General Pharmaceutical Council

Independent prescribing programme

Sheffield Hallam University

Report of a reaccreditation event

April 2018

Event summary and conclusions

Provider	Sheffield Hallam University
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	16 April 2018
Accreditation period	July 2018 – July 2021
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing programme provided by Sheffield Hallam University should be reaccredited for a further period of three years.
Conditions	There were no conditions.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made.
Registrar decision	The registrar of the GPhC accepted the team's recommendation and approved the reaccreditation of the programme for a further period of 3 years.
Key contact (provider)	Ms Helen Kundu, Course Lead and Pharmacist
Accreditation team	Professor Angela Alexander (event Chair), Professor Emerita of Pharmacy Education, University of Reading Professor Jane Portlock, Professor of Pharmacy Postgraduate Education, University of Sussex
GPhC representative	Miss Jenny Clapham, Research and Insight Manager, GPhC Mr Chris McKendrick, Quality Assurance Officer, GPhC (observer)
Rapporteur	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/uksi/2010/231/contents/made

Background

Sheffield Hallam University was provisionally accredited by the GPhC in 2015 to provide a programme to train pharmacist independent prescribers, for a period of three years subject to one condition and one recommendation with a monitoring event taking place after the first cohort of students. The condition was that the University must implement a valid and reliable quality assurance process for the OSCA assessment and that this must be universally applied across all the DMPs. The team viewed that the OSCA undertaken by the DMPs was a key competence assessment but was not fully under the control of the University QA procedures. Therefore, the University was required to provide the GPhC with evidence of how it would achieve a robust and consistent assessment of competence of pharmacists across all DMPs. This was to meet criteria 4.1 and 5.1. The University submitted its proposal to video record the OSCA and to include this in the students' portfolio submission. The assessment would be marked by the University staff team and would be subject to internal and external moderation. The accreditation team was satisfied with this response. The recommendation was that the University should review the application form to support applications from all pharmacists, including self-employed and self-funding applicants, and ensure that the manager's checklist is appropriate. In response, a revised application form was submitted and approved.

A monitoring event for the provider was carried out in May 2016 to review the progress of the programme and confirm its suitability for the full three-year accreditation period. The monitoring event concluded that the independent prescribing programme provided by Sheffield Hallam University continued to meet the accreditation criteria for the education and training of pharmacist independent prescribers, subject to two conditions. As a result, the accreditation team recommended to the Registrar of the GPhC that the original accreditation of the programme granted in July 2015 remain provisional and would be subject to a further monitoring event after completion of the third cohort. The conditions were that: 1) the University must develop and implement a clear plan to address the issues and concerns raised in the student evaluation of course provision. The team agreed that that the student feedback raised concerns regarding course organisation, course documentation, e-learning resources, feedback mechanisms and guidance on assessment; this was to meet criterion 1.1., and that 2) the University must revise its assessment strategy to include the changes since the last accreditation and to incorporate both formative and summative assessment. The strategy must articulate the quality assurance of all assessments to address validity, reliability and standard setting. The assessment strategy must be communicated clearly to students; this was to meet criterion 5.1. Both conditions were required to be met in full before any new students were allowed onto the programme. Following the monitoring event in May 2016, the University submitted a request to increase in student numbers. As a result, the GPhC organised a meeting with then current students to review the progress that the programme team had made. The team was satisfied with the progress made and approved the increase in numbers. A subsequent further monitoring event in July 2017 confirmed that the programme was suitable to move from provisional to full accreditation, with no further conditions or recommendations. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 16 April 2018 to review the programme's suitability for reaccreditation.

Documentation

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

The event

The event was held on 16 April 2018 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of Sheffield Hallam University prescribing programme.

Declarations of interest

There were no declarations of interest

Key findings

Section 1: The programme provider

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

Pharmacist Independent Prescribing has been delivered by the Department of Nursing & Midwifery since 2015, as well as non-medical prescribing course for nurses, physiotherapists and podiatrists since 2002. The team was told that the programme was subject to the University Periodic Review process in 2017 and given indefinite approval. The course undergoes continuous quality improvement monitoring and enhancement activities through annual course review processes. Within this cycle, each individual cohort is evaluated by both the students and the staff, including clinical skills evaluation. The team was told that the teaching material is refreshed every time it is delivered. Cohort performance is reviewed and compared at an academic review meeting and the Department Assessment Board, which includes marks distribution, internal/external moderation comments and completion of quality requirements. Any modifications to the programme are linked to external regulation processes. Since accreditation, a moderation activity has been introduced whereby a sample of practice assessment documentation is moderated to provide feedback to the DMPs on their marks and feedback, and providing further assurance of quality. There are clinical skills teaching rooms with comprehensive resources for teaching clinical examination skills, including plinth examination couches, skeletons, and models of body/organ systems. Sim-Man simulation manikins are used to teach clinical assessment and examination skills and to practise OSCEs. Clinical examination equipment is available including stethoscopes, and other vital signs/monitoring equipment. The teaching team has expanded to include two designated pharmacists, and two further pharmacists, who are employed as Associate Lecturers in addition to two nurses and a medical practitioner. The ratio of pharmacist to other healthcare professional is 4:3, which is an increase in pharmacist input to the course since accreditation. The designated pharmacist is a Senior Lecturer and an Advanced Clinical Pharmacist at Sheffield Teaching Hospitals NHS Foundation Trust, and practises as an independent prescriber in acute medicine as well as contributing to the course design, modifications and assessments. The team approved a request from the provider to increase the intake to the programme from the current two cohorts per year, each of 50 students, divided into parallel groups of 25 for teaching purposes, to four similar-sized cohorts per year, commencing in February, March, September and November, a total intake of up to 200 students per year. It was stressed that any future increase in student numbers or cohorts must be notified in advance to the GPhC for approval. The team was told that the provider will ensure that there is sufficient staff, at least 1.6 FTE, to deliver the programme to the increased number of cohorts.

Section 2: Pre-requisites for entry

All six criteria relating to the pre-requisites for entry are met subject to the application form being updated

The team noted that the application form was a generic University form but was told that the newly-appointed designated pharmacist was working towards modifying the form to allow a better tailoring to the needs of the programme, including a greater opportunity for applicants to present details of their CPD. The team agreed that the application form would benefit from an upgrade. Currently, both the applicant's line manager and the University admissions staff check and confirm on the application form that the applicant is registered with the GPhC or Pharmaceutical Society of Northern Ireland; applicants who are not registrants of the GPhC or PSNI will not be permitted to undertake the course. For self-employed pharmacists the required two years relevant patient-orientated experience in the UK will be confirmed by interview with the module leader to ensure that they have suitable experience and have decided on a clinical area; for employed pharmacists the entrant's line manager and organisational non-medical prescribing lead will confirm this aspect. A similar process will apply to the area of clinical practice in which they will develop their prescribing skills, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice, and to how pharmacists reflect on their own performance and take responsibility for their own CPD in their chosen area of prescribing practice. DMPs are required to complete the DMP section of the application form to confirm that they meet the Department of Health Guidance criteria and that they will provide the required ninety hours of supervision and support for the student. The DMP also confirms that they understand the GPhC requirements for Pharmacist Independent Prescribing, and are made aware that they are the sole assessors in practice, that they will be helping students develop their clinical skills, and assessing competence in clinical skills.

Section 3: The programme

All eight criteria relating to the programme are met subject to students being informed formally of the repeat requirements for missed clinical skills sessions

The course is taught at Master's level only (level 7) and carries 30 credits. The approach to learning, teaching and assessment is designed to promote active, independent and collaborative learning by using a blended learning approach with a combination of online and face-to-face learning. The programme is delivered over five months and includes learning activities equivalent to 26 days. There are eight taught days and 18 days of distance learning. The eight face-to-face days are delivered intermittently across the length of the module to maximise learning and reflection in between the sessions. Interdisciplinary learning is facilitated by a connection with students on the non-medical prescribing module for nurses and physiotherapists, which runs in parallel to the module for pharmacists although direct contact between the different groups is not possible due to teaching taking place on different days. Teaching is delivered using seminars and workshops, allowing the delivery of theoretical material while also allowing students to explore and discuss the material in small groups. Workshops are used for the clinical-based sessions and allow students to gain practical experience. Service users also contribute to students' learning and to the teaching. As part of group discussions both in the classroom on the taught days and in online discussion forums, students are asked to reflect on and demonstrate how what they have learnt will be applied to their chosen prescribing field. The team was told that the distance learning content is well-used by students and is examinable, being submitted in individual learning logs. The team learned that clinical skills teaching occupies a full day and includes abdominal and respiratory examination as well as manual blood pressure measurement. In addition to the experience of learning skills relevant to their area of practice with their DMP, further opportunities will also be provided in the clinical skills teaching at the University sessions and OSCE practice sessions for students to apply their learning to conditions relevant to their practice area and to demonstrate clinical competence. Students submit a critical review at the mid-point of the programme followed up by an interview to review progress. All student absences are monitored and followed up by the course lead. All unauthorised absences are highlighted to the student support officers followed by the students being contacted by email with a standard welfare

check. Students must attend all clinical sessions and will not be able to pass the programme if they do not. Students who miss taught sessions that are not clinical examination/diagnosis will be required to undertake reading, discussion, reflection of the materials they missed, and provide evidence to the module leader of equivalent learning through discussion, and written evidence in the form of reflection. The team was told that missed clinical skills days result in students being required to repeat the sessions with the subsequent cohort. It was agreed that this requirement must be made clear to students in a formal manner. Student progression is monitored formally by an intermediate interview with their academic adviser, and recorded; any issues highlighted can be resolved and monitored accordingly. The University regulations do not support recognition for prior learning (RPL) partial credit claim against a 30-credit course. Students may be able obtain reduced learning time for previous learning which is directly equivalent to course content and for which evidence is provided to the module leader, but are not able to gain reduced learning time for the clinical skills sessions and must undertake all assessments.

Section 4: Learning in Practice

All five criteria relating to learning in practice are met

DMPs are provided with a DMP handbook and the link to an online platform for DMPs which includes how to give feedback, how to manage a failing student, and frequently asked questions; the team was told that the website is well-used by the DMPs both locally and nationally. The handbook explains that DMPs are the sole assessors in practice and that they are responsible for confirming that the student has completed at least 90 hours of practice learning by checking their practice hours log in the practice assessment document. The team was told that it is expected that the student will spend 30% of their time in practice directly with their DMP. The team learned that a sample of around 20% of the cohort's DMPs, spread equally between those supervising hospital and community pharmacists, are selected and visited in practice to provide support and guidance to the DMP on how to support and assess students. Although clinical skills are taught in the University during the eight taught days, it is expected that DMPs will teach these skills when they work with students, where students observe DMPs carrying out consultations and assessments with patients, and when the DMPs observe students carrying out consultations and clinical assessments. Failure in the period of learning in practice cannot be compensated by performance in other assessments. Students are made aware of this by the module leader in taught sessions about assessments on the course and through the module handbook.

Section 5: Assessment

All four criteria relating to assessment are met

The module has three summative assessment tasks, an examination, an OSCE, and a reflective portfolio. Compensation is not permitted for any assessed elements. The examination, with a pass mark of 50%, focusses on pharmacology, the roles and responsibilities of independent prescribers, and the legal ethical and professional frameworks governing pharmacist independent prescribing. The emphasis in the OSCE, with a pass mark of 50% is on clinical examination, for which the student can choose either an abdominal or respiratory case, consultation skills, prescription-writing and a separate numeracy exam, the last-named with a pass mark of 100%. The portfolio requires confirmation of the completion of a period of 90 hours practice learning and assessment of competence by a DMP through a completed practice assessment booklet and examples of prescription-writing, as well as satisfactory completion of case-based discussion undertaken in practice, by a DMP, along with a 4,500 word reflective commentary on two patient case studies from practice, supported by evidence to confirm achievement of the learning outcomes, and a clinical management plan. The case-based discussion will be video-recorded and is included in the portfolio for assessment; following marking, internal and external moderation, the recording will be destroyed. The team learned that from September 2018 the provider will allow in-module retrieval for failure of the reflective-writing element of the assessment regimen, giving a total of three attempts at this element; such retrieval will not be possible for the examination or OSCE. Students and the DMP are made aware (via the module handbook, PAD and DMP handbook) that a failure to

identify a serious problem or an answer which would cause the patient harm will result in overall failure of the course.

Section 6: Details of Award

Both criteria relating to details of the award are met subject to the wording of the award certificate being modified

The University will award successful candidates a Practice Certificate confirming that the candidate has successfully completed the course and the period of learning in practice, but the team observed that the award certificate includes redundant wording that should be removed. The University will send a certified copy of the pass list to GPhC containing the names and registration numbers of the pharmacists who have successfully completed the course and confirming that they are eligible to apply for annotation on the GPhC Register as independent prescribers.

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.