

A Quick Guide for Designated Prescribing Practitioners

NHSE Midlands Foundation Pharmacy Team



Principles of Prescribing in Foundation Training for Pharmacists

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 Designated Prescribing Practitioner (DPP) who will assess these activities using Supervised Learning Event Assessment Tools

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.

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. Some examples include, the ongoing management of an existing condition and medicines optimisation within the provision of clinical services.

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

Roles and responsibilities

Designated Supervisor (DS):

- 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.

Designated Prescribing Practitioner (DPP):

- 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

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.

Points to consider:

The DPP **is not required** to directly supervise the trainee for the **entirety**.

The DPP must however ensure **that appropriate clinical supervision** is in place

The DPP must conduct **sufficient direct supervision** and assessment of the trainee to ensure that the trainee has prescribing capability.

The trainee should have sufficient opportunity to demonstrate their prescribing capability **repeatedly and reliably**.

The prescribing development time does not need to be completed in a specific 'block' of time. Consider the following examples:

Models that could be adopted include:

Half a day over a five-to-six-week period

One day per week, over 13 weeks

A dedicated **four-to-six-week** prescribing placement in an appropriate setting

Prescribing Assessment Activities

Please see below for a **snapshot of all 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;	<p>This activity must be completed within the nominated clinical area.</p> <p>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>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>
5. Log of 90 hours	Accurately documents learning hours attributable to development as a prescriber in practice.	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.



Key Reference Documents and Resources

Although this document has been developed as a quick guide, we recommend visiting the following pages to gain further insight.

[NHS England Foundation Trainee Pharmacist Practice-based Assessment Strategy for 2025-26](#)

[NHS England practice-based assessment strategy for 2025/26 | NHS England | Workforce, training and education](#)

[Prescribing Supervision and Assessment in the Foundation Trainee Pharmacist Programme from 2025/26](#)

[Becoming a DPP](#)