



Independent
prescribing
programme

University of Chester

Report of a reaccreditation event

June 2018

Event summary and conclusions	
Provider	University of Chester
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	19 June 2018
Accreditation period	September 2018 – September 2021
Outcome	Approval with conditions The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing programme provided by the University of Chester should be reaccredited for a further period of three years, subject to one condition.
Conditions	The University must ensure that, in any assessment, a failure to identify a serious problem or an answer which would cause the patient harm would result in the overall failure of the programme. This must be communicated to students and DMPs in all materials. The team agreed that the current assessment regulations do not ensure that the student will fail the overall programme. This is to meet criterion 5.4.
Standing conditions	Please refer to Appendix 1
Recommendations	The team made a recommendation that the GPhC learning outcomes should be mapped accurately to the programme learning outcomes and assessments. This relates to criterion 3.2.
Registrar decision	Following the event, the provider submitted a response to the condition of reaccreditation, and the accreditation team agreed it 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.
Key contact (provider)	Jenny Stewart, Senior Lecturer
Accreditation team	Mr Mike Pettit, Chair, Senior Lecturer in Pharmacy Practice, University of Sussex Dr Ruth Edwards, Lecturer in Pharmacy Practice, Robert Gordon University
GPhC representative	Mr Christopher McKendrick, GPhC Quality Assurance Officer
Rapporteur	Dr Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde; Proprietor, Caldarvan Research (Educational and Writing Services)
Observer	Ms Samantha Quaye, Registrant GPhC Council Member

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

The University of Chester was originally accredited by the GPhC in 2009 to provide a programme to train pharmacist independent prescribers, for a period of 3 years with reaccreditation for further periods of three years in 2012 and 2015, the latter with no conditions or recommendations. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 19 June 2018 to review the programme's suitability for reaccreditation. Since the last reaccreditation event in June 2015 there have been nine cohorts delivered with 84 pharmacists enrolled. Sixty-eight pharmacists have been successful and have been eligible to register with the GPhC since the September 2015 cohorts. The remaining 16 pharmacists are from the September 2017 cohort who are still in the assessment phase of their programmes.

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 19 June 2018 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Chester 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 with two criteria subject to further information being provided to the GPhC.

The course is delivered by the Department of Public Health and Wellbeing in the Faculty of Health and Social Care and is currently validated by the University through internal processes, having been revalidated by the NMC in 2012 and the HCPC in 2016. The team was told that University validation is synchronous with the NMC accreditation which has been delayed until January 2019. The GPhC requires the programme to be validated by the University before it can reaccredit, and will need confirmation that it is currently validated and to receive the outcome of this upcoming validation event. The team was told that as a result of student feedback, the programme had been modified from its original format of two 20-credit modules to a single 40-credit module. The new module had been approved by the Board of Study using Chair's approval; again, the GPhC will need to receive evidence of the University approval of the change to the programme structure. Quality assurance and management processes include consideration of external examiner reports; the external examiner in post since September 2017 is a pharmacist with experience of the requirements for pharmacist independent prescribing. The team was told that the programme is delivered currently on four University sites, with plans to deliver on a fifth site from September 2018; the team informed the provider that the GPhC would likely need to approve the facilities at the fifth site before teaching commenced there. Teaching facilities include classrooms on all campuses, and library facilities that provide online resources, journals, book renewals and subject librarian support. There are fully equipped and functional skills labs on every site including simulation resources and plentiful IT resources and computer availability. The team was told that the four cohorts on the different campuses may be run in parallel but on different days. The maximum number of students per cohort was stated to be 35, with a minimum of ten. The team agreed that the programme should be approved for 140 students per year but that if numbers increase by introducing delivery on the fifth site, then the GPhC must be informed and permission granted to increase the total numbers to an estimated 175 per year. There are commissions for around 100 students (nurses, pharmacists and AHPs) per academic year, and students who are on a HEE-commissioned pathway for advanced practice that also access the NMP programme, as well as students who are funded via other means. Seven staff members are associated with the programme, with an overall WTE contribution to the programme of 2.6, a number that the team agreed to be sufficient. The dedicated programme leader is a NMC stage 4 teacher and a fellow of the HEA as well as a V300 independent prescriber. There is a 0.4 WTE pharmacist committed to the NMP teaching, that mainly teaches pharmacology, sets pharmacology assessments, assists with the setting of OSCE questions, and supports pharmacists with reflective writing, as well as a previously-employed pharmacist who now works on a flexible visiting lecturer basis to meet the needs of the programme. Other academics within the Department and wider Faculty contribute to the teaching and clinical workload, experts are brought in where applicable, and the team was informed that the University is currently advertising for four additional staff members who will contribute to the programme delivery.

Section 2: Pre-requisites for entry

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

The team noted that the University uses the NorthWest Universities generic application form. Meeting the entry criteria is mandatory for admission to the course; these are checked on receipt of the application form by a dedicated admissions administrator, including the professional registrations of the applicant. The team was told that there had only been one self-employed pharmacist applicant recently, but that the provider would need to consider how to conduct the necessary checks of any such applicant's qualifications and experience. In general the provider did not appear to have considered how to deal with applications from non-standard applicants such as self-employed pharmacists, or those that wished to change area of practice. The qualifications and suitability of DMPs are also checked, forming the basis of the service agreement, in line with support from the employing organisation and, where

applicable, the NMP lead. The team noted that the GPhC learning outcomes (LOs) are not included in the DMP Handbook but was told that DMPs receive the Royal Pharmaceutical Society Competency Framework and are encouraged to make contact with academic staff for such information. Communication is a three-way process between the DMP, the academic staff and the student to maximise the learning opportunity. Once all entry information is confirmed applicants are allocated a place, and approved on CPD Apply, or their private funding is checked.

Section 3: The programme

All of the eight criteria relating to the programme are met with one subject to satisfaction of a recommendation.

The programme is a single module that carries 40 credits and is offered at Levels 6 and 7 (M), but the team learned that the majority of students to date have chosen to study at level 6, although level 7 study is open to all students who meet its entry criteria, and is recommended to all students who have already achieved master's level qualifications. The team was told that in the recent March 2018 cohort there are more students choosing to study the programme at level 7. The team found the mapping of the programme learning outcomes (LOs) to the GPhC LOs confusing in that the programme specification outcomes did not match the LOs in the module descriptors; in particular, there were multiple instances of the GPhC LOs being mapped to assessments which did not match the mapping of the programme outcomes. The team agreed that it should be a **recommendation** that the GPhC learning outcomes should be mapped accurately to the programme learning outcomes and assessments. The teaching and learning methods are designed to facilitate the achievement of all programme learning outcomes and all competencies in practice outcomes, and to foster personal and professional development. Each module utilises a blend of teaching methods which takes account of the subject matter, the student group size, the students' previous experience and the resources available. The programme has been designed to promote a holistic approach to prescribing for individuals across the age and ability continuum. The students customise their learning to their specific practice prescribing conditions and scope of professional practice, which will include personal formulary requirements and the use of a learning needs analysis tool. The programme runs over a six month period with contact sessions every two weeks supported by online learning, online support and clinical time. It comprises 66 hours of direct taught contact at a University of Chester site, 100 hours of supported distance learning (SDL) using web-based learning materials, 90 hours (12 days) of supervised prescribing practice with an identified prescribing supervisor, and approximately 144 hours of private/self-directed study and further reading. The team ascertained that the programme leader is responsible for the delivery of the clinical skills teaching during a five-hour session at the University, supplemented by a history-taking session on a different day. The team learned that the clinical skills teaching is generic and based on five minor complaints, with any specialised clinical skills being taught by the DMPs. Thirty minutes is allowed at the start of each teaching day for pharmacists to practise any skills of their own choosing, backed up by a mock OSCE day. Registers are taken on formal contact days and a log of supervised practice hours is kept, and all assessments must be successfully completed to progress to the award. Pharmacists must attend all clinical sessions in order to fulfil completion of the course attendance requirements. They are still required to do the same amount of work as the standard 38-day attendance course, and must normally attend or retrieve all theoretical and practice contact hours; this is normally possible by attending at another site or joining the next cohort. Pharmacists may exempt themselves from taught sessions where they have previous learning or experience directly equivalent to programme content and for which evidence is provided; this does not, however, include the clinical skills sessions or exempt them from final summative assessment in any module.

Section 4: Learning in Practice

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

There is a DMP support booklet and assessment documentation which is provided at the beginning of the course and the DMP is encouraged to attend the University for a briefing session if they are relatively new to supervision of pharmacist IPs, although the team was told that this is unusual and that contact for advice is made by the programme leader. DMPs assess clinical and theoretical competence in practice using the RPS Competency Framework, and clinical skills are taught and assessed at the University by OSCE, but the DMP is responsible for ensuring the clinical skills to be used by the pharmacist are appropriate for the conditions for which they intend to prescribe. The DMPs' evaluations against the Competency Framework are monitored by the University and the external examiner. No compensation is allowed between any element or any component of assessment, and all components must be passed at the set levels before satisfactory completion 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 processes of the programme are in accordance with University quality assurance regulations. Students will be exposed to a variety of assessment methods designed to ensure that the content, outcomes and level of the modules are measured in a fair and transparent manner. Formative assessment includes ongoing formative review of portfolio evidence and critical incidents, ongoing reflective self-assessment exercises, periodic formative assessment via net-based exercises and questionnaire, and self, peer and supervisor assessment. Summative assessment for both levels of study includes a structured portfolio on prescribing practice, a form of Objective Structured Clinical Examination (OSCE) of communication and examination skills, a practice assessment by the designated medical supervisor, an unseen examination based around pharmacology, consultation and legal aspects, and a numeracy assessment (must be passed at 100%). In addition, there is a *viva voce* on the OSCE at level 7. The team learned that the OSCE is a 20-minute test including handwashing, blood pressure measurement and prescription-writing. The team observed that this form of OSCE, lacking sufficient stations to assure reproducibility and reliability, would be better described as an extended patient consultation. The team also expressed some concern at the level 6 criterion to achieve the pass mark for the portfolio of 40% including the wording "partial understanding", and questioned whether this represented safe and effective practice; the team was told that this was a University generic criterion and that the teaching team would undertake to revisit this criterion. Resit attempts are permissible under University regulations with students having four weeks to re-submit work for evaluation. A second attempt at assessment is granted after failure at first attempt. Third attempts will not be granted for pharmacist students. The team noted that the submitted documentation indicated that a failure in an assessment to identify a serious problem or an answer which would cause the patient harm would result in failure of that component of the programme rather than in the programme overall. This had been noted also at the previous reaccreditation when the relevant criterion (5.4) had been deemed as met subject to amendment of the regulation. As this amendment had not been effected, the team agreed that it should be a **condition** that the University must ensure that, in any assessment, a failure to identify a serious problem or an answer which would cause the patient harm would result in the overall failure of the programme. This must be communicated to students and DMPs in all materials. The team agreed that the current assessment regulations do not ensure that the student will fail the overall programme.

Section 6: Details of Award

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

The team ascertained that the School issues a certificate on successful completion of the programme, but indicated to the provider that the certificate must refer to the pharmacist's or registrant's name rather than the current prescriber's name. The certificate is sent by the programme administrator to the student on completion of the programme and after ratification by the University Academic Awards

Board. After the Module Assessment Board and Awards Assessment Board, the pass list is sent to GPhC by the programme administrator.

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.