Accreditation of an Education and Training Programme to prepare Pharmacist Independent Prescribers, University of Birmingham

Report of an accreditation event, 13 November 2015

Introduction

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 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 University of Birmingham approached the GPhC with an application for accreditation of a programme to train pharmacist independent prescribers. In line with the GPhC’s process for accreditation of independent prescribing programmes, an event was scheduled for 13 November 2015 to review the programme’s suitability for accreditation. The event was attended by a validating team from the Nursing and Midwifery Council (NMC) and the University of Birmingham with each team reaching an individual approval decision.

As this was a new provider, the event was held on site at the University to allow the GPhC’s accreditation team to view the teaching facilities available. The accreditation process was based on the GPhC’s 2010 accreditation criteria for Independent Prescribing and this is a report of that event.

Documentation

The University provided copies of its application documentation in advance of the visit, in line with the agreed timescales. The application documentation was reviewed by the panel and it was deemed to be satisfactory to provide a basis for discussion.
The event

The event was held on 13 November 2015 at the University of Birmingham and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Birmingham prescribing programme.

The Accreditation Team

The GPhC accreditation team (‘the team’) comprised:

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation at the time of accreditation event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Jane Portlock</td>
<td>Accreditation team member, Professor of Pharmacy Practice, University of Portsmouth</td>
</tr>
<tr>
<td>Professor Angela Alexander</td>
<td>Accreditation team member, Professor of Pharmacy Education and Director of the Centre for Inter-Professional Postgraduate Education and Training</td>
</tr>
</tbody>
</table>

along with:

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation at the time of visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Jenny Clapham</td>
<td>Quality Assurance Officer, General Pharmaceutical Council</td>
</tr>
<tr>
<td>Mrs Philippa McSimpson</td>
<td>Quality Assurance Officer, General Pharmaceutical Council</td>
</tr>
<tr>
<td>Professor Brian Furman</td>
<td>Rapporteur, Emeritus Professor of Pharmacology, University of Strathclyde</td>
</tr>
</tbody>
</table>

The event was also attended by representatives from the NMC and from the University of Birmingham’s own internal validation panel.

Declaration of potential conflicts of interest

Professor Portlock’s son is a student of history at the University of Birmingham; the team agreed that this did not constitute a conflict of interest.
The accreditation criteria

See Appendix A for details of the criteria.

**Section 1: The programme provider**

<table>
<thead>
<tr>
<th>Accreditation team’s commentary</th>
</tr>
</thead>
<tbody>
<tr>
<td>The independent prescribing programme will be provided by the School of Pharmacy within the College of Medical and Dental Sciences. The College comprises eight institutes, seven of which are research-led and one of which, the Institute of Clinical Sciences, houses all education and training, including pharmacy, medicine, dentistry, nursing and physiotherapy; the School of Pharmacy is thus part of the Institute of Clinical Sciences. The University and College have appropriate quality assurance, quality management and enhancement systems which will apply to the Independent Prescribing programme. The College Programme Approval and Review Committee (CPARC), on behalf of the University had considered and advised upon the proposed programme, which is intended for pharmacists, nurses, physiotherapists and podiatrists. Although the programme had not yet been validated, the accreditation team was assured that authority for validation rests with the College Programme Approval and Review Committee (CPARC). The Associate Director of Education (Quality) as the chair of CPARC, and the Quality Manager, as a member of CPARC, were present for this purpose at the accreditation event. A business plan for the programme had been provided and the accreditation team was shown some of the accommodation and physical resources available to the programme. These included IT facilities, small-group teaching rooms, and the Pharmacy Professional Skills Suite, as well as simulated ward environments used for clinical skills teaching incorporating SimMan patient simulators and relevant diagnostic instrumentation. Clinical skills teaching also involves patient actors who provide realistic patient interactions and the counselling rooms have video-recording facilities, allowing students to practise simulated consultations which can be viewed later for personal reflection, as well as being streamed to other students for peer review and learning. The programme will also use the SCRIPT e-learning web-based programme which has been developed to improve prescribing competency and which provides extensive and comprehensive coverage of prescribing. Details of the staff members involved in delivering the programme, including their curricula vitae, were described in the documentation. These staff members include pharmacist independent prescribers working in primary care, secondary care and community pharmacy, as well as experienced teaching staff from nursing, physiotherapy and podiatry. Clinical and diagnostic skills will be taught by specialists, including nurses and general practitioners. The director and deputy director of the programme are both registered pharmacists and have extensive experience as independent prescribers. Funding for the Independent Prescribing programme will come from course fees, with the University providing initial pump priming support; Health Education West Midlands (HEWM) will fund places for local applicants. There will be a maximum of 50 students per year across two cohorts of 25. The team was confident that all criteria relating to the programme provider will be met, subject to confirmation of university validation</td>
</tr>
</tbody>
</table>
| Section 2: Pre-requisites for entry | Entrants must be registered as current practitioners with the GPhC or with the Pharmaceutical Society of Northern Ireland and applicants must provide evidence of registration with the relevant professional regulatory body as part of the programme application process. Applicants will be required to confirm that they have at least two years of appropriate, patient-orientated experience in a UK hospital, community or primary care setting following their preregistration training; they will also be required to provide details of relevant patient-orientated practice in the clinical condition for which they intend to prescribe and the clinical setting within which practice will take place, as well as providing evidence of having up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended areas of prescribing. In discussion with their Designated Medical Practitioners (DMPs), they will identify areas for development of their clinical and diagnostic skills and a proposed plan of action for development will be agreed with the DMP and the Programme Director. Applicants must demonstrate how they reflect on their own performance and take responsibility for their own continuing professional development; this should include examples of the types of activity, development and assessment that demonstrate reflection on performance and practice. DMPs must confirm that they fulfil the Department of Health eligibility criteria to act in this capacity and agree to provide supervision and support for programme applicants. They must have some experience of training in teaching and/or supervising in practice and normally work with the applicant. DMPs will be provided with details of the learning outcomes for the applicant, and plans for clinical supervision, development and support, as well as assessment requirements and timetables. The quality assurance processes for the programme include processes for quality management of DMPs, covering eligibility, training, engagement, evaluation and routes for highlighting concerns.

**The team was confident that all criteria relating to the pre-requisites for entry will be met.** |

| Section 3: The programme | The multi-disciplinary programme, which will be taught at the master’s level, has been mapped to the GPhC learning outcomes listed in the curriculum for independent prescribing as well as to the learning outcomes specified by the NMC and HCPC. The programme utilises an enquiry-based learning approach geared to provide students with a comprehensive, clear understanding of the core principles of safe and effective prescribing. Teaching will be carried out collaboratively in a multi-disciplinary/multi-professional team, with experiential learning being supported by the DMP during the period of supervised learning in practice. The teaching will employ a wide range of methods with a focus on active learning that uses feedback from students to refine teaching as required to meet student needs. The teaching and learning strategy supports applicants to build on their background knowledge and experience to acquire competence in prescribing. In discussion with their DMPs, they will complete a learning contract and an action plan to develop their competence in prescribing; this will include the development of clinical, diagnostic and communication skills during the period of supervised learning in practice, as well as on the University study days. Directed reading and activities, as well as reflection, will be essential preparation for each study day. Student development will be supported by a blended teaching and learning approach comprising distance learning, campus-based teaching days, individual tutorials and workplace-based experience. The programme will have specialist, subject-specific input with case studies to cope with the requirements of the different |
professions. Students will contextualise their learning to their current chosen area of practice but will also acquire a set of core competencies that can be applied to different therapeutic areas as their practice develops. Attendance at all study and assessments days will be compulsory. Monitoring of engagement and progression will be facilitated through students’ frequency of logging on to the VLE and to the SCRIPT eLearning programme. While all lectures are recorded and can be accessed via the VLE, students who miss other parts of the programme will be required to attend the next scheduled equivalent study day.

The team was confident that all criteria relating to the programme will be met.

### Section 4: Learning in Practice

The DMP handbook will include details of the learning outcomes and prescribing competencies expected of the student; it will also include plans for clinical supervision, development and support, as well as assessment requirements and timetables. Routes to highlight concerns relating to students or to any elements of the course will be clearly defined, allowing prompt remedial action and support to be put in place. Compulsory induction for DMPs will comprise four 10-minute podcasts and a live webinar, covering key elements of the course and the role of the DMPs. All DMPs will have access to the VLE, which will be monitored by the course team who will therefore know which DMPs have accessed the material. The course team will also consider the experience and needs of each DMP. A DMP mentor has been appointed to provide support; the mentor will be a point of contact for DMPs and will be able to provide an independent opinion in the event of any problems arising between DMPs and their students. A series of quality assurance visits to DMPs is proposed, the terms of reference for which are currently under consideration.

All placements will be audited and self-audit will be risk-assessed to determine if a visit is required. Specific clinical and diagnostic skills related to the student’s area of intended prescribing practice, as defined at the outset of the course, will be taught under the supervision of the DMP to ensure that the development of the required competencies. DMPs will use their professional judgement on the evidence of competence when assessing the student during the period of supervised learning in practice. Evidence of achievement will be demonstrated through direct observation and supervision of the student, encouraging discussion, critical thinking, justifying rationale behind actions taken and encouraging reflective practice. The DMP must be satisfied that competencies are achieved at the level required for the student to practise as an independent prescriber in their chosen area. Students will keep a log of their supervised learning time in practice; this will be regularly checked by the DMP to ensure that the student is working towards completing the required minimum of 90 hours, which will be formally confirmed and signed-off by the DMP at the end of the programme. At the end of the course, the DMP will complete a professional declaration to confirm the student’s suitability for annotation as an independent prescriber.

The team was confident that all criteria relating to learning in practice will be met.
### Section 5: Assessment

The assessments used to determine the achievement of the programme learning outcomes are made clear to all students and include a calculations examination, an examination comprising short answers/extended matching MCQs, and the assessment of group presentations based on prescribing scenarios. Objective, structured, clinical examinations (OSCEs) will be used to assess competence in clinical examination and communication skills; these competences will also be assessed by the DMP during the period of supervised learning in practice. Students will be required to complete an electronically formatted ‘structured learning and reflective portfolio’, which will demonstrate reflective skills, and will include some directed activities, such as case-based discussions incorporating an evidence-based clinical management plan; this portfolio will be reviewed regularly by the DMP, as well as being reviewed by course tutors. Students must complete and pass all assessments for module 1 before progressing onto module 2. Incomplete or late submissions of any course work will be followed up by the course administration team. All assessments, including the portfolio, must be passed and that there will be no compensation among individual assessment components. Candidates are allowed only two attempts at each assessment. If after the supervised period of learning the DMP is of the opinion that the student has not yet achieved the learning outcomes and competencies required for safe and effective prescribing, the student and the DMP must arrange with the Programme Director for a further suitable period of supervised learning. It remained unclear to the team if students who either failed to identify a serious problem, or who produced an answer that would cause harm to a patient would simply be required to retake the relevant module or, as stipulated in criterion 5.4, would fail the entire programme. Therefore, a condition was imposed that, in any assessment, failure to identify a serious problem or the production of an answer that would cause the patient harm, must result in an overall failure of the programme; this must be communicated clearly to pharmacists and DMPs in all course documentation (See ‘Summary and conclusions’).

The team was confident that all criteria relating to assessment will be met, subject to satisfying the condition concerning criterion 5.4.

### Section 6: Details of Award

Successful candidates will be awarded a ‘Practice Certificate in Independent Prescribing’ confirming that the candidate has successfully completed the programme and the period of learning in practice. The pass list will be certified by Head of the School of Pharmacy and a certified copy of the names and registration numbers of the pharmacists who have successfully completed the programme will be sent to the GPhC via the Applications Team; the Head of School is responsible for submitting pass lists to the GPhC.

The team was confident that both criteria relating to details of the award will be met.
Summary and Conclusions

The team agreed to recommend to the Registrar of the General Pharmaceutical Council that the University of Birmingham should be accredited as a pharmacist independent prescribing course provider for a period of three years, subject to validation by the University, and one condition. The first year of accreditation is provisional and subject to a satisfactory monitoring event after completion of the first cohort of students. The condition is:

1. The University must ensure that, in any assessment, a failure to identify a serious problem or the production of an answer which would cause the patient harm, will result in an overall failure of the programme and that this is communicated clearly to pharmacists and DMPs in all course documentation. The team agreed that the current documentation does not make it explicit that the student will fail the overall programme and not just that module. This is to meet criterion 5.4.

The University must submit evidence of how this condition has been met to the GPhC for approval by the accreditation team; this must be done before the programme can be accredited.

Standing conditions of accreditation:

1. The full record and report include other comments from the team and the Registrar regards the record and report in its entirety as its formal view on provision. Providers are required to take all comments into account as part of the accreditation process.
2. Any required amendments to be made to documents for accuracy or completeness have been identified and are detailed in the record. The provider must confirm the changes have been made but the GPhC does not require documents to be submitted for its approval.
3. 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 and remain for the duration of the accreditation period. The record remains confidential to the provider and the GPhC.
4. On an annual basis, all institutions and other providers approved by the GPhC must give such information and assistance as the GPhC may reasonably require including changes to the curriculum and/or resources.
5. For quality assurance purposes, all Universities offering newly accredited Independent Prescribing Programmes will be expected to undertake an evaluation of the teaching provided to enable students to develop clinical examination skills, once the first cohort has completed the programme. The evaluation must include assessment results for this essential core element and feedback from students on the teaching provided. The evaluation report must then be forwarded to the Quality Assurance (Education) team of the GPhC.

The provider was asked to note the following:

1. The programme is not reaccredited until approval has been given by the Registrar and all conditions have been met satisfactorily.
2. The team's recommendations are not binding on the Registrar, who may accept, modify or reject them.
3. The accreditation team’s feedback is confidential until it has been ratified by the Registrar of the GPhC but may be shared with staff and students internally.
The Pharmacy Order 2010 states:

**Part 5 Education, training and acquisition of experience and continuing professional development**

**Information to be given by institutions or other providers**

46. (3) Whenever required to do so by the Council, any institution or other provider to which this article applies must give to the Council such information and assistance as the Council may reasonably require in connection with the exercise of its functions under this Order.

(4) Where an institution or other provider refuses any reasonable request for information made by the Council under this article, the Council may, in accordance with article 47, refuse to approve or withdraw approval from, any course of education or training, qualification, test or institution or other provider to which the information relates.

For full details of the legislative obligations and powers of the General Pharmaceutical Council, please refer to the Pharmacy Order 2010.


Following the above event a satisfactory response was received to meet the conditions of accreditation. The Registrar of the General Pharmaceutical Council agreed with the accreditation team’s recommendations and approved the course for accreditation for a period of three years, until the end of December 2018, subject to a monitoring event after completion of the first cohort of students.
Appendix A

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 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 Registration Manager, 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 B

Independent Prescribing Programme Learning Outcomes

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

- 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.

- Develop an effective relationship and communication with patients, carers, other prescribers and members of the health care team.

- 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.

- Use common diagnostic aids e.g. stethoscope, sphygmomanometer

- Able to use diagnostic aids relevant to the condition(s) for which the pharmacist intends to prescribe, including monitoring response to therapy.

- 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
• 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.

• 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.

• Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.

• Prescribe, safely, appropriately and cost effectively.

• Work within a prescribing partnership.

• Maintain accurate, effective and timely records and ensure that other prescribers and health care staff are appropriately informed.

• Demonstrate an understanding of the public health issues related to medicines use.

• Demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing.

• Work within clinical governance frameworks that include audit of prescribing practice and personal development.

• Participate regularly in CPD and maintain a record of their CPD activity.

Appendix C

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.