

General
Pharmaceutical
Council



Independent
prescribing
programme

Bangor University

Report of a reaccreditation event

January 2018

Event summary and conclusions

Provider	Bangor University
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	10 January 2018
Accreditation period	June 2018 – May 2021
Outcome	<p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing programme provided by Bangor University should be reaccredited for a further period of three years, subject to two conditions.</p>
Conditions	<ol style="list-style-type: none"> 1. All pharmacists must attend all scheduled teaching and learning sessions that provide instruction on clinical examination and diagnosis (as per criterion 3.7), regardless of prior learning or experience. All relevant teaching and learning sessions, and the associated attendance requirement, must be identified clearly to pharmacists in the programme timetable and other programme documentation, including information on the virtual learning environment. This is because the current arrangement may allow pharmacists to miss these sessions if they have already completed similar sessions (for example on the MSc Advanced Practice) is not consistent with the requirements of criterion 3.7. 2. In order to ensure that the marking of the reflective assignment at level 6 is consistent with safe and effective practice you must either seek derogation from the University's standard marking criteria, or require all pharmacists to study at level 7. This is because the team is not satisfied that the current university marking criteria for the pass boundary at level 6 demonstrates safe and effective practice, and it notes that the standard University marking regulations do not currently permit Schools to set more stringent marking criteria. This is to meet criterion 5.3.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	<p>Following the event, the provider submitted a response to the conditions of accreditation, and the accreditation team agreed they had been met satisfactorily.</p> <p>The Registrar of the GPhC accepted the team's recommendation and approved the reaccreditation of the programme for a period of 3 years.</p>

Key contact (provider)	Cherie Weightman and Karen Vipond, Course co-leaders
Accreditation team	Professor Angela Alexander, Professor Emerita of Pharmacy Education, University of Reading (event chair) Professor Anne Watson, Postgraduate Pharmacy Dean, NHS Education for Scotland
GPhC representative	Mrs Philippa McSimpson, 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

Bangor University was accredited by the GPhC in 2009 to provide a programme to train pharmacist independent prescribers, for a period of three years. The programme was reaccredited in 2012 and 2015. The 2015 reaccreditation was for a period of three years, and subject to three conditions and one recommendation. The conditions were: 1) that the University must amend its teaching and learning strategy to ensure that the pharmacists can acquire all the relevant clinical and diagnostic skills to enable them to meet GPhC learning outcomes 4, 5 and 6; this had been addressed by identifying clearly these additional practice clinical skills sessions on the timetable, 2) that the University must implement a valid and reliable quality assurance process for the SCEP assessment and universally applied across all the DMPs who supervise pharmacists; this had been addressed by making the filming of SCEPS in practice a necessary requirement for all pharmacists on the programme, and subsequently for all independent prescribing students on the programme, 3) that the University must review its marking criteria and resit regulations to ensure safe and effective practice; this had been addressed by only allowing 2 attempts for all assessments within the independent prescribing programme, although resit attempts are not permitted if a student is deemed to have failed to identify a serious problem or an answer which would cause patient harm. The recommendation was that the University should formalise the relationship between the University and the pharmacist who contributes to the design and deliver of the programme; this had been addressed by providing the GPhC with a copy of the Service Level Agreement. In line with

the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 10 January 2018 to review the programme's suitability for reaccreditation.

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 10 January 2018 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the Bangor 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 programme is delivered by Bangor University, with a close working partnership with the Betsi Cadwaladr University Health Board (BCUHB). Prescribing programmes have been run since 2000, with the independent prescribing for pharmacists being run annually since 2009. Funding is from the Welsh government, with planned student numbers varying according to clinical need and Health Education and Improvement Wales (HEIW) requirements. The programme is delivered to one cohort per year, catering for a minimum of ten students, mainly from the BCUHB. The University validated the programme in 2017 for a maximum number of students according to the resources available; the funding from HEIW supports thirty five to forty independent prescribing students from all professions, with normally six to seven pharmacists. Quality assurance occurs through yearly returns; the process is initiated by the joint course leaders, with documentation then being checked by the designated pharmacist and the Deputy Head of School before being forwarded to the University Quality Assurance Office and onwards to the Director of Post-Registration Studies and Academic Registry. Given the above degree of scrutiny, the team was disappointed to find that the submission contained some errors and a broken link to the GPhC website. This link had been reportedly moved after the course had started. Four nurse practitioner lecturers deliver the programme with support from one pharmacologist with nurse registration, four pharmacists, one legal health board representative, one consultant paediatrician and one consultant biochemist.

The team was told of a commitment for BCUHB to provide clinical pharmacy support for the programme at rate of 0.1WTE to contribute to the design, delivery and assessment of the programme. The designated pharmacist for the past several years will remain an honorary lecturer at the University, but will pass the responsibility from September 2018 to a paediatric pharmacist currently employed by BCUHB in the role of Education and Training Pharmacist. The position is covered by a Memorandum of Understanding between the University and the BCUHB for the BCUHB to provide 0.1 WTE clinical pharmacy support to the University, representing a half day per week for a year. The position is not funded by the University, and although the provider's representatives desired the security of University funding, it was explained that the GPhC criterion does not require the designated pharmacist to hold a

remunerated University position.

Section 2: Pre-requisites for entry

All of the six criteria relating to the pre-requisites for entry are met with three criteria subject to minor amendments.

The team noted that throughout the submission documentation, including the appendices, there were references to registration of pharmacists with the professional body. The professional body is the Royal Pharmaceutical Society but registration is with the regulatory body, the General Pharmaceutical Council. Additionally, there was reference to a practising registration number; the GPhC does not have a separate practising register. These references must be corrected throughout the programme documentation.

All application forms for the programme are countersigned by the line manager in order to confirm that the applicant is a registered practitioner and to support the applicant's application on to the programme. These checks are confirmed with the on-line GPhC register. The application form, and by association the All-Wales guidance document, did not contain the requirement that the necessary patient-facing experience be in a UK hospital, community or primary care setting. This must be corrected on the programme application form, and the team advised that the provider used its influence to effect a change in the All-Wales documentation. All information on the application form is confirmed by the line manager's signature, and for independent pharmacists, a character reference is required from a registered professional, for example, a lawyer, that would be supported in the case of pharmacists by their CPD record, followed up with an interview. The areas in which applicants are intending to prescribe are initially discussed and approved according to local need. Applicants are selected once an area of need and expertise has been identified. Any applicant wishing to undertake the programme but change from their existing area of practice in order to prescribe in another area, would be advised to enrol on the diagnostic and history-taking modules of the Advanced Practice Masters programme and spend twelve months in their changed area of practice before enrolling on the independent prescribing programme. The team accepted this explanation, although it envisaged that there could be instances where a pharmacist would not require the extra twelve months experience before changing area of practice. It is a prerequisite that the applicant can demonstrate the CPD activity, with evidence required to accompany their application form. All DMPs are at consultant or specialist registrar level; they are not remunerated for their input to the programme. Training is provided to all new DMPs and supported by a training pack on an individual basis with electronic support in the form of vodcasts. Annual updates are offered to all DMPs. A training register for all one hundred and seventeen DMPs that have been involved with the programme is maintained. Such on-going DMPs receive an updated training pack every year, but the team advised that, in addition, the provider might check that the GMC registration status of the continuing DMPs had not changed. The DMP handbook provides an overview of the programme and the role of the DMP in both training and assessment; all learning outcomes for all the regulating bodies are attached to this handbook indicating how the programme learning outcomes are assessed and meet the GPhC learning outcomes.

Section 3: The programme

Six of the eight criteria relating to the programme are met with two criteria subject to a condition. Two criteria are subject to minor amendments.

The programme is delivered at both Level 6 and Level 7 with all assessment and awards based upon the FHEQ (2008) descriptors and carrying forty credits. The team was told that pharmacists may study at either of the levels offered and learned that pharmacists, particularly those who had not undertaken formal study for some time, encountered difficulty with the written work required for level 7 study. Pharmacists may change their chosen level of study up to four weeks into the programme and there is normally a 50:50 split of pharmacists between levels 6 and 7. The team noted an error in the mapping of the programme learning outcomes (LOs) to the GPhC LOs, and these must be corrected. The teaching consists of lectures, tutorials, practical classes, interactive e-learning, clinical practice and workbooks.

Lectures account for ninety hours, clinical practice for ninety hours, and other guided learning for two hundred and twenty hours. The programme runs over six months with the taught component occupying three months with fifteen taught days and eleven directed study days, and the clinical components over the entire six months. Eighty percent attendance is mandatory and the submission stated that skills sessions are compulsory for pharmacists; if a pharmacist is unable to attend any of these sessions they are re-scheduled. No APEL/APL is available for the programme. Thus, all students must successfully pass all set assignments and clinical requirements. However, the team noted that the timetable on the VLE only identified two of the four clinical skills sessions as essential for pharmacists, with the vital signs and clinical history-taking not designated as essential. It was explained that this had arisen as students that had undertaken the full Advanced Practitioner Master programme would not have to take all the clinical skills sessions on the independent prescribing programme and that this only applies to NMC registrants. Although no pharmacists had taken this route to date, it will be a **condition** of reaccreditation that all pharmacists must attend all scheduled teaching and learning sessions that provide instruction on clinical examination and diagnosis, regardless of prior learning or experience. All relevant teaching and learning sessions, and the associated attendance requirement, must be identified clearly to pharmacists in the programme timetable and other programme documentation, including information on the virtual learning environment.

Section 4: Learning in Practice

All of the five criteria relating to learning in practice are met with one criterion subject to minor amendments.

The DMP handbook covers the regulations and expectations of the role of the DMP; the handbook contained a wording error that should be corrected. DMPs are provided with written instructions of what is expected in their supervising role and the responsibility of signing off the competency document allowing the pharmacist to apply to be annotated as a prescriber. In addition, DMPs are provided with all the programme tutors' contact details at the start of the programme to allow the programme providers to provide support, and are actively encouraged to seek further support as and when needed. The team was told that one or two of the newly-appointed DMPs contact the course team each year for support. Clinical assessment skills are taught both at the University by an advanced practitioner and in clinical practice by the DMP in skills relevant to the pharmacist's area of expertise. The external examiner is involved in reviewing and assessing clinical portfolios. If any changes occur with the programme, the DMPs are provided with up-to-date information. DMPs sign the statement of competencies and clinical hours achieved by the pharmacists. All assessments must be successfully completed, as there are no compensatory mechanisms in place, with verbal confirmation of this provided on the first introductory day of the programme.

Section 5: Assessment

Three of the four criteria relating to assessment are met with one criterion subject to a condition.

The assessment consists of a multiple-choice Blackboard on-line examination, a drug calculation Blackboard on-line exam, a Structured Clinical Examination in Practice (SCEP) by the DMP, including a specific outcome for prescribing for children where this is necessary, and with any additional clinical outcomes directly relating to the Competency Framework for All Prescribers (RPS 2016) verified by the DMP, a reflective portfolio, and a reflective assignment to critically evaluate areas of clinical prescribing issues. A whole session is devoted to explain the Structured Clinical Examinations in Practice (SCEPs), covering the difference between formative and summative versions, and explaining the five steps to be undertaken, with all five steps able to be performed on the same patient. Pharmacists must not fail a phase in the formative assessments but can move to another patient if it is impossible to undertake all five steps on the same patient. All SCEPs are video-recorded and all are reviewed and made available to the external examiner. The provider justified the fact that evidence of meeting many of the learning outcomes depends on the reflective essay by opining that the essay was an excellent way of satisfying the LOs, as it can be in-depth and gives an insight into how good a practitioner the student is likely to be

based on their use of a structured model of reflective writing.

The team considered that some of the descriptors used in the marking criteria were not consistent with safe and effective practice and was told that the criteria are University generic criteria used to generate a grade, but that any unsafe practice identified in a student's work will result in an automatic fail. The team was particularly concerned at the criteria at the pass boundary for level 6 study; these included weakness in understanding of the subject area, several factual/computational errors, and limited problem-solving. Additionally, the team noted the statement that if Schools develop their own marking criteria, they should not be more stringent than the generic criteria. The provider asserted that the rubrics on the VLE were more appropriate for prescribing, but the team considered that these too were inconsistent with safe prescribing. As a result, the team agreed that there be a **condition** of reaccreditation that in order to ensure that the marking of the reflective assignment at level 6 is consistent with safe and effective practice the programme team must either seek derogation from the University's standard marking criteria, or require all pharmacists to study at level 7.

No compensatory mechanisms exist for the module and a maximum of two attempts is allowed for the module; no further attempts will be allowed if a student has compromised patient/client safety/well-being in any way. The module must be completed within 12 months of commencement, and failure to complete all assessment successfully within 12 months results in an overall fail, although in extenuating circumstances, an extension can be granted up to a maximum course length of two years. The quality assurance of the assessment by DMPs is via audit by the course leaders through the uploading of recorded SCEPs. DMPs sign the application form agreeing to the recording of the SCEPs which follows the local health board policy for patient involvement and confidentiality and is destroyed at the end of the course. DMPs are instructed to stop the practitioner if they feel that the student cannot demonstrate safe practice. If this is the case, they will terminate the consultation and inform the programme providers. If any serious concerns are identified in the marking of the reflective, the essay is failed due to unsafe practice. Where necessary this is referred to the line manager and is identified to the student when they receive feedback. Additionally, the University has a Fitness to Practise Panel that will investigate any patient safety issues as well as any deviations from the Standards for Pharmacy Professionals (2017).

Section 6: Details of Award

Both of the two criteria relating to details of the award are met. One criterion is subject to minor amendments.

A pass list is confirmed and ratified by the School of Healthcare Science by the post-registration examination/senate board. Following this the examination administrator sends details of successful pharmacists to the GPhC for annotation of the registrant's GPhC entry. The team noted that the letter which accompanies the award certificate contained several errors that should be corrected.

Appendix 1 - Standing conditions

The following are standing conditions of accreditation and apply to all providers:

1. The record and report include other comments from the team, and providers are required to take all comments into account as part of the accreditation process. The provider must confirm to the GPhC that required amendments have been made.
2. The provider must respond to the definitive version of the record and report within three months of receipt. The summary report, along with the provider's response, will be published on the GPhC's website for the duration of the accreditation period.
3. The provider must seek approval from the GPhC for any substantial change (or proposed change) which is, or has the potential to be, material to the delivery of an accredited course. This includes, but is not limited to:
 - a. the content, structure or delivery of the accredited programme;
 - b. ownership or management structure of the institution;
 - c. resources and/or funding;
 - d. student numbers and/or admissions policy;
 - e. any existing partnership, licensing or franchise agreement;
 - f. staff associated with the programme.
4. The provider must make students and potential students aware that successful completion of an accredited course is not a guarantee of annotation or of future employment as a pharmacist independent prescriber.
5. The provider must make students and potential students aware of the existence and website address where they can view the GPhC's accreditation reports and the timescales for future accreditations.
6. Whenever required to do so by the GPhC, providers must give such information and assistance as the GPhC may reasonably require in connection with the exercise of its functions. Any information in relation to fulfilment of these standing conditions must be provided in a proactive and timely manner.

Appendix 2 – Accreditation criteria

GPhC accreditation criteria for pharmacist independent prescribing programmes

Section 1: The programme provider

- 1.1** Must be part of, or be closely associated with, a higher education institution which implements effective quality assurance and quality management and enhancement systems and demonstrates their application to prescribing programmes. The programme must be validated by its higher education institution.
- 1.2** Must have adequate physical, staff (academic and administrative) and financial resources to deliver the programme including facilities to teach clinical examination skills.

- 1.3** Must have identified staff with appropriate background and experience to teach the programme, ideally including practising pharmacists with teaching experience and staff with clinical and diagnostic skills.
- 1.4** Must have an identified practising pharmacist with appropriate background and expertise who will contribute to the design and delivery of the programme. The identified pharmacist must be registered with the General Pharmaceutical Council (GPhC), and where possible should be a pharmacist independent prescriber.

Section 2: Pre-requisites for entry

- 2.1** Entrants must be a registered pharmacist with the GPhC or the Pharmaceutical Society of Northern Ireland (PSNI).
- 2.2** Entrants must have at least two years appropriate patient-orientated experience in a UK hospital, community or primary care setting following their preregistration year.
- 2.3** Entrants must have identified an area of clinical practice in which to develop their prescribing skills and have up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice.
- 2.4** Entrants should demonstrate how they reflect on their own performance and take responsibility for their own CPD.
- 2.5** The provider must ensure that the DMP, identified by the pharmacist, has training and experience appropriate to their role. This may be demonstrated by adherence to the Department of Health Guidance (2001). The DMP must have agreed to provide supervision, support and shadowing opportunities for the student, and be familiar with the GPhC's requirements of the programme and the need to achieve the learning outcomes.
- 2.6** Entrants who are not registrants of the GPhC or PSNI may undertake the taught components of the programme but may not undertake the period of supervised practice.

Section 3: The programme

- 3.1** Must be taught at least at bachelor's degree level (FHEQ (2008), level 6) and reflect the fact that since June 2002, pharmacists have graduated and practise at master's degree level (FHEQ (2008), level 7).
- 3.2** Must achieve the 16 learning outcomes listed in the curriculum for independent prescribing which must be mapped against the programme's learning outcomes and assessments. The programme learning outcomes must be aligned with the relevant level of study.
- 3.3** Must include teaching, learning and support strategies which allow pharmacists to build on their background knowledge and experience and acquire competence in prescribing.
- 3.4** Must provide opportunities for pharmacists to demonstrate how they will apply their learning to the conditions for which they will be prescribing.
- 3.5** Must contain learning activities equivalent to 26 days, normally over a period of three to six months.
- 3.6** Must have robust systems to monitor attendance and progression.
- 3.7** Must have a clear policy on attendance and participation and the obligations of pharmacists who miss part of the programme. Pharmacists must attend all scheduled teaching and learning sessions that provide instruction on clinical examination and diagnosis.

- 3.8** May recognise and allow reduced learning time for previous learning or experience, which is directly equivalent to programme content and for which evidence is provided. Recognition should be according to established institutional procedures on previous learning or experience. Regardless of previous learning or experience, all pharmacists must undertake all assessments.

Section 4: Learning in Practice

- 4.1** The provider must support the DMP with clear and practical guidance on helping the pharmacist successfully to complete the period of learning in practice including arrangements for quality assurance of summative assessments. The roles of the programme provider and the DMP for teaching the skills for clinical assessment of patients must be clearly set out.
- 4.2** The provider must support the DMP with clear and practical guidance on their role in the assessment of the student.
- 4.3** The provider must obtain formal evidence and confirmation from the DMP using the specified wording; “the pharmacist has satisfactorily completed at least 12x7.5h days supervised practice”.
- 4.4** The provider must obtain a professional declaration from the DMP using the specified wording; “In my opinion as the DMP, the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an Independent Prescriber”
- 4.5** Failure in the period of learning in practice cannot be compensated by performance in other assessments.

Section 5: Assessment

The programme provider should ensure that assessment strategies meet the requirements of the curriculum particularly:

- 5.1** Evidence from a range of assessments that the student has achieved the intended learning outcomes of the programme.
- 5.2** The programme will be assessed separately from any other programmes or programme components and lead to a freestanding award which confirms the competence of the pharmacists as an independent prescriber.
- 5.3** The assessment scheme should demonstrate that the criteria for pass/fail and any arrangements for compensation between elements of assessment, together with the regulations for resit assessments and submissions, are consistent with safe and effective prescribing and the achievement of all learning outcomes.
- 5.4** In any assessment, a failure to identify a serious problem or an answer which would cause the patient harm should result in overall failure of the programme.

Section 6: Details of Award

- 6.1** The provider should award successful candidates a ‘*Practice Certificate in Independent Prescribing*’ confirming that the candidate has successfully completed the programme and the period of learning in practice.

- 6.2** The provider should send a certified copy of the pass list to the Registrar of the GPhC, via the Applications Team, containing the names and registration numbers of the pharmacists who have successfully completed the programme and confirming that they are eligible for annotation on the GPhC Register as independent prescribers.

Appendix 3 – Learning outcomes

Independent prescribing programme learning outcomes

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

1. Understand the responsibility that the role of independent prescriber entails, be aware of their own limitations and work within the limits of their professional competence – knowing when and how to refer / consult / seek guidance from another member of the health care team.
2. Develop an effective relationship and communication with patients, carers, other prescribers and members of the health care team.
3. Describe the pathophysiology of the condition being treated and recognise the signs and symptoms of illness, take an accurate history and carry out a relevant clinical assessment where necessary.
4. Use common diagnostic aids e.g. stethoscope, sphygmomanometer
5. Able to use diagnostic aids relevant to the condition(s) for which the pharmacist intends to prescribe, including monitoring response to therapy.
6. Apply clinical assessment skills to:
 - inform a working diagnosis
 - formulate a treatment plan for the prescribing of one or more medicines, if appropriate
 - carry out a checking process to ensure patient safety.
 - monitor response to therapy,
 - review the working differential diagnosis and modify treatment or refer
 - consult/seek guidance as appropriate
7. Demonstrate a shared approach to decision making by assessing patients' needs for medicines, taking account of their wishes and values and those of their carers when making prescribing decisions.
8. Identify and assess sources of information, advice and decision support and demonstrate how they will use them in patient care taking into account evidence based practice and national/local guidelines where they exist.
9. Recognise, evaluate and respond to influences on prescribing practice at individual, local and national levels.
10. Prescribe, safely, appropriately and cost effectively.
11. Work within a prescribing partnership.
12. Maintain accurate, effective and timely records and ensure that other prescribers and health care staff are appropriately informed.

13. Demonstrate an understanding of the public health issues related to medicines use.
14. Demonstrate an understanding of the legal, ethical and professional framework for accountability and responsibility in relation to prescribing.
15. Work within clinical governance frameworks that include audit of prescribing practice and personal development.
16. Participate regularly in CPD and maintain a record of their CPD activity.

Appendix 4 – Indicative content

It is expected that education providers will use the indicative content to develop a detailed programme of study which will enable pharmacists to meet the learning outcomes.

Consultation, decision-making, assessment and review

- Autonomous working and decision making within professional competence.
- Understanding own limitations
- Accurate assessment, history taking, and effective communication and consultation with patients and their parents/carers
- Patient compliance and shared decision making
- Building and maintaining an effective relationship with patients, parents and carers taking into account their values and beliefs
- Effective communication and team working with other prescribers and members of the health care team
- A knowledge of the range of models of consultation and appropriate selection for the patient
- Formulating a working diagnosis
- Development of a treatment plan or clinical management plan, including lifestyle and public health advice
- Confirmation of diagnosis/differential diagnosis – further examination, investigation, referral for diagnosis
- Principles and methods of patient monitoring
- Chemical and biochemical methods for monitoring the treatment of the condition(s) for which the pharmacist intends to prescribe on qualification and responses to results.
- Clinical examination skills relevant to the condition(s) for which the pharmacist intends to prescribe.
- Recognition and responding to common signs and symptoms that are indicative of clinical problems. Use of common diagnostic aids for assessment of the patient's general health status; e.g. stethoscope, sphygmomanometer, tendon hammer, examination of the cranial nerves.
- Assessing responses to treatment against the objectives of the treatment plan/clinical management plan

- Working knowledge of any monitoring equipment used within the context of the treatment/clinical management plan
- Identifying and reporting adverse drug reactions
- Management options including non-drug treatment and referral

Influences on and psychology of prescribing

- Patient demand versus patient need including partnership in medicine taking, awareness of cultural and ethnic needs.
- External influences, at individual, local and national levels.
- Awareness of own personal attitude and its influence on prescribing practice.

Prescribing in a team context

- The role and functions of other team members
- Communicating prescribing decisions to other members of the team.
- The responsibility of a supplementary prescriber in developing and delivering a clinical management plan.
- The professional relationship between pharmacist prescribers and those responsible for dispensing.
- Interface between medical and non-medical prescribers and the management of potential conflict
- Documentation, and the purpose of records
- Structure, content and interpretation of health care records/clinical notes including electronic health records
- The framework for prescribing budgets and cost effective prescribing

Applied therapeutics

- Pharmacodynamics and pharmacokinetics
- Changes in physiology and drug response, for example the elderly, young, pregnant or breast feeding women and ethnicity
- Adverse drug reactions and interactions, to include common causes of drug-related morbidity
- Pathophysiology of defined condition(s) for which the pharmacist intends to prescribe.
- Selection and optimisation of a drug regimen for the patient's condition
- Natural history and progression of condition(s) for which the pharmacist intends to prescribe.
- Impact of co-morbidities on prescribing and patient management

Evidence-based practice and clinical governance

- Local and professional clinical governance policies and procedures
- Development and maintenance of professional knowledge and competence in relation to the condition(s) for which the pharmacist intends to prescribe.
- The rationale for national and local guidelines, protocols, policies, decision support systems and formularies – understanding the implications of adherence to and deviation from such guidance
- Prescribing in the context of the local health economy
- Principles of evidence-based practice and critical appraisal skills
- Reflective practice and continuing professional development, support networks, role of self, other prescribers and organisation
- Auditing, monitoring and evaluating prescribing practice
- Risk assessment and risk management
- Audit and systems monitoring
- Analysis, reporting and learning from adverse events and near misses

Legal, policy, professional and ethical aspects

- Policy context for prescribing
- Professional competence, autonomy and accountability of independent and supplementary prescribing practice
- *GPhC's Standards of Conduct, Ethics and Performance*
- Legal frameworks for prescribing, supply and administration of medicines e.g. patient group directions, supply in hospitals.
- Medicines regulatory framework including Marketing Authorisation, the use of medicines outside their product licence.
- The law applied to the prescribing, dispensing and administration of controlled drugs and appropriate counselling of patients
- Compliance with guidance arising from the Shipman enquiry
- Ethical considerations of the supply and administration of medicines
- Application of the law in practice, professional judgment, liability and indemnity
- Accountability and responsibility to the employer or commissioning organisation, awareness of local complaints procedures
- Consent
- Prescription pad administration, procedures when pads are lost or stolen
- Writing prescriptions
- Record keeping, documentation and professional responsibility
- Confidentiality, Caldicott and Data Protection, Freedom of Information

- Suspicion, awareness and reporting of fraud or criminal behaviour, knowledge of reporting and 'whistle blowing' procedures

Prescribing in the public health context

- Patient access to health care and medicines
- Duty to patients and society
- Use of medicines in populations and in the context of health priorities
- Public health policies, for example the use of antibiotics, antivirals and vaccines
- Inappropriate use of medicines including misuse, under and over-use
- Inappropriate prescribing, over and under-prescribing

Note: The standards of proficiency for supplementary prescribers are included in the standards for independent prescribers.