



Independent
prescribing
programme

The Open University
Report of an accreditation event
October 2018

Event summary and conclusions

Provider	The Open University
Course	Independent prescribing programme
Event type	Accreditation
Event date	9 October 2018
Accreditation period	December 2018 – December 2021 (provisional) NB. Accreditation is confirmed after a satisfactory monitoring event has taken place following completion of the first cohort of students.
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that the pharmacist independent prescribing programme provided by the Open University should be provisionally accredited for a period of three years, with a monitoring event taking place after completion of the first cohort of students.
Conditions	There were no conditions.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	Following the event, the Registrar of the GPhC accepted the accreditation team's recommendation and approved the provisional accreditation of the programme for a period of 3 years.
Key contact (provider)	Richard Lowe, Senior Lecturer - Non-Medical Prescribing Qualification Lead
Accreditation team	Professor Angela Alexander, (event chair), Professor Emerita of Pharmacy Education, University of Reading Mr Mike Pettit, Senior Lecturer in Pharmacy Practice, University of Sussex
GPhC representative	Mr Christopher McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Dr 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 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 Open University (OU) 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 9 October 2018 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 Open University currently provides an undergraduate nursing programme. On graduation, ongoing professional development is directed elsewhere due to the lack of postgraduate provision at the OU. The government is looking to increase numbers of Non-Medical Prescribers in the NHS to facilitate the model of accessible healthcare for all. This increase is currently being supported by the professional bodies and is sponsored by financial support (Health Education England - HEE). Apprenticeship schemes are also to be made available to include Advanced Clinical Practitioner (ACP) programmes to formalise and accredit this professional development. For the OU to support and retain students, whilst encouraging ongoing personal development, it is necessary to provide a Non-Medical Prescribing programme which can be offered as a stand-alone qualification or as part of the apprenticeship ACP programme.

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 Open University, Milton Keynes, on 9 October 2018 and comprised a joint accreditation with the Health and Care Professions Council (HCPC) with a number of meetings between the GPhC and HCPC accreditation teams and representatives of the Open University prescribing programme, along with a tour of the University's teaching facilities and presentation of teaching materials.

Declarations of interest

Professor Alexander declared that she had several degrees from the Open University, but none in the area of pharmacy.

Key findings

Section 1: The programme provider

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

The Open University (OU) Post-Graduate Certificate in Non-Medical Prescribing, a 60-credit Non-Medical Prescribing module, will be delivered by the School of Health, Wellbeing and Social Care (HWSC) within the Faculty of Wellbeing, Education and Language Studies (WELS). This new qualification will use mainly online delivery techniques, involving bespoke online materials developed by the Institute of Clinical Science and Technology (ICST), an online provider of medical education, in addition to the current capabilities of the OU Virtual Learning Environment (VLE). All curriculum activity will be undertaken collaboratively and the quality assurance will be the responsibility of the OU using current academic quality processes. The curriculum partnership model will be reviewed on an annual basis through the Curriculum Partnerships Committee's annual review. The most recent QAA review (December 2015) confirmed that the quality and standards of provision at The Open University meet UK expectations in all four areas of judgement. Following internal validation in July 2018, the qualification is subject to continued input from the external adviser who is also the provisional external examiner. The external advisor/examiner is programme lead for an independent prescribing programme and has experience as both a contributor and lead of NMP education provision. Face-to-face on-campus days will supplement the online delivery and clinical placement days. Although the facilities did not include a specially-equipped clinical skills suite, they included a large holding room, three main teaching areas as well as informal rest areas. Five smaller seminar rooms have been reserved for action-learning sets and for the practice of clinical and consultation skills. The initial cohort of 50 students proposed for February 2019 will be hosted at the Milton Keynes campus. For subsequent cohorts, similar campus facilities will be made available at Belfast, Edinburgh, and Cardiff, as well as London, dependent on student demand and sufficient numbers to ensure an interprofessional mix and good student experience. Academic staff will travel between campuses and equipment will be made available, again according to student numbers. The maximum numbers of students and cohorts is planned to be 15 pharmacists, 15 HCPC registrants, 20 NMC registrants in the February and August 2019 single cohorts, rising to 30 pharmacists, 30 HCPC registrants, 40 NMC registrants in February and August 2020 double cohorts, and again to 45 pharmacists, 45 HCPC registrants, 60 NMC registrants in February and August 2021 triple cohorts. The team agreed that the GPhC will accredit the two 2019 cohorts for a maximum of 50 students per cohort at the Milton Keynes campus and will review any request for an increase in numbers or other sites at the one-year monitoring visit. Currently, all funding will be individually arranged at organisational or individual level. The non-medical prescribing programme staff includes a Non-Medical Prescribing Qualification Director for the Open University, a pharmacist annotated with the GPhC as a Independent Prescriber; a registered nurse independent prescriber, the nurse lead for the Non-Medical Prescribing qualification and with extensive experience in the teaching of clinical skills who will oversee the development, tuition and assessment of clinical skills within the programme; a fulltime lecturer in Biomedical Sciences with extensive experience of evidence-based practice, paramedic development and contributing to Work Based Learning; an NMC-registered mental health nurse; an NMC registered midwife, and a fulltime lecturer in health. Amongst external contributors is an annotated practising pharmacist independent prescriber, currently working in primary care who will be involved in the production of learning materials and the essential links to practice. The programme will also have an Allied Health Professional non-medical prescribing lead; and a further GPhC registered practising independent prescribing pharmacist employed by the Open University as an adviser to the programme.

Section 2: Pre-requisites for entry

The team was satisfied that all the six criteria relating to the pre-requisites for entry will be met with two criteria subject to amendments

Registration with the GPhC is a prerequisite for enrolment. The entrant's registration number is required on the programme application form and is checked by Central Admissions against the online GPhC register. In addition to the statement that applicants confirm their possession of appropriate two years' experience in the UK, entrants are required to provide a personal statement which includes experience and preparation for the NMP programme, an identified area of practice, and their personal reflection, experience and preparation for the programme. The details will be scrutinised and verified by the Programme Lead through discussion with the DMP and NMP lead before the entrant can be enrolled on the programme. Applicants must identify their own DMP, and the necessary details and a supporting statement from the DMP form part of the application process. The DMP and employing organisation must agree to support the student fully throughout the programme and especially in all the aspects of practice-based learning. Each DMP will be contacted as part of the verification process. A DMP handbook will be emailed to each and the online support video made available.

Section 3: The programme

The team was satisfied that all of the eight criteria relating to the programme will be met

The programme will be offered only at level 7 of the Framework for Higher Education Qualifications (FHEQ). Students may use the credit obtained from the programme as contribution to credits to a proposed master's level Advanced Clinical Practice programme. The learning outcomes are designed to reflect the QAA descriptors for level 7 and that students display a mastery of a complex and specialised area of knowledge and skills, employing advanced skills to conduct advanced professional activity, accepting accountability for related decision-making, including use of supervision. Following consultation with stakeholders and internal curriculum managers the GPhC learning outcomes (LOs) were mapped against the programme LOs, although the GPhC's learning outcomes whilst being subsumed by the programme LOs do not necessarily correlate on a one-to-one basis. The team found the mapping to contain several inconsistencies. The total study time for the module is 600 hours. This is made up of four days face-to-face on-campus attendance, four days synchronous online forum-based activities), 18 days' online activities including two days' revision/assessment-related online activity along with the mandatory 12 x 7.5 hour days in-practice supervised learning. There is a mandatory 100% attendance requirement on the face-to-face campus days and 80% attendance for the synchronous online forums although all material contained in the latter must be covered. Registers will be maintained of all face-to-face sessions and electronic records are kept. Online access of learning materials is logged and records of student progress through activities are accessible via the student and tutor dashboards. In-practice learning is monitored by the DMP with regular updates and a mid-point analysis. Clinical skills are taught and assessed in the face-to-face sessions at the OU. Clear demarcation is made between clinical skills provided training during the OU face-to-face days and any individual clinical skills required in practice. Clinical skills assessed on campus include the assessment of vital signs, blood pressure and respiratory examination, to include inspection, palpation, percussion and auscultation. Face-to-face learning sessions will allow opportunities for students from different professions to share practice, encourage and support each other. The practicalities and mechanics of prescribing and the associated legal and ethical issues will be explored, including not prescribing and de-prescribing. There will be no APEL applied to allow exemption from the directed learning and there will be no exemption from any assessments for any student, although there may be a reduction in student-directed learning.

Section 4: Learning in Practice

The team was satisfied that all of the five criteria relating to learning in practice will be met

Each DMP will be contacted by the Programme Lead as part of the application process, will receive an electronic copy of the DMP Handbook, the Practice-Based Learning Log and will have access to an online video providing information on Frequently Asked Questions. DMPs will also receive read-only access to the ICST learning management system. There will be an agreement for the supervision, support and assessment of the student in clinical placement. The DMP handbook is available for the DMP and student from the Student Dashboard. Both DMPs and students will receive information regarding roles and sharing of responsibilities. The supervised practice hours will be related to the student's intended area of practice. DMPs are given clear

guidance with regard to the summative assessment of competencies as measured against the Competency Framework for All Prescribers published by the Royal Pharmaceutical Society (RPS). The DMP handbook indicates that the student will need to complete a log of all practice-based learning which will indicate the learning achieved in the 90, or more, hours of supervised practice. The assessment strategy includes the Practice-Based Assessment (PBA) which is audio-recorded for QA purposes. This provides an opportunity for the DMP to assess a real-life consultation and any associated activities. It also enables the student to have an important role in their own assessment. At the end of the programme each student must submit a completed log, competency framework and DMP sign-off as part of the End of Module Assessment; this must be signed and dated by the student and the DMP. No compensation is allowed in any assessment in the programme, including the learning in practice assessments.

Section 5: Assessment

The team was satisfied that all of the four criteria relating to assessment will be met

The Non-Medical Prescribing module leads to the Post Graduate Non-Medical Prescribing Qualification. The award of the Practice Certificate in Independent Prescribing will be assessed separately from any other programme and will lead to a freestanding award which confirms the competence of the pharmacist as an independent prescriber. The timetabled teaching and learning sessions and the associated activities, together with Computer-Marked Assessments (CMA) and formative Tutor-Marked Assessments (TMA) will prepare students for the summative assessments. Summative assessments include a traditional exam-styled numeracy assessment, a traditional exam-styled pharmacology assessment, a Clinical Skills Assessment prescriptions; students will be required to produce three sample prescriptions, a Clinical Management Plan, and a Practice-Based Assessment, together with a recorded assessment, marked against a predetermined check list of essential criteria, approved by the DMP and agreed by Programme Lead, as being pertinent to the student's area of practice. In addition, there is an End of Module Assessment (EMA) comprising four elements, requiring a pass in each: a Log of learning in Practice hours, signed off by the DMP as an accurate record of practice-based learning; a Competency Framework linked to the practice log to show how the respective competencies have been demonstrated; the DMP Sign-off, and a reflective assignment. All assessments in the programme are non-compensatory. There is no APEL and no substitution. Each assessment must be passed in order to gain the qualification. In any of the summative assessments, a failure to identify a serious problem or an answer which would cause the patient harm will result in overall failure of the programme. Any such individual case will be considered by the Programme Lead, the Head of School, an independent suitably qualified medical practitioner and a practitioner representative of the student's profession.

Section 6: Details of Award

The team was satisfied that both of the two criteria relating to details of the award will be met with one criterion subject to amendment.

Upon successful completion of the qualification students will be awarded the academic award of Postgraduate Certificate in Non-Medical Prescribing. Each pharmacist will be awarded a Practice Certificate in Independent Prescribing. Results will be forwarded to the Programme Lead to be checked and verified. These will then be given to the quality assurance team for dissemination to the regulatory body.

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.