



Independent  
prescribing  
programme

University of Central Lancashire  
(School of Community Health and Midwifery)  
Report of a reaccreditation event  
November 2017

## Event summary and conclusions

<b>Provider</b>	University of Central Lancashire (School of Community Health and Midwifery)
<b>Course</b>	Independent prescribing programme
<b>Event type</b>	Reaccreditation
<b>Event date</b>	22 November 2017
<b>Accreditation period</b>	March 2018 – February 2021
<b>Outcome</b>	<p>Approval with conditions</p> <p>The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing programme provided by the University of Central Lancashire should be reaccredited for a further period of three years, subject to one condition.</p>
<b>Conditions</b>	<p>The provider must:</p> <ol style="list-style-type: none"> <li>a) submit documentation to confirm formally that the programme continues to be validated by the University, and the expiry date of this validation period.</li> <li>b) confirm the measures in place to revalidate the programme should revalidation not take place in Spring 2018 as proposed.</li> </ol> <p>This is because the team does not currently have assurance of the validation status of the programme, or of contingency plans should revalidation not take place as scheduled, due to delays caused by external factors. This is to meet criterion 1.1.</p>
<b>Standing conditions</b>	Please refer to Appendix 1
<b>Recommendations</b>	No recommendations were made.
<b>Registrar decision</b>	Following the event, the provider submitted a response to the conditions of reaccreditation, and the accreditation team agreed they had been met satisfactorily. The registrar of the GPhC accepted the team's recommendation and approved the reaccreditation of the programme for a further period of 3 years.
<b>Key contact (provider)</b>	Janice Davies, Co-Course Leader/Clinical Tutor
<b>Accreditation team</b>	<p>Professor Chris Langley (event Chair), Professor of Pharmacy Law &amp; Practice and Head of the School of Pharmacy, Aston University; Associate Dean, Taught Programmes, School of Life and Health Sciences.</p> <p>Mr Mike Pettit, Senior Lecturer in Pharmacy Practice, University of Sussex</p>
<b>GPhC representative</b>	Mrs Philippa McSimpson, Quality Assurance Officer, GPhC
<b>Rapporteur</b>	Professor Brian Furman, Emeritus Professor of Pharmacology, University of Strathclyde

## 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

The University of Central Lancashire (UCLan) was accredited by the Royal Pharmaceutical Society in 2008 for a period of three years to provide a programme to train pharmacist independent prescribers, and then reaccredited by the GPhC in 2011. In November 2014, the University was reaccredited as an independent prescribing course provider for a further period of three years, subject to one condition. This condition required the University to implement a valid and reliable quality assurance process for the assessment of clinical and physical examination skills that was undertaken by the designated medical practitioners (DMPs); the University was required to provide the GPhC with evidence of how it would ensure consistent application of assessment standards across all DMPs in order to ensure safe and effective practice. This was to meet criteria 4.1 and 5.1. The condition was addressed to the GPhC's satisfaction by bringing the assessment of physical examination skills into the University; these assessments are now undertaken by the teaching team.

A short extension of two months was granted to extend the accreditation period from the end of December 2017 to end of February 2018 to allow for scheduling of the reaccreditation event and completion of the reaccreditation process.

In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 22 November 2017 to review the programme's suitability for reaccreditation. The accreditation process was based on the General Pharmaceutical Council's 2010 accreditation criteria for Independent Prescribing.

### 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 22 November at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Central Lancashire prescribing programme.

### Declarations of interest

There were no declarations of interest.

## Key findings

### Section 1: The programme provider

**The team was satisfied that three of the four criteria relating to the programme provider are met ,with criterion 1.1 subject to a condition. (See Appendix 2 for criteria)**

The programme is provided by the School of Community Health and Midwifery, and is a multi-disciplinary programme where pharmacists learn alongside nurses, midwives, physiotherapists and podiatrists. It is taught by a multi-professional team, comprising nurses, allied health professionals and a pharmacist, most of whom hold a prescribing qualification. The programme co-leader is a pharmacist independent prescriber seconded from the NHS; the accreditation team was assured that funding is available to ensure that there is always a pharmacist member of the teaching team. Although the University runs another independent prescribing programme through the School of Pharmacy and Biomedical Sciences, admission to, and delivery of, the two programmes are completely separate. Quality assurance is undertaken by the Course Leader who produces an annual report, which is then reviewed by the Academic Lead, the Head of School, and the Academic Quality and Compliance team. Profession-specific external examiners support the quality assurance process through reviewing all aspects of the course, including proposed assessment guidance, written examinations, OSCE scenarios and marking criteria. Student feedback, including formal course evaluation questionnaires, is also used to support quality assurance and students on the programme are represented on the Staff Student Liaison Committee.

Delivery of the programme takes place at both the UCLAN Preston campus and the UCLAN Burnley campus, with pharmacists currently attending only the Preston Campus. Both sites have well equipped teaching rooms, libraries, and clinical skills laboratories. The team reminded the provider that only the Preston site is accredited and any plans to train pharmacists on the Burnley Campus must be notified in sufficient time to allow the GPhC to obtain reassurance that the facilities are appropriate.

A maximum of 120 students per year, divided among four cohorts, are accepted onto the course. The ratio of pharmacists to other professional groups is variable but while the maximum number of students per cohort is capped at 30, there no limit on the proportion of students representing individual professional groups.

There was a lack of clarity concerning the validation status of the programme, validation of which would be undertaken normally as part of the School's quinquennial periodic review. The programme should have been revalidated during periodic review in 2014 but, while the School had undergone this process, review of the non-medical prescribing programme had been deferred pending the publication of the NMC's new standards, which had been due in 2015 but which were still unavailable, although revalidation was now expected to take place in the Spring of 2018. Although the provider sought to offer reassurance concerning the ongoing quality assurance of the programme, the fact that the programme's validation status was unclear meant that criterion 1.1 is not met; moreover, there were no clear contingency plans should revalidation not take place in Spring 2018 as proposed. The team therefore imposed a condition; this requires the University to produce documentation to confirm formally that the programme continues to be validated by the University, and the expiry date of this validation period. Moreover, the University must confirm the measures in effect for revalidation of the programme should this not take place as scheduled due to delays caused by external factors.

### Section 2: Pre-requisites for entry

**The team was satisfied that all six criteria relating to the pre-requisites for entry are met. Two criteria require minor amendment.**

Pharmacists who are employed by the NHS demonstrate their eligibility for the programme on the application form, the relevant details of which are checked and confirmed by their line-managers and by the NHS Prescribing Lead. For self-employed, self-funded pharmacists and those who work independently of the NHS these details are stated on the application form and checked during the admission interview; such pharmacists are encouraged to establish contact with the NHS Prescribing Lead. Applicants wishing to move into a new area, for example, from respiratory medicine into cardiology, are advised to prescribe initially in the area in which they already have expertise; as successful completion of the programme qualifies them to prescribe in any area in which they are competent, they will then acquire competence in the new area before prescribing. Alternatively, such applicants could be directed to other modules and advised to obtain additional clinical skills before embarking on the programme. Details of each applicant's designated medical practitioner (DMP) are presented on the application form. The programme team member with DMP liaison responsibility ensures that the placement area is appropriate and can provide the student with a suitable learning experience. DMPs receive a guidance document and all new DMPs and any that have not acted as DMP for a pharmacist are visited in practice where they are briefed regarding the role; this includes discussion relating to the GPhC learning outcomes, learning experiences/opportunities, assessment of competence, support and the provision of constructive and timely feedback.

### Section 3: The programme

**The team was satisfied that all eight criteria relating to the programme are met. Two criteria require minor amendment.**

The programme is available at both FHEQ level 6 and level 7. Recognising that pharmacist initial education and training is at level 7, pharmacists are encouraged to take the programme at the higher level; once enrolled, students cannot transfer from one level to the other. The differences between the two levels reside in the pass marks, the assessment criteria, where for example, critical reflection is required in the level 7 portfolio (see section 5), and in the OSCE, where level 7 students undergo a viva voce examination that contributes 30% to the overall assessment; the written examination and the patient-focused part of the OSCE are the same for both levels. Students at both levels are taught together with additional support provided for students taking the course at level 7.

The accreditation team noted several inconsistencies in mapping the programme learning outcomes and assessments to the 16 GPhC learning outcomes; while the mapping had been correctly undertaken in the submission template, these inconsistencies were evident in the Guidance for DMPs and in the Student Handbook. Thus, although criterion 3.2 is met, the inconsistencies in the internal documentation require addressing.

The programme is delivered over a six-month period using a 'blended', multi-professional approach which requires students to attend 14 university-based, multi-professional teaching days, plus one university-based day for examinations, a further 12 days being allocated to directed study; one of the directed study days is specifically identified for the development of clinical skills. Several learning and teaching strategies are used; these include portfolio development, clinical observation, scenario-based learning, lectures, group discussion and debate. Pharmacists are encouraged to work with nurses and allied health professionals in order that they benefit from the expertise of different disciplines and gain a clearer understanding of prescribing in a multi-professional team context. Clinical skills are taught by specialist nurses and covers both core skills, as well as those chosen by the students in relation to their own practices; students are taught in small groups so that they can be readily observed and must pass the relevant assessments. Students are expected to attend all sessions and must attend 100% of the clinical skills sessions.

## Section 4: Learning in Practice

**The team was satisfied that all five criteria relating to learning in practice are met.**

All new DMPs and any that have not acted as a DMP recently, are visited in practice by a member of staff dedicated to DMP liaison who briefs them regarding their role; this briefing, supported by written guidance, includes detailed explanation and discussion regarding assessment of competence, both formatively and summatively. DMPs are required to negotiate an appropriate learning contract and develop an action plan to support the student in developing the required skills in prescribing. They assess students against the competencies for prescribers set out in the 'Competency Framework for All Prescribers' which is included in the course Clinical Assessment Document, where students must demonstrate how they achieve the competencies; DMPs must sign off the students' achievement of the competencies, including confirmation that they have completed the requisite minimum of 12 x 7.5h days supervised practice and state that, in their opinion, the skills demonstrated in practice confirm the pharmacist as being suitable for annotation as an Independent Prescriber.

## Section 5: Assessment

**The team was satisfied that all four criteria relating to assessment are met. One criterion requires minor amendment.**

A range of assessments is used to ensure all learning outcomes are appropriately and adequately addressed and that students can demonstrate safe and effective prescribing practice. The assessment comprises a 4000-word portfolio, a two-hour written examination covering numeracy and pharmacology, an objective, structured clinical examination (OSCE) which, for level 7 candidates, includes a 15-minute viva, and the assessment of clinical competence, as recorded using the Clinical Assessment Document. The portfolio assessment is specific to each individual student and enables him/her to demonstrate development and competence in prescribing; it is supported by the assessment of competence in clinical practice by the DMP and requires pharmacists to identify conditions for which they intend to prescribe and to demonstrate the application of learning through safe and effective prescribing practice. Clinical skills are taught in the University and students practise these with the DMP in the placement, with summative assessment of the clinical skills being undertaken in the University. DMPs assess their students in practice against the 'Competency Framework for All Prescribers' which is included in the course clinical assessment document, in which appropriate evidence must be provided for each competence to support the decision that it has been met; the clinical assessment document is moderated by the teaching team. The OSCE requires the student to take a full patient history and to write a prescription; it is conducted using two assessors and is video-recorded. A moderator goes around each pair of assessors, with additional moderation being provided by members of COMENSUS, the University's patient/service user group to offer the service-user perspective. The level 7 viva is conducted by two experienced examiners, and is also video-recorded for quality assurance purposes. Students must achieve a pass in all parts of the assessment in order to pass the programme and no compensation arrangements available. The assessments are all reviewed by the course team and by an external examiner. If any student's work contains evidence of unsafe or illegal practice, or if the student fails to answer correctly any question that may result in direct harm to a patient/client, he/she will fail the programme.

## Section 6: Details of Award

**The team was satisfied that both criteria relating to details of the award are met.**

Students who successfully complete the programme will be awarded a Practice Certificate in

Independent Prescribing. All results are presented at the Assessment Board, which is attended by the external examiner, and where the pass list is ratified by the Chair; the external examiner is fully involved in the decision making. Following ratification at the Board, a certified profile is generated for each student. The course leader submits the certified student profiles to the GPhC, providing a list containing the names and registration numbers of the successful pharmacists; this includes confirmation that the pharmacists are eligible for annotation as independent prescribers on the GPhC Register.

## 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.