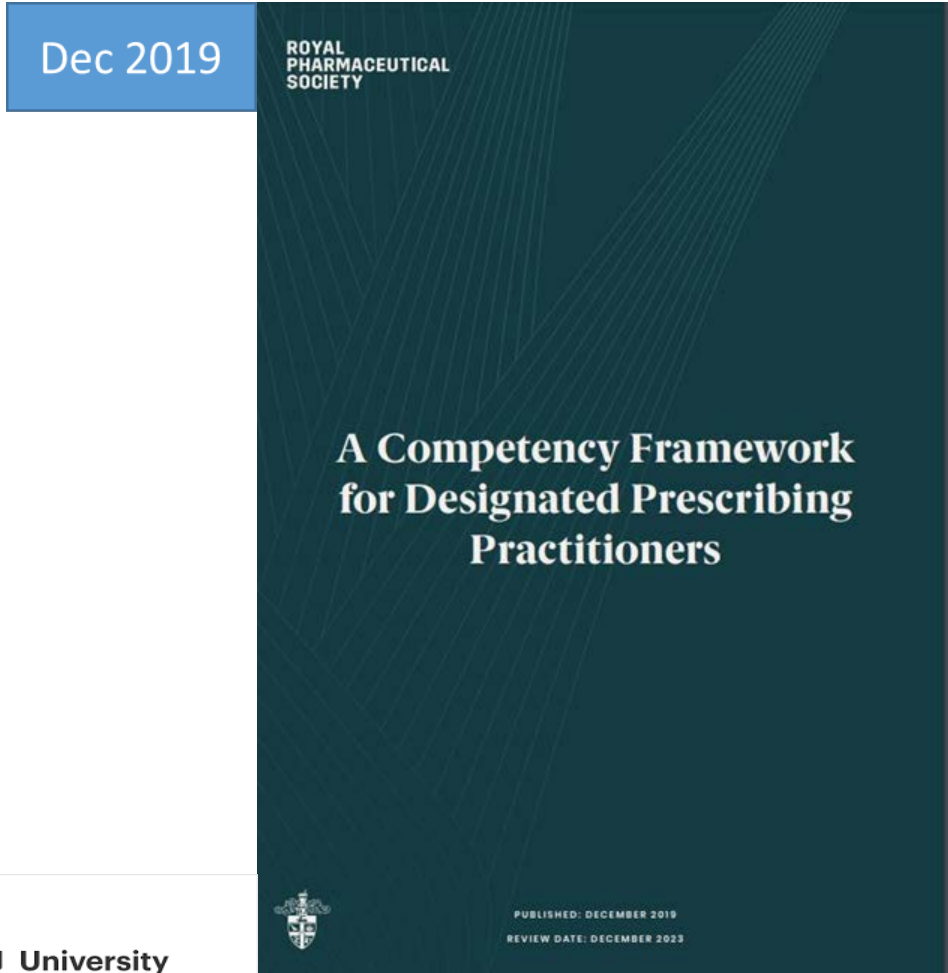
*The NMC use the term practice assessor and practice supervisor and, for the prescribing course, the practice assessor “is a registered healthcare professional and an experienced prescriber with suitable equivalent qualifications for the programme the student is undertaking” (NMC, 2018).*



*The HCPC state the practice educator is “...a qualified prescriber, on the register of their statutory regulator with annotation(s) for prescribing where applicable and with the relevant skills, knowledge and experience to support safe and effective learning and .....must undertake regular training which is appropriate to their role, learners’ needs and the delivery of the learning outcomes of the programme” (HCPC, 2019).*

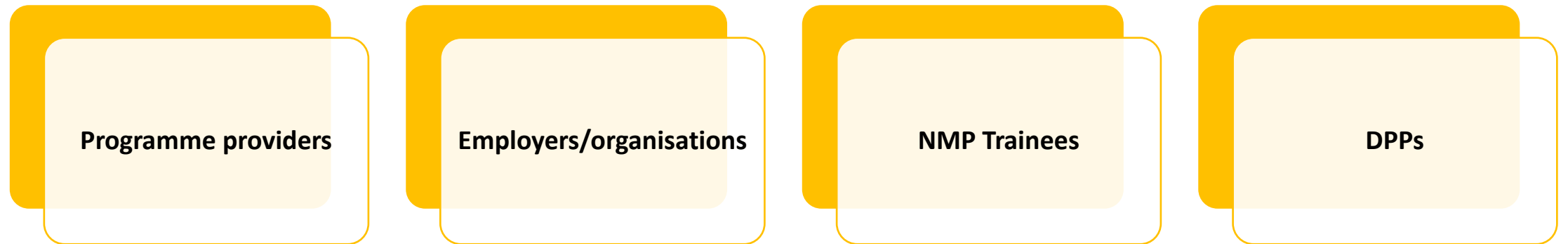


# A new professional framework from RPS





# Implementation of DPP role





# What potential DPPs need to know about the role

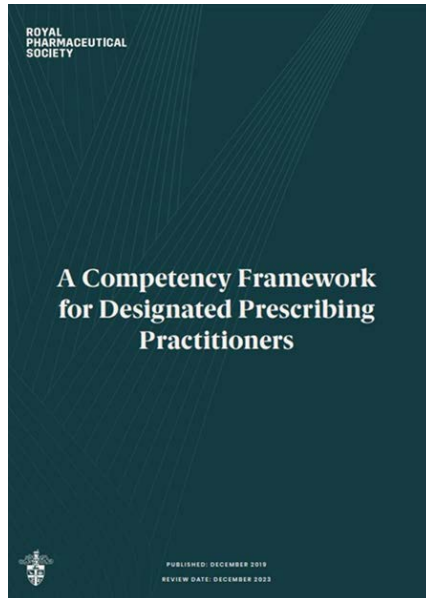
Who can take it on?

What is required?

How do I do it?

Why would you?  
What's in it for you!

# The RPS DPP Competency Framework



The Designated Prescribing Practitioner
<ol style="list-style-type: none"><li>1. Personal characteristics</li><li>2. Professional skills and knowledge</li><li>3. Teaching and training skills</li></ol>
Delivering the role
<ol style="list-style-type: none"><li>4. Working in partnership</li><li>5. Prioritising patient care</li><li>6. Developing in the role</li></ol>
Learning environment and governance
<ol style="list-style-type: none"><li>7. Learning environment</li><li>8. Governance</li></ol>

# Personal Characteristics (1.1- 1.6)



- 1.1 Recognises the value and responsibilities of the DPP role
- 1.2 Demonstrates clinical leadership through their practice
- 1.3 demonstrates a commitment to support learners

# Professional Skills and Knowledge (2.1-2.5)



- 2.1 Works in line with legal, regulatory professional and organisational standards
- 2.2 Is an experienced prescriber\* in a patient-facing role
  - \*Normally with 3 years recent prescribing experience
- 2.3 Is an active prescriber\*\* in a patient-facing role, with appropriate knowledge and experience relevant to the trainee's area of clinical practice

# Teaching and training skills (3.1- 3.6)



3.1 Has experience or had training in teaching and/or supervising students

3.2 Has knowledge , ether experiential or through formal raining, of different teaching methods to facilitate learning in practice and adapt to individual student needs

3.6 Facilitates learning by encouraging critical thinking and reflection

# Working in Partnership (4.1- 4.5)



4.4 Recognise own limits in capacity, knowledge and skills, and areas of practice where other practitioners may be better placed to support learning

4.5 Advocate and facilitate a multidisciplinary team (MDT) approach to training by encouraging the trainee to learn from other appropriate practitioners

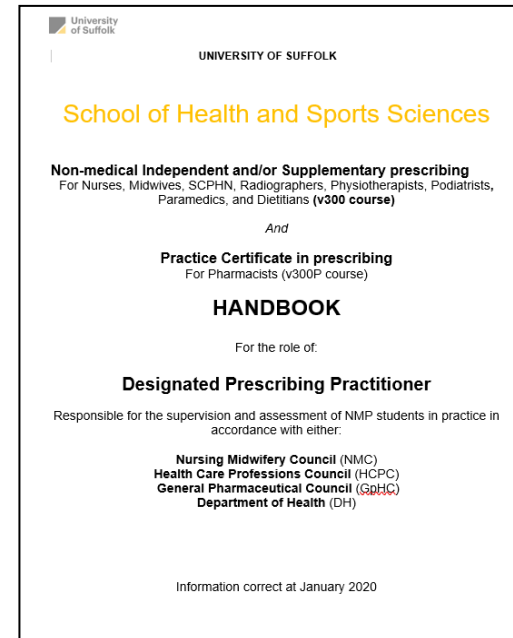
# How it works in Suffolk





# Application process

- DPP part with requirements to self – assess and agree to support
- Employer part to agree/support
- Checks by HEI made
- DPP guidance
- Training webinar



# Aim of the DPP role

“To oversee, support and assess the competence of non-medical prescribing trainees, in collaboration with academic and workplace partners, during the period of learning in practice”

# Time with DPP

DPP does not take all 78/90 hours, but needs to take responsibility for it, as responsible for the assessment, agree needs/experiences with the student.

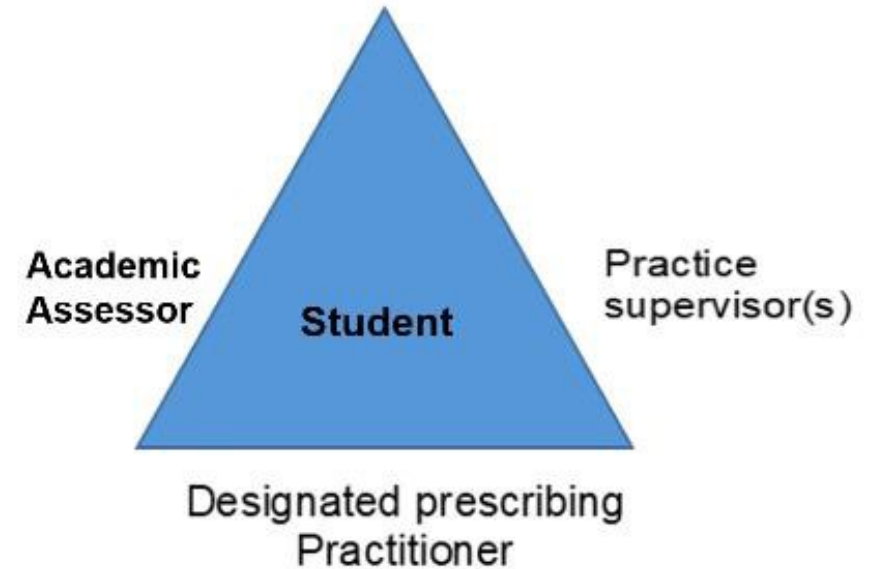
**The 78/90 hours supervision will be managed** by the DPP not provided by them, the practice supervisor(s) and the academic adviser will support the DPP

**DMP Research showed a minimum of 40% was most effective.**

- Time should be spent with a range of other medical prescribers, non-medical prescribers, dispensing pharmacists, pharmacy technicians
- Where possible an experienced independent non-medical prescriber can work alongside the student and the DPP

# Supporting the DPP

- Clarity of criteria and expectations of role
- Tripartite arrangement between DPP, PS and AA
- Clarity of pathway for supervisors or assessor
  - DPP training sessions
  - DPP Handbook



# DPP Training webinar

## Session 1

### **Objective assessment**

How do we ensure an objective and reliable assessment?

## Session 2

### **Constructive feedback**

What are the uses and purposes of feedback?  
How do we ensure we give constructive feedback?

## Working lunch

### **NMC, GPhC HCPC**

Standards for Student Supervision and Assessment role guidance review.,

### **DPP competency framework**

## Session 3

### **Application to NMP**

What is the process for supporting and assessing students?

### **Roles and responsibilities:**

DPP  
Student  
HEI  
Employer

# What is expected of the *student* in the 78/90 hours of practice supervision

## Log of the 78/90 DPP/PS hours and REFLECTION on learning

Throughout the duration of the programme students are expected to apply principles of prescribing in association particularly with the RPS framework to their practice and reflect on this through the practice learning log to ensure integration of theory and practice.



# Student role with DPP

***Demonstrate* through learning, experience, critical reflection how they have achieved the competencies listed in RPS prescribing competency framework**

# On-going and formal Assessment by DPP

- Each student should be assessed on their ability to apply prescribing principles to their own specialist areas of practice.
- Level and depth
- On – going review of competencies
- Colleagues
- Student interviews, formal/informal
- Written work
- Observed practice
- Student Log of evidence for competencies



# Partnership approach is key

## Supervise and support

Initial & mid point interviews

Regular contact in protected time

Observing practice, two way

Case reviews, random/set

Expert colleagues, in-house and external

Teaching sessions

Skills practice

Objective setting

## FLOWCHART of Practice DPP /student/academic assessor responsibilities

### Summary of assessment process in practice

Agreement at application stage to provide 78/90 hours supervision over the course period

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**WEEK 1-3 Initial Interview between the Student, DPP and supervisor(s) as appropriate**

Discuss course/practice requirements  
Identify immediate and on-going focus for learning – discuss student initial self-assessment  
Agree a learning “contract”- agree opportunities to achieve competencies/ student activities and how evidence of learning will be presented.  
Agree the model of supervision to be used-who is involved  
Document the interview  
Set a date for the mid-point interview  
Academic Assessor reviews and signs interview

↓

**Ongoing weekly working and discussions with practice supervisor(s) / DPP as agreed**

Write up learning log/reflections/observations  
Review log, competencies with PS/PA, feedback on learning contributing to PAD

**Tripartite meeting with yourself, student and member of course team if required**  
(Compulsory if student is out of area/self-employed/employed in private non-NHS provider)

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**WEEK 12-14 Mid-point interview between student and DPP, include supervisor(s) as appropriate:**

Review learning and log of evidence to date,  
Sign off competencies by as appropriate to evidence of learning as appropriate  
Review and agree learning contract going forward  
Document the interview  
Set date for Final interview  
Academic Assessor reviews and signs interview

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**Ongoing working and discussions with practice supervisor(s) and DPP as agreed**

Write up learning log/reflections/observations  
Review competencies with feedback on learning contributing to the PAD

↓

**WEEK 25-27 Summative Assessment by the DPP and in liaison with the Academic Assessor**

To confirm achievement of the RPS competency framework.

# Development of competencies listed in RPS prescribing framework

- Coordinate the practice learning
- Involve others to supervise
- Agree format/learning experience in collaboration with student
- Observe student
- Agree regular contact PAD /learning review, d/w supervisors
- Initial midpoint final interviews
- OSCEs
- Skills
- Discuss student log of learning and how practice relates to progress towards competence
- Identify learning needs
- Questioning, link to classroom sessions (theory to practice)

# Formative – Assessment for learning

- Initial and midpoint interviews
- Development of leaning contracts
- Continuous process
- Protected time
- Aim to check progress
- Feedback on progress and feedforward

Summative- Assessment of learning

# How's it been for us?

## Challenges

- Sourcing suitable or willing NMPs to take on role
- Time and organisation of tripartite meetings
- Wider HEI/organisational support for DPPs
- Covid effect!
- Moderation

## Rewards

- More robust links between practice and HEI
- One to one support for DPP
- Enhanced communication
- More insight into practice, student
- AA support a strength to DPP
- Moderation

**Evaluation from DPPs/NMP students**

# Summary



- DPP role in infancy, can now be any suitably qualified and experienced prescriber with equivalent qualifications
- Need to meet DPP competencies, or be working towards them
- Training and support essential
- Well structured framework for DPP role
- Enhances your NMP role