



Independent  
prescribing  
programme

Anglia Ruskin University

Report of a reaccreditation event

January 2017

## Event summary and conclusions

<b>Provider</b>	Anglia Ruskin University
<b>Course</b>	Independent prescribing
<b>Event type</b>	Reaccreditation
<b>Event date</b>	20 January 2017
<b>Accreditation period</b>	May 2017 - May 2020
<b>Outcome</b>	<p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that Anglia Ruskin University should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years, subject to two conditions.</p>
<b>Conditions</b>	<ol style="list-style-type: none"> <li>1. The attendance policy must be amended to ensure that all pharmacists are required to attend all scheduled teaching and learning sessions that provide instruction on clinical examination and diagnosis. This is because the current process to review prior learning in this area in order to allow pharmacists to miss certain content is inconsistent with this attendance requirement. This is to meet criterion 3.7.</li> <li>2. The policy on re-sit attempts must be amended to state that a re-sit is not permitted if a student is deemed to have 'failed to identify a serious problem or an answer which would cause patient harm'. This is because the current re-sit arrangements do not meet the requirements of criterion 5.4 which states that this should result in overall failure of the programme.</li> </ol>
<b>Standing conditions</b>	Please refer to Appendix 1
<b>Recommendations</b>	No recommendations were made
<b>Registrar decision</b>	<p>Following the event, the provider submitted a response to the two conditions of reaccreditation, and the accreditation team agreed that both had been met satisfactorily.</p> <p>The Registrar accepted the team's recommendation and approved the accreditation of the programme for a further period of three years.</p>
<b>Key contact (provider)</b>	Dr Julie Smith, Head of Department: Health, Social Care and Education
<b>Accreditation team</b>	<p>Professor Angela Alexander, (event Chair), Professor of Pharmacy Education, University of Reading</p> <p>Mr Mike Pettit, Senior Lecturer in Pharmacy Practice, University of Sussex</p>
<b>GPhC representative</b>	Mrs Philippa McSimpson, Quality Assurance Officer, GPhC
<b>Rapporteur</b>	Professor Ian Marshall, Emeritus Professor of Pharmacology, University of

## Introduction

### Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The reaccreditation process is based on the GPhC's 2010 accreditation criteria for Independent Prescribing.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the Pharmacy Order 2010. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:

<http://www.legislation.gov.uk/uksi/2010/231/contents/made>

### Background

Anglia Ruskin University was reaccredited by the GPhC in 2014 to provide a programme to train pharmacist independent prescribers, for a period of 3 years. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 2017 to review the programme's suitability for reaccreditation. The programme for pharmacists was initiated in 2008. The programme was reaccredited in 2010 subject to seven conditions and one recommendation, and again in February 2014 with one condition; the condition in 2014 was that the University must review its quality assurance procedures to ensure that all assessments are valid and reliable. The team viewed that the assessment currently undertaken by the DMP, described as an OSCE was not directly under the control of the University quality assurance processes. Therefore, the University must provide the GPhC with evidence of how it will achieve robust and consistent assessment of pharmacists across all DMPs. This related to criteria 5.3 and 5.4. In response to this the provider added an additional quality assurance measure to this assessment, and all pharmacists' OSCEs are now observed and moderated in person by a member of the programme team.

### Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team and it was deemed to be satisfactory to provide a basis for discussion.

### The event

The event was held on 20 January 2017 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of Anglia Ruskin University prescribing programme.

### Declarations of interest

There were no declarations of interest.

## Key findings

## Section 1: The programme provider

### **All four criteria relating to the programme provider are met (See Appendix 2 for criteria)**

The University validation of the programme remains extant with the next University Periodic Review taking place in academic year 2018-2019. The external examiner is a pharmacist independent prescriber. There is a generic University external examiner induction day at which the examiner met with the course team to go over the course requirements. There are four on-site deliveries of the programme to 6-11 pharmacists in the current academic year at the core sites (Chelmsford, Cambridge and Peterborough), plus a London-based, 25-strong pharmacist-only cohort at Farringdon in the current academic year. The teaching of clinical skills for the London-based cohorts is delivered using the clinical skills facilities at the Chelmsford campus. The team was told that student feedback has not revealed any difference in student satisfaction at the different sites.

The programme leader is a Senior Lecturer Registered Nurse Independent and Supplementary prescriber. The identified pharmacist contributes to the programme design and uses her experience to identify weaknesses of pharmacists in different settings, for example, lack of clinical skills in certain circumstances; in this case pharmacists can enhance their skills by being directed to additional hours of clinical skills teaching.

As there has been an increasing number of pharmacists enrolling on to the programme since the last reaccreditation in 2014, the provider requested permission for an additional permanent delivery in London, plus extra deliveries in Chelmsford and Cambridge to allow for any further off-site requests for places. Thus, the total number of deliveries each year would total seven. Following confirmation from the provider of the planned staffing increases and consideration that had been given to delivery of face to face sessions for the increased number of cohorts, the team agreed to grant the request to permit a maximum of 7 cohorts per year to be delivered at their Peterborough, Cambridge and Chelmsford, and at Farringdon/Mitcham sites.

## Section 2: Pre-requisites for entry

### **All six criteria relating to the pre-requisites for entry are met, subject to wording of application documentation and website content being updated for accuracy and completeness.**

The team was satisfied that the provider ensures that all pharmacists accepted on to the programme meet the GPhC criteria. The team advised however that the method used to check GPhC or PSNI registration number through use of a tick box and then locating the pharmacist on the online register was not the most robust method as there was the potential for confusion/error due to pharmacists with the same or similar names and suggested that the number be requested on the application form.

The team noted that there were some inconsistencies and omissions in the application materials and advised that the application materials, website content and Module Definition form must be revised to ensure that they consistently and accurately reflect the wording of the GPhC entry criteria for pharmacists. In addition, the application form implied that it is the employer's responsibility to ensure that the pharmacist meets the entry criteria for the programme. The team reminded the programme provider's that although they may ask the employer to provide evidence or declarations in support of the pharmacist's application, it is the provider's responsibility to ensure such compliance.

If a pharmacist wishes to change their area of prescribing, the student's DMP determines if this would be possible and, if so, what extra remedial work would be required. In the case of a self-employed pharmacist with no line manager to support their application, the pharmacist's practice environment is visited by a representative of the course team, an audit carried out, and their DMP consulted.

At the time of application an information pack including the requirements for pharmacists is sent to DMPs that have not acted in this capacity previously, supplemented by individual conversations with DMPs by the course team who will visit DMPs' practices if necessary. DMPs are required to meet the Department of Health criteria for the role but no other formal checks are carried out on the suitability of

DMPs to supervise pharmacists, although the course team and NHS education liaison officers check on student progress, along with reports from the students themselves; and the course team will intervene if there are any problems associated with the DMPs. The team advised that the course team should check to ascertain if DMPs have any issues, for example sanctions, against their name on the GMC register.

### Section 3: The programme

**Seven of the eight criteria relating to the programme are met. The remaining criterion will be met once condition 1 is satisfactorily addressed.**

The team was satisfied that the programme will be delivered at least at FHEQ level 6, and that the programme in its various forms of delivery meets the requirement of twenty six days of learning activities. The team noted inconsistency in the mapping of the programme learning outcomes (LOs) to the assessments in the submission template, part 2; all the GPhC LOs were mapped to the assessments although the programme LOs were not similarly mapped but were rather mapped in the Module Definition Forms. The team was told that during the face-to face sessions at the beginning of the programme, pharmacists are directed to the GPhC website to learn of the GPhC LOs, and the importance of the LOs before the final examinations is stressed, including how the programme LOs link to regulator outcomes. However, the team advised that for completeness, the GPhC LOs should also be referred to in the Module Guide and on the programme website, either in full or through use of a hyperlink to the GPhC website.

The teaching and learning strategy is targeted towards the assessments, using case presentations to build upon the experience of students' colleagues on the course. In terms of clinical examination skills, core skills, for example blood pressure measurement, are taught at the University, with specialist skills relevant to the prescriber's practice being taught by the DMP. The learning contract between the pharmacist and their DMP is scrutinised by the University teaching team before the period of learning in practice commences, followed by a further review at the mid-point of the time spent with the DMP. In addition, student progression is monitored every week during classroom attendance and by mock examinations. A student dashboard also allows teaching staff to monitor student engagement with material on the virtual learning environment. Pharmacists are encouraged to submit drafts of their prescribing records for review, allowing staff to recommend any necessary revision.

Pharmacists are made aware of the GPhC's 100 per cent attendance requirement for the clinical examination skills classes on Day 1 of the programme, and any pharmacists who miss such classes are required to make up their attendance at the classes either by attending with the following cohort, with classes for other professions, or by teaching from hospital clinical education teams. The team was concerned by a statement that if the pharmacist has already undertaken clinical skills teaching, then written evidence such as original certificate or headed letter from the employer could be submitted to allow exemption from the clinical examination skills classes. The team stressed to the provider that teaching and demonstration of such skills must take place within the course. Accordingly, it will be a **condition** of reaccreditation that the attendance policy must be amended to ensure that all pharmacists are required to attend all scheduled teaching and learning sessions that provide instruction on clinical examination and diagnosis. This is because the current process to review prior learning in this area in order to allow pharmacists to miss certain content is inconsistent with this attendance requirement.

### Section 4: Learning in Practice

**All five criteria relating to Learning in Practice are met, subject to a wording amendment to the DMP declaration**

New DMPs are supported through a comprehensive induction programme which they are strongly encouraged to attend, as most do. For experienced DMPs, any additional support necessary, for example information on new guidelines, is provided along with the course information each iteration of the programme. The DMPs provide the specialist knowledge for the area of the pharmacist's prescribing and

have the responsibility to sign off the practice assessment document. The DMP conducts the OSCE-type test in the practice setting with the University ensuring that the standards of assessment are kept consistent by attending the assessment. The standards are included in the DMP pack and confirmed by discussions between the DMP and course team. The team was satisfied that the provider supports the DMP with clear and practical guidance on their role in the assessment of the student. However, the team noted that the wording of the DMP sign-off was inconsistent between documents, with the Practice Document sign-off using the word “student” rather than the required “pharmacist”; this must be amended. The declaration is currently included in the practice document only. The team advised that a copy should also be provided with in the DMP Guide so that they are aware of the sign of they will need to provide.

Students are made aware that failure of the period of learning in practice cannot be compensated by performance in other assessments through statements in the Module Definition Forms and on the virtual learning environment. It is also made clear to students that the 50 percent pass mark overrides the stipulations in the University regulations.

## Section 5: Assessment

**Three of the four criteria relating to assessment are met, subject to additional wording within programme materials to clarify that regulatory requirements override the University regulations. The remaining criterion will be met once condition 2 is satisfactorily addressed.**

There are distinct module guides for the two levels study, including different expectations of the LOs at the different levels; level 7 requires more critical analysis and there are different examination papers. Examinations are written as a team exercise, passed to the external examiner for comment, then on to the examinations office before the sitting. Papers are marked, ten percent of the papers are moderated, passed to the external examiner for comment, and the marks considered at an internal assessment panel before submission to an awards board. The team considered that OSCE-type represents an extended clinical examination rather than an OSCE in the accepted use of the term. The patients are chosen by the student in collaboration with the DMP, although it was stated that in the hospital setting the patient is likely to be largely unknown to the student. The patient has to agree to the process, but the team agreed that the examination proforma should include the necessity to confirm the patient and gain their consent. The team was satisfied that the programme will be assessed separately from any other programme.

The team noted that the DMP handbook states that a failure to correctly answer any question that may result in direct harm to a patient/client the student must be referred by the DMP. The team ascertained that the term “refer” in this context means that the student is allowed a second attempt at the assessment and pointed out that this does not meet the requirements of GPhC criterion. Accordingly, the team advised that it would be a **condition** of reaccreditation that the policy on re-sit attempts be amended to state that a re-sit is not permitted if a student is deemed to have ‘failed to identify a serious problem or an answer which would cause patient harm’. This is because the current re-sit arrangements do not meet the requirements of criterion 5.4 which states that this should result in overall failure of the programme.

Despite assurances that the regulator’s requirements will always override the University regulations the team was concerned with a statement in the Module Guide that stated: ‘In the unlikely event of any discrepancy between the Academic Regulations and any other publication, including this module guide, the Academic Regulations, as the definitive document, take precedence over all other publications and will be applied in all cases’. As the university regulations depict a pass mark of 40% and permit two attempts at any assessment, the team highlighted that a student who failed to achieve the 50% programme pass mark, or who failed an assessment due to unsafe practice, could potentially be permitted a re-sit on appeal. The team noted that the Module Definition Form clearly states that the regulatory/ professional body requirement overrides the university regulations and suggested that this statement be repeated within the Module Guide for consistency and clarity to students.

The team was told that to specify this in certain documents may require an institutional change, which the provider would seek.

## Section 6: Details of Award

### **The two criteria relating to details of the award are met**

The team was satisfied that pharmacists who pass the programme are given the correct award and that there is a set process in place for issuing of certificates and confirmation of pass lists to the GPhC for annotation purposes.

## Appendix 1 - Standing conditions

The following are standing conditions of accreditation and apply to all providers:

1. The record and report include other comments from the team and providers are required to take all comments into account as part of the accreditation process. The provider must confirm to the GPhC that required amendments have been made.
2. The provider must respond to the definitive version of the record and report within three months of receipt. The summary report, along with the provider's response, will be published on the GPhC's website for the duration of the accreditation period.
3. The provider must seek approval from the GPhC for any substantial change (or proposed change) which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to:
  - a. the content, structure or delivery of the accredited programme;
  - b. ownership or management structure of the institution;
  - c. resources and/or funding;
  - d. student numbers and/or admissions policy;
  - e. any existing partnership, licensing or franchise agreement;
  - f. staff associated with the programme.
4. The provider must make students and potential students aware that successful completion of an accredited course is not a guarantee of annotation or of future employment as a pharmacist independent prescriber.
5. The provider must make students and potential students aware of the existence and website address where they can view the GPhC's accreditation reports and the timescales for future accreditations.
6. Whenever required to do so by the GPhC, providers must give such information and assistance as the GPhC may reasonably require in connection with the exercise of its functions. Any information in relation to fulfilment of these standing conditions must be provided in a proactive and timely manner.

## Appendix 2 – Accreditation criteria

GPhC accreditation criteria for pharmacist independent prescribing programmes

### Section 1: The programme provider

- 1.1** Must be part of, or be closely associated with, a higher education institution which implements effective quality assurance and quality management and enhancement systems and demonstrates their application to prescribing programmes. The programme must be validated by its higher education institution.
- 1.2** Must have adequate physical, staff (academic and administrative) and financial resources to deliver the programme including facilities to teach clinical examination skills.
- 1.3** Must have identified staff with appropriate background and experience to teach the programme, ideally including practising pharmacists with teaching experience and staff with clinical and diagnostic skills.
- 1.4** Must have an identified practising pharmacist with appropriate background and expertise who will contribute to the design and delivery of the programme. The identified pharmacist must be registered with the General Pharmaceutical Council (GPhC), and where possible should be a pharmacist independent prescriber.

## Section 2: Pre-requisites for entry

- 2.1** Entrants must be a registered pharmacist with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI).
- 2.2** Entrants must have at least two years appropriate patient-orientated experience in a UK hospital, community or primary care setting following their preregistration year.
- 2.3** Entrants must have identified an area of clinical practice in which to develop their prescribing skills and have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice.
- 2.4** Entrants should demonstrate how they reflect on their own performance and take responsibility for their own CPD.
- 2.5** The provider must ensure that the DMP, identified by the pharmacist, has training and experience appropriate to their role. This may be demonstrated by adherence to the Department of Health Guidance (2001). The DMP must have agreed to provide supervision, support and shadowing opportunities for the student, and be familiar with the GPhC's requirements of the programme and the need to achieve the learning outcomes.
- 2.6** Entrants who are not registrants of the GPhC or PSNI may undertake the taught components of the programme but may not undertake the period of supervised practice.

## Section 3: The programme

- 3.1** Must be taught at least at bachelor's degree level (FHEQ (2008), level 6 ) and reflect the fact that since June 2002, pharmacists have graduated and practise at master's degree level (FHEQ (2008), level 7).
- 3.2** Must achieve the 16 learning outcomes listed in the curriculum for independent prescribing which must be mapped against the programme's learning outcomes and assessments. The programme learning outcomes must be aligned with the relevant level of study.
- 3.3** Must include teaching, learning and support strategies which allow pharmacists to build on their background knowledge and experience and acquire competence in prescribing.
- 3.4** Must provide opportunities for pharmacists to demonstrate how they will apply their learning to the conditions for which they will be prescribing.
- 3.5** Must contain learning activities equivalent to 26 days, normally over a period of three to six months.
- 3.6** Must have robust systems to monitor attendance and progression.
- 3.7** Must have a clear policy on attendance and participation and the obligations of pharmacists who miss part of the programme. Pharmacists must attend all scheduled teaching and learning sessions that provide instruction on clinical examination and diagnosis.
- 3.8** May recognise and allow reduced learning time for previous learning or experience, which is directly equivalent to programme content and for which evidence is provided. Recognition should be according to established institutional procedures on previous learning or experience. Regardless of previous learning or experience, all pharmacists must undertake all assessments.

## Section 4: Learning in Practice

- 4.1** The provider must support the DMP with clear and practical guidance on helping the pharmacist successfully to complete the period of learning in practice including arrangements for quality assurance of summative assessments. The roles of the programme provider and the DMP for teaching the skills for clinical assessment of patients must be clearly set out.
- 4.2** The provider must support the DMP with clear and practical guidance on their role in the assessment of the student.
- 4.3** The provider must obtain formal evidence and confirmation from the DMP using the specified wording; "the pharmacist has satisfactorily completed at least 12x7.5h days supervised practice".

- 4.4 The provider must obtain a professional declaration from the DMP using the specified wording; “In my opinion as the DMP, the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an Independent Prescriber”
- 4.5 Failure in the period of learning in practice cannot be compensated by performance in other assessments.

## Section 5: Assessment

The programme provider should ensure that assessment strategies meet the requirements of the curriculum particularly:

- 5.1 Evidence from a range of assessments that the student has achieved the intended learning outcomes of the programme.
- 5.2 The programme will be assessed separately from any other programmes or programme components and lead to a freestanding award which confirms the competence of the pharmacists as an independent prescriber.
- 5.3 The assessment scheme should demonstrate that the criteria for pass/fail and any arrangements for compensation between elements of assessment, together with the regulations for resit assessments and submissions, are consistent with safe and effective prescribing and the achievement of all learning outcomes.
- 5.4 In any assessment, a failure to identify a serious problem or an answer which would cause the patient harm should result in overall failure of the programme.

## Section 6: Details of Award

- 6.1 The provider should award successful candidates a ‘*Practice Certificate in Independent Prescribing*’ confirming that the candidate has successfully completed the programme and the period of learning in practice.
- 6.2 The provider should send a certified copy of the pass list to the Registrar of the GPhC, via the Applications Team, containing the names and registration numbers of the pharmacists who have successfully completed the programme and confirming that they are eligible for annotation on the GPhC Register as independent prescribers.

## Appendix 3 – Learning outcomes

### Independent prescribing programme learning outcomes

All GPhC accredited independent prescribing courses need to ensure that following qualification pharmacist independent prescribers are able to:

1. Understand the responsibility that the role of independent prescriber entails, be aware of their own limitations and work within the limits of their professional competence – knowing when and how to refer / consult / seek guidance from another member of the health care team.
2. Develop an effective relationship and communication with patients, carers, other prescribers and members of the health care team.
3. Describe the pathophysiology of the condition being treated and recognise the signs and symptoms of illness, take an accurate history and carry out a relevant clinical assessment where necessary.
4. Use common diagnostic aids e.g. stethoscope, sphygmomanometer
5. Able to use diagnostic aids relevant to the condition(s) for which the pharmacist intends to prescribe, including monitoring response to therapy.
6. Apply clinical assessment skills to:
  - inform a working diagnosis

- formulate a treatment plan for the prescribing of one or more medicines, if appropriate
  - carry out a checking process to ensure patient safety.
  - monitor response to therapy,
  - review the working differential diagnosis and modify treatment or refer
  - consult/seek guidance as appropriate
7. Demonstrate a shared approach to decision making by assessing patients' needs for medicines, taking account of their wishes and values and those of their carers when making prescribing decisions.
  8. Identify and assess sources of information, advice and decision support and demonstrate how they will use them in patient care taking into account evidence based practice and national/local guidelines where they exist.
  9. Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.
  10. Prescribe, safely, appropriately and cost effectively.
  11. Work within a prescribing partnership.
  12. Maintain accurate, effective and timely records and ensure that other prescribers and health care staff are appropriately informed.
  13. Demonstrate an understanding of the public health issues related to medicines use.
  14. Demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing.
  15. Work within clinical governance frameworks that include audit of prescribing practice and personal development.
  16. Participate regularly in CPD and maintain a record of their CPD activity.

## Appendix 4 – Indicative content

**It is expected that education providers will use the indicative content to develop a detailed programme of study which will enable pharmacists to meet the learning outcomes.**

### Consultation, decision-making, assessment and review

- Autonomous working and decision making within professional competence.
- Understanding own limitations
- Accurate assessment, history taking, and effective communication and consultation with patients and their parents/carers
- Patient compliance and shared decision making
- Building and maintaining an effective relationship with patients, parents and carers taking into account their values and beliefs
- Effective communication and team working with other prescribers and members of the health care team
- A knowledge of the range of models of consultation and appropriate selection for the patient
- Formulating a working diagnosis
- Development of a treatment plan or clinical management plan, including lifestyle and public health advice
- Confirmation of diagnosis/differential diagnosis – further examination, investigation, referral for diagnosis
- Principles and methods of patient monitoring
- Chemical and biochemical methods for monitoring the treatment of the condition(s) for which the pharmacist intends to prescribe on qualification and responses to results.
- Clinical examination skills relevant to the condition(s) for which the pharmacist intends to prescribe.

- Recognition and responding to common signs and symptoms that are indicative of clinical problems. Use of common diagnostic aids for assessment of the patient's general health status; e.g. stethoscope, sphygmomanometer, tendon hammer, examination of the cranial nerves.
- Assessing responses to treatment against the objectives of the treatment plan/clinical management plan
- Working knowledge of any monitoring equipment used within the context of the treatment/clinical management plan
- Identifying and reporting adverse drug reactions
- Management options including non-drug treatment and referral

### **Influences on and psychology of prescribing**

- Patient demand versus patient need including partnership in medicine taking, awareness of cultural and ethnic needs.
- External influences, at individual, local and national levels.
  - Awareness of own personal attitude and its influence on prescribing practice.

### **Prescribing in a team context**

- The role and functions of other team members
- Communicating prescribing decisions to other members of the team.
- The responsibility of a supplementary prescriber in developing and delivering a clinical management plan.
- The professional relationship between pharmacist prescribers and those responsible for dispensing.
- Interface between medical and non-medical prescribers and the management of potential conflict
- Documentation, and the purpose of records
- Structure, content and interpretation of health care records/clinical notes including electronic health records
- The framework for prescribing budgets and cost effective prescribing

### **Applied therapeutics**

- Pharmacodynamics and pharmacokinetics
- Changes in physiology and drug response, for example the elderly, young, pregnant or breast feeding women and ethnicity
- Adverse drug reactions and interactions, to include common causes of drug-related morbidity
- Pathophysiology of defined condition(s) for which the pharmacist intends to prescribe.
- Selection and optimisation of a drug regimen for the patient's condition
- Natural history and progression of condition(s) for which the pharmacist intends to prescribe.
- Impact of co-morbidities on prescribing and patient management

### **Evidence-based practice and clinical governance**

- Local and professional clinical governance policies and procedures
- Development and maintenance of professional knowledge and competence in relation to the condition(s) for which the pharmacist intends to prescribe.
- The rationale for national and local guidelines, protocols, policies, decision support systems and formularies – understanding the implications of adherence to and deviation from such guidance
- Prescribing in the context of the local health economy
- Principles of evidence-based practice and critical appraisal skills
- Reflective practice and continuing professional development, support networks, role of self, other prescribers and organisation

- Auditing, monitoring and evaluating prescribing practice
- Risk assessment and risk management
- Audit and systems monitoring
- Analysis, reporting and learning from adverse events and near misses

### Legal, policy, professional and ethical aspects

- Policy context for prescribing
- Professional competence, autonomy and accountability of independent and supplementary prescribing practice
- GPhC's *Standards of Conduct, Ethics and Performance*
- Legal frameworks for prescribing, supply and administration of medicines e.g. patient group directions, supply in hospitals.
- Medicines regulatory framework including Marketing Authorisation, the use of medicines outside their product licence.
- The law applied to the prescribing, dispensing and administration of controlled drugs and appropriate counselling of patients
- Compliance with guidance arising from the Shipman enquiry
- Ethical considerations of the supply and administration of medicines
- Application of the law in practice, professional judgment, liability and indemnity
- Accountability and responsibility to the employer or commissioning organisation, awareness of local complaints procedures
- Consent
- Prescription pad administration, procedures when pads are lost or stolen
- Writing prescriptions
- Record keeping, documentation and professional responsibility
- Confidentiality, Caldicott and Data Protection, Freedom of Information
- Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of reporting and 'whistle blowing' procedures

### Prescribing in the public health context

- Patient access to health care and medicines
- Duty to patients and society
- Use of medicines in populations and in the context of health priorities
- Public health policies, for example the use of antibiotics, antivirals and vaccines
- Inappropriate use of medicines including misuse, under and over-use
- Inappropriate prescribing, over and under-prescribing

Note: The standards of proficiency for supplementary prescribers are included in the standards for independent prescribers.