General Pharmaceutical Council

Independent prescribing programme

University of Wolverhampton

Report of a reaccreditation event

June 2018

Event summary and conclusions

Provider	University of Wolverhampton
Course	Independent prescribing programme
Event type	Reaccreditation
Event date	4 June 2018
Accreditation period	September 2018 – September 2021
Outcome	Approval The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing programme provided by the University of Wolverhampton 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)	Mrs Samaira Kauser, Senior Clinical Lecturer in Pharmacy Practice and Prescribing
Accreditation team	Professor Angela Alexander (Event chair), Professor Emerita of Pharmacy Education, University of Reading Mrs Sandra Hall, Head of Pharmacy Practice, Leicester School of Pharmacy, De Montfort University
GPhC representative	Mr Christopher McKendrick, Quality Assurance Officer, GPhC
Rapporteur	Professor 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 Wolverhampton was accredited initially in 2012 to provide a programme to train pharmacist independent prescribers. The programme was reaccredited by the GPhC in 2015 for a period of 3 years subject to one condition. The condition was that in order to achieve the GPhC learning outcomes 4, 5 and 6, the Fast Track version of the prescribing programme must include sufficient teaching of clinical and physical examination and diagnosis skills, and this must be timetabled within the existing 40-credit module. This was to meet criteria 3.2 and 3.3. In June 2017, the School applied to the GPhC to request an increase in cohort numbers and sizes as a result of the increasing number of applications for the course being received and also following a Health Education West Midlands (HEWM) enquiry about the possibility of running a cohort that September in addition to the usual January intake. An increase from approximately 30 students per year in total to two cohorts of up to 50 students per cohort was sought. The proposal with revised staffing arrangements based on a 2.02 WTE staffing allocation for the IP course was approved by the GPhC. To date there have been eight iterations of the course and the ninth and tenth cohorts are currently running. Iterations since the last accreditation have included the "Standard IP Course" and one iteration of the HEWM-funded "FastTrack" version of the course. The "FastTrack" courses, which have a particular focus on acute and emergency care, have been commissioned by HEWM to assist in tackling winter pressures which have resulted in extended waiting times in Accident and Emergency Departments over the past few years. In line with the GPhC's process for reaccreditation of independent prescribing programmes, an event was scheduled on 4 June 2018 to review the programme's suitability for reaccreditation.

Documentation

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

The event

The event was held on 4 June 2018 at the GPhC headquarters, London, and comprised a number of meetings between the GPhC accreditation team and representatives of the University of Wolverhampton prescribing programme.

Declarations of interest

There were no declarations of interest.

Key findings

Section 1: The programme provider

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

The School's Practice Certificate in Independent Prescribing is offered as a single module stand-alone course, and is subject to the standard quality assurance requirements of the University. This includes ongoing/continuous monitoring through the use of course journals, which include attainment rates, external examiner reports and responses thereto, student feedback, and module leader summary reports incorporating action plans based on analyses of the data. Revalidation of programmes is via a six-year Periodic Review process which examines the quality assurance and enhancement processes across schools and institutes in the University as part of a rolling programme. The course was reviewed in January 2015 as part of an over-arching School of Pharmacy Periodic Review, and ongoing University validation was agreed for a further period of six years from 2015. The team was told that the new pharmacy practice teaching facilities are flexible so that they can be shared with the School's other provisions. The 80-capacity room is utilised for the IP course with facilities for clinical examination as well as classroom teaching. All relevant equipment is available including ten treatment room examination couches, a range of diagnostic equipment including stethoscopes, otoscopes, ophthalmoscopes and sphygmomanometer machines. The team was also given a brief introduction to the programme virtual learning environment which includes videos of good and poor consultations and examples of reflections. In 2013-14, the School was commissioned to run two fast-track cohorts of the course as part of a pilot by HEWM to train hospital pharmacists as Independent Prescribers with a view to tackling the "winter crisis" in local NHS Trusts. This pilot was repeated during 2015 with a further cohort of 12 students completing the fast-track programme, in addition to 10 students completing the standard version of the course. The team was told that the fast track version of the programme had not been run since 2015 and was not offered currently, but it remained a possibility that it could be run if the HEWM required it. In 2017 permission was obtained from the GPhC for the necessary variations in delivery pattern and number of cohorts to enable this to proceed with group sizes of 50 students in each of two cohorts per year. The School expects that these cohort sizes will be maintained, with further cohorts of 50 students in each starting in September 2018 and January 2019; the team was told that there is no overlap in the timings of the two courses and that great care is taken in timetabling to ensure that there is no infringement on the School's MPharm provision. The programme leader is annotated on the GPhC register as both a supplementary prescriber and an independent prescriber. She has extensive experience of independent prescribing in a primary care setting where she autonomously runs out of hours urgent care clinics. She also has experience as a pre-registration tutor, and a variety of other teaching and mentoring roles within healthcare. She moved in 2016 to a part-time role as Senior Lecturer in Pharmacy Practice within the School of Pharmacy and to a full-time permanent position with the University in 2017. The programme leader is supported by a further 11 pharmacists, including three independent prescribers, and a medical general practitioner who attends all teaching days and helps with DMP queries. The programme leader told the team that she also acts in a pastoral support role for the students and the deputy programme leader acts in an audit support capacity.

Section 2: Pre-requisites for entry

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

Potential entrants complete a declaration as part of the application process confirming that they are a registered pharmacist with the GPhC or PSNI. The School delegates responsibility for IP applicant screening to the IP Course Leader due to the requirements to make additional checks based on length of registration as a pharmacist, employer support, and the appointment of a DMP. Potential entrants describe their experience on the course-specific application form, to demonstrate that they have at least two years' appropriate, post-registration, patient-orientated experience in a UK hospital, community or primary care setting, and identify an area of clinical practice in which to develop their prescribing skills and in which they have relevant, up-to-date clinical, pharmacological and pharmaceutical knowledge, along with a copy of their CPD records for the previous year, plus a written explanation, in order to demonstrate that they reflect on their own performance, take responsibility for their own CPD. Applicants must ensure that their current employer agrees to support them to complete the course. The team learned that the majority of applications to the course emanated from community as opposed to hospital pharmacists. Self-employed applicants must seek support from a referee, which confirms that

they are suitable for study on the course. The team was told that any applicant that had attended a prescribing course at another institution would be interviewed; those having left because of extenuating circumstances would be considered for entry, but any that had failed would be advised to undertake further study before reapplying. Details must be included of the chosen DMP's previous experience in an appropriate teaching, training or mentoring role, in line with Department of Health criteria for the supervision of the learning in practice for pharmacist prescribers. Although all prospective DMPs will have had appropriate experience in teaching/training/mentoring as senior medical practitioners the pharmacy-specific role of DMP will be new to some. Thus, a DMP handbook is provided to all DMPs, and includes details of the GPhC's requirements and learning outcomes. In addition, a DMP training day is offered to all DMPs before the student starts the period of learning in practice, which provides further guidance on the DMP's role. For DMPs who are unable to attend due to their practice commitments will be visited or contacted by the course leader, or deputy course leader, to discuss the role and the responsibilities for facilitation, teaching of clinical skills and assessment.

Section 3: The programme

All of the eight criteria relating to the programme are met with one criterion met subject to a rewriting of the mapping of the learning outcomes.

The programme is taught at Masters level (FHEQ [2008], level 7) only, and carries 40 credits, with the 16 GPhC learning outcomes mapped against the programme's learning outcomes (LOs) and assessments. The team noted that the provider had mapped the 16 GPhC LOs against only six programme LOs; this had led to some uncertainty about the complete assessment of the GPhC LOs, including those on pathophysiology and public health. It was agreed that the programme LOs should be rewritten and mapped to avoid the possibility of appeals against fail decisions. The ethos of the course is one of practitioner self-development, designed so that it caters for pharmacists with varying degrees of experience, providing extra support to those who require it via tutorials, and challenging students to develop and meet their potential. There are six compulsory face-to-face study days, arranged into an initial block of three, followed by three further single days at approximately monthly intervals, along with directed and self-directed learning, and the period of learning in practice. The directed learning, online learning and open learning constitute 201 hours which exceeds the required 26 days (195 hours). The team was told that the large amount of self-directed learning represents a challenge to students who may take leave of absence or defer their studies for up to 12 months if necessary due to time constraints. The background knowledge and experience of students is addressed in the learning needs analysis which they are required to carry out at the start of the course, conducting a self-assessment against the GPhC learning outcomes. The team was told that the students are aware of the onerous nature of the programme before they commence their studies. Student tasks include the preparation and presentation of a case study from their own practice, related to their chosen therapeutic area, which shows how they can apply their learning to the conditions for which they will be prescribing. The course team teaches a range of clinical assessment skills to students including checking temperature, pulse, respiratory rate, signs of red flags, manual blood pressure, chest examinations, cranial nerve examination, blood interpretation and urinalysis. These skills are reinforced on every face-to-face study day, during which the afternoons are dedicated to clinical assessment skills teaching. Staff availability during clinical sessions allows students to obtain feedback on their clinical skills. Participation in all face-to-face activities is required for satisfactory completion of the portfolio; non-attendees will be required either to take a leave of absence from the course, or to defer the portfolio element of the summative assessment for the course. Student progress on the course is monitored via regular email updates received from DMPs at 8, 16 and 24 week intervals which ask for an update including whether the DMP has any concerns; this process has replaced a more formal form-based approach which DMPs found too onerous. The team was told that the fast-track version of the programme, although not offered since 2015, had contained the same content as the standard programme but with the addition of a clinical assessment module. Although all students had passed the programme, it had proved to be extremely difficult for the students in terms of time. No recognition of any previous learning or experience is permitted, and all pharmacists must undertake and pass all assessments.

Section 4: Learning in Practice

All of the five criteria relating to learning in practice are met

Guidance is issued to DMPs in the DMP handbook and refers to the final sign-off outlining that, upon successfully completing the period of learning in practice, the applicant may be suitable for annotation as an Independent Prescriber on the GPhC register. The handbook covers the arrangements for the quality assurance of summative assessments and of the roles of the programme provider and the DMP for teaching the skills for clinical assessment of patients. DMPs are made aware of the broad set of clinical skills that are taught during the six university-based study days and the need for these to be complemented during the supervised practice period. The DMP is required to confirm within each student's portfolio that the student has satisfactorily completed his/her Period of Learning in Practice including the Consultation Skills Assessment; this represents the DMP's role in summative assessment. The student's consultation skills are then further assessed by OSCE carried out at the University. These declarations will be subject to review by the course leader or deputy course leader, followed by further communication with the DMP at 8, 16 and 24 week intervals. Students are informed that failure in the period of learning in practice cannot be compensated by performance in other assessments in the student module guide, and reinforced verbally at the first face-to-face study day and in the initial welcome email. The practice learning period is a pass/fail aspect of the portfolio which is failed in its entirety if it had not been completed and signed off by the DMP.

Section 5: Assessment

All of the four criteria relating to assessment are met

The summative assessments consist of an OSCE and an online reflective portfolio which includes a variety of compulsory activities. Competency and clinical skills are assessed by both the DMP and the University through summative and formative assessments. The students also must complete an online portfolio and clearly demonstrate and map how they have met the RPS competencies as well as the GPhC learning outcomes. Students are also assessed on both their clinical skills and competencies using OSCE stations. The team was told that the OSCEs consist of four 15-minute stations, three face-to-face stations and one written station to include physical diagnosis, red flags, consultation skills and history-taking. The OSCEs are generic rather than being tailored to the student's intended area of prescribing practice, are subject to standard setting with cut scores, and are considered by a panel that includes both a newly qualified and an experienced pharmacist. There is no compensation within and between the portfolio and OSCE elements of assessment; both must be passed independently to the minimum required standard. Consultation skills assessments take place during the period of learning in practice and are assessed by the DMP. The 40-credit module is assessed separately from and independently of any other programmes, and leads to the award of Practice Certificate in Independent Prescribing. However, the practice certificate, once completed, may be counted towards a larger 60-credit award of Postgraduate Certificate in Prescribing Studies by combining it with one of two optional 20-credit modules. Students that are unsuccessful in one or more of the pass/fail assessments within the portfolio will be allowed one further opportunity, normally within three months, to retrieve this assessment. Students will not pass the OSCE if any one station is failed, and each station is cut-scored by a panel as part of the standard-setting process. Students unsuccessful in the OSCE element will be permitted one resit attempt at the next available opportunity, which is normally provided within a period of three calendar months. During any assessment, failure to identify a serious problem or an answer which would cause the patient serious harm will result in overall failure of the programme. Students' attention is drawn to this in the student module guide and this is reinforced verbally, both at the first face-to-face study day and immediately prior to each assessment, overriding the University's standard resit regulations. The team was told that although this situation had not occurred to date, staff members are trained to identify any such issues of patient safety based on a grading system for patient harm, which can then be reported and discussed. Examples given that might be referred to the University fitness to practise process were red flag or other potential dangerous situations.

Section 6: Details of Award

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

Successful candidates will be awarded a Practice Certificate in Independent Prescribing confirming that the candidate has successfully completed the programme and the period of learning in practice. Following internal moderation and subsequent review by the external examiner, the provisional list of successful candidates is presented to the appropriate University Assessment and Award Board by the course leader. A certified copy of the pass list is then subsequently sent by the course leader to the GPhC.

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.