General Pharmaceutical Council

# Reaccreditation of an Education and Training Programme to prepare Pharmacist Independent Prescribers, University of Cumbria

Report of a reaccreditation event, 20 June 2016

## 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 Cumbria was reaccredited by the GPhC in 2013 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 20 June 2016 to review the programme's suitability for reaccreditation. The accreditation process was based on the GPhC's 2010 accreditation criteria for Independent Prescribing.

## Background

At the 2013 reaccreditation event, the accreditation team agreed to recommend that the University be reaccredited for a period of three years subject to one condition and one recommendation. The condition was that the module learning outcomes must be appropriately mapped against the GPhC learning outcomes as the then programme learning outcomes related to principles of safe prescribing and not to learning outcomes; the team considered that this was misleading for students. This was to meet criterion 3.2. The recommendation was that the information provided for students and DMPs should highlight that failure to identify a serious problem which would cause patient harm in any assessment will result in overall failure of the programme. This related to criterion 5.4. The team commended the University on the integration of the OSCE with the viva where the latter is based on the review of the former; the team found that the assessment was individualised for the student but remained robust and consistent. All conditions and recommendations were implemented by the University. The recommendation and the

discussions with the accreditation team led to amendment of the University Wide Grade Descriptors so that a statement was inserted at Level 7 that "For professional courses any work which contains evidence of, or reference to, unsafe or dangerous practice should be deemed a fail".

## Documentation

The University provided copies of its application documentation in advance of the visit, in line with the agreed timescales.

## The event

The event was held on 20 June 2016 at the GPhC Offices at Canary Wharf, London and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Cumbria prescribing programme.

## The Accreditation Team

The GPhC accreditation team ('the team') comprised:

| Name | Designation at the time of accreditation event |
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| Professor Jane Portlock | Accreditation team member (Chair of event), Professor of Pharmacy Practice, University of Portsmouth |
| Dr Ruth Edwards | Accreditation team member, Senior Lecturer and MPharm Course Leader, Robert Gordon University |

along with:

| Name | Designation at the time of visit |
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| Ms Jenny Clapham | Quality Assurance Officer, General Pharmaceutical Council |
| Dr Ian Marshall | Rapporteur, Emeritus Professor of Pharmacology, University of Strathclyde |

## Declaration of potential conflicts of interest

Ian Marshall declared that his partner's son was an employee of the University of Cumbria.

## The accreditation criteria

| | Accreditation team's commentary |
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| **Section 1: The programme provider** | **All of the four criteria relating to the programme provider are met. (See Appendix A for criteria)**<br><br>Programme delivery is developed and managed within the Department of Nursing, Health and Professional Practice. The University has conducted its own validation process which provides confirmation of the University's ability and commitment to ensure the availability of adequate resources to deliver the programme. Health Education England North West (HEENW) has made funding available for modules, including non-medical prescribing programmes, through CPD-Apply, to all North West placement provider organisations. Students are actively encouraged to engage in module and programme level evaluation, as well as in the development of the programme. Module and programme evaluation is either via a classroom-based session, or online. This evaluation feedback informs the Programme, and Department, Annual Evaluatory Report (AER) process. The programme is delivered at both the Carlisle and Lancaster campuses of the University; there is parity of delivery at the two sites with teaching staff travelling between the sites to ensure consistency. Pharmacists can attend either the Lancaster or Carlisle campus with two cohorts per year being delivered at Lancaster and one cohort per year at Carlisle Accommodation, including clinical skills facilities, is allocated for delivery of the programme. The facilities are able to support a range of healthcare programmes, and include METIman technology for simulated learning. Student numbers have ranged from 10 - 30 in a single cohort, drawn from all disciplines, of whom pharmacist numbers typically range from 2 - 8. It is anticipated that minimum and maximum numbers for any single delivery of the programme, of which pharmacist students would be part, will be 10 and 30 students respectively. 2.0 WTE teaching staff, plus administrative support, is allocated to the programme. This includes a GPhC-registered pharmacist who is a fully integrated member of the teaching team, facilitating online learning for students throughout the programme and as a Personal Tutor. |
| **Section 2: Pre-requisites for entry** | **All of the 6 criteria relating to pre-requisites for entry are met.**<br><br>A Nomination Form developed and employed by the universities in the region of Health Education England North West (HEENW) requests applicants to identify the regulatory body with which they are registered (i.e. the GPhC or PSNI), and their registration number, along with confirmation of two years appropriate patient orientated experience practising in a UK hospital, community or primary care setting following their pre-registration year**,** and confirmation by the entrant's line manager of two years post-registration clinical experience or part-time equivalent. In the absence of a line manager, self-employed pharmacists are required to provide a reference from another registrant of the GPhC to confirm this detail. The |

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| | form also requires identification by both the entrant and their line manager of an area of clinical practice in which applicants intend to develop their prescribing skills**,** and confirmation by the entrant's line manager that the entrant has up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice. In the absence of a line manager, self-employed pharmacists are required to provide a reference from another registrant of the GPhC, or the nominated Designated Medical Practitioner to confirm this detail. In addition, the applicant is required to identify an appropriate Designated Medical Practitioner (DMP), and to provide an audit of the practice placement. |
| **Section 3: The programme** | **Seven of the 8 criteria relating to the programme are met with the team being confident that this criterion will be met subject to a rectification of the mapping.**<br><br>The programme is offered at Level 6 or Level 7 and carries 40 credits. The 16 GPhC learning outcomes have been mapped against the programme's learning outcomes and assessments. Level 6 and 7 programme learning outcomes have been differentiated, and aligned with the relevant level of study. The team noted that the GPhC LOs 4 and 5, pertaining to clinical physical examination skills were mapped to the programme LO1, but that, although the inclusion of such skills was implicit in LO1, the team agreed that LO1 should make clinical physical examination skills an explicit component of this LO. Programme delivery takes place over a period of approximately four to five months**.** Students must complete 26 days of scheduled learning and teaching which combines attendance for face-to-face sessions with more flexible e-learning approaches, and undertake further guided independent study. Learning is based on a minimum of 26 days in academic study and 12 days in professional practice. Campus sites are used to deliver face-to-face learning, teaching (9 days), and assessment (2 x 0.5 days) which is supported and enhanced by the use of a range of e-learning technologies, including the University's virtual learning environment (VLE), Blackboard; directed learning activities are equivalent to a further 16 days study. The portfolio and practical skills assessments provide opportunities for pharmacists to present and demonstrate how they will apply their learning to the conditions for which they will be prescribing. Specifically, pharmacists are required to attend all clinical skills sessions and will not pass the programme if they do not attend these**.** |
| **Section 4: Learning in Practice** | **Three of the 5 criteria relating to learning in practice are met.**<br><br>Placement audit supports quality assurance of the learning environment in which clinical practice will take place**.** DMPs have access to a webfolio of information and guidance. The roles of the programme provider and DMP for teaching clinical assessment skills are identified and discussed during facilitated face-to-face workshop to which DMPs are invited and in supporting materials provided. DMPs are contacted by letter or emails at the start of the programme and midway, inviting contact with the student's Personal Tutor and /or Programme Leader to support both the student and DMP in the learning and assessment process in practice. Guidance is provided to the DMP for their role in the conduct of student assessment by |

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| | means of a Competency Profile/Learning Log, and Designated Medical Practitioner Guide. The DMP is required to complete statements in the student's Competency Profile confirming that the pharmacist has satisfactorily completed at least 12 x 7.5 hour days (90 hours) supervised practice, and that in their opinion the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an Independent prescriber. It is made clear to students in the Programme Handbooks and Module Guides that failure in the period of learning in practice cannot be compensated by performance in other assessment. The team learned that much of the assessment takes place in practice, with the assessment of physical examination skills embedded in the Competency Profile, with quality assurance being effected through discussions and the use of the NPC Single Competency Framework. The student's Competency Profile encompasses the consultation record which the DMP has to sign off formatively at the mid-point of the period of learning in practice and summatively at the end of the programme. The consultation record includes medication history-taking, identification of any allergies, physical examination of a patient, diagnosis, communication with the patient and prescription-writing. The team learned that the formative consultation record informs the Practical Skills Assessment carried out at the University. This assessment involves the student having a critical discussion with teaching staff about a case from their consultation record, writing a prescription, and explaining their reasoning, but no direct observation of clinical, diagnostic and physical assessment skills. The team agreed that the assessment of the pharmacist's clinical, diagnostic and physical examination skills rests outside the University's quality assurance process and hence does not represent a sufficiently robust and valid assessment. As a result, it will be a **condition** of reaccreditation that the University must ensure there is robust and objective assessment of clinical, diagnostic and physical examination skills. |
| **Section 5: Assessment** | **Three of the 4 of the criteria relating to assessment are met.**<br><br>The assessment consists of three elements: Portfolio - 4000 word equivalent; Set exercise - completion of a record of learning and achievement of competence in practice, assessed by the DMP; and Practical Skills Assessment. All learning outcomes of the programme are assessed in practice by the DMP using the NPC Single Competency Framework. The documentation stated that the University programme team assesses the student's achievement of all intended learning outcomes of the programme by portfolio submission, and undertakes further assessment of the LOs 1-3 in the practical skills assessment exercise. However, as described in the commentary to Section 4 above, the team agreed that the assessment of the pharmacist's clinical, diagnostic and physical examination skills was not carried out under the aegis of the University quality assurance process and hence did not represent a sufficiently robust and valid process.<br>As in Section 4, it will be a **condition** of reaccreditation that the University must ensure that there is robust and objective assessment of clinical, diagnostic and physical examination skills. Undergraduate students (Level 6) normally have a right to two reassessment opportunities in the work for any module which has been failed, and postgraduate students (Level 7) have a right to one reassessment opportunity for each module. The team agreed that the automatic right to a third attempt at an assessment was not consistent with safe and effective practice, and accordingly, it will be a **condition** of |

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| | reaccreditation that the University must review its resit regulations for the pharmacist independent prescribing programme to ensure safe and effective practice. The team agreed that the current regulation that would allow an automatic third attempt at an assessment for all students at Level 6 is not consistent with achievement of this outcome. All summative assessments must be passed, and cannot be compensated by performance in other assessments. To ensure currency of learning and preparation for practice as an Independent prescriber, the programme should normally be completed within one year, although in exceptional circumstances, completion of the programme is permitted within a two-year period. Any work which contains evidence of, or reference to, unsafe or dangerous practice should be deemed a fail. Therefore, in any assessment, a failure to identify a serious problem or an answer which would cause the patient harm would result in overall failure of the programme; this is confirmed in the students' Programme Handbook. |
| **Section 6: Details of Award** | **One of the 2 criteria relating to details of the award is met with the team confident that the other criterion will be met subject to the revision of the certificate**<br><br>The team noted that the sample certificate presented at the reaccreditation event was actually a student transcript rather than a certificate with the appropriate wording. The provider agreed to submit a revised certificate to the GPhC for approval. A certified copy of the pass list will be sent by the University Administration Manager (Assessment and Awards) to the Registrar of the GPhC, via the Applications Team. This will contain the names and registration numbers of the pharmacists who have successfully completed the programme. |

## Summary and Conclusions

The team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Cumbria should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years, subject to two conditions.

The conditions are:

1. The University must ensure that there is robust and objective assessment of clinical, diagnostic and physical examination skills. The team agreed that the consultation record currently assessed by the DMPs is not under the direct control of the University's quality assurance processes. In addition the team agreed that the practical skills assessment is not a valid assessment of the student's clinical, diagnostic and physical examination skills. This is to meet criteria 4.1, 4.2 and 5.1.

2. The University must review its resit regulations for the pharmacist independent prescribing programme to ensure safe and effective practice. The team agreed that the current regulation that would allow an automatic third attempt at an assessment for all students at Level 6 is not consistent with achievement of this outcome. This is to meet criterion 5.3.

The University must submit evidence of how these conditions have been met to the GPhC, for approval by the accreditation team. This must be done before the next intake of pharmacists onto the programme.

**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 reaccreditation 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.

**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:

**<u>Part 5 Education, training and acquisition of experience and continuing professional development</u>**

**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.*

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

**Following the above event, the provider submitted documents to address the conditions of reaccreditation and the accreditation team was satisfied that these conditions had been met. The Registrar of the GPhC subsequently accepted the team's recommendation and approved the programme for reaccreditation for a further period of three years, until the end of September 2019.**

# 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 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 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.