General Pharmaceutical Council

Independent prescribing programme

University of East Anglia

Report of a reaccreditation event

April 2019

Event summary and conclusions

Provider	University of East Anglia
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	9 April 2019
Accreditation period	July 2019 – July 2022
Outcome	Approval 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 East Anglia should be reaccredited for a further period of three years subject to one condition.
Conditions	The condition was: The University must implement a valid and reliable quality assurance process for the full range of assessments that will take place during the period of learning in practice. This is because the team considered that the assessments undertaken by the DMPs and other assessors in the workplace are not fully under the control of the University quality assurance procedures. This is to meet criterion 5.1. The University must submit evidence of how this condition has been met to the GPhC, for approval by the accreditation team. This must be done before the next intake of pharmacists onto the programme.
Standing conditions	Please refer to Appendix 1
Recommendations	No recommendations were made
Registrar decision	Following the event, the provider submitted a response to the conditions of accreditation, 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 period of 3 years.
Key contact (provider)	Miss Gemma May and Debi Bhattacharya, Course Directors
Accreditation team	Mr Mike Pettit (Event Chair), Senior Lecturer in Pharmacy Practice, University of Sussex Professor Angela Alexander, Professor Emerita, University of Reading
GPhC representative	Mr Chris McKendrick, Quality Assurance Officer, GPhC
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

The University of East Anglia was accredited by the GPhC in January 2016 to provide a programme to train pharmacist independent prescribers, for a period of 3 years subject to three conditions, with the first year being provisional and subject to a monitoring event after completion of the first cohort of students. The conditions were: Firstly, the University must revise and remap its programme learning outcomes to reflect accurately the GPhC learning outcomes, particularly learning outcomes 4, 7 and 10, and ensure that the correct outcomes are used across the programme documentation. This was because there were inconsistencies and inaccuracies between application template 2, the programme handbook and the DMP handbook and these could be misinterpreted. This was to meet criterion 3.2. Secondly, the University must ensure that the programme contains structured learning activities equivalent to 26 days and that all assessments of the GPhC learning outcomes take place within the approved programme. This was because the team agreed that the current provision of 14 days of structured learning activities did not meet the requirements of criterion 3.5 and noted that the proposed pre-requisite and APEL arrangements as outlined in the submission included assessment of GPhC learning outcomes outside of this programme. This was to meet criteria 3.3, 3.5, 3.8, 5.1 and 5.2. Thirdly, the University must implement a valid and reliable quality assurance process for the full range of assessments that will take place during the period of learning in practice. This was because the team considered that the assessments undertaken by the DMPs and other assessors in the workplace were not fully under the control of the University quality assurance procedures. This was to meet criteria 4.1 and 5.3. The University was required to submit evidence of how these conditions had been met to the GPhC for approval by the accreditation team. This had to be done before the programme could be accredited and before any students were admitted. This was done and a successful monitoring event took place in June 2017. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 9 April 2019 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 9 April at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of East Anglia 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

The University of East Anglia (UEA) School of Pharmacy delivers a four-year and a five-year MPharm, a postgraduate diploma in general pharmacy practice, and since 2016 the Practice Certificate in Independent Prescribing. The Practice Certificate in Independent Prescribing programme has been approved according to local frameworks and has been validated by the relevant University committees; the programmes delivered by the School will be subject to a quinquennial review in two years' time. The programme is delivered across three locations, the UEA campus, the Cambridge University Campus and The Royal Marsden School in London. The team was told that all three sites have the required teaching facilities for delivering all of the study days including clinical examination skills, with the UEA and Cambridge sites using the same teaching staff. The Royal Marsden has a formal contract with UEA to deliver the programme and staff members have shadowed UEA staff before teaching at the London site. The pre-study day and e-learning activities require access to the virtual learning environment (VLE), Blackboard. The majority of the study days comprise facilitated learning using a seminar room with access to audio visual equipment. For the two clinical examination study sessions, equipment has been purchased to enable the students to learn the basic skills of temperature, respiration, pulse and blood pressure. The core course team consists of three members of UEA School of Pharmacy practice staff equating to 1.2 FTE and 1.5 FTE teaching staff employed by the Royal Marsden. Delivery of face-to-face study days and marking of assessments is supported by further relevant clinical practitioners and academic members of the team. Portfolio assessment is supported by two pharmacist independent prescribers. Course administration is undertaken centrally by a School-specific team; 0.4 FTE has been added to this team to accommodate the support required for NMP trainees. The programme has a variety of funding sources including self-funding, employer-funded and Health Education England-funded either via CPD allocation to the trust or the integration fund pathways. Student numbers are 14 students per intake per site, with two intakes per year, a total of 84 students per annum. The team agreed that the programme should be reaccredited for delivery to this number of students. The course directors have led on course design and course delivery at both undergraduate and postgraduate pharmacist levels. One is a GPhC-registered, practising pharmacist at the NNUHFT and is a qualified independent prescriber, with current area of speciality in emergency medicine. She has led on study day design, particularly those related to clinical examination, diagnostics and monitoring. The second is a GPhC-registered clinical pharmacist in a medical practice and has led on study day and assessment design, particularly those related to consultation skills.

Section 2: Pre-requisites for entry

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

Applicants must have been registered as practising pharmacists with the GPhC or the PSNI for at least two consecutive years prior to enrolment and must provide a clinical/operational referee to indicate whether the applicant has had suitable patient-facing post-registration experience in a hospital, community or primary care setting, along with a personal statement of their recent clinical experience in

a hospital, community or primary care setting, declaring the area of clinical competence in which they intend to prescribe post-qualification and specifically stating how their clinical and operational skills to date relate to that area. During the first study day, students complete a draft learning needs assessment detailing the relevant diagnostic, clinical examination and monitoring skills that are relevant to their area of clinical practice that is reviewed by their Designated Medical Practitioner (DMP) early in the programme, and formative feedback provided by a member of the course teaching team. The team was told that applications from any pharmacist wishing to prescribe in an area new to them would be identified at application or induction. In this respect, the team was told that all students are required to undertake an additional 30 hours study of pharmacology and pathophysiology in the area of their intended prescribing, producing a 2000-word evidenced essay. The course website provides details of the expectations of a DMP to enable students to support their prospective DMP in making an informed decision regarding whether they will be able to provide the required support for the student. At the point of application, the student is required to upload a Statement of Compliance signed by the DMP to confirm that they are an appropriate person as defined by the Department of Health Guidance (2001). They also state that they will provide an appropriate level of teaching, support and assessment to meet the requirements of the programme. DMPs are also required to declare if there are any conditions on their ability to practice as a doctor autonomously.

Section 3: The programme

Seven of the eight criteria relating to the programme are met with one criterion met subject to amendment

The learning and teaching strategy is to ensure that the practitioners are able to develop the ability to apply knowledge in the clinical setting and demonstrate appropriate clinical judgement and reasoning skills related to their defined area of practice. The programme is taught at FHEQ level 7 only with learning outcomes derived from the GPhC learning outcomes. The programme carries 40 credits equating to 400 hours of study, consisting of 26 days or equivalent of learning activities, 12 days in practice with the remainder being self-directed and focussed around the compilation of the portfolio. The team was told that the original plan to deliver the programme in a three-month period had proved problematic with the result that it is now delivered over four and a half months. Even this extended period was said to be challenging although students were said to have it found it doable. The team found that the course assessments were not mapped to either programme or GPhC learning outcomes. The team agree that the mapping of learning outcomes and assessments should be revisited to ensure both that the GPhC learning outcomes are assessed and that students are made aware of how each learning outcome is assessed. The course recognises prior clinical training of pharmacists who have gained a postgraduate diploma in pharmacy practice/clinical pharmacy by enabling them to request exemption from some learning activities at the point of application. It was explained that this exemption only applied to some study days and not to portfolio elements, all of which must be completed. The course is delivered using the VLE to host preparative material and formative assessments, with face-to-face study days used to develop clinical therapeutics, advanced consultation skills and clinical decision-making. Core clinical skills of temperature, pulse, respiration and blood pressure are taught during the study days with specific clinical skills being taught and assessed by the DMP. E-learning is the primary medium for the application of law and ethics. The study day sessions are dominated by expert-facilitated learning rather than teaching. The portfolio requires a minimum of three extended clinical case studies which demonstrate how students apply their learning to their area of prescribing practice. Additionally, trainees complete a 2,500-word critique of prescribing within their defined area of practice. Attendance registers are taken at all study days; attendance/engagement must be 100%. Online study materials are tracked to ensure that they are accessed by students and there are mandatory pre-study day activities associated with some study days that must be submitted online in advance. In the case of more than one instance of non-attendance the course directors will determine if they will be withdrawn from the course or will intercalate until they are able to engage fully with the course requirements.

Section 4: Learning in Practice

All five criteria relating to learning in practice are met

After registration, each DMP is provided with a DMP Course Handbook and access to the Student Handbook with the GPhC learning outcomes via the virtual learning environment. The DMP induction includes further details regarding their role. This induction is available on the virtual learning environment and access is monitored to ensure that DMPs engage with this essential information at the start of the course. At the initial personal development meeting with their DMP, the student presents the first draft of their personal development plan (PDP) to their DMP as prepared during the first study day. It is the student's responsibility to confirm that DMPs have undertaken the induction and observed the clinical skills videos. This initial PDP is then refined collaboratively with the DMP as necessary and submitted to a member of the course team for feedback. Students also prepare a learning needs assessment to agree a defined list of examination and diagnostic and monitoring skills with their DMP taking into account those required in their clinical area of expertise. These clinical assessment skills are taught by the DMP or a designated member of staff during the 12 days of learning in practice. The student is then assessed by the DMP in each clinical skill. If the student fails to be assessed as competent in any skill they may be reassessed by the DMP at a later point. Competency in each skill outlined in the learning needs assessment must be passed before submission of their portfolio. Additionally, there is a requirement to complete either a simulated patient consultation assessment at the UEA or real patient consultations within the workplace. The roles and responsibilities of the DMP in relation to assessment in the course programme are outlined in the DMP handbook and the DMP is responsible for assessment of clinical competency of the skills outlined in the learning needs assessment. The DMP signs every entry in the student's clinical practice log and the final competency sign off. The portfolio contains several assessments and each component of the portfolio must be passed in order to pass the portfolio, with each component being pass/fail. The student must pass each component of the assessment to pass the course.

Section 5: Assessment

Three of the four criteria relating to assessment are met with one criterion subject to a condition

The assessments are designed to demonstrate learning and application of knowledge in practice and to take into account that there will be a varying degree of therapeutic areas that all students will have as their areas of clinical competency. The onus is on the student to collate the necessary evidence to demonstrate that they have met the programme learning objectives, with each component being pass/fail. A Final Competence Progression Review involves a structured review of the student's portfolio and their progression throughout the course in line with the learning outcomes of the course programme. The review panel consists of a member of the UEA course team, a clinical practitioner and a prescriber in current practice. The student presents at the review and is expected to provide a narrative to the portfolio, answer questions from the panel and provide clarity where requested. The review is pass/fail. The student must pass all components of the portfolio assessment individually. The student will automatically fail the entire programme if they demonstrate practice that is likely to cause serious harm to patient care either in the portfolio or during the discussion, or if any patient-identifiable material is presented. Students may choose to submit three audio visual recorded consultations which are assessed by the course team, or to undertake a consultation with a simulated patient which is assessed in real time by a member of the course team. This consultation is also audio visual recorded to enable subsequent moderation. This assessment of consultation behaviours is in addition to the three consultations observed and assessed in the workplace by the DMP. Students can only re-sit once, and if they do not pass at their re-sit they are not awarded the Practice Certificate in Independent Prescribing. The team noted that the DMP carries a large degree of responsibility for the assessment of the programme and was concerned to know how the University quality assured the assessments by the DMPs and was sure that the GPhC learning outcomes had been met. It was explained that at the application stage the DMPs complete a Statement of Compliance that they are trained to assess at an appropriate level, including in the miniCEX assessments. Nevertheless, and taking into consideration that a condition relating to the quality assurance of assessments had been set at the initial accreditation event, the team considered that the assessments undertaken by the DMPs and other assessors in the

workplace are not fully under the control of the University quality assurance procedures. Accordingly, it will be a **condition** of reaccreditation that the University must implement a valid and reliable quality assurance process for the full range of assessments that will take place during the period of learning in practice. The University must submit evidence of how this condition has been met to the GPhC, for approval by the accreditation team. This must be done before the next intake of pharmacists onto the programme.

Section 6: Details of Award

Both criteria relating to details of the award are met

Successful candidates will be awarded a Practice Certificate in Independent Prescribing. Once awards are ratified by the examination board, the student is notified by letter from the University learning and teaching team. In parallel, the Course Director emails the pass list of students and thus eligible for annotation on the GPhC register as an Independent Prescriber, to the GPhC registration team.

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.