



Independent
prescribing
programme

University of Huddersfield
Report of an accreditation event
October 2017

Event summary and conclusions

Provider	University of Huddersfield
Course	Independent prescribing programme
Event type	Accreditation
Event date	11 October 2017
Accreditation period	December 2017 - December 2020 (provisional) NB. Accreditation is confirmed after a satisfactory monitoring event has taken place following completion of the first cohort of students.
Outcome	Approval with conditions The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the University of Huddersfield should be provisionally accredited as a pharmacist independent prescribing course provider for a period of three years, with a monitoring event taking place after completion of the first cohort of students.
Conditions	1. The University must articulate a strategy for the assessment of clinical and physical examination and diagnostic skills and implement a valid and reliable quality assurance process for this assessment. The team agreed that these skills are a key outcome for pharmacists and the current assessment arrangements are not sufficiently robust to ensure consistent standards across all students. The University must provide the GPhC with evidence of how it will ensure that the assessment of clinical and physical examination and diagnostic skills is valid, reliable and robust in order to ensure safe and effective practice. This is to meet criteria 4.1 and 5.1. The University must submit evidence of how this condition has been met to the GPhC, for approval by the accreditation team. This must be done before the first intake of pharmacists onto the programme.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	Following the event, the provider submitted a response to the condition of accreditation, and the accreditation team agreed it had been met satisfactorily. The Registrar of the GPhC accepted the team's recommendation and approved the provisional accreditation of the programme for a period of three years.
Key contact (provider)	Dr Margaret Culshaw
Accreditation team	Professor Chris Langley, Event Chair, Professor of Pharmacy Law & Practice and Head of the School of Pharmacy, Aston University; Associate Dean, Taught Programmes, School of Life and Health Sciences. Professor Jane Portlock, Professor of Postgraduate Pharmacy Education, University of Sussex

GPhC representative	Miss Jenny Clapham, Quality Assurance Officer, GPhC
Rapporteur	Ian Marshall, Emeritus Professor of Pharmacology, University of Strathclyde Proprietor, Caldaran 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 accreditation 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 Huddersfield approached the GPhC with an application for accreditation of a programme to train pharmacist independent prescribers. In line with the GPhC's process for accreditation of independent prescribing programmes, an event was scheduled for 11 October 2017 to review the programme's suitability for accreditation. In line with the GPhC's process for new providers of pharmacist prescribing programmes, the event was held on site at the University to allow for the GPhC's accreditation team to view the teaching facilities available. The Department of Pharmacy, part of the School of Applied Sciences, has offered a fully accredited MPharm since 2008. The Department has a close relationship with the School of Human and Health Sciences (HHS), which offers undergraduate and postgraduate courses in nursing, midwifery, podiatry, physiotherapy, operating department practice, occupational therapy and social work. HHS has been offering short courses in prescribing for qualified health professionals since the short formulary was first available for community nurses and subsequently expanded into supplementary prescribing and more recently, independent prescribing for nurses, midwives, health-visitors, podiatrists and physiotherapists. HHS has current accreditation of independent and supplementary prescribing by Nurse and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC). Staff members from the Department of Pharmacy have been involved in teaching and assessing the prescribing courses for many years, since before the introduction of the MPharm.

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 onsite at the University of Huddersfield on 11 October 2017 and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Huddersfield prescribing programme, and a tour of the University's clinical skills teaching facilities.

Declarations of interest

There were no declarations of interest.

Key findings

Section 1: The programme provider

The team was satisfied that all four criteria relating to the programme provider will be met (See Appendix 2 for criteria)

The university runs an established non-medical prescribing programme for nurses and allied health professionals within the School of Human and Health Studies (HHS). The proposed new programme involves instituting a separate cohort of pharmacists who would undertake much of the existing course and use much of the existing facilities provided by HHS, but with administration and student support provided by the School of Pharmacy, along with a number of bespoke classes and separate assessment, including separate course assessment boards, for pharmacists. The team learned that the demand from pharmacists in Yorkshire for independent prescribing programmes had increased, including from the University's own pharmacy graduates, and driven by new roles and funding streams, and that pharmacists were finding it difficult to source places to study. The proposed programme was fully validated by the University in July 2017 with the validation process also confirming the appointment to programme leader. Administration and quality assurance of the programme will fall under the bailiwick of the School of Pharmacy. The plan is to admit a maximum of twenty pharmacists to the proposed programme, in addition to the thirty to forty students per cohort on the existing programme. Thus, the total combined cohort would result in a maximum of sixty students. Although the major part of the intended face-to-face teaching will be common to both groups of students, pharmacists will form a separate group for the hands-on teaching of clinical assessment and diagnostic skills. The required teaching staff is already in place, including pharmacists, the module leader had been appointed, DMP systems are already established and teaching facilities are already in place. The team was able to view two areas devoted to the teaching of clinical skills which were well-equipped with examination couches and beds, manikins, and were well-staffed. The nominated programme leader has completed successfully his independent prescribing course and is currently awaiting annotation by the GPhC. The WTE value of 0.2 devoted to the programme represents only the additional contribution of the programme leader as the staff members of the School of Pharmacy already contribute to the programme delivered by HHS.

Section 2: Pre-requisites for entry

The team was satisfied that all six criteria relating to the pre-requisites for entry will be met. One criterion requires minor amendment of the documented application procedure.

The application form for the programme is bespoke for the course for pharmacists and identifies the criteria specified by the GPhC. The applications will be reviewed by the pharmacist module leader who will assess if the UK-based patient-orientated experience is appropriate, and will ask for extra evidence if required, before offers are made and applicants accepted on to the course. The team was told that the School of Pharmacy has close links with the major employers in the region, knowing their clinical governance systems, and with Community Pharmacy West Yorkshire. The provider intends to use telephone interviews with both applicants and their DMPs to verify the information provided in the application form if necessary; the team agreed that this approach would be useful and considered that reference to such interviews should be included in the formal application process. The team also noted that the application form had a single section to cover several of the entry requirements (criteria 2.2, 2.3, 2.4), including up-to-date knowledge and CPD, and considered that the application form could usefully

be revised to allow each of the entry criteria to be considered separately; the provider's representatives agreed that such an approach would be beneficial. A DMP induction and training session is organised and the School of Pharmacy has good links with GP groups and CCGs. DMPs are encouraged to attend in order to obtain credit towards their own validation process. Additionally, DMPs have access to the VLE and lecture capture recordings.

Section 3: The programme

The team was satisfied that all of the eight criteria relating to the programme will be met. Three criteria require minor revision to documentation.

The proposed 30-credit programme will be delivered at Master's Level, with the majority of outcomes at level 7 and a small number at level 6. The aim of the programme is to support development of generic prescribing skills and to enable specialist areas to be acknowledged and developed. The team was pleased to note that the School of Pharmacy is using the GPhC learning outcomes (LOs) as the LOs for the programme and was satisfied that all outcomes were being taught and assessed. However, the team noted that the Module Specification had omitted the assessment of programme LOs 2, 3, 5 and 9 under Ability, and that consequently GPhC LOs 4, 5, 12 and 16 were not mapped as being assessed. The provider agreed to correct this omission and update the course documentation.

The team was assured that 30 credits is the local norm for independent prescribing course in the area and that the existing HHS programme is a 30-credit programme, based on the local commissioners linking funding to the credit value of the programme. The programme consists of lectures (54 hours), practical workshops (9 hours), workplace learning (90 hours), e-learning (6 hours), field visits (12 hours), independent study (81 hours) and directed study (48 hours). Although the hours devoted to the various activities within the programme amounted to the necessary 300 hours for a 30-credit programme, the team noted that the 90 hours of learning in practice with the DMP had been included within the required 26 days of directed learning time, rather than being additional. The provider agreed to revise the breakdown of hours to ensure there were 26 days of directed study.

Students will complete the entire course in 6 months. Students' progression at the University classes will be monitored by formative assessment of clinical skills and numeracy assessment; for the period of learning in practice, the students will be submitting their portfolios at intervals, allowing progression to be checked. In addition, staff members will offer tutorials and provide unconfirmed grades and feedback within a 3-week timeframe. There is a Dashboard system that allows staff members to monitor progress through access to students' marks and recorded meetings with staff members. Attendance at clinical examination and diagnostic study days is mandatory. If a student misses the clinical examination and diagnostic skills study days, they would be required to make up these skills by joining a subsequent cohort or equivalent session on another course. Although the process of APEL is allowed in the University Regulations, the provider's representatives agreed that the process was not applicable to a single module, particularly when all assessments have to be taken.

Section 4: Learning in Practice

The team was satisfied that four of the five criteria relating to learning in practice will be met with one criterion subject to a condition.

As a result of existing provision in HHS there is a network of both well-established DMPs and a range of resources for DMPs readily available. The DMP handbook provides the essential information and specifies the role of the programme provider and of the DMP. New DMPs will be informed that University staff members are accessible for ongoing support, and some CCGs have been proactive in supporting DMPs themselves with non-medical prescribing leads having been appointed. However, the provider's representatives agreed that it would be useful for the University teaching team to make contact with DMPs and stated that they intended to do so. Students are required to submit a relevant

completion form to the University before their certificate can be released. The completion form is provided as part of the DMP handbook and online via Unilearn. Students must pass all elements of assessment, there is no compensation or condonement of assessments.

In terms of the quality assurance of the summative assessments carried out by DMPs, see the commentary to section 5 below. This results in a **condition** of accreditation that the University must articulate a strategy for the assessment of clinical and physical examination and diagnostic skills and implement a valid and reliable quality assurance process for this assessment.

Section 5: Assessment

The team was satisfied that three of the four criteria relating to assessment will be met with one criterion subject to a condition.

The assessments used are a numeracy test (pass/fail), a 2000-word case study review, a portfolio of supervised practice and clinical skills (pass/fail), and a 3-hour written examination. In terms of the assessment of clinical and diagnostic skills, a range of such skills will be taught in the University setting; students will receive formative feedback on their demonstration of these skills and may be required to repeat particular exercises if necessary. In the period of learning in practice, pharmacists will have the opportunity to practise their skills on patients and the DMP will sign off their competence. The team expressed concern that the programme did not include a summative University assessment of such skills, for example by an OSCE or similar assessment, and relied solely upon the DMP sign off. The team was concerned that the quality assurance of the DMP's role in the summative assessment of clinical skills was insufficiently robust. The team was told that DMPs are non-remunerated affiliates of the University and therefore fall under the university regulations but that there was no direct quality assurance of their role in assessment. This approach aligned with that of the other non-medical prescribing programme at the university. Although the team accepted that this assessment approach might be appropriate for nurses and other healthcare professionals already experienced in clinical skills, it considered that the procedure was insufficiently robust for pharmacists, most of whom will have had minimal experience of clinical assessment and diagnostic skills. Accordingly, it will be a **condition** of accreditation that the University must articulate a strategy for the assessment of clinical and physical examination and diagnostic skills and implement a valid and reliable quality assurance process for this assessment. The team agreed that these skills are a key outcome for pharmacists and the current assessment arrangements are not sufficiently robust to ensure consistent standards across all students. The University must provide the GPhC with evidence of how it will ensure that the assessment of clinical and physical examination and diagnostic skills is valid, reliable and robust in order to ensure safe and effective practice.

Section 6: Details of Award

The team was satisfied that both criteria relating to details of the award will be met.

Successful candidates are awarded a 'Practice Certificate in Independent Prescribing' confirming that the candidate has successfully completed the programme and the period of learning in practice and a certified copy of the pass list is sent to the Registrar of the GPhC

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.