General Pharmaceutical Council

Independent prescribing programme

De Montfort University

Report of a reaccreditation event

May 2017

Event summary and conclusions

Provider	De Montfort University
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	12 May 2017
Accreditation period	July 2017 – July 2020
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that De Montfort 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)	Tim Harrison, Module Leader, Independent Prescribing Course & Programme Leader, MSc Clinical Pharmacy
Accreditation team	Mr Mike Pettit, Senior Lecturer in Pharmacy Practice, University of Sussex Professor Anne Watson, Postgraduate Pharmacy Dean, NHS Education for Scotland
GPhC representative	Ms Jenny Clapham, Quality Assurance Officer, GPhC
Rapporteur	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 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

De Montfort University was accredited by the General Pharmaceutical Council (GPhC) in 2011 to provide a programme to train pharmacist independent prescribers, for a period of 3 years. It was reaccredited in April 2014, again for a period of three years, subject to two conditions:-

i. The University was required to revise its assessment strategy to ensure that the competency-based assessments are consistent with safe and effective prescribing (criterion 5.3); the team acknowledged that the review of the assessment strategy undertaken by the University team had resulted in a more appropriate range of assessments. However this review did not include any developmental work in what the University team describe as OSCEs. In response to this condition, the programme team undertook a comprehensive review of the assessment strategy, which included the development of a new approach for the way in which the OSCE was written, along with a revision of its design and content; detailed evidence of this was submitted to the GPhC, which deemed criterion 5.3 to be met.

ii. The University was required to ensure that a failure to identify a serious problem or an answer which would cause the patient harm in any assessment results in an overall failure of the programme (criterion 5.4). In setting this condition, the team recognised that the University produces safe prescribers. However, the regulations allowed students to retake one element of their assessment that was related to unsafe practice; this is not permitted. To meet this condition, the programme team put in place a procedure to identify and assess such situations so that the requirement could be implemented in a fair and transparent way, this being explicitly described in the Student Handbook; detailed evidence was submitted to the GPhC, which deemed criterion 5.4 to be met.

In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 12 May 2017 to review the programme's suitability for reaccreditation. The accreditation process was based on the General Pharmaceutical Council's 2010 accreditation criteria for Independent Prescribing.

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 12 May 2017 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the De Montfort prescribing programme.

Declarations of interest

There were no declarations of interest.

Key findings

Section 1: The programme provider

All four criteria relating to the programme provider are met.

The Practice Certificate in Independent Prescribing for Pharmacists programme is delivered by the Postgraduate Pharmacy Department of the Leicester School of Pharmacy, within the Health and Life Sciences Faculty. Staff members in the School of Pharmacy also contribute to accredited prescribing courses for non-pharmacist non-medical prescribers offered by the School of Nursing and Midwifery; although the pharmacists are taught separately for most sessions, inter-professional education takes place with students on the latter programme. The programme was fully validated by the University in July 2011 for an indefinite period. Several changes have been made to the programme which will take effect from September 2017; these include the replacement of a significant amount of face-to-face teaching by online learning, an increase in the number of students from 40 to 80 per year, and a change in the assessment ensuring its proportionality to the number of credits and academic level, while ensuring robustness in the context of independent prescribing. Another change was to the duration of the course, allowing completion in four months, but with the facility to extend to six months without jeopardy. The University regarded these as minor changes which did not require the programme to be revalidated. The quality assurance processes that apply to the programme include quinquennial periodic review, which was last undertaken in 2011, as well as annual review, which incorporates module evaluation based on a rigorous process for obtaining student feedback, along with student attainment, and input from the external examiner. This annual review process now also includes a focus group with students at the end of the module, as well as engagement with local employers, including Chief Pharmacists from NHS Hospital Trusts and GP leads at local GP Federations. The School has ample, up-to-date accommodation and resources for delivering the programme, including those required for teaching and assessing clinical skills. The Blackboard virtual learning environment (VLE) is used extensively for the provision of online material, as well as allowing students to build and record a portfolio of competencies and logs of their prescribing and feedback. The staffing of the programme includes permanent, full-time staff members, as well as several independent prescribers employed on a sessional basis to act as mentors and the main point of contact for students. Clinical skills are taught by GP educators, again employed by the University on a sessional basis through contracts. The number of staff will increase as the student numbers increase.

Section 2: Pre-requisites for entry

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

Only people who have been registered as pharmacists with the General Pharmaceutical Council (GPhC) or the Pharmaceutical Society of Northern Ireland (PSNI) may join the course. They must have at least two years of appropriate, post-registration, patient-orientated experience in a UK hospital, community or primary care setting. All suitably qualified applicants are interviewed during which applicants describe their relevant experience; the programme team uses the application form, the interview and references to determine if applicants have up-to-date clinical, pharmacological and pharmaceutical knowledge in the area in which they intend to prescribe. Where applicants wish to prescribe in an area in which they have no prior experience, this is explored through detailed discussion at interview. Such applicants may be asked to obtain additional experience in a relevant area before joining the course, or to reapply on the basis of prescribing in another field; ultimately, these individuals may be rejected if no appropriate area can be identified. Applicants' nominated designated medical practitioners (DMPs) must confirm that they agree to provide supervision, support and shadowing opportunities to the applicant. Details of the DMPs' registration are checked to ensure their suitability. It is the applicant's responsibility to ensure that a DMP is in place before applying for the programme. Once the applicant has confirmed acceptance of a place on the course, the module leader contacts the DMP by e-mail, which includes the DMP Handbook; this handbook contains an overview of the DMP's role, supervisory expectations and

standards, as well as advice on how the DMP can access further help.

Section 3: The programme

All eight criteria relating to the programme are met.

The programme is taught at FHEQ level 7. The learning outcomes and assessments have been mapped to the GPhC learning outcomes and to the RPS Faculty Advanced Pharmacy Framework to demonstrate how students may use the skills and tools learnt from this programme in their future professional development. Each student engages in an online exchange with the module tutors regarding general progress, development of reflective skills and use of the online journal for formative submission of draft work. This allows students' progress to be easily monitored and any issues to be addressed quickly and pro-actively. Students learn the theory of good prescribing practice during their interactive teaching sessions, through self-directed learning, recommended reading and CPPE packages. Learning is applied to practice during the clinical skills and consultation skills sessions and also during the student's individual learning in practice periods. Students then go on to reflect on their experience on an individual level in their portfolios and in a collaborative manner both online and in group sessions. Learning is underpinned by a reflective portfolio which maps development against the competency framework and allows students to identify existing skills and expertise, and to focus their development during their hours in clinical practice. During the clinical skills sessions, all of which must be attended, students learn a range of general monitoring and practical prescribing skills which all students need, such as the use of stethoscopes, sphygmomanometers, and other diagnostic tests. These sessions aim to orientate the student to physical examination of patients, consent issues, hygiene and health and safety, interpretation of diagnostic tests and explaining test results in a manner that is appropriate for the patient. More specialised monitoring skills, relevant to their own area of practice, are addressed within their portfolio action plan and subsequent experience in clinical practice. Students undertake a period of learning in practice, based on an action plan tailored to meet their learning needs which is developed by discussion with their DMPs. During their learning in practice, students develop a structured case report which allows them to demonstrate application of learning to practice in relation to the diagnosis, pathophysiology, clinical evidence base, therapeutic decision making, management and follow-up in their area of clinical practice. An integral part of the report is the development of a prescribing algorithm which may form the basis of the clinical protocol within their surgery or department.

Section 4: Learning in Practice

All five criteria relating to learning in practice are met.

Students must complete a minimum of 90 hours (12 x 7.5 hour days) of practice under the supervision of their DMPs. DMPs receive an introductory email, along with a copy of the DMP handbook in the first week of the course and are encouraged to contact the module leader directly at any stage of the course regarding any queries about their students' learning in practice or any other aspect of the course. The handbook provides information the roles and responsibilities of the DMP and refers to the indicative content of the course as defined by the GPhC. The handbook also contains specific information on how the DMPs can support students in practice, with reference to the relevant learning in practice templates which students must complete. While clinical assessment is taught generically in the clinical skills and clinical decision making sessions, the specific clinical assessment skills needed for each student's individual area of competence are taught by the DMP or other staff, during the 90 hours of learning in practice. DMPs are also required to contribute to the marking of the students' structured case report, including comment on the clinical completeness and appropriateness of the prescribing algorithm, the therapeutic framework and the management plan. At the end of the period of learning in practice, DMPs must confirm that the students have completed at least 12 x 7.5 hour days of supervised practice; they must also declare that, in their opinion, the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an independent prescriber.

Section 5: Assessment

All four criteria relating to assessment are met.

Assessments ensure that all of the learning outcomes for the programme are assessed and that evidence is obtained that all of the competencies within the 'RPS Competency Framework for all Prescribers' are covered during the students' learning in practice. The assessments include an objective, structured clinical examination (OSCE), a reflective portfolio, and a structured case report. The OSCE covers aspects such as clinical examination, history taking and complex communication. The portfolio, which helps to develop life-long learning skills, and demonstrates application of knowledge to practice, allows students to reflect on their 90 hours in practice; it includes a self needs assessment and learning action plan, a learning in practice log, a practice-based assessment of prescribing competence, a series of prescribing logs summarising prescribing decisions witnessed during learning in practice, and a series of reflections on learning in practice linked to the competency framework. The structured case report is linked directly to the student's stated area of competence and enables students to consider the whole care pathway, from when a patient enters their care, through to discharge or long term follow up; DMPs contribute to the assessment of the structured case report. Students must pass all the assessments in order to complete the programme; failure requires students to re-sit each failed component, with only one resit attempt normally being permitted. Failure of students to identify a serious problem or the production of an answer which would cause a patient harm in any assessment results in overall failure of the programme; there is a formal review procedure in place to identify and assess such situations, so that this can be implemented in a proportionate, fair and transparent way.

Section 6: Details of Award

Both criteria relating to details of the award are met

Candidates who complete the programme are awarded a 'Practice Certificate in Independent Prescribing'. Once the awards are ratified by the University Assessment Board, the module leader emails the registration department at the General Pharmaceutical Council, informing them of the names and GPhC registration numbers of the students who have successfully completed the course and who are therefore eligible for annotation on the GPhC Register as Independent Prescribers.

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.