



Independent  
prescribing  
programme

Universities of Kent and Greenwich

Medway School of Pharmacy

Report of a reaccreditation event

July 2017

## Event summary and conclusions

<b>Provider</b>	Universities of Kent and Greenwich, Medway School of Pharmacy
<b>Course</b>	Independent prescribing programme
<b>Event type</b>	Reaccreditation
<b>Event date</b>	28 July 2017
<b>Accreditation period</b>	October 2017 – October 2020
<b>Outcome</b>	<p>Approval</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the Medway School of Pharmacy should be reaccredited a provider of a pharmacist independent prescribing programme for a further period of three years.</p>
<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>	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the reaccreditation of the programme for a further period of three years
<b>Key contact (provider)</b>	Dr Trudy Thomas, Senior Lecturer
<b>Accreditation team</b>	<p>Professor Angela Alexander, (Event chair), Professor Emerita, University of Reading</p> <p>Dr Ruth Edwards, Senior Lecturer &amp; MPharm Course Leader, Robert Gordon University</p>
<b>GPhC representative</b>	Ms Joanne Martin, Quality Assurance Manager, GPhC
<b>Rapporteur</b>	Ian 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/ukxi/2010/231/contents/made>

### Background

The Medway School of Pharmacy (Universities of Kent and Greenwich) was accredited initially by the Royal Pharmaceutical Society (RPSGB) in 2008 to provide a programme to train pharmacist independent prescribers, for a period of 3 years. The programme was reaccredited by the General Pharmaceutical Council's (GPhC) in 2011 and again in 2014 when the accreditation team agreed to recommend to the Registrar of the GPhC that the School should be reaccredited as a pharmacist independent prescribing course provider for a further period of three years subject to one condition, that the University must remove compensation from the assessment regulations for this programme and ensure that this was communicated to students in all materials. This was to meet criterion 4.5 and 5.3 and had to be confirmed in writing to the GPhC that this had been done before the next intake of pharmacists onto the programme. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 28 July 2017 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 28 July at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of Medway School of Pharmacy 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 programme is offered by the Medway School of Pharmacy, an autonomous school which is a joint collaboration between the Universities of Kent and Greenwich with the University of Greenwich being the current Primary Administering University. A full 5-year periodic review was undertaken by both Universities in March 2015 of all Medway School of Pharmacy postgraduate taught programmes, including the prescribing programme; the review was satisfied that the PGCert in Prescribing is being delivered at the appropriate level in accordance with University of Kent Credit Framework. The School receives feedback on the prescribing programme from students, external examiners and stakeholders. Teaching on the programme is carried out in the School accommodation which includes two clinical skills laboratories. The overall programme lead is a pharmacist and the teaching team includes two pharmacist independent prescribers, three nurse independent prescribers, one physiotherapist independent prescriber, one other pharmacist and several sessional teachers and advisors. The provider plans to deliver six cohorts per year to offer a range of learning experiences, including two cohorts per year of an 11-month extended version of the programme, along with three iterations of the School's standard 8-month programme, and one delivery of a 5-month fast-track version of the programme, with each cohort comprising 30 students. The fast-track programme was delivered on a pilot basis in August 2016 with a cohort of 17 students, all of whom were pharmacists. The provider had concluded that this pilot programme had not been totally successful, even for very well qualified entrants, but the independent prescribing programme commissioners has requested that the School provide another fast-track version of the programme from December 2017. The School had agreed to this request but wished to encourage students to undertake the programme at Level 6 to make the outcomes more achievable. The 11-month extended version of the programme, provided for the first time in June 2017, is designed to allow students more time to complete the course and to attempt to avoid students who find themselves unable to cope with the timeframe of the standard 8-month version of the programme from having to drop out and join a subsequent cohort. This extended programme caters for both pharmacists and nurses and has strong support from local stakeholders. The team agreed to the School providing the three versions of the programme outlined above, and to the 5-month fast-track version of the programme being delivered at Level 6. The planned increase in the number of cohorts to be delivered and the overall increase in student numbers on the programme has resulted in an increase in staff numbers and increased commitment of existing staff to the programme.

### Section 2: Pre-requisites for entry

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

The pharmacist's registration number is checked against the GPhC register online prior to acceptance on the programme. The programme lead has ultimate responsibility for the decision to admit a pharmacist student and for confirming that the student has the appropriate experience. Each applicant's case is considered on an individual basis, and self-employed pharmacists are usually called for interview before being offered a place. If the School considers that any applicants who have recently moved into the clinical area in which they intend to prescribe lack sufficient experience in the area, they would be

recommended to undertake some formal training in the area to avoid the danger of requiring extra time to complete the programme in the appropriate time. Similarly, in the case of applications from self-employed pharmacists who have no line manager to complete the relevant section of the application form, the team was told that such applicants might not have considered how to put their intended prescribing into practice; in this case, the applications panel would look for evidence of support from the CCG or DMP, and of the availability of a prescribing budget, and in its absence would not allocate a place on the programme. Once on the programme, pharmacists are encouraged to reflect on their placement and learning through their reflective diary, through submission of a portfolio entry for formative assessment, and through classwork and peer feedback on various elements of the programme. There is a manual check of the DMP's GMC registration during the admissions procedure. The level of service required for pharmacist training is stipulated within the DMP Guide through which DMPs become familiar with the programme. A visit and a quality assurance assessment are undertaken within the practice environment making clear the expectations and outcomes of the programme.

### Section 3: The programme

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

From December 2017 the School intends to offer the current prescribing programme to pharmacists at both levels 6 (45 credits) and 7 (60 credits). In particular, the School sought accreditation of a fast-track version of the programme (5 months) which they intend to recommend that students undertake at level 6. For the level 6 course there is a minimum standard in the competency assessments, for example in the Practical Assessment of Prescribing Practice, previously badged as an OSCE, that is the same for both levels of study, but the level of complexity at an academic level is less for the level 6 provision. The provider stated that it is possible to have a safe and effective prescriber who has studied at level 6 as long as their knowledge of pharmacology, numeracy skills and clinical competence is adequate. The programmes can be delivered over 5, 8 or 11 months to suit the learning and personal needs of the student. The GPhC learning outcomes and accompanying assessments were mapped against the Medway School of Pharmacy prescribing programme learning outcomes at level 6 and 7. The programme at both levels 6 and 7 is delivered through a combination of compulsory study days and distance learning, mainly delivered through the virtual learning environment Moodle, in addition to the period of learning in practice. Each student develops their scope of practice document through working with programme tutors during Study Days and a quality review meeting, their DMP and other contacts during their period of learning in practice. This includes a structured consideration of individual clinical assessments skill requirements for the individual student's intended area of practice. Generic skills and principles of clinical assessments are covered in workshops by all pharmacist students. There are nine face-to-face study days, the 90 hours period of learning in practice and either 399 hours (level 7) or 249 hours (level 6) of private study. Pharmacists are expected to attend all the study days and will not be entered for the examination board until they have attended all required study days, including the clinical assessment sessions; they will not be submitted to the examination board until they have undertaken all clinical assessment sessions. Students' progression is monitored through Moodle, along with a spread sheet of marks gained in the different components of the course; any unusual marks are identified and the personal tutor asked to investigate the reasons and any attendant problems. For students who are required to join a subsequent cohort due to inability to complete the programme, the mark sheet and log of email communications allows monitoring of progress and level of communication with the teaching team.

## Section 4: Learning in Practice

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

The DMP's role in the period of learning in practice is outlined in the DMP Guide and any questions are addressed as part of the placement visit, including the DMP's role in the acquisition of clinical assessment skills. A Quality Review of the Period of Learning in Practice consists of visits by members of the teaching team to the practice environment in order to assess the resources and experience offered. It is the aim of the School to encourage students to take responsibility for their own learning, particularly in the period of learning in practice. DMPs do not undertake or mark formal assessments, or formally or summatively assess students. Clinical skills are taught in-house on the study days, but as part of their placement, pharmacists are required to observe how experienced prescribers undertake clinical assessment relevant to their scope of practice. The DMP confirms the student's claim for competency in their clinical assessment sign off. There is no condonement or compensation of any element of the prescribing programme, and pharmacists who fail the period of learning in practice will fail the programme overall.

## Section 5: Assessment

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

The programme is assessed separately from any other programmes and programme components and leads to a freestanding award which confirms the competence of the pharmacist as an independent prescriber. Although pharmacists undertaking the level 6 programme share teaching with the level 7 students, the assessment is separate. The pass mark for written graded assessments is 50%. In course 1 (level 6 and 7) students must pass the course overall with 50%, with a minimum pass mark for each piece of work of 45%; this applies only to the first case study assessment in which a student would not be awarded a pass if they failed the knowledge element. If they demonstrated meeting the primary evidence of a pass, but wrote a poorly constructed essay, then they would be awarded between 45 and 50%, representing a borderline pass; it was stressed that students not meeting the learning outcomes for the assessment would not pass. All other assignments are graded pass/fail. To achieve a pass in the course 2 pharmacology paper, students must obtain a minimum of 80%, and for the course 2 numeracy assessment, students must achieve 100%. The team considered that the marking criteria for providing evidence that the student is using appropriate sources of evidence at level 7 were weak, and was informed that this applied to the pharmacology essay where, if a reference used was not the best available but was used appropriately, then that was regarded as acceptable. It was stressed that statements made needed to be evidence-based and that the appropriateness of the references determined the quality of the pass. The team was also concerned that the marking criteria for pharmacology at level 6 were not consistent with safe and effective prescribing particularly regarding interactions; in this respect it was explained that the issue was not that of identifying drug interactions, but rather explaining the basis of any possible interaction.

The team noted that the academic and programme regulations allowed students a possible three attempts at each unit of assessment. Thus, in the case of high stakes assessments such as the PAPP and numeracy. Students have 2 attempts to achieve the criteria for pass in the PAPP, pharmacology and numeracy assessments before a fail is awarded. In these tests there are in essence two attempts at the first assessment. In the event of failure of both of these attempts a request would be made routinely to the examination board for a third attempt. The marking criteria ensure that practice that is neither safe

nor effective will not achieve the pass criteria. Failure to identify a serious problem or an answer which would cause the patient harm will result in overall failure of the programme; this is confirmed in the programme specification and the Definitive Programme Documents. Any issues relating to a student's performance in an assessment are brought to the attention of the programme lead and will be subject to moderation by the prescribing programme team. In the event that the team do not feel able to determine if a serious problem has arisen, an external expert in the clinical area will be consulted. Issues relating to malpractice would be raised with the student's DMP, non-medical prescribing lead or employer as necessary.

## Section 6: Details of Award

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

Regardless of academic level, successful pharmacist prescribers will be issued a 'Practice Certificate in Independent Prescribing' which confirms that they have successfully completed the programme and the period of learning in practice. The Pharmacist Prescribing Lead, Director of Taught Graduate Studies and Deputy Head of School will send the detailed pass list to the GPhC within 10 days of the exam board taking place.

## 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 be 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.