General Pharmaceutical Council

Independent prescribing programme

Cardiff University

Report of a reaccreditation event

July 2017

Event summary and conclusions

Provider	Cardiff University
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	18 July 2017
Accreditation period	October 2017 - October 2020
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that Cardiff University should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years.
Conditions	There were no conditions
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of three years.
Key contact (provider)	Dr Karen Hodson
Accreditation team	Mr Mike Pettit (event Chair), Senior Lecturer in Pharmacy Practice, University of Sussex Professor Helen Howe, Retired hospital Chief Pharmacist
GPhC representative	Miss Jenny Clapham, Quality Assurance Officer, GPhC
Rapporteur	Professor Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde Proprietor, Caldarvan Research (Educational and Writing Services)

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

Cardiff 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 18 July 2017 to review the programme's suitability for reaccreditation. The School of Pharmacy and Pharmaceutical Sciences (PHRMY, formerly known as the Welsh School of Pharmacy) has run a Prescribing Programme since 2004. Initially it was a joint course with Cardiff University's School of Nursing and Midwifery Studies (SONMS); however since 2012, PHRMY has run a 40-credit module 'Pharmacist Independent Prescribing'. At the 2014 reaccreditation event, the team agreed to recommend to the Registrar of the General Pharmaceutical Council that Cardiff University should be reaccredited as a pharmacist independent prescribing course provider for a further period of three years subject to one condition, that the University must implement a valid and reliable quality assurance process of the OSCE assessment that was currently undertaken by the DMPs. The team considered that the OSCE assessment was a key competence assessment and whilst there was some quality assurance of DMPs, the assessment was not universally under the control of the University's QA procedures. Therefore, the University was required to provide the GPhC with evidence of how it would ensure consistent application of assessment standards across all DMPs in the OSCE assessments. This condition had to be met before the intake of the next cohort of pharmacists. This was to meet criteria 4.1 and 5.3. As a result of the condition, a new process for moderating all OSCEs was implemented, consisting of at least 3 of the 5 phases of the formative OSCEs being recorded for a member of the management team to moderate.

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 18 July 2017 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of Cardiff University prescribing programme.

Declarations of interest

There were no declarations of interest.

Key findings

Section 1: The programme provider

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

The School has run a 40-credit Pharmacist Independent Prescribing module solely for pharmacists since 2012, with some joint learning with the School of Healthcare Sciences. The two separate management committees meet annually to review the programme and make the necessary plans for the next intake. The University fully validated the programme at the Postgraduate Taught Board of Studies in March 2017. Student feedback is obtained on all study days using Bristol On-line Survey. The External Examiner has the opportunity to review each assessment and attends the Examining Board. Recently, numbers of pharmacists on the programme have increased, largely due to the recruitment of cluster pharmacists who provide services to several general practices. The aim of the All Wales Chief Pharmacists Group is to have all patient-facing pharmacists qualified as prescribers, and the Workforce Education and Development Service (WEDS) has commissioned a large number of places due to the health boards identifying pharmacists and the new cluster posts in primary care. Funded places must include interprofessional learning and a cohort will be run each September alongside the School of Healthcare Sciences non-medical prescribing programme. In addition, it is intended to run a uniprofessional, second cohort in January that does not have commissioned places. Each cohort will now be composed of thirty-six students.

Pharmacists are funded to join the programme through the local commissioning body (Workforce Education and Development Services), local Health Boards in Wales/hospitals in England, General Practices or General Practice clusters (Wales), or by students funding themselves. There are two members of staff within PHRMY who are on the Prescribing Management Team plus nine pharmacist independent prescribers act as Personal Tutors and mark different course assessments, plus a number of professionals teach the clinical examination and consultation skills. The teaching of clinical examination skills occurs either in a small workshop room and the six consultation rooms in the Redwood Building, or in purpose-built clinical skills unit at the Ty Dewi Sant campus or Eastgate House. The Programme Director is a practising pharmacist registered with the GPhC and is the nominated identified practising pharmacist for the programme; she has the overall responsibility for organising the delivery of the teaching of clinical examination skills, and the teaching team reviews regularly the requirements of the course in this respect.

Section 2: Pre-requisites for entry

All of the six criteria relating to the pre-requisites for entry are met

Each applicant must complete the Cardiff University application form and a supplementary application form that confirms the criteria set out by the GPhC. Applications are reviewed by the Programme Director and the eligibility of each application is confirmed against the GPhC's entry criteria. Many of the applicants from the hospital sector already have considerable postgraduate experience to diploma level and the School has good knowledge of many of these applicants. Similarly, the School has close links with community pharmacy in Wales, and with applicants from both sectors there is substantial contact with the teaching team before the formal application process. Applicants must identify the area of clinical practice in which they seek to develop prescribing skills, and demonstrate that their clinical, pharmacological and pharmaceutical knowledge is up-to-date and that they undertake CPD. Applicants wishing to prescribe in a different area from their existing expertise may be advised to delay their application until they have developed a level of expertise in their new, chosen area of prescribing. Self-employed pharmacists will be interviewed by the Programme Director. Potential DMPs are required to state and sign to confirm their position, their previous experience in teaching and agree that they will provide supervision and support for the student. The Programme Director (or nominee) checks the GMC

register to ensure that there are no fitness to practise issues. DMPs are offered a half-day training session to induct them into the programme, to explain the ethos of the programme and to outline the expectations of the DMP. The team noted that the GPhC learning outcomes (LOs) are not included in the DMP Handbook and was told that the omission represented an oversight which would be corrected, and that the DMPs are sent the DMP Handbook before agreeing to act in the capacity.

Section 3: The programme

All of the eight criteria relating to the programme are met

The programme consists of one 40-credit module delivered at level 7 only, with the GPhC learning outcomes (LOs) mapped to those of the programme and associated assessments. The pharmacists' background knowledge and experience will be established through their application forms and also through their completion of a self needs analysis, scope of practice and personal development plan. The module runs over 7 months and includes 12 study days taught at the University, the equivalent of 12 days (minimum of 90 hours) learning in practice under the supervision of a DMP, a minimum of 98 hours of directed study, and an extensive amount of time for self-directed learning, assignment development and writing and completion of the Prescribing Portfolio. The programme for the interprofessional cohort includes a peer review session with nurses and allied healthcare professional. For the uniprofessional cohort there is strong encouragement for the students to engage in peer review in practice settings, for example, with nurses.

All coursework and the Prescribing Portfolio allow the student to contextualise their learning to their chosen scope of practice. Clinical competence will be confirmed by achieving the prescribing competencies in the Prescribing Portfolio, signed as appropriate by their DMP, their line-manager and/or personal tutor. Opportunities for formative assessment, feedback and feedforward are manifold, with diagnostic testing for numeracy, the opportunity for students to send a draft of their reflective assignment and therapeutic framework to their tutor for directional advice, along with checking of the clinical logs in the portfolio. Pharmacists can undertake the Structured Clinical Assessment with the DMP as many times as required, obtaining feedback and with a recorded video of a formative attempt to allow the University to attend to any observed problems, and for the students to critique themselves. In addition, there is a Skills Needs Assessment designed as a tool for the student and DMP to assess the student's current state of knowledge; this is revisited and is signed off by both the DMP and the University.

All study days are compulsory, there is no recognition of prior or experiential learning, and all students must complete and pass all of the assessments. On each study day students are required to sign an attendance register and are made aware that for any study day that they do not attend it is their responsibility to ensure that they obtain the documentation from the day and that they understand the concepts discussed on the day. Pharmacists cannot be granted exemption from any study day where patient assessment or diagnosis is taught.

Section 4: Learning in Practice

All of the five criteria relating to learning in practice are met

Each DMP is provided with a specific handbook for the programme, providing an overview of the programme and details of the role of the DMP, as well as the GPhC's requirements, and contact details of their student's personal tutor. Additional, suitably qualified medical practitioner(s) may help to complete the time in practice, but the main DMP must sign off the final paperwork. The University intends to support the increasing number of DMPs that will be necessary to supervise the increasing number of pharmacists by developing video presentations. Approximately half the DMPs attend a training day; DMPs that cannot attend the training sessions are provided with supplementary

information via SKYPE or a webinar and may be emailed or telephoned. DMPs are initially required to agree the student's scope of practice and the clinical examinations skills required for their prescribing role. For the Prescribing Competencies the students are expected to demonstrate how each competency has been met, with both pieces of work requiring sign-off by the DMP to confirm satisfactory completion. The DMPs are also involved in the Structured Clinical Assessments in practice (formerly referred to as OSCE), the summative assessment in the student's workplace. All assessments, including the period of learning in practice, must be passed in order to pass the module.

Section 5: Assessment

All of the four criteria relating to assessment are met

Assessment consists of prescribing portfolio, designed to show and address CPD and the development of competence and skill; therapeutic framework and personal formulary, involving problem-solving exercises; reflective assignment/consultation skills to measure the student's ability to appraise consultation style; a pass/fail numeracy assessment; and structured clinical assessments to address consultation, assessment and diagnostics. The DMPs are involved in assessing the Structured Clinical Assessment in practice; the formative assessment is recorded and then blind marked at the University to quality assure the DMP's marking and to give the DMP confidence in their making of the equivalent summative assessment. The team was encouraged by this quality assurance of the formative assessment but found it unusual that quality assurance was not applied at the summative level. However, the team was assured that all the learning outcomes are also assessed by methods other than the Structured Clinical Assessment and that the Structured Practical Assessment, conducted at the University, covers clinical examination skills. The programme is assessed separately from any other programme or programme components, but it is anticipated that this module may contribute as a modular component of postgraduate taught programmes when a separate module certificate will be issued on successful completion of the module. There is no compensation between assessments. Only one resit attempt per assessment is allowed, but if a student at any time fails to identify a serious problem or provides an answer which could cause patient harm then they will fail the overall programme. No resit attempts will be allowed and a decision will be made whether they can re-take the whole programme.

Section 6: Details of Award

Both of the two criteria relating to details of the award are met

On completion of the programme and the period of learning in practice, the pharmacist will be awarded a Practice Certificate in Independent Prescribing and a Cardiff University 40-credit module in Pharmacist Independent Prescribing. The Programme Director sends the pass list, containing the names and registration numbers of the pharmacists who have successfully completed the programme and who are eligible for annotation of the GPhC Register as an Independent Prescriber to the GPhC.

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 be 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.