



Independent  
prescribing  
programme

Glyndwr University

Report of a reaccreditation event

April 2018

## Event summary and conclusions

<b>Provider</b>	Glyndwr University
<b>Course</b>	Independent prescribing programme
<b>Event type</b>	Reaccreditation
<b>Event date</b>	20 April 2018
<b>Accreditation period</b>	July 2018 - July 2021
<b>Outcome</b>	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing programme provided by Glyndwr University should be reaccredited for a further period of three years.
<b>Conditions</b>	There were no conditions
<b>Standing conditions</b>	Please refer to Appendix 1
<b>Recommendations</b>	No recommendations were made
<b>Registrar decision</b>	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>	Eleri Mills, Senior Lecturer
<b>Accreditation team</b>	Professor Anne Watson (event Chair), Postgraduate Pharmacy Dean, NHS Education for Scotland Mr Mike Pettit, Senior Lecturer in Pharmacy Practice, University of Sussex
<b>GPhC representative</b>	Mr Chris McKendrick, Quality Assurance Officer, GPhC Miss Jenny Clapham, Research and Insight Manager, GPhC (observer)
<b>Rapporteur</b>	Ian Glendenning Marshall, Emeritus Professor of Pharmacology, University of Strathclyde; Proprietor, Caldarvan Research (Educational and Writing Services)

## Introduction

### Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The reaccreditation process is based on the GPhC's 2010 accreditation criteria for Independent Prescribing.

The GPhC's right to check the standards of pharmacy qualifications leading to annotation and registration as a pharmacist is the Pharmacy Order 2010. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:  
<http://www.legislation.gov.uk/uksi/2010/231/contents/made>

## Background

Glyndwr University was reaccredited by the GPhC in 2015 to provide a programme to train pharmacist independent prescribers, for a further period of three years subject to one condition. The condition was 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 results in an overall failure of the programme and that this is communicated clearly to pharmacists and DMPs in all course documentation. The team agreed that the current documentation did not make it explicit that the student would fail the overall programme and not just that assessment. This was to meet criterion 5.4. In response, the teaching team indicated that it has made it explicit in the documentation that in any assessment a failure to identify a serious problem or an answer which would cause the patient harm results in an overall failure of the programme and that this is communicated clearly to pharmacists and DMPs in all course documentation. Since the last reaccreditation twenty pharmacists have undertaken the programme. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 20 April 2018 to review the programme's suitability for reaccreditation.

## Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team and it was deemed to be satisfactory to provide a basis for discussion.

## The event

The event was held on 20 April 2018 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the Glyndwr University prescribing programme.

## Declarations of interest

There were no declarations of interest

## Key findings

### Section 1: The programme provider

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

Independent Prescribing for Pharmacists has been delivered at Glyndŵr University since 2009. The programme is approved and delivered by the University under its quality assurance and quality management and enhancement systems, with validation taking place every three years; the last validation took place in January/February 2018. Programmes are delivered under University regulations

for modular masters awards at Level 7. The team learned that it is the intention to change the contribution of the clinical management plan to the assessment regimen, but that this change has not yet been validated by the University; the GPhC will require evidence of the University validation of such or similar changes before the commencement of teaching of the next cohort in January 2019. To ensure that curriculum development reflects the specific needs of local allied health professionals, nurses and pharmacists, relevant nursing, midwifery and pharmacist representatives from local NHS acute and community organisations formed a steering group to support the programme. A statement of resources is agreed by the Head of School of Social and Life Sciences and Workforce, Education and Development Service (WEDS; soon to become Health Education Improvement Wales (HEIW)) for all professional programmes at the University on a regular basis. For the academic year 2017 – 2018 WEDS has agreed prime funding for 29 independent prescribing places for nurses, pharmacists and allied health professionals. WEDS also commissions funding for an Advanced Clinical Practice programme at level 7 with the non-medical prescribing module as an option module within this programme. Commissioned numbers are agreed annually in line with local workforce plans. The programme is planned as one cohort per year delivered annually in January to July. Thirteen teaching staff members are associated with the programme, including five pharmacists, and a total of five non-medical prescribers. An experienced pharmacist, now retired, who was an independent/supplementary prescriber was involved in curriculum development and contributed to the design of the programme since its inception. The Programme Leader is a 0.8 WTE appointment with at least 0.4 WTE assigned to the programme. The Betsi Cadwaladr University Health Board (BCUHB) has recently appointed one of the pharmacists, who has just started in post as Education and Training Service Lead Pharmacist for BCUHB, to be the designated pharmacist for the programme in the future, and a member of the stakeholder group. The team was told that staffing is decided once HEIW funding and student numbers are known, with the maximum cohort size being 50 students from the different professions, including up to 10 pharmacists.

## Section 2: Pre-requisites for entry

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

All prospective students must complete a Non-Medical Prescribing Application Form which is checked as part of the admission process, that includes a face-to-face interview, with the Programme Leader from the University and the Patient Safety Pharmacist or the Education and Training Service Lead Pharmacist for BCUHB or sponsored trust. All entrants must be registered with the GPhC or the Pharmaceutical Society of Northern Ireland, and must have at least two years' appropriate patient-orientated experience in a UK hospital, community or primary care setting following their pre-registration year in order to be able to enter the programme. Applicants are required to provide a narrative of evidence of having identified an area of clinical practice in which to develop their prescribing skills, up-to-date clinical, pharmacological and pharmaceutical knowledge; this will apply to both employed and self-employed pharmacists in the private sector; the applicant's line manager/employer is required to confirm that the student meets these criteria. The provider's representatives agreed that it would be necessary for them to consider an application process that would encompass applications from self-employed pharmacists or from pharmacists that wished to change their area of specialisation for prescribing. Applicants must present their portfolio demonstrating evidence of CPD, and to demonstrate how they reflect on their own performance and take responsibility for their own Continuing Professional Development (CPD) at interview. Once the student is accepted on the programme, the Designated Medical Practitioner (DMP) will receive details of the programme and learning outcomes through the University's half-day preparation programme, the DMP role is further supported by the DMP handbook. The presentation will also be recorded to allow DMPs to view it via the Moodle Virtual Learning Environment (VLE) from September 2018. Additionally, the DMP handbook outlines role and responsibilities of the DMP in the support of the pharmacist. The DMP training, experience and service level agreement appropriate to their role is validated by the DMP completing a supporting statement.

## Section 3: The programme

### **All eight criteria relating to the programme are met**

The programme, carrying 40 credits, will be provided only at level 7 with learning outcomes adapted from the GPhC outcomes; the team noted some inconsistencies in the mapping of the programme outcomes to the GPhC outcomes, particularly in regard to assessment; it was agreed that this mapping should be re-visited by the provider. The programme utilises learning contracts, learning logs and reflective approaches within the portfolio in order to help the student build on their existing knowledge. The programme consists of 400 hours of notional learning hours and involves a minimum of 26 theoretical days and 12 practice days delivered over a six-month period. Within this, students will spend a minimum of one day each week in the University undertaking theoretical learning, comprising 20 direct contact days and 6 directed study days. The team was told that the direct contact days had been reduced from the previous 21 days as students had considered that they did not require the previous teaching on the Yellow Card system. In the theory element of the programme, sessions are timetabled for students to be able to undertake both clinical skills learning and the opportunity to apply that learning to simulated conditions. The team was told that the programme leader participates in the clinical skills teaching which takes place around the students' first learning in practice experience. The teaching is delivered to small groups by nurses that have undergone the Advanced Clinical Skills course, along with a medical general practitioner. Although not a prerequisite for entry to the programme, pharmacists are advised at interview that they should attempt to obtain hands-on experience of clinical skills before commencing the programme. Within the period of learning in practice, students have 90 hours where they apply the theoretical clinical knowledge to the conditions for which they will be prescribing on qualification under the supervision of the DMP. In addition, they will be shadowing clinical nurse specialists, and a range of non-medical prescribers as well as medical prescribers. The documentation stated that students are required to attend all theoretical days and the required 90 hours in practice, although the team was told that 80% attendance is the minimum; missed theoretical sessions can be made up by remedial work and additional clinical skills sessions are provided for pharmacists in place of pharmacology sessions. An electronic register of attendance will be taken at every session, morning and afternoon. Attendance in practice will be monitored through the portfolio where the DMP will verify students' record of practice hours. Students must complete all elements of assessments in order to pass the module. Elements of assessment must be passed with a maximum of two attempts. Students that interrupt their studies have a maximum of 2 years from commencement of course to complete the award. After this period, students are required to retake the whole programme including attendance and assessments. Additionally, students must attend the 8 half-day clinical skills sessions before they are able to complete their summative OSCE in practice.

### **Section 4: Learning in Practice**

#### **All five criteria relating to learning in practice are met**

The DMP handbook and preparation in conjunction with prescribing practice portfolio provides guidance on all requirements and aspects of students learning in practice. A placement visit between the student, DMP and course tutors to support student learning and DMP supervision is arranged while the student is in clinical practice. There will be two formative and one 4-phase summative OSCE assessments in clinical practice, with a 100% moderation of OSCEs in practice to ensure consistency of approach. The University obtains professional declarations of attendance and competence from the DMP using the specified GPhC wording, and failure in the period of learning in practice cannot be compensated by performance in other assessments.

### **Section 5: Assessment**

#### **All four criteria relating to assessment are met**

The range of assessment methods to meet the intended learning outcomes includes a reflective log, OSCE, clinical management plan and unseen examinations and the assessment of practice (OSCE); all are conducted under the University Assessments and Examinations regulations. The team was told that as there is a reduced use of clinical management plans, the plan will be reduced in size and will now form

a part of the second-marked portfolio, along with a personal formulary. After two previous formative OSCEs, the hour-long summative OSCE will take place in the student's clinical placement, after agreement between the student, DMP, and patient, and will be moderated by the programme leader or her deputy in exceptional circumstances for quality assurance purposes, and in an attempt to standardise complexity of experience. Successful completion of the module leads to a freestanding award, but the module is also available as an option module within the MSc Advanced Clinical Practice provided that candidates can meet the specific entry and other requirements of the module. There is no compensation allowed on the programme; all assessments must be passed in order to pass. Marking criteria for level 7 academic work ensure that students have to achieve a 40% pass rate in order to pass the assessment element; the team agreed that the 40% pass level was consistent with safe and effective practice. Derogations from regulations to ensure safe and effective prescribing include a pass mark of 100% for numeracy, and an 80 % pass mark for the unseen written exam. Students are made aware that in any assessment a failure to identify a serious problem or an answer which would cause the patient harm results in an overall failure of the programme; this could be an omission or a failure to demonstrate safe prescribing practice in either OSCE assessment or academic work. The team was told that any such failing student would be required to re-apply and re-enrol for the programme; any fitness to practise issues would be referred to the University fitness to practice process.

## Section 6: Details of Award

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

A Practice Certificate in Independent Prescribing will be awarded to the students who successfully pass this module. An Assessment Board will be conducted at the end of the programme where students' marks are ratified. A pass list that will include the names and registration numbers of the pharmacists who are successful will be provided electronically to Registrar of the GPhC by the Programme Leader for Non-Medical Prescribing or Deputy Programme Leader for Non-Medical Prescribing following the assessment board meeting. The team informed the provider that the pass list should be sent to the Applications Team.

## 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.