



Independent  
prescribing  
programme

Buckinghamshire New University  
Report of an accreditation event  
March 2017

## Event summary and conclusions

<b>Provider</b>	Buckinghamshire New University
<b>Course</b>	Independent prescribing programme
<b>Event type</b>	Accreditation
<b>Event date</b>	15 March 2017
<b>Accreditation period</b>	August 2017 – July 2020 (provisional) NB. Accreditation is confirmed after a satisfactory monitoring event has taken place following completion of the first cohort of students.
<b>Outcome</b>	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that Buckinghamshire New University should be provisionally accredited as a pharmacist independent prescribing course provider for a period of three years, subject to two conditions. The full period of accreditation will be confirmed once a satisfactory monitoring event has taken place after completion of the first cohort of students. This is a standard part of the accreditation process for new providers.
<b>Conditions</b>	<ol style="list-style-type: none"> <li>1. The GPhC learning outcomes must be mapped accurately to the programme learning outcomes and assessments. This is because there are significant errors in the current mapping document and the team cannot ascertain from this documentation exactly how the GPhC learning outcomes will be assessed. This is to meet criterion 3.2 and 5.1.</li> <li>2. The current assessment strategy must be revised to ensure that the assessments are valid and reliable and suitable for the assessment of pharmacists. This is because the current assessment of competency does not reflect best practice. This is to meet criterion 5.1.</li> </ol> <p>Evidence of how these conditions have been addressed must be submitted to the GPhC, for approval by the accreditation team. The conditions must both be met satisfactorily before the programme can be accredited.</p> <p>Formal evidence must also be submitted to confirm validation of the programme by the University.</p> <p>In addition, there are other documentary changes that must be made (see record below); the University must notify the GPhC in writing to confirm formally that these changes have been made, although it will not be necessary to provide the updated documentation.</p>
<b>Standing conditions</b>	Please refer to Appendix 1
<b>Recommendations</b>	No recommendations were made.
<b>Registrar decision</b>	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. The Registrar accepted the team’s recommendation and approved the programme for accreditation for a provisional period of three years, until the end of July 2020.
<b>Key contact (provider)</b>	Sue Axe, Programme Leader
<b>Accreditation team</b>	Professor Andy Husband (GPhC accreditation team event Chair), Professor of Pharmacy Education, Durham University Professor Chris Langley, Professor of Pharmacy Law & Practice and Head of the School of Pharmacy, Aston University; Associate Dean, Taught Programmes, School of Life and Health Sciences.
GPhC representative	Mrs Philippa McSimpson, Quality Assurance Officer, GPhC
<b>Rapporteur</b>	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

## 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 accreditation 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

Buckinghamshire New University approached the General Pharmaceutical Council (GPhC) in 2011 with an application for accreditation of a programme to train pharmacist independent prescribers. An event was subsequently scheduled in December 2011 to review the programme’s suitability for accreditation. On that occasion, the GPhC’s accreditation team was unable to recommend to the Registrar of the General Pharmaceutical Council that Buckinghamshire New University be accredited to provide an independent prescribing programme for pharmacists. Although the team agreed that some of the GPhC’s criteria were met, and the clinical skills teaching facilities were impressive and fit for purpose, the evidence available did not yet represent a programme that was suitable for pharmacists. The team’s main areas of concern were insufficient input from pharmacists in the design of the programme, the method for ensuring that applicants met the pre-requisites for entry, the achievement of all of the GPhC’s learning outcomes, the support and guidance provided for DMPs supervising pharmacists, the responsibility for teaching, and the arrangements for the assessment of, clinical examination skills, and the title of the award.

In late 2016, the provider approached the GPhC to express an interest in reapplying for accreditation. The provider submitted an application and an accreditation event was subsequently arranged for March 2017; the following is a record of that event. In line with the GPhC’s process for new providers of pharmacist

prescribing programmes, the event was held on site at the University to allow the GPhC's team to view the teaching facilities available to the programme. In addition to the GPhC's accreditation team, the event was attended by an independent panel of the University who were reviewing the programme as part of the University's internal validation process, as well as a representative of the Nursing and Midwifery Council (NMC) and a team from the Health & Care Professions Council (HCPC) who were reviewing the programme for revalidation respectively by the NMC and the HCPC. Each validating/accrediting body in attendance made an independent decision on the revalidation/accreditation and, as such, this record details the GPhC accreditation team's view on the provision. Throughout this document 'the team' is used to refer to the GPhC's accreditation 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 site at Buckinghamshire New University (Uxbridge Campus) on 15 March 2017 and comprised a number of meetings between the GPhC accreditation team and representatives of the University's prescribing programme, and a tour of the university's teaching facilities. The team also met seven nurses, including three who had successfully completed the independent prescribing course for nurses and four who were current students on that programme.

## Declarations of interest

There were no declarations of interest.

## Key findings

### Section 1: The programme provider

**The team was satisfied that all criteria relating to the programme provider will be met, subject to formal confirmation of university validation (See Appendix 2 for criteria)**

The programme will be offered by the School of Applied Health and Exercise Sciences within the Faculty of Society and Health. The University has well-established quality assurance procedures and 10 years of experience in delivering the Independent and Supplementary Prescribing for Nurses which was first validated in 2007. The University's Uxbridge campus has dedicated skills laboratories and simulation suites for teaching clinical examination skills. These include a ward environment, a paediatric suite, a community suite and an A&E suite, in addition to an operating theatre and recovery suite. The skills laboratories include state of the art mannequins to enhance student learning through practical simulations. The team agreed that were facilities are impressive and fit for purpose. The programme is to be delivered by six members of staff; five members of staff are part-time and one is full-time. One teaching staff member is a registered pharmacist and an independent prescriber, and has been involved in the design, development and revue of the programme to ensure its suitability for pharmacists. A University validation event was held concurrently with the GPhC visit; the team's recommendation is therefore subject to formal confirmation that the University has validated the course.

### Section 2: Pre-requisites for entry

**The team was satisfied that all criteria relating to the pre-requisites for entry will be met, subject to**

### **documentation amendments identified.**

The programme is multi-disciplinary and pharmacists applying for the programme do so via the same process as for nurses and allied health professionals. This involves completing a programme-specific application form and attending an interview. The provider had updated the application form to accommodate pharmacists, however the team advised that some changes were required for accuracy as the GPhC is a regulatory and not professional body and there is no longer a separate practising and non-practising register. The team was satisfied that there was a suitable process in place for checking that pharmacists meet the criteria and that there was a process to manage applications from self-employed pharmacists.

The team advised that the employer section of the form appeared to suggest it was the employer's responsibility to confirm that the student met the entry requirements, and reminded the provider that it could seek evidence and assurance from employer but that it held the overall responsibility in this area. To strengthen the information provided to DMPs at the application stage the team advised that the GPhC learning outcomes must be included within the DMP fact sheet and the DMP handbook. The team noted some inconsistencies in the entry requirements for pharmacists as stated in the application form and programme specification and advised that the wording must be amended to accurately reflect the entry requirements across all programme materials.

## **Section 3: The programme**

### **The team was satisfied that seven of the eight criteria relating to the programme will be met, with criterion 3.2 subject to one condition**

The programme, comprising two, 30-credit modules, will be delivered at HEQF level 7 and the learning outcomes and associated assessments have been developed appropriately at this level. Each module equates to 300 hours of learning and consists of 13 study days, a total of 26 days of learning. The learning outcomes had been mapped to the 16 GPhC learning outcomes, although the team identified a number of errors in this mapping, resulting in the imposition of a condition (see condition 1). Students will be required to achieve all 16 GPhC learning outcomes and all assessments must be passed with no compensation being allowed across assessments. The teaching, learning and assessment strategy has been developed to encourage an ethos of lifelong learning; this will be achieved by enhancing key study skills that promote independence in learning, supporting students to become confident in their ability to seek out new learning opportunities. Students will engage in participatory and experiential learning, including multi-disciplinary and multi-agency working and will work in clinical practice for a minimum of one day per week. Experience in practice provides the student with opportunities to apply theory in the clinical situation, analyse the prescriber's role and function as a member of the inter-professional team. Critical thinking skills, research and technical skills will be developed throughout the course, using structured reflection to enable the student to attain the learning outcomes of the course and meet the requirements of the GPhC to acquire competence in prescribing.

## **Section 4: Learning in Practice**

### **The team was satisfied that all criteria relating to learning in practice will be met, subject to wording amendments identified.**

DMPs are provided with clear and practical guidance on helping pharmacists successfully to complete the period of learning in practice. A DMP handbook provides comprehensive information in relation to assessing competence. The handbook may be supported through visits made by the programme team who can offer additional support and advice to enable the DMPs to fulfil their responsibilities. While the course team teaches the students clinical assessment skills in the University, the DMPs will provide additional learning opportunities to observe and practise these skills under their direct supervision and

will be responsible for validating the required competencies. There are formal progression points and a conversation with the DMP takes place prior to the student being signed off as competent. The team noted that the final sign off declarations include the requirement for a line manager's signature. This is not needed as the declaration is sole responsibility of the DMP; as such the team advised that the requirement for the line-manager's signature must be removed to avoid any potential confusion in responsibilities. The team suggested that a copy of the final sign off declarations are included in the DMP handbook so that DMPs are aware from the beginning of the declarations they will be asked to make

The team was told that any issues relating to the students' performance will be highlighted to the University via the students' personal tutors; this would lead to a recorded meeting involving the student, the DMP and programme staff members, with the development of an action plan. Failure in the period of learning in practice cannot be compensated by performance in other assessments.

## Section 5: Assessment

**The team was satisfied that three of the four criteria relating to assessment will be met, subject to wording amendments and with criterion 5.1 being subject to a condition.**

The assessments will comprise an OSCE, a viva, examinations in pharmacology and numeracy, a simulation and presentation, and the submission of a practice portfolio. The viva is an oral examination which will test mastery of the students' knowledge in relation to the patient presentation within the OSCE examination, while the portfolio will provide evidence of application of theory to practice in the clinical environment. The OSCE will consist of a single station, requiring students to take a comprehensive health history, undertake a clinical examination of the patient, and determine a diagnosis; this will be followed by a discussion with the patient about management of the condition and a decision on what should be prescribed, with the consultation being written up. As in the current programme for nurses, the OSCEs will be bespoke for the particular students in order to reflect their own areas of practice, with the scenarios used taken from a bank that is currently being compiled; the students will not know the case with which they will be presented but each student will have a different case. The team expressed some concern about this bespoke approach, stating that an OSCE should assess the fundamental principles of prescribing, which are the same whatever the condition, or whatever is being prescribed. The team was further concerned that a single station OSCE does not reflect current good assessment practice in terms of its reliability and validity; high stake OSCEs would normally be expected to comprise 8-15 stations using standardised patients and to employ an appropriate standard-setting procedure, rather than an arbitrary pass-mark. The team also expressed concerns about the validity and reliability of viva examinations. In light of these concerns, the team set a condition (see condition 2) that the current assessment strategy must be revised to ensure that the assessments are valid and reliable and suitable for the assessment of pharmacists.

The team was satisfied that a policy was in place to ensure that unsafe practice identified in assessment (criterion 5.4) leads to failure of the programme. The team noted, however, that it was not explicit within the programme handbook that this related to failure of the overall programme. The team advised that it must also be make clear to students that no re-sit is permitted when an assessment is failed is due to unsafe practice.

## Section 6: Details of Award

**The team was satisfied that both criteria relating to details of the award will be met.**

The list of successful candidates will be certified and ratified at the examination board. This list will then be forwarded to the GPhC by the School's Registrar. Each successful candidate will be awarded a certificate which states 'Practice Certificate in Independent Prescribing'.



## 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.