

Consultation 2 Synthesis

Proposed Registered Nurse Prescribing Accreditation Standards (RNPAS)

Endorsed By Director, Accreditation Services **Date:** 31 October 2023
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ANMAC presented a paper for consultation on the review of the Registered Nurse Prescribing Accreditation Standards (RNPAS). A special working group were invited to provide responses via an online survey.

This working group consisted of members from:

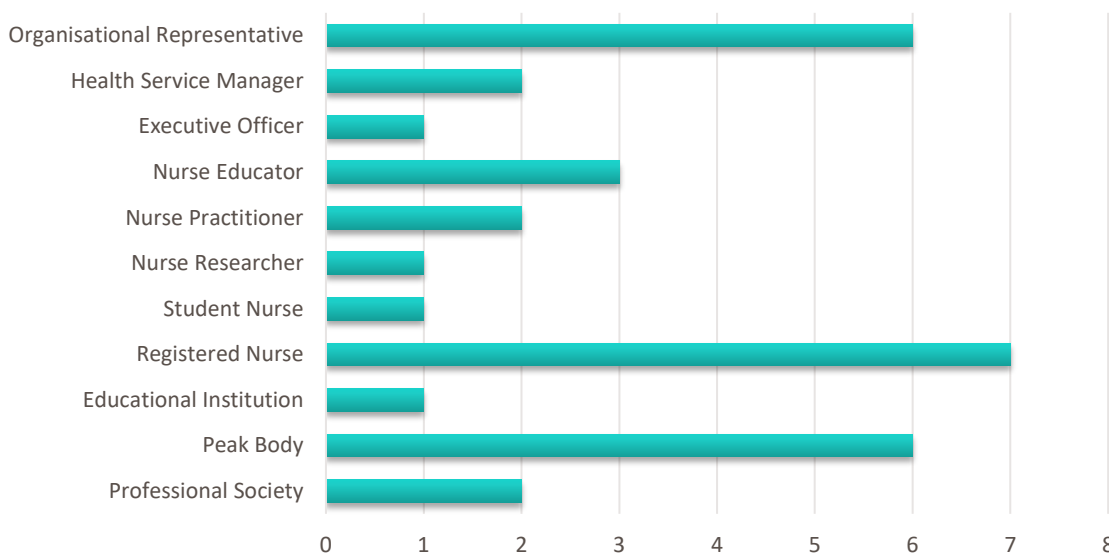
- Nursing and Midwifery Office South Australia
- Nursing and Midwifery Office New South Wales
- Nursing and Midwifery Office QLD
- Chief Nursing and Midwifery Office WA Department of Health
- ACT Health Directorate
- Office of the Chief Nurse and Midwife TAS
- Australian College of Nurse Practitioners
- The University of Sydney
- Edith Cowan University
- Australian Government Department of Health and Aged Care
- Australian College of Nursing
- Council of Deans of Nursing and Midwifery (Australia and New Zealand)
- Australian Nursing and Midwifery Federation
- NMBA
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Australian Nurse Practitioners Academics Collaborative (ANPAC)
- NT Department of Health
- Safer Care Victoria
- University of Melbourne

There were 32 responses received from the online survey. Of these, 20 provided permission and will be published on the website. Responses and additional comments from all submissions, including those not available for publication are included in this synthesis. Feedback from the responses will inform the final draft of the accreditation standards.

Demographic Data

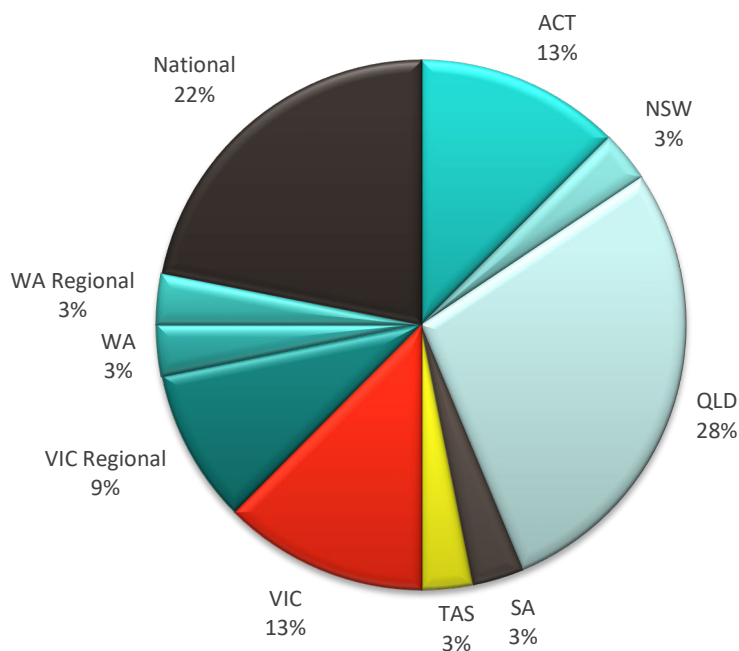
Of the 32 respondents a majority (21%) identified as Registered nurses with (19%) Organisational representatives and Peak bodies as shown in Figure 1.

Figure 1: Role classification of Survey respondents



Respondents also provided data on their primary work location. Figure 2 demonstrates majority of respondents were in Queensland (29%) or were a national body (22%).

Figure 2: Primary work location of survey respondents



Executive summary of responses 1-3

Q1: Governance requirements: 87% of the respondents agreed that Criterion 2.2 and 2.3 currently provide an opportunity for an interdisciplinary approach to the governance with the proposed program. They found the criterion to be appropriate and that interprofessional relationships are integral to quality and safety in nurse prescribing. Some comments requested that academic governance of the program stipulate the school of nursing.

Q2: Content and learning outcomes: 81% of the respondents agreed that Criterion 3.3 focuses on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines. They found that the criterion covered all key aspects. The importance of prescribing to vulnerable populations was noted.

Q 3: Additional comments: 53% of respondents had additional comments which are summarised under the main themes of content and delivery, legislation and Aboriginal and Torres Strait Islander content and terminology to support cultural safety on pages 6-7.

A mapping of the consultations to date is included on page 8 (Appendix 1) and full responses published in a companion paper on the ANMAC website.

Question 1

Standard 2 Governance

Criterion 2.2 and 2.3 currently provide an opportunity for an interdisciplinary approach to the governance and/or delivery of a Registered Nurse designated prescribing program. **Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?**

Proposed 2.2 The governance structure for the provider and the school conducting the program ensures academic oversight of the program and promotes high-quality teaching and learning experiences for students to enable graduate competence.

Proposed 2.3 Relevant input to the design and ongoing management of the program is provided by active consultation and collaboration with representatives from:

- a) the Nursing School, who are registered nurses with the NMBA, without conditions on their registration relating to conduct, and holding relevant qualifications and experience
- b) the nursing profession, including endorsed Nurse Practitioners and RN prescribers
- c) external community representatives including consumers, students, Aboriginal and/or Torres Strait Islander peoples and other relevant stakeholders.

Yes – 28 No – 5 Neither - 1

Summary: Overall, most respondents agreed that Criterion 2.2 and 2.3 currently provide an opportunity for an interdisciplinary approach to the governance and/or delivery of a Registered Nurse designated prescribing program. Respondents noted a clear, appropriate, robust, succinct and achievable safe prescribing framework, with interprofessional relationships being integral to quality and safety in nurse prescribing. Two respondents noted that the academic governance of the program must stipulate the school of nursing and that collaboration should include practitioners from other relevant health profession disciplines.

Additional comments included (but were not limited to) the following:

- *Ensures a collaborative approach which also considers the interplay between health professionals to provide safe patient care.*
- *Provides a comprehensive and appropriately diverse ecosystem of nurses and relevant stakeholders as consultants and collaborators to ensure quality teaching and learning for safe patient outcomes.*
- *The governance structure that has a chief academic nurse within the nursing faculty with academic oversight for the program is crucial for the nursing profession.*

Divergent responses and specific issues included (but were not limited to) the following:

- *Potential for schools of medicine and pharmacy to offer education programs for nurses.*
- *Strengthen by including a statement to ensure the design and ongoing management of the program are additionally led by a nurse*
- *It is important for other disciplines to be consulted in this e.g., Pharmacy academics, bio scientists.*
- *Urge caution that these governance requirements do not create undue bureaucracy on nurses.*
- *Consider adding a reporting line for risk identification, mitigation and response to point 2.2.*
- *It is unclear how the criteria and its essential evidence support an interdisciplinary approach.*
- *Clarifying 'relevant input' - could lead to wide variation in how programs engage external stakeholders.*
- *Could be strengthened by inclusion of the word 'interdisciplinary' in the proposed standards.*
- *Competency should be assessed in the workplace.*

Question 2

Standard 3 Program of study

Criterion 3.3 currently outlines key program content and subject learning outcomes for a Registered Nurse designated prescribing program. **Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing agreement with an authorised health practitioner?**

Proposed 3.3 Program content and subject learning outcomes ensures:

- a) achievement of competencies described in the NPS: National Prescribing Competency Framework
- b) preparation of students to prescribe scheduled medicines
- c) legal / medicolegal principles and relevant legislative frameworks that enable designated RN prescribing in each state and territory
- d) understanding of ethical and professional obligations of prescribing within the scope of designated RN prescribing practice
- e) an opportunity for students to demonstrate an integrated approach to prescribing
- f) an understanding of the designated RN prescribing model
- g) knowledge of relevant medicine funding models in Australia
- h) a prescribing practice learning plan.

Yes – 26

No – 5

Neither – 1

Summary: Overall, most respondents agreed that the requirements outlined in criterion 3.3 focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing agreement with an authorised health practitioner. Respondents noted that the content and outcomes with framework is robust, comprehensive, outcome focussed and covers all the keys aspects. The opposing respondents recommended a stronger focus on prescribing for vulnerable populations, mechanisms for regularly updating the program to match any changes in the framework and a closer alignment with the Prescribing for Midwives Standards.

Additional comments included (but were not limited to) the following:

- *Addresses aspects of educational knowledge to ensure registered Nurses are provided with adequate knowledge and skills to support this change*

Divergent responses and specific issues included (but were not limited to) the following:

- *Inclusion of bioscience to clinical practice.*
- *This only addresses nurses who are currently working or studying. Each organisation needs to provide educational support for nurses who have a break from nursing practice.*
- *The identified learning outcomes do not meet Australian Qualifications Framework (AQF) Level 8 - an advanced level of knowledge and practice and are beyond competency and understanding.*
- *We advocate for demonstration of competency in the context of actual practice.*
- *There needs to be a consistent approach taken across professions and that nurses are not required to achieve a higher level of skill than other prescribers and/or ongoing competency requirements that are onerous and inconsistent with other prescriber health practitioner groups.*
- *Opportunity for CPD post accreditation should be included in this prescribing practice learning plan.*

- Ongoing stakeholder input, including specialist health professionals, such as Credentialed Diabetes Educators (CDEs) is essential.
- *We suggest adding that the academics teaching into the program hold either a medical or nursing or medical authorised prescribing endorsement*
- *The following inclusions are recommended: Mapping of program learning outcomes and content that addresses:*
 - *Expectations of Section 3A of the National Law*
 - *Person, family and Consumer Centred Care*
- *Criterion 3.3 could be strengthened by the inclusion of pharmacotherapeutics as part of safe, effective and economic prescribing of medicines.*
- *It is unclear whether there is an expectation for nurses to complete all 25 of the NPS National Prescribing modules or a portion of the modules.*

Question 3

Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

Yes – 17 No –14 Neither – 1

Summary: In addressing this question respondents took the opportunity to highlight issues they had often previously identified but which they felt needed additional emphasis. Respondents provided comments which were grouped to themes regarding content and delivery, legislation and Aboriginal and Torres Strait Islander content and terminology to support cultural safety.

Errors:

- *Head of Department, be used instead of HoD.*
- *All acronyms should be spelled out in full for the first occurrence in the document.*
- *It is recommended to use Aboriginal and Torres Strait Islander not ‘and/or’.*

Theme 1 - Content and delivery:

- *Midwifery prescribing courses have been implemented successfully via online flexible delivery and argue there is no reason why registered nurse prescribing could also be successfully conducted online. This meets industry needs for flexibility, especially with rural, regional and remote clinicians.*
- *Will there be a requirement for any supervised practice while RNs learn the skill of prescribing. The standards need to be clear about the role of universities in facilitating and managing this experience.*
- *The scope of practice regarding the management, adjustment, and titration of diabetes medications should only be expanded for those holding a CDE qualification.*
- *3.3 f: This standard would be enhanced by including an understanding of the designated RN prescribing model and the variance and potential progression to NP-authorised prescribing practice.*
- *We foresee some challenges for nurses to learn the practical aspects of prescribing using electronic systems. Consultation with industry is recommended to ensure system profile settings can enable nurses to learn prescribing practices whilst complying with legislative requirements.*
- *The standard document refers to simulation experience (3.7) – is there a requirement that face to face learning must occur? If this is the case it may preclude nurses from more rural and remote areas or nurses currently employed in full-times capacities.*

Theme 2 - Legislation:

- *All the legislation from each state (not just where you study) should be included and the standard should be clear on this.*
- *Proposed standard 2.3 – Nurse practitioner is a protected title under the Health Practitioner Regulation National Law ACT 2009, this title is only available to those who are endorsed by the Nursing and Midwifery Board of Australia. There is no need to refer to ‘endorsed Nurse Practitioner’ in the standards.*
- *Proposed 3.3 - suggest addition of " knowledge/understanding of" legal / medicolegal principles and relevant legislative frameworks that enable designated RN prescribing in each state and territory.*

Theme 3 - Cultural safety of Aboriginal and Torres Strait Islander peoples:

- *Embedded in the National Law, the provision of culturally safe health care is now an expectation of all nationally regulated health professions and practitioners.*
- *Criterion 2.5 (a): risk assessment of student learning environments, including cultural safety.*
- *1.3 Essential Evidence: Culturally safe affirmative action strategies to enrol, support and retain Aboriginal and Torres Strait Islander students.*
- *3.5 Essential Evidence: Curriculum document includes: An explanation of how cultural diversity and the cultural safety of Aboriginal and Torres Strait Islander peoples, as defined by the Australian Health Practitioners Regulation Authority (Ahpra) and aligned with the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework, translates into the program learning outcomes and teaching and learning activities.*
- *3.7 Essential Evidence: Recruitment policy including affirmative action strategies for employment, support and retention of Aboriginal and Torres Strait Islander staff that align with the Australian Government's National Aboriginal and Torres Strait Islander Health Workforce Plan and the Universities Australia Indigenous Strategy.*

Other issues:

- *I would not use a blanket approach but put a time of clinical practice attached to the right to prescribe. e.g., Five years post Graduate year or following Grad Cert qualifications.*
- *The standards need to address the issue of overseas registered nurses. Those who have qualified outside of Australia but who have gained registration in Australia.*
- *Ensure a progression to this endorsement does not require additional post graduate studies.*

One respondent considered that:

- *Criterion 2.1b - This accreditation requirement is superfluous and could be regarded as an unlawful and unnecessary restriction of trade, limit to competition and reduction in student choice. It would preclude providers who are accredited by TEQSA to deliver postgraduate nursing courses at AQF Level 8, who do not currently deliver an approved entry to practice registered nursing program.*
 - *This issue was discussed at the PRG meeting with a majority view that providers who offer entry to practice nursing programs are able to view prescribing as integrated into holistic nursing practice by virtue of their experience in delivering a comprehensive and quality nursing program. These providers have already demonstrated safe delivery of holistic nursing practice and have opportunities to draw on an existing curriculum to support learning in the context of nursing with prescribing that is integrated into nursing practice. These providers also have established expertise and interprofessional relationships that are of benefit to learning about prescribing.*

Appendix 1: Mapping of consultations

The proposed NPAS Standards was initially aligned to ANMAC Registered Nurse Accreditation Standards (RNAS) 2019 and mapped to the ANMAC Endorsed Midwife Accreditation Standards (EMAS) 2015 and NPS Prescribing Competency Framework.

Consultation Paper 1 Proposed NPAS Standards & Determinations Standard 1 Safety of the public		Recommendations from Consultation 1 Proposed NPAS Standards Standard 1 Safety of the public	Consultation 2 PRG decision for inclusion in draft standards
1.1	The program's guiding principle is safety of the public	1.1 The program's guiding principle is safety of the public.	Accepted
1.2	The program is delivered in Australia to prepare graduates for safe and ethical practice.	1.2 The program is delivered in Australia to prepare graduates for safe, legal and ethical practice.	Amended and Accepted
1.3	Program admission requirements are fair, equitable and transparent. Before accepting an offer of enrolment applicants must: <ul style="list-style-type: none"> a. meet the program's inherent requirements b. NMBA requirements for endorsement for scheduled medicines for RN prescribing in partnership. 	1.3 Program admission requirements are fair, equitable and transparent. Before making an offer for enrolment, education providers must ensure applicants are: <ul style="list-style-type: none"> a. on the NMBA general register as a registered nurse b. informed of the NMBA requirements for endorsement as a designated registered nurse prescriber c. informed of and meet the program's inherent requirements 	Amended and Accepted
1.4	The education provider undertakes screening and management of students who present with an impairment and reports to the NMBA as required.	1.4 The education provider has processes in place to manage those students with identified impairments that may place the public at risk. These processes include procedures for mandatory reporting where required. STANDARD 1 COMPLETED AT 1.4	Amended and Accepted

Consultation Paper 1 Proposed NPAS Standards & Determinations Standard 2 Governance		Recommendations from Consultation 1 Proposed NPAS Standards Standard 2 Governance	Consultation 2 PRG decision for inclusion in draft standards
2.1	<p>Academic governance arrangements for the program of study includes:</p> <ul style="list-style-type: none"> a. current registration by the Tertiary Education Quality and Standards Agency as an Australian university or other higher education provider b. Current accreditation of a nursing program by the Australian university, or TEQSA for non-self-accrediting higher education providers, detailing the expiry date and any recommendations, conditions and progress reports related to the school. c. mechanisms to meet relevant national or state regulatory requirements d. listing on the Australian Qualifications Framework National Registry for the award of a Graduate Certificate (Level 8) or credit towards such a program as a minimum. 	<p>2.1 Academic governance arrangements for the program of study includes:</p> <ul style="list-style-type: none"> a. current registration by the Tertiary Education Quality and Standards Agency as an Australian university or other higher education provider b. current ANMAC accreditation and NMBA approval of an entry to practice registered nursing program by the Australian university, or TEQSA for non-self-accrediting higher education providers, detailing the expiry date and any recommendations, conditions and progress reports related to the school c. mechanisms to meet relevant national or state regulatory requirements d. listing on the Australian Qualifications Framework National Registry for the award of a Graduate Certificate (Level 8) or credit towards such a program as a minimum. 	For further review of 2.1b
2.2	<p>The governance structure for the provider and the school conducting the program ensures academic oversight of the program and promotes high-quality teaching and learning experiences for students to enable graduate competence.</p>	<p>Proposed</p> <p>2.2 The governance structure for the provider and the school conducting the program ensures academic oversight of the program and promotes high-quality teaching and learning experiences for students to enable graduate competence.</p>	<p>Q.1 Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?</p>
2.3	<p>Relevant input to the design and ongoing management of the program is provided by active consultation and collaboration with representatives from:</p> <ul style="list-style-type: none"> a. the Nursing School, who are registered nurses with the NMBA, without conditions on their registration relating to conduct, and holding relevant qualifications and experience. 	<p>Proposed</p> <p>2.3 Relevant input to the design and ongoing management of the program is provided by active consultation and collaboration with representatives from:</p> <ul style="list-style-type: none"> a. the Nursing School, who are registered nurses with the NMBA, without conditions on their registration relating to conduct, and holding relevant qualifications and experience. 	

	<ul style="list-style-type: none"> b. the nursing profession, including endorsed Nurse Practitioners and RN nurse prescribers. c. external community representatives including consumers, students, Aboriginal and/or Torres Strait Islander peoples and other relevant stakeholders. 	<ul style="list-style-type: none"> b. the nursing profession, including endorsed Nurse Practitioners and RN nurse prescribers. c. external community representatives including consumers, students, Aboriginal and/or Torres Strait Islander peoples and other relevant stakeholders. 	
2.4	All entry pathways for which students receive block credit or advanced standing (other than on an individual basis) are identified, approved by ANMAC and allow graduates to meet the NPS: National Prescribing Competency Framework.	2.4 All entry pathways for which students receive block credit or advanced standing (other than on an individual basis) are identified and allow graduates to meet the NPS: National Prescribing Competency Framework.	Accepted
2.5	<p>Program quality improvement mechanisms addresses:</p> <ul style="list-style-type: none"> a. risk assessment of student learning environments b. student evaluations c. internal and external academic and health professional evaluations d. evidence-based developments in health professional education e. evidence-based developments in health and health care. 	<p>2.5 Program quality improvement mechanisms incorporate evaluation information from a variety of sources and address:</p> <ul style="list-style-type: none"> a. risk assessment of student learning environments b. student evaluations c. internal and external, academic and health professional evaluations d. evidence-based developments in health professional education e. evidence-based developments in health care <p>STANDARD 2 COMPLETED AT 2.5</p>	Amended and Accepted

Consultation Paper 1 Proposed NPAS Standards & Determinations Standard 3 Program of study		Recommendations from Consultation 1 Proposed NPAS Standards Standard 3 Program of study	Consultation 2 PRG decision for inclusion in draft standards
3.1	The curriculum document articulates the educational philosophy and its practical implementation into the program of study.	3.1 The curriculum document articulates the educational philosophy and its practical implementation into the program of study.	Accepted
3.2	Teaching and learning reflects contemporary practices in health and education and responds to emerging trends based on research and technology.	3.2 Teaching and learning reflects contemporary evidence based prescribing practice.	Amended and Accepted
3.3	<p>Program content and unit learning outcomes ensures:</p> <ul style="list-style-type: none"> a. graduate achievement of competencies described in the NPS: National Prescribing Competency Framework b. legal / medicolegal principles and legislative frameworks that enable RN prescribing relevant to each state and territory c. ethical and professional obligations of prescribing and (defining) scope of RN prescribing practice according to NMBA registration standard d. principles of developing collaborative professional relationships including referral obligations and models of practice. e. knowledge of relevant medicine funding models in Australia f. a prescribing practice learning plan. 	<p>Amended and Proposed</p> <p>3.3 Program content and subject learning outcomes ensures:</p> <ul style="list-style-type: none"> a. achievement of competencies described in the NPS: National Prescribing Competency Framework b. preparation of students to prescribe scheduled medicines c. legal / medicolegal principles and relevant legislative frameworks that enable designated RN prescribing in each state and territory d. understanding of ethical and professional obligations of prescribing within the scope of designated RN prescribing practice e. an opportunity for students to demonstrate an integrated approach to prescribing f. an understanding of the designated RN prescribing model g. knowledge of relevant medicine funding models in Australia h. a prescribing practice learning plan. 	<p>Q.2. Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the knowledge requirements for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing agreement with an authorised health practitioner?</p>
3.4	Program content and subject learning outcomes embeds principles of interprofessional and intra-professional learning and practice.	3.4 Principles of intra-professional learning and interprofessional practice are integrated in program content and subject learning outcomes.	Amended and Accepted
3.5	Program content and subject learning outcomes integrates cultural diversity and cultural safety.	3.5 Cultural diversity, safety and principles of inclusion are embedded in program content and subject learning outcomes.	Amended and Accepted

3.6	Research and evidence-based inquiry underpins all elements of the curriculum content and delivery.	3.6 Research and evidence-based inquiry underpins all elements of the curriculum content and delivery.	Accepted
3.7	Program resources are sufficient to facilitate student achievement of the National Prescribing Competency Framework within nursing practice, with attention to human, physical and financial resources supporting all teaching and learning environments, including simulated practice	3.7 Program resources are sufficient to facilitate student achievement of the National Prescribing Competency Framework, with attention to human, physical and financial resources supporting all teaching and learning environments.	Amended and Accepted
3.8	<p>Staff teaching into the program:</p> <ul style="list-style-type: none"> a) are qualified and experienced to deliver the subjects they teach b) hold one qualification higher than the program of study being taught. 	<p>3.8 Staff teaching into the program:</p> <ul style="list-style-type: none"> a) are qualified and experienced to deliver the subjects they teach b) hold one qualification higher than the program of study being taught. <p>STANDARD 3 COMPLETED AT 3.8</p>	Accepted

Consultation Paper 1 Proposed NPAS Standards & Determinations Standard 4 Student experience		Recommendations from Consultation 1 Proposed NPAS Standards Standard 4 Student experience	Consultation 2 PRG decision for inclusion in draft standards
4.1	Program information provided to students is relevant, timely, transparent and accessible.	4.1 Program information provided to students is relevant, timely, transparent and accessible.	Accepted
4.2	The education provider identifies and supports the academic learning needs of students.	4.2 The education provider identifies and supports the academic learning needs of students.	Accepted
4.3	Students are informed of, and have access to, effective grievance and appeals processes.	4.3 Students are informed of, and have access to, grievance and appeals processes.	Amended and Accepted
4.4	Students are informed of, and have access to, pastoral and/or personal support services provided by qualified personnel.	4.4 Students are informed of, and have access to, pastoral and/or personal support services.	Amended and Accepted
4.5	Students are represented on program advisory and decision-making committees.	4.5 Students are represented on program advisory and decision-making committees.	Accepted
4.6	Principles of equity and diversity are evident in student and/or staff interactions and teaching and learning materials.	4.6 Equity and diversity principles are observed and promoted in the student experience.	Amended and Accepted
4.7	Student experiences across all teaching and learning environments are monitored and evaluated regularly with outcomes informing program quality improvement.	4.7 Student experiences across all teaching and learning environments are monitored and evaluated regularly with outcomes informing program quality improvement.	Accepted

Consultation Paper 1 Proposed NPAS Standards & Determinations Standard 5 Assessment		Recommendations from Consultation 1 Proposed NPAS Standards Standard 5 Assessment	Consultation 2 PRG decision for inclusion in draft standards
5.1	Program learning outcomes and assessment strategies are aligned.	5.1 Program learning outcomes and assessment strategies are aligned.	Accepted
5.2	Unit learning outcomes, with associated unit assessments, are clearly mapped to the NPS: National Prescribing Competency Framework	5.2 Subject learning outcomes, with associated subject assessments, are clearly mapped to the NPS: National Prescribing Competency Framework.	Amended and Accepted
5.3	Validated assessment tools, modes of assessment, sampling and moderation are used to ensure integrity of assessments. Note: evidence guide refer to ASPRINH Prescribing Assessment Toolkit	5.3 Contemporary, validated assessment tools, modes of assessment, sampling and moderation are used to ensure integrity of assessments.	Amended and Accepted
5.4	Assessments include the evaluation of the prescribing process underpinned by the quality use of medicines and the NPS prescribing competencies framework	5.4 Assessments include the prescribing process, underpinned by the quality use of medicines and the NPS: Prescribing Competency Framework	Amended and Accepted
5.5	Formative and summative assessments are used across the program to enhance learning and inform student progression.	5.5 Formative and summative assessments are used across the program to enhance learning and inform student progression.	Accepted
5.6	The education provider is ultimately accountable for ensuring mechanisms are in place for assessing students in their prescribing practice.	5.6 The education provider is ultimately accountable for ensuring mechanisms are in place for assessing student’s prescribing practice in theoretical and practice contexts.	Amended and Accepted