



Independent  
prescribing  
programme

University of Brighton

Report of a reaccreditation event

October 2017

## Event summary and conclusions

<b>Provider</b>	University of Brighton
<b>Course</b>	Independent prescribing programme
<b>Event type</b>	Reaccreditation
<b>Event date</b>	20 October 2017
<b>Accreditation period</b>	January 2018 – January 2021
<b>Outcome</b>	The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Brighton should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years, subject to two conditions.
<b>Conditions</b>	<ol style="list-style-type: none"> <li>1. The provider must revise the admissions process to obtain evidence to demonstrate that pharmacists meet criteria 2.1, 2.2, 2.3 and 2.4 before they are accepted onto the programme. This is because the current admissions process does not demonstrate a robust mechanism for reviewing that pharmacists meet all aspects of these pre-requisites for entry. This is to meet criteria 2.1, 2.2, 2.3 and 2.4.</li> <li>2. The GPhC learning outcomes must be mapped accurately to the programme learning outcomes and assessments. This is because there are significant errors in the current mapping document and the team cannot ascertain from this documentation exactly how the GPhC learning outcomes will be assessed. This is to meet criteria 3.2 and 5.1.</li> </ol>
<b>Standing conditions</b>	Please refer to Appendix 1
<b>Recommendations</b>	No recommendations were made.
<b>Registrar decision</b>	Following the event, the provider submitted a response to the conditions of reaccreditation, and the accreditation team agreed they had been met satisfactorily. The Registrar of the GPhC accepted the team's recommendation and approved the reaccreditation of the programme for a further period of 3 years.
<b>Key contact (provider)</b>	Mrs Claire May, Prescribing Lead for Pharmacists/Principal Lecturer in Pharmacy Practice
<b>Accreditation team</b>	<p>Professor Chris Langley, of Pharmacy Law &amp; Practice and Head of the School of Pharmacy, Aston University; Associate Dean, Taught Programmes, School of Life and Health Sciences.</p> <p>Dr Ruth Edwards, MPharm Course Leader, Robert Gordon University</p>
<b>GPhC representative</b>	Miss Jenny Clapham, Quality Assurance Officer, GPhC
<b>Rapporteur</b>	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

## Introduction

### Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The 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/ukxi/2010/231/contents/made>

### Background

The University of Brighton was first accredited by the Royal Pharmaceutical Society (RPSGB) in 2008 to provide a programme to train pharmacist independent prescribers, for a period of three years. The programme was subsequently re-accredited in 2011 by the GPhC. A reaccreditation event took place on 10 June 2014. However, on that occasion the accreditation team was unable to recommend re-accreditation of the programme. Areas of concern included a lack of input of appropriate pharmacy expertise, a lack of clarity around the pre-requisites for pharmacists to enter the programme, and concern about the appropriateness, validity and reliability of assessment; moreover, GPhC learning outcomes had not been mapped to the learning outcomes of the programme and the programme had not been validated by the University. The programme was therefore placed in a suspended status until the University wished to re-engage with the process. Following consultation with its stakeholders and a review of the programme, a reaccreditation event took place on 28 November 2014, when the accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Brighton should be reaccredited as a pharmacist independent prescribing course provider for a further period of three years, subject to one condition. While all of the criteria were met, the condition required the University to submit a self-evaluation report including student feedback, evidence from quality assurance committees and a statement of resources; this condition was imposed because it was considered prudent for the GPhC to monitor progress of a newly created programme. Moreover, as the programme was new, a monitoring visit took place on 18 October 2016 following which the accreditation agreed to recommend to the Registrar that the University should continue to be accredited as an independent prescribing provider subject to two conditions. These were:-

- i) The University was required to review the staff resource available to the pharmacist independent prescribing programme to ensure efficient and appropriate delivery that meets the needs of pharmacists; in this context, the team required the submission of an implementation plan for resourcing the programme. This was to meet criteria 1.2 and 1.3. This condition was met by increasing the staff resource with the employment of a deputy module leader at 0.2 FTE.
- ii) The University was required to revise its teaching, learning and support strategies to ensure that pharmacists with different experiences and capabilities could build on their background knowledge and acquire competency in prescribing; the team required the submission of a revised strategy before the next intake of pharmacists. This was to meet criteria 3.3. The condition was met by devising appropriate new teaching, learning and support strategies.

In line with the GPhC process for reaccreditation of independent prescribing programmes, an event was scheduled on 20 October 2017 to review the programme's suitability for reaccreditation, based on the GPhC's 2010 criteria for Independent Prescribing.

## Key findings

### Section 1: The programme provider

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

The independent prescribing programme ('the programme') is offered specifically for pharmacists by the School of Pharmacy & Biomolecular Sciences and is run concurrently with the School of Health Sciences, enabling students to have a significant proportion of the material delivered in an inter-professional environment, thus supporting inter-professional learning; this retains the advantages of the pre-2014 programme, which was delivered jointly to pharmacists and nurses. Learning, including clinical examination skills, will take place in seminar rooms, classrooms, and purpose-built clinical skills laboratories, the last offering a simulated clinical environment including examination beds, stethoscopes, sphygmomanometers, tympanic membrane thermometers and facilities for urinalysis. The quality of the programme is assured through the University's established annual monitoring and evaluation procedures, including independent input from an external examiner. The programme has been validated by the University, with re-validation due in May 2018. Quality of teaching is assessed primarily by student achievement of the programme learning outcomes and secondarily by feedback. The Programme Lead is a registered pharmacist who is annotated as an independent prescriber and is responsible for development and evaluation of the programme, including teaching strategies, learning resources and assessment methods, as well as for management of the programme team. The condition imposed during the GPhC monitoring visit (see 'Background') resulted in the appointment of a Deputy Programme Lead (0.2FTE) who is an HIV pharmacist and an active independent prescriber seconded to the programme through a service-level agreement (SLA) with the Western Sussex Hospital NHS Foundation Trust. While funding has been provided through HEKSS commissioning, this will end in February 2018 and other funding streams are being explored including self-funded students and CPD funding provided through the NHS trusts. The provider intends to have a maximum of 35 pharmacists per year, across two cohorts. Resources will increase as a result of any increase in student numbers.

### Section 2: Pre-requisites for entry

#### **Two of the six criteria relating to the pre-requisites for entry are met with criteria 2.1, 2.2, 2.3 and 2.4 subject to a condition.**

The accreditation team ('the team') identified several problems with the application process; these all related to establishing that applicants would meet the pre-requisites for entry to the programme. First, while the documentation specified that all applicants must provide their professional registration details and that these would be confirmed via the GPhC or PSNI websites, there was no space on the application form where applicants could provide the relevant registration numbers. More substantial problems were associated with the provision of evidence that pharmacists had at least two years of appropriate, post-registration, patient-orientated experience in a UK hospital or community pharmacy setting (thereby meeting criterion 2.2), that their clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice was up-to-date (thereby meeting criterion 2.3), and how they reflected on their own performance and took responsibility for their own continuing professional development (CPD) (thereby meeting criterion 2.4). Specifically, there was no space on the application form for self-employed applicants to declare that they had the relevant experience, and no clear mechanism for validating this. Moreover, similarly, there was no space on the application form for self-employed applicants to declare that their pharmacological and pharmaceutical knowledge relevant to their area of intended prescribing practice was up-to-date, or that they took responsibility for their own CPD, and also no mechanisms for validating these prerequisites; the provider explained that these aspects are verified by discussing, at interview, a submitted a CPD cycle demonstrating applicants' clinical practice, and clinical and pharmacological knowledge in their chosen areas of prescribing. This tripartite

interview involves the applicant, the course tutor and the applicant's designated medical practitioner (DMP) and is valued by the DMPs as an opportunity to meet course tutors as well as being used to discuss the DMP's roles and responsibilities; however, the tripartite interview takes place after a student had been admitted to the course, usually within four weeks of commencement and before the start of face-face teaching. Accordingly, the team set a condition (condition 1) that the provider must revise the admissions process to obtain evidence demonstrating that pharmacists meet criteria 2.1, 2.2, 2.3 and 2.4 before they are accepted onto the programme.

### Section 3: The programme

**Seven of the eight criteria relating to the programme are met with criterion 3.2 subject to a condition.**

The programme is delivered at FHEQ level 7. All pharmacists entering this programme will be part-time students employed in the NHS or private sector, and will have prior knowledge of drugs used in their particular specialties, as well as a minimum of two years' professional experience and associated expertise. The course emphasises the relationship between theory and practice, enabling students to discuss specific, patient-orientated prescribing issues arising from their day-to-day practice which will then be critiqued within the classroom setting. The main themes covered are evidence-based medicine, health assessment, patient safety, self-reflection and legal and ethical frameworks. An inter-professional learning environment will be promoted within taught sessions with an emphasis on self-directed learning and critical reflection, encouraged by the use of a personal portfolio; guided study includes the use of case studies which students develop in an increasingly independent way, allowing them to build on their knowledge and experience. The taught component of the programme comprises 26 days of learning activity, with at least 10 days' attendance at the University, and students are also required to shadow their DMPs for the equivalent of one day per week (see section 4). Students undertake a minimum of four health assessment sessions focused on history taking, interpretation of vital signs and the use of diagnostic tools. Tutorial support sessions are held at the end of most face-to-face teaching days; these provide an opportunity for students to discuss their learning needs, have their work formatively assessed, and/or discuss academic/personal issues. Students are expected to attend all taught activities, with attendance at the physical assessment sessions being essential; attendance, engagement and progression are monitored, and, where students miss sessions, they are required to demonstrate that they have met the learning outcomes of the specific session.

The programme is designed to ensure that all 16 GPhC learning outcomes are achieved on its successful completion; these outcomes are explained to the DMP in the DMP Handbook, as well as being listed in the Student Handbook. While the provider had mapped the programme learning outcomes and assessments to the GPhC learning outcomes (criterion 3.2), at least 10 discrepancies were identified by the team in relation to how the assessments would demonstrate that the GPhC learning outcomes are met. Thus, the team could not ascertain from this documentation exactly how the GPhC learning outcomes are assessed (see also section 5) and accordingly set a condition that the GPhC learning outcomes must be mapped accurately to the programme learning outcomes and assessments.

### Section 4: Learning in Practice

**All five criteria relating to learning in practice are met. Criteria 4.3 and 4.4 require minor amendments.**

Between the face-to-face teaching sessions held within the University, students are required to shadow their DMPs for the equivalent of one day per week of educationally led practice (12 x 7.5 hour days, 90 hours in total). DMPs receive a 'DMP handbook' which outlines their roles and responsibilities, the 16 GPhC learning outcomes and the assessment of the prescribing portfolio; this handbook also provides details of how often the DMPs should meet their students, and a suggestion of the format of these meetings. The roles and responsibilities of the DMP, including assessment, are also discussed and clarified during the tripartite interview (see section 2). The first meeting between pharmacists and their

DMPs is used to establish the students' learning needs and subsequent meetings are recorded in a diary which forms part of the prescribing portfolio. On completion of the supervised practice, the DMP must sign the prescribing portfolio to certify that the trainee has satisfactorily completed the minimum required time of supervised practice and to state that in the opinion of the DMP the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an independent prescriber with the General Pharmaceutical Council. Minor amendment to the wording of the declaration is required to remove reference to supplementary prescribing.

## Section 5: Assessment

**Three of the four criteria relating to assessment are met with criterion 5.1 subject to a condition. Criterion 5.3 is subject to minor amendments.**

The assessments comprise the 'Therapeutic Review', an 'Objective Structured Clinical Examination' (OSCE), a written examination and the 'Prescribing Practice Portfolio'. The Therapeutic Review is a 2000-word, evidence-based critical review of the drug therapy for a patient within the Trust/clinical setting, where the evidence for that drug treatment is not conclusive and/or deviates from either local or national guidelines or recommendations; it must detail the physical examination, monitoring and investigations that will need to be undertaken. The OSCE, which assesses students on clinical and communication skills, takes place in a simulated clinical environment and comprises a minimum of eight stations with scenarios that will challenge the student in particular elements and includes a calculation/numeracy assessment. All assessors are given a standard marking scheme and digital recording is used for moderation purposes. The written examination tests pharmacological knowledge, application to practice and analytical reasoning. The Prescribing Practice Portfolio includes a record of the satisfactory completion of a minimum of 90 hours of learning experience and comprises a systematic and detailed examination of intended prescribing practice in the students' clinical setting. DMPs are responsible for the assessment of practice and for confirming achievement of the outcomes required for the Prescribing Competency Framework (RPS) for all prescribers; the competencies are assessed using standard proformas. Marking criteria are used for all assessments. The therapeutic review handbook requires minor amendment to include the level 7 marking criteria for pharmacists. 'Red Flag' incidents, where students show dangerous practice or fail to identify unsafe practice, will result in failure of the programme in its entirety. At the discretion of the Board of Examiners, students are allowed a maximum of three attempts, although in practice three attempts have never been required; students are allowed to retake the entire programme only once, for example, if they have failed the period of learning in practice or if a failure was due to unsafe practice. Pharmacists must also provide evidence of competence in physical assessment and diagnosis, including the use of common, and, where appropriate, specialist diagnostic equipment; the DMP must confirm that the student has sufficient competence in physical assessment to prescribe independently.

As identified in section 3, discrepancies in the documentation in mapping the assessments to the GPhC learning outcomes did not enable the team to ascertain from the documentation exactly how these learning outcomes are assessed; accordingly the team set a condition (condition 2) that the GPhC learning outcomes must be mapped accurately to the programme learning outcomes and assessments.

## Section 6: Details of Award

**Both criteria relating to details of the award are met.**

Pharmacists are awarded a 'Practice Certificate in Independent Prescribing' on successful completion of this programme. The certificate will be issued by the School of Pharmacy & Biomolecular Sciences on receipt of the pass list from the Postgraduate Professional Area/Course Examination Board; this examination board comprises six members, including the Programme Lead, the Deputy Head of School and the programme external examiner. The Head of the School of Pharmacy & Biomolecular Sciences notifies the GPhC of the pharmacists' pass list by means of a signed letter.

## 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.