



Independent
prescribing
programme

University of Derby

Report of a reaccreditation event

October 2017

Event summary and conclusions

Provider	University of Derby
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	3 October 2017
Accreditation period	December 2017 – December 2020
Outcome	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Derby should be reaccredited as a provider of a pharmacist independent prescribing programme for a further period of three years.</p>
Conditions	<p>There were no conditions. However, the team heard of the University's plans to increase the cohort numbers as a result of a successful tender to HEE. When the University has confirmation of these arrangements, it must seek approval from the GPhC if there are any changes to the numbers and cohorts that were presented at this reaccreditation. This includes any changes to resources, including staffing.</p>
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	Following the event, the Registrar accepted the team's recommendation and approved the accreditation of the programme for the full three year period.
Key contact (provider)	Ms Jill Gould, Senior Lecturer; Programme Leader for non-medical prescribing
Accreditation team	<p>Professor Angela Alexander (Chair), Professor Emerita, University of Reading</p> <p>Professor Helen Howe, Retired Hospital Chief Pharmacist</p>
GPhC representative	Ms Joanne Martin, Quality Assurance Manager, GPhC
Rapporteur	Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde Proprietor, Caldavan 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/ukxi/2010/231/contents/made>

Background

The University of Derby was reaccredited by the GPhC in 2014 to provide a programme to train pharmacist independent prescribers, for a period of 3 years. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 3 October 2017 to review the programme's suitability for reaccreditation. The Independent Prescribing (IP) programme at the University was initially accredited in 2003 and was reaccredited in November 2014 for a further period of 3 years, subject to two conditions. The conditions were 1) that the University must review its teaching of clinical and physical and diagnostic skills and ensure that there are reliable and valid mechanisms for the assessment of these skills. This was because the team agreed that the programme's teaching, learning and assessment strategy required a more robust structure to enable pharmacists to develop and demonstrate their clinical and physical and diagnostic skills. This was to meet criteria 3.3 and 5.1., 2) that the assessment regulations must ensure that a failure to identify a serious problem, or an answer which would cause patient harm must result in overall failure of the programme. This was required to be communicated to pharmacists in all materials. This was to meet criterion 5.4. Following the 2014 reaccreditation event, assessment strategies have been introduced to ensure that Learning Outcomes 4, 5 and 6 are met, and the Programme Handbook has been updated to indicate that any major failure to identify a serious problem, or an answer which would cause the patient harm in any assessment, would result in overall failure of the programme; this wording is also stated in the Assessment Handbook and the student Practice Assessment Document (PAD) as well as being communicated to the DMPs through their practice guidance document. Students have one opportunity to re-take failed assessments, including clinical skills assessments and PAD, unless there is a major failure to identify a serious problem.

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 3 October 2017 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Derby 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 course is run by the Department of Health Care Practice at the University of Derby. The University has quality assurance strategies and management systems which are audited by the QAA, and recently attained a Gold rating in the Teaching Excellence Framework. The programme was last validated by the University in 2014 at a reaccreditation event conducted with the NMC. Validation is conducted on a continual basis based on the outcome of reaccreditations carried out by the relevant regulators, including the GPhC. There is no cut-off date for validation of the programme unless there is a requirement for a major modification. The programme is delivered at two sites in Derby and Chesterfield, both with clinical skills teaching facilities. The University staff: student ratio is 1:16, and the programme adheres to a ceiling of forty students per programme. The teaching team comprises six Independent prescribers and three Advanced Clinical Practitioners, with three staff members, one full time nurse prescriber, and two 0.4 WTE pharmacist Independent/Supplementary prescribers contributing to the leadership of the programme. The teaching WTE for the programme is currently 2.6. The University currently delivers two cohorts per year with two to five pharmacists per cohort, but is aiming for twenty pharmacists per cohort without increasing the overall cohort size of forty. The team was told that the University is likely to have increased numbers of pharmacists on the programme. The team was also told of the potential plan to increase the number of cohorts delivered per year from two to four. There are currently thirty one students, including eight pharmacists, on the programme at the Derby campus and twenty, including three pharmacists at the Chesterfield campus. The team was told that the Dean had given assurances that staffing would be increased with the potential increased number of students to maintain the current staff: student ratio. The team agreed that the potential move to deliver four cohorts, each with potentially twenty pharmacists represented a significant change that would require a significant change in staffing provision. The team agreed to approve the University's plans to increase the number of cohort to four per year, each containing potentially twenty pharmacists, as a result of any successful plans to increase provision. The team stressed that when the University has confirmation of these arrangements, it must seek approval from the GPhC if there are any changes to the numbers and cohorts that were presented at this reaccreditation. This includes any changes to resources, including staffing.

Section 2: Pre-requisites for entry

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

The application form for the programme requires the pharmacist to detail their GPhC Registration Number and sign a declaration to the integrity of the information provided, and to self-declare/verify they have at least 2 years' experience as a practising pharmacist and to provide the date they were first registered. For employed pharmacists, the application is supported by a manager, employer or prescribing lead within their organisation. Self-employed pharmacists normally have this verified by their DMP, and if not, they are contacted by the admissions tutor/programme lead to discuss. The team pointed out to the provider's representatives that all documentation, including the application form and flowchart, must refer to the appropriate experience taking place in the UK. The provider indicated to the team that it was attempting to ensure quality of the experience during the period of learning in practice. The team was told that the onus for engaging a DMP was on the student but that the University provided support and help to the students in selecting DMPs. The teaching team conducts placement audits including a visit to the practice site, and the team was told that the potential increase in student numbers discussed under criterion 1 above will involve more placement visits. The team was told that there had been a welcome increase in attendance at the DMP induction event, although the teaching team recognised the need to inform DMPs earlier about the date of the event, possibly before the University had made offers of places to the students. The team was also told of plans to introduce audio or video recording of case-based discussions between the student and their DMP twelve weeks into the period of learning in practice, and to encourage students to provide feedback on the DMPs.

Section 3: The programme

All of the eight criteria relating to the programme are met

The programme is delivered at both Level 6 and Level 7, with the difference between the levels being explained to students at the induction session. The team was told that although most pharmacists choose to study at Level 7, some pharmacists that are concerned about their ability to write at Level 7 and simply wish to prescribe without achieving a higher level academic qualification may study at Level 6. Pharmacists and nurses that choose to study at Level 7 can undertake extra advanced practice modules. The course content and assessment methods are mapped against the GPhC's learning outcomes (LOs) in the Programme Handbook. Each of the sixteen GPhC LOs is linked to an assessment in the Assessment Handbook. The interpretation of the GPhC LOs reflecting the differentiation in level is included in the three broad LOs within each Module Specification. The team found the Learning Outcomes mapping confusing in that the Programme Specification lists eleven programme LOs, whereas there are only three LOs in the modules. Of the various mappings in the submission, the team considered that the optimal version was that presented in the Assessment Handbook in which the LOs and assessments were mapped to the GPhC LOs. The team considered that this version of the mapping of the LOs should be shared with the DMPs. The teaching and learning strategy is based on advancing the students' self-awareness of learning needs, providing personalised support, and adopting a range of strategies to meet diverse needs within multi-disciplinary learning environment. The teaching sessions are multi-professional and interactive, providing a balance between didactic and participatory, student-led approaches. Each pharmacist has an assigned academic tutor in addition to their practice-based supervisor. The team was told that having the pharmacists working in groups with nurses and healthcare professionals is useful in developing interprofessional working skills, and that small group work helps with the development of reflective practice. Students' are required to write an assessed reflective piece

of work, and the teaching team has developed a critical reflection workbook which will be issued to students. Reflective practice is discussed between students and their personal tutor. The provider clarified that the programme comprises eighteen days at the University, some of which are assessment, plus eight directed study/tutorial days with students able to attend the University on a suitable day for tutorials. Of the above twenty six days, eight have mandatory attendance for assessment, clinical skills teaching and three days of face-to-face teaching.

Section 4: Learning in Practice

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

The DMP practice assessment handbook contains detailed guidance on the roles, responsibilities, forms of supervision and evidence required for students to meet the learning outcomes in order to successfully complete their period of learning in practice. In addition to the documented guidance and standardised assessment tools, DMPs are expected to attend at least one support session at the University, or to request a placement visit if further clarity around the expectations is required. The practice assessment handbook includes detailed guidance on the DMP's role in the assessment of the student, and the key considerations for each aspect of the assessment. The support/briefing day also provides an opportunity to explore the practice assessment and ask for clarification as needed. DMPs are also actively encouraged to contact the programme lead as needed. The student is responsible for ensuring that ninety hours of learning and teaching in practice has been fulfilled, is logged on the appropriate 'verification of supervised practice learning' pages within their Practice Assessment Document (PAD) and that it is satisfactorily signed off by the DMP. Failure in the period of learning in practice cannot be compensated by performance in other assessments, and there is no compensation between different assessments.

Section 5: Assessment

All of the four criteria relating to assessment are met

Evidence of achievement of the learning outcomes is derived from a range of assessment methods including tests, OSCEs, written assignments, exams, poster presentations and signed practice reports. Each assessment is linked to a specific learning outcome being assessed. Clinical skills are assessed in both the University and the practice setting using bespoke and/or standardised assessment tools. Students are required to reflect on their practice experience and to submit a minimum of one reflective piece. A practice assessment document is completed over the period of assessed practice and includes an initial skills assessment, action plans to address the identified learning needs, a learning log to record the hours of practice, intermediate and final reports. Students also complete a Clinical Management Plan (CMP) as part of their portfolio. Calculations, prescription writing, consultation OSCE, poster presentation, pharmacology exam, essay, clinical decision-making OSCE and viva of case-based discussion take place in the University setting with the tutors responsible for assessment. The clinical management plan, and placement document, inclusive of sign-off of clinical skills and competence as a prescriber, log of practice hours, a minimum of 3 case-based discussion reports, and final sign-off / verification are primarily undertaken in practice. These assessments are examined by the tutor with some additional aspects signed-off, such as engagement with the mandatory clinical skills sessions at the University, and final sign-off on a pass/fail basis is the responsibility of the University tutors. As at the previous reaccreditation, the team considered that the standard University marking descriptors were not consistent with safe and effective practice, but was told that the descriptors only apply to the small amount of marked elements of the assessments, with the remainder being assessed on a pass/fail basis.

The team was told that there is a professional conduct and professional suitability policy and that although there have been appeals against marks, none of these have represented potential safety issues. The team was also told that the University is changing to a 50% pass mark for Level 7 from 2018-19. However, the team noted that the assessment section of the DMP Handbook includes a pass criterion of “relatively free of errors”; the team was concerned about this descriptor and the provider’s representatives indicated that they would consider removing the descriptor. It was pointed out to the team that for the last cohort containing pharmacists, all three DMPs had failed their pharmacist students at the intermediate point of the period of learning in practice; this was used to demonstrate that DMPs would report any serious fault by a student. In addition, the teaching team conducts targeted visits to practice sites based on triggers from placement audits or intermediate reports from DMPs, or if a student raises a concern. The Programme Handbook states that any major failure to identify a serious problem, or an answer which would cause the patient harm would result in overall failure and that this is applied to all assessments.

Section 6: Details of Award

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

Successful students will be awarded a Practice Certificate in Independent Prescribing for Pharmacists. It is not possible to successfully complete the programme without having successfully completed the period of learning in practice. The pass list is certified by the University Examinations Board after ratification of results at a designated assessment board and sent to the GPhC by the Programme Lead.

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.