



Sector Partnership for Optical
Knowledge and Education

SPOKE (specialist qualifications)

Project 2

Indicative Guidance

For Additional Supply (AS), Supplementary
Prescribing (SP), and/or Independent
Prescribing (IP)

Contents

Project 2 - Indicative guidance	3
Methodology	3
Purpose.....	3
Structure.....	3
Outcomes for Registration – Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP).....	4
Outcome 1. Uphold professional standards.....	4
Outcome 2. Person centred care.....	5
Outcome 3. Establishes patient management options	8
Outcome 4. Prescribing practice	10
Outcome 5. Ethics and standards.....	12
Outcome 6. Manages risk.....	14
Outcome 7. Learning and development.....	14
Assessment.....	16
Typology of assessment methods	16
Written assessment.....	16
Research proposal/Audit proposal.....	16
Dissertation/Project thesis/Meta-analysis/Literature review.....	16
Workbooks.....	16
Practical report.....	16
Problem solving task.....	16
Essays.....	16
Case record review/Case report.....	17
Reflective writing.....	17
Journaling/Logbook	17
Performance/Practical.....	17
Oral / Poster presentation.....	17
Case discussion (unseen).....	17
Student selected case discussion	17
Patient history taking	17
Simulated patient assessments	17
Direct observation in practice	17
Time limited assessment	17
Multiple Choice Examination Questions (MCQs)	18

Short answer questions	18
Long answers/essays	18
Scenario-led comprehension/ evaluation questions.....	18
Assessment Methods Mapping	19
Bibliography.....	31

Project 2 - Indicative guidance for Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP)

Methodology

This guidance was developed with input from a wide range of sector stakeholders, many of whom volunteered significant time and effort. Four writing groups were formed (26/06/23), working asynchronously as well as meeting on MS Teams, to focus on Outcomes 1 and 2, 3, 4, and 5, 6, 7 each with a facilitator. Initial drafts were considered at a review meeting (25/08/23), with representatives of the writing groups present. Feedback on the draft guidance was sought from the SPOKE Advisory and Review Group (ARG) through MS Teams and email before the document was refined and completed at the finalisation meeting held on 20/10/23.

Purpose

The guidance is intended to support course teams and approval panels by developing and expanding on the meaning of the outcomes as indicators and providing references to resources that address elements in more detail. It deliberately does not address how students may be developed to achieve the outcomes, focusing instead on the terminal level specified. Some suggestions for assessments that may be effective in measuring outcomes are also provided. The intent is to be inclusive of innovative practice and developments in the profession, whilst capturing the key features of registrants in the two professions as described by the outcomes. It should therefore not be viewed or deployed in a way that is constraining or assumes that it is entirely comprehensive. The SPOKE contributors consider it important that it is viewed as a live document, that is updated regularly with good practice examples as they are identified during approval and review processes and expect that excellent practice will emerge that is not yet captured here.

Structure

An assessment typology and mapping table is provided to assist course teams with developing assessment strategies that are able to cover all outcomes effectively, without undue burden on the learner or delivery team. Relevant background resources, selected by the writing groups, are listed at the end of the document.

Outcomes for Registration – Additional Supply (AS), Supplementary Prescribing (SP) and/or Independent Prescribing (IP)

Outcome 1. Uphold professional standards

Registered optical professionals establish relationships with other professionals based on professional understanding and respect; acting as part of a multidisciplinary team (MDT) they ensure that continuity of care across care settings is not compromised.

Outcome		Level	Indicator
O1.1	Works collaboratively as part of wider MDT to ensure that the transfer and continuity of care (within and across all care settings) is developed and not compromised. (RPS-10.1) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Works collaboratively with the MDT, and develops good clinical networks, keeping the patient/carer involved and informed at all appropriate stages. • Recognises and respects the diverse skills and contributions from clinical and non-clinical colleagues, including other professions, and adapts own communication methods, style and content to ensure the delivery of effective patient care. • Knows the limits of their competency, recognises when patients might benefit from the input from other healthcare professionals and knows where to seek help and advice from in an appropriate, timely and efficient manner. • Makes use of media and IT platforms to enable transfer and continuity of care.
O1.2	Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to the patient's care. (RPS-10.2) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Communicates and combines expertise and skills to better manage patients' ocular health. • Builds and maintains relationships with fellow professionals. • Proactively constructs and develops effective relationships, fostering clarity of roles within teams, to encourage productive working and to positively influence practice. • Remains accountable for own professional conduct and the care provided while working as part of a team. • Develops ability to form collaborative, professional relationships in challenging environments.
O1.3	Undertakes the consultation in an appropriate setting, taking account of confidentiality, consent, dignity and respect in line with regulatory practice, legislation and contractual requirements. (RPS-1.1/1.2) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Undertakes the consultation in a suitable setting, encompassing location, environment, and medium, ensuring patient confidentiality, and maintaining a secure care-delivery environment whilst adhering to all applicable legislative, best practice, regulatory, and contractual standards to ensure equitable and legally compliant practice. • Applies adaptable, personalised patient care by addressing social, clinical, personal, and cultural needs while challenging conscious and unconscious biases. Demonstrates nondiscrimination, with particular regard to protected characteristics, treating each patient with respect, dignity, and consideration whilst preventing personal views from negatively affecting the practitioner-patient relationship. • Adheres to local Information Governance protocols and remains conscious of patient confidentiality while recognising instances where disclosure is crucial for individual and societal protection.
O1.4	Assesses the communication needs of the patient/carer and adapts consultation appropriately (e.g. for language, age, capacity,	Does	<ul style="list-style-type: none"> • Assesses the communication needs and preferences of the patient/carer, considering factors such as language proficiency, age, cognitive capacity, and any physical or sensory impairments while respecting cultural and diversity considerations.

	physical or sensory impairments). (RPS-1.4) (IP) (SP) (AS)		<ul style="list-style-type: none"> Utilises appropriate communication aids or techniques, such as visual aids, written materials, or alternative communication methods (e.g., interpreters, sign language) to overcome barriers. Continuously monitors and adjusts the communication approach (e.g., style, pace and language) during the consultation, ensuring that the patient and their carer have understood the information provided and are actively engaged in the conversation.
O1.5	Introduces self and prescribing role to the patient/carer and confirms patient/carer identity. (RPS-1.3) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Introduces self to the patient/carer using clear unambiguous language. Confirms the patient/carer's identity using appropriate methods including local organisational protocols. Communicates with the patient/carer in a manner that establishes trust, empathy, and confidence, while respecting their perspectives. Provides relevant information and ensures the patient/carer's autonomy and involvement in decision-making throughout the consultation.

Outcome 2. Person centred care

An optometrist with an AS, SP or IP qualification must have a person-centred approach, be adaptive and work collaboratively with others in the best interest of the patient, exercising initiative and personal responsibility, and understanding their role in the prescribing process.

	Outcome	Level	Indicator
O2.1	Demonstrates good consultation skills and builds rapport with the patient/carer. (RPS-1.5) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Demonstrates effective communication skills, including active listening, empathy, verbal and non-verbal communication, to establish rapport and respond to the patient/carer's questions, emotions, and concerns. Creates a supportive environment that promotes open dialogue, trust, privacy, and confidentiality, while communicating clearly and effectively using language and terminology that the patient/carer can understand, avoiding medical jargon and using layman's terms. Provides a clear explanation of what will happen during the consultation and involves patients/ carers in decisions focusing on their needs, concerns, and expectations, while respecting their autonomy. Provides a clear summary of the outcome of the consultation, using clear unambiguous language and clarifying any points of misunderstanding.
O2.2	Actively involves and works with the patient/carer in partnership to make informed choices, agreeing a plan that respects the patient's/ carer's preferences including their right to refuse or limit treatment. (RPS-3.1) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Collaboratively develops a treatment plan that aligns with the patient/carer's goals, preferences, values and cultural beliefs, ensuring sufficient time for questions and clarification, and documenting the agreed-upon plan for reference. Provides clear, unbiased, and evidence-based information, using accessible language, about treatment options, and associated benefits, risks, and alternatives. Establishes a partnership-based/shared decision-making approach with the patient/carer, involving them in the decision-making process and respecting their beliefs, opinions and autonomy.
O2.3	Explores the patient's/carer's understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber. (RPS-3.6) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Actively seeks confirmation of patient understanding and concordance and involves patient/carer in decisions regarding their healthcare.

			<ul style="list-style-type: none"> Provides additional written information supporting the outcome of the clinical consultation, including any limitations.
O2.4	Considers and respects patient diversity, background, personal values and beliefs about their health, treatment and medicines, supporting the values of equality and inclusivity, and developing cultural competence. (RPS-3.2) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Recognises patients' physical, emotional, intellectual, and cultural background and adapt care and communication appropriately. Adheres to relevant sections of the Equalities Act.
O2.5	Makes prescribing decisions based on the needs of patients and not the prescriber's personal preferences. (RPS-8.4) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Utilises and provides current, evidence-based information to explain prescribing decisions. Complies with the GOC Standards of Practice Designs and implements an appropriate management plan, in line with individual patients' clinical needs and preferences. Works within own scope of practice and professional legislation, maintaining currency through professional development. Proactively reviews management plans, re-evaluating current treatment and the need for ongoing treatment.
O2.6	Identifies and minimises potential risks associated with prescribing via remote methods. (RPS-7.3) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Recognises their scope of practice in effective person-centred care. Recognises the limitations of remote consultation. Aware of confidentiality issues surrounding remote consultations. Respects patient privacy.
O2.7	Explains the material risks and benefits, and rationale behind management options in a way the patient/carer understands, so that they can make an informed choice. (RPS-3.3) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Clearly explains the material risks and benefits of different management options, using plain language and avoiding medical jargon. Provides evidence-based information and explains the rationale behind each option to support the patient/carer in making informed decisions. Tailors explanations to the patient/carer's level of health literacy and addresses any concerns or misconceptions they may have. Documents the discussions and shared decision-making process, ensuring the patient/carer have access to written information for future reference.
O2.8	Builds a relationship with the patient, which encourages appropriate prescribing and not the expectation that a prescription will always be supplied. (RPS-3.5) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Establishes a professional and trust-based relationship, ensuring patient understanding of when prescriptions are appropriate and when they are not. Fosters a collaborative approach where the patient is actively involved in their own care and understands the role of medication within a comprehensive treatment plan. Educates the patient about non-pharmacological approaches, lifestyle modifications, and self-care practices as part of their treatment plan. Discusses treatment expectations from the perspective of realistic medicine, clarifying that prescriptions will be provided based only on medical necessity and appropriateness

			<ul style="list-style-type: none"> Continuously assesses and re-evaluates the need for ongoing prescribing, considering the patient's response to treatment, potential risks, and the appropriateness of continued medication.
O2.9	Assesses health literacy of the patient/carer and adapts appropriately to provide clear, understandable and accessible information. (RPS-5.1) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Assesses the patient/carer's health literacy level through dialogue and observation whilst adjusting communication style to accommodate their needs. Uses plain language, avoiding complex medical terminology, and provides explanations in a step-by-step manner incorporating visual aids, written materials, and tailored resources to enhance understanding and reinforce key information. Engages the patient/carer in a collaborative manner, encouraging questions and active participation. Utilising open-ended questions and teach-back techniques to assess patient/carer understanding and address any areas of confusion or misunderstanding. Provides additional support, such as interpreter services or involvement of family members, when necessary. Shows patience, and attentive, and supportive behaviours throughout the communication process, allowing sufficient time for the patient/carer to process and comprehend the information.
O2.10	Guides the patient/carer on how to identify reliable sources of information about their condition, medicines and treatment. (RPS-5.3) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Advises on accessing credible information sources in line with patients' best interest. Recommends reliable information sources for patient information such as written patient literature/information leaflets, credible websites and reputable organizations which provide patient support information. Encourages patients to seek clarification from another healthcare provider/professional should conflicting information be found. Advises caution and the potential for misinformation from unregulated sources such as social media, forums and hearsay.
O2.11	Checks the patient's/carer's understanding of the discussions had, actions needed and their commitment to the management plan. (RPS-5.2) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Utilises appropriate techniques to verify understanding of the patient/carer. Including asking questions to confirm the patient's understanding and asking the patient to summarise the discussion to determine their initial information retention. Ensures patients/carers have the opportunity to ask any questions that arise during or after the consultation. Confirms patient/carer's willingness and ability to commit to the planned actions and treatment plan. Considers any relevant patient factors and the potential impact on the selection and formulation of medicines, and the mode of administration.
O2.12	Ensures the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific timeframe. (RPS-5.4) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Offers an anticipated timeframe for the treatment to begin working. Explains to the patient/carer in an appropriate manner the signs and symptoms that could indicate a worsening clinical condition which would warrant an early review. Provides safety-net advice on how and when to request review including timeframes and appropriate care providers. Documents advice given, including any literature provided.

Outcome 3. Establishes patient management options

An optometrist with an AS, SP or IP qualification must assess the patient to establish a diagnosis (sometimes in complex and unpredictable situations), determine and maintain an informed management plan for reviewing the patient's treatment, arrange appropriate aftercare and prescribe if necessary (within their individual scope of practice).

Outcome		Level	Indicator
03.1	Demonstrates appropriate consultation techniques and takes and documents an appropriate medical, psychosocial and medication history including allergies and intolerances. (RPS-1.6) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Demonstrates use of open and closed questioning style to carry out a thorough history and symptoms. • Adapts communication to individual patients as required, observing non-verbal cues. • Pays careful attention to current and previous medical history. • Documents findings thoroughly using appropriate terminology.
03.2	Undertakes and documents an appropriate clinical assessment. (RPS-1.7) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Selects and uses an appropriate range of clinical assessment tools, reflecting clinical signs and symptoms, to underpin decision-making. • Logically adapts consultation pathway according to the presenting symptoms, to undertake effective differential diagnosis. • Documents all clinical findings, including working diagnosis, reasoning and confidence levels, using recognised grading scales where indicated.
03.3	Identifies and addresses potential vulnerabilities that may be causing the patient/carer to seek treatment. (RPS-1.8) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Appraises patients' physical and mental health in the context of the presenting symptoms. • Identifies vulnerabilities which may lead them to seek treatment unnecessarily or for the wrong reasons (e.g., abuse, neglect, exploitation). • Refers any safeguarding concerns appropriately.
03.4	Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date. (RPS-1.9) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Utilises available patient records and other documentation to build clinical understanding. • Recognises the relevant details and key features which will inform current investigation.
03.5	Requests and interprets relevant investigations necessary to inform treatment options. (RPS-1.10) (IP) (SP)	Shows How	<ul style="list-style-type: none"> • Works within the multi-disciplinary team and wider setting to obtain appropriate tests and investigations. • Interprets clinical results and seeks assistance with interpretation of results where outside of current scope of practice.
03.6	Makes, confirms or understands, and documents the working or final diagnosis by systematically considering the various possibilities (differential diagnosis). (RPS-1.11) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Applies a systematic approach to differential diagnosis, considering all possibilities until ruled out through clinical investigation. • Forms a logical tentative diagnosis following history and symptoms, and the results of clinical findings. • Documents findings in sufficient detail to enable appropriate follow up.
03.7	Recognises and understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment. (RPS-1.12) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Demonstrates knowledge and understanding of pathophysiology of the condition being treated. • Assesses the patient's progress at appropriate intervals, taking into account the nature and severity of the condition, recognising signs and symptoms indicative of pathology progression. • Describes signs of pathology using recognised clinical grading scales to monitor disease progression/treatment efficacy.

O3.8	Reviews adherence to, and effectiveness of, current medicines. (RPS-1.13) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Reviews patient within an appropriate interval. • Discusses with patient the effectiveness of, and adherence to, the current treatment plan. • Demonstrates the ability to use indirect methods to assess patient adherence to treatment plan.
O3.9	Assesses adherence in a non-judgemental way, understands the different reasons for non-adherence (intentional or non-intentional) and how best to support the patient/carer. (RPS-3.4) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> • Demonstrates an understanding of the key patient-specific potential barriers to, and influences on, medication adherence. • Demonstrates awareness of patients' background and characteristics • Reaffirms the treatment plan to the patient / carer, taking into account any concerns.
O3.10	Recognises when and where to refer appropriately or seek guidance from another member of the healthcare team, a specialist or appropriate information source when necessary. (RPS-1.14) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Recognises any limitations of their current scope of practice seeking advice from, and/or referring to, other prescribers when necessary. • Accesses and uses a range of resources to support prescribing practice as needed.
O3.11	Considers both non-pharmacological (including no treatment) and pharmacological approaches. (RPS-2.1) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Demonstrates detailed knowledge of a range of current non-pharmacological and pharmacological treatment options for common ocular conditions. • Discusses management plan with patient including benefits to be attained from treatment, or lack thereof, and any side effects, with reference to the evidence base. • Considers non-pharmacological options as first line of treatment. • Considers option of no treatment, where appropriate, and advises patient accordingly.
O3.12	Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing). (RPS-2.2) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Consider the impact and interactions of current medications being taken, and medical history, before formulating or amending a treatment plan. • Ensures dose and frequency of treatment is optimal for individual patient, clinical, pharmacological and social circumstances. • Recommends cessation of medication where indicated.
O3.13	Assesses and manages the benefits and risks to the patient of taking or not taking a medicine or treatment. (RPS-2.3) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Evaluates the risks and benefits, including those relating to patient adherence, and makes an appropriate recommendation in relation to treatment or non-treatment.
O3.14	Applies understanding of the mode of action, pharmacokinetics and pharmacodynamics of medicines, and how these may be altered by individual patient factors. (RPS-2.4) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Takes into account individual patient factors when deciding on treatment and dose, for example, age, pregnancy, genetic factors, renal function, polypharmacy and known previous allergies and adverse drug reactions. • Prescribes medicines with up-to-date knowledge and understanding of the mode of action, appropriate dosage, contra-indications, and potential adverse effects.
O3.15	Assesses how co-morbidities, existing medicines, allergies, contraindications and quality of life impact on management options. (RPS-2.5) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Shows awareness of, and responds to, patient's current general health and medications and potential for any interactions with the proposed management plan. • Takes into account patient allergies and/or comorbidities when choosing to prescribe. • Takes a proportionate approach to prescribing which balances the potential benefits against other factors such as risk of deterioration if untreated, life expectancy, quality of life etc.

O3.16	Considers any relevant patient factors and their potential impact on the choice and formulation of medicines, and the route of administration. (RPS-2.6) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Establishes patient's personal views, values and beliefs about medication and routes of administration and takes their preferences into account before formulating a management plan. Checks for previous patient experiences of medication including allergies, side effects, compliance or adherence and tolerance, and takes these factors into account.
O3.17	Encourages and supports the patient/carer to take responsibility for their medicines and self-manage their condition. (RPS-5.5) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Explains dose, frequency, duration and reasons why the medication has been prescribed, and the importance of following the treatment plan. Establishes patient ability to take medications autonomously or requiring support. Provides patient information in an appropriate format.
O3.18	Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences. (RPS-6.3) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Adapts management plan in response to patient concerns, and reported side effects and adherence.

Outcome 4. Prescribing practice

An optometrist with an AS, SP or IP qualification must be responsible for their role as a prescriber in achieving desired patient outcomes, prescribing safely, appropriately and in context. Working within their limits of competence and exercising professional judgement, they engage in evidence-informed clinical decision-making for all patients and can demonstrate self-direction in solving problems.

Outcome		Level	Indicator
O4.1	Understands and uses available tools to improve prescribing practice (such as supervision, workplace competency-based assessments, questionnaires, prescribing data analysis, audits, and actively seeking patient and peer feedback). (RPS-9.3) (IP) (SP) (AS)	Knows How	<ul style="list-style-type: none"> Reflects on prescribing experiences, utilising documentary evidence and stakeholder feedback to evaluate and improve decisions. Recognises the importance of governance systems in improving patient outcomes.
O4.2	Prescribes a medicine or device with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions and adverse effects. (RPS-4.1) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Uses the patient case history to ensure any contraindications are clearly identified, and the patient is advised accordingly. Refers to appropriate information sources to verify the details of prescribing decisions.
O4.3	Understands the potential for adverse effects and takes steps to recognise, minimise risk and manage them. (RPS-4.2) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Uses information from a patient's case history, as well as the evidence base, to manage the risk from potential adverse effects. Provides patients with information on potential adverse effects and what action to take if an adverse effect is suspected.
O4.4	Establishes and maintains a plan to monitor the effectiveness of treatment and potential unwanted effects. (RPS-6.2) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Develops a strategy for review and management of efficacy and suitability in response to predicted patient outcomes.

O4.5	Prescribes generic medicines where practical and safe for the patient, and knows when medicines should be prescribed by branded product. (IP) (SP) (AS) (RPS-4.4)	Does	<ul style="list-style-type: none"> Selects pharmaceutical equivalent or generic medicines using the evidence base, and in compliance with national and local systems and guidance.
O4.6	Accurately completes and routinely checks calculations relevant to prescribing and practical dosing. (RPS-4.5) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Ensures and checks that dosage, dosage form and route of administration is appropriate with reference to relevant information sources.
O4.7	Prescribes appropriate quantities and at appropriate intervals necessary, to reduce the risk of unnecessary waste. (RPS-4.6) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Limits the quantity prescribed to the amount required, and with reference to therapeutic shelf life.
O4.8	Stays up-to-date in own area of practice and applies the principles of evidence-based practice. (RPS 2.8) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Sources and interrogates a range of appropriate and robust research sources to develop their practice. Demonstrates the ability to critically reflect, identify gaps in knowledge and form and deliver a personal development plan to meet own needs.
O4.9	Accesses, critically evaluates, and uses reliable and validated sources of information. (RPS-2.7) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Appraises and synthesises research evidence to inform clinical management of patients. Able to effectively communicate pertinent research evidence to peers and patients to justify clinical decisions.
O4.10	Understands and uses relevant national, regional and local frameworks for medicines use. (RPS-4.3) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Demonstrates use of local formularies, care pathways and professional guidelines, as well as evidence-based guidance from relevant national, regional and local committees.
O4.11	Recognises when safe prescribing processes are not in place and acts to minimise risks. (RPS-7.4) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Identifies inadequate control mechanisms and outlines relevant reporting procedures and mitigation actions.
O4.12	Applies the General Medical Council's Remote prescribing high level principles (co-authored by a range of healthcare regulators including the GOC) to ensure patients have effective safeguards in place to protect them when they receive advice and treatment remotely. (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Demonstrates knowledge of 10 guiding principles.
O4.13	Agrees the appropriate level of support and supervision (including when working remotely) for their role as a prescriber. (RPS-10.3) (IP) (SP)	Does	<ul style="list-style-type: none"> Consults and implements current regulatory and professional body guidance on supervision Uses peer review to assess level of support is appropriate
O4.14	Provides support and advice to other prescribers or those involved in administration of medicines where appropriate. (RPS-10.4) (IP) (SP)	Does	<ul style="list-style-type: none"> Acts as a role model, educator, supervisor and mentor, seeking to share best practice, knowledge and skills with other members of the team, including those with differing scopes of practice or levels of experience.

O4.15	Uses up-to-date information about the availability, pack sizes, storage conditions, excipients and costs of prescribed medicines. (RPS-4.8) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> With reference to current guidance and manufacturers information, selects appropriate and available medicines (including dosage, dosage form and route of administration).
O4.16	Electronically generates and/or writes legible, unambiguous and complete prescriptions which meet legal requirements. (RPS-4.9) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Issues prescriptions containing clear and accurate information as required by current legislation and local guidelines.
O4.17	Effectively uses systems necessary to prescribe medicines. (RPS-4.10) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Navigates local and national process requirements effectively, utilising peer and professional body support to access prescribing pads or equivalent.
O4.18	Documents accurate, legible and contemporaneous clinical records. (RPS-4.13) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Produces records which are timely and accessible, and contain all relevant patient details and history, clinical findings, consent obtained, referrals made, medicines prescribed, and advice given.
O4.19	Effectively and securely communicates information to other healthcare professionals involved in the patient's care when sharing or transferring care and prescribing responsibilities, within and across all care settings. (RPS-4.14) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Demonstrates a systematic understanding of the principles of data protection and freedom of information legislation in relation to the use and disclosure of health data. Understands mechanisms and communication protocols to achieve compliance with legal expectations.
O4.20	Understands antimicrobial resistance and the roles of infection prevention and control. Applies antimicrobial stewardship measures e.g. considers alternative options and only prescribes antimicrobials when clinically appropriate. (RPS-2.10) (IP) (SP) (AS)	Knows How	<ul style="list-style-type: none"> Adheres to and champions infection control policies and procedures. Pays attention to the evidence base when determining whether antimicrobial therapeutics are necessary. Enforces the importance of compliance with dosing regimens, and can articulate the underpinning rationale.

Outcome 5. Ethics and standards

An optometrist with an AS, SP or IP qualification must uphold high professional standards and ethical responsibilities, and apply legislation and relevant policies and guidance that impact on their prescribing practice.

	Outcome	Level	Indicator
O5.1	Accepts personal responsibility and accountability for prescribing and clinical decisions, and understands the legal and ethical implications. (RPS-8.2) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Internalises professional standards/guidelines and legal/regulatory frameworks. Engages in reflective practice and continuous professional development in relation to decision-making.
O5.2	Understands and works within legal and regulatory frameworks affecting own	Knows How	<ul style="list-style-type: none"> Demonstrates knowledge of relevant laws, regulations, and guidelines. Adheres to legal and regulatory guidelines in prescribing practices.

	prescribing practice (e.g. prescribing controlled drugs, unlicensed and off label medicines, supplementary prescribing, and prescribing for self, close family and friends). (RPS-8.3) (IP) (SP) (AS)		<ul style="list-style-type: none"> • Demonstrates responsiveness to audits relating to prescribing practices and takes prompt action to address issues identified to ensure continuous compliance with legal and regulatory requirements.
O5.3	Prescribes unlicensed and off-label medicines where legally permitted, and in the patient's best interest, and unlicensed medicines only if satisfied that an alternative licensed medicine would not meet the patient's clinical needs. (RPS-4.11) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> • Ability to assess the patient's clinical needs and determine if no alternatives to prescribing an unlicensed or off-label medicine are available. • Documents the rationale and justification for prescribing unlicensed or off-label medicines, including consideration of alternative licensed medicines that may not meet the patient's clinical needs. • Stays up-to-date with changes in regulations and evidence base related to the use of unlicensed and off-label medicines.
O5.4	Follows appropriate safeguards if prescribing medicines are unlicensed, 'off-label', or outside standard practice. (RPS-4.12) (IP) (SP) (AS).	Shows How	<ul style="list-style-type: none"> • In addition to the usual risk management protocols, takes particular care to ensure the rationale for the use of unlicensed or off-label medicines, the patient's best interest and likelihood of positive or negative outcomes are fully understood. • Takes action to close any evidence gaps.
O5.5	Works within the NHS, organisational, regulatory and other codes of conduct when interacting with the pharmaceutical industry. (RPS-8.6) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> • Understands and complies with the working boundaries set by NHS, organisational, regulatory codes of conduct with regards to the prescribing and supply of medicines. • Maintains professional boundaries during interactions with the pharmaceutical industry i.e. prioritises the best interests of patients.
O5.6	Knows how medicines are licensed, supplied and monitored. (IP) (SP) (AS)	Knows	<ul style="list-style-type: none"> • Demonstrates an understanding of medicines development, approval and control. • Knows the principles of pharmacovigilance. • Identifies different drug classifications and schedules and demonstrates knowledge of medication supply and storage.
O5.7	Considers the wider perspective including the public health issues related to medicines and their use, and promoting health. (RPS-2.9) (IP) (SP) (AS)	Knows	<ul style="list-style-type: none"> • Demonstrates a comprehensive understanding of the public health issues related to medicines and their use, including the impact of medication on population health outcomes. • Fosters interprofessional collaboration to enhance health promotion and patient care.

Outcome 6. Manages risk

An optometrist with an AS, SP or IP qualification must be able to identify when people might be at risk and be candid when things have gone wrong. They should recognise when safe systems are not in place to support prescribing and act appropriately to ensure a safe environment for patients and the public.

Outcome		Level	Indicator
O6.1	Acts upon inappropriate or unsafe prescribing practice using appropriate processes. (RPS-9.2) (IP) (SP) (AS)	Knows How	<ul style="list-style-type: none"> Proactively intervenes and/or reports inappropriate or unsafe prescribing, or prescribing systems, making effective use of available processes.
O6.2	Recognises and manages potential misuse of medicines using appropriate processes. (RPS-4.7) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Actively participates in establishing and maintaining alerting and control systems for medicines. Identifies signs of potential medication misuse of abuse. Provides patient education on safe use of medication.
O6.3	Knows about common types and causes of medication and prescribing errors, and how to minimise their risk. (RPS-7.2) (IP) (SP) (AS)	Knows How	<ul style="list-style-type: none"> Regularly reviews and updates knowledge of methods of risk management and quality improvement. Can deploy effective mechanisms for checking accuracy of prescriptions and choice of medication, focusing on eliminating common causes of mistakes.
O6.4	Recognises and reports suspected adverse reactions to medicines and medical devices using appropriate reporting systems. (RPS-6.4) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Recognises the clinical manifestations of adverse drug reactions (ADRs) and adverse events (AEs) and deploys the relevant reporting mechanism promptly and accurately. Reflects on experiences to inform future decision-making.
O6.5	Reports near misses, critical incidents, medication and prescribing errors using appropriate reporting systems, and regularly reviews practice to prevent recurrence. (RPS-7.6) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Demonstrates awareness of reporting systems and documents incidents promptly and accurately. Reflects on reported incidents and errors to reduce risk, enhance safe prescribing practices and professional learning.
O6.6	Recognises and manages factors that might unduly influence prescribing (e.g. interactions with pharmaceutical industry, media, patient, colleagues, cognitive bias, prescribing incentives and targets). (RPS-8.5) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Evaluates information provided by pharmaceutical representatives or the media, using evidence-based guidelines and unbiased or diverse sources to support prescribing decisions. Involves patients in informed shared decision-making. Proactively fosters debate amongst colleagues and relevant stakeholders. Recognises the ethical importance of handling gifts appropriately.

Outcome 7. Learning and development

An optometrist with an AS, SP or IP qualification must maintain their clinical knowledge and skills appropriate to their scope of practice, make use of networks for support, reflection and learning, and be able to work within their area of expertise and competence to achieve desired patient outcomes.

Outcome		Level	Indicator
O7.1	Takes responsibility for own learning and continuing professional development (CPD)	Does	<ul style="list-style-type: none"> Identifies knowledge gaps in their prescribing practice and takes proactive steps by planning to fill those gaps through targeted learning and training.

	relevant to the prescribing role by continuously reviewing, reflecting, identifying gaps, planning, acting, applying and evidencing learning or competencies. (RPS-9.4) (IP) (SP) (AS)		<ul style="list-style-type: none"> Applies the knowledge and skills gained through CPD activities to their prescribing practice, ensuring that their learning translates into improved patient outcomes.
07.2	Encourages and supports the learning and development of others with their prescribing practice and continuing professional development. (RPS-9.6) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Facilitates or participates in peer support groups focused on prescribing practices, allowing individuals to discuss challenges, share knowledge, and learn from each other. Can mentor colleagues or students in prescribing practices, providing guidance and support to help them enhance their skills.
07.3	Ensures confidence and competence to prescribe are maintained. (RPS-8.1) (IP) (SP) (AS)	Shows How	<ul style="list-style-type: none"> Is able to deploy a range of strategies to maintain and update knowledge and skills related to prescribing practice. Engages in regular self-assessment of their prescribing abilities, identifying areas of strength and areas that may require further improvement.
07.4	Improves by reflecting on own and others' prescribing practice, and acting upon feedback and discussion. (RPS-9.1) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Assesses patient outcomes and stakeholder feedback related to their prescribing decisions, adjusting their approach if necessary to optimise patient care. Engages in regular self-reflection, analysing own prescribing decisions, identifying areas for improvement, and acknowledging any biases that may influence their practice. Embraces quality improvement methodologies to assess prescribing practices, identify areas for enhancement, and implement changes accordingly.
07.5	Prescribes within own competence and scope of practice, and recognises the limits of own knowledge and skill. (RPS-7.1) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Is aware of own limitations and refrains from engaging in practices or procedures that fall outside their scope of practice or competence. Seeks advice and guidance from colleagues or specialists with expertise in the specific area when operating at the limit of their current scope of practice.
07.6	Keeps up-to-date with emerging safety concerns related to prescribing. (RPS-7.5) (IP) (SP) (AS)	Does	<ul style="list-style-type: none"> Demonstrates continuous vigilance and an ongoing commitment to monitoring the latest developments in the medical and pharmaceutical fields. Monitors safety alerts and drug recalls issued by regulatory agencies. Embraces and incorporates relevant technological tools and resources, such as decision support systems and electronic health records, to stay updated on emerging safety concerns and ensure safer prescribing.

Assessment

Assessment is used to measure the achievement of learning outcomes and to drive and guide further learning. Assessments will need to be selected with due regard for the outcome to be assessed, the levels (both Miller's Pyramid and relevant Higher Education framework) at which that outcome must be met. Consideration should also be given to ensuring validity, reliability and fairness and accordingly marking rubrics, methods of standard setting (such as Angoff or Ebel), moderation and standardisation must also be considered as well as staff and student workload. A wide variety of resources exist in the literature to support and underpin individual assessment design as well as overall assessment strategies, and these are therefore not addressed here. The following materials are intended to summarise common methods of assessment and map these against possible GOC outcomes they might be deployed upon. The mapping table shows ways in which outcomes might be assessed, but it should be recognised that these are not the only ways to measure each outcome. Equally, outcomes may be assessed by only one method, or subjected to multiple methods, as determined by the provider's overall assessment strategy.

Typology of assessment methods

Written assessment

Research proposal/Audit proposal

Written work to describe a potential project activity, typically referencing current state of the art and relevant literature sources. May include resource considerations as well as Key Performance indicators (KPIs) and outputs.

Dissertation/Project thesis/Meta-analysis/Literature review

An extended piece of writing (typically 5000-15000 words) presenting and evaluating a project or evaluation of the literature or published data. May include introduction, methods, results, data analysis and discussion and take the form of a thesis or research article. Alternative forms may more strongly resemble a literature review. At level 6 this may provide relatively incremental insights into a research question, or summarise current thinking. At level 7/11 this should demonstrate a critical awareness of current knowledge, and the ability to tackle complex issues with some elements of originality.

Workbooks

A proforma template that is completed by the student. May often be used to scaffold or exemplify higher level activities such as reflective writing or practical reports.

Practical report

A structured report of an investigative or practical activity, typically structured in the Introduction, Methods Results And Discussion (IMRAD) format, or a subset of sections from IMRAD focussed on specific skills that were developed during the activity.

Problem solving task

A written response to a specified challenge or problem that proposes and justifies one or more solutions – demonstrating analytical, evaluation and applications of knowledge. May include research and information management elements as well as written communications skills. Lower-level problem solving tasks frequently including scaffolding questions or templates to guide student approaches to solutions.

Essays

An extended piece of writing (typically 2000-4000 words) addressing a specified question. May often take the form of thesis, antithesis, synthesis.

Case record review/Case report

A commentary summarising and evaluating the overarching learning that can be drawn from the review of multiple patient/case records.

Reflective writing

A focussed piece of writing that considers one or more experiences with a view to evaluating positive and negative features objectively, ideally in the context of current good practice and professional information sources or references. Outputs are intended to provoke improved performance over time and may include action planning and developmental activities.

Journaling/Logbook

An approach that diarises experiences, typically in a tabular or database format, often accompanied by narrative that summarises key features or learning points.

Performance/Practical

Oral / Poster presentation

A live or recorded spoken presentation accompanied by relevant media to convey information on a specified topic, and sometimes for a specified type of audience which may differ from the assessor. Typically requires research activities as well as visual and oral presentation skills. Live formats typically include question and answer elements.

Case discussion (unseen)

Students are asked to discuss the meaning and interpretation of history and diagnostic information from one or more patients, with whom they are not familiar, typically selected from a bank by the assessor. Often used to ensure that students correctly identify and respond appropriately to less common conditions that might otherwise be difficult to simulate or document.

Student selected case discussion

Students are asked to present and discuss one or more cases that they have experienced and documented, that meets specified conditions. Typically used to ensure that appropriate breadth of experience is assessed.

Patient history taking

Students are required to work with real or simulated patients to take and document their history. Commonly part of other “performance” based assessments.

Simulated patient assessments

Students are required to undertake common procedures using peers or actors as subjects. This may include “scripted” elements to mimic real life challenges and conditions.

Direct observation in practice

Students are observed working in a practice setting. Actors may be used instead of patients, to enhance consistency and standardisation. Has the advantage of realism, but can be challenging to standardise effectively.

Time limited assessment

It should be noted that purpose and utility of timed assessments may be varied by time, elements of choice, mechanism (handwritten or computer based), location (remote or in a hall), oversight (invigilated/proctored or unsupervised), unpredictability (unseen, take home, predetermined) and materials permitted to be used (limited or fully open book, limited or unrestricted use of online materials, provided materials, memory only). It is important to select and communicate the conditions under which time assessments will take place.

Multiple Choice Examination Questions (MCQs)

The candidate is required to select the correct answer from amongst a list of distractors. A variety of formats exist (single best answer, extended matching etc.) each with their own advantages. It is often considered difficult to write effective and rigorous questions and distractor answers, especially for higher level assessments, and particularly when deployed with open books or without invigilation or proctoring. Effective where strong problem solving or recall skills are required and can be subject to post hoc standard setting processes to remove poor performing questions.

Short answer questions

Often used to test comprehension or decision-making skills, especially when combined with a requirement to justify the answer.

Long answers/essays

Extended writing under exam conditions (typically 500-1000 words). Use depends on the conditions of the examination – and may range from testing memorisation of factual material (unseen, invigilated) to problem solving and evaluation (open book, and “take home”).

Scenario-led comprehension/ evaluation questions

The student is presented with a scenario, data, case reports or even a published article. Multimedia formats including videos may also be adopted. One or more questions are used to test any or all of understanding, data analysis, evaluation, problem solving, situational judgment and decision making.

Assessment Methods Mapping

Outcome		Level	Written assessment								Performance/Practical						Time limited assessment				
			Research proposal/Audit proposal	Dissertation/Project thesis/Meta-analysis/Literature review	Workbooks	Practical report	Problem solving task	Essays	Case record review/Case report	Reflective writing	Journaling/Logbook	Oral/ Poster presentation	Case discussion (unseen)	Student selected case discussion	Patient history taking	Simulated patient assessments	Direct observation in practice	OSCE	MCOs	Short answer questions	Long answers/essays
O1.1	Works collaboratively as part of wider MDT to ensure that the transfer and continuity of care (within and across all care settings) is developed and not compromised. (RPS-10.1) (IP) (SP) (AS)	Does				X	X		X		X								X		X
O1.2	Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to the patient's care. (RPS-10.2) (IP) (SP) (AS)	Does				X			X		X					X					
O1.3	Undertakes the consultation in an appropriate setting, taking account of confidentiality, consent, dignity and respect in line with regulatory practice, legislation and contractual requirements. (RPS-1.1/1.2) (IP) (SP) (AS)	Does							X					X	X	X					
O1.4	Assesses the communication needs of the patient/carer and adapts consultation appropriately (e.g. for language, age, capacity, physical or sensory impairments). (RPS-1.4) (IP) (SP) (AS)	Does							X					X	X	X					X
O1.5	Introduces self and prescribing role to the patient/carer and confirms patient/carer identity. (RPS-1.3) (IP) (SP) (AS)	Does								X				X	X	X					

Outcome	Level	Written assessment									Performance/Practical						Time limited assessment				
		Research proposal/Audit proposal	Dissertation/Project thesis/Meta-analysis/Literature review	Workbooks	Practical report	Problem solving task	Essays	Case record review/Case report	Reflective writing	Journaling/Logbook	Oral/ Poster presentation	Case discussion (unseen)	Student selected case discussion	Patient history taking	Simulated patient assessments	Direct observation in practice	OSCE	MCQs	Short answer questions	Long answers/essays	Scenario-led comprehension/evaluation questions
O2.1	Demonstrates good consultation skills and builds rapport with the patient/carer. (RPS-1.5) (IP) (SP) (AS)	Does							X					X	X	X					
O2.2	Actively involves and works with the patient/carer in partnership to make informed choices, agreeing a plan that respects the patient's/ carer's preferences including their right to refuse or limit treatment. (RPS-3.1) (IP) (SP) (AS)	Does						X	X					X	X	X					
O2.3	Explores the patient's/carer's understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber. (RPS-3.6) (IP) (SP) (AS)	Does						X	X					X	X	X				X	
O2.4	Considers and respects patient diversity, background, personal values and beliefs about their health, treatment and medicines, supporting the values of equality and inclusivity, and developing cultural competence. (RPS-3.2) (IP) (SP) (AS)	Shows How						X	X	X		X	X	X	X	X					
O2.5	Makes prescribing decisions based on the needs of patients and not the prescriber's personal preferences. (RPS-8.4) (IP) (SP) (AS)	Shows How					X	X				X	X	X	X					X	
O2.6	Identifies and minimises potential risks associated with prescribing via remote methods. (RPS-7.3) (IP) (SP) (AS)	Shows How						X	X			X	X					X		X	
O2.7	Explains the material risks and benefits, and rationale behind management options in a way the patient/carer understands, so that they can make an informed choice. (RPS-3.3) (IP) (SP) (AS)	Does												X	X	X					

Outcome		Level	Written assessment									Performance/Practical					Time limited assessment				
			Research proposal/Audit proposal	Dissertation/Project thesis/ Meta-analysis/Literature	Workbooks	Practical report	Problem solving task	Essays	Case record review/Case report	Reflective writing	Journaling/Logbook	Oral/ Poster presentation	Case discussion (unseen)	Student selected case discussion	Patient history taking	Simulated patient assessments	Direct observation in practice	OSCE	MCQs	Short answer questions	Long answers/essays
O2.8	Builds a relationship with the patient, which encourages appropriate prescribing and not the expectation that a prescription will always be supplied. (RPS-3.5) (IP) (SP) (AS)	Shows How												X	X	X	X				
O2.9	Assesses health literacy of the patient/carer and adapts appropriately to provide clear, understandable and accessible information. (RPS-5.1) (IP) (SP) (AS)	Does													X	X	X	X			X
O2.10	Guides the patient/carer on how to identify reliable sources of information about their condition, medicines and treatment. (RPS-5.3) (IP) (SP) (AS)	Shows How						X	X			X			X	X	X				
O2.11	Checks the patient's/carer's understanding of the discussions had, actions needed and their commitment to the management plan. (RPS-5.2) (IP) (SP) (AS)	Does						X	X			X			X	X	X				X
O2.12	Ensures the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific timeframe. (RPS-5.4) (IP) (SP) (AS)	Does						X	X			X			X	X	X				X

Outcome		Level	Written assessment									Performance/Practical						Time limited assessment				
			Research proposal/Audit proposal	Dissertation/Project thesis/Meta-analysis/Literature review	Workbooks	Practical report	Problem solving task	Essays	Case record review/Case report	Reflective writing	Journaling/Logbook	Oral/ Poster presentation	Case discussion (unseen)	Student selected case discussion	Patient history taking	Simulated patient assessments	Direct observation in practice	OSCE	MCQs	Short answer questions	Long answers/essays	Scenario-led comprehension/evaluation questions
O3.1	Demonstrates appropriate consultation techniques and takes and documents an appropriate medical, psychosocial and medication history including allergies and intolerances. (RPS-1.6) (IP) (SP) (AS)	Does												X	X	X						
O3.2	Undertakes and documents an appropriate clinical assessment. (RPS-1.7) (IP) (SP) (AS)	Does				X		X						X	X	X						
O3.3	Identifies and addresses potential vulnerabilities that may be causing the patient/carer to seek treatment. (RPS-1.8) (IP) (SP) (AS)	Does						X						X	X						X	
O3.4	Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date. (RPS-1.9) (IP) (SP) (AS)	Does						X		X				X	X							
O3.5	Requests and interprets relevant investigations necessary to inform treatment options. (RPS-1.10) (IP) (SP)	Shows How								X		X			X							
O3.6	Makes, confirms or understands, and documents the working or final diagnosis by systematically considering the various possibilities (differential diagnosis). (RPS-1.11) (IP) (SP) (AS)	Does						X	X			X		X	X	X					X	
O3.7	Recognises and understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment. (RPS-1.12) (IP) (SP) (AS)	Does						X	X			X		X	X						X	

Outcome		Level	Written assessment									Performance/Practical						Time limited assessment				
			Research proposal/Audit proposal	Dissertation/Project thesis/Meta-analysis/Literature review	Workbooks	Practical report	Problem solving task	Essays	Case record review/Case report	Reflective writing	Journaling/Logbook	Oral/ Poster presentation	Case discussion (unseen)	Student selected case discussion	Patient history taking	Simulated patient assessments	Direct observation in practice	OSCE	MCQs	Short answer questions	Long answers/essays	Scenario-led comprehension/evaluation questions
03.8	Reviews adherence to, and effectiveness of, current medicines. (RPS-1.13) (IP) (SP) (AS)	Does						X	X			X			X	X					X	
03.9	Assesses adherence in a non-judgemental way, understands the different reasons for non-adherence (intentional or non-intentional) and how best to support the patient/carer. (RPS-3.4) (IP) (SP) (AS)	Shows How							X						X	X	X					
03.10	Recognises when and where to refer appropriately or seek guidance from another member of the healthcare team, a specialist or appropriate information source when necessary. (RPS-1.14) (IP) (SP) (AS)	Does						X					X		X	X	X				X	
03.11	Considers both non-pharmacological (including no treatment) and pharmacological approaches. (RPS-2.1) (IP) (SP) (AS)	Does						X	X			X	X								X	
03.12	Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing). (RPS-2.2) (IP) (SP) (AS)	Does						X							X	X	X				X	
03.13	Assesses and manages the benefits and risks to the patient of taking or not taking a medicine or treatment. (RPS-2.3) (IP) (SP) (AS)	Does						X				X	X								X	
03.14	Applies understanding of the mode of action, pharmacokinetics and pharmacodynamics of medicines, and how these may be altered by individual patient factors. (RPS-2.4) (IP) (SP) (AS)	Does					X						X	X					X		X	
03.15	Assesses how co-morbidities, existing medicines, allergies, contraindications and quality of life impact on management options. (RPS-2.5) (IP) (SP) (AS)	Does						X							X				X		X	

Outcome		Level	Written assessment								Performance/Practical					Time limited assessment					
			Research proposal/Audit proposal	Dissertation/Project thesis/Meta-analysis/Literature review	Workbooks	Practical report	Problem solving task	Essays	Case record review/Case report	Reflective writing	Journaling/Logbook	Oral/ Poster presentation	Case discussion (unseen)	Student selected case discussion	Patient history taking	Simulated patient assessments	Direct observation in practice	OSCE	MCQs	Short answer questions	Long answers/essays
O3.16	Considers any relevant patient factors and their potential impact on the choice and formulation of medicines, and the route of administration. (RPS-2.6) (IP) (SP) (AS)	Does						X				X	X								X
O3.17	Encourages and supports the patient/carer to take responsibility for their medicines and self-manage their condition. (RPS-5.5) (IP) (SP) (AS)	Does						X	X					X	X						
O3.18	Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences. (RPS-6.3) (IP) (SP) (AS)	Does						X	X			X		X	X	X					

Outcome		Level	Written assessment								Performance/Practical						Time limited assessment				
			Research proposal/Audit proposal	Dissertation/Project thesis/Meta-analysis/Literature review	Workbooks	Practical report	Problem solving task	Essays	Case record review/Case report	Reflective writing	Journaling/Logbook	Oral/ Poster presentation	Case discussion (unseen)	Student selected case discussion	Patient history taking	Simulated patient assessments	Direct observation in practice	OSCE	MCQs	Short answer questions	Long answers/essays
O4.1	Understands and uses available tools to improve prescribing practice (such as supervision, workplace competency-based assessments, questionnaires, prescribing data analysis, audits, and actively seeking patient and peer feedback). (RPS-9.3) (IP) (SP) (AS)	Knows How						X		X									X		X
O4.2	Prescribes a medicine or device with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions and adverse effects. (RPS-4.1) (IP) (SP) (AS)	Does							X	X				X		X					X
O4.3	Understands the potential for adverse effects and takes steps to recognise, minimise risk and manage them. (RPS-4.2) (IP) (SP) (AS)	Shows How												X	X				X		X
O4.4	Establishes and maintains a plan to monitor the effectiveness of treatment and potential unwanted effects. (RPS-6.2) (IP) (SP) (AS)	Does							X	X				X	X	X	X		X		X
O4.5	Prescribes generic medicines where practical and safe for the patient, and knows when medicines should be prescribed by branded product. (IP) (SP) (AS) (RPS-4.4)	Does							X		X			X	X		X				X
O4.6	Accurately completes and routinely checks calculations relevant to prescribing and practical dosing. (RPS-4.5) (IP) (SP) (AS)	Does							X		X			X	X	X	X				X
O4.7	Prescribes appropriate quantities and at appropriate intervals necessary, to reduce the risk of unnecessary waste. (RPS-4.6) (IP) (SP) (AS)	Does								X	X			X							X
O4.8	Stays up-to-date in own area of practice and applies the principles of evidence-based practice. (RPS 2.8) (IP) (SP) (AS)	Shows How						X											X	X	

Outcome	Level	Written assessment									Performance/Practical						Time limited assessment				
		Research proposal/Audit proposal	Dissertation/Project thesis/Meta-analysis/Literature review	Workbooks	Practical report	Problem solving task	Essays	Case record review/Case report	Reflective writing	Journaling/Logbook	Oral/ Poster presentation	Case discussion (unseen)	Student selected case discussion	Patient history taking	Simulated patient assessments	Direct observation in practice	OSCE	MCQs	Short answer questions	Long answers/essays	Scenario-led comprehension/evaluation questions
04.9	Accesses, critically evaluates, and uses reliable and validated sources of information. (RPS-2.7) (IP) (SP) (AS)	Does					X	X				X						X	X	X	
04.10	Understands and uses relevant national, regional and local frameworks for medicines use. (RPS-4.3) (IP) (SP) (AS)	Shows How					X		X		X						X	X	X		
04.11	Recognises when safe prescribing processes are not in place and acts to minimise risks. (RPS-7.4) (IP) (SP) (AS)	Shows How										X	X		X					X	
04.12	Applies the General Medical Council's 'Remote prescribing high level principles' (co-authored by a range of healthcare regulators including the GOC) to ensure patients have effective safeguards in place to protect them when they receive advice and treatment remotely. (IP) (SP) (AS)	Shows How						X				X						X		X	
04.13	Agrees the appropriate level of support and supervision (including when working remotely) for their role as a prescriber. (RPS-10.3) (IP) (SP)	Does							X	X					X					X	
04.14	Provides support and advice to other prescribers or those involved in administration of medicines where appropriate. (RPS-10.4) (IP) (SP)	Does							X	X					X					X	
04.15	Uses up-to-date information about the availability, pack sizes, storage conditions, excipients and costs of prescribed medicines. (RPS-4.8) (IP) (SP) (AS)	Does					X	X				X		X		X			X	X	
04.16	Electronically generates and/or writes legible, unambiguous and complete prescriptions which meet legal requirements. (RPS-4.9) (IP) (SP) (AS)	Does						X						X	X	X					

Outcome		Level	Written assessment									Performance/Practical						Time limited assessment				
			Research proposal/Audit proposal	Dissertation/Project thesis/Meta-analysis/Literature review	Workbooks	Practical report	Problem solving task	Essays	Case record review/Case report	Reflective writing	Journaling/Logbook	Oral/ Poster presentation	Case discussion (unseen)	Student selected case discussion	Patient history taking	Simulated patient assessments	Direct observation in practice	OSCE	MCQs	Short answer questions	Long answers/essays	Scenario-led comprehension/evaluation questions
04.17	Effectively uses systems necessary to prescribe medicines. (RPS-4.10) (IP) (SP) (AS)	Does							X				X	X							X	
04.18	Documents accurate, legible and contemporaneous clinical records. (RPS-4.13) (IP) (SP) (AS)	Does							X						X	X	X					
04.19	Effectively and securely communicates information to other healthcare professionals involved in the patient's care when sharing or transferring care and prescribing responsibilities, within and across all care settings. (RPS-4.14) (IP) (SP) (AS)	Shows How							X					X		X					X	
04.20	Understands antimicrobial resistance and the roles of infection prevention and control. Applies antimicrobial stewardship measures e.g. considers alternative options and only prescribes antimicrobials when clinically appropriate. (RPS-2.10) (IP) (SP) (AS)	Knows How						X										X	X		X	

Outcome		Level	Written assessment									Performance/Practical						Time limited assessment				
			Research proposal/Audit proposal	Dissertation/Project thesis/Meta-analysis/Literature review	Workbooks	Practical report	Problem solving task	Essays	Case record review/Case report	Reflective writing	Journaling/Logbook	Oral/ Poster presentation	Case discussion (unseen)	Student selected case discussion	Patient history taking	Simulated patient assessments	Direct observation in practice	OSCE	MCQs	Short answer questions	Long answers/essays	Scenario-led comprehension/evaluation questions
05.1	Accepts personal responsibility and accountability for prescribing and clinical decisions, and understands the legal and ethical implications. (RPS-8.2) (IP) (SP) (AS)	Does						X				X			X	X						
05.2	Understands and works within legal and regulatory frameworks affecting own prescribing practice (e.g. prescribing controlled drugs, unlicensed and off label medicines, supplementary prescribing, and prescribing for self, close family and friends). (RPS-8.3) (IP) (SP) (AS)	Knows How								X							X	X			X	
05.3	Prescribes unlicensed and off-label medicines where legally permitted, and in the patient's best interest, and unlicensed medicines only if satisfied that an alternative licensed medicine would not meet the patient's clinical needs. (RPS-4.11) (IP) (SP) (AS)	Shows How						X	X			X	X									
05.4	Follows appropriate safeguards if prescribing medicines are unlicensed, 'off-label', or outside standard practice. (RPS-4.12) (IP) (SP) (AS).	Shows How						X		X			X		X	X						
05.5	Works within the NHS, organisational, regulatory and other codes of conduct when interacting with the pharmaceutical industry. (RPS-8.6) (IP) (SP) (AS)	Does								X		X	X		X	X						
05.6	Knows how medicines are licensed, supplied and monitored. (IP) (SP) (AS)	Knows				X					X						X	X				
05.7	Considers the wider perspective including the public health issues related to medicines and their use, and promoting health. (RPS-2.9) (IP) (SP) (AS)	Knows								X	X							X	X			

Outcome		Level	Written assessment									Performance/Practical					Time limited assessment				
			Research proposal/Audit proposal	Dissertation/Project thesis/Meta-analysis/Literature review	Workbooks	Practical report	Problem solving task	Essays	Case record review/Case report	Reflective writing	Journaling/Logbook	Oral/ Poster presentation	Case discussion (unseen)	Student selected case discussion	Patient history taking	Simulated patient assessments	Direct observation in practice	OSCE	MCQs	Short answer questions	Long answers/essays
O6.1	Acts upon inappropriate or unsafe prescribing practice using appropriate processes. (RPS-9.2) (IP) (SP) (AS)	Knows How								X		X						X	X	X	
O6.2	Recognises and manages potential misuse of medicines using appropriate processes. (RPS-4.7) (IP) (SP) (AS)	Shows How									X			X			X			X	
O6.3	Knows about common types and causes of medication and prescribing errors, and how to minimise their risk. (RPS-7.2) (IP) (SP) (AS)	Knows How													X		X				X
O6.4	Recognises and reports suspected adverse reactions to medicines and medical devices using appropriate reporting systems. (RPS-6.4) (IP) (SP) (AS)	Does							X						X	X			X	X	
O6.5	Reports near misses, critical incidents, medication and prescribing errors using appropriate reporting systems, and regularly reviews practice to prevent recurrence. (RPS-7.6) (IP) (SP) (AS)	Shows How			X				X	X			X							X	X
O6.6	Recognises and manages factors that might unduly influence prescribing (e.g. interactions with pharmaceutical industry, media, patient, colleagues, cognitive bias, prescribing incentives and targets). (RPS-8.5) (IP) (SP) (AS)	Shows How											X			X		X			X

Outcome		Level	Written assessment									Performance/Practical					Time limited assessment				
			Research proposal/Audit proposal	Dissertation/Project thesis/Meta-analysis/Literature review	Workbooks	Practical report	Problem solving task	Essays	Case record review/Case report	Reflective writing	Journaling/Logbook	Oral/ Poster presentation	Case discussion (unseen)	Student selected case discussion	Patient history taking	Simulated patient assessments	Direct observation in practice	OSCE	MCQs	Short answer questions	Long answers/essays
07.1	Takes responsibility for own learning and continuing professional development (CPD) relevant to the prescribing role by continuously reviewing, reflecting, identifying gaps, planning, acting, applying and evidencing learning or competencies. (RPS-9.4) (IP) (SP) (AS)	Does						X								X	X				
07.2	Encourages and supports the learning and development of others with their prescribing practice and continuing professional development. (RPS-9.6) (IP) (SP) (AS)	Shows How							X		X					X					
07.3	Ensures confidence and competence to prescribe are maintained. (RPS-8.1) (IP) (SP) (AS)	Shows How					X		X	X			X								X
07.4	Improves by reflecting on own and others' prescribing practice, and acting upon feedback and discussion. (RPS-9.1) (IP) (SP) (AS)	Does							X	X			X				X				
07.5	Prescribes within own competence and scope of practice, and recognises the limits of own knowledge and skill. (RPS-7.1) (IP) (SP) (AS)	Does								X		X	X			X	X				X
07.6	Keeps up-to-date with emerging safety concerns related to prescribing. (RPS-7.5) (IP) (SP) (AS)	Does													X		X				X

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