



Independent
prescribing
programme

University of the West of England
Report of a reaccreditation event
March 2019

Event summary and conclusions

Provider	University of the West of England
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	19 March 2019
Accreditation period	March 2019 – March 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 the West of England 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)	Deborah Moreno-Chamorro, Non-Medical Prescribing Lead
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	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 the West of England (UWE) was accredited by the GPhC in 2016 to provide a programme to train pharmacist independent prescribers, for a period of 3 years. At that time, UWE had been awarded a contract from Health Education England South West (HEESW) to deliver one multi-professional independent and supplementary prescribing programme across the South-West region. The programme was based in UWE's Department of Nursing and Midwifery which already ran an independent prescribing programme approved by the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC). The programme was delivered by UWE in partnership with the University of Bath (UoB) which delivers its own GPhC-approved Pharmacist Prescribing Programme. Although working in partnership, the new programme was to be wholly owned and quality assured by UWE. The accreditation team agreed to recommend to the Registrar of the GPhC that the University should be accredited as an Independent Prescribing programme provider for a period of three years, with the first year being provisional and subject to a monitoring event after completion of the first cohort of students. No conditions were set. The accreditation team highlighted an area of strength of the partnership working between the University of the West of England and the University of Bath in developing a multi-professional course for delivery across the whole of the South-West region. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 19 March 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 19 March 2019 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of the West of England 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)

The independent prescribing programmes (NMPs) at UWE are delivered by the Department of Nursing and Midwifery in the Faculty of Health and Applied Sciences. The multi-professional NMP programme is delivered to a range of healthcare professionals throughout the South West region of England via a combination of self-funded learners, independent commissioned requests from the National Health Service, the private independent voluntary sector, as well as HEESW-contracted funding. Learners

include nurses, midwives, physiotherapists, radiographers, podiatrists, dietitians, paramedics and pharmacists. Quality assurance is managed through the University's Enhancement Framework (EF), which sets out the University's procedures for the approval and enhancement of academic provision. Programme design and approval involves learners, service users and carers/patients and the public, practice and external professional academic colleagues. Learner and practice feedback is used in module and programme quality monitoring and evaluation; formal feedback is collected through anonymous module evaluations. The team was told that there is an annual module report and that module specifications are updated on an annual basis and rewritten every five years. The current programme is accredited with the NMC, the HCPC, and the GPhC. There are two external examiners, a nurse and a pharmacist who have the opportunity to observe the OSCE examination and regularly review both the pharmacology exam and the final written submission for all professions. UWE, working in partnership with UoB, was awarded the funding contract from HEESW in 2015 to deliver a multi-professional non-medical prescribing programme for the South West. The initial three-year contract has now been extended for a further two years. Further funding from Sustainability and Transformation partnerships was secured in academic year 2018-2019. The team was told that it was difficult to predict the longevity of the programme. UWE campuses at Glenside and Gloucester have undergone refurbishment and redesign, with investment in new teaching and learning spaces, study rooms and simulation resources, supporting learning for both community, acute and urgent care multi-professional environments. In addition, a new simulation area specifically for paediatric healthcare has recently been completed at the Glenside campus. Gloucester Campus also has a designated low and high fidelity simulation space, which has been redeveloped to provide a dementia-friendly space. The team was told that the intake for the September 2019 cohorts was likely to be approximately the same as the 2018 intake of 560 students from a target of 650, with about 60 pharmacists in 17 cohorts taught at seven locations, including non-university venues. The team agreed that the above target, number of pharmacists and cohorts, and number of sites be approved and that any change should be notified to the GPhC. The programme is supported by a multi-disciplinary team which comprises of a total of 11.4 WTE, consisting of specialist nurses and pharmacists, who are registered and practise as non-medical prescribers. The team was told that the staffing levels at UWE are generous, being double that predicted by the workload model, and that UoB has an approximate 25% input on both teaching and assessment to the course, with three-monthly meetings between the UWE and UoB teaching staff. The teaching of basic clinical skills, including blood pressure, temperature, respirations and pulse, is undertaken by all NMP teaching team members while the teaching of advanced clinical skills, for example, inspection, palpation, percussion, auscultation with special reference to the respiratory system and its application to other body systems, and the use of common diagnostic aids is undertaken by the advanced nurse practitioners (ANPs) within the NMP team. The UWE pharmacist lead is a pharmacist independent prescriber and works for a GP practice, where she has an additional role as a minor illness practitioner. Additionally, the Post Graduate Director and NMP programme lead at UoB is involved, a pharmacist and an independent prescriber with a role as an anti-microbial pharmacist at his hospital practice base.

Section 2: Pre-requisites for entry

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

Entrants must be registered with the GPhC or PSNI. The programme application form requires the entrant's GPhC registration number which administrative staff members verify against the online GPhC register. Applicants must provide evidence of at least two years patient-orientated experience in a UK hospital, community or primary care setting following their preregistration year, verified by the applicant's Designated Medical Practitioner (DMP), NMP lead or employer, and in the case of a self-employed entrant a referee who is able to verify the experience. Applicants must provide evidence of their up-to-date clinical, pharmacological and pharmaceutical knowledge relevant to their intended area of prescribing practice, along with two examples of their recent continuing professional development (CPD) related to their identified area of clinical practice. The applicants' DMPs are required to confirm their eligibility and availability to support the students before enrolment. The DMP is required to supply their General Medical Council (GMC) number, to be checked for currency by the UWE administration team. A DMP information pack is sent to the applicants to share with potential DMPs, giving guidance on

the aims and objectives of the programme, the roles and responsibilities of the learner, the DMP, and the University. Once the entrants have enrolled this information is re-sent to DMPs via personal e-mails, a form of communication that has increased engagement with DMPs. There is now regular contact with DMPs advising the teaching team of potential teaching for learners, clarifying areas of the paperwork, placement visit requests and appraisal feedback for themselves as DMPs.

Section 3: The programme

All eight criteria relating to the programme are met

The NMP programme for pharmacists will continue to be offered at FHEQ level 7 and attracts 40 credits. This is classified as a practice module, different from a standard module in that there is no automatic right to a resit after the first sit; a resit is subject to the discretion of the award board. Pharmacists may use credits gained from the NMP programme to feed into the multi-professional MSc Advanced Practice and the MSc Specialist Practice. Additionally, some pharmacists entering the NMP programme may already be completing a postgraduate diploma in Clinical Pharmacy Practice at the University of Bath. Upon completion of the NMP programme, the 40 CATS points may be transferred into the PG diploma at the University of Bath, contributing to 18 ECTS credits at level 7. The 16 GPhC learning outcomes were mapped against the prescribing learning outcomes from the NMC and HCPC; these were originally discussed at a meeting with 44 stakeholders, 15 of whom were Medicines Management leads from across the South West. Additionally, the GPhC learning outcomes have now been mapped to the updated Royal Pharmaceutical Society Competency Framework for all Prescribers. The 40-credit module equates to 400 hours of notional study time made up by: 7.5 hours x 12 days of face-to-face teaching (90 hours), 7.5 hours x 14 days of directed learning activities (105 hours), supervised practice (90 hours), and private study time (115 hours). The programme consists of 14 days face-to-face teaching and assessment over a six month period and 12 directed learning days. Attendance at all of the 14 face-to-face learning days is mandatory, and non-attendance will result in the requirement to attend the missed teaching session at an alternative date with another cohort. The programme is designed to encourage learners to develop their own learning in relation to their own learning needs. A variety of teaching and learning methods is employed, which includes lectures, seminars, skills-based assessments and seminars, technology and simulation. The programme is generic, so that each individual learner, regardless of his or her professional, sectoral and clinical background, engages in the learning, directed tasks and assessments in a way that contextualises each of these aspects to the conditions for which the learner will be prescribing. Before the first DMP meeting the student will undertake a baseline SWOT analysis in relation to the competencies within the Competency Framework for all Prescribers and the GPhC 16 learning outcomes; the results help identify their individual learning needs and shape their supervised practice learning time. It is recognised that nurses, AHPs and pharmacists have different pathways to registration, and develop different skills, experiences and competencies in practice before joining the prescribing programme. As a result each professional group will require support to develop different skills and knowledge to meet their profession-specific needs. For pharmacists this means a greater emphasis on clinical examination, assessment skills, and communication and consultation skills. The team was told that there are facilities at the non-university delivery sites, including hotels and conference facilities, for pharmacists to gain additional experience in clinical skills if required. Although UWE has formal procedures for recognition of both prior certified and prior experiential learning, in the context of this professional qualification it is not appropriate for certified learning to be utilised.

Section 4: Learning in Practice

All five criteria relating to learning in practice are met

Each DMP is provided with guidance on supporting the learner in their learning in practice, summative assessment of the learner, and information on how clinical assessment, including physical examination skills are taught and assessed in the programme, and what the role of the DMP is relating to this. Physical examination templates are included to allow the DMP to understand how these skills are assessed, and how the student can be supported in the development of these skills during their supervised practice time. DMPs are given clear guidance that, as part of the final sign-off of the student, they are required to

make a statement confirming that the student has completed the appropriate number of hours in practice (90 hours). In order to complete satisfactorily this sign off, the DMP must ensure from the outset that they have ongoing oversight of the hours of learning in practice. A pre-agreement of how the supervised practice time will be spent, along with a joint review of the log of supervised practice at a midpoint review and again at the end of the programme, provide quality assurance of the DMP's oversight of the 90 hours practice experience. The team was told that DMPs are required to upload their students' progress towards meeting the learning outcomes at the midpoint review. DMPs are given guidance at the start of the course that students must have all of the competencies, and associated behavioural indicators within the Competency Framework for all Prescribers signed off as part of their role in final summative assessment. In order to sign off these competencies, they should be satisfied that the student has provided evidence for each one, either in activities/consultations that they have directly supervised as the DMP, or within the written log of supervised learning for activities that they have not directly supervised. The module specification stipulates that assessments are non-compensatory and that all must be passed to enable annotation as an independent prescriber. Students are made aware of this within the pre-entry forms, the module specification and within the module handbook. It is also reiterated on day one of the programme.

Section 5: Assessment

All four criteria relating to assessment are met

The assessment is to ensure equality of student experience and proficiency as a non-medical prescriber, regardless of profession or previous experience. The individual elements of the assessments are non-negotiable and must be completed and passed by all students. They are regularly updated to reflect any changes in legislation. The assessments include DMP confirmation of successful completion of professional practice element, OSCE, unseen Applied Pharmacology Examination, numeracy assessment, portfolio of evidence in relation to students own area of practice, and Clinical Practice Algorithm in relation to students own area of practice. The clinical skills station of the OSCE incorporates all the taught clinical skills within one station; this is for ease of staffing and to make the station more realistic as an episode of care. Each station is Pass/Fail and all stations are mandatory. To ensure consistency in marking, templates have been developed utilising and adapting those already in use within the UWE pre and post-registration modules. The templates ensure that a pass mark is mapped to threshold criteria for safe and effective practice. Stations are recorded for moderation purposes. The team was told that invigilators act as patients during the OSCEs at one of the sites and that the teaching team is considering the possibility of extending this practice to other sites. The Clinical Practice Algorithm is a decision-making tool for the condition specific to the student's area of practice, based on current literature surrounding the chosen area. The student prepares a treatment guideline setting out the structure of their practice outlining the management of a patient, to include key features of the condition, the pharmacological and non-pharmacological treatment options/pathways available to them, review, monitoring, follow-up and/or referral. It will also incorporate patient safety features such as red flag alerts and referral pathways. The programme is assessed separately from any other programme and leads to a freestanding award confirming the pharmacist's competence as an independent prescriber. Assessments are non-compensatory and all must be passed. An answer within the summative assessments which would cause the patient harm will result in overall failure of the whole programme. Once identified, each case will be assessed individually by a panel made up of the programme lead, the pharmacist lead and an independent suitably qualified medical practitioner.

Section 6: Details of Award

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

Successful candidates are awarded a Practice Certificate in Independent Prescribing. The pass list is collated and certified by the Faculty Registry team before being presented to the Faculty Award board. The NMP programme leader is responsible for the certification of the pass lists which are produced and then sent to the GPhC by the Student Administration Officer.

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.