

# **Professional Guidance: Expanding Prescribing Scope of Practice**



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# Introduction

This guidance is for healthcare professionals wanting to expand their *"prescribing scope of practice"*.

It provides a structure to support prescribers to identify their developmental needs, highlights ways in which these needs can be met, and offers guidance on how to document the process and outcome.

A number of case studies across a range of professions and settings are provided to illustrate the process.

## Creation of document

This document has been funded by Welsh Government. With the expanding role of pharmacists prescribing across all sectors, as well as many other prescribing healthcare professionals, there was an identified need for the guidance.

Based on discussions with multi-professional stakeholders, this document was produced as a guidance tool for prescribers wanting to expand their prescribing scope of practice.

## Prescribing Scope of Practice

This 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.<sup>1</sup>

This document is intended to be used alongside the [Royal Pharmaceutical Society \(RPS\) Competency Framework for all Prescribers](#), which describes the knowledge, skills, behaviours, activities, and outcomes that you, as a prescriber, should demonstrate.

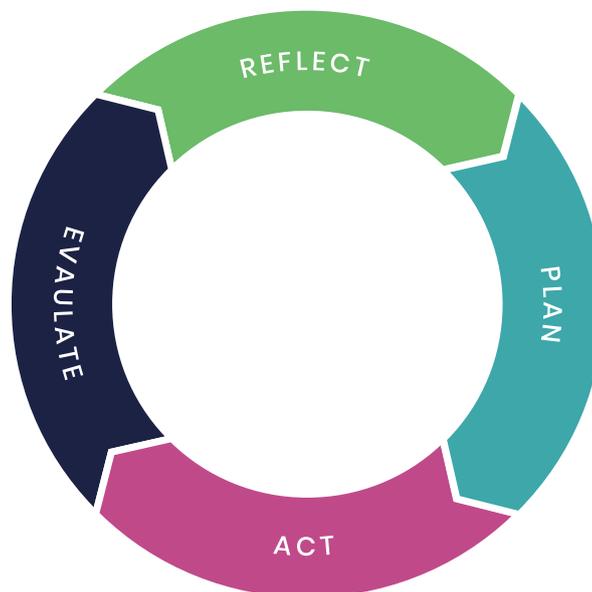
Within the RPS Competency Framework there is a specific competency statement “*Prescribes within own scope of practice, and recognises the limits of own knowledge and skill.*” This is particularly pertinent when you want to expand, or change your prescribing scope of practice. There are several reasons why you may need to expand your prescribing scope of practice throughout your career.<sup>2</sup> This may be due to:

- Being confident in your current prescribing scope of practice but restricting your prescribing to a limited number of medicines.
- Being confident in current prescribing scope of practice but identifying further areas that could support patient care e.g. current scope is management of chronic pain but a large proportion of these patients are experiencing poor mental health and the management of mental health conditions such as depression would be a natural extension of your role.
- A new service being established e.g. previously prescribing in minor ailments but wanting to prescribe in a pain management service.

- Changing job role e.g. original role was prescribing within intensive care and new role is going to be prescribing in cardiovascular disease.
- Changing setting e.g. maintain prescribing for a certain condition but move from primary care into a secondary care setting or vice versa.

This guidance document will use the universally accepted Continuing Professional Development (CPD) cycle (reflect, plan, act, evaluate) (Figure 1) to consider potential ways in which you can expand your prescribing scope of practice. We would encourage you to document a record of your CPD cycle, by using the checklist found on page 26.

**Figure 1:**  
CPD cycle





# 1 Reflect

## Identify your learning needs for expanding your prescribing scope of practice

There are a range of scenarios in which you, as a prescriber may need to expand your prescribing scope of practice (Figure 2).



**Figure 2:** Infographic to show how a prescriber can expand their prescribing scope of practice

## Assess yourself against the RPS Competency Framework

Take time to re-read all the [competency statements](#), identifying if you have any developmental needs for your new prescribing scope of practice. You may recognise that you are competent in some areas but identify learning needs in others.

Look through the different sections of the competency framework and ask yourself if anything you currently do needs to change, or if there are additional points you need to consider.

After you have reflected on the RPS Competency Framework (subsections shown in Figure 3), refer to the table on page 7. The first table will look at the consultation (Domain 1) and the second table will focus on the prescribing governance (Domain 2) and considerations you should reflect on prior to expanding your prescribing scope of practice.



**Figure 3:** Image taken from "The Royal Pharmaceutical Society Competency Framework for all Prescribers"<sup>1</sup>

# Domain 1

## The consultation

COMPETENCY 1. Assess the patient	
Setting of consultation	
<ul style="list-style-type: none"> <li>Think about the clinical setting of the consultation .</li> <li>Potential additional needs of the consultation setting.</li> </ul>	<p>If you are moving from prescribing from one care setting to another, you may have different diagnostic tools available to you.</p> <p>Sufficient privacy in the consultation setting is essential for patient confidentiality e.g. patient consultation room in a community pharmacy.</p>
Additional needs	
<p>Reflect on the patient's:</p> <ul style="list-style-type: none"> <li>Dignity, capacity, consent and confidentiality.</li> <li>Communication skills.</li> </ul> <p>Access to patient records i.e. what records will you have access to? Can you read and write in them?</p>	<p>If you are expanding your prescribing practice from adults to paediatric patients, seeking consent will be something you will need to consider. Furthermore, when prescribing for paediatric patients, consider <a href="#">Gillick competence or Fraser guidance</a> if prescribing contraception.</p> <p>Are members of the patient group you will be treating potentially vulnerable and how will you ensure that their needs are met? Will you need to update your Disclosure and Barring Service (DBS) check?</p> <p>You may need to tailor the consultation for those with different health literacy and/or potential language barriers ensuring your practice is inclusive.</p> <p>If you do not have access to patient notes, where and how will you document your consultation?</p>
Patient assessment	
<p>Can you describe the:</p> <ul style="list-style-type: none"> <li>Pathophysiology of the condition;</li> <li>Natural progression;</li> <li>Prognosis;</li> <li>Specific history taking questions;</li> <li>Differential diagnoses; and</li> <li>Management (pharmacological and non-pharmacological).</li> </ul>	<p>If you are expanding your prescribing scope of practice to different therapeutic areas or more complex patients e.g. pregnant patients or paediatric patients, you may wish to focus your learning on how the clinical principles vary in the expanded therapeutic area or patient group.</p> <p>If you are expanding prescribing practice in the same therapeutic area, but for more medicines, you may know certain clinical principles well but may wish to focus on the pharmacology aspect of the new medicines you will be prescribing. N.B. Further learning needs could be identified in Competency 2 section "<i>Identify evidence-based treatment options available for clinical decision-making</i>".</p> <p>Are you confident in the patient assessment and differential diagnosis skills required in your new prescribing scope of practice?</p> <p>Are there any specific adherence issues for the patient groups/condition that you should be aware of?</p> <p>Who can you seek guidance/support from and refer to if required?</p>

## COMPETENCY 2.

### Identify evidence-based treatment options available for clinical decision-making

#### Management of condition/indication

##### Understanding the management

- Using guidelines both local and national e.g. National Institute for Health and Care Excellence (NICE), or international guidance.
- Understand the non-pharmacological and pharmacological approaches in the management of the condition.

If there are no guidelines, what will guide your prescribing and is there sufficient evidence to support your prescribing practice?

##### Understanding the pharmacology

###### Describe;

- The pharmacokinetics/ pharmacodynamics of the medicines you will prescribe and their impact on prescribing decisions;
- The effect of co-morbidities and other medicines on your management options; and
- Specific patient factors that you should consider for various patients/medicines.

Considering specific resources relevant to your prescribing scope of practice.

If prescribing antimicrobials, it's essential to consider the growing resistance of antimicrobials and use resources such as the [TARGET antimicrobial toolkit](#).

If you are prescribing for patients on a general medicine ward and move to prescribe for patients who are on the critical care ward, you may need to consider the changes in pathophysiology and pharmacodynamics e.g. cardiac and renal function that could affect the medicine in the body.<sup>3</sup>

Alternatively, if you are moving from prescribing for adult patients to paediatric or pregnant patients, you would have to consider the change in medicine licensing, drug handling and dosing.

You may need to consider any type of pharmacogenomics associated with the medicine you are going to be prescribing e.g. testing for allele HLA-B\*5701 prior to initiating Abacavir for patients with HIV.

You need to ensure you are aware of public health issues you may need to incorporate into your practice.

You may wish to use resources including; The [British National Formulary \(BNF\)](#), [Summary of Product Characteristics \(SPC\)](#), Renal Drug Handbook, Maudsley Handbook, Neonatal formulary, The College of Optometry formulary for optometrists, etc.

Do you have awareness regarding antibiotic resistance and use of both local and national antimicrobial guidelines?

Consider specific antimicrobial stewardship measures you need to complete as part of your prescribing practice.

### COMPETENCY 3. Present options and reach a shared decision

#### Management options

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Clinical setting of consultation.</li><li>• Potential additional needs of the consultation setting.</li></ul> | <p>Consider using shared decision aids to promote patient engagement, understanding and adherence.</p> <p>What issues are there to consider with respect to sustainability in your new prescribing scope of practice to support the move to a net zero NHS?</p> |
|---|---|

### COMPETENCY 4. Prescribe

#### Prescribing

- |   |  |
|---|--|
| <p>Regarding the medicines you are going to be prescribing understanding the:</p> <ul style="list-style-type: none"><li>• Dose.</li><li>• Indications.</li><li>• Contra indications.</li><li>• Cautions.</li><li>• Adverse effects.</li><li>• Interactions.</li></ul> | <p>Consider how you will manage potential medicine and medicine/food interactions.</p> <p>If prescribing "off-label" or "unlicensed" medicines, ensure information is shared with the patient/carer.</p> <p style="text-align: right;"><i>(At present, the non medical prescribers able to prescribe unlicensed medicines are pharmacists and nurses.)</i></p> |
|---|--|

#### Documenting the consultation

- Are you confident and competent with how and where to document your consultation and its outcome?
- Is there a need to transfer any information to others e.g. transfer between primary care providers or between sectors? If so, how will this be achieved.
- Consider if patient consent would need to be obtained prior to the transfer of documentation.

## COMPETENCY 5. Provide information

It is important to consider;

- Health literacy of the patient;
- The specific information regarding safety netting that you will provide; and
- Further self-management advice needed.

What suitable information can you provide for a patient/carer to look at regarding their condition and the treatment options available?

Consider providing easy read patient information where necessary.

There are certain resources that are available in multiple languages. [Health information in other languages - NHS \(www.nhs.uk\)](http://www.nhs.uk)

There are many websites that offer patient information including on the [NHS](http://www.nhs.uk) website. It is important that any information you provide the patient is from reputable websites.

## COMPETENCY 6. Monitor and review

### Monitoring the treatment

Important to monitor outcomes, effectiveness and for any adverse effects.

Consider:

- What monitoring is needed and when? E.g. timing of response to treatment.
- The frequency of monitoring needed?
- Who is responsible for ordering and interpreting any tests?
- What action is needed if you identify the medicine is not effective or a test result is "out of range"?
- What adverse effects may be experienced? What will you do if they are experienced? Consider your professional responsibility for reporting the adverse effects to the MHRA as part of the [yellow card scheme](#).

### Communication

Throughout the consultation, good communication between prescribers and patients is essential for the quality of care and patient safety. Communicating compassionately and clearly with patients and/or carers is essential, ensuring that you are listening to and respecting their views and responding to their concerns.

A shared decision on management should always be established to ensure the best treatment outcome(s) for the patient.

# Domain 2

## Prescribing governance

COMPETENCY 7. Prescribe safely	
<p>Reflect on how errors may occur with the medicine(s) you are going to be prescribing or in the patient groups that you are prescribing for.</p> <p>Reflect on the communication pathway that you will be using for your consultation e.g. face to face, telephone, video conferencing and how you will ensure safe prescribing.</p>	<p>Learn from frequently reported errors in your new prescribing scope of practice and how they can be prevented from happening.</p> <p>If changing sector understand the reporting systems that are used for near misses and critical incidents.</p> <p>Reflect on whether there are further governance structures/indemnity needed for alternative consultations whether that be via video/ telephone or face to face consultations.</p>
COMPETENCY 8. Prescribe professionally	
<p>Look at the specific legal or ethical considerations needed.</p>	<p>Are there any specific factors you need to consider in this patient group that may influence your prescribing?</p>
COMPETENCY 9. Improving prescribing practice	
<p>What resources are available to you for your new prescribing scope of practice:</p> <ul style="list-style-type: none"> <li>• Journal clubs</li> <li>• Peer support groups</li> <li>• Potential support structures that are already established?</li> </ul>	<p>Many professional societies, royal colleges and regulatory bodies offer supporting resources looking at how to prescribe effectively e.g. <a href="#">Good practice in prescribing and managing medicines and devices General Medical Council (GMC)</a> and <a href="#">In practice: Guidance for pharmacist prescribers General Pharmaceutical Council (GPhC) guidance</a>.</p>
COMPETENCY 10. Prescribe as part of a team	
<p>Who is your team (in the widest sense) and what are each of their roles?</p>	<p>Do you require support and supervision as you expand your scope of practice and if so, who could provide this?</p> <p>If you are prescribing autonomously in practice, it is imperative to know who you could refer on to for further treatment to ensure the patient receives the most appropriate care.</p>



# 2

Plan

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## Planning how you are going to achieve the learning in the expanded prescribing scope of practice.

After you have assessed yourself against each of the competencies, you may have identified some learning needs.

It is useful to discuss these with a colleague, peer, manager, designated prescribing practitioner (DPP), or another suitable individual who may be prescribing in the same therapeutic area. They can provide ideas about how to achieve the desired learning needs and also help you to clarify your prescribing scope of practice i.e., what it includes and excludes.

Ensure that you document the inclusion/exclusion criteria for the patient groups you will include in your new prescribing scope of practice before starting to prescribe.

From these discussions you can create a set of SMART objectives (Figure 4) that will guide your learning around the desired therapeutic area/setting.

### **S – SPECIFIC**

State what you will do, make your goals specific to ensure effective planning and ability to measure progress and completion.

### **M – MEASURABLE**

Define what evidence will prove you have learned what you need to expand your prescribing scope of practice and provide a way to evaluate the goals.

### **A – ACHIEVABLE**

Ensure that you will be able to achieve the desired learning and subsequent goal(s) of prescribing in your expanded scope of practice.

### **R – RELEVANT**

Relevant to your role as an independent prescriber and your new scope of prescribing practice.

### **T – TIMELY**

State when you plan for your learning to be completed to enable you to be competent to prescribe in your expanded scope of practice.

**Figure 4** Explanation of a SMART objective



# 3

Act

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## **Undertake learning activities in the desired areas that have been identified for further development.**

Acknowledging that everyone learns in different ways, it is important to identify learning activities that both suit your learning style and meet your learning needs. Below are some examples of different approaches that you could consider:

### **Self-directed learning**

- Look at relevant guidance, both local, national and international guidance including NICE, Scottish Intercollegiate Guidelines Network (SIGN), Clinical Knowledge Summaries (CKS), local antimicrobial guidelines etc.,
- Distance learning courses on specific therapeutic area where you can work at your own speed.
- Higher Education Institute (HEI) provided courses in desired therapeutic area.
- Private reading on the subject from a wide range of resources e.g. BNF, SPC, journal articles etc.
- Attending conferences.
- Attend workshops where you receive teaching from experts in your desired therapeutic area in which you wish to expand your prescribing practice, giving you an opportunity to ask questions.

### **Peer reviewed discussion**

- The Designated Prescribing Practitioner playing a facilitative approach to learning.
- Meeting with a colleague/peer/mentor/manager for further discussion.
- Mentorship programmes available with the:
  - The [Royal Pharmaceutical Society Mentoring Platform](#) is available for pharmacists through the Royal Pharmaceutical Society website.
  - [eMentoring](#) available for physiotherapists via the Chartered Society of Physiotherapy.
  - Mentorship programmes available within your own organisation.
- Journal clubs or alternative team meetings for peer reviewed discussion and learning.

### **Observing best practice**

Observing an expert and carrying out consultations under supervision to ensure confidence in your desired prescribing area.

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**It is important to consider carrying out learning in various activities, to ensure competence in your desired prescribing area.**



# 4 Evaluate

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**Evaluate your own learning needs would be prudent to ensure all your educational needs have been met.**

It is recommended that you evaluate whether your learning needs have been met either in part or in full.

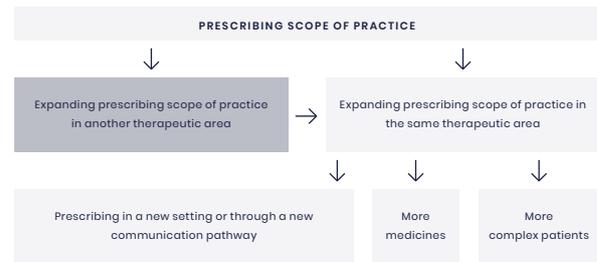
If you do not feel that all the competencies have been met, or you have identified new learning needs, identify ways in which you could achieve the competencies needed and repeat the CPD cycle.

The image features a large, bold, orange number '5' centered on a yellow background. The number is composed of solid orange blocks. Overlaid on the middle of the '5' is the text 'Case Studies' in a white, serif font. The background is a solid yellow color with a pattern of thin, light-colored lines radiating from the top center, creating a sunburst or fan-like effect that tapers towards the bottom.

# 5 Case Studies

## Chen, prescribing Nurse in a GP practice

Chen has been prescribing for patients with atrial fibrillation and would like to expand to prescribe for patients with hypertension.



### REFLECT

Chen identified a number of patients who needed hypertension reviews while he was seeing them for their atrial fibrillation. As a result, he decided to expand his prescribing scope of practice to treat patients with hypertension.

Chen further defined his inclusion criteria which was to see patients with stage 1, stage 2 and stage 3 but those with malignant hypertension would be excluded and he would refer on to the consultant.

Using the RPS competency framework, Chen identified the competencies that he would have to meet when expanding his prescribing scope of practice. Chen plans to focus his learning on:

- Assess the patient,
- Identify evidence based treatment options available for clinical decision making.
- Presenting options and reach shared decisions,
- Prescribing safely,
- Provide information.
- Monitoring and reviewing the patient.

### PLAN

Chen discussed his plan for learning with the cardiovascular lead in his GP practice. He created a SMART objective:

**S** – Learn about the patient assessment of hypertension and learn the pharmacological and non-pharmacological treatments.

**M** – Chen plans to shadow a GP colleague for a hypertension clinic. He will also spend time with the consultant cardiologist and specialist nurse in secondary care in their hypertension clinics.

**A** – This will be achievable with the learning set out by both theory and observing the practical application.

**R** – Chen felt this was a relevant target to achieve.

**T** – Chen felt this was achievable within 3 months. For the final month, he plans to be working autonomously and talking through his hypertension management with his GP Cardiovascular lead.

### ACT

Reviewed CKS guidance on the management of hypertension found at: [cks.nice.org.uk/topics/hypertension](https://cks.nice.org.uk/topics/hypertension)

Reviewed the [Hypertension | Treatment summary | BNF content published by NICE](#)

Carried out the course online on the Health Education England website [Hypertension - e-learning for healthcare \(e-lfh.org.uk\)](#)

Shadowed the consultant cardiologist and specialist nurse in secondary care.

Shadowed GP with special interest in cardiology in a GP surgery.

Learnt both pharmacological and non-pharmacological treatment options for patients.

### EVALUATE

Chen reflected on his learning. He felt all his identified competencies had now been met and he was ready to prescribe in this new prescribing area.

## Omar, Pharmacist

Omar, working in a community pharmacy prescribing for females with Urinary Tract Infections (UTIs) expanding to patients who are pregnant with UTIs.

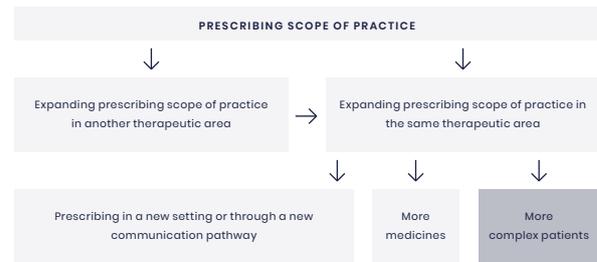
### REFLECT

Omar encountered a patient who was pregnant and needed treatment for a UTI. He had to refer to the GP as this was outside of his prescribing scope of practice. As a result, Omar reflected and wanted to learn more about UTIs in pregnancy.

He developed a table to focus his learning on the physiology of pregnancy and the treatment of UTIs.

- Omar Identified competencies in the competency framework that needed to be met, including:

- 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.
- 2.1 Considers both non-pharmacological and pharmacological treatment approaches
- 2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.
- 2.8 Stays up to date in own area of practice and applies the principles of evidence-based practice.
- 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.
- 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.

### PLAN

- Discussed learning needs with a colleague already prescribing antibiotics for pregnant women with UTIs.
- Discussed what was to be learnt around the varying guidance for treating UTIs in pregnant women.
- Discussed potential differences between both local and national guidance between first and second line treatment options, and an acknowledgement and understanding would be essential prior to prescribing for pregnant patients with UTIs.

### ACT

Reviewed local and national guidance regarding the diagnosis and management of UTIs in pregnancy.

Attended an online course on the treatment of UTIs in pregnancy, assessed via multiple choice questions.

Self-directed reading about antimicrobial resistance.

Presented his learning at group learning sessions set up locally in his area.

### EVALUATE

Omar reflected on his learning. He felt all his identified competencies had now been met and he was ready to prescribe in this new prescribing area. This would significantly help the patients he was now able to see within his practice.

### Sarah, specialist Physiotherapist (part 1)

Sarah is a specialist physiotherapist prescribing for patients with Chronic Obstructive Pulmonary Disease (COPD) as part of a multi-disciplinary team. She did her initial prescribing course to prescribe doxycycline and prednisolone.

She would like to expand her prescribing practice to include other antibiotics.

#### REFLECT

Sarah identified COPD patients who were experiencing acute exacerbations, were often needing treatment other than prednisolone and doxycycline.

As a result, Sarah wanted to expand to include other antibiotics including amoxicillin and clarithromycin.

Reflecting on Domain 1, Sarah felt she had a good understanding of the physiology of COPD. Sarah focused her learning on COPD acute exacerbations management looking at how they would present, investigation, management, monitoring, red flags and safety netting.

Reflecting on the RPS competency framework Sarah decided to focus on:

- Identify evidence based treatment options available,
- presenting options and reach shared decision,
- prescribe,
- provide information,
- monitoring and reviewing the patient.

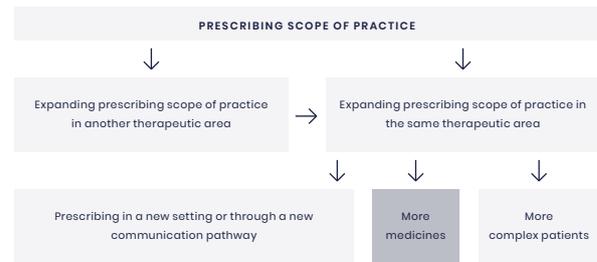
#### PLAN

As Sarah had a good relationship with her designated prescribing practitioner (DPP), she created a smart objective.

**S** – Learn about the pharmacology of amoxicillin, and clarithromycin.

**M** – Prior to prescribing to patients alone, Sarah plans to see patients with her DPP ensuring competence and confidence.

**A** – Provided no external factors impact, this objective is achievable.



**R** – Both DPP and Sarah felt this was a relevant objective.

**T** – She would like to be able to prescribe other antibiotics within 2 months.

#### ACT

Reviewed local guidance regarding prescribing antibiotics for patients with acute exacerbations of COPD and further looked at Clinical Knowledge Summaries regarding acute exacerbations of COPD.

Looked at various resources with regards to the medicines e.g. BNF SPC.

Attended online webinars and courses about treating patients with acute exacerbations of COPD.

Organised a series of teaching sessions with junior colleagues with her DPP, to teach about the management of acute exacerbations of COPD.

Treated patients with acute exacerbations of COPD with her DPP shadowing.

#### EVALUATE

Sarah evaluated with her DPP and agreed that her learning needs had been met. Both Sarah and her DPP were happy that she was to prescribe for patients with acute exacerbations. They plan to meet frequently in the initial period to discuss complex patients who Sarah may treat and plan to reduce frequency in time.

## Sarah, specialist Physiotherapist (part 2)

Sarah is a specialist physiotherapist prescribing for patients with Chronic Obstructive Pulmonary Disease (COPD) as part of a multi-disciplinary team.

She has already expanded her prescribing scope of practice as per part 1. Sarah further identified a gap in prescribing of the medicine, roflumilast, she further expanded her prescribing scope of practice.

### REFLECT

Sarah identified a need for COPD patients who she was seeing on a regular basis, who were having to be referred to the consultant for the prescribing of the medicine, roflumilast. As a result, she wanted to further expand her prescribing scope of practice to prescribe roflumilast.

Reflecting on the RPS competency framework Sarah decided to focus on;

- Identify evidence based treatment options available for clinical decision making,
- Presenting options and reach shared decisions,
- Prescribing safely,
- Provide information,
- Monitoring and reviewing the patient.

### PLAN

As in part 1 of the case study, Sarah had a good relationship with her designated prescribing practitioner (DPP), she created a smart objective.

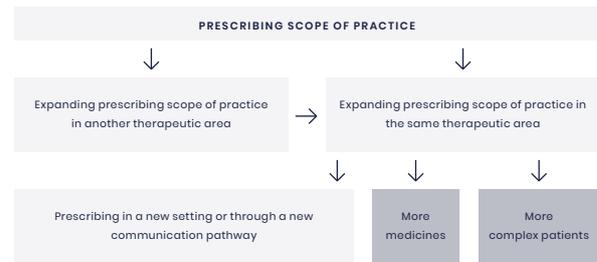
**S** – Learn about the pharmacology of roflumilast and be able to identify when she will use it in practice.

**M** – Sarah plans to identify patients who she believes need roflumilast treatment. Sarah plans to identify these patients while seeing patients in the community. She will initially discuss the patients she has identified with her DPP ensuring competence and confidence.

**A** – Provided no external factors impact Sarah, she felt this objective is achievable.

**R** – Both DPP and Sarah felt this was a relevant objective.

**T** – She would like to be able to prescribe other roflumilast within 2 months.



### ACT

Reviewed national guidance regarding the use of roflumilast. Looked at the NICE technology appraisal of roflumilast to understand the evidence behind its use.

- Looked at various resources with regards to roflumilast and the contra-indications, cautions, adverse reactions, interactions using the BNF and SPC.
- Understand when roflumilast should be initiated as per [1 Recommendations | Roflumilast for treating chronic obstructive pulmonary disease | Guidance | NICE](#)
- Created a decision tool resource, to ensure that patients were appropriately identified for roflumilast and subsequently were initiated and treated appropriately. The decision tool resource included information such as:
  - indication as per local formulary
  - recording of initial liver function test and up to date weight
  - patient awareness of risks, side effects and cautions of medication
  - ongoing 3 monthly monitoring
- Sarah, had this resource tool checked by the respiratory consultants, nurses, pharmacists and physiotherapists within her health trust and signed off as appropriate.
- Sarah, identified patients who she felt were appropriate for roflumilast treatment, she talked through her rationale while using the decision tool resource she created.

### EVALUATE

Sarah reflected on the competencies she had identified and felt that all competencies were met and she felt confident to start prescribing roflumilast for COPD patients.

### Daniel, Optometrist, working in a Optical practice

Daniel, who generally manages mild blepharitis, wants to expand his prescribing practice to manage patients with refractory or more severe blepharitis.

#### REFLECT

It was identified that patients were being referred to the secondary care setting for further treatment of blepharitis, when it could be done within an optical practice.

Using the competency framework, Daniel identified that competencies in:

- Assess the patient
- Identify evidence based treatment options available for clinical decision making
- Presenting options and reach shared decisions
- Prescribing safely
- Provide information
- Monitoring and reviewing the patient.

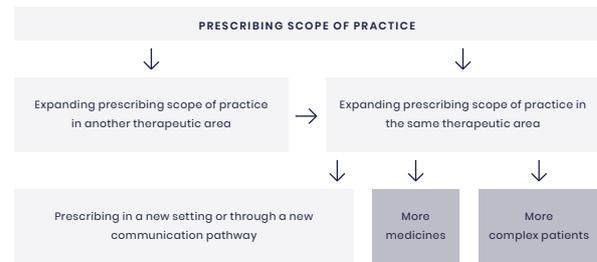
#### PLAN

As Daniel works autonomously in an optical practice, he discussed his plan for learning with a colleague in a neighbouring practice who was already prescribing in this area.

**S** – Learn about the patient assessment of refractory and more severe blepharitis in comparison to mild disease. Furthermore, understand the changes in management of patient according to diagnosis. Daniel also specified that he would like to understand how rosacea presents. This was because of an association with rosacea causing severe blepharitis, thus he felt it would be important to recognise the symptoms to be able to signpost the patient for further treatment as necessary.

**M** – Daniel plans to carry out self-directed reading, attend CPD courses and review local and national guidance.

**A** – This will be achievable as has a good



understanding of blepharitis and knows the resources that are available to him.

**R** – Daniel felt he would be able to achieve this as he had good experience in this therapeutic area.

**T** – Daniel felt that as he was expanding within his same therapeutic area, he would be able to achieve the learning within 8 weeks.

#### ACT

- Reviewed local, [national](#) and professional clinical guidance regarding the diagnosis and management of blepharitis.
- Attended online CPD course on the treatment of severe blepharitis.
- Undertook Self-directed reading on identifying signs and symptoms suggestive of side effects related to the prescribed medication, and potential for antimicrobial resistance.
- Attended regular CPD courses and followed relevant clinical guidance to keep abreast of latest evidence in the management of blepharitis.
- Looked at the patient information regarding both this condition, [Blepharitis](#) – and the potential treatment that he would be looking to prescribe, including topical azithromycin and systemic tetracyclines.
- Learned how to recognise [ocular rosacea](#).

#### EVALUATE

After 8 weeks of carrying out various learning activities Daniel feels confident to prescribe in this area. He has further arranged ongoing sessions with his colleague working in another practice to ensure a support is available if it would be needed.

## Hazel, Therapeutic Radiographer

Hazel is a specialist therapeutic radiographer working in neuro-oncology, assessing, monitoring and prescribing for patients undergoing radiotherapy, chemotherapy and their long term follow up.

Many of her patients are on anti-seizure medication for which she already prescribes repeat medication if required during treatment.

### REFLECT

Hazel had patients presenting with increased seizure activity and initial seizure likely provoked due to radiotherapy chemotherapy. She wanted to look at the implications around prescribing for these patients

Hazel identified patients who had to be referred to their consultant or registrar if presenting to Radiotherapy with symptoms likely to indicate seizure activity however, as Hazel moves into her Advanced Clinical Practitioner role she identified a patient need for her to expand her prescribing scope of practice.

### PLAN

Using SMART objectives Hazel planned the areas to be covered and how this would be achieved.

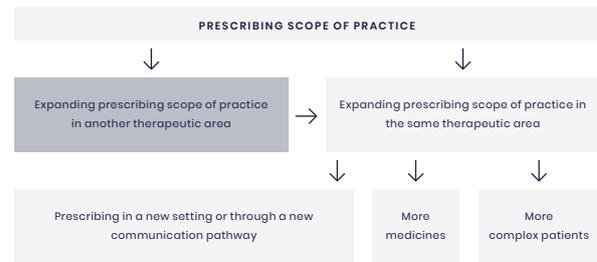
**S** – Review the literature around provoked seizures due to neurological tumours and their treatments. Review the pharmacology of clobazam and levetiracetam along with indications.

**M** – Benchmark against NICE epilepsy guidance, discuss with epilepsy specialist and clinical supervisor.

**A** – Given prior learning and experience desired outcome should be achievable.

**R** – Given that Hazel has already been in the situation on several occasions of reviewing patients with increased or new seizure activity it is very relevant that in the future her competence to prescribe would be of benefit to patients and the service as a whole.

**T** – Aim for informative work to be done in 1 month and final discussion with clinical supervisor within two months.



### ACT

Reviewed NICE epilepsy guidelines

Searched for literature regarding provoked seizures in the oncology setting

Reviewed SPC and BNF for clobazam and levetiracetam

Looked at provision of patient information and safety netting

Shadowed epilepsy specialist nurse and attended epilepsy CPD sessions

### EVALUATE

Hazel met with her clinical supervisor and discussed her findings and concerns regarding the lack of clear guidance in the literature.

There was agreement that prescribing should still take place under the guidance of the epilepsy specialist service but that Hazel has sufficient knowledge of the drugs and safety netting to inform patients and relatives/carers around treatment and to provide a suitable prescription whilst awaiting review by a specialist as per NICE guidelines.

Hazel plans to put together an information leaflet for patients that present with their first seizure or an increase in seizure activity whilst on oncological treatment.

As part of ongoing CPD Hazel will look to follow the outcome of a recent trial and any current additions to the literature with an aim to put together further guidance with the input from an epilepsy specialist.

### Timothy, Hospital Pharmacist

Timothy originally trained to prescribe warfarin to adult patients with atrial fibrillation. However, with management of patients with atrial fibrillation developing to include more anticoagulants, he wants to expand his prescribing scope of practice to include prescribing direct oral anticoagulants (DOACs) for adult patients.

#### REFLECT

Timothy identified that many patients were being referred on for initiation of DOACs as an alternative treatment to warfarin. He identified that he would be in a good position to start or change treatment if appropriate.

His knowledge of atrial fibrillation was extensive, but he wanted to learn more about the management of atrial fibrillation in specific when DOACs can be used. He decided to focus his learning on the pharmacology aspect of these medicines.

#### PLAN

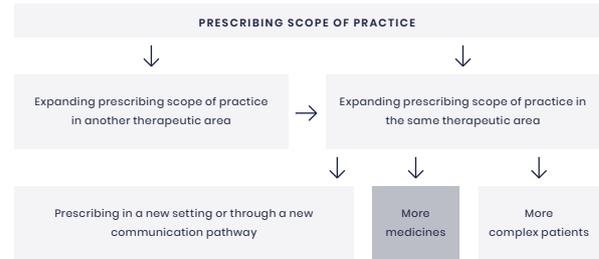
**S** – Timothy had good knowledge of atrial fibrillation. He wanted to focus his learning on the pharmacology aspect of DOACs learning more about the evidence-based treatment options available for clinical decision-making.

**M** – Timothy plans to carry out self-directed learning and also spend time shadowing cardiologist in atrial fibrillation clinic. He further plans to shadow another pharmacist who is already prescribing DOACs.

**A** – He feels it will be achievable as he understands anticoagulation in atrial fibrillation and he will focus more of his learning on the pharmacology aspect.

**R** – When Timothy discussed this with his colleague, consultant cardiologist, they felt he would be able to achieve it.

**T** – Due to his prior understanding and knowledge of atrial fibrillation, he was going to aim to start prescribing autonomously in 12 weeks after starting.



#### ACT

Timothy reflected on the guidelines for anticoagulation in atrial fibrillation, looking at [NICE guidelines](#) and also local formulary with regards to the DOACs available. Further [NICE guidance](#) was studied with regards to specific DOACs.

Timothy carried out an eLearning module on DOACs.

Timothy looked at various resources including the BNF, SPC (Rivaroxaban, Dabigatran, Apixaban and Edoxaban)

Shadowed consultant cardiologist during a 4 week period in clinics where patients would be initiated on DOACs. For a further 8 weeks, Timothy identified and initiated patients on DOAC treatment where necessary, under the supervision of the consultant cardiologist.

Timothy attended a conference where there were lectures on prescribing DOACs for patients with Atrial Fibrillation.

Timothy researched the literature and read multiple papers surrounding DOACs.

Timothy gave an education session on DOACs to his colleagues.

Timothy identified resources available to help patients in understanding their anticoagulation treatment ([Rivaroxaban](#), [Dabigatran](#), [Apixaban](#) and [Edoxaban](#))

#### EVALUATE

Timothy discussed his expanded prescribing scope of practice with a cardiology consultant who specialised in anticoagulation. Both felt that all the initial competencies identified in competency framework had been met. Ongoing support was offered for Timothy. Timothy also plans to join a journal club.

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# References

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3. Blot SI, Pea F, Lipman J. The effect of pathophysiology on pharmacokinetics in the critically ill patient – Concepts appraised by the example of antimicrobial agents. *Advanced Drug Delivery Reviews*. 2014;77:3–11. doi: [10.1016/j.addr.2014.07.006](https://doi.org/10.1016/j.addr.2014.07.006)



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# Declaration

This document is guidance only, and does not guarantee individual prescriber competence, this is the professional responsibility of the prescriber.

Case studies have been adapted for the purposes of this document.

# Checklist

Inclusion and Exclusion Criteria for New Scope of Practice and your setting should be specified at this point.

**PRESCRIBING SCOPE OF PRACTICE**

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graph TD
    A[PRESCRIBING SCOPE OF PRACTICE] --> B[Expanding prescribing scope of practice in another therapeutic area]
    A --> C[Expanding prescribing scope of practice in the same therapeutic area]
    C --> D[Prescribing in a new setting or through a new communication pathway]
    C --> E[More medicines]
    C --> F[More complex patients]
    
```

**Identify how you are going to expand your prescribing scope of practice using the infographic**

**Assess yourself against the RPS Competency Framework and learning for your desired prescribing area**

Domain 1 - The consultation	
<b>Assess the patient</b>	Setting of consultation Patient Assessment <ul style="list-style-type: none"> <li>• Pathophysiology of the condition,</li> <li>• Natural progression</li> <li>• Prognosis</li> <li>• Specific history taking questions</li> <li>• Differential diagnoses</li> <li>• Management (Pharmacological and non-pharmacological)</li> </ul>
<b>Identify evidence-based treatment options available for clinical decision-making</b>	Management of condition/indication Understanding the pharmacology Management options Non pharmacological and pharmacological
<b>Present options and reach a shared decision</b>	
<b>Prescribe</b>	Understand the medicine(s): <ul style="list-style-type: none"> <li>• Dose</li> <li>• Indications</li> <li>• Contra indications</li> <li>• Cautions</li> <li>• Side effects</li> <li>• Drug interactions</li> </ul>
<b>Documenting the consultation. Provide information</b>	
<b>Monitor and review</b>	
Prescribing governance- Reflection	
<b>Prescribe safely</b>	
<b>Prescribe professionally</b>	Look at specific legal or ethical considerations needed
Improving prescribing practice	
<b>Prescribe as part of a team</b>	If prescribing autonomously in practice, know where to refer the patient for further treatment as necessary.

**Plan a SMART objective**

**Carry out learning activities**

**Evaluate ensuring your learning needs in desired prescribing area have been met**

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